Glenn County
Behavioral Health Services

Cultural and Linguistic Competence Plan
Annual Update
2022

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County Program Contact	
Name:	Joseph Hallett, LCSW, Behavioral Health Director
Telephone Number:	530-934-6582
E-mail:	jhallett@countyofglenn.net
Mailing Address:	242 North Villa Avenue, Willows, California 95988

OVERVIEW

Glenn County Health and Human Services Agency (HHSA) and the Behavioral Health program (GCBH) strives to deliver culturally, ethnically, and linguistically appropriate services to behavioral health clients and their families. In addition, we recognize the importance of developing services that are sensitive to other cultures, including consumers in recovery (from mental health or substance use); LGBTQ community; various age groups (Transition Age Youth/TAY, Older Adults); faith-based; physically disabled; and persons involved in the correctional system.

Developing a culturally and linguistically competent system requires the commitment and dedication from leadership, staff, and the community to continually strive to learn from each other, and through ongoing training and education. The following Cultural and Linguistic Competence Plan (CLCP) reflects our ongoing commitment to improve access to services, quality care, and improved outcomes. The CLCP addresses the requirements from the Department of Health Care Services (DHCS) for both Mental Health (MH) and Substance Use Disorder (SUD) services, including the Cultural and Linguistic Standards (CLAS).

It is the value and mission of GCBH to deliver culturally competent services that are responsive to diverse cultures that reflect the health beliefs and practices of these communities. This approach includes providing effective, equitable, understandable, and respectful services that are responsive to diverse cultural beliefs and practices and preferred languages. This vision is reflected in our world view, informing materials, and client goals. Integration of these values creates a forum for ensuring that we continually enhance our services to be culturally- and linguistically relevant for our youth and adult clients and their families. Staff continually discuss opportunities to promote the delivery of culturally sensitive services.

I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

The GCBH program is committed to constantly improving services to meet the needs of culturally diverse individuals seeking and receiving services. A number of objectives were developed as a component of our Mental Health Services Act (MHSA) Plan which have been integrated with MH and SUD services into a comprehensive System of Care. These goals and objectives are outlined below and provide the framework for developing this CLCP. In addition, progress toward implementing these goals is shown in *italics*.

Goal 1: To provide culturally- and linguistically- appropriate behavioral health services to improve access for persons who are Latino/ Hispanic, Native American, and other race/ethnicity groups; TAY and older adults; veterans and their families; Lesbian, Gay, Bisexual, Transgender, and Questioning Plus (LGBTQ+) individuals; persons released from jail and their families; and additional cultures.

- **Objective 1a**: GCBH will provide informing materials in the county's threshold languages (currently Spanish and English) in all clinics and wellness centers. *We have increased the number of informing materials through our outreach activities this year, including social media platforms and website to comply with state and federal standards.*

- **Objective 1b**: When appropriate, GCBH will hire diverse, bilingual staff to work in all programs and offices in order to provide service and information to the client and family in their preferred language. *We have successfully hired a number of new bilingual and bicultural staff to work with clients and families. Since the last plan, 2 New front office; 1 case manager; 1 clinician; 1 coach; 1 QIC position; 2 coordinators; as well as transitions from other positions. In FY 2021/22, we hired one front office bilingual staff; one bilingual TAY Peer Mentor; one bilingual Case Manager; one bilingual Clinician; one bilingual SUD Outreach Prevention Worker; one coordinator; one clinician. Recently we also hired a new case manager who is bilingual/bicultural.*

  In Spring 2022, we were awarded a SAMHSA Coronavirus Response and Relief Supplemental Appropriation Act Grant. This grant funded the Mentored Internship Program (MIP). This funding created the opportunity to pay Bachelor and Masters level internship positions from the CSU Chico social work program. This funding pays for 24 hours per week for Master's level interns, and 16 hours per week for Bachelor's level bilingual/bicultural interns, as well as mileage expenses. Offering this internship pay helped to recruit 3 bilingual/bicultural applicants to this program and successfully hire 1 person for an internship position with the children's system of care. A total of 8 paid internship positions were funded through this grant.

- **Objective 1c**: GCBH will hire individuals with lived experience, consumers, and family members, whenever possible, who are bilingual and/or bicultural, to help address barriers for culturally diverse populations. *We have successfully hired 2 new coaches (1 is bilingual); 3 Peer Mentors; to work with clients and families. In FY 2021/22, TAY hired five Peer Mentors; Harmony House hired two new Coaches;*

- **Objective 1d**: GCBH new clients who are monolingual will be reviewed weekly during case assignments. Depending on availability, individuals will be assigned to a bilingual staff to ensure that services are provided in the client's preferred language. *This occurs on a weekly basis. Bilingual staff share information on each new client who prefers to speak Spanish and identifies staff who are able to meet the needs of the individual. This assignment is finalized and approved during the Tuesday's Case Assignment Meeting or at the SUDS Weekly Staff Meeting.*

- **Objective 1e:** GCBH will expand partnerships with the Glenn County veterans as well as the Butte County VA Program. *We continue to offer Outreach to our local Veteran's Assistant Service Officer.*

- **Objective 1f:** Expand the membership on the Behavioral Health Advisory Board to expand the diversity of the membership, including but not limited to Transition Age Youth; Latino/ Hispanic and Native American cultures; persons with lived experience; family members; LGBTQ; and older adults. *Membership has been expanded to include one Latino TAY male and one family member. In FY 2021/22, we expanded the BH Board to include one Latina female.*

- **Objective 1g:** GCBH will gather data to monitor who is getting referred to treatment courts to ensure access to services and level of care (e.g., Behavioral Health; Prop 36; Juvenile Drug Court; Adult Drug Court; Care Court) to promote hiring diverse staff and members served to reflect the demographic diversity of Glenn County, including individuals who are Latino/ Hispanic; LGBTQ+; veterans; and monolingual Spanish-speakers, etc. Data on demographics for each participant in the various programs will be collected and reviewed at least quarterly.

Goal 2: To create a work climate where dignity and respect are encouraged and modeled, so that everyone enjoys equitable opportunities for professional and personal growth.

- **Objective 2a**: GCBH will provide cultural and linguistic competency trainings for GCBH staff a minimum of 8 times per fiscal year. *There were 10 cultural and linguistic competence trainings for staff this year. In FY 2021/22, we scheduled a Cultural Diversity Equity Committee (CDEC) training by Senta Burton. The series started 10/26/2022 on Implicit Bias training (3 hour training) and will continue throughout FY 2022/23.*

- **Objective 2b**: GCBH will provide interpreter and language line training to all new hires and existing staff at least once each fiscal year. Training, both online and hands-on, will address the process for effectively using an interpreter, as well as using the language line, to support clients receiving services in their preferred language. *When the new staff is bilingual, the Ethnic Services Team provides training on how to provide interpreter services as well as how to use the language line. We will continue to develop and implement trainings for other new staff on how to use an interpreter and the language line. A special focus on ensuring that all Crisis Staff are trained will be a priority. In addition, additional training for how to use an interpreter and how to be an interpreter was enhanced to include a training from our Language Line Solutions (Contract Provider). In FY 2021/22, we continued to use the Language Line Solutions to translate documents, when needed.*

- **Objective 2c**: GCBH will provide periodic trainings for bilingual staff to ensure consistency and common language across all bilingual staff. *The Ethnic Services Committee meets monthly and provide ongoing training to all bilingual staff. In FY 2021/22, we worked on a document to have common terms for interpreters to use.*

- **Objective 2d**: GCBH will support the Ethnic Services Committee to meet monthly to support bilingual interpreter staff, ensure consistent translations, and strengthen all staff to utilize interpreters appropriately. *The Ethnic Services Committee is a subcommittee of CDEC and is a huge success and is working to document translations for common mental health terms as well as providing support, identify solutions to issues, and ongoing training to all bilingual staff. We review this language list at least once a year to update it and make it more relevant. We also leave some time at the end of each meeting to provide case consultations with staff to help address cultural / secondary trauma issues.*

- **Objective 2e**: GCBH will conduct the Cultural Competency Staff Survey annually to document the ongoing improvement in delivering culturally relevant services. *This survey was completed in November 2022.*

Goal 3: To deliver behavioral health services in collaboration with other community organizations and co-locate services whenever possible, including in diverse community settings (e.g., churches, senior centers, schools, and other rural community locations).

- **Objective 3a**: GCBH will deliver services in the least restrictive environment (e.g., home, schools, churches, senior centers, and other rural community locations) when needed and as appropriate. *The system of care works to continually identify new community partnerships, as well as strives to expand and strengthen existing partnerships. There is a continued focus to reach out to the Native American Community at Grindstone, to strengthen collaboration and support for their community. In addition, GCBH will attend the Grindstone Collaborative to address barriers and improve communication. The Grindstone Collaborative has had fewer meetings because of COVID-19 and a change in leadership. However, we visit Grindstone once or twice a month to provide outreach and services. The Children's System of Care moved locations in FY 2019/20 to co-locate services with Child Welfare Services and Butte College in Orland. In addition, this building is located adjacent to the Office of Education building, which help enhance collaboration across these partner agencies. We moved into the CSOC location in June 2021 due to COVID-19, but there have been barriers fully implement our intention of collaboration because of continued use of technology and telehealth meetings to ensure safety and use of a hybrid schedule with only a few staff in the offices each day.*

  In FY 2021/22, we received a grant to expand our partnership with the schools. The Promoting Resiliency and Investing in Student's Mental Health (PRISM) program partners with the schools to offer on-site services. PRISM also offers a parent support group in Spanish, to provide outreach and engagement for families, to help them engage in services. This includes psychoeducation as a foundation for offering other services. The TAY Center also partners with the STAR center with GCOE, with a focus on foster youth and probation youth. In addition, each month we identify one topic for monthly awareness of cultural issues. For example, recently we shared anti-bullying information; another month, stigma reduction information. There is a new topic each month. PRISM is also partnering with school administration to support linkage to SUD services.

SUDs staff are also offering a NARCAN training to community members, including teachers and staff in the schools.

Goal 4: To develop outreach and education activities focused on providing information about behavioral health services for groups and organizations known to serve the Latino/ Hispanic community (e.g., churches, senior centers, etc.), and other target populations.

- **Objective 4a**: GCBH will publish monthly calendars of the groups and activities of the wellness centers and distribute copies to the local community. *Monthly calendars are distributed monthly across the community and on our website. In addition, GCBH increased its virtual outreach via social media channels such as Facebook. As of September 2021, Sana Mente is now in person again, was previously in zoom. We also started our first Strengthening Families groups in Spanish (via Zoom) in July 2021 and it was a success. We plan to continue offering the program in 2022!*

  In FY 2021/22, the TAY Center has expanded the use of social media in Spanish and English and in mental health and SUD, including META and Instagram. Glenn County Alliance for Prevention (GCAP) was created to support SUD prevention activities. These include a Marijuana subcommittee; opioid committee; and focus on tobacco; and suicide prevention. In addition, we have updated Suicide Prevention activities to include materials are available in Spanish.

  Outreach activities also include attending Health Fairs in different cities in Glenn County. An individual who is bilingual and bicultural is available to attend these outreach events. Ampla FQHC is a partner in attending these health fairs.

- **Objective 4b**: GCBH will host at least 3 events each fiscal year that target community outreach and the dissemination of information related to GCBH services and supports. *We offer several tabling and outreach (virtually) in our schools and at other community events each year. This activity was temporarily postponed in March 2020. Recently, we combined Recovery Happens and Speaks and held the first live event in September 2021. In FY 2021/22, we held several events including Walk for Change (May 2022) for Mental Health Matters Month; Speaks/Recovery in September 2022; TAY School Outreach; and Health Fairs to distribute informing materials in English and Spanish.*

  A community member from Recovery Happens received a community award for his outreach work with the monolingual speaking AA community to support individuals to attend meetings. The Speaks Recovery Happens committee had a ceremony honoring his contribution to the AA and recovery community with a plaque.

- **Objective 4c**: GCBH will join other community events locally (virtually) and in the region to conduct outreach activities to reach underserved populations in local towns and in unincorporated communities throughout the county (e.g., school resource fairs; Health Fairs; and community resources fairs). *These outreach activities are ongoing and illustrated in Section IV Training in Cultural Competence. We joined Elk Creek's Fire Safety event, which was an ice cream social, to promote behavioral health resources in*

July 2021. In addition, in the past year, we have developed a QR Code Campaign, where stickers were designed and developed, to place in key community locations including bathroom stalls; schools; churches; businesses; and when jails hand out materials to people when they are being released. These stickers provide information and a QR Code, to link the individual to resources regarding suicide; mental health; substance; use; food banks; domestic violence; victim witness; and crisis line information. In the next year, this outreach will include libraries; agricultural settings; churches, etc. The QR Code was translated into Spanish.

The SUD program distributes a survey on Attitudes toward Substance Use in the Community. Additional questions were added to include demographic information on the persons completing the survey. This will provide valuable information on persons who are completing the survey. The survey is available in English and Spanish.

Goal 5: To collect and maintain accurate and reliable demographic and service-level data to monitor and evaluate the impact of services on health equity and outcomes.

- **Objective 5a**: GCBH will gather data to provide objective and consistent evaluation and feedback to leadership, staff, and clients regarding program impact and outcomes to best support and meet needs of the community, individuals, and family. Data will be collected ongoing and reviewed quarterly by the clients, staff, and partner agencies. *This data is shared and discussed at least quarterly at the Quality Improvement Committee and at the Cultural Competence Committee. In addition, data is reviewed and shared on ongoing programs and projects, as well as during state audits (e.g., Innovation; PEI; Katie A). In addition to the above data, the QR Code Campaign provides data on the number of people who 'click' on the QR Code and access this valuable information. In reviewing the service level data, we analyzed the need to expand services to this underserved community. This information also highlights other resources in the community that are needed by this community.*

  Behavioral Health also has subcommittees to address the needs of underserved and underserved individuals in our communities. Data was utilized to identify specific demographic communities that are underserved. These subcommittees include specialists from each community to help identify and develop services to promote access and positive outcomes. The subcommittee review data and identify opportunities to strengthen access and services as well as train staff to deliver equitable services. We also completed a Strategic Suicide Prevention Plan in October 2022 and have distributed it across the county. These subcommittees include, but are not limited, to the following populations.

  - Suicide Prevention Coalition
  - Older Adult
  - LGBTQ+
  - Co-occurring
  - Referral Form Subcommittee to ensure data is more inclusive, such as expanding data for gender to include "prefer chosen name"; transgender; etc.

II. DATA, ANALYSIS, AND OBJECTIVES

A. County Geographic and Socioeconomic Profile

1. Geographical location and attributes of the county

a) Main urban and rural centers;
b) Terrain and distances; and,
c) Main transportation routes and availability of public transportation.

Glenn County is a small, rural county with a population of approximately 28,122 (2010 Census). The county is located along Interstate 5. There are three small towns, including Orland, the county seat, Willows, and Hamilton City. There is limited public transportation between these towns. There is also limited public transportation to the closest larger town, Chico, which is 20-40 miles away. This service is limited to 1-2 buses a day.

2. Demographics of the county

Figure 1 shows age, race/ethnicity, and gender of the general population. Of the 28,122 residents who live in Glenn County, 23.2% are children ages 0-14; 14.0% are TAY ages 15-24; 44.5% are adults ages 25-59; and 18.4% are older adults ages 60 years and older. The majority of persons in Glenn County identify as Caucasian (55.9%) and Latino/ Hispanic (37.5%). There are a comparable number of individuals who identify as male (50.5%) and female (49.5%) in the county.

Figure 1
Glenn County Residents
by Age, Race/Ethnicity, and Gender
(Population Source: 2010 Census)

	Glenn County Population 2010 Census	
Age Distribution	**Number**	**Percent**
0 - 14 years	6,520	23.2%
15 - 24 years	3,926	14.0%
25 - 59 years	12,505	44.5%
60+ years	5,171	18.4%
Total	**28,122**	**100.0%**
Race/Ethnicity Distribution	**Number**	**Percent**
Black	192	0.7%
American Indian/ Alaskan Native	477	1.7%
Asian/ Pacific Islander	696	2.5%
White	15,717	55.9%
Latino/ Hispanic	10,539	37.5%
Other/ Unknown	501	1.8%
Total	**28,122**	**100.0%**
Gender Distribution	**Number**	**Percent**
Male	14,191	50.5%
Female	13,931	49.5%
Total	**28,122**	**100.0%**

Data from the California Department of Education (FY 2020/21) shows that a high proportion of kindergarten children in Glenn County are Latino/ Hispanic. Of the 981 children enrolled in kindergarten in Glenn County in FY 2020/21, 75% are Latino/ Hispanic (N=736) and 16.6% are Caucasian (N=163). This data demonstrates the rapidly growing Latino/ Hispanic population in Glenn County and the expanding need for bilingual and bicultural services in our county.

3. Socioeconomic characteristics of the county

Glenn County is a relatively poor county, with the per capita income for all residents at $21,736 (2014-2018 American Community Survey). In comparison, the statewide per capita income was $35,021 during the same period. This data shows that, on average, each person in Glenn County earns approximately $14,000 less than each person in the state.

The census data also illustrates the low median household income for Glenn County and statewide. Glenn County's median household income is $47,395, which is over $23,000 per household lower than the statewide average of $71,228 (2014-2018 American Community Survey). This clearly reflects the poor economic condition of this small, rural county, and demonstrates the large number of individuals who are enrolled for Medi-Cal benefits.

4. Penetration rates for Mental Health services

Figure 2 shows the percentage of the population who access mental health services. Figure 2 shows the same county population data shown in Figure 1 and provides information on the number of persons who received mental health services (FY 2021/22). From this data, a penetration rate was calculated, showing the percent of persons in the population that received mental health services in FY 2021/22. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

There were 1,041 individuals who received one or more mental health services in FY 2021/22. Of these individuals, 30.5% were children ages 0-14; 22.5% were Transition Age Youth (TAY) ages 15-24; 38.9% were adults ages 25-59; and 8.2% were 60 and older. Of the individuals who received mental health services, 50.1% identified as White/Caucasian, and 41.2% identified as Latino/ Hispanic. All other race/ethnicity groups represented a small number of individuals. Most clients' primary language was English (92.0%) and 7.6% reported a primary language of Spanish. Clients with other primary languages represented a small number of individuals. More clients identified as female (61.6%) as compared to male (38.4%).

The penetration rate data shows that 3.7% of the Glenn County population received mental health services. Of these individuals, children ages 0-14 had a penetration rate of 4.9%, TAY ages 15-24 had a penetration rate of 6.0%, adults ages 25-59 had a penetration rate of 3.2%, and older adults ages 60 + had a penetration rate of 1.6%.

For race/ethnicity, persons who identify as White/Caucasian had a penetration rate of 3.3% and persons who identify as Latino/ Hispanic had a penetration rate of 4.1%. The other race/ethnicity groups had small numbers of individuals in the county, so there is a large variability in the data. Clients who identified as male had a lower mental health penetration rate (2.8%), compared to clients who identified as female (4.6%).

Figure 2
Glenn County Mental Health Penetration Rates
by Age, Race/Ethnicity, Language, and Gender
(Population Source: 2010 Census)

	Glenn County Population 2010 Census		All Mental Health Participants FY 2021-22		Glenn County Population Mental Health Penetration Rate FY 2021-22
Age Distribution					
0 - 14 years	6,520	23.2%	317	30.5%	317 / 6,520 = 4.9%
15 - 24 years	3,926	14.0%	234	22.5%	234 / 3,926 = 6.0%
25 - 59 years	12,505	44.5%	405	38.9%	405 / 12,505 = 3.2%
60+ years	5,171	18.4%	85	8.2%	85 / 5,171 = 1.6%
Total	**28,122**	**100.0%**	**1,041**	**100.0%**	**1,041 / 28,122 = 3.7%**
Race/Ethnicity Distribution					
Black	192	0.7%	10	1.0%	10 / 192 = 5.2%
American Indian/ Alaskan Native	477	1.7%	25	2.4%	25 / 477 = 5.2%
Asian/ Pacific Islander	696	2.5%	16	1.5%	16 / 696 = 2.3%
White	15,717	55.9%	522	50.1%	522 / 15,717 = 3.3%
Latino/ Hispanic	10,539	37.5%	429	41.2%	429 / 10,539 = 4.1%
Other/ Unknown	501	1.8%	39	3.7%	39 / 501 = 7.8%
Total	**28,122**	**100.0%**	**1,041**	**100.0%**	**1,041 / 28,122 = 3.7%**
Language Distribution					
English	-	-	958	92.0%	-
Spanish	-	-	79	7.6%	-
Other/ Unknown	-	-	4	0.4%	-
Total	-	-	**1,041**	**100.0%**	-
Gender Distribution					
Male	14,191	50.5%	400	38.4%	400 / 14,191 = 2.8%
Female	13,931	49.5%	641	61.6%	641 / 13,931 = 4.6%
Total	**28,122**	**100.0%**	**1,041**	**100.0%**	**1,041 / 28,122 = 3.7%**

5. Analysis of disparities identified in Mental Health services

The penetration rate data for age shows that there are a higher proportion of children and TAY served, compared to adults and older adults. Older adults are the most underserved age group served for mental health services. However, many older adults have Medicare insurance, so may be accessing mental health services through private providers. Each year we serve a higher number and percent of persons who are Latino, compared to person who are white. For example, while people who are white represent 55.9% of the population, they are 50.1% of the mental health client population, and have a penetration rate of 3.3%. For person who are Latino, they represent 37.5% of the population, 41.2% of the mental health clients, and have a penetration

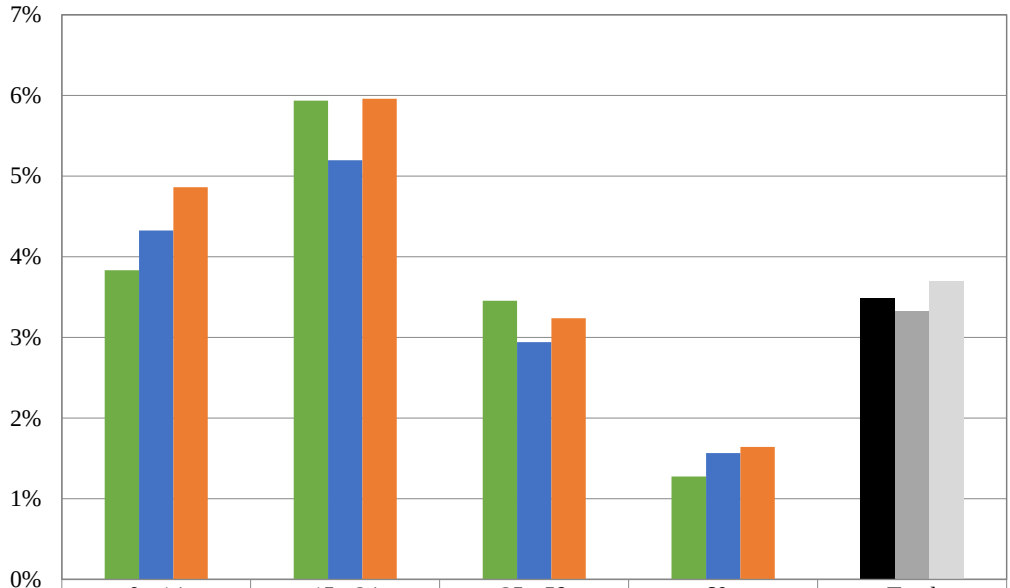
rate of 4.1%. Data from the Office of Education for Glenn County shows that there is a growing number and proportion of children in Glenn County who are Latino. This data points to the need to continue to hire bilingual staff, improve access, and identify other opportunities to engage this community. Similarly, the penetration rate for females (4.6%) is higher than males (2.8%). Developing programs for fathers, veterans, and persons with a history of incarceration may improve access to services.

There has been an increase in the number of bilingual and/or bicultural staff, as well as an improved penetration rate for the Latino/ Hispanic community. This data shows good access to mental health services and also shows the continued opportunity to continue to focus on improving access and services.

6. Mental Health penetration rate trends for three (3) years

We have also analyzed our penetration rates for the past three (3) years by age and race/ethnicity. Figure 3 shows a decrease in the total number of clients served between FY 2019/20 (981) and FY 2020/21 (935), but an increase in the total number of clients served in FY 2021/22 (1,041). This may be partially due to the changes in service delivery during the pandemic. In summary, the total number of clients increased from 981 to 1,041 clients in this period. The number of clients ages 0-14 increased from 250 to 317. The number of TAY ages 15-24 increased from 233 to 234. The number of adult clients ages 25-59 decreased from 432 to 405. The number of Older Adults ages 60 and older increased from 66 to 85.

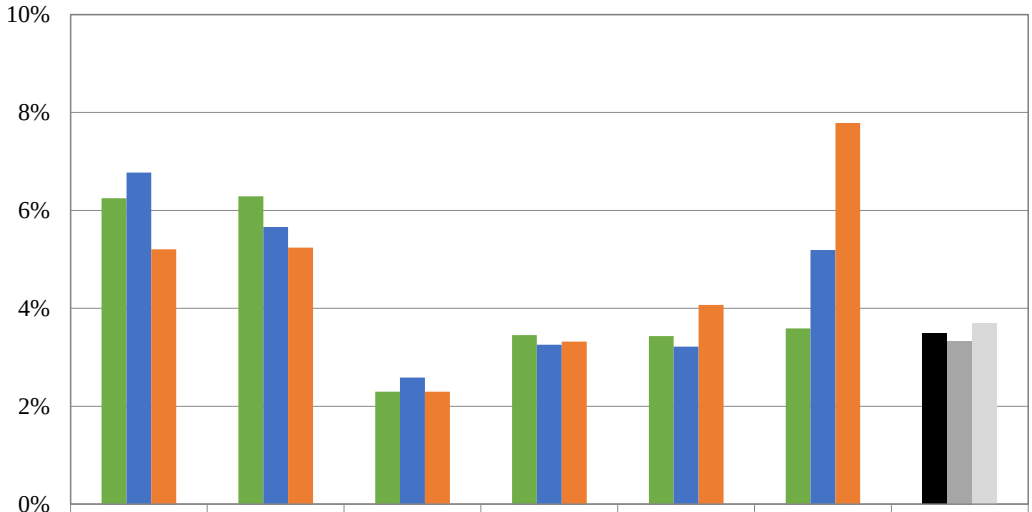
Figure 3
Glenn County Mental Health <u>Penetration Rate</u> by Age
FY 2019/20 to FY 2021/22
(Population Source: 2010 Census)



	0 - 14	15 - 24	25 - 59	60+	Total
FY 2019-20 # Participants	250	233	432	66	981
FY 2019-20 Penetration Rate	3.8%	5.9%	3.5%	1.3%	3.5%
FY 2020-21 # Participants	282	204	368	81	935
FY 2020-21 Penetration Rate	4.3%	5.2%	2.9%	1.6%	3.3%
FY 2021-22 # Participants	317	234	405	85	1,041
FY 2021-22 Penetration Rate	4.9%	6.0%	3.2%	1.6%	3.7%
Glenn County Census Population	6,520	3,926	12,505	5,171	28,122

Figure 4 shows the penetration rate for the same three years for race/ethnicity. Across the three years, there are two main race/ethnicity groups: Latino and White. The number of clients who are Latino showed an increase in the number served from 362 clients to 429 clients, and an increase in penetration rates from 3.4% to 4.1%. The number of White clients decreased slightly over the three years from 543 to 522 and a slight decrease in penetration rates from 3.5% to 3.3%. All other race/ethnicity groups have very small numbers of persons, so it is difficult to analyze these results. Across all three years and all clients, the penetration rate increased from 3.5% to 3.7%. It is important to note that a penetration rate of 3.7% is high than many other counties in California. Many counties have a penetration rate of 1% - 2%.

Figure 4
Glenn County Mental Health <u>Penetration Rate</u> by Race/Ethnicity
FY 2019/20 to FY 2021/22
(Population Source: 2010 Census)



	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	White	Latino/ Hispanic	Other/ Unknown	Total
FY 2019-20 # Participants	12	30	16	543	362	18	981
FY 2019-20 Penetration Rate	6.3%	6.3%	2.3%	3.5%	3.4%	3.6%	3.5%
FY 2020-21 # Participants	13	27	18	512	339	26	935
FY 2020-21 Penetration Rate	6.8%	5.7%	2.6%	3.3%	3.2%	5.2%	3.3%
FY 2021-22 # Participants	10	25	16	522	429	39	1,041
FY 2021-22 Penetration Rate	5.2%	5.2%	2.3%	3.3%	4.1%	7.8%	3.7%
Glenn County Census Population	192	477	696	15,717	10,539	501	28,122

7. Mental Health Medi-Cal population

In addition to examining the penetration rate for access to mental health services in the general population, it is also important to calculate the penetration rate for the Medi-Cal population. This penetration rate looks at the number of persons who are enrolled in Medi-Cal and the number of Medi-Cal clients who have received mental health services. This information is used to review data and calculate the Penetration rate on the number of Medi-Cal clients receiving mental health services in the county. This data is analyzed by age, race/ethnicity, and gender.

Figure 5 shows the number and percent of Medi-Cal enrollees in the county and the number of Medi-Cal mental health clients who have Medi-Cal are shown by age, race/ethnicity, and gender. In addition, the Medi-Cal penetration rate is calculated, showing the proportion of mental health clients who received Medi-Cal Services compared to the Medi-Cal enrollee population.

There were 12,800 Medi-Cal enrollees in the county in FY 2021/22 (Kings View Penetration Report). There were 4,608 children ages 0-17 (36.0%); 1,433 TAY ages 18-24 (11.2%); 5,599 adults ages 25-64 (43.7%); and 1,160 older adults ages 65+ (9.1%). There were 936 mental health clients who had Medi-Cal benefits. Of these clients, 415 were children (44.3%), 101 were TAY (10.8%), 386 were adults (41.2%), and 34 were older adults (3.6%).

The penetration rate shows the percent of Medi-Cal enrollees who are receiving mental health services. For children, the penetration rate is 9.0%; for TAY, 7.0%; for adults, 6.9% and for older adults 2.9%.

The penetration rate for persons who identify as White is 10.5% and Latino is 6.0%. This data shows a much higher proportion of individuals who identify as White with Medi-Cal are served compared to persons who identify as Latino/ Hispanic. The other race populations have small numbers of individuals in the population, so the data is variable and difficult to interpret. For example, the penetration rate for persons who identify as Black is 11.4%, but this represents 10 out of 88 people. The penetration rate for persons who identify as American Indian/Alaska Native is 9.8% (23 out of 235 individuals); Asian/Pacific Islander is 3.5% (15 out of 430 individuals); and Other/Unknown race/ethnicity is 2.5% (22 out of 880 individuals).

Figure 5
Glenn County Medi-Cal Mental Health Penetration Rates
by Age, Race/Ethnicity, and Gender
(Medi-Cal Enrollee Source: Kings View Penetration Report FY 2021/22)

	Glenn County Average Number of Eligibles FY 2021-22		Number of Medi-Cal Mental Health Participants Served FY 2021-22		MH Medi-Cal Penetration Rate FY 2021-22
Age Group					
Children	4,608	36.0%	415	44.3%	415 / 4,608 = 9.0%
Transition Age Youth	1,433	11.2%	101	10.8%	101 / 1,433 = 7.0%
Adults	5,599	43.7%	386	41.2%	386 / 5,599 = 6.9%
Older Adults	1,160	9.1%	34	3.6%	34 / 1,160 = 2.9%
Total	**12,800**	**100.0%**	**936**	**100.0%**	**936 / 12,800 = 7.3%**
Race/Ethnicity					
Black	88	0.7%	10	1.1%	10 / 88 = 11.4%
American Indian/ Alaskan Native	235	1.8%	23	2.5%	23 / 235 = 9.8%
Asian/ Pacific Islander	430	3.4%	15	1.6%	15 / 430 = 3.5%
White	4,399	34.4%	462	49.4%	462 / 4,399 = 10.5%
Latino/ Hispanic	6,768	52.9%	404	43.2%	404 / 6,768 = 6.0%
Other/ Unknown	880	6.9%	22	2.4%	22 / 880 = 2.5%
Total	**12,800**	**100.0%**	**936**	**100.0%**	**936 / 12,800 = 7.3%**
Gender					
Male	5,956	46.5%	370	39.5%	370 / 5,956 = 6.2%
Female	6,844	53.5%	566	60.5%	566 / 6,844 = 8.3%
Total	**12,800**	**100.0%**	**936**	**100.0%**	**936 / 12,800 = 7.3%**

8. Analysis of disparities identified in Mental Health Medi-Cal clients

Figure 5 shows that persons who are Latino represent 52.9% of the Medi-Cal beneficiary population and 43.2% of the mental health population. This calculates to a penetration rate of 6.0%. Persons who are white represent 34.4% of the Medi-Cal population and 49.4% of the mental health population. This data calculates to a penetration rate of 10.5%. In addition, older adults have the lowest penetration rate (2.9%). This data indicates the need to continue to enhance our services to persons who are Latino and older adult communities and identify ways to improve access to services.

Additional training for staff and coordinating services with other HHSA and allied community agencies will help to improve referrals and access to mental health services. Services have been expanded to serve AB 109 individuals at the Orland Behavioral Health building which has helped to improve access to services.

9. Penetration rates for Substance Use Disorder services

Figure 6 shows the number of persons in the county population (2010 Census) and the number of persons who received Substance Use Disorder (SUD) services (FY 2021/22). From this data, a penetration rate was calculated, showing the percent of persons in the population that received SUD services in FY 2021/22. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

Of the 28,122 residents who live in Glenn County, 23.2% are children ages 0-14; 14.0% are TAY ages 15-24; 44.5% are adults ages 25-59; and 18.4% are older adults ages 60 years and older. The majority of persons in Glenn County identify as White/Caucasian (55.9%) and Latino/ Hispanic (37.5%). There are a comparable number of individuals who identify as male (50.5%) and female (49.5%) in the county.

Figure 6 also shows the proportion of persons receiving SUD services. There were 201 individuals who received one or more SUD services in FY 2021/22. Of these individuals, 0.0% were children ages 0-14; 15.9% were TAY ages 15-24; 80.6% were adults ages 25-59; and 3.5% were 60 and older.

Of the individuals who received SUD services, 53.2% identified as White/Caucasian and 40.3% identified as Latino/ Hispanic. All other race/ethnicity groups represented a small number of individuals. Most clients' primary language was English (94.5%) and 5.5% reported a primary language of Spanish. More clients identified as male (59.2%) as compared to female (40.8%).

The penetration rate data shows that 0.7% of the Glenn County population received SUD treatment services. Of these individuals, children ages 0-14 had a penetration rate of 0.0%, TAY ages 15-24 had a penetration rate of 0.8%, adults ages 25-59 had a penetration rate of 1.3%, and older adults ages 60 and older had a penetration rate of 0.1%.

For race/ethnicity, persons who identified as White had a penetration rate of 0.7% and persons who identified as Latino had a penetration rate of 0.8%. The other race/ethnicity groups had small numbers of people in the county, so there is a large variability in the data. Males had a greater penetration rate (0.8%) compared to females (0.6%).

Figure 6
Glenn County Substance Use Disorder Penetration Rates
by Age, Race/Ethnicity, Language, and Gender
(Population Source: 2010 Census)

	Glenn County Population 2010 Census		All Substance Use Participants FY 2021-22		Glenn County Population Substance Use Penetration Rate FY 2021-22
Age Distribution					
0 - 14 years	6,520	23.2%	-	0.0%	0 / 6,520 = 0.0%
15 - 24 years	3,926	14.0%	32	15.9%	32 / 3,926 = 0.8%
25 - 59 years	12,505	44.5%	162	80.6%	162 / 12,505 = 1.3%
60+ years	5,171	18.4%	7	3.5%	7 / 5,171 = 0.1%
Total	**28,122**	**100.0%**	**201**	**100.0%**	**201 / 28,122 = 0.7%**
Race/Ethnicity Distribution					
Black	192	0.7%	2	1.0%	2 / 192 = 1.0%
American Indian/ Alaskan Native	477	1.7%	8	4.0%	8 / 477 = 1.7%
Asian/ Pacific Islander	696	2.5%	2	1.0%	2 / 696 = 0.3%
White	15,717	55.9%	107	53.2%	107 / 15,717 = 0.7%
Latino/ Hispanic	10,539	37.5%	81	40.3%	81 / 10,539 = 0.8%
Other/ Unknown	501	1.8%	1	0.5%	1 / 501 = 0.2%
Total	**28,122**	**100.0%**	**201**	**100.0%**	**201 / 28,122 = 0.7%**
Language Distribution					
English	-	-	190	94.5%	-
Spanish	-	-	11	5.5%	-
Other/ Unknown	-	-	-	0.0%	-
Total	**-**	**-**	**201**	**100.0%**	**-**
Gender Distribution					
Male	14,191	50.5%	119	59.2%	119 / 14,191 = 0.8%
Female	13,931	49.5%	82	40.8%	82 / 13,931 = 0.6%
Total	**28,122**	**100.0%**	**201**	**100.0%**	**201 / 28,122 = 0.7%**

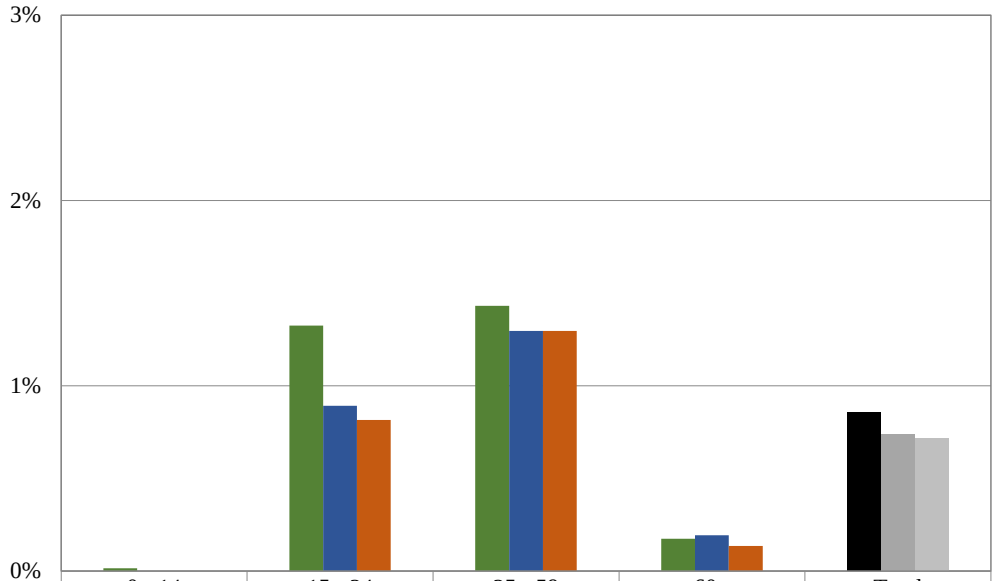
10. Analysis of disparities identified in Substance Use Disorder services

Figure 6 data also shows that the majority of SUD clients are adults (80.6% compared to 44.5% of the population). There are also a slightly lower proportion of SUD clients who identified as White/Caucasian (53.2% of clients compared to 55.9% of the general population). There is a slightly higher proportion of clients who identified as Latino/ Hispanic (40.3% of the SUD clients compared to 37.5% of the general population). Clients who identified as American Indian/Alaskan Natives had a higher proportion of clients (4.0% compared to 1.7% in the population). There was a higher proportion of clients who identified as male (59.2% compared to 50.5% of the population) than female (40.8% compared to 49.5% of the population.) This data illustrates the need to provide culturally sensitive services to clients receiving SUD services.

However, the small number of culturally diverse persons in Glenn County makes it difficult to analyze these results.

The Substance Use Disorder (SUD) penetration rates for the past three years for age and race/ethnicity was also analyzed. Figure 7 shows the penetration rate for age. The data shows a decrease in the number of clients served between FY 2019/20 through FY 2021/22. The total number of clients decreased from 241 to 201 clients in this period. The number of clients ages 0-14 decreased from 1 to 0 clients. The number of TAY clients ages 15-24 decreased from 52 to 32. The number of Adults decreased from 179 to 162. The number of Older Adults decreased from 9 clients to 7 clients.

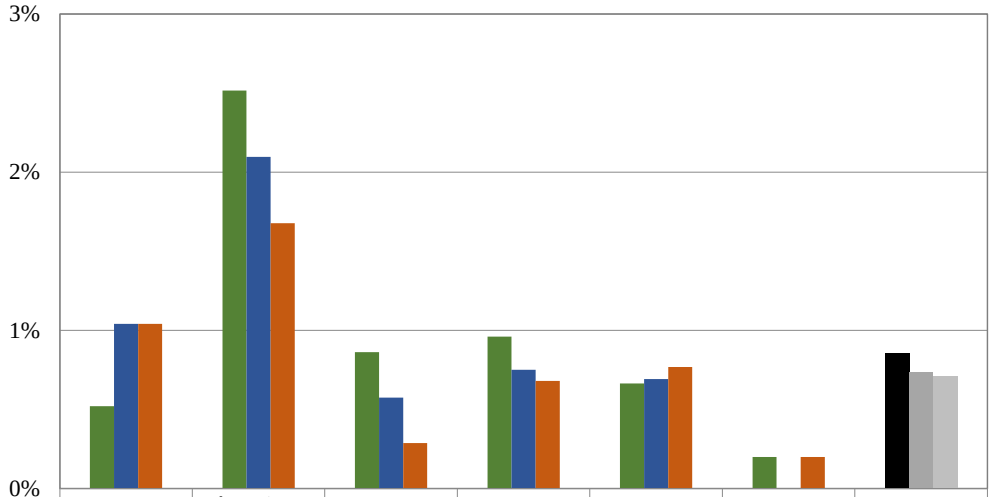
Figure 7
Glenn County Substance Use Disorder Penetration Rate by Age
FY 2019/20 to FY 2021/22
(Population Source: 2010 Census)



	0 - 14	15 - 24	25 - 59	60+	Total
FY 2019-20 # Participants	1	52	179	9	241
FY 2019-20 Penetration Rate	0.0%	1.3%	1.4%	0.2%	0.9%
FY 2020-21 # Participants	-	35	162	10	207
FY 2020-21 Penetration Rate	0.0%	0.9%	1.3%	0.2%	0.7%
FY 2021-22 # Participants	-	32	162	7	201
FY 2021-22 Penetration Rate	0.0%	0.8%	1.3%	0.1%	0.7%
Glenn County Census Population	6,520	3,926	12,505	5,171	28,122

Figure 8 shows the penetration rate for SUD services by race/ethnicity across the past three years. The number of clients who identified as Black increased from 1 client to 2 clients. The number of clients who identified as Latino increased from 70 clients to 81 clients. All other racial/ethnic categories show a decrease. The number of American Indian/Alaskan Native clients decreased from 12 to 8; the number of Asian/Pacific Islander clients decreased from 6 to 2; White clients decreased from 151 to 107. Clients with Other/Unknown races stayed the same from 1 client to 1 client. The overall penetration rate decreased from 0.9% to 0.7%.

Figure 8
Glenn County Substance Use Disorder <u>Penetration Rate</u> by Race/Ethnicity
FY 2019/20 to FY 2021/22
(Population Source: 2010 Census)



	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	White	Latino/ Hispanic	Other/ Unknown	Total
FY 2019-20 # Participants	1	12	6	151	70	1	241
FY 2019-20 Penetration Rate	0.5%	2.5%	0.9%	1.0%	0.7%	0.2%	0.9%
FY 2020-21 # Participants	2	10	4	118	73	-	207
FY 2020-21 Penetration Rate	1.0%	2.1%	0.6%	0.8%	0.7%	0.0%	0.7%
FY 2021-22 # Participants	2	8	2	107	81	1	201
FY 2021-22 Penetration Rate	1.0%	1.7%	0.3%	0.7%	0.8%	0.2%	0.7%
Glenn County Census Population	192	477	696	15,717	10,539	501	28,122

11. SUD Drug Medi-Cal Population

Figure 9 shows the percentage of Medi-Cal enrollees who accessed SUD services in FY 2021/22. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal enrollees that received SUD services in FY 2021/22. This data is shown by age, race/ethnicity, and gender.

There were 152 Medi-Cal participants who received one or more SUD service in FY 2021/22. Of these individuals, 5.3% were children; 10.5% were TAY; 81.6% were adults; and 2.6% were older adults. Of the Medi-Cal participants, 53.9% identified as White/Caucasian and 39.5%

identified as Latino/ Hispanic. All other race/ethnicity groups represented a small number of individuals. The majority of participants identified as male (53.3%) compared to female (46.7%). The penetration rate data shows that 1.2% of the Glenn County Medi-Cal enrollees received SUD services, with 152 individuals out of the 12,800 Medi-Cal enrollees. Of these individuals, children had a penetration rate of 0.2%, TAY had a penetration rate of 1.1%, adults had a penetration rate of 2.2%, and older adults had a penetration rate of 0.3%.

For race/ethnicity, persons who identified as Caucasian had a penetration rate of 1.9%, and persons who identified as Latino/ Hispanic had a penetration rate of 0.9%. All other race/ethnicity groups represented a small number of individuals. Participants who identified as male had a greater penetration rate (1.4%) as compared to female (1.0%). This data shows a disparity in the number of persons who are Latino/ Hispanic that receive SUD services.

Figure 9
Glenn County Medi-Cal Substance Use Disorder Penetration Rates
by Gender, Age, and Race/Ethnicity
(Medi-Cal Enrollee Source: Kings View Penetration Report FY 2021/22)

	Glenn County Average Number of Eligibles FY 2021-22		**Number of Medi-Cal Substance Use Participants Served FY 2021-22**		**SUD Medi-Cal Penetration Rate FY 2021-22**
Age Group					
Children	4,608	36.0%	8	5.3%	8 / 4,608 = 0.2%
Transition Age Youth	1,433	11.2%	16	10.5%	16 / 1,433 = 1.1%
Adults	5,599	43.7%	124	81.6%	124 / 5,599 = 2.2%
Older Adults	1,160	9.1%	4	2.6%	4 / 1,160 = 0.3%
Total	**12,800**	**100.0%**	**152**	**100.0%**	**152 / 12,800 = 1.2%**
Race/Ethnicity					
Black	88	0.7%	2	1.3%	2 / 88 = 2.3%
American Indian/ Alaskan Native	235	1.8%	6	3.9%	6 / 235 = 2.6%
Asian/ Pacific Islander	430	3.4%	2	1.3%	2 / 430 = 0.5%
White	4,399	34.4%	82	53.9%	82 / 4,399 = 1.9%
Latino/ Hispanic	6,768	52.9%	60	39.5%	60 / 6,768 = 0.9%
Other/ Unknown	880	6.9%	-	0.0%	0 / 880 = 0.0%
Total	**12,800**	**100.0%**	**152**	**100.0%**	**152 / 12,800 = 1.2%**
Gender					
Male	5,956	46.5%	81	53.3%	81 / 5,956 = 1.4%
Female	6,844	53.5%	71	46.7%	71 / 6,844 = 1.0%
Total	**12,800**	**100.0%**	**152**	**100.0%**	**152 / 12,800 = 1.2%**

12. Analysis of disparities identified in Drug Medi-Cal clients

The Drug Medi-Cal program is being expanded to offer additional services. One of the goals of the program, is to incorporate the vision and objectives of the CLC Plan throughout the Drug Medi-Cal service delivery system. As noted above, this will include expanding the diversity of staff and persons served in the SUD program.

13. Seasonal migrants who are Medi-Cal enrollees in the county

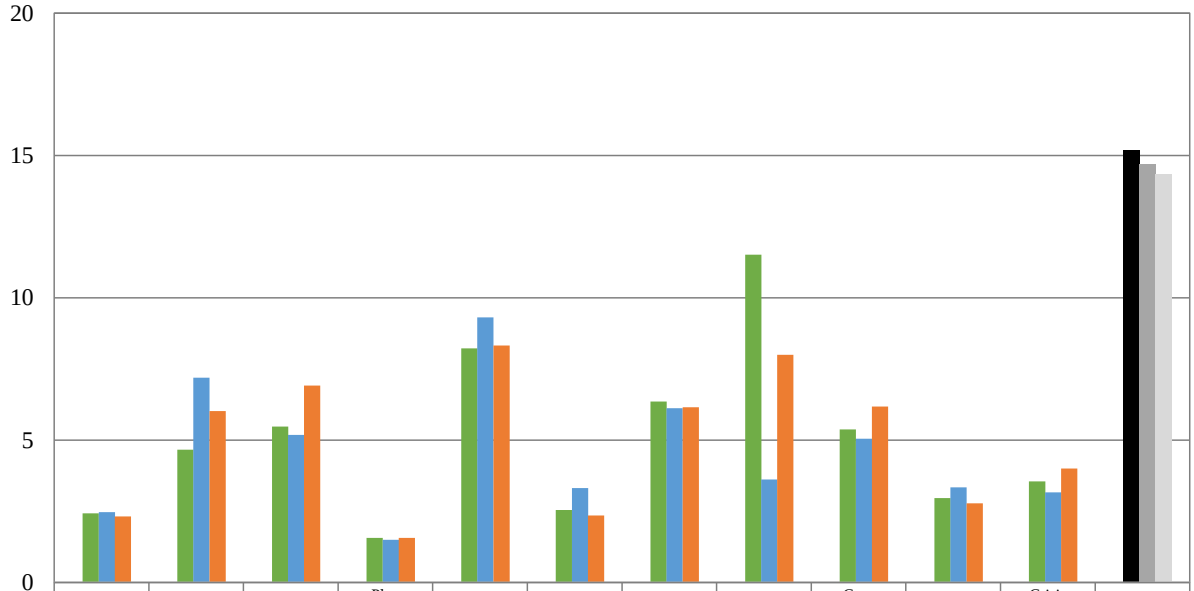
One of Glenn County's primary revenue sources is agricultural production. Farm workers and their families are identified as primarily Latino. They contribute an enormous benefit to the economic vitality of the county. However, the farm workers and their families are less likely to access Behavioral Health services. Barriers to serving this population may include the failure of the system recruiting and retaining mental health professionals who reflect the culture and language needs of our rural, agricultural communities; the failure of treatment approaches to meet the cultural needs of the Latino population; and the lack of information on mental illness and mental health services in a form that provides aggressive outreach to this population sector that is reluctant to initiate mental health treatment services. Improving access to this population is a priority.

B. Utilization of Mental Health and Substance Use Disorder Services

Figure 10 shows the total number of hours, by type of mental health service, clients, and hours per client for three years, FY 2019/20 to FY 2021/22. This data shows that in FY 2021/22, the 1,041 mental health clients received 14,927 hours of services. This calculates into 14.3 hours per client. This data also shows the number of clients and average hours per client for each type of service. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service.

In FY 2021/22, per client, assessments averaged 2.3 hours; intensive care coordination (ICC): 6.0 hours; intensive home-base services (IHBS): 6.9 hours; plan development: 1.6 hours; individual therapy: 8.3 hours; collateral: 2.4 hours; rehabilitation individual: 6.2 hours; group services: 8.0 hours; case management: 6.2 hours; medication management: 2.8 hours; crisis intervention: 4.0 hours.

Figure 10
Glenn County Mental Health Services
Mental Health Hours, Clients, and Hours per Client per Year, by Service Type
All Mental Health Clients
FY 2019/20 to FY 2021/22

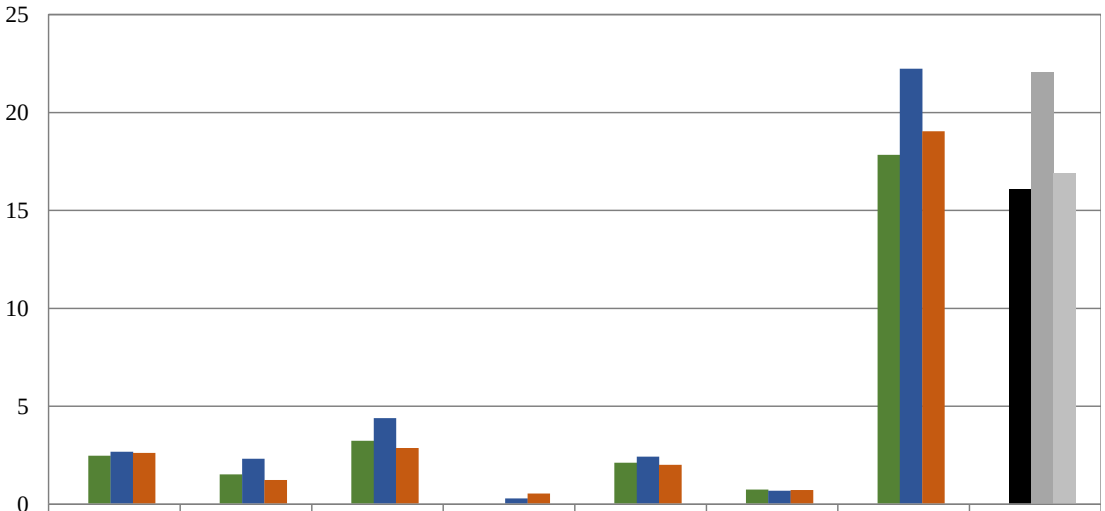


	Assessment	ICC	IHBS	Plan Development	Individual Therapy	Collateral	Rehab. Individual	Group	Case Management	Medication	Crisis Intervention	Total FY
# Hours FY 2019-20	1,710	304	247	830	4,416	456	1,412	1,773	2,140	888	714	14,890
# Participants FY 2019-20	704	65	45	528	537	179	222	154	398	299	201	981
Avg Hrs/Part FY 2019-20	2.4	4.7	5.5	1.6	8.2	2.5	6.4	11.5	5.4	3.0	3.6	15.2
# Hours FY 2020-21	1,648	460	275	830	5,087	700	925	25	2,341	919	532	13,742
# Participants FY 2020-21	665	64	53	553	546	211	151	7	463	275	168	935
Avg Hrs/Part FY 2020-21	2.5	7.2	5.2	1.5	9.3	3.3	6.1	3.6	5.1	3.3	3.2	14.7
# Hours FY 2021-22	1,743	337	318	835	5,404	502	1,102	472	2,654	831	730	14,927
# Participants FY 2021-22	751	56	46	532	649	213	179	59	429	298	182	1,041
Avg Hrs/Part FY 2021-22	2.3	6.0	6.9	1.6	8.3	2.4	6.2	8.0	6.2	2.8	4.0	14.3

Figure 11 shows the total number of hours, by type of SUD service, clients, and hours per client for the past three years, FY 2019/20 to FY 2021/22. This data shows that the 201 SUD clients received 3,401 hours of services in FY 2021/22. This calculates into 16.9 hours per client. This data also shows the number of clients and average hours per client for each type of service. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service.

In FY 2021/22, the average hours per client data shows: assessments averaged 2.6 hours; case management: 1.2 hours; individual therapy: 2.9 hours; crisis intervention: 0.5 hours; treatment planning: 2.0 hours; discharge planning: 0.7 hours; and group services: 19.0 hours.

Figure 11
Glenn County Substance Use Disorder Services
Total Substance Use Disorder Services Hours, Clients, and Hours per Client per Year, by Service Type
All Substance Use Disorder Clients
FY 2019/20 to FY 2021/22



	Assessment	Case Management	Individual Counseling	Crisis Intervention	Treatment Planning	Discharge Planning	Group	Total FY
# Hours FY 2019-20	409	135	402	-	355	79	2,498	3,878
# Participants FY 2019-20	165	89	124	0	167	106	140	241
Avg Hrs/Part FY 2019-20	2.5	1.5	3.2	0.0	2.1	0.7	17.8	16.1
# Hours FY 2020-21	396	195	502	1	352	91	3,025	4,561
# Participants FY 2020-21	148	84	114	2	145	132	136	207
Avg Hrs/Part FY 2020-21	2.7	2.3	4.4	0.3	2.4	0.7	22.2	22.0
# Hours FY 2021-22	379	94	268	1	254	82	2,323	3,401
# Participants FY 2021-22	145	76	93	2	126	114	122	201
Avg Hrs/Part FY 2021-22	2.6	1.2	2.9	0.5	2.0	0.7	19.0	16.9

C. Analysis of Population and Utilization Data

There was a reduction in both the number of SUD clients served and the hours of SUD outpatient services delivered from FY 2020/21 to FY 2021/22. (There was a reduction in the number of SUD clients served, an increase in the hours of SUD outpatient services delivered, and an increase in the average number of hours per client, from FY 2019/20 to FY 2020/21.) This decrease resulted in a decrease in the average hours of SUD services delivered per client from FY 2020/21 to FY 2021/22.

There is also a disparity between access and service utilization for Caucasian and Latino clients for both mental health and SUD services for FY 2021/22, overall MH penetration rates are higher for Latino clients (4.1 vs. 3.3%). Medi-Cal MH penetration rates are lower for Latino (6 vs. 10.5%). Overall SUDs penetration rates are slightly higher for Latino/Hispanic (.8 vs. .7%). Medi-Cal SUDs penetration rates are lower for Latino (.9 vs 1.9%).

We continue to identify ways to provide outreach in Latino communities, hire bilingual and/or bicultural staff whenever possible, and provide education and training to staff to promote the delivery of culturally sensitive services.

III. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

A. Available Services

Services available to meet the needs of diverse populations, including peer-driven services; issues and methods of mitigation

It is our goal to deliver services in a person's primary language, whenever possible. As a result, we continue to expand the number of services available in Spanish as we are able to hire more bilingual bicultural staff. For example, we now offer Parent Child Interactive Therapy (PCIT) services to monolingual Spanish-speaking parents. There is a Sana Mente support group at Harmony House which stresses a 'healthy mind in a healthy body'.

Various multi-cultural events are held each year. These events often have over 100 people in attendance and provide a way to share information on different cultures. Outreach services are offered to Grindstone, the Native American community in the county. There is also an expansion in outreach services to the Hmong community in the county. This community has varied in size over the past 20 years, from several hundred to fewer than 50. For the Hmong community in Glenn County, behavioral health staff coordinate interpreter services with staff from the Health and Human Services Agency (HHSA) to deliver services in the person's primary language, whenever possible.

Youth (Peer Mentors) from the TAY Center offer training and promotional materials at the local schools and in the community to help reduce bullying, suicides, and stigma. They offer wrist bands to support the LGBTQ+ community at the local schools. These anti-stigma campaigns aim at reducing the effects of stigma and discrimination in our community.

B. Informing Clients

Mechanisms for informing clients of culturally-competent services and providers, including culturally-specific services and language services; issues and methods of mitigation

Individuals who staff the 24/7 Access Line are trained to be familiar with the culturally competent services that are offered and are able to provide interpreter services or link clients to language assistance services, as needed.

The Health Services Agency *Guide to Mental Health Services* brochure (in English and Spanish) highlights available services, including culturally specific services. In addition, the brochure informs clients of their right to FREE language assistance, including the availability of interpreters. This brochure is provided to clients at intake and is also available at our clinics and wellness centers throughout the county.

A *Provider List* is available to clients which lists provider names, population specialty (children, adult, veterans, LGBTQ, etc.), services provided, language capability, and whether or not the

provider is accepting new clients. This list is provided to clients upon intake and is available at our clinics and wellness centers, as well as on the Glenn County website. The Provider List is updated monthly.

The county also publishes an *Interpreter List*, which provides clients with the names, hours, and contact information of interpreters available in the county. This list is provided to clients upon intake and is available at our clinics and wellness centers. The list also given to the Day Crisis Team, so they know who is on call when a Spanish speaking person is in crisis. We have developed a flow chart showing who to contact during a crisis call, and we are expanding this flow chart for the day crisis team. There is a Spanish speaking staff person available at each clinic site.

A New Client Intake Tracking Sheet is used to ensure that each client is informed about the availability of free language assistance services. This document is completed by front office staff, added to the client's Electronic Health Records, and forwarded to clinical staff for the intake assessment appointment.

C. Capturing Language Needs

Capturing language needs and the methods for meeting those needs; issues and methods of mitigation

Our 24/7 Access Log includes a field to record a client's need for interpreters. There is at least one bilingual staff person working at the front office in each of the Behavioral Health clinics. This individual is able to communicate with any caller who speaks Spanish. All new clients are offered an assessment with a Spanish speaking clinician.

The New Client Intake Tracking Sheet documents when a client requests an interpreter and which provider is preferred. This form is forwarded to clinical staff for the intake assessment and included in the client's medical record. Several of the bilingual assessing clinicians keep new assessment appointment blocks available specifically for clients who indicate Spanish is their preferred language in order to ensure timely access. This information is also utilized during Case Assignments, to help determine the appropriate bilingual staff to provide ongoing services in the individual's primary language.

A similar process is utilized with medication services referrals. If a client indicates a preferred language other than English, their preference is noted in all scheduled appointments, so an interpreter is scheduled and available during the client's psychiatry appointments.

When any need for an interpreter is indicated, this information is sent to the Ethnic Services Committee, who meet to coordinate interpretation services and ensure coverage for all appointments.

Currently, there is a policy in place that outlines the requirements and processes for meeting a client's request for language assistance, including the documentation of providing that service in

the person's primary language. This policy was updated to include the process for capturing a client's request for an interpreter.

D. Grievances and Appeals

Grievances and appeals related to cultural competency; issues and methods of mitigation

The System Improvement Committee (SIC) reviews complaints and grievances. The grievance log records if there are any issues related to cultural competency. The SIC reviews all issues and determines if the resolution was culturally appropriate. The SIC and CLC will work together to identify additional issues and objectives to help improve services during the coming year.

IV. TRAINING IN CULTURAL AND LINGUISTIC COMPETENCE

This section lists the cultural and linguistic competence trainings for staff and contract providers, including training in the use of interpreters, conducted in 2022.

CDEC Trainings for All BH	
January 2022	School Collaborative Programs (Lisa Cull)
February 2022	Presentation for MHSA (Cindy Ross)
May 2022	American Lung Association presentation (Bruce Baldwin & Rexanne Greenstreet)
June 2022	"How to use an interpreter" (via Relias)
July 2022	Access to crisis resources and suicide stigma reduction "Best Practices for Discussing Suicide" (Elise Garrison and Cindy Ross)
August 2022	North Valley Indian Health Services Q&A (Harry Jakobson)
September 2022	SUDS screening, and ASAM LOC Dimensions, diagnostic criteria, and the SUD treatment continuum (Eloise Jones)
October 2022	Implicit Bias in the Workplace (2 half-day trainings) (Senta Burton)

Description of Training	Number of Attendees	Date
Professional Ethics and Standards for Social Workers	1	1/10/22
Suicide-Specific Interventions and Best Practices: Women and Substance Use	1	1/11/22
Working Effectively w/LGBTQ	1	1/24/22
EMDR Ongoing Consultation	1	1/28/22, 3/18/22
Supporting Individuals in Early recovery	1	2/11/22
Addressing Problematic Sexualized Behavior in Preteens and Adolescents	2	3/30/22
Compliance Prog, Supporting Client Rights for Paraprofessionals in BH, Medi-Cal Health Doc Training, Cultural Competence	1	4/5/22

Description of Training	Number of Attendees	Date
Suicide in Adolescents and TAY, Confidentiality in the Treatment Substance Use Disorders, the Role of a BH Interpreter	1	4/11/22
Assessment and Treatment of Depressive Disorders in Children and Adolescents, Bipolar and Related Disorders in Youth, Diagnosing and Treating Depressive Disorders, Symptoms, Etiology and Recovery Focused Interventions for Schizophrenia	1	4/19/22
Assessing Risk of Other- Directed Violence in Children and Adolescents, Attachment Disorders, Diagnosing and Treating Personality Disorders	1	4/28/22
Addressing BH Needs in individuals involved in CW, Major MH Disorders of Childhood, Traumatic Stress Disorders in Children and Adolescents	1	5/2/22
Strengths Based Perspectives for Children's Services Staff, Working more effectively with LGBTQ+ children and youth, Developmental stages from birth to five years	1	5/3/22
Best Practices for Behavioral Health in Child Welfare, Externalizing and Disruptive Behavior Disorders in Children and Adolescents, Strategies for Addressing Loneliness in Behavioral Health settings	1	5/5/22
EMS HIPPA Awareness, Handling a First Amendment Audit, Drug-Free Workplace, General Office Ergonomics, Preventing Disclination in the workplace, Workplace diversity, workplace violence, overview of BH Screening Tools	1	5/10/22
Suicide Prevention	1	5/16/22
Sexual Orientation and Gender Identity, Intro to CBT, Activities for preschoolers: Active Play as a meaningful Learning tool	1	5/17/22
Understanding and addressing Racial Trauma in BH	1	5/20/22
Top Safety- June 2022, Strategies for treating insomnia in BH settings, Overcoming barriers to LGBTQ+ Affirming BH Services, The role of BH Interpreter	1	6/2/22
How to fight Anti-Asian American and Pacific Islander Hate	1	6/3/22
Best Practices in Suicide Screening and Assessment	1	6/6/22
The Role of a BH Interpreter	3	6/7/22, 7/5/22
Best practices in Trauma Specific Treatment, Overview of Communicable Diseases in Children, Tobacco Dependence Treatment and BH, Working More Effectively with the LGBTQ+ Community	1	6/13/22
Assist Suicide First Aid Training	1	6/23/22-6/24/22

Description of Training	Number of Attendees	Date
Children and Domestic Violence	1	7/27/22
Children with Disabilities	1	8/1/22
Helping children and adolescents cope with Violence and disasters	1	8/4/22
Non- Suicidal Self Injurious Behavior in Children and Adolescents	1	8/10/22
Promoting Normalcy for youth in Foster Care	1	8/10/22
Traumatic Stress Disorders in Children and Adolescents	1	8/12/22
Working with Justice Involved Youth with BH Needs	1	8/12/22
Unconscious Bias	2	8/25/22, 9/28/22
2022 National Latino Behavioral Health Conference	3	9/15/22-9/16/22
Ethnic Services Manager Training	1	10/19/22
Implicit Bias	88	10/26/22
Promoting Social Justice in the Field: A four Part Training Model for Anti-Racist Practices in Social Work Field Education	1	11/2/22

V. STAFF ASSESSMENT

A. Current Staff Composition

1. Staff Ethnicity by function

The diversity of the GCBH staff workforce continues to expand, which is clearly illustrated by the data on staff's culture and language. GCBH collected a Staff and Volunteer Ethnicity and Cultural Competence Survey to collect staff ethnicity by function, as well as other staff demographics. Additional survey results are also included in section 3 below. There were 61 staff who completed the survey. Some staff choose not to answer every question. Of the 57 respondents who reported their race/ethnicity, 29 (51%) identified as White, 21 (37%) as Latino/ Hispanic, four (7%) as American Indian or Alaska Native, one (2%) as Asian, and two (3%) as more than one race. Four staff did not provide their race/ethnicity. Eighty-one percent (81%) of staff reported that they have lived mental health experience (46/57) and 83% are family members of someone with lived mental health experience (50/60). Of the 60 respondents who reported their current gender, 45 (75%) identified as female, 13 (22%) as male, and two (2) as other genders (3%). There were 78% of staff identified that as heterosexual/straight (44/56), and 22% of staff reported LGBTQ+ as their sexual orientation (12/56).

Of the 61 respondents, 44 (72%) were direct service staff and 17 (28%) were administration and management. Of the 44 direct service staff survey respondents, 19 (43%) identified as White, 16 (36%) as Latino/ Hispanic, three (7%) as American Indian or Alaska Native, two (5%) more than one race, and four (9%) Declined to answer. Of the 17 administration and management staff survey respondents, 10 (59%) identified as White, 5 (29%) as Latino/ Hispanic, one (6%) as American Indian or Alaska Native, and one (6%) as Asian.

2. Staff proficiency in reading and/or writing languages other than English

Of the 21 bilingual staff at GCBH, 18 (86%) staff identify as proficient in reading, writing, and speaking Spanish (86%), and one (1) is proficient in reading, writing, and speaking Mandarin/Cantonese (5%). One (1) bilingual staff is proficient in speaking Hmong (5%), and one (1) staff is proficient in speaking Spanish but not proficient in reading and writing (5%).

Of the 21 Spanish speaking bilingual staff, 19 (90%) individuals are direct service staff and two (2) are administrative/ management staff (10%). Of the 19 Spanish speaking bilingual staff, all 19 (100%) deliver services in Spanish, as well as provide interpreter services for other staff members.

3. Analysis: Staff Ethnicity and Cultural Competence Survey

To assess the cultural awareness of our workforce, staff and volunteers were asked to complete the Staff and Volunteer Ethnicity and Cultural Competence Survey in November 2022. The complete results are included in Attachment A.

The Staff and Volunteer Ethnicity and Cultural Competence survey response options included Frequently; Occasionally; Rarely/Never; and Did Not Occur to Me. There are some interesting results when examining those questions where the responses were "**Rarely/Never**" or "**Did not occur to me**." Those responses will be briefly outlined below. There were 61 staff who completed the survey.

Staff Responses:

- *I continue to learn about the different cultures of our clients and family members in order to improve the delivery of Behavioral Health services.* (N=61) (7% responded Rarely/Never or Did not occur to me).

- *I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice.* (N=61) (19% responded Rarely/Never or Did not occur to me).

- *I attempt to learn a few key words in the client's primary language (e.g., Hello, Goodbye, Thank you, etc.).* (N=61) (14% responded Rarely/Never or Did not occur to me).

- *I have developed skills to effectively utilize an interpreter.* (N=61) (25% responded Rarely/Never or Did not occur to me).

- *I participate in trainings to learn how best to meet the needs of clients and family members from diverse cultures.* (N=61) (10% responded Rarely/Never or Did not occur to me).

There was also a question about participation in cultural awareness activities over the past six (6) months. The responses will be reviewed by the CLC over the next few months to discuss any signification findings from the responses. Some of the early analysis identified the need to use the Ethnic Services Committee to provide training on culture and diversity in the workplace and provide more training to help staff exam their own cultural background and biases. Also, training on how to create a safe workplace so everyone feels safe to provide feedback to other staff regarding cultural insensitivity and use the situation as a learning opportunity.

B. Staff Disparities and Related Objectives

Over the past several years, Behavioral Health has been successful at expanding the number of bilingual, bicultural staff. There are now several licensed, clinical social workers who are bilingual and/or bicultural, and several direct service staff and coaches/peer mentor staff who are bilingual and/or bicultural. This staffing pattern is an excellent start to meeting the needs of this community. However, there is a need to continue to increase the number of bilingual and/or bicultural staff throughout the Behavioral Health program. It is our goal is to have all Spanish-speaking clients receive services in their primary language, whenever possible.

The diversity of our workforce is not equal to our client population or our general population. As a result, we will continue to identify opportunities to recruit and retain bilingual and

bicultural staff. To achieve this objective, it is our goal to have our employee demographics represent at least 20% of our workforce, whenever possible. We also continue to support bilingual and bicultural individuals in the community to pursue careers in social work and related fields. This strategy has been an effective way to increase the number of bilingual and/or bicultural staff in our program. We also offer a small pay differential for bilingual staff.

The staff survey results also highlight areas for staff training. Additional training on utilizing an interpreter effectively will be developed in the next few months. In addition, developing training on how to create a secure environment so staff feel safe in providing feedback when they see or experience other staff exhibiting behaviors that appear to be culturally insensitive or reflect prejudice. Additional training opportunities will be identified as the CLC reviews the results of this survey, and future surveys.

C. Barriers and Mitigation

The primary barrier to meeting our goal of expanding our bilingual and/or bicultural staff is our pay and benefits package. As a small rural county, our salaries and benefits are lower than surrounding larger counties. As a result, it is difficult to recruit and retain staff. We have found that we have been able to recruit and hire social work interns, primarily form CSU Chico State. This strategy has helped to expand our staff and provide services to clients. Unfortunately, some of these interns leave our county for higher paying positions in larger counties, once they become licensed.

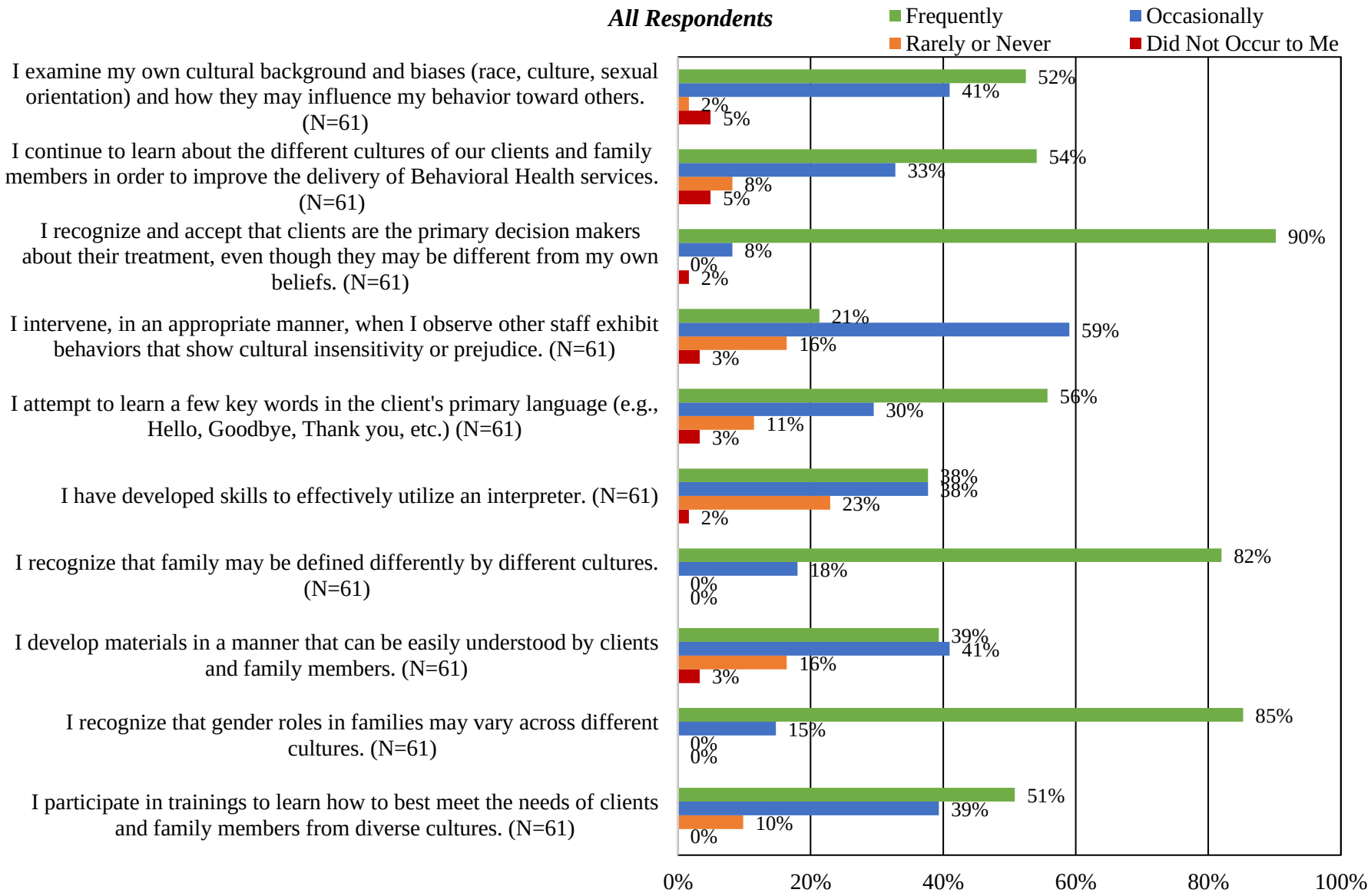
ATTACHMENT A:
STAFF ETHNICITY & CULTURAL COMPETENCE SURVEY RESULTS

Glenn County Department of Behavioral Health

Staff Cultural Competence Survey

2022

All Respondents

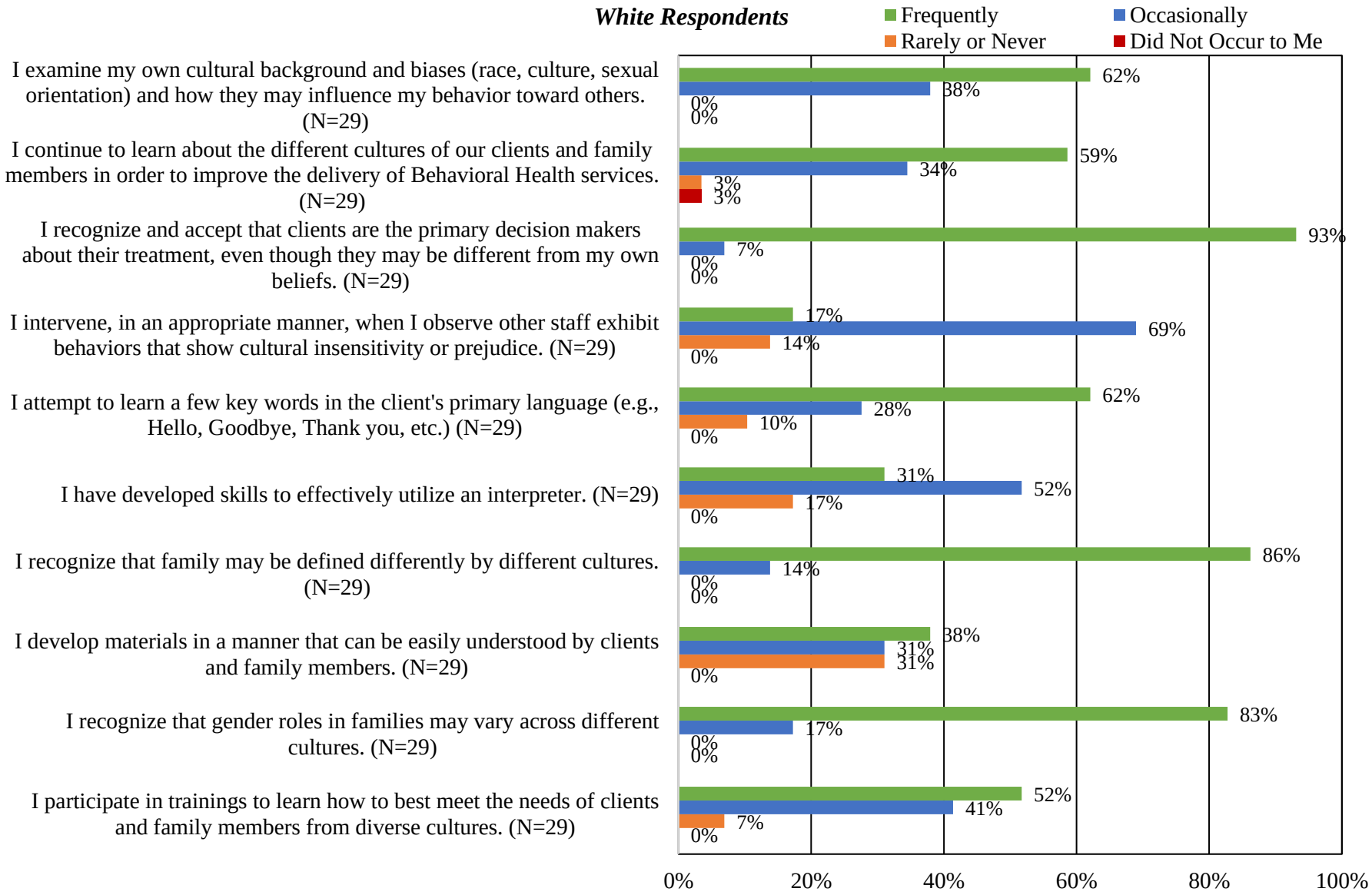


Glenn County Department of Behavioral Health

Staff Cultural Competence Survey

2022

White Respondents

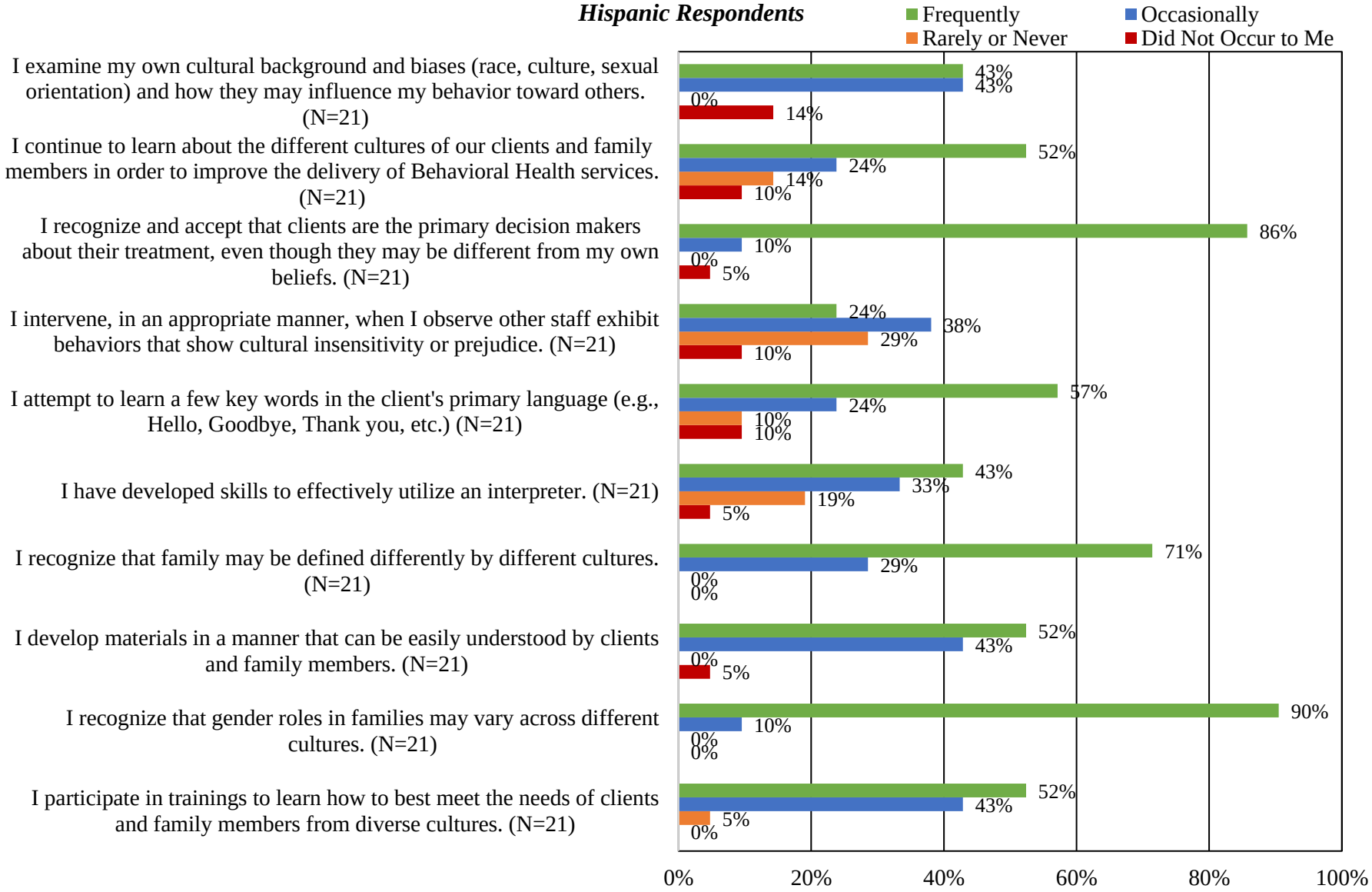


Glenn County Department of Behavioral Health

Staff Cultural Competence Survey

2022

Hispanic Respondents

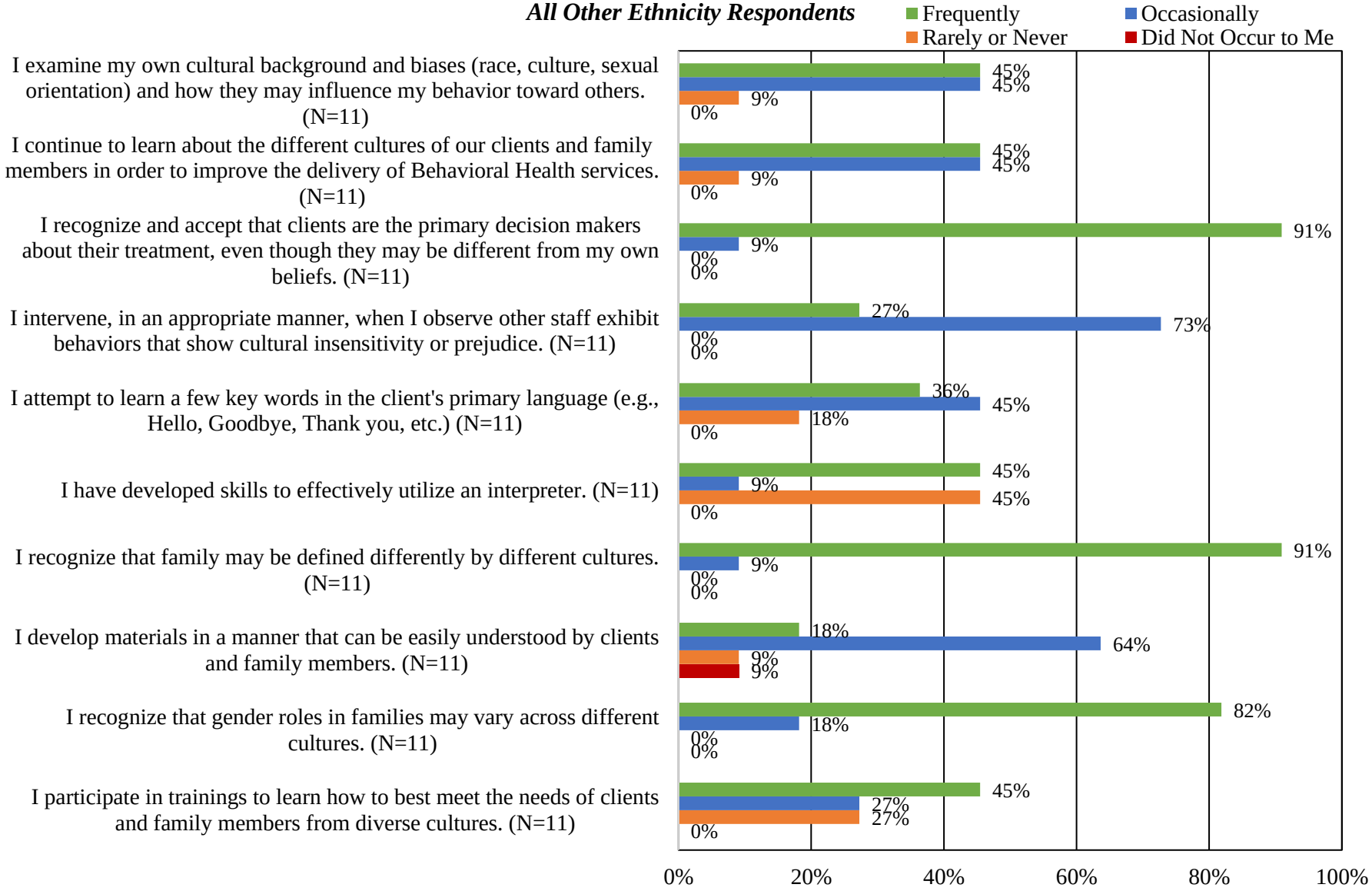


Glenn County Department of Behavioral Health

Staff Cultural Competence Survey

2022

All Other Ethnicity Respondents



Glenn County Department of Behavioral Health

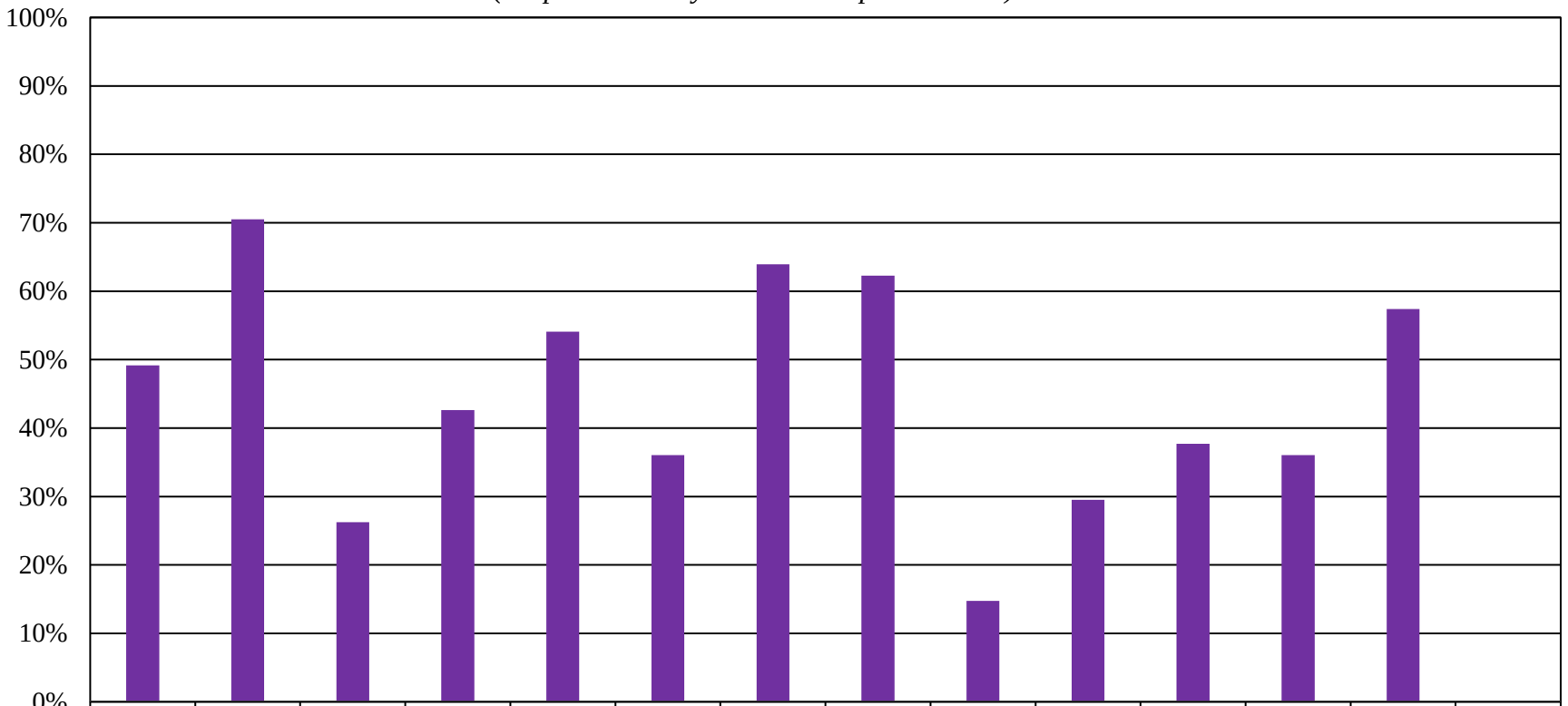
Staff Cultural Competence Survey

2022

Participation in Professional Development Activities (Past Six Months)

All Respondents (N=61)

(Respondents may choose multiple answers.)



	Recognized a prejudice I have about certain people	Talked to a colleague about a cultural issue	Sought guidance about a cultural issue that arose during therapy/ service delivery	Attended a multi-cultural training seminar	Attended a cultural event	Attended an event in which most of the other people were not my race	Reflected on my racial identity and how it affects my work with clients	Read/ watched/ listened to media about multicultural issues	Learned something about a racial group other than my own	Sought supervision about multicultural issues	Talked to a friend about how our racial differences affect our relationship	Challenged a racist remark - my own or someone else's	Attended a training on Implicit Bias	Total Respondents
# Respondents	30	43	16	26	33	22	39	38	9	18	23	22	35	61
% Respondents	49%	70%	26%	43%	54%	36%	64%	62%	15%	30%	38%	36%	57%	100%

Glenn County Department of Behavioral Health

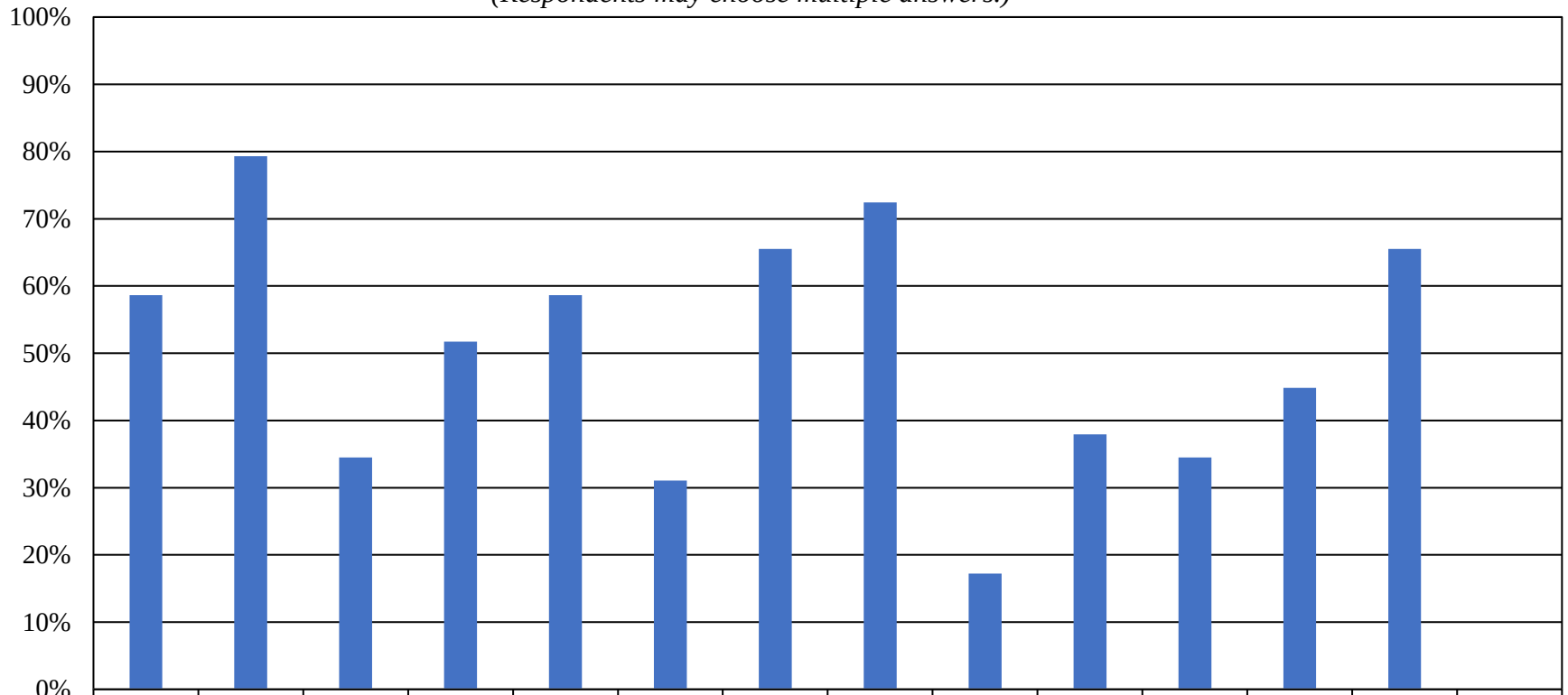
Staff Cultural Competence Survey

2022

Participation in Professional Development Activities (Past Six Months)

White Respondents (N=29)

(Respondents may choose multiple answers.)



	Recognized a prejudice I have about certain people	Talked to a colleague about a cultural issue	Sought guidance about a cultural issue that arose during therapy/ service delivery	Attended a multi-cultural training seminar	Attended a cultural event	Attended an event in which most of the other people were not my race	Reflected on my racial identity and how it affects my work with clients	Read/ watched/ listened to media about multicultural issues	Learned something about a racial group other than my own	Sought supervision about multicultural issues	Talked to a friend about how our racial differences affect our relationship	Challenged a racist remark - my own or someone else's	Attended a training on Implicit Bias	Total Respondents
# Respondents	17	23	10	15	17	9	19	21	5	11	10	13	19	29
% Respondents	59%	79%	34%	52%	59%	31%	66%	72%	17%	38%	34%	45%	66%	100%

Glenn County Department of Behavioral Health

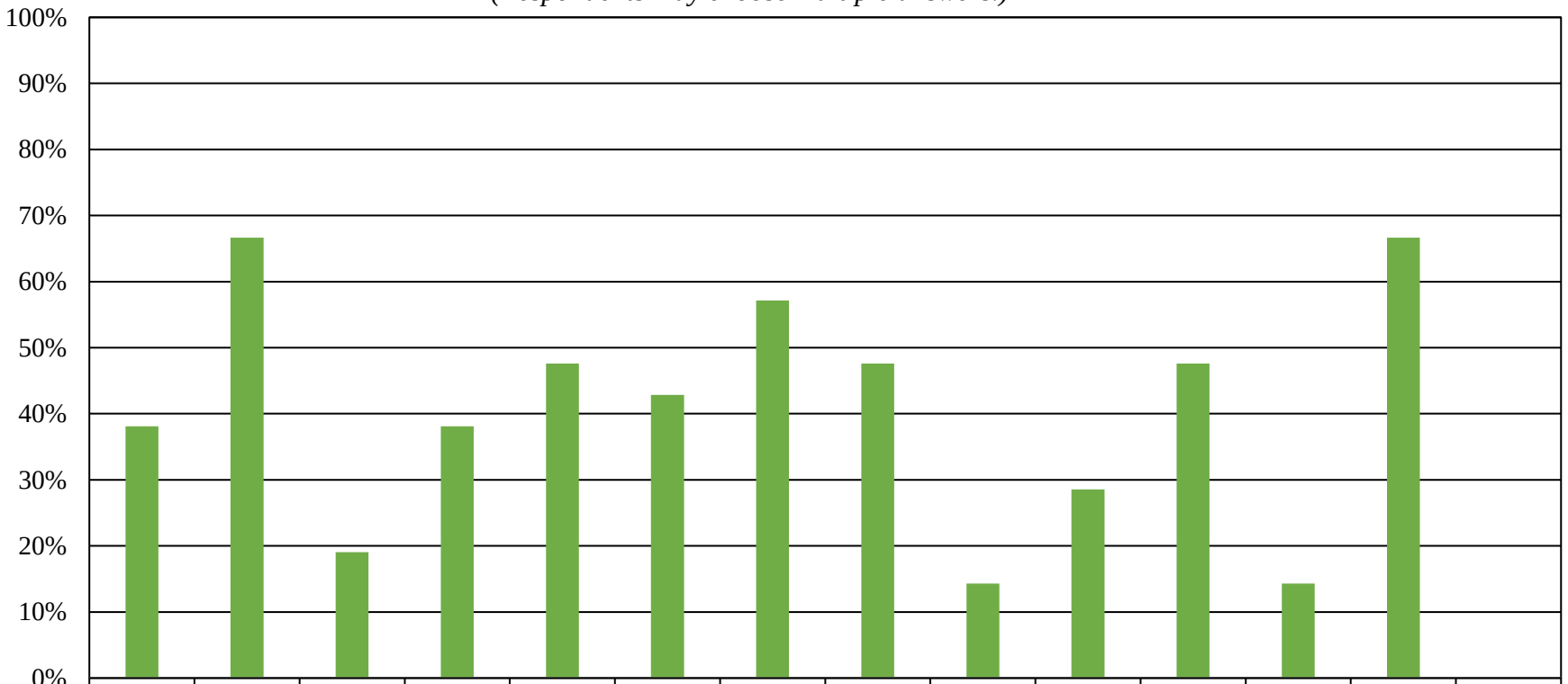
Staff Cultural Competence Survey

2022

Participation in Professional Development Activities (Past Six Months)

Hispanic Respondents (N=21)

(Respondents may choose multiple answers.)



	Recognized a prejudice I have about certain people	Talked to a colleague about a cultural issue	Sought guidance about a cultural issue that arose during therapy/ service delivery	Attended a multi-cultural training seminar	Attended a cultural event	Attended an event in which most of the other people were not my race	Reflected on my racial identity and how it affects my work with clients	Read/ watched/ listened to media about multicultural issues	Learned something about a racial group other than my own	Sought supervision about multicultural issues	Talked to a friend about how our racial differences affect our relationship	Challenged a racist remark - my own or someone else's	Attended a training on Implicit Bias	Total Respondents
# Respondents	8	14	4	8	10	9	12	10	3	6	10	3	14	21
% Respondents	38%	67%	19%	38%	48%	43%	57%	48%	14%	29%	48%	14%	67%	100%

Glenn County Department of Behavioral Health

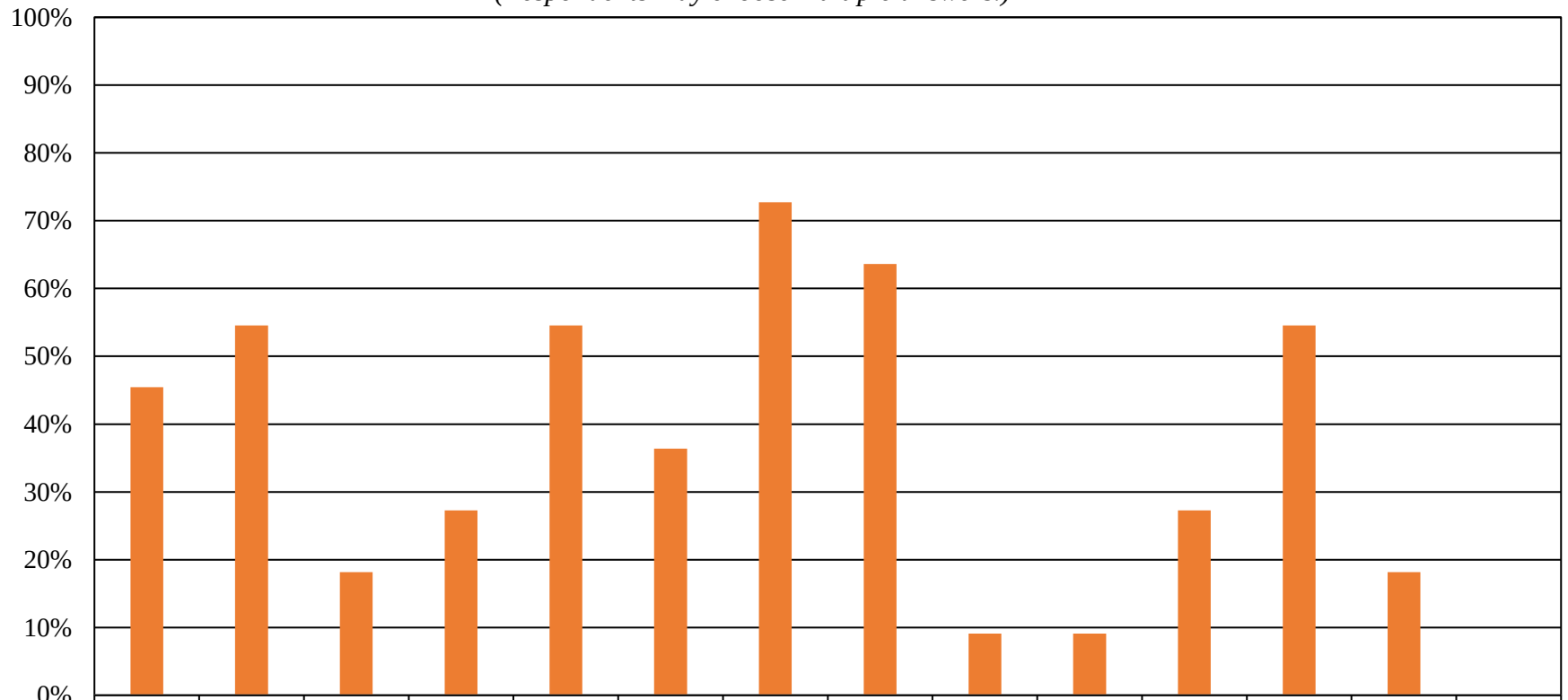
Staff Cultural Competence Survey

2022

Participation in Professional Development Activities (Past Six Months)

All Other Ethnicity Respondents (N=11)

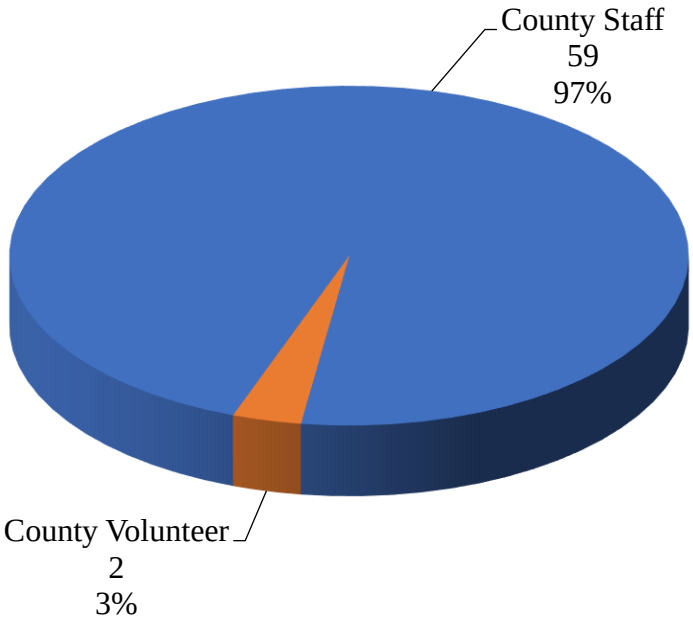
(Respondents may choose multiple answers.)



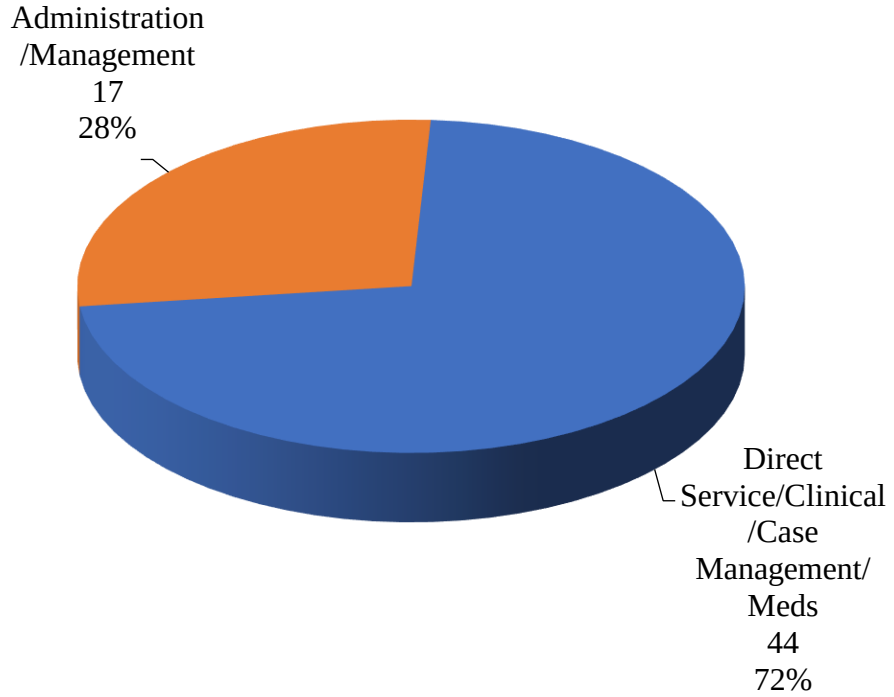
	Recognized a prejudice I have about certain people	Talked to a colleague about a cultural issue	Sought guidance about a cultural issue that arose during therapy/ service delivery	Attended a multi-cultural training seminar	Attended a cultural event	Attended an event in which most of the other people were not my race	Reflected on my racial identity and how it affects my work with clients	Read/ watched/ listened to media about multicultural issues	Learned something about a racial group other than my own	Sought supervision about multicultural issues	Talked to a friend about how our racial differences affect our relationship	Challenged a racist remark - my own or someone else's	Attended a training on Implicit Bias	Total Respondents
# Respondents	5	6	2	3	6	4	8	7	1	1	3	6	2	11
% Respondents	45%	55%	18%	27%	55%	36%	73%	64%	9%	9%	27%	55%	18%	100%

Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2022

Employment Status (N=61)

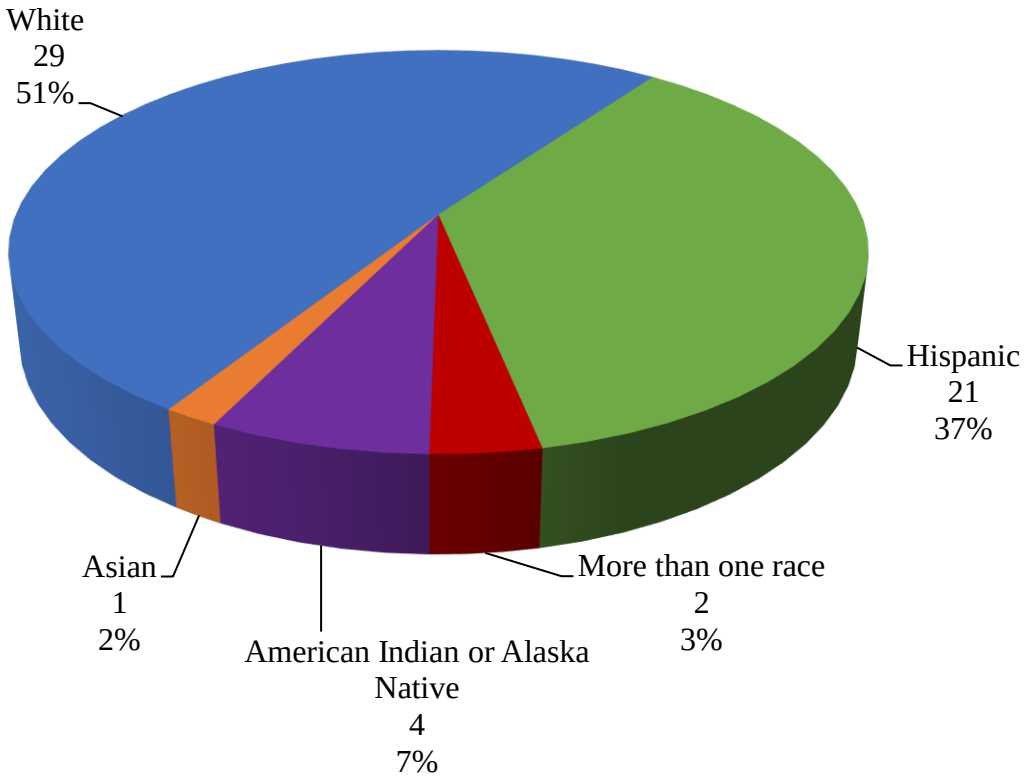


Primary Job Function (N=61)



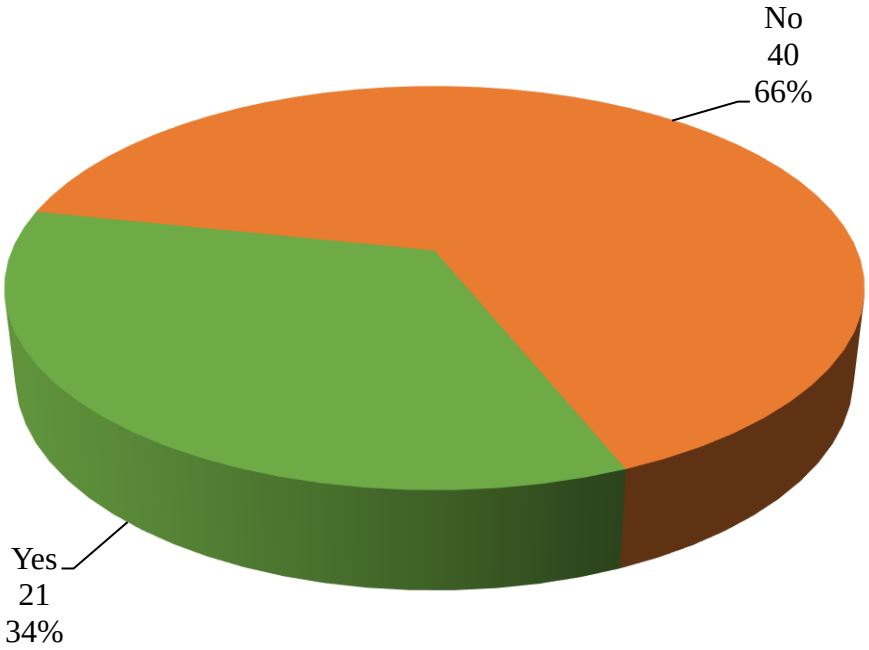
Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2022

Race/Ethnicity (N=57)



Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2022

Do you consider yourself Bilingual? (N=61)



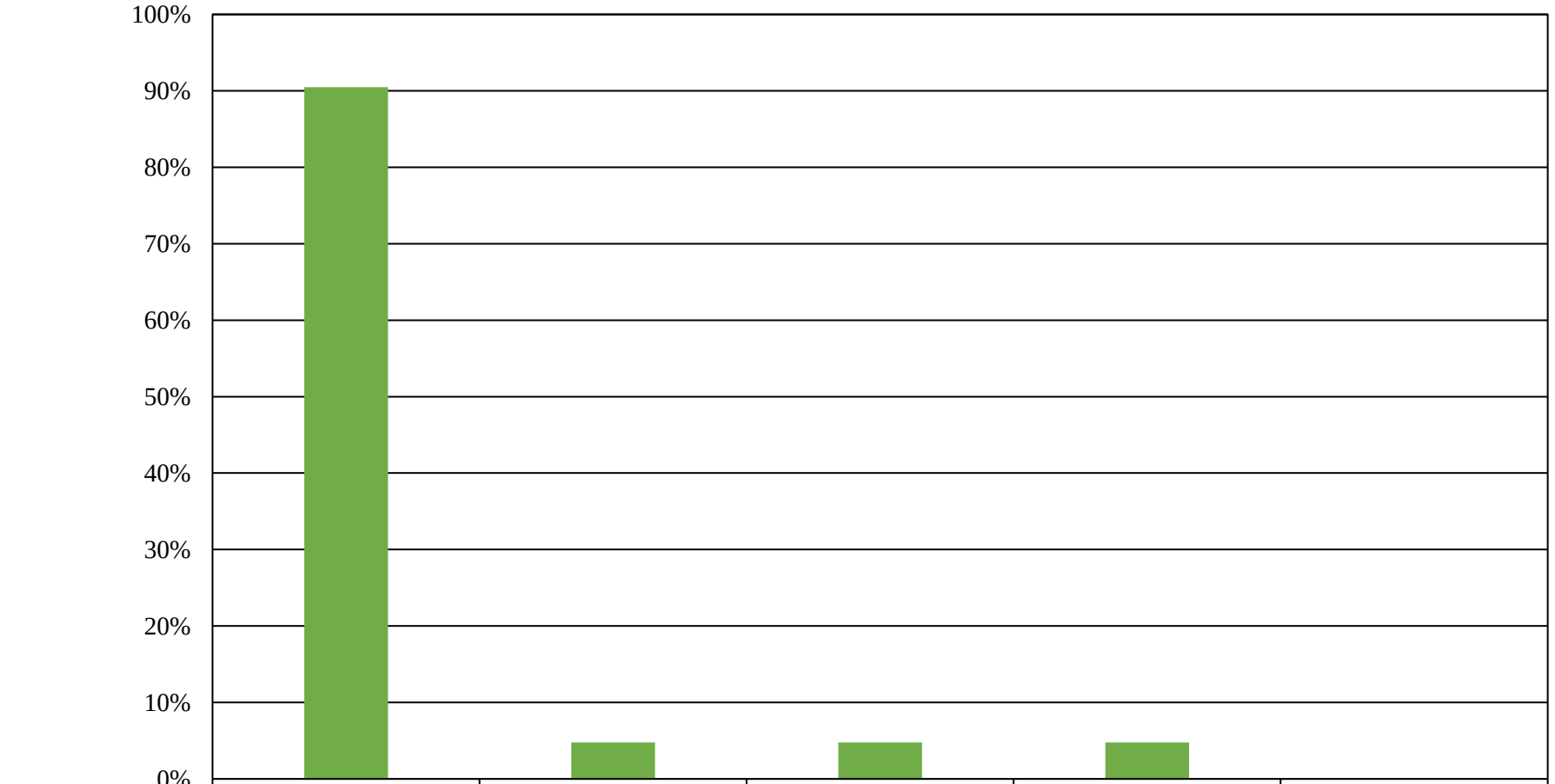
Glenn County Department of Behavioral Health

Staff Cultural Competence Survey

2022

If Bilingual, which language(s) do you speak? (N=21)

(Respondents may choose multiple answers.)



	Spanish	Hmong	Cantonese and Mandarin	Italian	Total Bilingual
# Respondents	19	1	1	1	21
% Respondents	90%	5%	5%	5%	100%

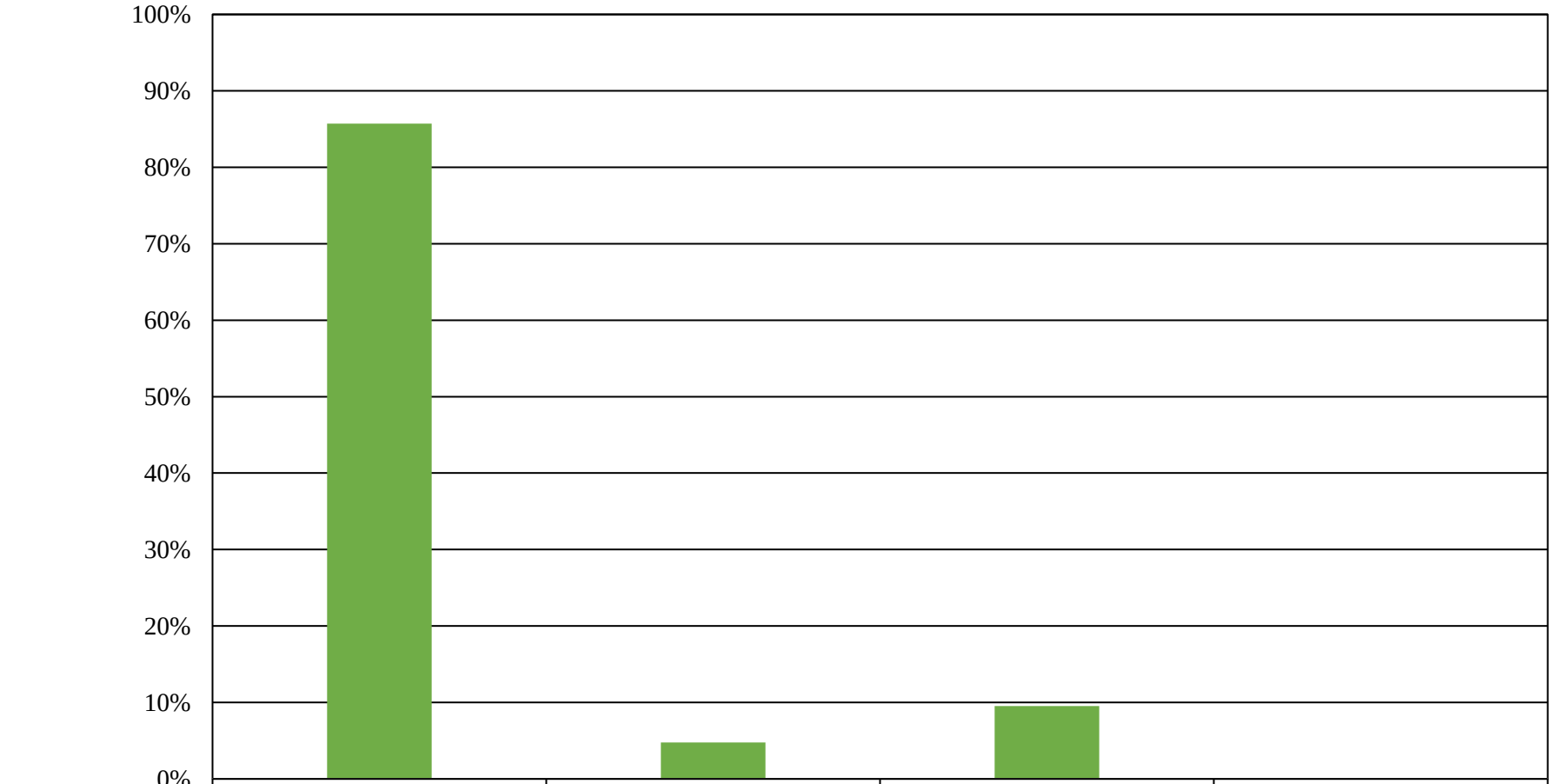
Glenn County Department of Behavioral Health

Staff Cultural Competence Survey

2022

If Bilingual, which language(s) are you proficient in reading and writing? (N=21)

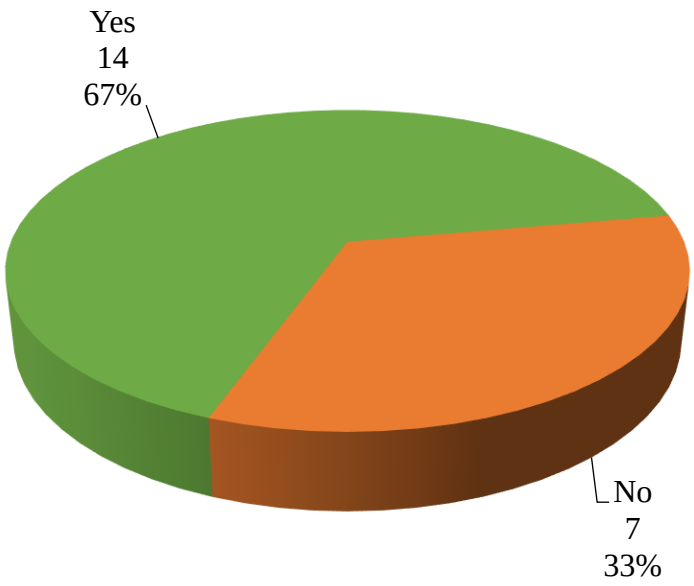
(Respondents may choose multiple answers.)



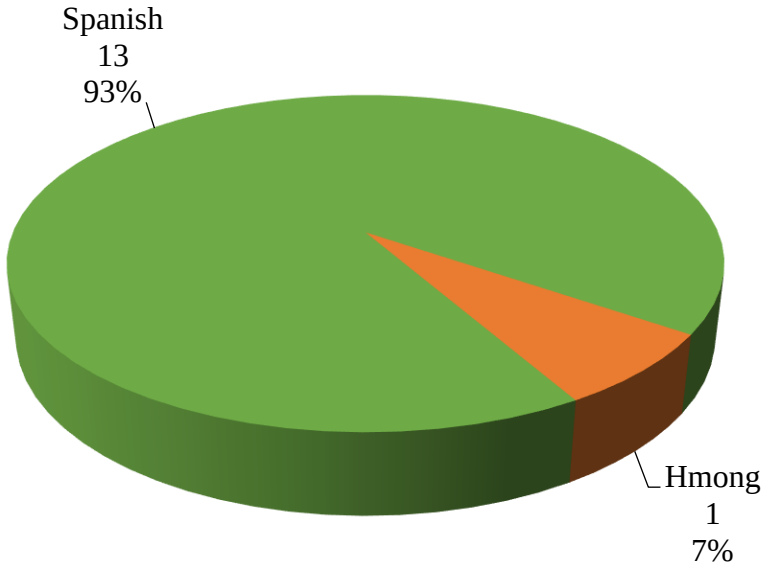
	Spanish	Traditional and Simplified Chinese	Not proficient	Total Bilingual
# Respondents	18	1	2	21
% Respondents	86%	5%	10%	100%

Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2022

Do you act as an Interpreter as part of your Job Function? (N=21)

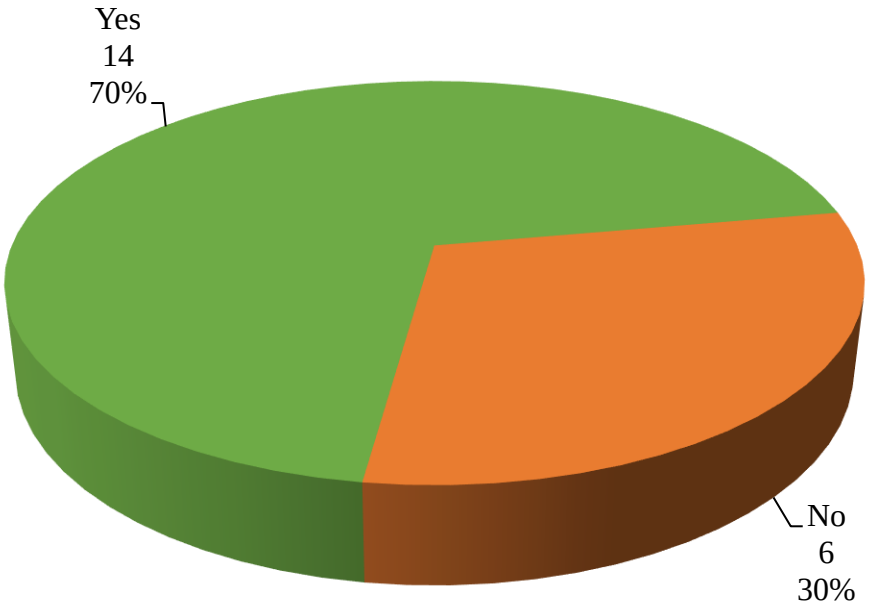


If you act as an Interpreter, which languages do you interpret? (N=14)



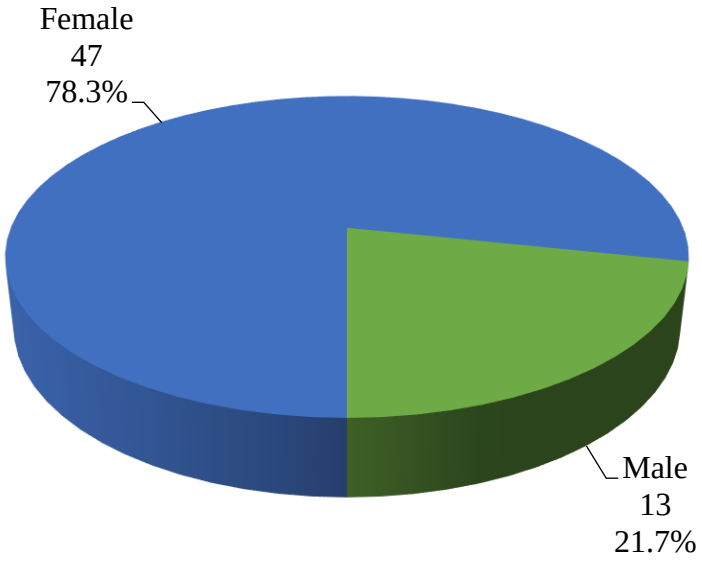
Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2022

Do you receive bilingual pay? (N=20)

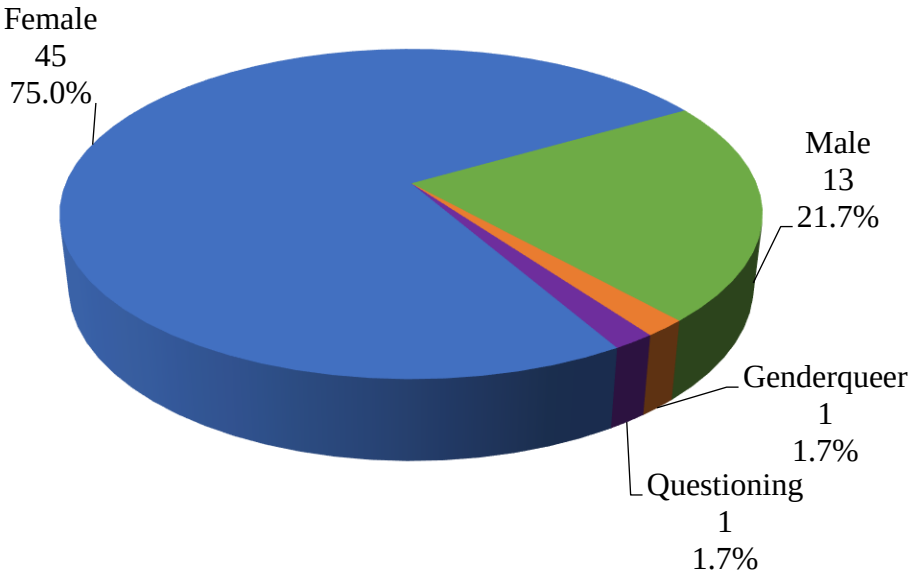


Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2022

Gender Assigned at Birth (N=60)

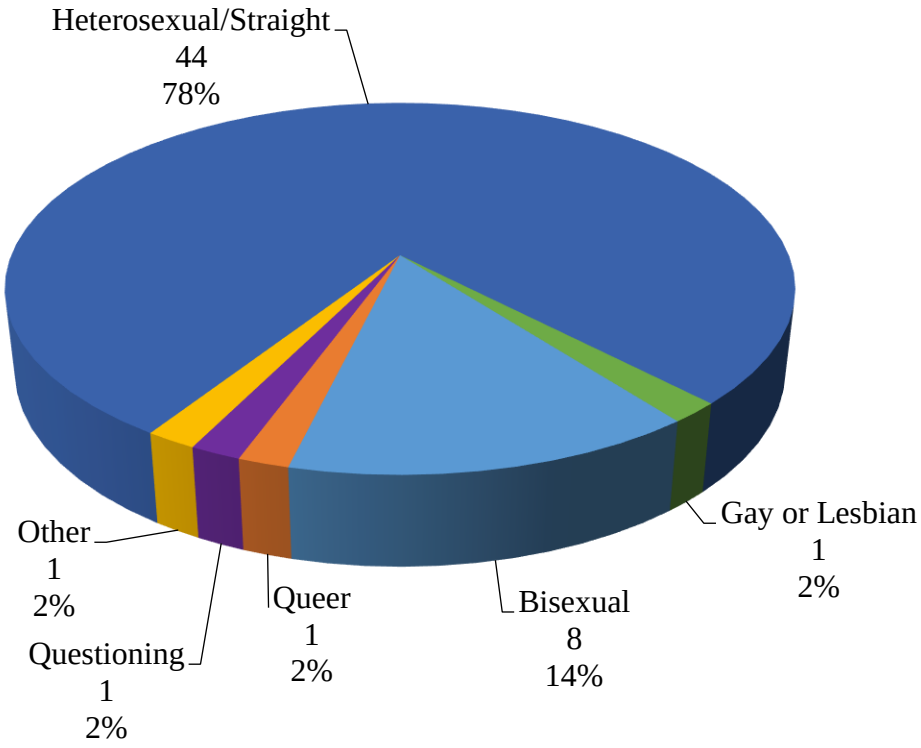


Current Gender Identity (N=60)



Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2022

Sexual Orientation (N=56)



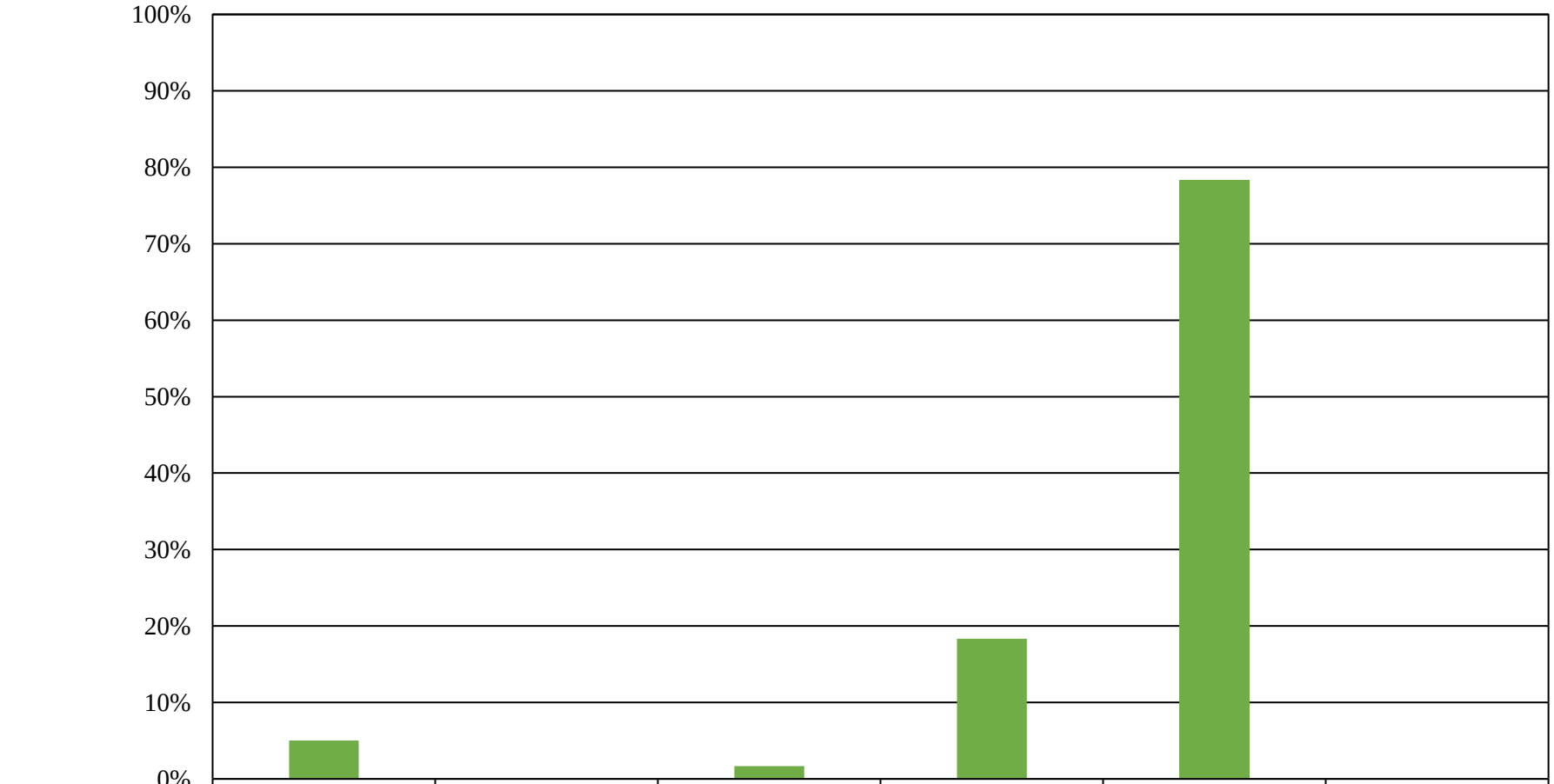
Glenn County Department of Behavioral Health

Staff Cultural Competence Survey

2022

Military/Service Involvement (N=60)

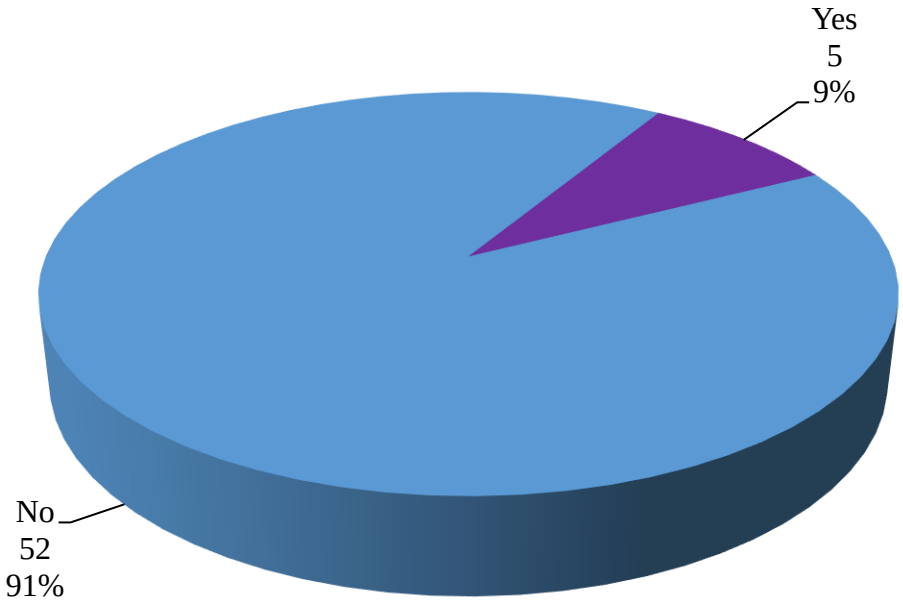
(Respondents may choose multiple answers.)



	Veteran	Active Military	Served	Family of Military	No Involvement	Total Respondents
# Respondents	3	0	1	11	47	60
% Respondents	5%	0%	2%	18%	78%	100%

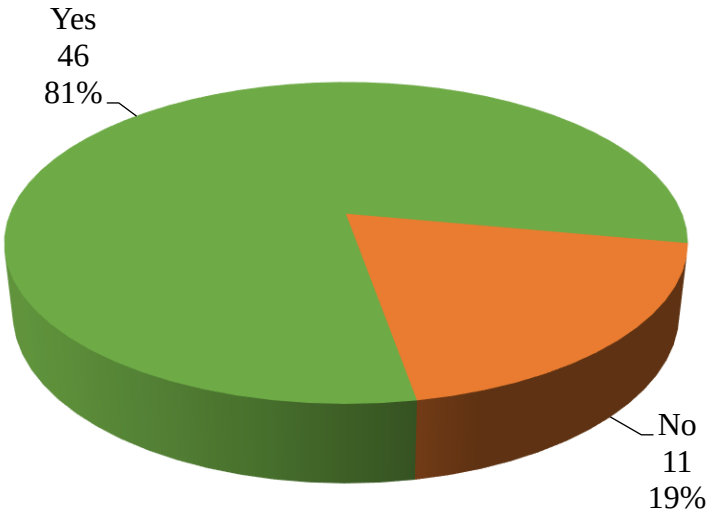
Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2022

Do you have a disability? (N=57)

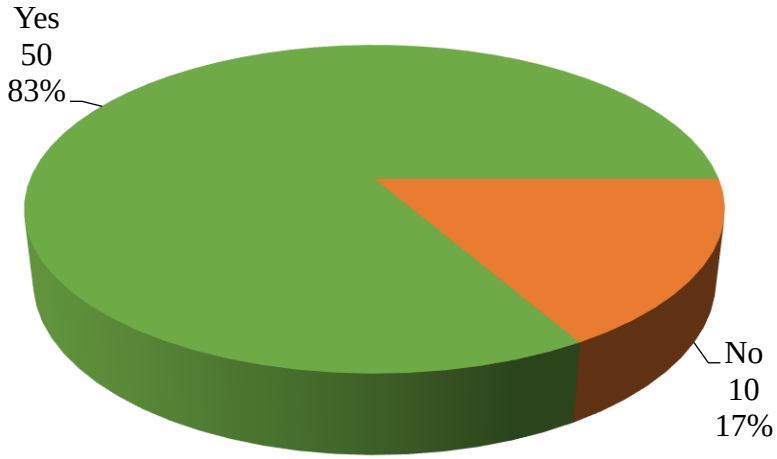


Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2022

Do you consider yourself to be a person with lived Mental Health experience? (N=57)

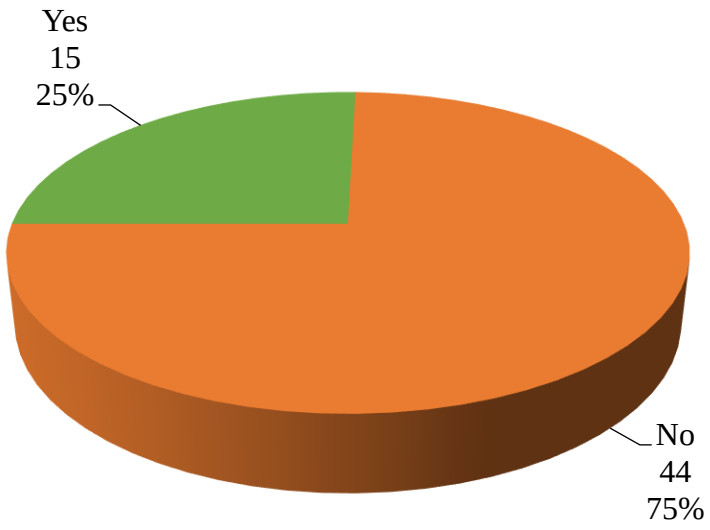


Are you a Family Member of a person with lived Mental Health experience? (N=60)



Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2022

Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=59)



Are you a Family Member of a person with lived Substance Use Disorder experience? (N=60)