



# **GLENN COUNTY**

## **Behavioral Health Services**

### **Cultural and Linguistic Competence Plan**

### **ANNUAL UPDATE**

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# I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

***The mission of Glenn County Behavioral Health (GCBH) is to promote the behavioral and physical health of individuals, families, and communities through education, prevention, and intervention.***

Glenn County Health and Human Services Agency (HHS) and the Behavioral Health program (GCBH) strive to deliver culturally, ethnically, and linguistically appropriate services to behavioral health clients and their families. In addition, GCBH recognizes 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 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 the 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 the department's world view, informing materials, and client goals. Integration of these values creates a forum for ensuring that GCBH continually enhances services to be culturally- and linguistically relevant for youth and adult clients and their families. Staff continually discuss opportunities to promote the delivery of culturally sensitive services.

GCBH is culturally diverse, with approximately 61% of the general population being Latino (*US Census 2020, Demographic Profile*). In FY 2022-23, 66.1% of GCBH client population was Latino. A number of these individuals identify Spanish as their preferred language (8.7%). As a result, since 2000, GCBH has always ensured that many of the administrative staff are bilingual and/or bicultural. This approach creates a welcoming environment when a Spanish-speaker contacts GCBH. Staff can immediately switch from English to Spanish to communicate with the individual in their primary language. This strategy has helped to reduce stigma and barriers to accessing mental health (MH) and Substance Use Disorder (SUD) services.

Cultural discussions are an integrated part of the GCBH child, youth, adult, and older adult service delivery systems. The department discusses how diverse backgrounds influence outcomes, and the importance of understanding an individual's culture and unique perspective to coordinate traditional healing methods with western methodologies and philosophies.

Planning activities for the Mental Health Services Act (MHSA) components include a discussion that promotes culturally sensitive services. The MHSA planning discussions outline the

importance of integrating a person's culture and community, including involving families in treatment, whenever possible. In addition to the MHSA planning process and updates, culture is an important component of each service planning, where the client, family, staff and support persons come together to develop a comprehensive plan for ensuring that the individual is successful in treatment. Working as a team, GCBH is able to understand how culture shapes the choices and goals for each of the community members. As part of the planning process, staff discuss how to incorporate cultural leaders into county services as a support network for those receiving services with the agency. This teamwork is consistent across the System of Care and occurs during staff and clinical team meetings. GCBH works closely with its allied partner agencies to help promote a learning environment.

GCBH integrates cultural activities and vision into all services. Verified bilingual Spanish and Hmong-speaking staff receive differential pay. GCBH utilizes Language Line Solutions for persons with a primary language other than English and does not have access to bilingual staff. GCBH has an older adult committee and plans outreach and services to older adults, including churches, Senior Nutrition, Adult Protective Services, etc.

GCBH telemedicine services utilize a bilingual case manager to provide interpreting when needed for the psychiatrist. The Ethnic Services Committee (ESC) has developed a flow chart to ensure bilingual staff are available for monolingual clients and family members are scheduled to receive services. This list of interpreters is available and reviewed monthly to ensure staff are available whenever needed. Training is provided through ESC for bilingual and bicultural staff to ensure consistency with terminology across all staff.

Behavioral Health staff, peer staff with lived experience, and partner agencies, receive cultural competency trainings on and off-site. Three staff recently attended the 2022 National Latino Behavioral Health Conference which focused on providing culturally responsive services to the Latino Community. These services help to reduce racial, ethnic, cultural, and linguistic health disparities. However, as a small county, GCBH does not have a specific budget allocated for each of these culturally responsive services.

### ***Cultural Diversity and Equity Committee (CDEC)***

The GCBH CDEC was implemented in 2000 when the first CLCP was developed. CDEC is comprised of Behavioral Health staff, clients, and interested community stakeholders. The purpose of this committee is to review policies, identify gaps in county systems, and train the BH work force as it relates to cultural diversity and equity. The CDEC and the System Improvement Committee (SIC) meets monthly and reviews data; plans activities to support the development of culturally and linguistically appropriate services; and identifies training and outreach activities. The CDEC also reviews data on access, quality, and timeliness of services. Data is analyzed by age, race/ethnicity, gender, and primary language.

The Ethnic Services Committee is a subcommittee of CDEC. The ESC mission Statement is to reduce disparities and provide equitable services. The ESC ensures culturally relevant services that meet consumers' cultural and linguistic needs. ESC primarily focuses on the Latino community and Spanish Speaking individuals, as Spanish is our threshold language.

## II. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

### A. Available Services

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

Glenn County recognizes the need to be culturally responsive to persons who are Latino and/or other diverse populations. It is the goal of GCBH to deliver services in a person's primary language, whenever possible. By providing treatment in a manner that is responsive and demonstrates an understanding of each client's heritage, history, traditions, worldview, and beliefs, GCBH hopes to engage more members of the community and the diverse populations within it.

It is the value and mission of GCBH to involve diverse communities in planning activities. This value provides the opportunity to give voice to consumers, persons of diverse racial backgrounds, family members, youth, and other cultural groups. This approach creates a forum for ensuring that GCBH continually enhances its services to be culturally-responsive for children, youth, adult, and older adult clients, and their families.

#### Latino/ Latinx Community

GCBH continues to expand the number of services available in Spanish, as more bilingual/bicultural staff are hired. For example, GCBH offers Parent Child Interactive Therapy (PCIT) and the Parent Child (PC) Care services to monolingual Spanish-speaking parents. There is a Sana Mente Spanish-speaking support group at Harmony House which stresses a "healthy mind in a healthy body." There is also a monolingual SUD group provided in Spanish.

The Promoting Resiliency and Investing in Student Mental Health (PRISM) program created a parent engagement group in Spanish on a school campus. The purpose of the group was to facilitate conversations with parents to discuss common experiences and to create sameness and a sense of community. It also created a safe place for parents to ask questions about mental health topics and to provide psychoeducation to support family needs. Our initial implementation had a low attendance because of the time allotted by the school for this program and was not conducive to parent's schedules. The program will utilize this experience and make changes to the program to increase participation in the future.

The Strengthening Families Program (SFP) is an evidence-based program that is offered twice each year and is funded through SUDS Prevention, as well as the MHSA Prevention component of PEI. The first Hybrid SPF, with the course taught simultaneously in English and Spanish, will offer the parenting section to our monolingual Spanish speaking parents.

Currently, 18 assessment appointments are available each week to schedule children and youth who need mental health services. Out of the 18 appointments, five (5) are reserved for Spanish speaking families and an additional two (2) are reserved for adult monolingual clients, for a total of seven slots. When additional assessment slots are needed to support timeliness and access, two

of our bilingual and bicultural youth and family coordinators support and complete these assessments.

Through hiring a bilingual bi cultural Community Outreach Advocate, we have been able to expand out outreach into the community for both for SUD, MH, TAY, and Suicide Prevention.

In 2023, we hired a new (1) male bilingual and bicultural Spanish speaking clinician; four (4) females bilingual and bicultural Spanish speaking case managers; one (1) bilingual female Spanish speaking support staff, (1) Hmong male speaking support staff, (1) Spanish Speaking female community outreach advocate, and (2) Spanish bilingual. bicultural MSW MIP interns from CSU, Chico social work program.

#### Native American Community

Outreach services are offered to Grindstone, the Native American community in the county. This includes outreach events at the Rancheria, and game night with GCOE, to provide information on key issues (e.g., fentanyl; Narcan). Staff partner with Northern Valley Indian Health to coordinate MAT services, as well as attend monthly Opioid Prevention and Suicide Prevention meetings.

#### Hmong/Laotian Community

The Hmong/Laotian community living in Glenn County has varied in size over the past 20 years, from several hundred individuals to fewer than 50. GCBH staff coordinate interpreter services with staff from the Health and Human Services Agency (HHS) to deliver services in the person's primary language, whenever possible. Two bilingual staff have been hired who speak Hmong. Currently, we use the Language Line Solution to support tele-psychiatry services for the Hmong/Laotian Community members. GCBH will continue to strive hire more Hmong speaking staff to help engage the Hmong community and continually improve access to services for this underserved community.

#### Children and TAY

The Transition Age Youth (TAY) Center is located in Orland in a comfortable house-like setting that welcomes youth to participate in healthy and rehabilitative exercises and activities. Youth often access services at the TAY Center, which provides individuals ages 13-25 with a safe, comfortable environment to access services and participate in age-appropriate activities. The TAY Center offers a trauma-informed, youth-driven, youth-friendly setting offering peer support, communication skills, expressive arts, mentoring, and counseling. Youth are involved in activities to reduce stigma; address trauma; reduce depression symptoms and suicidal behavior; and develop strength-based skills. Youth are also involved in reducing stigma for youth who are LGBTQ+.

Four (4) paid, part-time 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 buttons to support the LGBTQ+ community at the local schools, as well as anti-stigma campaign packets which include youth created materials, that are aimed at reducing the effects of stigma and discrimination in the community and on school

campuses. The TAY Peer Mentors conduct weekly outreach to the middle schools and high schools in Glenn County to provide linkages to TAY Center and other mental health services.

PRISM collaborated with school staff to refer youth that are at-risk of involvement in the juvenile justice system or that may be referred to probation regarding an incident that occurred at school. The PRISM team collaborates with the probation department to coordinate services to help stabilize the behavior at school and provide additional support for school staff to help understand the youth's needs to support them to remain on campus.

The PRISM clinicians and case managers deliver services to youth that are receiving disciplinary action at school to help develop strategies to improve access to their education. The program provides mental health services to the youth and family as well as consultation with school administrators and other school staff, to help prevent suspensions and expulsions.

The PRISM team also utilizes the mobile van to offer a confidential office space that behavioral health staff can utilize to provide mental health services on campus. There have been instances in the past where a mental health service could not be provided, as planned, on a school campus due to lack of confidential space. The mobile wellness unit provides a trauma-informed, confidential space for students to receive mental health services at school.

PRISM staff facilitate secondary trauma presentations and trainings to school staff to assist school staff in understanding how their own stress affects students and their reactions to students, particularly children and youth with behavioral challenges.

PRISM staff also offer training on understanding maladaptive coping (behavior challenges that happen in the classroom) related to various types of traumas. This training provides psychoeducation to teachers and school staff regarding the importance of understanding the unmet need behind a behavior and how to best respond to create positive change. This education has helped to alleviate stigmatizing youth that experience hardships.

The PRISM clinician and case manager facilitate a drop-in engagement group at the community high school, which is a more challenging population to engage in mental health services. The group is well-attended, and the youth have become more and more open to discussing their own mental health and topics that impact their mental health.

The PRISM clinician and school social worker also co-facilitate a group of non-open clients at one of the local middle schools to help engage the youth to gain empathy in one another's experiences and help facilitate conflict resolution. The target population is primarily adolescent males and has been helpful in reducing discipline and physical aggression amongst peers.

The SMART Team, originally an Innovation project, is sustained through CSS funding, and continues to respond quickly, efficiently, and consistently to crisis and critical event situations in the community, including school threats, suicidal behavior, and/or bullying.

The SMART Team's collaborative relationship created a coordinated network to identify high-risk children and youth; identify strategies for engaging family members; and develop creative

solutions to resolve threats or other complex situations in a timely and competent manner. Our SMART team has one bilingual/bicultural Spanish speaking staff to address the needs our Spanish speaking clients.

The Full Services Partnership (FSP) program for children and youth consists of addressing the needs of high-risk children and youth, especially individuals and families who are involved in the Child Welfare Services (CWS) or Probation systems. The FSP youth may also include individuals who have been identified through the GCBH SMART program and identified as having high-risk behaviors in school and/or community settings.

Strengthening Families is an 11 to 15-week, evidence-based program that promotes positive parenting skills, children's social skills, and family life skills and are specifically designed for high-risk families. Parents and children participate in Strengthening Families programs both separately and together. It is offered twice each year.

The Juvenile Drug Court Program (JDC) is offered in collaboration with the Probation Department, District Attorney's office, Public Defender's office, and the court. The JDC program is delivered by GCBH and partner agencies, to serve justice involved youth, who are also involved with substance use. The JDC provides immediate interventions, treatment, and rehabilitative services while under the supervision of numerous agency partners that typically would not be available through the traditional juvenile court process. The goal of this program is to provide wrap-around support to aid in the youth's commitment to recovery and to deter recidivism. Upon completion of this program, most participants will be released from probation and their records sealed. This program is currently offered in both English and Spanish and is currently led by a bi-lingual, bi-cultural Certified Substance Use Counselor.

The Parent Child Interactive Therapy (PCIT) and the Parent-Childcare (PC-CARE) program are utilized for parents of children ages 1-10 years. These programs combine the social-emotional development of children and the parent-child relationship, to help improve behaviors that have proven important for successful school performance. These programs also help families reduce domestic violence, child abuse, and neglect. PCIT and PC-CARE are offered in both English and Spanish.

GCBH telepsychiatry services are available for medication assessments and ongoing medication monitoring services through Traditions Behavioral Health, an out-of-county organizational contract provider. We also recently contracted with a youth psychiatrist to support and improve access to children and youth needing psychiatric services. The two psychiatrists combined provide a total of 16 hours per week. GCBH plans to increase the hours for the child/youth telehealth psychiatrist an additional eight (8) hours per week. Families who are monolingual are ensured that they will have an in-person interpreter available during the psychiatric services for their child, as needed and/or requested.

### Adults

Harmony House, the wellness center for adults and older adults, is also located in Orland, in a comfortable house that creates a safe environment for clients to come together. Harmony House is a community-focused wellness center that provides a welcoming and socially-friendly



environment. Harmony House is staffed by a Case Manager III who supervises peer support staff, known as Coaches, who offer a broad range of groups and classes that support activities of daily living and skills to live independently. Harmony House has four (4) paid, part-time Coaches that offer wellness and recovery support to adults and older adults. One Coach has been certified as a Peer Certification, with a second Coach soon to be certified.

A wide range of wellness and healthy living support services are available at Harmony House to support individuals to promote wellness and recovery. Individuals are encouraged to attend health and wellness services by offering a variety of groups and activities such as arts and crafts; Kitchen Creation (cooking); WRAP; stress management; anger management; codependency; Bouncing Back (a PTSD workshop); budgeting; men's and women's support; and grief and loss. All of these groups focus on Wellness and Recovery. Note that groups are subject to change.

The FSP Program for adults and older adults addresses the needs of high-risk adults and seniors, especially individuals and families who are also involved in Behavioral Health Treatment Court. FSP services also include working with adults with a co-occurring mental health and substance use disorder. FSP for adults focuses on helping adults and older adults live in the community; volunteer and/or obtain employment; develop positive social support networks; and manage their physical and mental health problems to help achieve wellness and recovery. The strengths of the client are identified and used to engage in wellness and recovery activities.

The Behavioral Health Treatment Court (BHTC) Program is a post-plea court, signifying that the individual has plead guilty to a specific crime and is now "sentenced" to BHTC. The objective is to divert individuals from jail into treatment. The BHTC team is comprised of a GCBH clinician and a case manager; probation officer; District Attorney's office; Public Defender's office; and the court. Eligible individuals include Glenn County residents who have Medi-Cal and have been diagnosed with an SMI. Persons with certain violent crimes are excluded from participation in BHTC. The length of time in the program is a minimum of 12 months; participants typically complete the program in 18-24 months.

Similar to the BHTC, the Adult Drug Court (ADC) is also a post-plea court program that provides individuals with drug-related offenses access to treatment, while minimizing the use of incarceration through a structured treatment model. The ADC systematically includes several different community partner agencies, including the courts, probation, and treatment providers. The goal of this program is to reduce recidivism, treat Substance Use Disorders, and increase the client's likelihood of successful rehabilitation. Upon completion of this program, most participants are released from probation, and their felony charges are reduced to a misdemeanor. This program is currently provided both in English and in Spanish.

GCBH telepsychiatry services are available for medication assessments and ongoing medication monitoring through Traditions Behavioral Health, an out-of-county organizational contract provider. The adult psychiatrist works 32 hours per week for GCBH.

Purpose Place is a new 32-unit apartment complex in Orland, CA, that provides supported and permanent housing for community members who have been experiencing homeless. Purpose Place opened in Spring of 2023. GCBH provides FSP services onsite to GCBH clients who live

at Purpose Place and provides intensive case management services to residents. One (1) individual who receives services from GCBH is living there after returning from placements in out-of-county board and care homes in the region. It was helpful for this client to move back into their community. Staff also provides support to other residents living at Purpose Place who have behavioral health needs and helps engage and link them to needed services, including mental health and/or substance use disorder treatment. Staff also work closely with the apartment manager and other partners in the community to provide clients with life skills to help them be successful in sustaining long-term housing and remain living in the community.

CARE Court is a new framework and program designed to engage individuals who are 18 years of age or older; have a severe mental illness of schizophrenia or other psychotic disorder; are unlikely to survive safely in the community without supervision, and are not receiving mental health services OR if currently receiving mental health treatment, are not clinically stable. Some of these individuals may be homeless. If the person meets the CARE Court criteria, the individual will participate in a civil court process where the individual develops a CARE Agreement or CARE Plan and frequently attends court hearings. The person will be eligible to graduate in 12 months or may continue to receive CARE Court services for up to another 12 months. Services may include behavioral health, housing services, social services, and other supportive programs. A bilingual/bicultural Spanish speaking staff has been hired to support this program.

GCBH has two (2) evidence-based Substance Use Treatment groups, anger management program and a life skills and re-entry services, that are offered to Glenn County residents and AB109 clients: 1) Courage to Change; and 2) a SAMSHA-certified anger management program. In FY 2021/22, Courage to Change provided group services to 14 individuals and 8 individuals attended anger management groups. Eleven of these individuals were referred to and received mental health services.

#### Older Adults

Older adults have been identified as an underserved population in Glenn County through MHSA community needs assessment. We provide outpatient and FSP services to approximately 10 older adults. Older adults are welcomed at Harmony House and receive mental health and substance use treatment services, as needed. A new community subcommittee has been developed called the Senior Connections Committee. It was initiated by the Board of Supervisors and includes participation from BH staff, primary care, public health including the Health Officer; Adult Protective Services (APS); In-Home Supportive Services (IHSS); the Senior Center; and Senior Nutrition Program. To promote collaboration across agencies to help improve outcomes. A 10 Question Survey (in English and Spanish) has been distributed to obtain information from seniors about their daily activities, involvement in their community; how they get information about local programs. This survey will help to build programs that enhance senior services and activities to promote health and wellness.

#### Homeless Individuals

Purpose Place has supported 15 unhoused individuals to obtain long term housing. Harmony House offers a welcoming environment and supportive activities. Persons who are un-housed are welcome and a clothes closet and showers are available for use. Harmony House provides

clothing to individuals and families through donations from the community. Community members are able to take showers by appointment at Harmony House, Monday through Friday. On average, showers are used twice each day. This service provides the opportunity for individuals to develop a trusting relationships with Harmony House staff and clients, which then encourages the individual to access other needed services.

#### Victims of Intimate Partner Violence

GCBH currently partners with the Westside Domestic Violence Shelter. The Westside staff are active members of our suicide prevention coalition. GCBH also provides linkage to Harmony House and individuals are referred to MH services, when appropriate.

#### Persons with Disabilities

All GCBH buildings and Wellness Centers are ADA compliant. We partner with other local agencies that provide services to individuals with disabilities to promote outreach and linkage to services to meet their behavioral health needs. Informing materials are available for persons who are visually impaired.

#### Primary Care Providers

GCBH conducts outreach to primary care providers in Glenn County to provide information on various mental health prevention activities including, but not limited to suicide prevention; education on how to refer individuals to Behavioral Health; Medication Assisted Treatment (MAT); Narcan distribution; and ensuring the delivery of culturally-responsive services.

## **B. Informing Clients**

### ***Mechanisms for informing clients of culturally responsive services and partner agencies, including culturally-specific services and language services; issues and methods of mitigation***

The GCBH Guide to Mental Health Services and Guide to SUD Services brochures (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 the GCBH clinics and wellness centers throughout the county.

A Provider Directory is available to clients which lists names of each provider and staff; their title/license, and contact information; service specialties; client/population specialties (children, adult, veterans, LGBTQ+, veterans, etc.); languages spoken; interpreter availability; cultural competency training status; ADA compliance; and whether or not the provider is accepting new clients. The Provider Directory is offered to clients upon intake and is available at the GCBH clinics and wellness centers, as well as on the Glenn County website. The Provider Directory also includes a list of language available through interpreters. The Provider Directory is updated monthly. All new clients are provided information about how to access language services.

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.

In addition, GCBH uses the following mechanisms to inform clients and potential clients of culturally-competent services and providers:

- GCBH website and partner websites
- QR Code Suicide Prevention Campaign is available countywide and links to a website with resources and is available in English and Spanish.
- GCBH social media sites: Currently, we have six social media sites that focus on community resources, education, awareness days, how to get involved in the community events, as well our drop center group information and events. We have social media pages that focus on harm reduction and substance use education.
- GCBH informational brochures identify available services and how to access them for targeted groups such as TAY, older adults, and the Latino community. Brochures are available in clinic lobbies; the Wellness Centers; and other county locations.
- Monthly calendars and brochures are available at our wellness centers, outpatient clinics, and social media sites and both English and Spanish.
- Local newsletters are distributed through a BH email list which includes agency partners, community members, and stake holders. Through our interagency meetings and trainings, we have gathered and created a contact list of community members and consumers where we send out CDEC and MH New Letters.

Crisis Services: GCBH staff respond to crisis calls during business hours and deliver culturally responsive services in the individual's primary language. In most instances, the person is linked to a Spanish speaking staff. If an interpreter is not available, the person is linked to language assistance services, when needed. Crisis services are culturally responsive to the needs of the community. GCBH contracts evening and weekend Crisis Support Services with Sierra Mental Wellness. A goal for next year is to invite staff from Sierra Mental Wellness to attend the cultural trainings offered throughout the year.

Training: Training is offered for interpreters and for those who use an interpreter to communicate with clients. A comprehensive array of in-person and virtual culturally relevant trainings are offered throughout the year, to provide skills to staff in understanding important concepts such as implicit bias, understanding different cultural norms, and creating a safe work environment which allows staff to discuss cultural issues.

FY22/23, CDEC partnered with Senta Burton, MSW, to host a series of trainings that focused on implicit bias, psychological safety in the workplace, combating racism in the workplace, and being an ally. CDEC has primarily focused their trainings for BH staff only, but we recognized in order to provided culturally responsive services in our county, it is important that not only BH

staff focus on this work, but to expand to all HHSA staff when appropriate. We outreached to our partnering agencies at HHSA, which included, leaders/supervisors, Public Health, Eligibility, Child Welfare, Glenn County Office of Education, Community Action, and IDEA Consulting. We offered morning and afternoon session in order to reduce any barriers for staff to attend this training. We offered a total of 120 slots, 60 in the morning and 60 slots in the afternoon. We have added our CDEC Stigma Reduction Campaign topics to our HHSA newsletters to continue the work on cultural awareness across our entire agency.

## **C. Capturing Language Needs**

### ***Process for capturing language needs and the methods for meeting those needs; issues and methods of mitigation***

The GCBH 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 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 capturing a client's request for an interpreter and documentation of providing language assistance services.

## **D. Grievances and Appeals**

### ***Process for reviewing grievances and appeals related to cultural competency; issues and methods of mitigation***

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

### **III. 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 28,917 (2010 Census). The county is located north of Sacramento on 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 east of Glenn County. This service is limited to 1-2 buses each day.

##### **2. Demographics of the county**

Figure 1 shows age, race/ethnicity, and gender of the general population. Of the 28,917 residents who live in Glenn County, 21.3% are children ages 0-14; 12.9% are TAY ages 15-24; 42.3% are adults ages 25-59; and 23.6% are older adults ages 60 years and older. The two primary race/ethnicity groups are Caucasian (48.1%) and Latino/ Hispanic (43.4%). There are a comparable number of individuals who identify as male (50.1%) and female (49.9%) in the county.

**Figure 1**  
**Glenn County Residents**  
**by Age, Race/Ethnicity, and Gender**  
(Population Source: 2020 Census)

|                                    | <b>Glenn County Population<br/>2020 Census</b> |                |
|------------------------------------|--|----------------|
| <b>Age Distribution</b>            | <b>Number</b>                                  | <b>Percent</b> |
| 0 - 14 years                       | 6,145  | 21.3%          |
| 15 - 24 years                      | 3,738  | 12.9%          |
| 25 - 59 years                      | 12,218   | 42.3%          |
| 60+ years                          | 6,816  | 23.6%          |
| <b>Total</b>                       | <b>28,917</b>                                  | <b>100.0%</b>  |
| <b>Race/Ethnicity Distribution</b> | <b>Number</b>                                  | <b>Percent</b> |
| Black                              | 140  | 0.5%           |
| American Indian/ Alaskan Native    | 531  | 1.8%           |
| Asian/ Pacific Islander            | 665  | 2.3%           |
| White                              | 13,897   | 48.1%          |
| Latino/ Hispanic                   | 12,541   | 43.4%          |
| Other/ Unknown                     | 1,143  | 4.0%           |
| <b>Total</b>                       | <b>28,917</b>                                  | <b>100.0%</b>  |
| <b>Gender Distribution</b>         | <b>Number</b>                                  | <b>Percent</b> |
| Male                               | 14,488   | 50.1%          |
| Female                             | 14,429   | 49.9%          |
| <b>Total</b>                       | <b>28,917</b>                                  | <b>100.0%</b>  |

Data from the California Department of Education (FY 2022/23) shows that a high proportion of kindergarten children in Glenn County are Latino/ Hispanic. Of the 603 children enrolled in kindergarten in Glenn County in FY 2022/23, 50% are Latino/ Hispanic (N=301). Across all grades, Kindergarten through 12<sup>th</sup> grade, there were 6,390 students, with 54% Hispanic (3,464). This data demonstrates the rapidly growing Latino/ Hispanic population in Glenn County and the expanding need for bilingual and bicultural services in the county.

### 3. Socioeconomic characteristics of the county

Glenn County is a relatively poor county, with the per capita income for all residents in 2021 at \$25,100 (U.S. Census, 2021 American Community Survey). In comparison, the statewide per capita income was \$42,396 during the same period. This data shows that, on average, each person in Glenn County earns approximately \$17,296 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 \$56,332, which is \$28,000 and significantly lower per household than the statewide average of \$84,907. This clearly reflects the poor economic condition of this small, rural county, and demonstrates the large number of individuals who are enrolled and receiving 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 2022/23). From this data, a penetration rate was calculated, showing the percent of persons in the population that received mental health services in FY 2022/23. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

There were 1,219 individuals who received one or more mental health services in FY 2022/23, with a penetration rate of 4.2%. Of these individuals, 29.5% were children ages 0-14; 21.9% were Transition Age Youth (TAY) ages 15-24; 40.7% were adults ages 25-59; and 8% were 60 and older. Of the individuals who received mental health services, 42.9% identified as White/Caucasian, and 33.6% identified as Latino/ Hispanic. All other race/ethnicity groups represented a small number of individuals. The majority of clients' primary language was English (79.7%) and 16.4% reported a primary language of Spanish. Clients with other primary languages represented a small number of individuals. More clients identified as female (57.5%) as compared to male (42.2%).

The penetration rate data shows that 4.2% of the Glenn County population received mental health services. Of these individuals, children ages 0-14 had a penetration rate of 5.8%, TAY ages 15-24 had a penetration rate of 7.1%, adults ages 25-59 had a penetration rate of 4.1%, and older adults ages 60 + had a penetration rate of 1.4%.

For race/ethnicity, persons who identify as White/Caucasian had a penetration rate of 3.8% and persons who identify as Latino/ Hispanic had a penetration rate of 3.3%. 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 (3.5%), compared to clients who identified as female (4.9%).

*NOTE: There are a high number of 'unknown' race/ethnicity clients this year. At the time of the development of this CLC Plan, the county's new Electronic Health Record (SmartCare) did not have the opportunity to create a report to show race/ethnicity.*



**Figure 2**  
**Glenn County Mental Health Penetration Rates**  
**by Age, Race/Ethnicity, Language, and Gender**  
(Population Source: 2020 Census)

|                                 | Glenn County<br>Population<br>2020 Census |        | All Mental<br>Health<br>Participants<br>FY 2022-23 |        | Glenn County<br>Population<br>Mental Health<br>Penetration Rate<br>FY 2022-23 |
|---------------------------------|---|--------|--|--------|---|
| Age Distribution                |   |        |  |        |   |
| 0 - 14 years                    | 6,145                                     | 21.3%  | 359  | 29.5%  | 359 / 6,145 = 5.8%  |
| 15 - 24 years                   | 3,738                                     | 12.9%  | 267  | 21.9%  | 267 / 3,738 = 7.1%  |
| 25 - 59 years                   | 12,218                                    | 42.3%  | 496  | 40.7%  | 496 / 12,218 = 4.1%   |
| 60+ years                       | 6,816                                     | 23.6%  | 97   | 8.0%   | 97 / 6,816 = 1.4%   |
| Total                           | 28,917                                    | 100.0% | 1,219  | 100.0% | 1,219 / 28,917 = 4.2%   |
| Race/Ethnicity Distribution     |   |        |  |        |   |
| Black                           | 140                                       | 0.5%   | 15   | 1.2%   | 15 / 140 = 10.7%  |
| American Indian/ Alaskan Native | 531                                       | 1.8%   | 30   | 2.5%   | 30 / 531 = 5.6%   |
| Asian/ Pacific Islander         | 665                                       | 2.3%   | 21   | 1.7%   | 21 / 665 = 3.2%   |
| White                           | 13,897                                    | 48.1%  | 523  | 42.9%  | 523 / 13,897 = 3.8%   |
| Latino/ Hispanic                | 12,541                                    | 43.4%  | 409  | 33.6%  | 409 / 12,541 = 3.3%   |
| Other/ Unknown                  | 1,143                                     | 4.0%   | 221  | 18.1%  | 221 / 1,143 = 19.3%   |
| Total                           | 28,917                                    | 100.0% | 1,219  | 100.0% | 1,219 / 28,917 = 4.2%   |
| Language Distribution           |   |        |  |        |   |
| English                         | -   | -      | 972  | 79.7%  | -   |
| Spanish                         | -   | -      | 200  | 16.4%  | -   |
| Other/ Unknown                  | -   | -      | 47   | 3.9%   | -   |
| Total                           | -   | -      | 1,219  | 100.0% | -   |
| Gender Distribution             |   |        |  |        |   |
| Male                            | 14,488                                    | 50.1%  | 514  | 42.2%  | 514 / 14,488 = 3.5%   |
| Female                          | 14,429                                    | 49.9%  | 701  | 57.5%  | 701 / 14,429 = 4.9%   |
| Unknown                         | -   | -      | 4  | 0.3%   | -   |
| Total                           | 28,917                                    | 100.0% | 1,219  | 100.0% | 1,219 / 28,917 = 4.2%   |

## 5. Analysis of disparities identified in Mental Health services

The penetration rate data for age shows that there is 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.

The 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 (4.9%) is higher than males (3.5%). 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**

GCBH also has analyzed its penetration rates for the past three (3) years by age and race/ethnicity. Figure 3 shows an increase in the total number of clients served each year: FY 2020/21 (935) to FY 2021/22 (1,041), and again in FY 2022/23 (1,219). In summary, the total number of clients increased from 935 to 1,219 clients in this period. The number of clients ages 0-14 increased from 282 to 359. The number of TAY ages 15-24 increased from 204 to 267. The number of adult clients ages 25-59 increased from 368 to 496. The number of Older Adults ages 60 and older also increased from 81 to 97.

**Figure 3**  
***Glenn County Mental Health Penetration Rate by Age***  
 FY 2020/21 to FY 2022/23  
 (Population Source: 2020 Census)

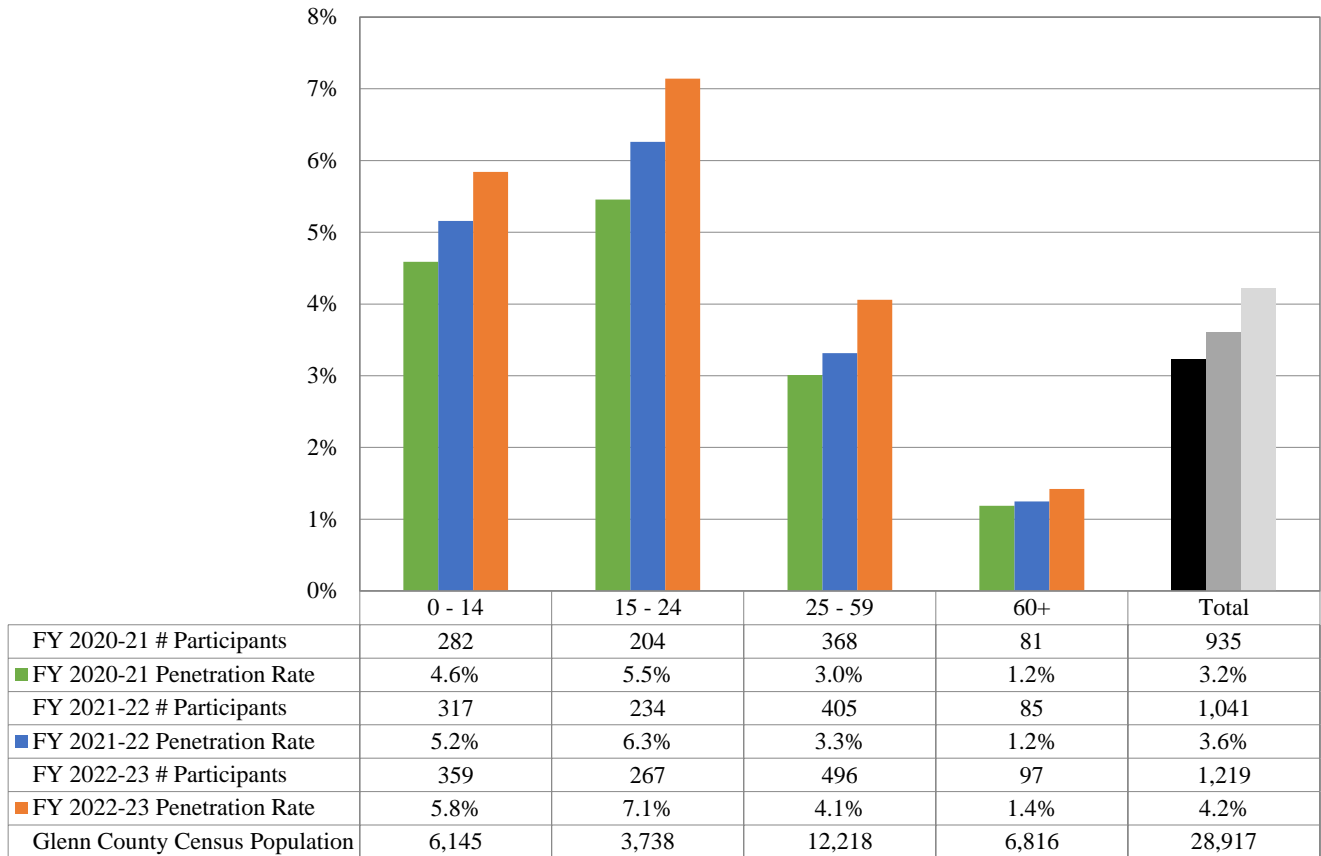
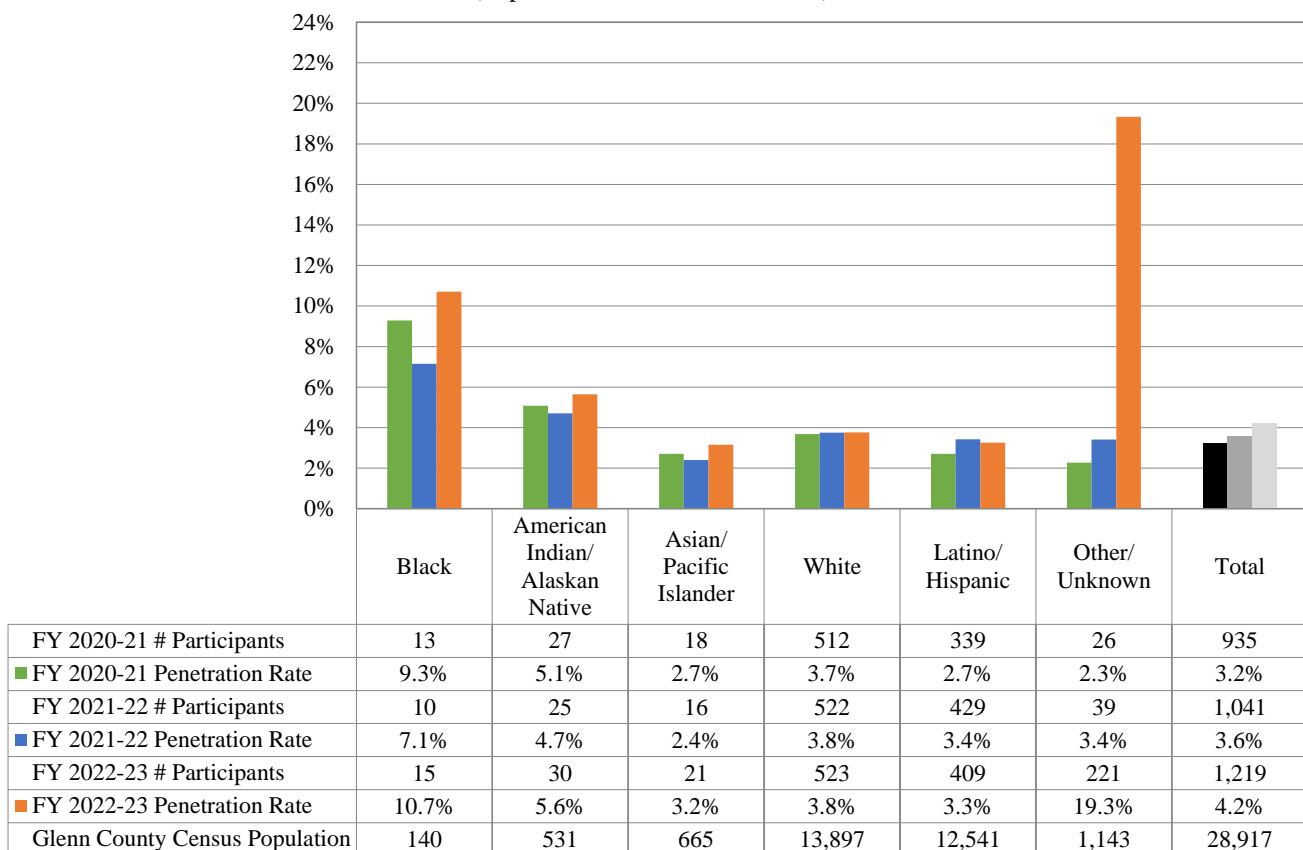


Figure 4 shows the penetration rate for the same three years for race/ethnicity. Across the three years, there are two main race/ethnicity groups: Latino and White/Caucasian. The number of clients who are Latino showed an increase in the number served from 339 clients to 409 clients. The number of White/Caucasian clients increased over the three years from 512 to 523 and there was a slight increase in penetration rates from 3.7% to 3.8%. 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 3.2% to 4.2%. It is important to note that a penetration rate of 4.2% is higher than many other counties in California. Many counties have a penetration rate of 1% - 2%.

*NOTE: There are a high number of 'unknown' race/ethnicity clients this year. At the time of the development of this CLC Plan, the county's new Electronic Health Record (SmartCare) did not have the opportunity to create a report to show race/ethnicity.*

**Figure 4**  
**Glenn County Mental Health Penetration Rate by Race/Ethnicity**  
 FY 2019/20 to FY 2021/22  
 (Population Source: 2020 Census)



## 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 members 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 members 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 member population.

There were 13,555 Medi-Cal members in the county in FY 2022/23 (Kings View Penetration Report). There were 4,781 children ages 0-17 (35.3%); 1,611 TAY ages 18-24 (11.9%); 5,947 adults ages 25-64 (43.9%); and 1,216 older adults ages 65+ (9%). There were 1,169 mental health clients who had Medi-Cal benefits. Of these clients, 493 were children (42.2%), 115 were TAY (9.8%), 516 were adults (44.1%), and 45 were older adults (3.8%).

The penetration rate shows the percentage of Medi-Cal members who are receiving mental health services. For children, the penetration rate is 10.3%; for TAY, 7.1%; for adults, 8.7% and for older adults 3.7%.

The penetration rate for persons who identify as White/Caucasian is 11.3% and Latino is 5.5%. This data shows a much higher proportion of individuals who identify as White/Caucasian 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 16.7%, but this represents 15 out of 90 people. The penetration rate for persons who identify as American Indian/Alaska Native is 12.1% (30 out of 247 individuals); Asian/Pacific Islander is 5% (21 out of 421 individuals).

*NOTE: There are a high number of 'unknown' race/ethnicity clients this year. At the time of the development of this CLC Plan, the county's new Electronic Health Record (SmartCare) did not have the opportunity to create a report to show race/ethnicity.*

**Figure 5**  
**Glenn County Medi-Cal Mental Health Penetration Rates**  
**by Age, Race/Ethnicity, and Gender**  
(Medi-Cal Member Source: Kings View Penetration Report FY 2022/23)

|                                 | Glenn County<br>Average Number<br>of Eligibles<br>FY 2022-23 |        | Number of Medi-<br>Cal Mental Health<br>Participants<br>Served<br>FY 2022-23 |        | MH Medi-Cal<br>Penetration Rate<br>FY 2022-23 |
|---------------------------------|--|--------|--|--------|---|
| Age Group                       |  |        |  |        |   |
| Children                        | 4,781  | 35.3%  | 493  | 42.2%  | 493 / 4,781 = 10.3%                           |
| Transition Age Youth            | 1,611  | 11.9%  | 115  | 9.8%   | 115 / 1,611 = 7.1%                            |
| Adults                          | 5,947  | 43.9%  | 516  | 44.1%  | 516 / 5,947 = 8.7%                            |
| Older Adults                    | 1,216  | 9.0%   | 45   | 3.8%   | 45 / 1,216 = 3.7%                             |
| Total                           | 13,555   | 100.0% | 1,169  | 100.0% | 1,169 / 13,555 = 8.6%                         |
| Race/Ethnicity                  |  |        |  |        |   |
| Black                           | 90   | 0.7%   | 15   | 1.3%   | 15 / 90 = 16.7%                               |
| American Indian/ Alaskan Native | 247  | 1.8%   | 30   | 2.6%   | 30 / 247 = 12.1%                              |
| Asian/ Pacific Islander         | 421  | 3.1%   | 21   | 1.8%   | 21 / 421 = 5.0%                               |
| White                           | 4,539  | 33.5%  | 512  | 43.8%  | 512 / 4,539 = 11.3%                           |
| Latino/ Hispanic                | 7,270  | 53.6%  | 403  | 34.5%  | 403 / 7,270 = 5.5%                            |
| Other/ Unknown                  | 988  | 7.3%   | 188  | 16.1%  | 188 / 988 = 19.0%                             |
| Total                           | 13,555   | 100.0% | 1,169  | 100.0% | 1,169 / 13,555 = 8.6%                         |
| Gender                          |  |        |  |        |   |
| Male                            | 6,305  | 46.5%  | 490  | 41.9%  | 490 / 6,305 = 7.8%                            |
| Female                          | 7,250  | 53.5%  | 675  | 57.7%  | 675 / 7,250 = 9.3%                            |
| Unknown                         | -  | -      | 4  | 0.3%   | -   |
| Total                           | 13,555   | 100.0% | 1,169  | 100.0% | 1,169 / 13,555 = 8.6%                         |

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

Figure 5 shows that persons who are Latino represent 53.6% of the Medi-Cal member (beneficiary) population and 34.5% of the mental health population. This calculates to a penetration rate of 5.5%. Persons who are White/Caucasian represent 33.5% of the Medi-Cal population and 43.8% of the mental health population. This data calculates a penetration rate of 11.3%. In addition, older adults have the lowest penetration rate (3.7%). This data indicates the need to continue to enhance 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 continue to enhance referrals and access to mental health services. Services have been expanded to serve AB 109 individuals at the Orland Behavioral Health building which has also 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 (2020 Census) and the number of persons who received Substance Use Disorder (SUD) services (FY 2022/23). From this data, a penetration rate was calculated, showing the percentage of persons in the population that received SUD services in FY 2022/23. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

Of the 28,917 residents who live in Glenn County, 21.3% are children ages 0-14; 12.9% are TAY ages 15-24; 42.3% are adults ages 25-59; and 23.6% are older adults ages 60 years and older. The majority of persons in Glenn County identify as White/Caucasian (48.1%) and Latino/ Hispanic (43.4%). There are a comparable number of individuals who identify as male (50.1%) and female (49.9%) in the county.

Figure 6 also shows the proportion of persons receiving SUD services. There were 256 individuals who received one or more SUD services in FY 2022/23. Of these individuals, five (5) were children ages 0-14 (2%); 49 were TAY ages 15-24 (16.4%); 199 were adults ages 25-59 (77.7%); and 10 were 60 and older (3.9%).

Of the individuals who received SUD services, 113 identified as White/Caucasian (44.1%) and 88 identified as Latino/ Hispanic (34.4%). All other race/ethnicity groups represented a small number of individuals. Most clients' primary language was English (85.9%) and 7.4% reported a primary language of Spanish. More clients identified as male (61.7%) as compared to female (36.7%).

The penetration rate data shows that 0.9% of the Glenn County population received SUD treatment services (N=256). Of these individuals, children ages 0-14 had a penetration rate of 0.1%, TAY ages 15-24 had a penetration rate of 1.1%, adults ages 25-59 had a penetration rate of 1.6%, and older adults ages 60 and older had a penetration rate of 0.1%.

For race/ethnicity, persons who identified as White/Caucasian had a penetration rate of 0.8% and persons who identified as Latino/Hispanic, had a penetration rate of 0.7%. 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 higher penetration rate (1.1%) compared to females (0.7%).

*NOTE: There are a high number of 'unknown' race/ethnicity clients this year. At the time of the development of this CLC Plan, the county's new Electronic Health Record (SmartCare) did not have the opportunity to create a report to show race/ethnicity.*

**Figure 6**  
**Glenn County Substance Use Disorder Penetration Rates**  
**by Age, Race/Ethnicity, Language, and Gender**  
(Population Source: 2020 Census)

|                                 | Glenn County<br>Population<br>2020 Census |        | All Substance<br>Use<br>Participants<br>FY 2022-23 |        | Glenn County<br>Population<br>Substance Use<br>Penetration Rate<br>FY 2022-23 |
|---------------------------------|---|--------|--|--------|---|
| Age Distribution                |   |        |  |        |   |
| 0 - 14 years                    | 6,145                                     | 21.3%  | 5  | 2.0%   | 5 / 6,145 = 0.1%  |
| 15 - 24 years                   | 3,738                                     | 12.9%  | 42   | 16.4%  | 42 / 3,738 = 1.1%   |
| 25 - 59 years                   | 12,218                                    | 42.3%  | 199  | 77.7%  | 199 / 12,218 = 1.6%   |
| 60+ years                       | 6,816                                     | 23.6%  | 10   | 3.9%   | 10 / 6,816 = 0.1%   |
| Total                           | 28,917                                    | 100.0% | 256  | 100.0% | 256 / 28,917 = 0.9%   |
| Race/Ethnicity Distribution     |   |        |  |        |   |
| Black                           | 140                                       | 0.5%   | 4  | 1.6%   | 4 / 140 = 2.9%  |
| American Indian/ Alaskan Native | 531                                       | 1.8%   | 10   | 3.9%   | 10 / 531 = 1.9%   |
| Asian/ Pacific Islander         | 665                                       | 2.3%   | 4  | 1.6%   | 4 / 665 = 0.6%  |
| White                           | 13,897                                    | 48.1%  | 113  | 44.1%  | 113 / 13,897 = 0.8%   |
| Latino/ Hispanic                | 12,541                                    | 43.4%  | 88   | 34.4%  | 88 / 12,541 = 0.7%  |
| Other/ Unknown                  | 1,143                                     | 4.0%   | 37   | 14.5%  | 37 / 1,143 = 3.2%   |
| Total                           | 28,917                                    | 100.0% | 256  | 100.0% | 256 / 28,917 = 0.9%   |
| Language Distribution           |   |        |  |        |   |
| English                         | -   | -      | 220  | 85.9%  | -   |
| Spanish                         | -   | -      | 19   | 7.4%   | -   |
| Other/ Unknown                  | -   | -      | 17   | 6.6%   | -   |
| Total                           | -   | -      | 256  | 100.0% | -   |
| Gender Distribution             |   |        |  |        |   |
| Male                            | 14,488                                    | 50.1%  | 158  | 61.7%  | 158 / 14,488 = 1.1%   |
| Female                          | 14,429                                    | 49.9%  | 94   | 36.7%  | 94 / 14,429 = 0.7%  |
| Unknown                         | -   | -      | 4  | 1.6%   | -   |
| Total                           | 28,917                                    | 100.0% | 256  | 100.0% | 256 / 28,917 = 0.9%   |

## 10. Analysis of disparities identified in Substance Use Disorder services

Figure 6 data also shows that the majority of SUD clients are adults (77.7% compared to 42.3% of the population). There were also a slightly lower proportion of SUD clients who identified as White/Caucasian (44.1% of clients compared to 48.1% of the general population). There is a slightly higher proportion of SUD clients who identified as Latino/ Hispanic (34.4% of the SUD clients compared to 43.4% of the general population). Clients who identified as American Indian/Alaskan Natives had a higher proportion of clients (3.9% compared to 1.9% in the population). There was a higher proportion of clients who identified as male (61.7% compared



to 50.1% of the population) than female (36.7% compared to 49.9% of the population.) This data illustrates the need to provide culturally sensitive services to clients receiving SUD services.

The Substance Use Disorder (SUD) penetration rates for the past three years for age and race/ethnicity were also analyzed. Figure 7 shows the penetration rate for age. The data shows a decrease in the number of clients served between FY 2020/21 to FY 2021/22, but an increase in FY 2022/23. Across the three years, the total number of clients increased from 207 to 256 clients in this three-year period. The number of clients ages 0-14 increased from zero (0) to 5 clients. The number of TAY clients ages 15-24 increased from 35 to 42. The number of adults increased from 162 to 199. The number of older adults remained stable at 10 people per year.

**Figure 7**  
***Glenn County Substance Use Disorder Penetration Rate by Age***  
 FY 2020/21 to FY 2022/23  
 (Population Source: 2020 Census)

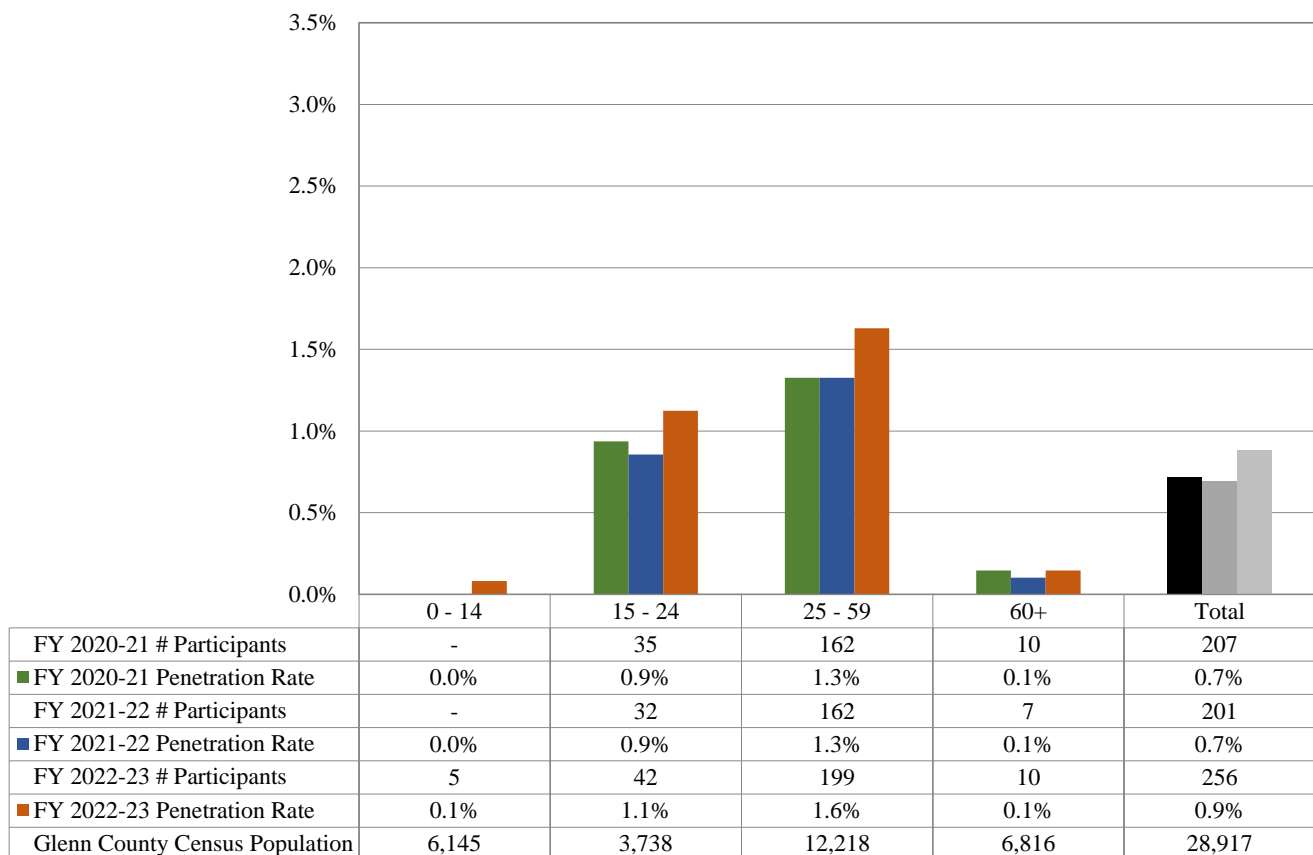
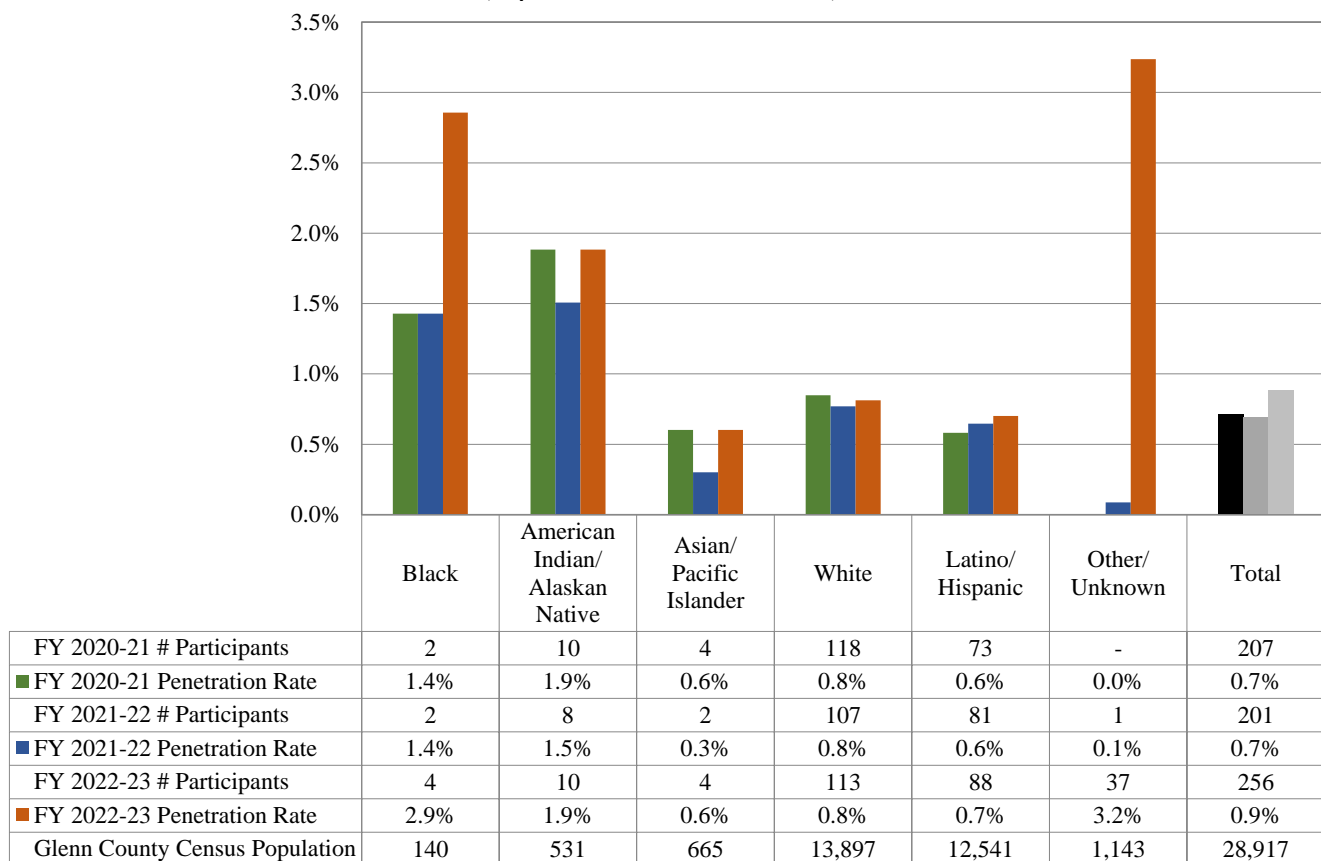


Figure 8 shows the penetration rate for SUD services by race/ethnicity across the past three years. The number of clients who identified as Black increased from 2 clients to 4, showing an increase in penetration rate of 1.4% to 2.9%. The number of clients who identified as Latino increased from 73 clients to 88 clients. All other racial/ethnic categories remained relatively stable. The Other/Unknown category increased from 0 to 37, due to data reporting issues. The overall penetration rate increased from 0.7% to 0.9%.

*NOTE: There was an increase of 'Other/ Unknown' race/ethnicity clients this year. At the time of the development of this CLC Plan, the county's new Electronic Health Record (SmartCare) was not yet able to create a report to show race/ethnicity.*

**Figure 8**  
**Glenn County Substance Use Disorder Penetration Rate by Race/Ethnicity**  
 FY 2020/21 to FY 2022/23  
 (Population Source: 2020 Census)



## 11. SUD Drug Medi-Cal Population

Figure 9 shows the percentage of Medi-Cal members (beneficiaries) who accessed SUD services in FY 2022/23. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal members who received SUD services. This data is shown by age, race/ethnicity, and gender.

There were 211 SUD clients with Medi-Cal who received one or more SUD service in FY 2022/23. Of these individuals, 10% were children; 8.1% were TAY; 80.6% were adults; and 1.4% were older adults. Of the SUD clients with Medi-Cal, 45.5% identified as White/Caucasian and 33.6% identified as Latino/ Hispanic. All other race/ethnicity groups represented a small number of individuals. The majority of participants identified as male (60.2%) compared to female (39.3%).

For the penetration rate data, SUD clients shows that 1.6% of the Glenn County Medi-Cal members received SUD services, with 211 individuals out of the 13,555 Medi-Cal members. Of these individuals, children had a penetration rate of 0.4%, TAY had a penetration rate of 1.1%, adults had a penetration rate of 2.9%, and older adults had a penetration rate of 0.2%.

For race/ethnicity, SUD clients with Medi-Cal who identified as White/Caucasian had a penetration rate of 2.1%, and persons who identified as Latino/ Hispanic had a penetration rate of 1%. All other race/ethnicity groups represented a small number of individuals. Participants who identified as male had a higher penetration rate (2%) as compared to female (1.1%). This data shows a disparity in the number of persons who are Latino/ Hispanic that receive SUD services, as evidenced by a lower penetration rate (1.1% compared to 2.0%).

**Figure 9**  
**Glenn County Medi-Cal Substance Use Disorder Penetration Rates**  
**by Gender, Age, and Race/Ethnicity**

(Medi-Cal Member Source: Kings View Penetration Report FY 2022/23)

|                                 | Glenn County<br>Average Number<br>of Members<br>FY 2022-23 |        | Number of Medi-<br>Cal Substance Use<br>Clients Served<br>FY 2022-23 |        | SUD Medi-Cal<br>Penetration Rate<br>FY 2022-23 |
|---------------------------------|--|--------|--|--------|--|
| Age Group                       |  |        |  |        |  |
| Children                        | 4,781  | 35.3%  | 21   | 10.0%  | 21 / 4,781 = 0.4%                              |
| Transition Age Youth            | 1,611  | 11.9%  | 17   | 8.1%   | 17 / 1,611 = 1.1%                              |
| Adults                          | 5,947  | 43.9%  | 170  | 80.6%  | 170 / 5,947 = 2.9%                             |
| Older Adults                    | 1,216  | 9.0%   | 3  | 1.4%   | 3 / 1,216 = 0.2%                               |
| Total                           | 13,555   | 100.0% | 211  | 100.0% | 211 / 13,555 = 1.6%                            |
| Race/Ethnicity                  |  |        |  |        |  |
| Black                           | 90   | 0.7%   | 4  | 1.9%   | 4 / 90 = 4.4%                                  |
| American Indian/ Alaskan Native | 247  | 1.8%   | 7  | 3.3%   | 7 / 247 = 2.8%                                 |
| Asian/ Pacific Islander         | 421  | 3.1%   | 3  | 1.4%   | 3 / 421 = 0.7%                                 |
| White                           | 4,539  | 33.5%  | 96   | 45.5%  | 96 / 4,539 = 2.1%                              |
| Latino/ Hispanic                | 7,270  | 53.6%  | 71   | 33.6%  | 71 / 7,270 = 1.0%                              |
| Other/ Unknown                  | 988  | 7.3%   | 30   | 14.2%  | 30 / 988 = 3.0%                                |
| Total                           | 13,555   | 100.0% | 211  | 100.0% | 211 / 13,555 = 1.6%                            |
| Gender                          |  |        |  |        |  |
| Male                            | 6,305  | 46.5%  | 127  | 60.2%  | 127 / 6,305 = 2.0%                             |
| Female                          | 7,250  | 53.5%  | 83   | 39.3%  | 83 / 7,250 = 1.1%                              |
| Unknown                         | -  | -      | 1  | 0.5%   | -  |
| Total                           | 13,555   | 100.0% | 211  | 100.0% | 211 / 13,555 = 1.6%                            |

## 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 continuing to expand the diversity of staff and persons served in the SUD program. The penetration rate data shows a disparity in the number of persons who are Latino/ Hispanic that receive SUD services, as evidenced by a lower penetration rate (1.1% compared to 2.0%). This may indicate that there are barriers to access services for the Latino/ Hispanic community.

GCBH will strive to continue to increase access to SUD services. There may be opportunities to increase access by utilizing evidence-based SUD programs that have been found to be effective with the Latino/ Hispanic culture. Obtaining feedback from the Latino/ Hispanic community

about hours that services are offered, the location of services, and outreach to inform people of services may help reduce barriers to services.

## **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 2020/21 to FY 2022/23. This data shows that in FY 2022/23, the 1,219 mental health clients received 15,873 hours of services. This calculates into 13 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 2022/23, per client, assessments averaged 2.3 hours; individual/family therapy: 8.5 hours; rehabilitation individual: 5.6 hours; group services: 6.9 hours; case management: 5.9 hours; medication management: 2.3 hours; crisis intervention: 3.7 hours; and mobile crisis intervention: 4.3.

Based upon new regulations, some of the service categories have been combined. For example, Intensive Care Coordination (ICC) and Collateral have been combined with Case Management services. Intensive Home-Based Services (IHBS) was included with Individual Rehabilitative Services and Plan Development was included with Individual / Family Therapy.

There has been an increase in the total number of clients served across the three years, from 935 clients served in FY 2020/21 to 1,219 clients served in FY 2022/23. Similarly, the total hours of services increased from 13,742 in FY 2020/21 to 15,873. However, the average hours per client decreased from 14.7 hours per client per year to 13.0 hours per client across the three years.

**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 2020/21 to FY 2022/23**

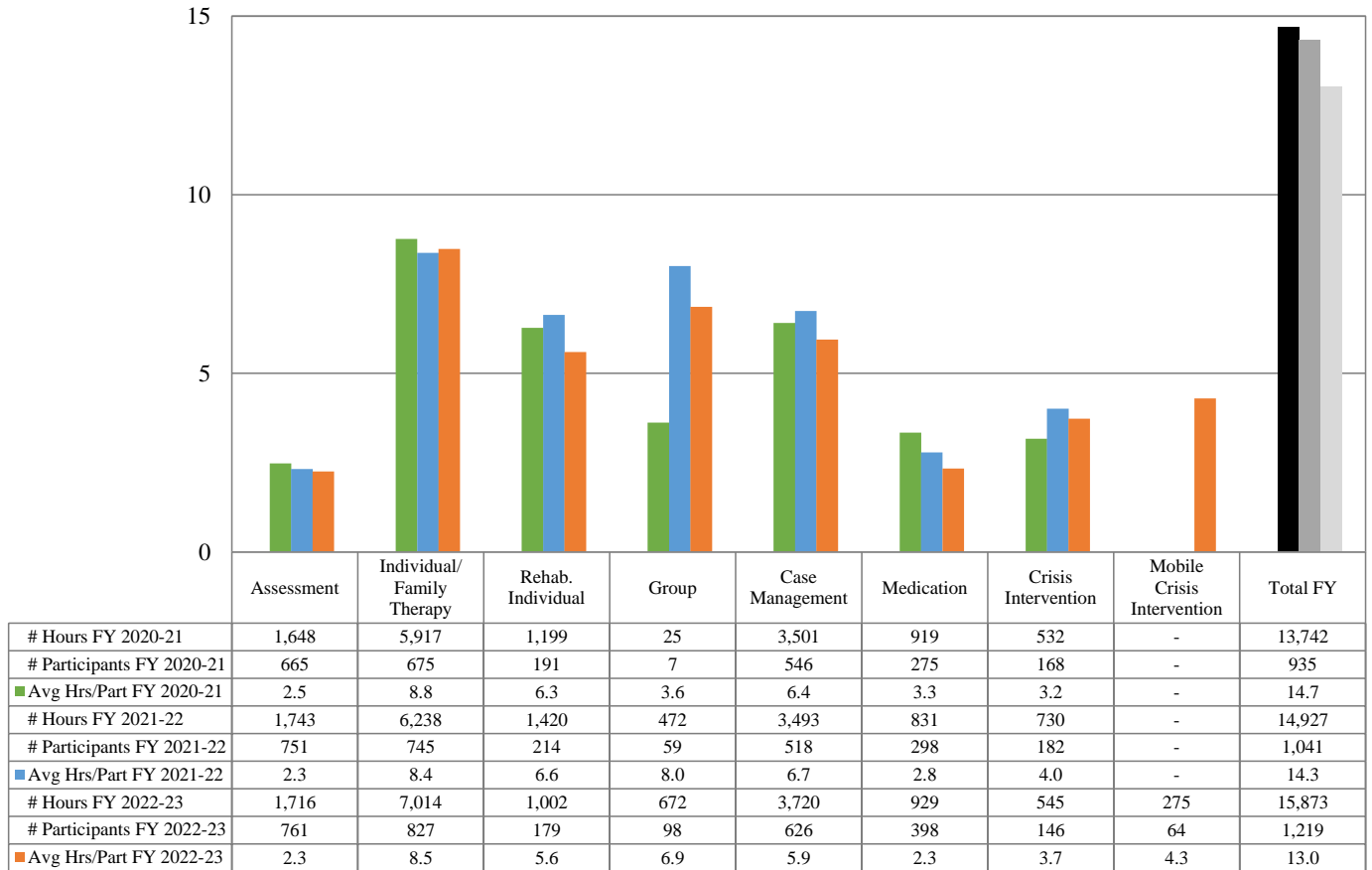
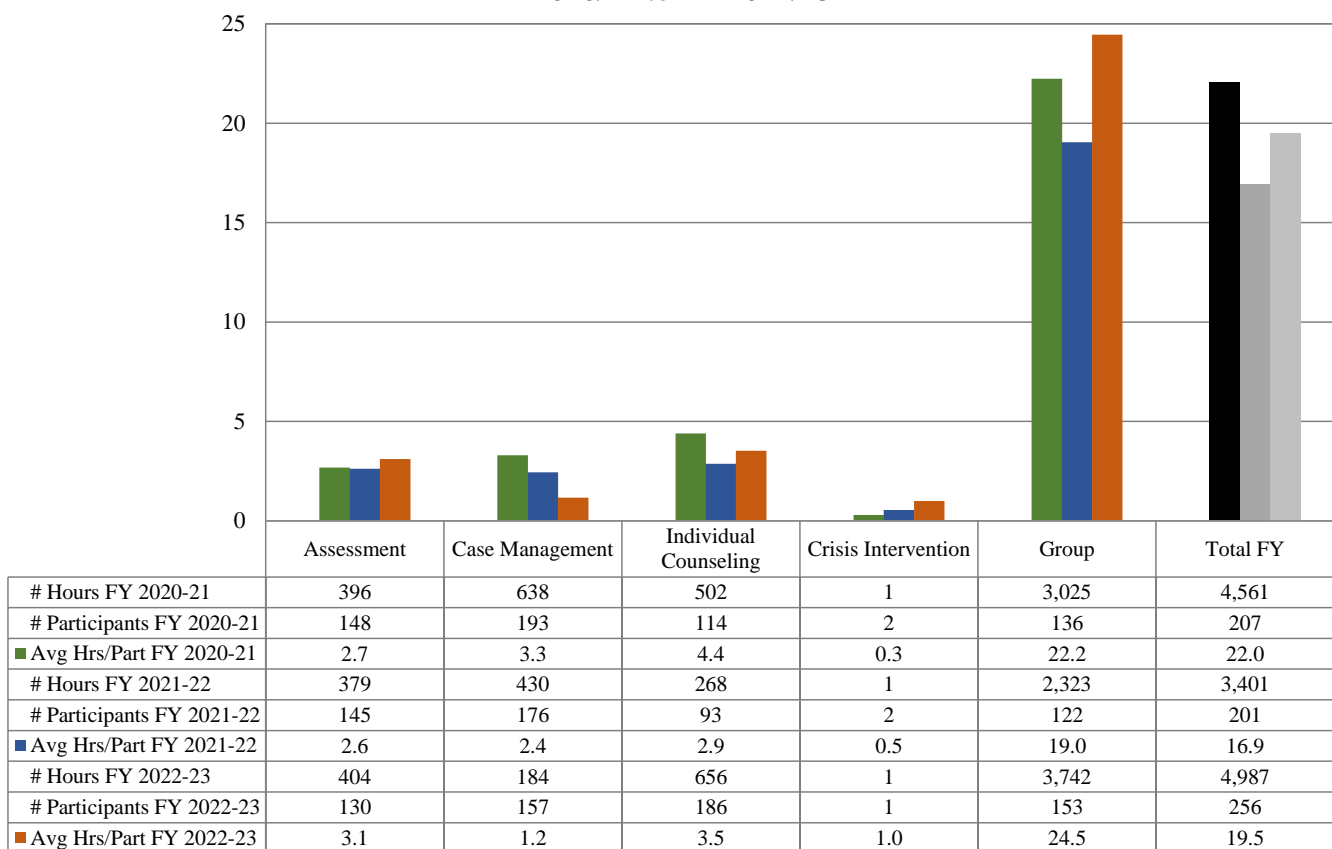


Figure 11 shows the total number of hours, by type of SUD service, clients, and hours per client for the past three years, FY 2020/21 to FY 2022/23. This data shows that the 256 SUD clients received 4,987 hours of services in FY 2022/23. This calculates into 19.5 hours per client. This data also shows 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 2022/23, the average hours per client data shows: assessments averaged 3.1 hours; case management: 1.2 hours; individual counseling: 3.5 hours; crisis intervention: 1 hour; and group services: 24.5 hours.

For SUD services, there was also an increase in the total number of clients served across the three years, from 207 clients served in FY 2020/21 to 256 clients served in FY 2022/23. Similarly, the total hours of services increased from 4,561 in FY 2020/21 to 4,987. There was also a slight decrease in the average hours per client from 22 hours per client per year to 19.5 hours per client across the three years.

**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 2020/21 to FY 2022/23**



## **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%).

GCBH continues 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.

In summary, there was an increase in the total number of SUD clients served and the total hours of SUD services, but a small decrease in the average hours per clients in the year. Adults are the largest age group served, with 80% of SUD clients. Persons who are White access services at a higher rate (2.1%) compared to persons who are Latino/Hispanic (1.0%). There was only a small number of persons from other race/ethnicity groups who access SUD services, so it is difficult to analyze the results. Overall, the SUD program has an opportunity to continue to increase access to all cultural groups to help individuals to improve outcomes. This strategy may include hiring more bilingual, bicultural staff as well as expanding the hours of services and/or utilizing evidence-based programs that are specifically designed for the Latino/Hispanic culture. This approach would help achieve improved access and outcomes for culturally diverse groups.



## IV. STAFF AND PROVIDER DIVERSITY ASSESSMENT

### A. All GCBH Staff Demographics

In December 2023, there were 95 staff at GCBH. The following tables summarize the demographics of these staff by age, gender, race/ethnicity, and language.

Of the 95 staff, there are 11 staff that primarily serve Transition Age Youth (TAY); 81 staff that primarily serve adults; and three (3) staff that primarily serve older adults, ages 60 and older (see Figure 12). The majority of staff (85.3%) served adults.

**Figure 12**  
**Glenn County Staff, by Age**

|              | # Staff   | % Staff       |
|--------------|-----------|---------------|
| TAY          | 11        | 11.6%         |
| Adult        | 81        | 85.3%         |
| Older Adult  | 3         | 3.2%          |
| <b>Total</b> | <b>95</b> | <b>100.0%</b> |

Figure 13 shows the gender for the 95 staff. There are 22 males (23.2%) and 73 females (76.8%).

**Figure 13**  
**Glenn County Staff, by Gender**

|              | # Staff   | % Staff       |
|--------------|-----------|---------------|
| Male         | 22        | 23.2%         |
| Female       | 73        | 76.8%         |
| <b>Total</b> | <b>95</b> | <b>100.0%</b> |

Figure 14 shows the race/ethnicity for the 95 staff. There are 31 staff who are Hispanic/Latino (32.6%); 56 who are White/Caucasian (58.9%); five (5) who are Asian (5.3%), and three (3) who are Native American (3.2%).

**Figure 14**  
**Glenn County Staff, by Race/Ethnicity**

|                 | # Staff   | % Staff       |
|-----------------|-----------|---------------|
| Hispanic/Latino | 31        | 32.6%         |
| White/Caucasian | 56        | 58.9%         |
| Asian           | 5         | 5.3%          |
| Native American | 3         | 3.2%          |
| <b>Total</b>    | <b>95</b> | <b>100.0%</b> |

There are 29 bilingual staff at GCBH:

- Of the 29 bilingual staff at GCBH, 26 speak Spanish (89.7%), two (2) speak Hmong (6.9%), and one (1) staff speaks Cantonese and Mandarin (3.4%).
- Of the 29 bilingual staff, 21 are mental health service staff (72.4%), five (5) are substance use service staff (17.2%), and three (3) are administrative staff (10.3%).

## **B. Staff Survey Results and Respondent Demographics**

In an effort to assess the cultural composition and awareness of its workforce, GCBH asked staff to complete the Staff Cultural Responsiveness Survey in September 2023. The complete results are shown in Appendix A.

### **1. Staff Cultural Responsiveness Survey**

In September 2023, 61 staff completed the Staff Cultural Responsiveness Survey. Staff composition and cultural/linguistic diversity was reported as follows:

- Of the 61 staff who completed the survey, 11 were licensed/waivered MH providers (18%); two (2) were certified SUD counselor/providers (3%); 15 were MH case management staff (25%); five (5) were peer support specialist/coaches (8%); eight (8) were other (non-licensed/certified) direct service staff (13%); eight (8) were administration/clerical staff who routinely interact with persons served (13%); five (5) were administration/clerical staff who do not routinely interact with persons served (8%); and seven (7) were management staff (12%).
- 52 staff reported their sexual orientation: 39 identified as heterosexual/straight (75%); 11 identified as bisexual (21%); one (1) identified as gay or lesbian (2%); and one (1) identified as another sexual orientation (2%).
- 55 staff reported their military/service involvement: two (2) respondents reported as a veteran (4%); 12 reported a family member in the military (22%); and 41 reported no military involvement (75%).
- 56 staff reported if they had a disability: six (6) respondents reported having a disability (11%).
- 54 staff reported if they considered themselves to be a person with lived mental health experience: 42 reported they have lived mental health experience (78%).
- 56 staff responded if they are a family member of a person with lived mental health experience: 47 reported they have a family member with lived mental health experience (84%).

- 56 staff responded if they considered themselves to be a person with lived substance use disorder experience: 11 reported they have lived substance use disorder experience (20%)
- 56 staff responded if they have a family member that has lived substance use disorder experience: 46 reported they have family member with lived substance use disorder experience (82%).

## 2. Staff Cultural Responsiveness Survey Results

The survey asked several questions about cultural proficiency and responsiveness (e.g., I examine my own cultural background and biases [race, culture, sexual orientation] and how they may influence my behavior toward others.)

To each survey question, the response options included Frequently; Occasionally; Rarely or Never; and Did Not Occur to Me. Noteworthy responses are briefly outlined below; the complete results may be found in Appendix A.

### Across all respondents:

A **high** percentage of staff responded “**Frequently**” to the following questions:

- *I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs. (100% responded Frequently)*
- *I recognize that family may be defined differently by different cultures. (88% responded Frequently)*
- *I recognize that gender roles in families may vary across different cultures. (88% responded Frequently)*

The survey also contained questions about staff participation in professional development activities over the past six (6) months.

The **majority** of survey respondents reported that they had participated in the following activities:

- *Talked to a colleague about a racial and/or cultural issue (70%).*
- *Read/watched/listened to media about multicultural issues (67%).*
- *Learned something about a racial and/or cultural group other than my own (70%).*
- *Attended a training on Implicit Bias (70%).*

A **low** percentage of survey respondents reported that they had participated in the following activities:

- *Sought guidance about barriers for people living with disabilities that arose during therapy/service delivery (25%).*

- *Attended a cultural humility event (18%).*
- *Sought consultation or supervision about multicultural issues (30%).*
- *Challenged a racist remark (26%).*

### **C. Evaluation of Staff Survey Results**

Over the past several years, Behavioral Health has been successful at expanding the number of bilingual, bicultural staff, with 31 of the 95 staff being Latino/Hispanic (33%), and 29 bilingual (31%). 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 a goal of GCBH to have all Spanish-speaking clients receive services in their primary language, whenever possible.

The Glenn County population is 43.4% Latino/Hispanic and 33.6% of the mental health clients are Latino/Hispanic. With 33% of GCBH staff now Latino/Hispanic, GCBH is reaching the goal of staff diversity equal to the client population. This data clearly demonstrates how GCBH has been successful in identifying opportunities to recruit and retain bilingual and bicultural staff.

As GCBH has expanded the diversity of the staff, this approach has helped to recruit other bilingual, bicultural staff. It has also created a safe and supportive environment to retain individuals in the program. GCBH continues to support bilingual and bicultural individuals in the community to pursue careers in social work and related fields and has hired social work interns, primarily from nearby CSU Chico State each year. This strategy has been an effective way to increase the number of bilingual and/or bicultural staff in the program. GCBH also offers a pay differential for bilingual staff.

GCBH also holds several excellent trainings each year that are available to all BH staff and partner agencies on cultural diversity, equity, and inclusion. These trainings help strengthen staff skills and create a safe environment for discussing culture and understanding the importance of recognizing and valuing how each person uniquely contributes to strengthening the system of care.

## V. CULTURAL AND LINGUISTIC COMPETENCE TRAINING

This list describes the cultural and linguistic competence trainings for staff and contract providers conducted in FY 2022/2023.

| Training Event / Training Title  | Date Conducted | Number of Participants |
|--|----------------|------------------------|
| 2022 National Latino Behavioral Health Conference  | 9/15-9/16/22   | 3                      |
| 2023 Youth Substance Use Prevention Institute  | 05/17-18/23    | 1                      |
| Addressing the Needs of Foster Youth with Intellectual/Development Disabilities                                      | 06/24/22       | 1                      |
| Adolescent SUD Practice Guidelines   | 06/19/23       | 1                      |
| All Rise Conference  | 6/25/23        | 4                      |
| Allyship in the Workplace (Senta Burton)   | 08/09/23       | 100                    |
| An Overview of Acceptance and Commitment Therapy   | 10/31/22       | 1                      |
| Annual PRISM Risk Management Seminar (2023 Medical Malpractice Risk Management Program)                              | 04/26/23       | 2                      |
| Best Practices for Providing Inclusive Care for the LGBTQIA+ Community   | 01/31/23       | 1                      |
| Children with Disabilities   | 08/01/22       | 1                      |
| Ethnic Services Manager Training   | 10/19/22       | 1                      |
| Functional Family Therapy: A Family-Centered and Evidence-Based Treatment Model for BH, CW, and Foster Care Settings | 02/28/23       | 1                      |
| Healing Adoptive Families, a Trauma- Responsible Approach to Adoptive Parenting (Bryan Post)                         | 06/15/23       | 3                      |
| Implicit Bias  | 10/26/22       | 4                      |
| Implicit Bias: A Discussion of Hidden Biases of Good People (Senta Burton)   | 10/26/22       | 97                     |
| Intro to Psychotic Disorders   | 05/10/23       | 1                      |
| Observing Families in PC Care  | 08/30/22       | 1                      |
| PC Care for Children with Autism Spectrum Disorder or Intellectual Disability Disorder                               | 12/13/22       | 1                      |

| <b>Training Event / Training Title</b>                                 | <b>Date Conducted</b> | <b>Number of Participants</b> |
|--|-----------------------|-------------------------------|
| PC Care for Children with PSB Special Population Workshop              | 07/26/22              | 1                             |
| PC Care for Latinx Families  | 11/15/22              | 1                             |
| PC Care for Toddlers   | 10/21/22              | 1                             |
| Promoting Normalcy for Youth in Foster Care                            | 08/10/22              | 1                             |
| Promoting Social Justice in the Field, Pt 2 Exploring Microaggressions | 11/02/22              | 3                             |
| Psychological Safety in the Workplace (Senta Burton)                   | 01/25/23              | 98                            |
| Stonewall Alliance Training  | 03/22/23              | 55                            |
| Strategies and Skills for BH Interpreters                              | 06/07/23              | 3                             |
| Supporting Adults in the Grieving Process                              | 07/05/22              | 1                             |
| The Courage to Hear, The Vision to See (Senta Burton)                  | 05/31/23              | 108                           |
| Unconscious Bias (Carole McKindley Alvarez)                            | 08/25/22              | 1                             |
| Understanding and Treating Borderline Personality Disorder             | 08/11/22              | 1                             |
| Understanding Schizophrenia for Paraprofessionals                      | 08/12/22              | 1                             |
| Working with Justice Involved Youth with BH Needs                      | 08/12/22              | 1                             |

The CDEC committee also provides monthly cultural trainings during the GCBH monthly all staff meetings. Approximately 40-60 people participate in each monthly meeting. Some of the training in the past year included: LGBTIQ+ sensitivity training; Substance Abuse Disorder Bias; how to use an interpreter/language line; Counseling Access Lethal Mean (CALM); and Best Practices on discussing suicide. These ongoing trainings are an excellent way to continually provide cultural training to staff and creating a safe environment to discuss culture in the workforce.

## VI. PROGRAM GOALS ACROSS THREE FISCAL YEARS

Analysis of current programs and data allows GCBH to develop specific goals and action items to improve quality of care and cultural competency. The following goals and action items are relevant for FYs 2023/24, 2024/25, and 2025/26; these goals and action items will be reviewed and updated at least annually. Goals and/or action items may be updated as new data and trends become available. GCBH will report on each action item in the timeframe indicated.

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 CLP. 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; children, TAY, adults, and older adults; veterans and their families; Lesbian, Gay, Bisexual, Transgender, and Questioning Plus (LGBTQ+) individuals; persons released from jail and their families; and other 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 websites 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. *In FY 2022/23, GCBH continued to expand the number of bilingual staff and has hired the following bilingual staff: (1) male bilingual and bicultural Spanish speaking clinician; four (4) female bilingual and bicultural Spanish speaking case managers; one (1) bilingual female Spanish speaking support staff, (1) Hmong male speaking support staff, (1) Spanish Speaking female community outreach advocate, (2) Spanish bilingual bi-cultural Masters in Social Work (MSW) interns enrolled in the Mentored Internship Program (MIP) from CSU, Chico's Social Work Master's program. As of November 15, 2023, the total number of bilingual staff is 28.*
- **Objective 1c:** GCBH will hire individuals with lived experience, including consumers, and family members, whenever possible, who are bilingual and/or bicultural, to help address barriers for culturally diverse populations. *We have successfully hired two (2) new coaches and one (1) new bilingual peer mentor to work with clients and families, bringing the total to four (4) coaches and four (4) peer mentors.*
- **Objective 1d:** GCBH reviews all new clients during the weekly case assignments meeting to identify those who are monolingual. Depending on availability, individuals

are assigned to a bilingual staff to ensure that services are provided in the client's preferred language. *This continues to occur on a weekly basis. Bilingual staff share information on each new client who prefers to speak Spanish and identifies staff who are available to meet with the individual to conduct an assessment in the person's preferred language. This assignment is finalized and approved during the weekly Mental Health Case Assignment Meeting or at the Weekly SUDS 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. In addition, Debra Taylor, the Suicide Prevention Community Engagement and Partnership Coordinator from the VA Northern CA Health Care System, has supported this effort. For example, she donated over 300 gun locks to Glenn County to help citizens create a safe environment in their home.*
- **Objective 1f:** GCBH will 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 2022/23, 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 higher levels of care (e.g., Behavioral Health Treatment Court; 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 periodically.
- **Objective 1h:** GCBH will expand housing options for individuals with a serious mental illness, some with co-occurring SUD, to have a safe and stable living situation in the community, whenever possible. This will include persons enrolled in CARE Court, as they are enrolled in this new program.

**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 several cultural and linguistic competence trainings for staff this year. In FY 2021/22, the Cultural Diversity Equity Committee (CDEC) scheduled a cultural training series Senta Burton. This exemplary series started 10/26/2022 on Implicit Bias training (3-hour training) and will continue throughout FY 2022/23. GCBH completed the series this summer with a total of 8 trainings and are making plans to continue the contract by providing an annual training with Senta Burton.*



**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. *For each new bilingual staff who is hired, the Ethnic Services Team provides training on how to provide interpreter services as well as how to use the language line. There are also trainings offered 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 is an ongoing priority. In addition, additional training for all staff on 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 2022/23, we continued to use Language Line Solutions to translate documents, when needed. GCBH contracts evening and weekend Crisis Support Services with Sierra Mental Wellness. GCBH will partner with Sierra Mental Wellness to deliver culturally responsive trainings for their employees.*

- **Objective 2c:** GCBH will provide periodic trainings for bilingual staff to ensure consistency and common language across all bilingual Spanish speaking staff. *The Ethnic Services Committee meets monthly and provides ongoing training to all bilingual staff. We have also developed 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. In FY 2022/2023, the ESC team has been working on expanding their training material for staff to include expanded clinical terminology in Spanish.*
- **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 October 2023 and the results are shown in this report.*

**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. GCBH visits Grindstone once or twice a month*

*to provide outreach and services. FY 2022/23, the behavioral health team was able to purchase a mobile wellness unit to help provide space to meet with youth and families on school campuses. The mobile unit is designed to reduce stigma across the community as it is decorated with sunflowers and words that inspire hope and wellness (both in English and Spanish), to help individuals feel welcomed and safe when accessing services.*

- *In FY 2021/22, GCBH 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 program includes psychoeducation as a foundation for offering other services. The TAY Center also partners with the GCOE STAR Center, with a focus on foster 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 periodically offering NARCAN trainings to community members, including teachers and staff in the schools.*

**Objective 3b:** GCBH recognizes that Older Adults are an underserved population and we are taking steps to join with other partners to contact and outreach to this population. The Board of Supervisors initiated a countywide work group to address older adult needs. GCBH will be an active member of this work group and provide BH specific supports and information.

**Objective 3c:** In 2024 GCBH will be implementing mobile crisis services to improve access to persons in crisis and deliver crisis services in the least restrictive environment.

**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, which was previously in zoom during COVID. We also started our first Strengthening Families groups in Spanish (via Zoom) in July 2021 and it was a success. We plan to offer a course in both English and Spanish (hybrid model) in 2023-24!*

*In FY 2021/22, the TAY Center expanded the use of social media in Spanish and English for both mental health and SUD services, including META and Instagram. Glenn County Alliance for Prevention (GCAP) was created to support SUD prevention activities. These include a Marijuana subcommittee, opioid committee, tobacco, and suicide prevention.*

*In addition, we have updated Suicide Prevention activities to include materials that are available in Spanish, including the QR Code campaign which provides information on suicide prevention and supportive resources. This information is available in both English and Spanish.*

*In 2022/23, GCBH began working with a social marketing consultant to expand our lethal means campaign, "Safe Storage Saves Lives"/ "El Almacenamiento Seguro Salva Vidas" in the county. The information will be provided in both English and Spanish on social media platforms and through outreach materials in English and 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 Health, a Federally Qualified Health Center (FQHC) and Del Norte Indian Health Clinic are partners 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. In 2022/23, the "Walk for Change (May 2023) for Mental Health Matters Month and SPEAKS and Recovery Happens (September 2023) events were offered in both English and Spanish. The events provided tabling opportunities for the drop-in centers and other Behavioral Health programs to share information to community members. The events had many engagement activities with included raffle prizes, food, and speakers.*

*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 have developed a QR Code Campaign, where stickers were placed in key community locations including bathroom stalls; schools; churches; businesses; and jails to provide information and a QR Code, to link the individual to resources regarding suicide; mental health; substance; use; food banks; domestic violence; victim witness; crisis line information; and libraries; agricultural settings; churches, etc. In 2022, 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 individuals completing the survey. This will provide valuable information on individuals who are completing the survey. The survey is available in English and Spanish.*

*In 2023, there were more opportunities to participate in table events when COVID 19 restrictions ended. Behavioral Health participated in 25+ tabling events over this last year. These events included Willows Bike and Care Show; Back to School Night at all the schools in the county; Ampla Health Fair; NVIH Health Fair; events hosted by Glenn Medical Center, Butte and Tehama County Recovery Happens; National Night Out; local Community Clubs i.e. Women's Club and Rotary Club; Stonewall Alliance PRIDE event; Child and Family Resource Fair; Foster Family Fun Night; Willows School Wellness Walk, and Día Del Campesino. All of GCBH outreach material have been translated into 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 summary 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 Suicide Prevention 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 reviews 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
- Lethal Means Subcommittee
- QR Code Suicide Prevention Campaign Subcommittee
- Older Adult
- LGBTQ+
- Co-occurring

Referral Form Subcommittee to ensure data is more inclusive, such as expanding data for gender to include chosen name, pronouns, transgender, etc.

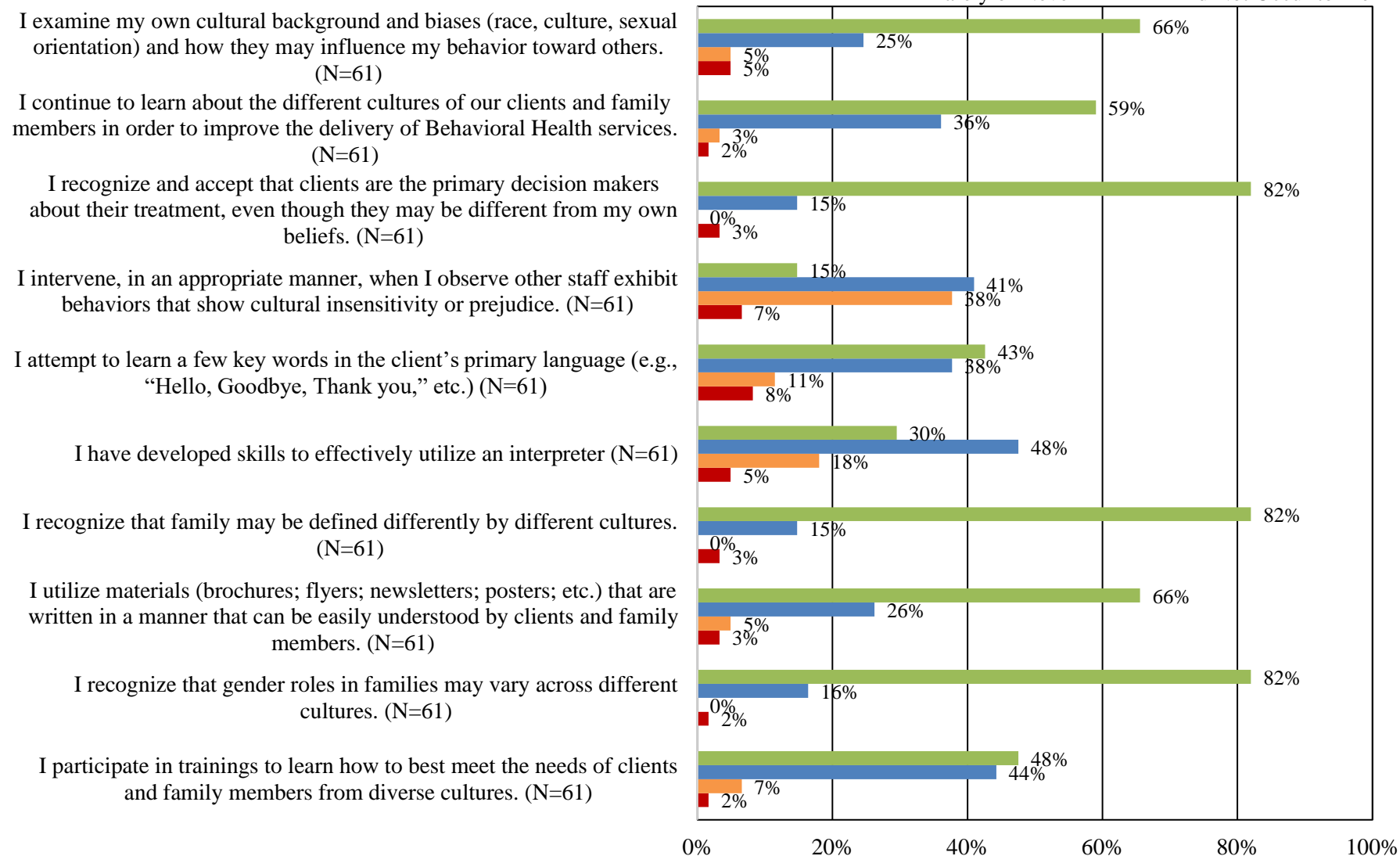
## **APPENDIX A: STAFF ETHNICITY & CULTURAL COMPETENCE SURVEY RESULTS**

## Glenn County Department of Behavioral Health Staff Cultural Responsiveness Survey

2023

*All Respondents*

■ Frequently  
■ Occasionally  
■ Rarely or Never  
■ Did Not Occur to Me

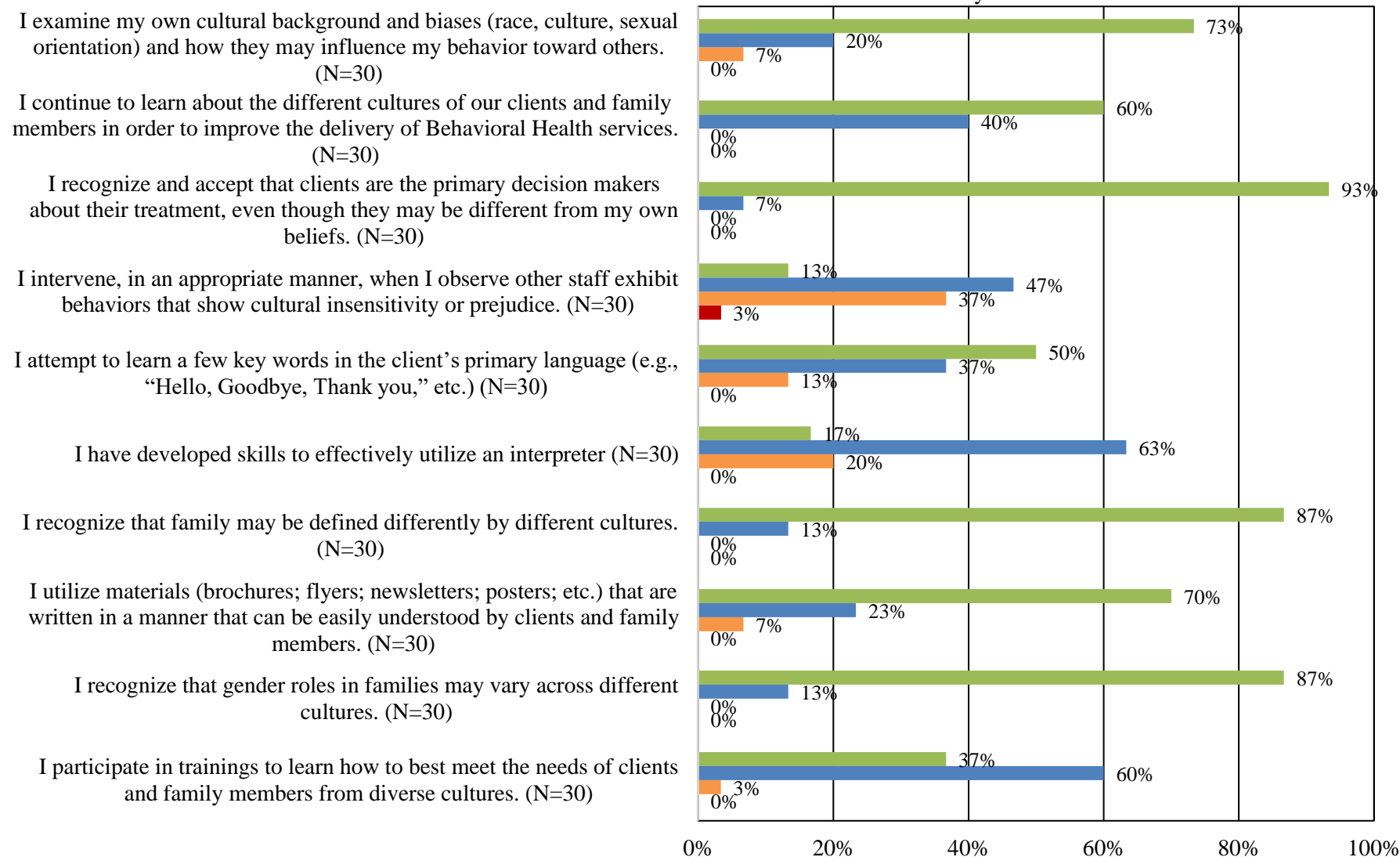


## Glenn County Department of Behavioral Health Staff Cultural Responsiveness Survey

2023

### White Respondents

■ Frequently  
■ Occasionally  
■ Rarely or Never  
■ Did Not Occur to Me

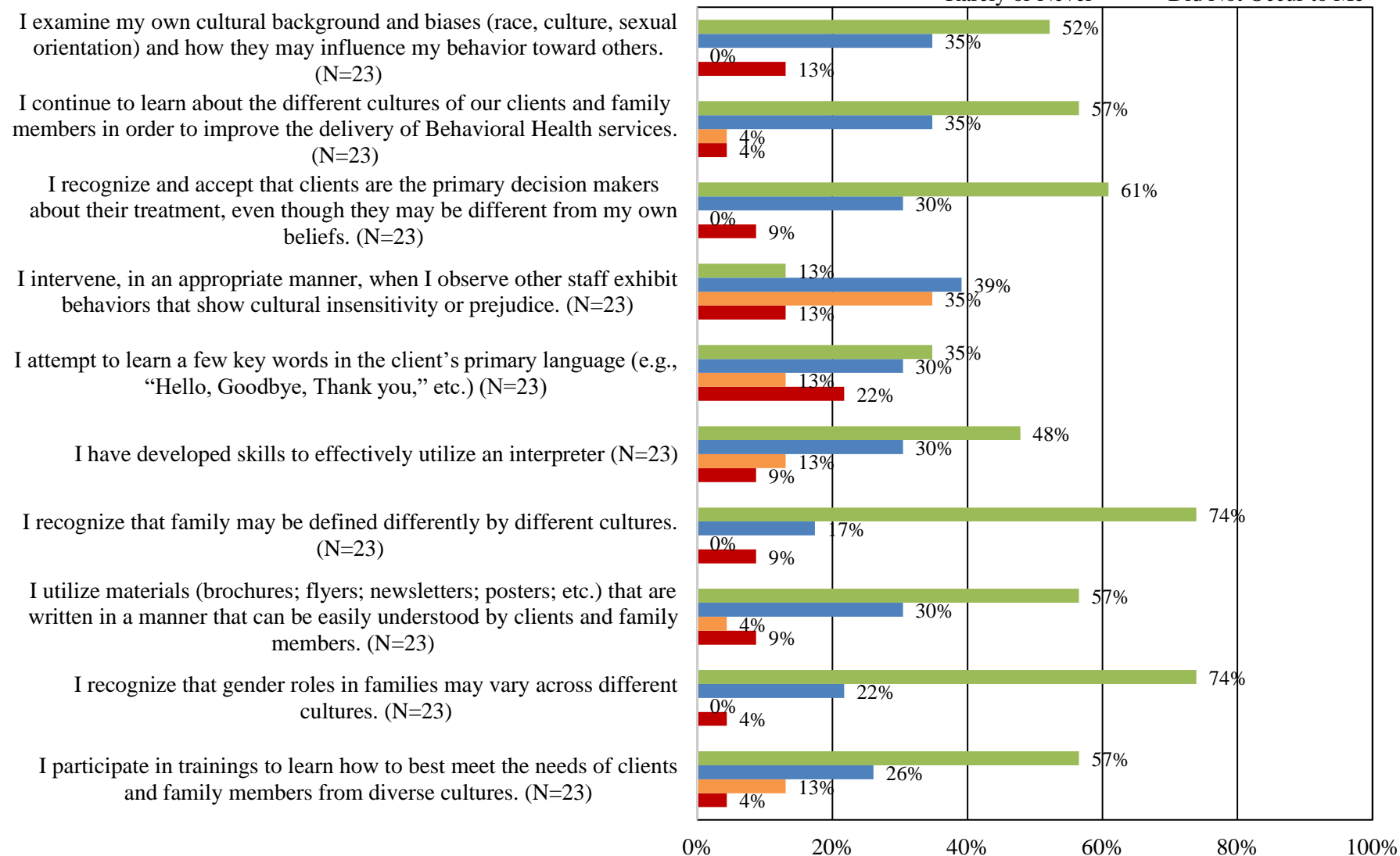


## Glenn County Department of Behavioral Health Staff Cultural Responsiveness Survey

2023

### Hispanic/Latino Respondents

■ Frequently  
■ Rarely or Never  
■ Occasionally  
■ Did Not Occur to Me



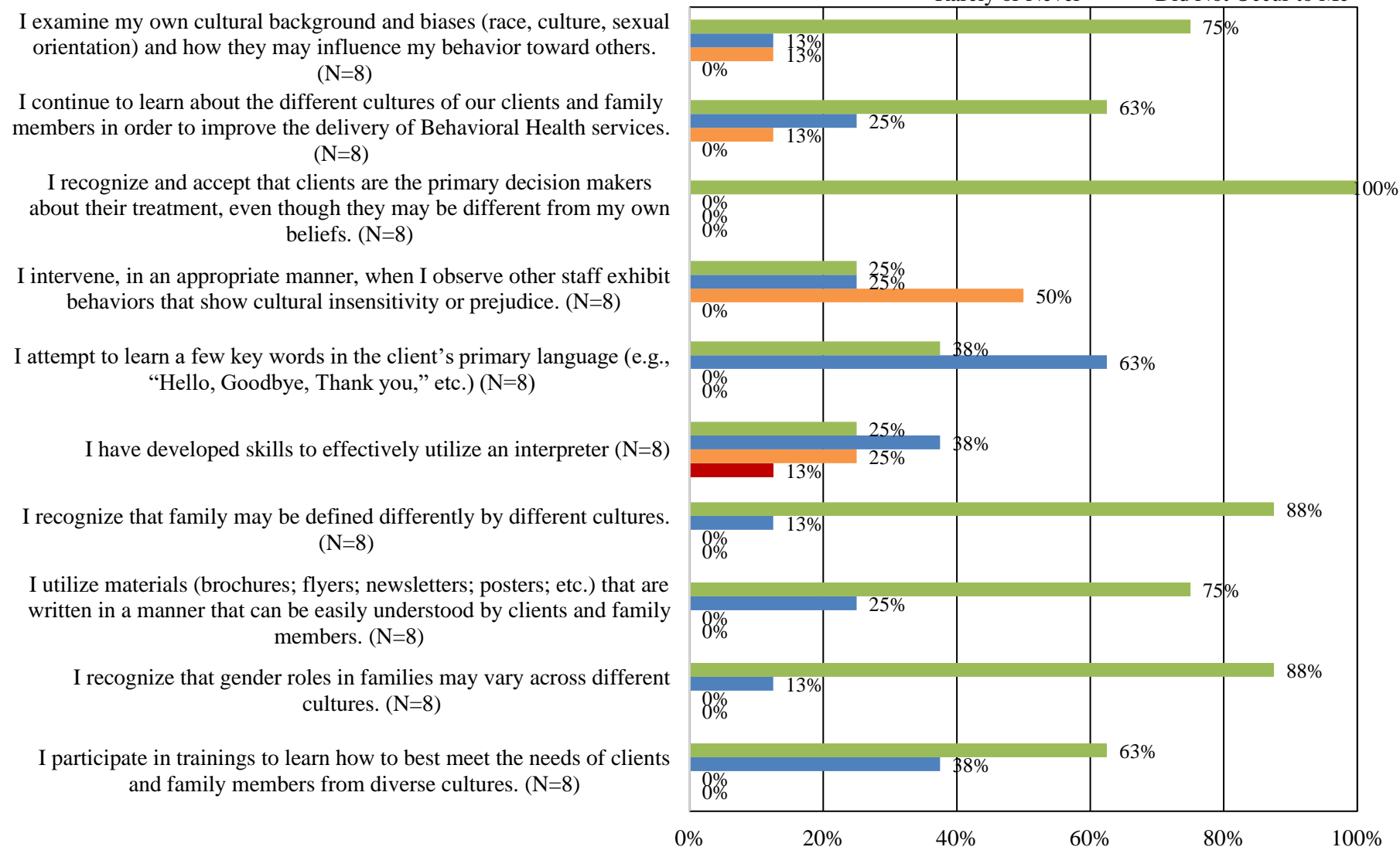


## Glenn County Department of Behavioral Health Staff Cultural Responsiveness Survey

2023

### All Other Ethnicity Respondents

■ Frequently  
■ Occasionally  
■ Rarely or Never  
■ Did Not Occur to Me



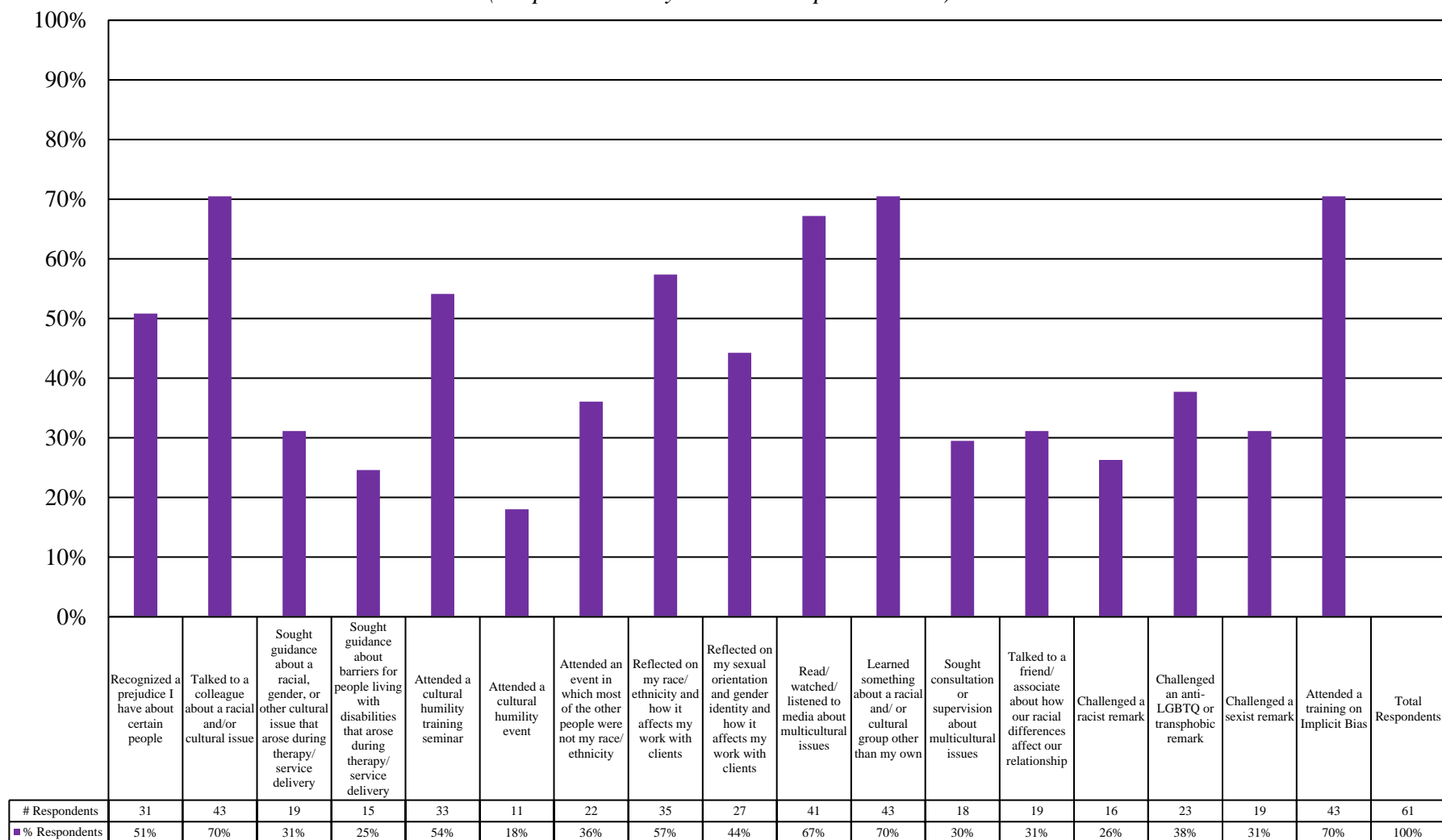
## Glenn County Department of Behavioral Health Staff Cultural Responsiveness Survey

2023

*Participation in Professional Development Activities (Past Six Months)*

**All Respondents (N=61)**

*(Respondents may choose multiple answers.)*



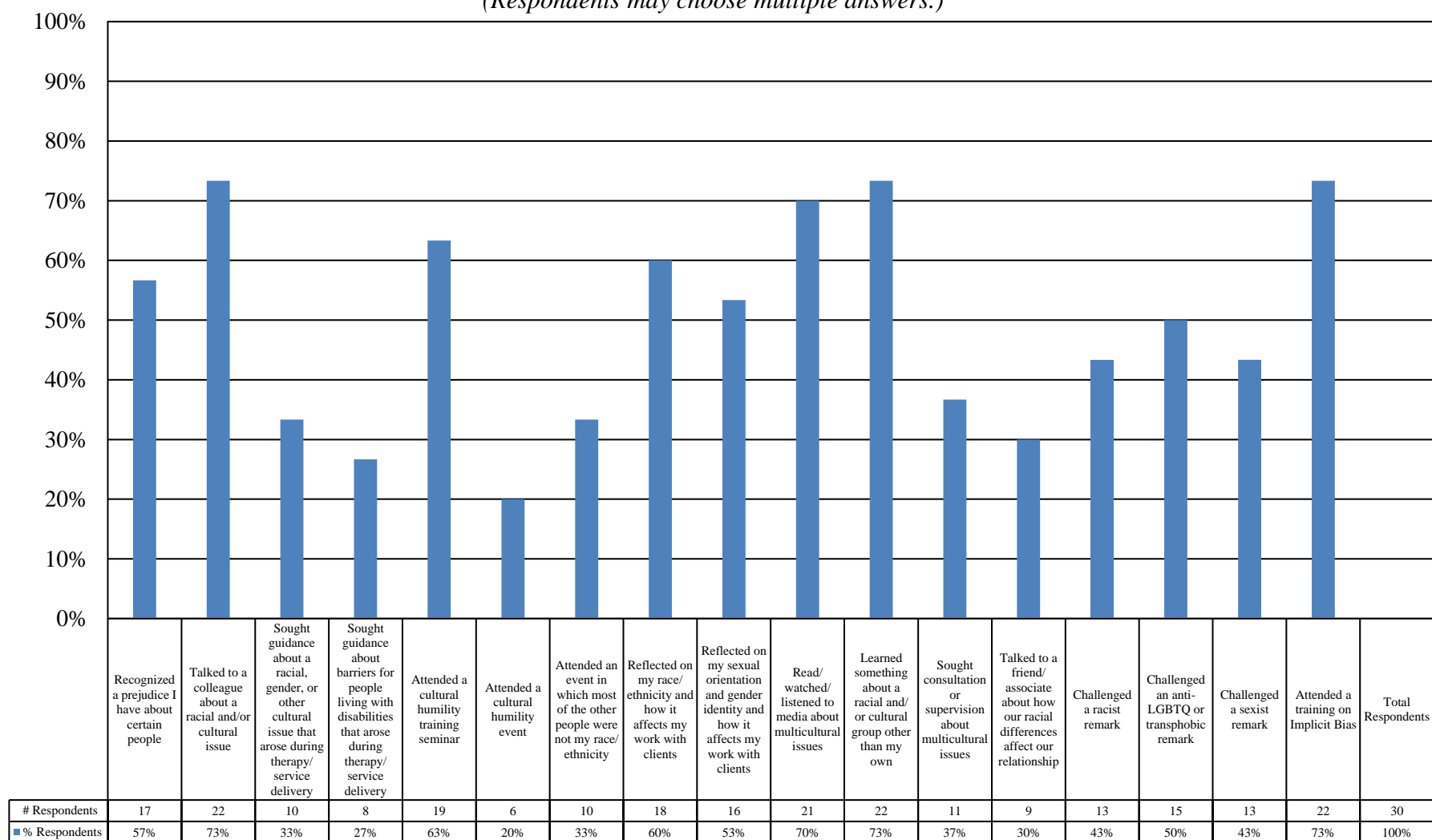
# **Glenn County Department of Behavioral Health** **Staff Cultural Responsiveness Survey**

2023

*Participation in Professional Development Activities (Past Six Months)*

**White Respondents (N=30)**

*(Respondents may choose multiple answers.)*



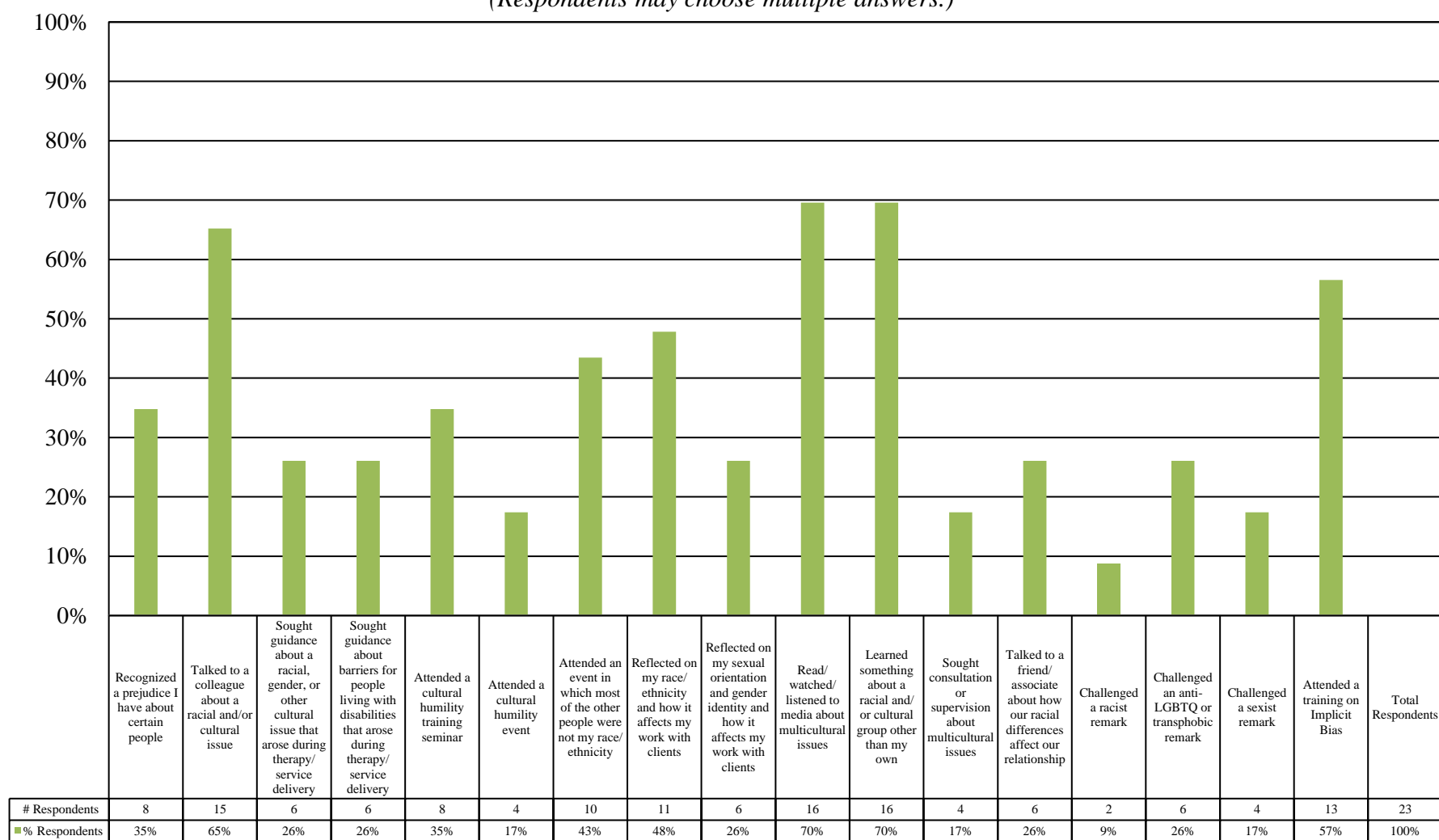
## Glenn County Department of Behavioral Health Staff Cultural Responsiveness Survey

2023

*Participation in Professional Development Activities (Past Six Months)*

**Hispanic/Latino Respondents (N=23)**

*(Respondents may choose multiple answers.)*



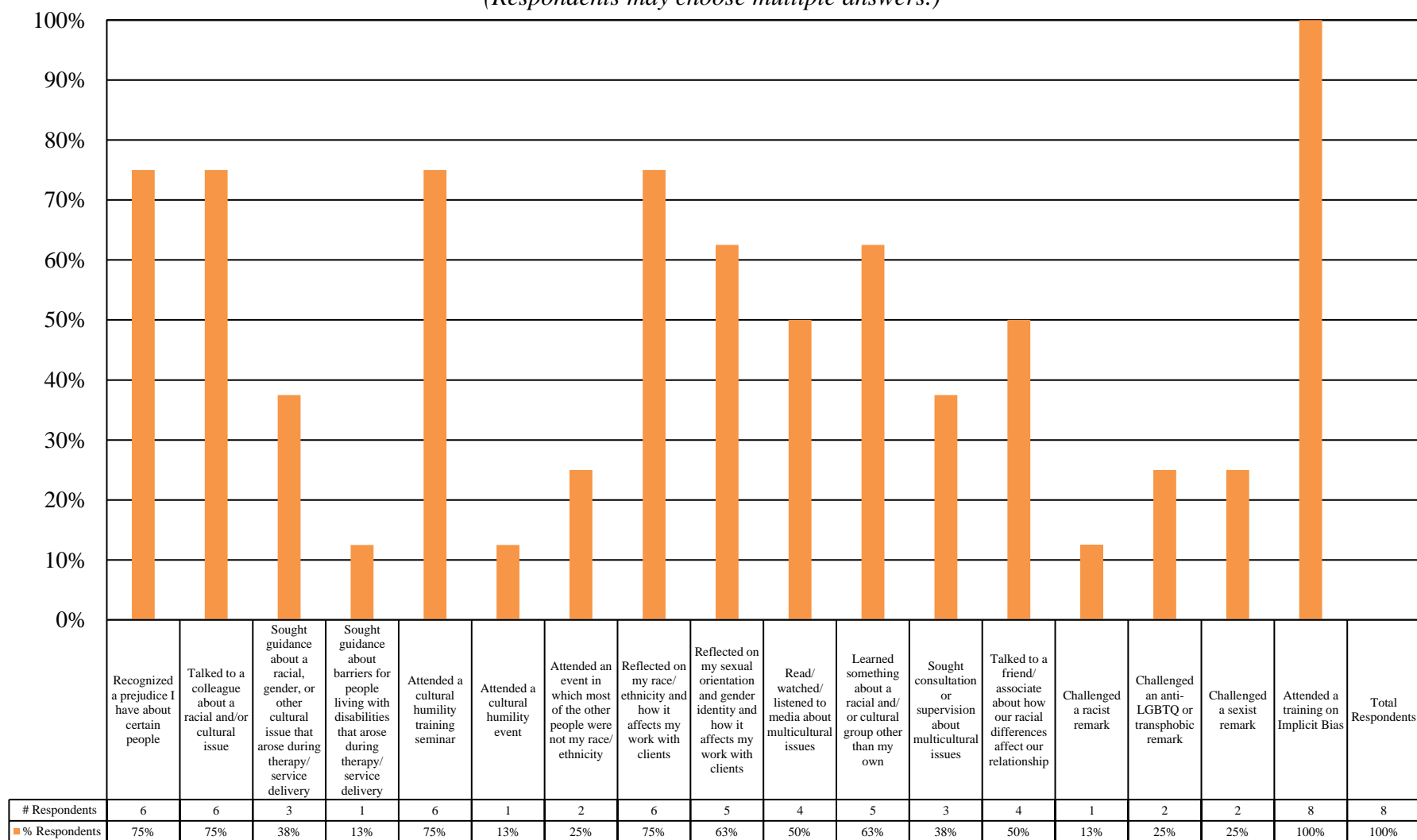
## Glenn County Department of Behavioral Health Staff Cultural Responsiveness Survey

2023

*Participation in Professional Development Activities (Past Six Months)*

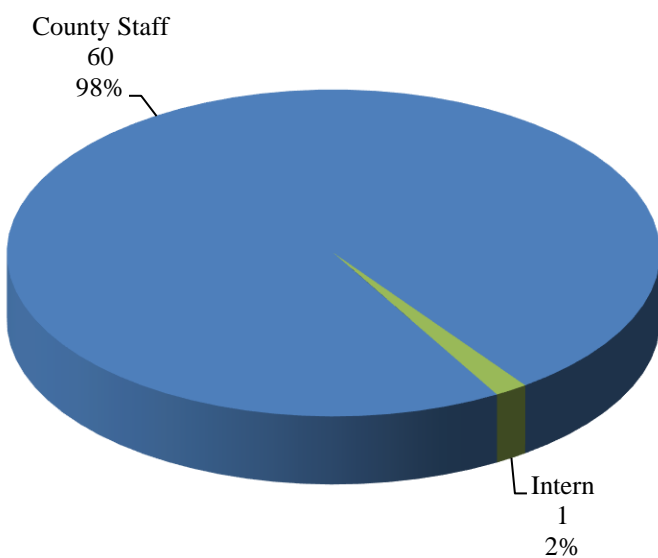
**All Other Ethnicity Respondents (N=8)**

*(Respondents may choose multiple answers.)*

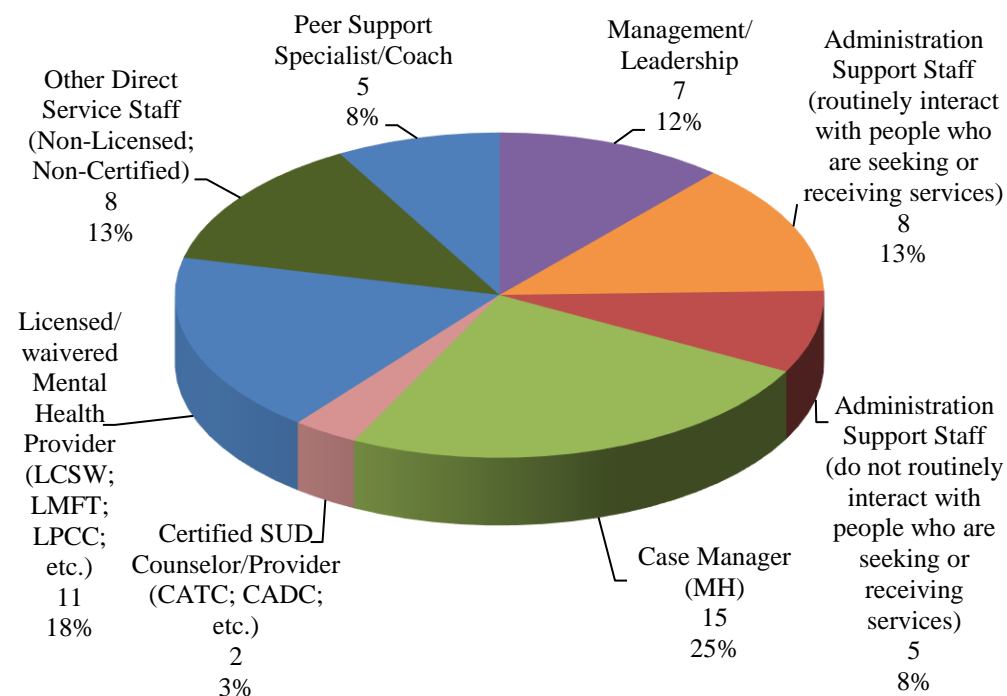


**Glenn County Department of Behavioral Health  
Staff Cultural Responsiveness Survey  
2023**

***Employment Status (N=61)***

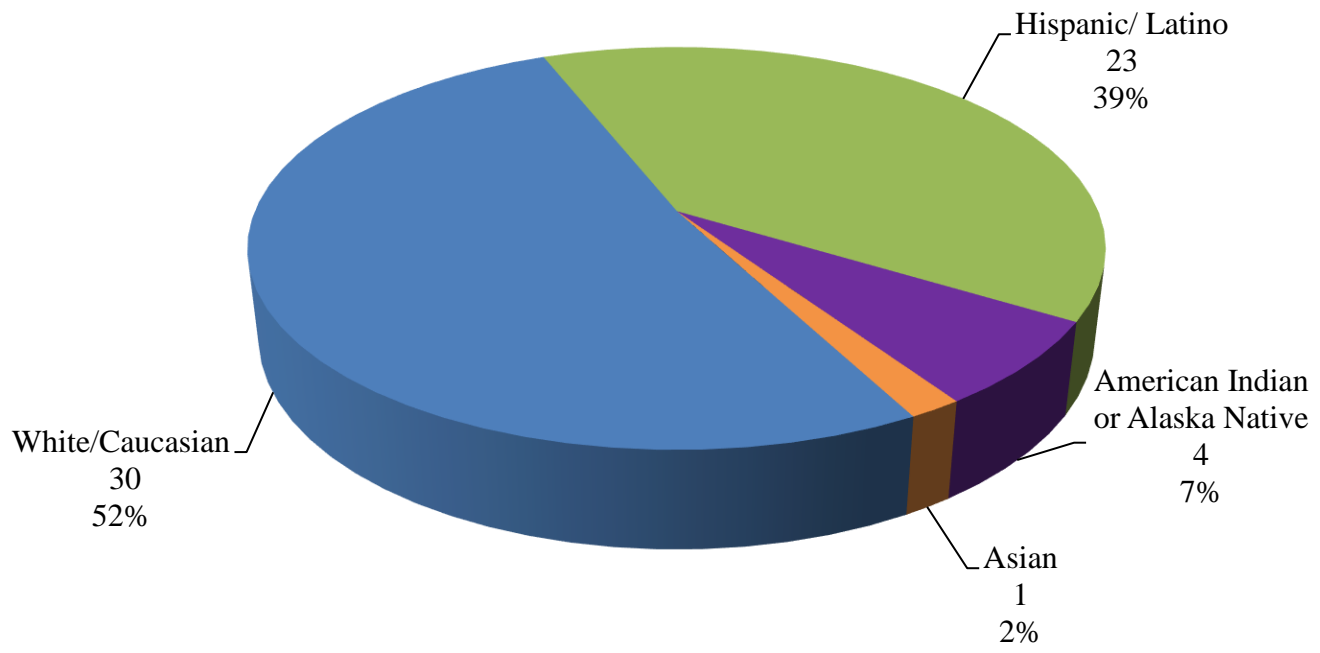


***Primary Job Function (N=61)***



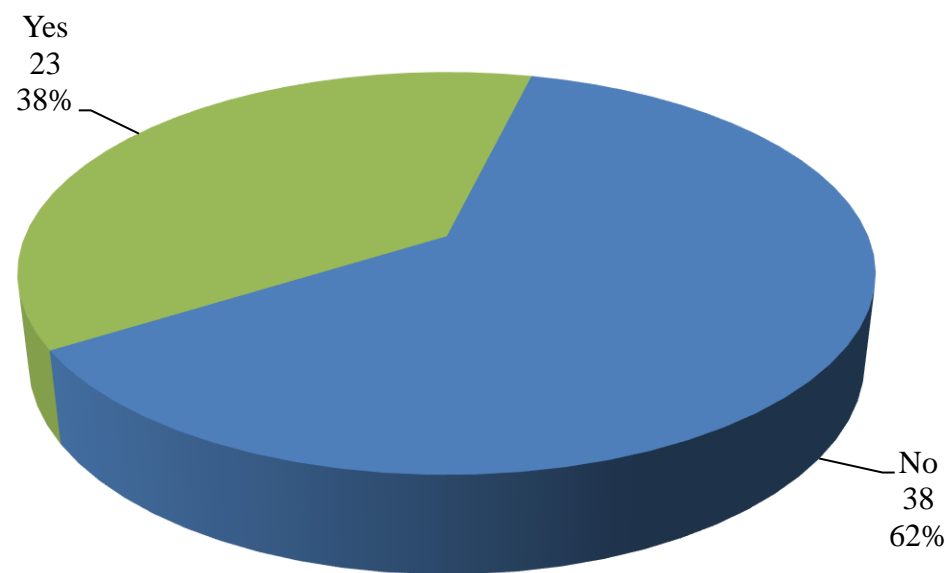
**Glenn County Department of Behavioral Health**  
***Staff Cultural Responsiveness Survey***  
2023

***Race/Ethnicity (N=58)***



**Glenn County Department of Behavioral Health**  
***Staff Cultural Responsiveness Survey***  
2023

***Do you consider yourself Bilingual? (N=61)***

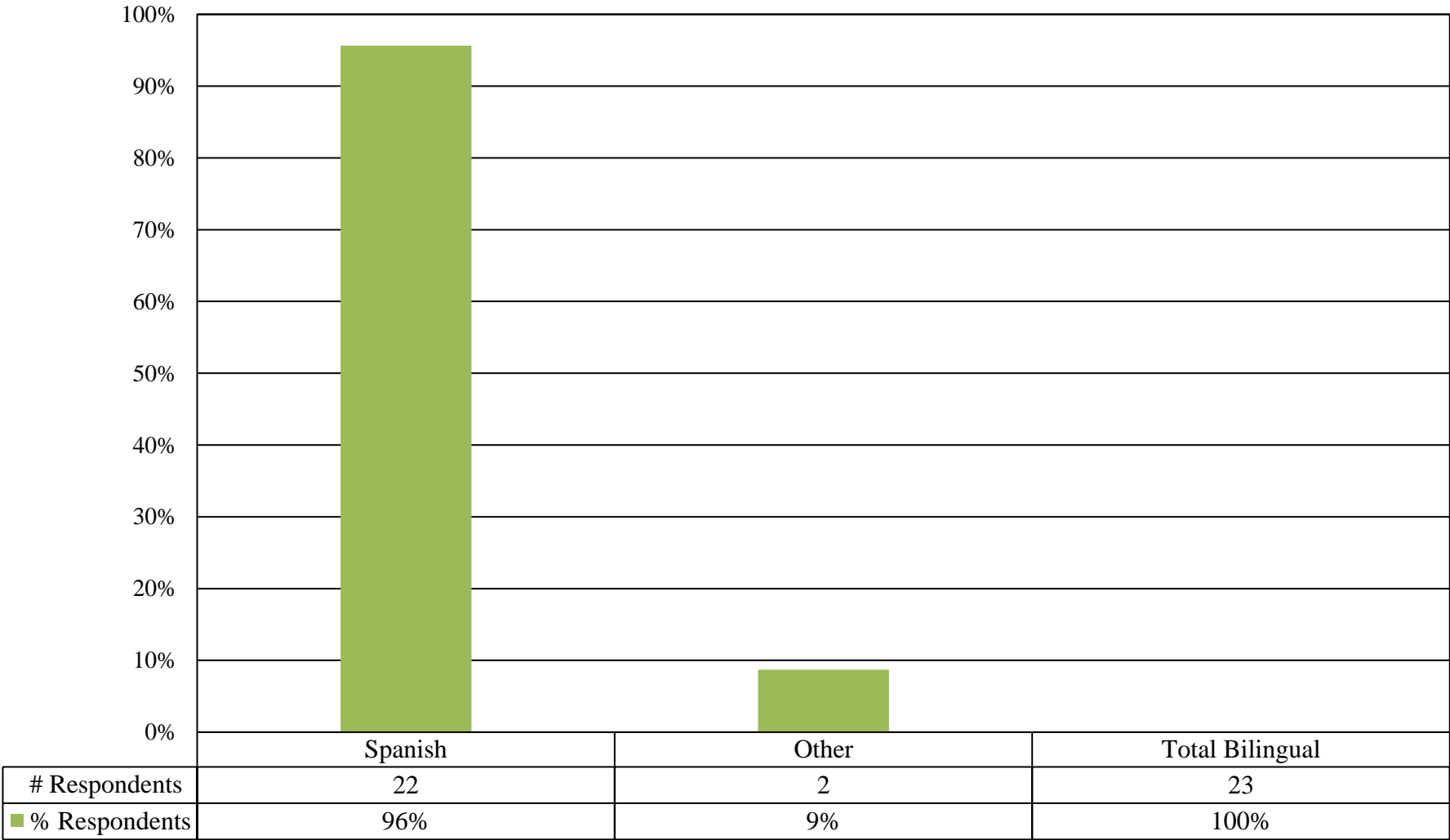




**Glenn County Department of Behavioral Health**  
***Staff Cultural Responsiveness Survey***

2023

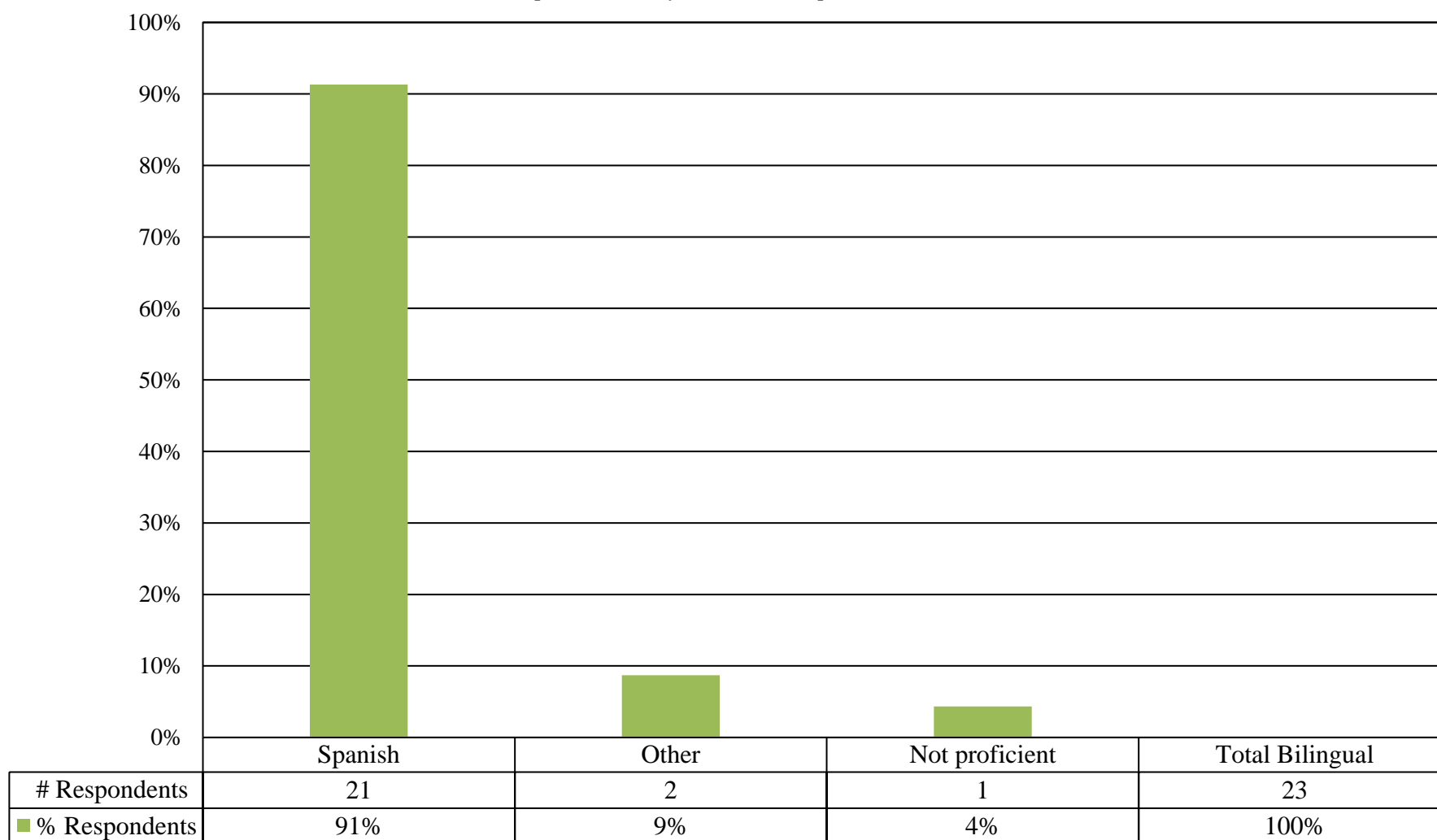
*If Bilingual, which language(s) do you speak? (N=23)*  
*(Respondents may choose multiple answers.)*



**Glenn County Department of Behavioral Health  
Staff Cultural Responsiveness Survey**

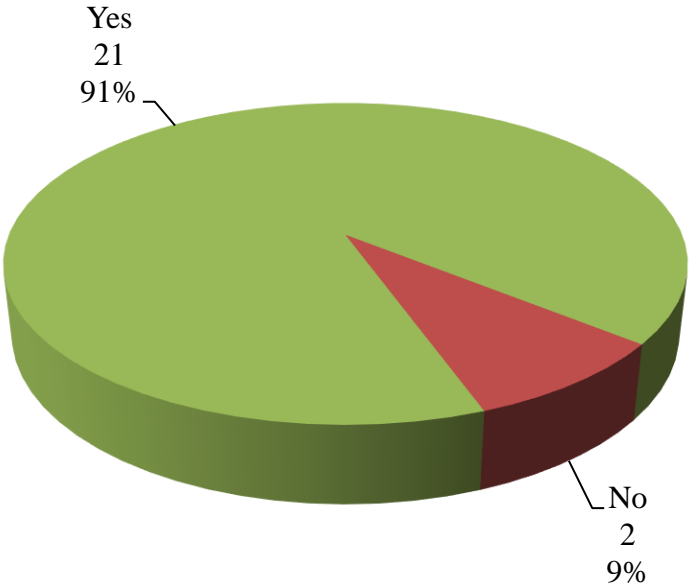
2023

*If Bilingual, which language(s) are you proficient in reading and writing? (N=23)*  
(Respondents may choose multiple answers.)

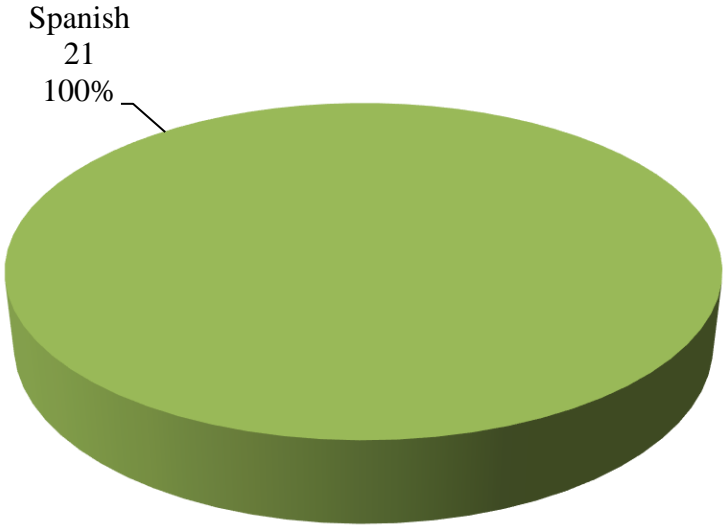


**Glenn County Department of Behavioral Health**  
***Staff Cultural Responsiveness Survey***  
2023

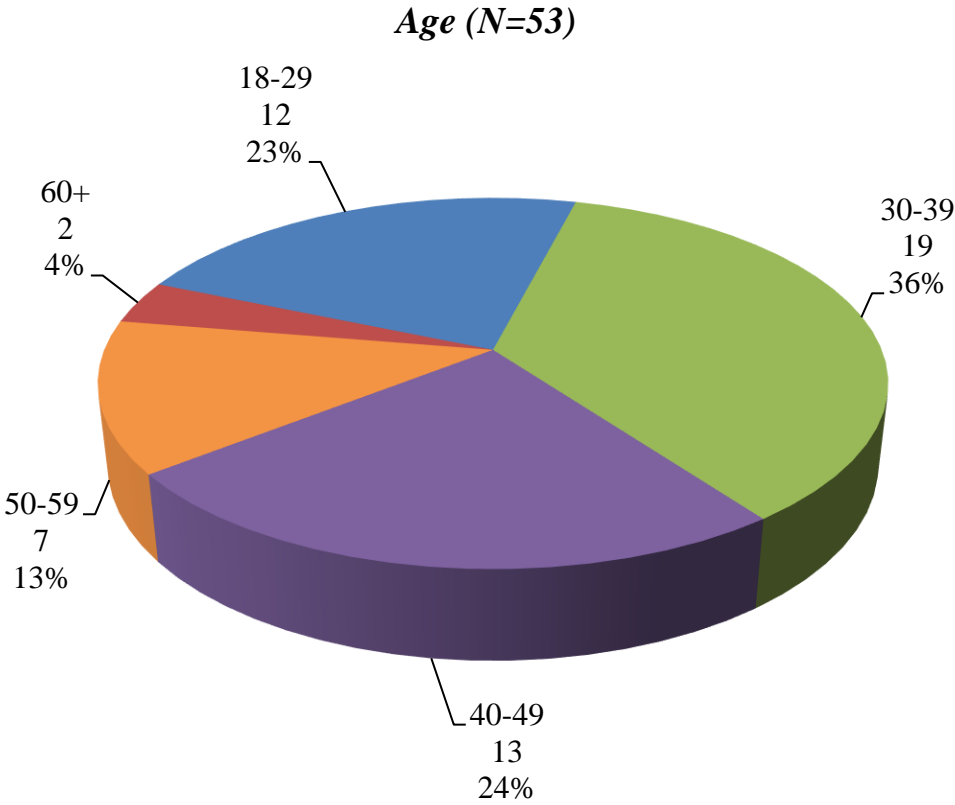
***Do you act as an Interpreter as part of your Job Function? (N=23)***



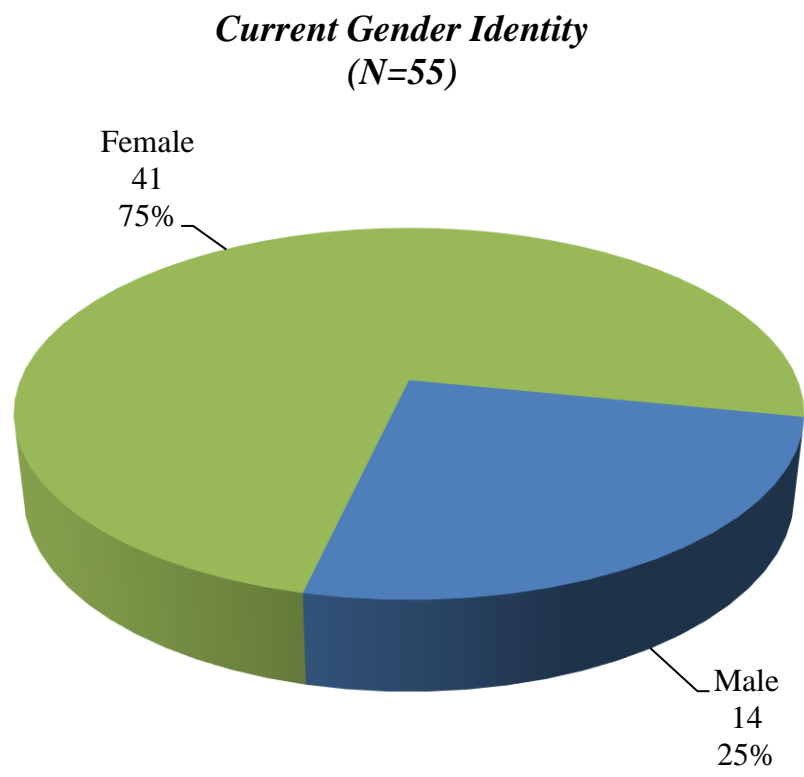
***If you act as an Interpreter, which languages do you interpret? (N=21)***



**Glenn County Department of Behavioral Health**  
*Staff Cultural Responsiveness Survey*  
2023

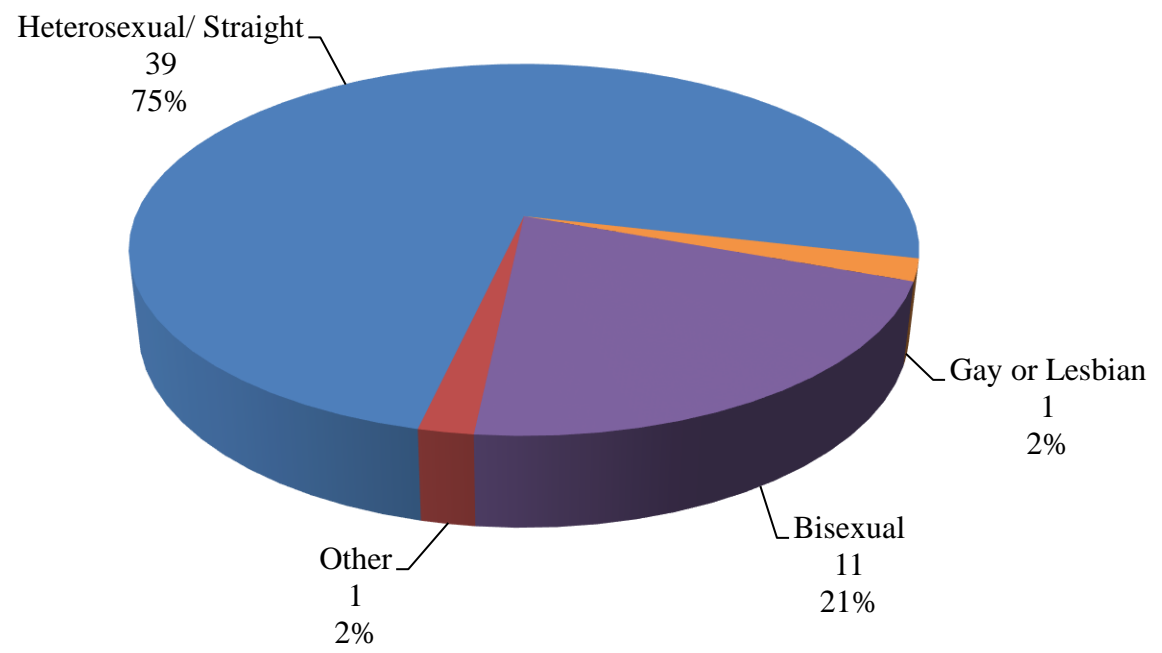


**Glenn County Department of Behavioral Health**  
***Staff Cultural Responsiveness Survey***  
2023



**Glenn County Department of Behavioral Health**  
***Staff Cultural Responsiveness Survey***  
2023

***Sexual Orientation (N=52)***

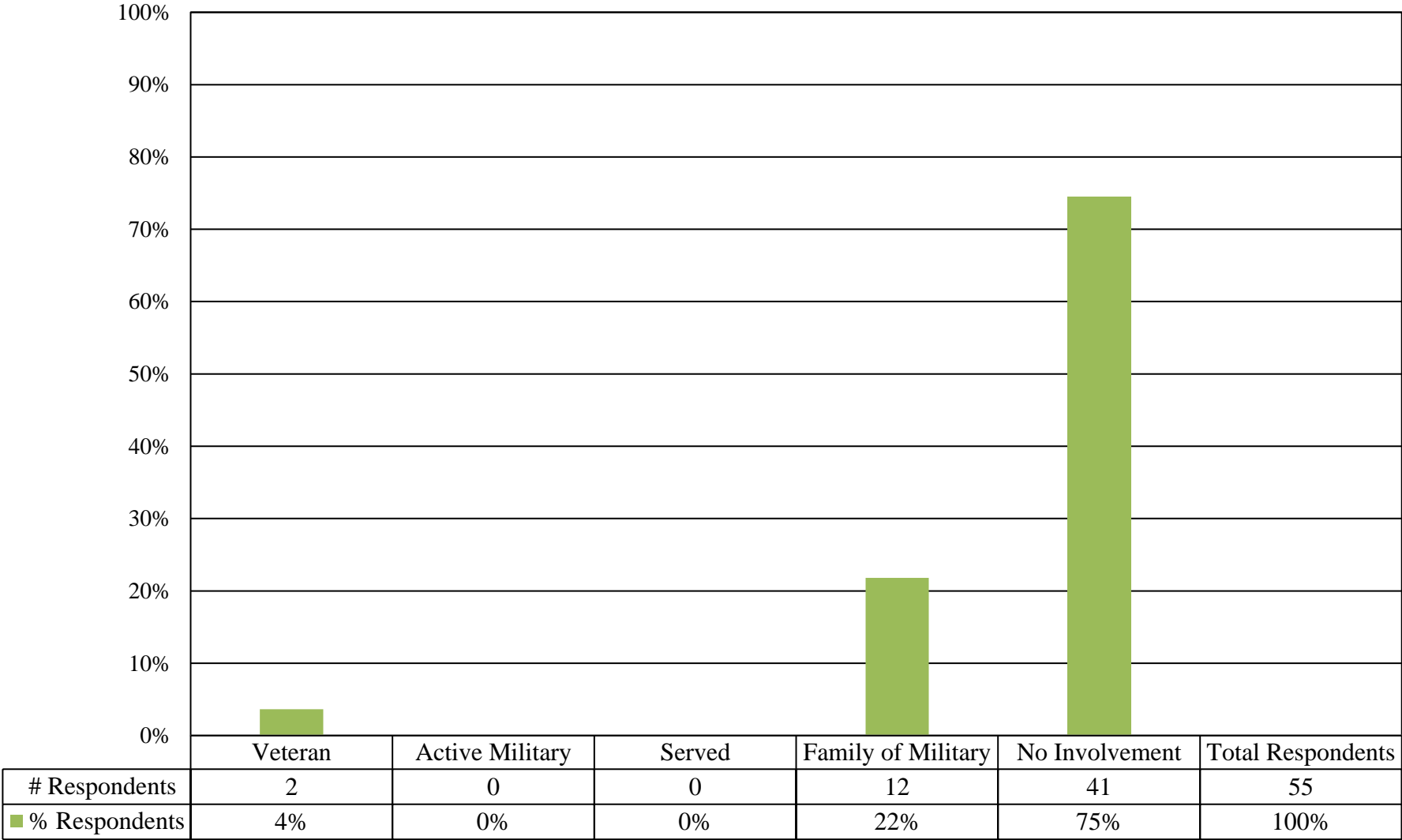


**Glenn County Department of Behavioral Health**  
***Staff Cultural Responsiveness Survey***

2023

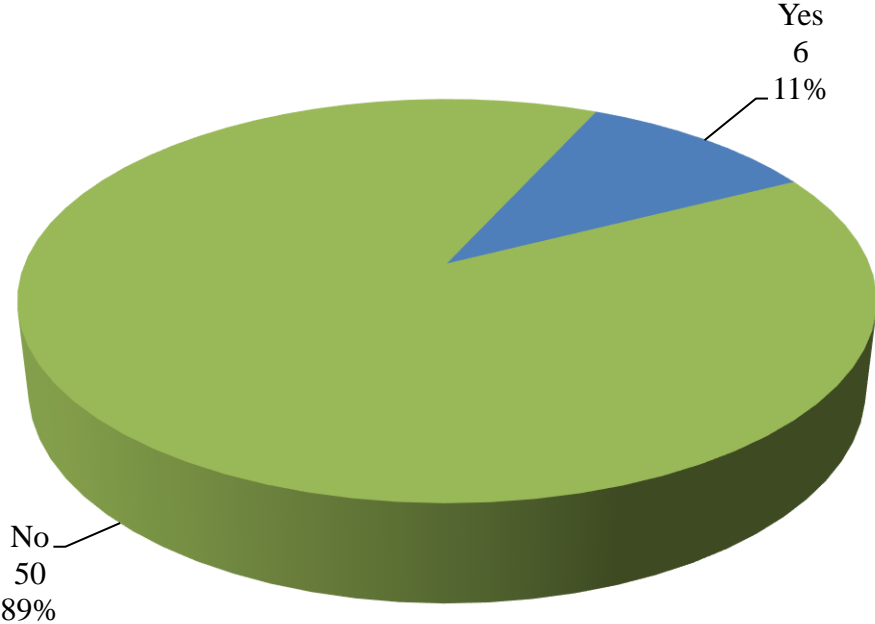
*Military/Service Involvement (N=55)*

*(Respondents may choose multiple answers.)*



Glenn County Department of Behavioral Health  
*Staff Cultural Responsiveness Survey*  
2023

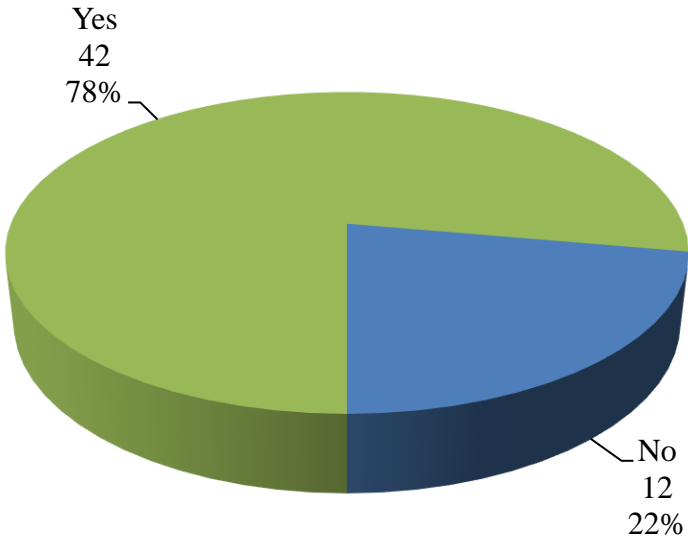
*Do you have a disability? (N=56)*



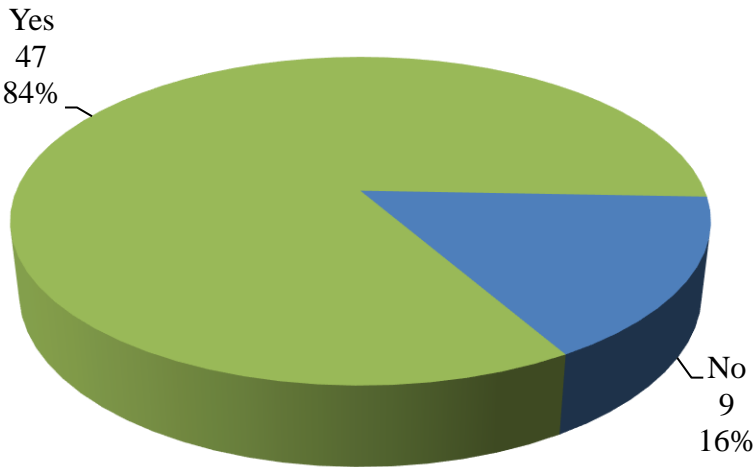


**Glenn County Department of Behavioral Health**  
***Staff Cultural Responsiveness Survey***  
2023

***Do you consider yourself to be a person with lived Mental Health experience? (N=54)***

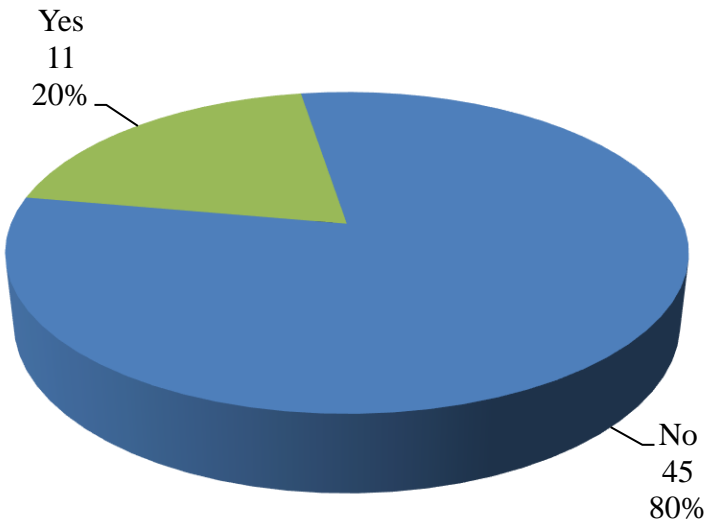


***Are you a Family Member of a person with lived Mental Health experience? (N=56)***



**Glenn County Department of Behavioral Health**  
***Staff Cultural Responsiveness Survey***  
2023

***Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=56)***



***Are you a Family Member of a person with lived Substance Use Disorder experience? (N=56)***

