



Glenn County Behavioral Health Services

Cultural and Linguistic Competence Plan Annual Update 2018

**FINAL
November 28, 2018**

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OVERVIEW

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

Developing a culturally- and linguistically-competent system requires the commitment and dedication from leadership, staff, and the community to continually strive to learn from each other, and through ongoing training and education. The following Cultural and Linguistic Competence Plan (CLCP) reflects our ongoing commitment to improving services 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 and Alcohol and Drug services, including the Cultural and Linguistic Standards (CLAS).

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

I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

The GCBH program is committed to constantly improving services to meet the needs of culturally diverse individuals seeking and receiving services. A number of objectives were developed as a component of our Mental Health Services Act (MHSA) Plan and have been expanded as we integrated Alcohol and Other Drug Treatment Services into our program.

These goals and objectives are outlined below and provide the framework for developing this CLCP.

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

- **Objective 1a:** GCBH will provide informing materials in the county's threshold languages (currently Spanish and English) in all clinics and wellness centers.
- **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.
- **Objective 1c:** GCBH will hire individuals with lived experience, consumers, and family members, whenever possible, who are bilingual and bicultural, to help address barriers for culturally-diverse populations.
- **Objective 1d:** GCBH new clients who are monolingual will be reviewed weekly during case assignments. Depending on availability, individuals will be assigned to a bilingual staff to ensure that services are provided in the client's preferred language.

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.
- **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.
- **Objective 2c:** GCBH will provide periodic trainings for bilingual staff to ensure consistency and common language across all bilingual staff.

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.

Goal 4: To develop outreach and education activities focused on providing information about behavioral health services for groups and organizations known to serve the Hispanic community (e.g., Hamilton City Family Resource Agency, churches, 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.
- **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.
- **Objective 4c:** GCBH will join other community events locally and in the region to conduct outreach activities to reach underserved populations (e.g. school resources fairs, community resources fairs, and local Saturday Mercado).

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.

II. DATA, ANALYSIS, AND OBJECTIVES

A. County Geographic and Socio-Economic Profile

1. Geographical location and attributes of the county:

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

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

2. Demographics of the county

Figure 1 shows age, race/ethnicity, and gender of the general population. Of the 28,122 residents who live in Glenn County, 23.2% are children ages 0-15; 14.0% are TAY ages 16-24; 44.5% are adults ages 25-59; and 18.4% are older adults ages 60 years and older. The majority of persons in Glenn County are Caucasian (55.9%) and Hispanic (37.5%). There are a comparable number of males (50.5%) and females (49.5%) in the county.

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

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

Data from the California Department of Education (FY 2017/18) shows that a high proportion of kindergarten children in Glenn County are Hispanic. Of the 493 children enrolled in kindergarten in Glenn County in FY 2017/18, 60.6% are Hispanic and 30.0% are Caucasian. This data demonstrates the growing Hispanic population in Glenn County and the expanding need for bilingual and bicultural services in our county.

3. Socio-economic characteristics of the county

Glenn County is a relatively poor county, with the per capita income for all residents at \$20,362 (2012-2016 American Community Survey). In comparison, the statewide per capita income was \$31,458 during the same period. This data shows that, on average, each person in Glenn County earns approximately \$11,000 less than each person in the state.

The census data also illustrates the low median household income for Glenn County and statewide. Glenn County's median household income is \$41,699, which is over \$22,000 per household lower than the statewide average of \$63,783 (2012-2016 American Community Survey). This clearly reflects the poor economic condition of this small, rural county, and demonstrates the large number of individuals who are enrolled for Medi-Cal benefits.

4. Penetration rates for mental health services

Figure 2 shows the percentage of the population who access mental health services. Figure 2 shows the same county population data shown in Figure 1, and also provides information on the number of persons who received mental health services (FY 2017/18). From this data, a penetration rate was calculated, showing the percent of persons in the population that received mental health services in FY 2017/18. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

There were 961 people who received one or more mental health services in FY 2017/18. Of these individuals, 29.4% were children ages 0-14; 25.4% were Transition Age Youth (TAY) ages 15-24; 38.6% were adults ages 25-59; and 6.6% were 60 and older. There were 57.4% of the clients who were Caucasian and 34.2% Hispanic. All other race/ethnicity groups represented a small number of individuals. The majority of clients have a primary language of English (92.1%), while 6.7% have a primary language of Spanish. The majority of clients are females (55.4) compared to males (44.6%).

The penetration rate data shows that 3.4% of the Glenn County population received mental health services. Of these individuals, children ages 0-14 had a penetration rate of 4.3%, TAY ages 15-24 had a penetration rate of 6.2%, adults ages 25-59 had a penetration rate of 3.0%, and older adults ages 60 and older had a penetration rate of 1.2%.

For race/ethnicity, persons who are Caucasian had a penetration rate of 3.5% and persons who are Hispanic had a penetration rate of 3.1%. 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 lower mental health penetration rate (3.0%), compared to females (3.8%).

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

	Glenn County Population 2010 Census		All Mental Health Participants FY 2017/18		Glenn County Population Mental Health Penetration Rate FY 2017/18
Age Distribution					
0 - 14 years	6,520	23.2%	283	29.4%	283 / 6,520 = 4.3%
15 - 24 years	3,926	14.0%	244	25.4%	244 / 3,926 = 6.2%
25 - 59 years	12,505	44.5%	371	38.6%	371 / 12,505 = 3.0%
60+ years	5,171	18.4%	63	6.6%	63 / 5,171 = 1.2%
Total	28,122	100.0%	961	100.0%	961 / 28,122 = 3.4%
Race/Ethnicity Distribution					
Black/ African American	192	0.7%	13	1.4%	13 / 192 = 6.8%
American Indian/ Alaskan Native	477	1.7%	21	2.2%	21 / 477 = 4.4%
Asian/ Pacific Islander	696	2.5%	13	1.4%	13 / 696 = 1.9%
White/ Caucasian	15,717	55.9%	552	57.4%	552 / 15,717 = 3.5%
Hispanic	10,539	37.5%	329	34.2%	329 / 10,539 = 3.1%
Other/ Unknown	501	1.8%	33	3.4%	33 / 501 = 6.6%
Total	28,122	100.0%	961	100.0%	961 / 28,122 = 3.4%
Language Distribution					
English	-	-	885	92.1%	-
Spanish	-	-	64	6.7%	-
Other/ Unknown	-	-	12	1.2%	-
Total	-	-	961	100.0%	-
Gender Distribution					
Male	14,191	50.5%	429	44.6%	429 / 14,191 = 3.0%
Female	13,931	49.5%	532	55.4%	532 / 13,931 = 3.8%
Total	28,122	100.0%	961	100.0%	961 / 28,122 = 3.4%

5. Analysis of disparities identified in Mental Health services

The penetration rate data for age shows that there are a higher proportion of children and TAY served, compared to adults and older adults. Older adults are the most underserved age group served for mental health services. However, many older adults have Medicare insurance, so may be accessing mental health services through private providers. While progress has been made over the past few years, the race ethnicity data highlights the need for expanded services to the Hispanic community. The proportion of Hispanics is 3.1% compared to 3.5% for Caucasians. This points to the need to continue to hire bilingual/bicultural staff, improve access, and identify other opportunities to engage this community. Similarly, the proportion of females (3.8%) is higher than males (3.0%). Developing programs for fathers, veterans, and persons with a history of incarceration may improve access to services.

While we have increased the number of bilingual and bicultural staff at our agency, and improved the penetration rate for the Hispanic community, this data illustrates there is a continued need to continue our focus on improving access and services.

6. Mental Health penetration rate trends for two years

We have also analyzed our penetration rates for the past two years by age and race/ethnicity. Figure 3 shows a decrease in the number of clients by age served between FY 2016-17 through FY 2017-18. The total number of clients slightly decreased from 990 – 961 clients in this period. The number of clients ages 0-14 decreased from 291 – 283. The number of adult clients ages 25-59 also decreased, from 433 to 371. The number of TAY and Older Adults, conversely, increased from 208 – 244 (TAY) and 58 – 63 (Older Adults).

Figure 3
Glenn County Mental Health Penetration Rate by Age
 FY 2016-17 to FY 2017-18
 (Population Source: 2010 Census)

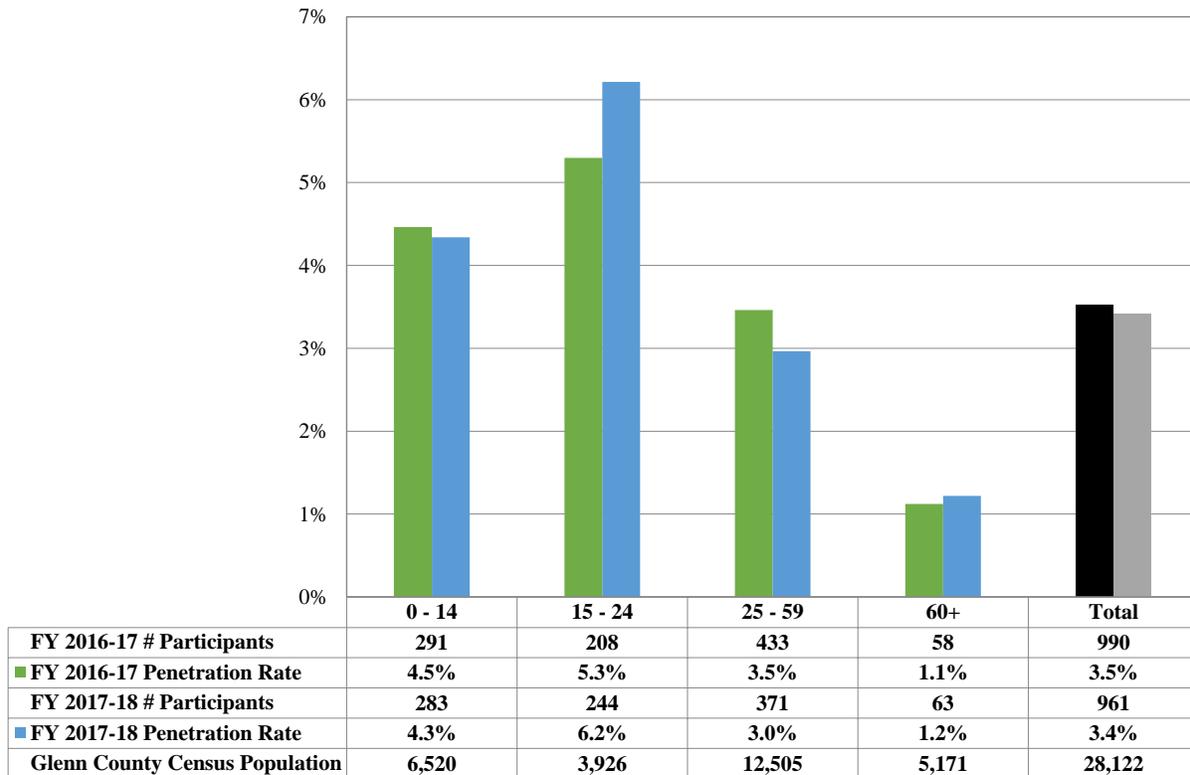
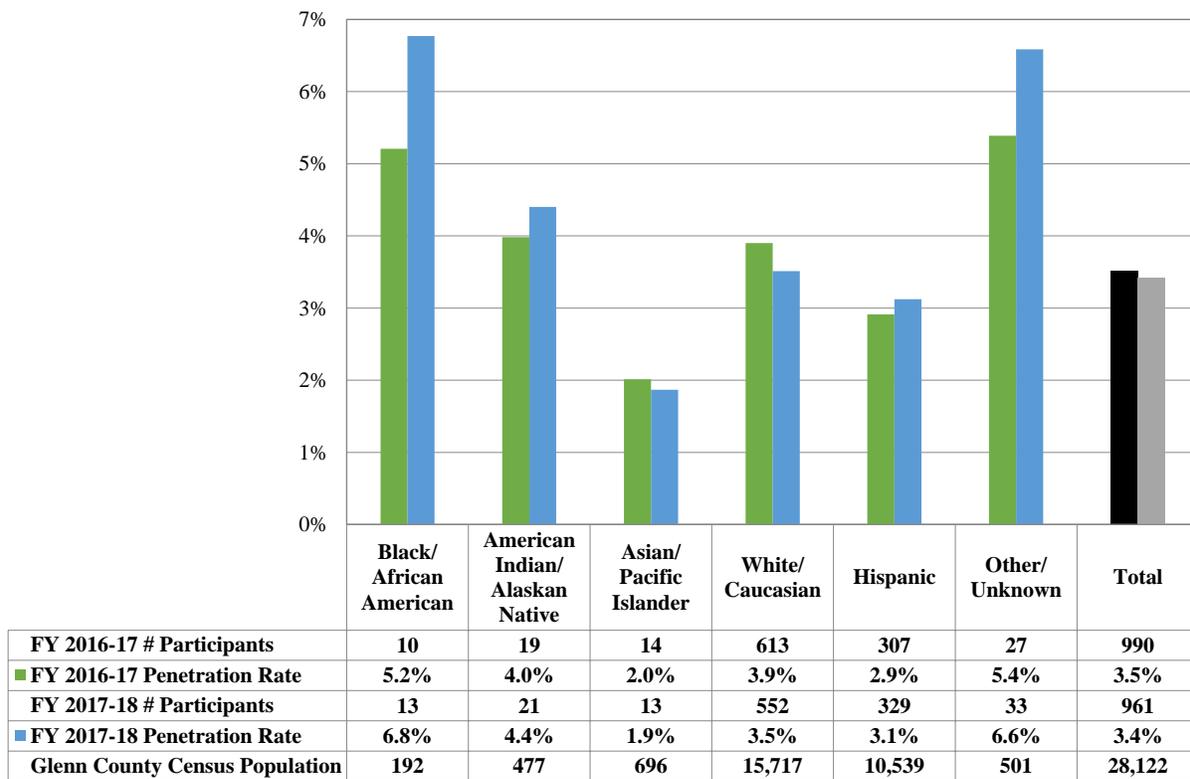


Figure 4 shows the penetration rate for the same two years for race/ethnicity. Three ethnic groups show an increase in the penetration rate. This includes Black/African American clients (10 to 13), American Indian/Alaskan Native clients (19 to 21), and Hispanic clients (307 to 329). In addition, Other/Unknown races also increased (27 to 33). There are small numbers of people in each of these groups. The number of Asian/Pacific Islander clients decreased (14 to 13) and White/Caucasian clients decreased (613 to 552). Overall, the penetration rate shows a small decrease, 3.5% to 3.4%. However, it is important to note that a penetration rate of 3.4% is high relative to other counties in California.

Figure 4
Glenn County Mental Health Penetration Rate by Race/Ethnicity
 FY 2016-17 to FY 2017-18
 (Population Source: 2010 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 in Medi-Cal and the number of Medi-Cal clients who have received mental health services. This information is used to review data and calculate the Penetration rate on the number of Medi-Cal clients receiving mental health services in the county. This data is analyzed by age, race/ethnicity, and gender.

Figure 5 shows the number and percent of Medi-Cal enrollees in the county and the number of Medi-Cal mental health clients who have Medi-Cal are shown by age, race/ethnicity, and gender.

In addition, the Medi-Cal penetration rate is calculated, showing the proportion of mental health clients who received Medi-Cal Services compared to the Medi-Cal enrollee population.

There were 11,461 Medi-Cal enrollees in the county in FY 2018/19 (Kings View Penetration Report). There were 4,251 children ages 0-17 (37.1%); 1,265 TAY ages 18-24 (11.0%); 5,012 adults ages 25-64 (43.7%); and 933 older adults ages 65+ (8.1%). There were 822 mental health clients who had Medi-Cal benefits. Of these clients, 347 were children (42.2%), 94 were TAY (11.4%), 353 were adults (42.9%), and 28 were older adults (3.4%).

The penetration rate shows the percent of Medi-Cal enrollees who are receiving mental health services. For children, the penetration is 8.2%; for TAY, 7.4%; for adults, 7.0% and older adults 3.0%.

The penetration rate for persons who are Caucasian is 11.8% and Hispanic is 4.6%. This data shows a much higher proportion of Caucasians with Medi-Cal are served compared to persons who are Hispanic. The other race populations have small number of individuals in the population, so the data is variable and difficult to interpret. For example, the penetration rate for persons who are Black/African-American is 11.9%, but this represents 10 out of 84 people. American Indian/Alaska Native is 8.2% (19 out of 232 individuals); Asian/Pacific Islander is 2.1% (9 out of 419 individuals); and Other/Unknown race/ethnicity is 4.5% (27 out of 605 individuals).

Figure 5
Glenn County Medi-Cal Mental Health Penetration Rates
by Age, Race/Ethnicity, and Gender

(Medi-Cal Enrollee Source: Kings View Penetration Report
 FY2018/19)

	Glenn County Average Number of Enrollees FY 2018/19		Number of Medi-Cal Mental Health Participants Served FY 2017/18		MH Medi-Cal Penetration Rate FY 2017/18
Age Group					
Children	4,251	37.1%	347	42.2%	347 / 4,251 = 8.2%
Transition Age Youth	1,265	11.0%	94	11.4%	94 / 1,265 = 7.4%
Adults	5,012	43.7%	353	42.9%	353 / 5,012 = 7.0%
Older Adults	933	8.1%	28	3.4%	28 / 933 = 3.0%
Total	11,461	100.0%	822	100.0%	822 / 11,461 = 7.2%
Race/Ethnicity					
Black/ African American	84	0.7%	10	1.2%	10 / 84 = 11.9%
American Indian/ Alaskan Native	232	2.0%	19	2.3%	19 / 232 = 8.2%
Asian/ Pacific Islander	419	3.7%	9	1.1%	9 / 419 = 2.1%
White/ Caucasian	4,049	35.3%	477	58.0%	477 / 4,049 = 11.8%
Hispanic	6,072	53.0%	280	34.1%	280 / 6,072 = 4.6%
Other/ Unknown	605	5.3%	27	3.3%	27 / 605 = 4.5%
Total	11,461	100.0%	822	100.0%	822 / 11,461 = 7.2%
Gender					
Male	5,301	46.3%	365	44.4%	365 / 5,301 = 6.9%
Female	6,160	53.7%	457	55.6%	457 / 6,160 = 7.4%
Total	11,461	100.0%	822	100.0%	822 / 11,461 = 7.2%

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

Figure 5 shows that persons who are Hispanic, Asian/ Pacific Islander, and other groups are underrepresented in our Medi-Cal mental health service population. In addition, older adults are also underserved. This data indicates the need to continue to enhance our services to the Hispanic, Asian/ Pacific Islander, and older adult communities and identify ways to improve access to services. Providing training and coordinating services with other HHS and allied community agencies will help to improve referrals and access to mental health services. In addition, our utilization of the Community Recovery and Wellness Center (CRWC) building to co-locate several HHS services in one location, along with AB 109, has helped to improve access to services.

9. Penetration rates for Substance Use Disorder services

Figure 6 shows the number of persons in the county population (2010 Census) and the number of persons who received Substance Use Disorder (SUD) services (FY 2017/18). From this data, a penetration rate was calculated, showing the percent of persons in the population that received

SUD services in FY 2017/18. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

For the 28,122 residents who live in Glenn County, 23.2% are children ages 0-14; 14.0% are TAY ages 15-24; 44.5% are adults ages 25-59; and 18.4% are older adults ages 60 years and older. The majority of persons in Glenn County are Caucasian (55.9%) and Hispanic (37.5%). American Indian/Alaskan Natives represent 1.7% of the population. There are a comparable number of males (50.5%) and females (49.5%) in the county.

As expected, the proportion of persons receiving SUD services shows a different proportion of individuals by age. There were 228 people who received one or more SUD services in FY 2017/18. Of these individuals, 0.9% were children ages 0-14; 23.7% were TAY ages 15-24; 72.8% were adults ages 25-59; and 2.6% were 60 and older.

The proportion of SUD clients by race/ethnicity include Caucasian (60.5%) and Hispanic (31.1%). American Indian/Alaskan Natives represents 4.8% of the clients. All other race/ethnicity groups represented a small number of individuals. The majority of clients have a primary language of English (96.5%), while 3.1% have a primary language of Spanish. There were a greater number of male clients (59.2%) than female clients (40.8%).

The penetration rate data shows that 0.8% of the Glenn County population received SUD treatment services. Of these individuals, children ages 0-14 had a penetration rate of 0.0%, TAY ages 15-24 had a penetration rate of 1.4%, adults ages 25-59 had a penetration rate of 1.3%, and older adults ages 60 and older had a penetration rate of 0.1%.

For race/ethnicity, persons who are Caucasian had a penetration rate of 0.9% and persons who are Hispanic had a penetration rate of 0.7%. Persons who are American Indian/Alaskan Native had a penetration rate of 2.3% of the clients. 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 slightly greater penetration rate (1.0%) compared to females (0.7%).

Figure 6
Glenn County Substance Use Disorder Penetration Rates
by Age, Race/Ethnicity, Language, and Gender

(Population Source: 2010 Census)

	Glenn County Population 2010 Census		All Substance Use Participants FY 2017/18		Glenn County Population Substance Use Penetration Rate FY 2017/18
Age Distribution					
0 - 14 years	6,520	23.2%	2	0.9%	2 / 6,520 = 0.0%
15 - 24 years	3,926	14.0%	54	23.7%	54 / 3,926 = 1.4%
25 - 59 years	12,505	44.5%	166	72.8%	166 / 12,505 = 1.3%
60+ years	5,171	18.4%	6	2.6%	6 / 5,171 = 0.1%
Total	28,122	100.0%	228	100.0%	228 / 28,122 = 0.8%
Race/Ethnicity Distribution					
Black/ African American	192	0.7%	2	0.9%	2 / 192 = 1.0%
American Indian/ Alaskan Native	477	1.7%	11	4.8%	11 / 477 = 2.3%
Asian/ Pacific Islander	696	2.5%	4	1.8%	4 / 696 = 0.6%
White/ Caucasian	15,717	55.9%	138	60.5%	138 / 15,717 = 0.9%
Hispanic	10,539	37.5%	71	31.1%	71 / 10,539 = 0.7%
Other/ Unknown	501	1.8%	2	0.9%	2 / 501 = 0.4%
Total	28,122	100.0%	228	100.0%	228 / 28,122 = 0.8%
Language Distribution					
English	-	-	220	96.5%	-
Spanish	-	-	7	3.1%	-
Other/ Unknown	-	-	1	0.4%	-
Total	-	-	228	100.0%	-
Gender Distribution					
Male	14,191	50.5%	135	59.2%	135 / 14,191 = 1.0%
Female	13,931	49.5%	93	40.8%	93 / 13,931 = 0.7%
Total	28,122	100.0%	228	100.0%	228 / 28,122 = 0.8%

10. Analysis of disparities identified in Substance Use Disorder services

Figure 6 data also shows that the majority of SUD clients are adults (72.8% compared to the population of 44.5%) and TAY (23.7% compared to 14.0% in the population.) There are also a higher proportion of SUD clients that are Caucasians (60.5% of clients compared to 55.9% of the population). Clients who are Hispanic represent 31.1% of the clients compared to 37.5% of the population. Clients who are American Indian/Alaskan Natives had a high proportion of clients (4.8% compared to 1.7% in the population). There was a higher proportion of male clients (59.2% compared to 50.5% in the population) than female clients (40.8% compared to 49.5% in the population.)

This data illustrates the need to provide culturally-sensitive services to clients receiving SUD services. Developing strategies for serving the large TAY population and developing age

appropriate recovery services for this difficult to serve community will be one of the goals of the CLC Plan.

We have also analyzed our SUD penetration rates for the past two years for age and race/ethnicity. Figure 7 shows the penetration rate for age. The data shows a decrease in the number of clients by age served between FY 2016-17 through FY 2017-18. The total number of clients decreased from 239 to 228 clients in this period. The number of clients ages 0-14 decreased from 8 to 2. The number of TAY clients ages 15-24 also decreased, from 63 to 54. The number of Adults, conversely, increased from 162 to 166. The number of Older Adults remained stable at 6 clients.

Figure 7
Glenn County Substance Use Disorder Penetration Rate by Age
 FY 2016-17 to FY 2017-18
 (Population Source: 2010 Census)

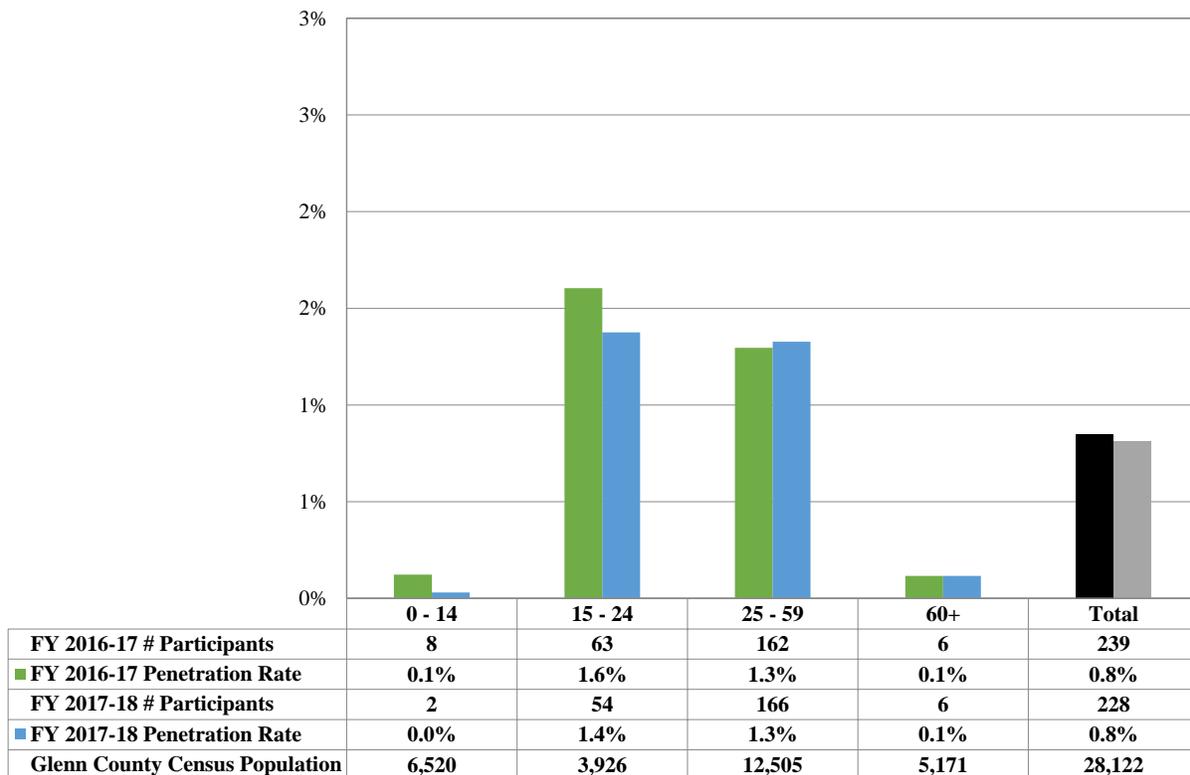
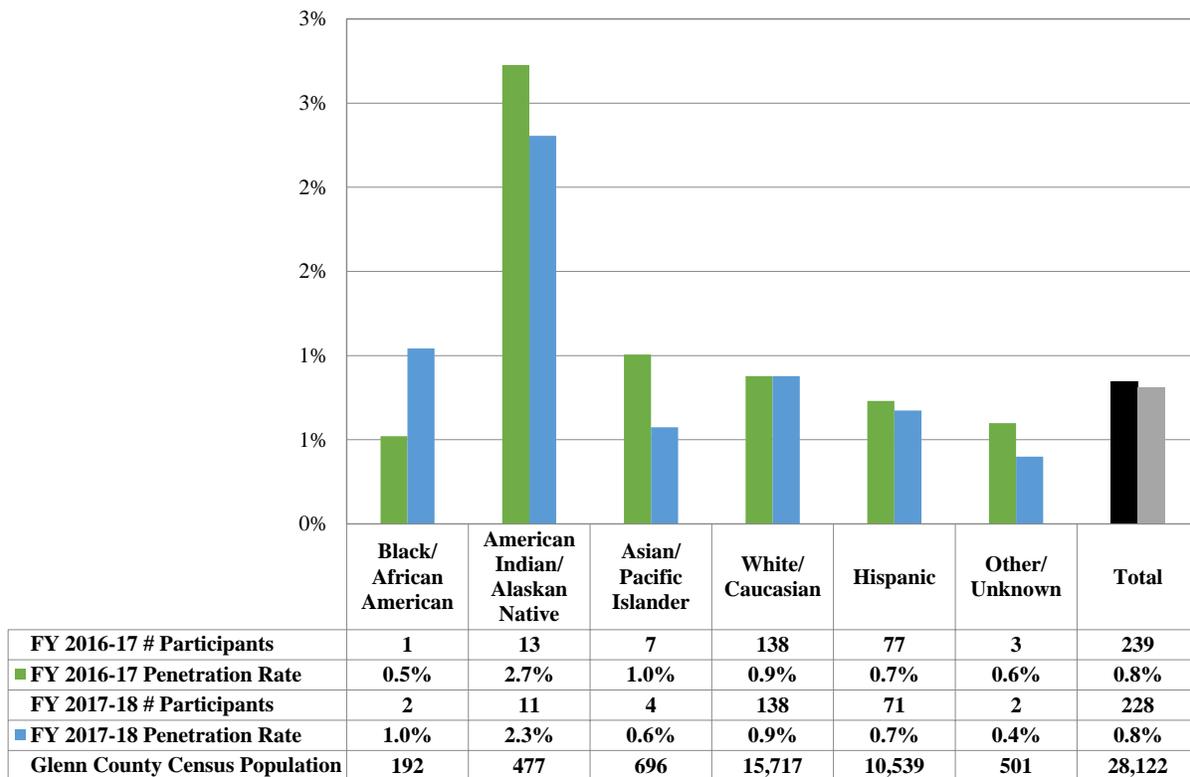


Figure 8 shows the penetration rate for SUD services by race/ethnicity. The number of Black/African American clients increased from 1 to 2. The number of American Indian/Alaskan Native clients, conversely, decreased from 13 to 11. The number of Asian/Pacific Islander clients decreased, from 7 to 4. The number of Hispanic clients and Other races also decreased, from 77 to 71 and from 3 to 2. The number of White/Caucasian clients remained stable at 138. The overall penetration rate was stable at 0.8% for both years.

Figure 8
Glenn County Substance Use Disorder Penetration Rate by Race/Ethnicity
 FY 2016-17 to FY 2017-18
 (Population Source: 2010 Census)



11. Drug Medi-Cal population

Figure 9 shows the percentage of Medi-Cal enrollees who accessed SUD services in FY 2017/18. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal enrollees that received SUD services in FY 2017/18. This data is shown by age, race/ethnicity, and gender.

There were 178 Medi-Cal participants who received one or more SUD service in FY 2017/18. Of these individuals, 7.9% were children; 17.4% were TAY; 73.6% were adults; and 1.1% were older adults. There were 60.1% of the participants who were Caucasian, and 32.0% who were Hispanic. All other race/ethnicity groups represented a small number of individuals. The majority of participants were males (60.7%) compared to females (39.3%).

The penetration rate data shows that 1.6% of the Glenn County Medi-Cal enrollees received SUD services, with 178 individuals out of the 11,461 Medi-Cal enrollees. Of these individuals, children had a penetration rate of 0.3%, TAY had a penetration rate of 2.5%, adults had a penetration rate of 2.6%, and older adults had a penetration rate of 0.2%.

For race/ethnicity, persons who are Caucasian had a penetration rate of 2.6%, and persons who are Hispanic had a penetration rate of 0.9%. All other race/ethnicity groups represented a small number of individuals. Males had a penetration rate of 2.0%, and females had a penetration rate of 1.1%. This data shows a disparity in the number of persons who are Hispanic that receive SUD services.

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

(Medi-Cal Enrollee Source: Kings View Penetration Report FY2018/19)

	Glenn County Average Number of Enrollees FY 2018/19		Number of Medi-Cal Substance Use Participants Served FY 2017/18		SUD Medi-Cal Penetration Rate FY 2017/18
Age Group					
Children	4,251	37.1%	14	7.9%	14 / 4,251 = 0.3%
Transition Age Youth	1,265	11.0%	31	17.4%	31 / 1,265 = 2.5%
Adults	5,012	43.7%	131	73.6%	131 / 5,012 = 2.6%
Older Adults	933	8.1%	2	1.1%	2 / 933 = 0.2%
Total	11,461	100.0%	178	100.0%	178 / 11,461 = 1.6%
Race/Ethnicity					
Black/ African American	84	0.7%	2	1.1%	2 / 84 = 2.4%
American Indian/ Alaskan Native	232	2.0%	6	3.4%	6 / 232 = 2.6%
Asian/ Pacific Islander	419	3.7%	4	2.2%	4 / 419 = 1.0%
White/ Caucasian	4,049	35.3%	107	60.1%	107 / 4,049 = 2.6%
Hispanic	6,072	53.0%	57	32.0%	57 / 6,072 = 0.9%
Other/ Unknown	605	5.3%	2	1.1%	2 / 605 = 0.3%
Total	11,461	100.0%	178	100.0%	178 / 11,461 = 1.6%
Gender					
Male	5,301	46.3%	108	60.7%	108 / 5,301 = 2.0%
Female	6,160	53.7%	70	39.3%	70 / 6,160 = 1.1%
Total	11,461	100.0%	178	100.0%	178 / 11,461 = 1.6%

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

The Drug Medi-Cal program is currently under development. As we design and implement this program, we plan to incorporate the vision and objectives of the CLC Plan throughout the Drug Medi-Cal service delivery system.

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

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

B. Utilization of Mental Health and Substance Use Disorder Services

Figure 10 shows the total number of hours, by type of mental health service, clients, and hours per client for FY 2017/18. This data shows that the 961 mental health clients received 15,018 hours of services. This calculates into 15.6 hours per client. This data also shows the number of clients and average hours 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.

Clients who received an assessment averaged 2.9 hours; ICC averaged 5.6 hours; IHBS averaged 5.0 hours; plan development averaged 1.8 hours; individual therapy: 7.2 hours; collateral averaged 2.0 hours; rehabilitation: 6.1 hours; group: 18.1 hours; case management: 4.4 hours; medication management: 3.4 hours; and 4.2 hours of crisis intervention.

Figure 10
Glenn County Mental Health Services
Total Mental Health Hours, Clients, and Hours per Client
per Year, by Service Type
All Mental Health Clients
FY 2016-17 to FY 2017-18

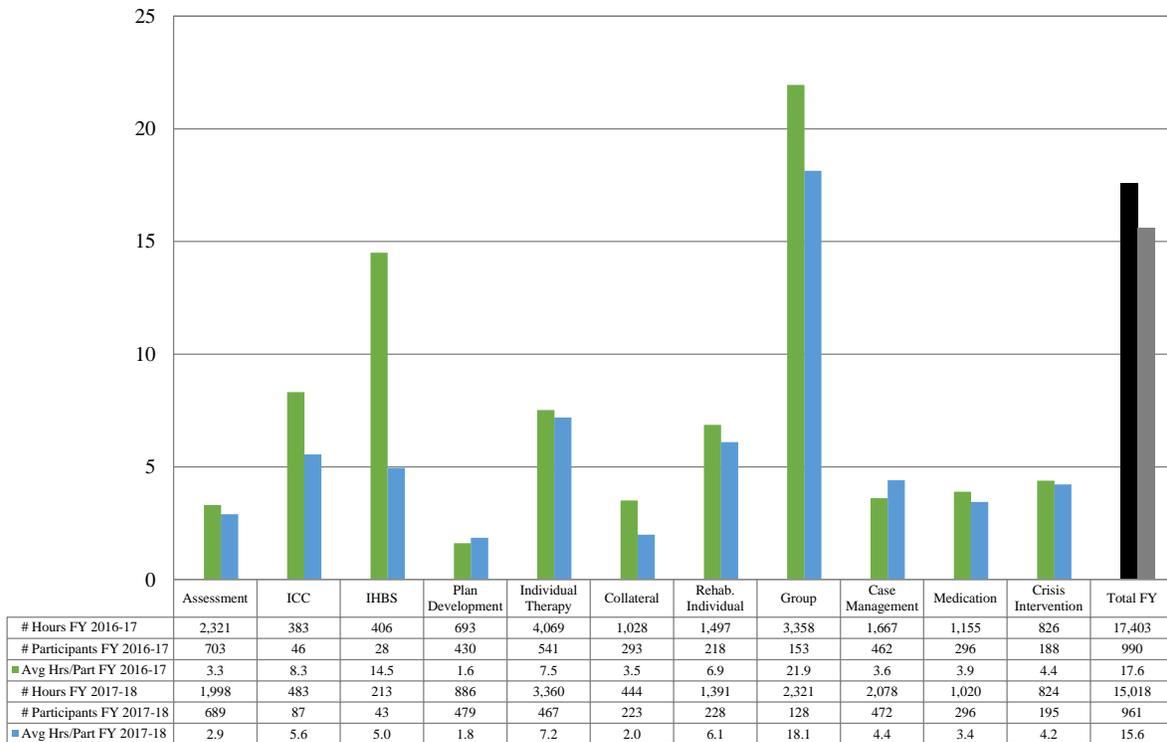
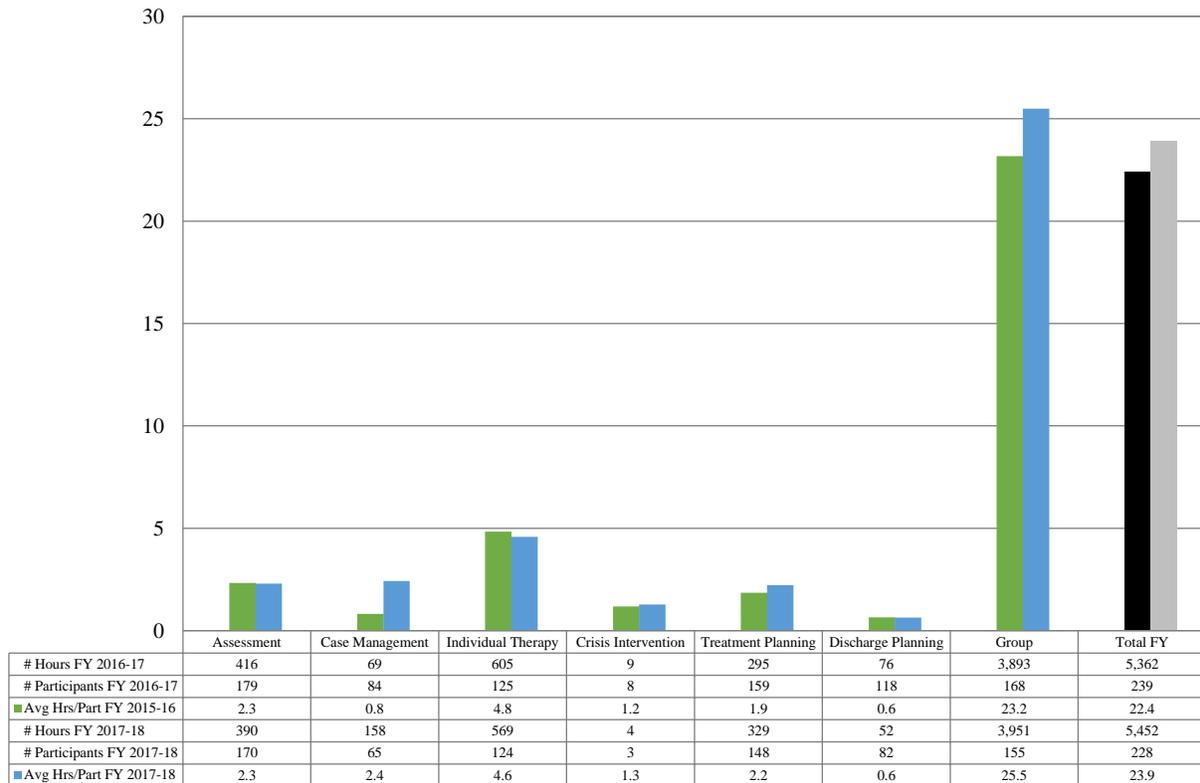


Figure 11 shows the total number of hours, by type of SUD service, clients, and hours per client for FY 2017/18. This data shows that the 228 SUD clients received 5,452 hours of services. This calculates into 23.9 hours per client. This data also shows the number of clients and average hours for each 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.

Clients who received an assessment averaged 2.3 hours; case management: 2.4 hours; individual therapy: 4.6 hours; crisis intervention: 1.3 hours; treatment planning: 2.2 hours; discharge planning: 0.6 hours; and group: 25.5 hours.

Figure 11
Glenn County Substance Use Disorder Services
Total Substance Use Disorder Services Hours, Clients, and Hours per Client
per Year, by Service Type
All Substance Use Disorder Clients
FY 2016-17 to FY 2017-18



C. Analysis of the population assessment and utilization data, and conclusions drawn

This data shows that there is a very slight decrease in the penetration rate for all age and race/ethnicity groups over the past two years. Similarly, we see a related trend in the number of services received, with a slight decrease in the total number of services delivered across the two years for both mental health and SUD services. There is still a larger disparity between access and service utilization for Caucasian and Hispanic clients. We

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

III. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

A. Outline the culturally-specific services available to meet the needs of diverse populations, including peer-driven services; identify issues and methods of mitigation.

It is our goal to deliver services in a person’s primary language, whenever possible. As a result, we continue to expand the number of services available in Spanish as we are able to hire more bilingual, bicultural staff. For example, we now offer Parent Child Interactive Therapy (PCIT) services to monolingual Spanish-speaking parents, as well as Nurturing Parenting groups. We also offer nutrition and other health promotion activities at Harmony House in Spanish. There is also a “Mom’s Group” offered in Spanish.

We hold various different multi-cultural events each year. These events often have over 100 people in attendance and provide a way to share information on different cultures. We continue to offer outreach and services to Grindstone, the Native American community in the county. We are also expanding our outreach to the Hmong community in the county. This community has varied in size over the past 20 years, from several hundred to fewer than 50. Whenever possible, we hire a part-time worker to help communicate with our Hmong clients as well as offer interpreters for other staff who are delivering services to Hmong clients. For example, we have an intern from Chico State who offers culturally sensitive services to clients who are Hmong. Youth (Peer Mentors) from the TAY Center offers training and promotional materials at the local schools to help reduce bullying, suicides, and stigma. They offer wrist bands to support the LGBTQ+ community at the local schools. These anti-stigma campaigns aim at reducing the effects of stigma and discrimination in our community.

B. Describe the mechanisms for informing clients of culturally-competent services and providers, including culturally-specific services and language services; identify issues and methods of mitigation.

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

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

A *Provider List* is available to clients which lists provider names, population specialty (children, adult, veterans, LGBTQ, etc.), services provided, language capability, and whether or not the provider is accepting new clients. This list is provided to clients upon intake and is available at our clinics and wellness centers. The Provider List is regularly updated.

The county also publishes an *Interpreter List*, which provides clients with the names, hours, and contact information of interpreters available in the county. This list is provided to clients upon intake and is available at our clinics and wellness centers.

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

C. Outline the process for capturing a client's need for an interpreter and the methods for meeting that need; identify issues and methods of mitigation.

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

Our New Client Intake Tracking Sheet allows us to document when a client requests an interpreter. This form is forwarded to clinical staff for the intake assessment and included in the client's medical record. Several of our bilingual assessing clinicians keep new assessment appointment blocks 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 primate language, whenever possible.

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

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

Currently, we have a policy in place that outlines the requirements and processes for meeting a client's request for language assistance, including the documentation of providing that service in the person's primary language. We are also updating this policy to include the process for capturing a client's request for an interpreter.

D. Describe the process for reviewing grievances and appeals related to cultural competency; identify issues and methods of mitigation.

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

IV. TRAINING IN CULTURAL COMPETENCE (FY 2017/2018)

This section describes cultural competence training for staff and contract providers, including training in the use of interpreters, in FY 2017/2018.

A. List of internal cultural and linguistic competence trainings

Description of Training	Number of Attendees	Date
Cultural Diversity	1	7/6/2017
Cultural Diversity	1	8/18/2017
Cultural Competence Training	35	8/23/2017
Preventing Discrimination in the Workplace	1	8/25/2017
Sexual Harassment Awareness	1	8/29/2017
Workplace Diversity	1	8/29/2017
Legal, Ethical, and Cultural Considerations in Clinical Supervision of IMFs and PCCIs	1	8/29/2017
Cultural Diversity	1	9/19/2017
Cultural Competence Training	All HHSA Staff	9/27/2017
Preventing Discrimination in the Workplace	1	10/3/2017
Workplace Diversity	1	10/9/2017
Sexual Harassment Awareness	1	10/9/2017
Motivational Interviewing	19	10/16/2017, 10/24/2017
Cultural Competence Training	43	10/25/2017
Cultural Competency/Workforce Harassment Training	51	1/24/2018
Cultural Diversity and Affirmative Action	1	2/9/2018
Cultural Competence Training	36	2/28/2018

Description of Training	Number of Attendees	Date
Behavioral Health Cultural Competence Training	35	3/28/2018
Behavioral Health Cultural Competence Training	44	4/25/2018

B. List of external training provided through outside agencies/resources other than the County's internal training process

Description of Training	Number of Attendees	Date
Healing Shame in Families - Sierra Forever Families	1	9/15/2017
Being Effective with Difficult People – UC Davis	1	2/20/2018
Survival Brain Busters for Children from Difficult Beginnings – Sierra Forever Families	1	4/6/2018
Veteran Affairs Community Clergy Training Program	1	6/22/2018

V. STAFF AND SERVICE PROVIDER ASSESSMENT

A. Current Composition

1. Ethnicity By function

GCBH staff illustrate our progress in developing a culturally and linguistically diverse workforce. Of the six administrative/management staff, five (83.3%) are Caucasian and one (16.7%) is Asian. Of the twenty-three direct service staff, 13 (56.5%) are Caucasian, six (26.1%) are Hispanic, two (8.7%) are American Indian or Alaska Native, and two (8.7%) are more than one race or unknown.

Of the eight (21.6%) staff members self-identified as consumers, 5 (62.5%) are Caucasian, two (25.0%) are Hispanic, and one (12.5%) is Asian.

Of the seven Spanish speaking bilingual staff, six (85.7%) individuals are direct services staff, and one staff member didn't give their primary job function. All deliver services in Spanish as well as providing interpreter services for other staff members.

At least two (5.6%) of our staff are lesbian, gay, bisexual, or transgender (LGBT).

2. Staff proficiency in reading and/or writing in a language other than English, by function and language

All of the seven Spanish speaking bilingual staff are proficient in reading and writing in Spanish. Six (85.7%) individuals are direct services staff, and one staff member didn't give their primary job function. One of the administration staff (2.6%) is proficient in reading and writing Chinese Mandarin, one of the direct services staff members (2.6%) is proficient in reading and writing Hungarian, and one staff (unknown job function) is proficient in Punjabi (2.6%).

3. Staff and Volunteer Ethnicity and Cultural Competence Survey

In an effort to assess the cultural awareness of our workforce, we asked staff and volunteers to complete the Staff and Volunteer Ethnicity and Cultural Competence Survey in October 2018. The complete results are shown in Attachment A.

There were 39 staff who completed the survey. Of these individuals, 79% were direct service staff and 21% were administration and management. Of these survey respondents, 66% were Caucasian, 18% were Hispanic, 8% American Indian/Alaska Native, 2% Asian, and 3% were more than one race. Twenty-six percent (26%) were bilingual, with 70% speaking Spanish. Twenty-two percent (22%) reported that they are consumers and 30% are family members of a consumer. Sixty-eight percent (68%) were female and 91% were Heterosexual.

The survey response options included Almost Always; Often; Sometimes; and Almost Never. The CLC will review and analyze these results early in 2019 and develop new goals based upon these results. We also plan to administer the survey again in the Fall of 2019, and compare the results.

Upon initial review, there were some interesting results when examining those questions where the responses were “**Almost Never.**” Those will be briefly outlined below.

Across all staff:

I examine my own cultural background and biases and how they may influence my behavior toward others (3%)

I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that appear to be culturally insensitive or reflect prejudice (5%).

I have developed skills to utilize an interpreter effectively (10%).

Across staff who are Caucasian:

I examine my own cultural background and biases and how they may influence my behavior toward others (44%)

I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that appear to be culturally insensitive or reflect prejudice (36%).

I have developed skills to utilize an interpreter effectively (20%).

I write public reports and communicate in a style and reading level that can be easily understood by consumers and family members (32%).

Across staff who are Hispanic:

I examine my own cultural background and biases and how they may influence my behavior toward others (14%)

I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that appear to be culturally insensitive or reflect prejudice (0%).

I have developed skills to utilize an interpreter effectively (14%).

I write public reports and communicate in a style and reading level that can be easily understood by consumers and family members (14%).

Across all other staff ethnicities:

I examine my own cultural background and biases and how they may influence my behavior toward others (29%)

I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that appear to be culturally insensitive or reflect prejudice (0%).

I have developed skills to utilize an interpreter effectively (29%).

I write public reports and communicate in a style and reading level that can be easily understood by consumers and family members (0%).

There was also a question about participation in cultural awareness activities over the past six (6) months. The responses will be reviewed by the CLC over the next few months to discuss any signification findings from the responses.

B. Analyze staff disparities and related objectives

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

The diversity of our workforce is not equal to our client population or our general population. As a result, we will continue to identify opportunities to recruit and retain bilingual, bicultural staff. To achieve this objective, it is our goal to have our employee demographics represent at least 20% of our workforce, whenever possible. We also continue to support bilingual, bicultural individuals in the community to pursue careers in social work and related fields, through our WET program. This has been an effective way to increase the number of bilingual, bicultural staff in our program. We also offer a small pay differential for bilingual, bicultural staff.

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

C. Identify barriers and methods of mitigation

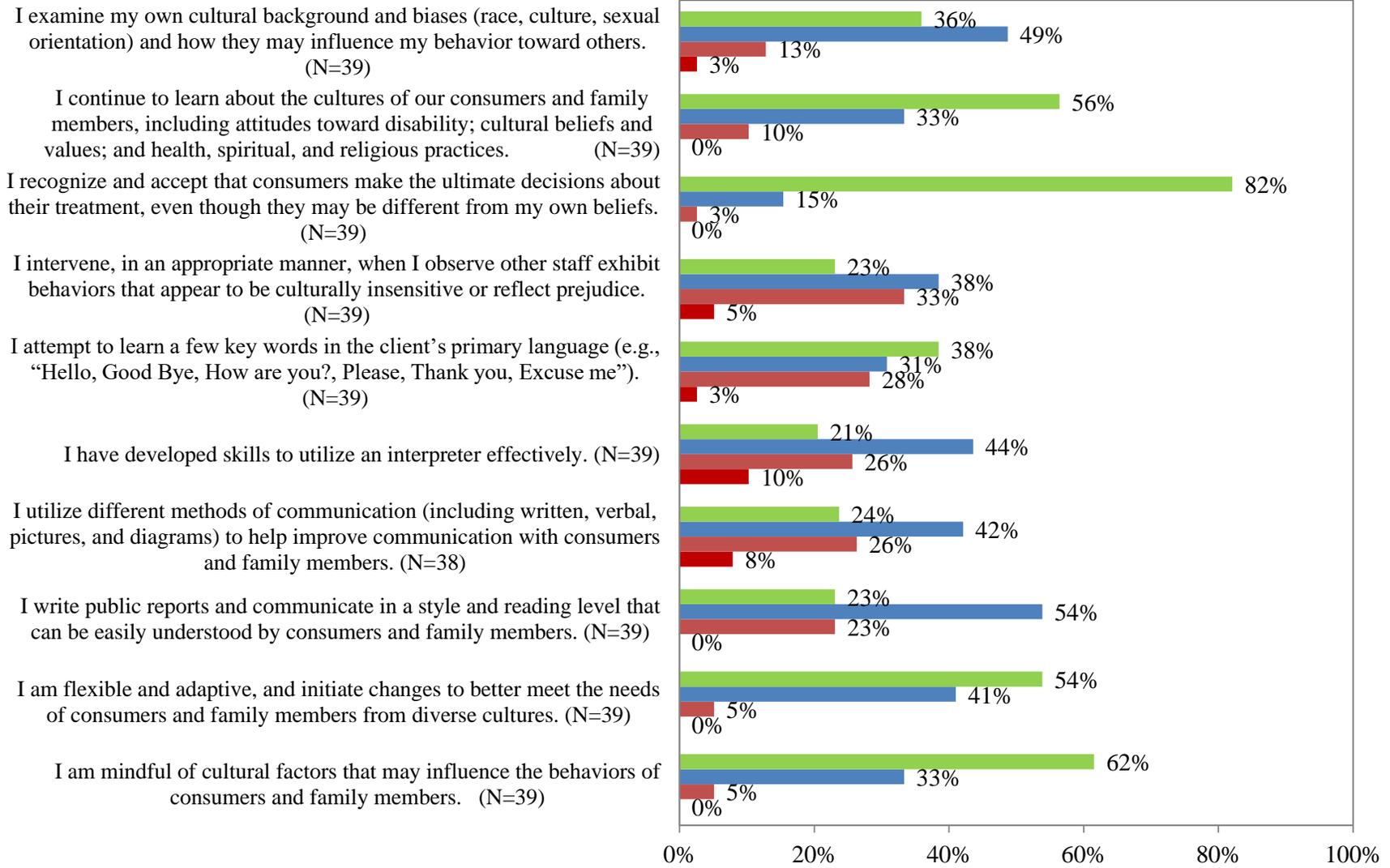
The primary barrier to meeting our goal of expanding our bilingual, bicultural staff is our pay and benefits package. As a small rural county, our salaries and benefits are lower than surrounding larger counties. As a result, it is difficult to recruit and retain staff. We have found that we are able to hire social work interns. However, once these interns become licensed, they leave our county for higher paying positions in larger counties.

**ATTACHMENT A: STAFF ETHNICITY & CULTURAL
COMPETENCE SURVEY RESULTS**

Glenn County Mental Health Services Staff & Volunteer Ethnicity and Cultural Competence Survey

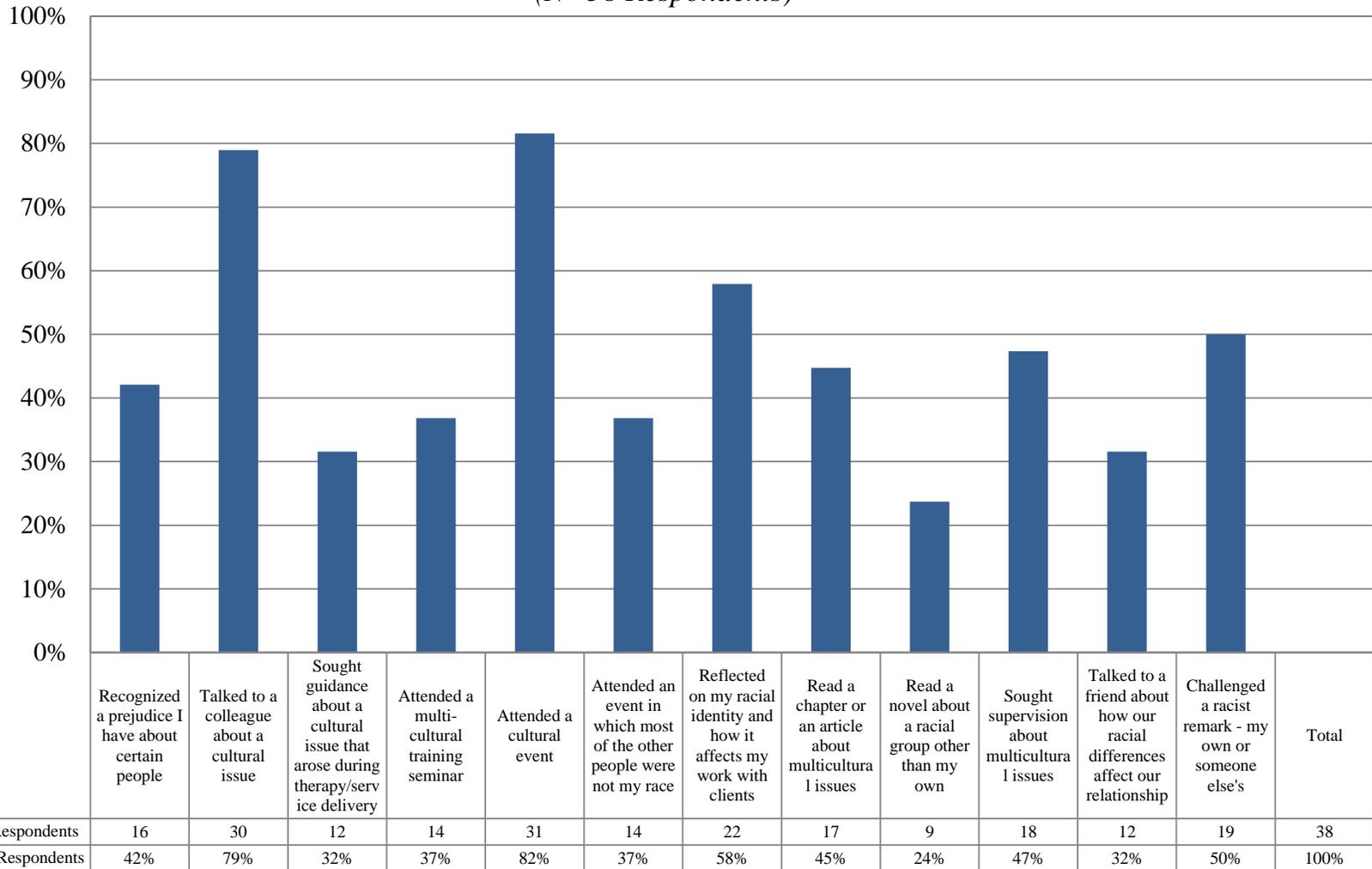
2018

■ Almost Always
 ■ Often
 ■ Sometimes
 ■ Almost Never



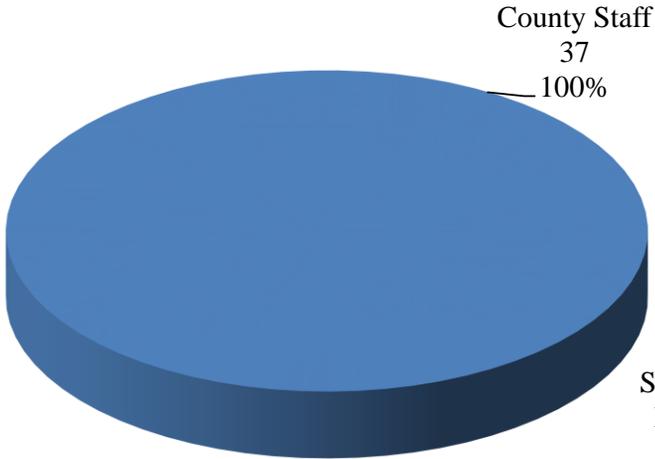
Glenn County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
 2018

Participation in Professional Development Activities (Past Six Months)
 (N=38 Respondents)

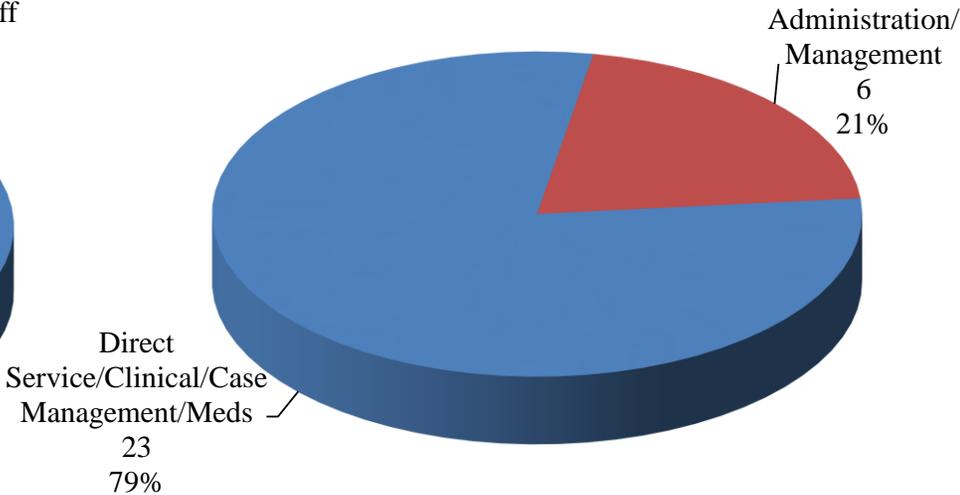


Glenn County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
2018

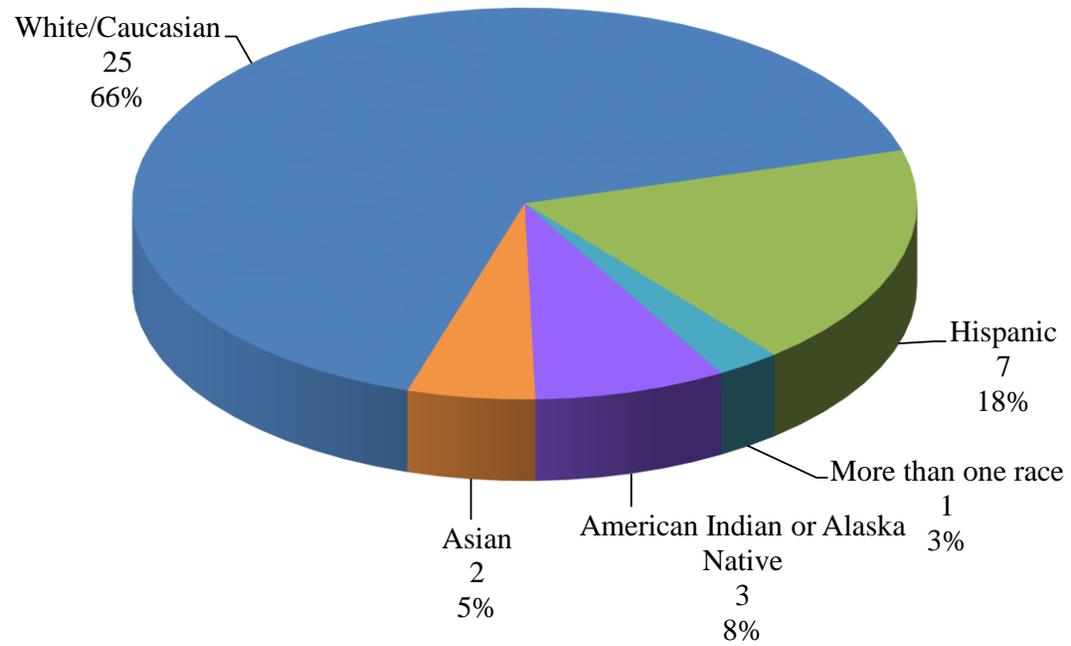
Employment Status (N=37)



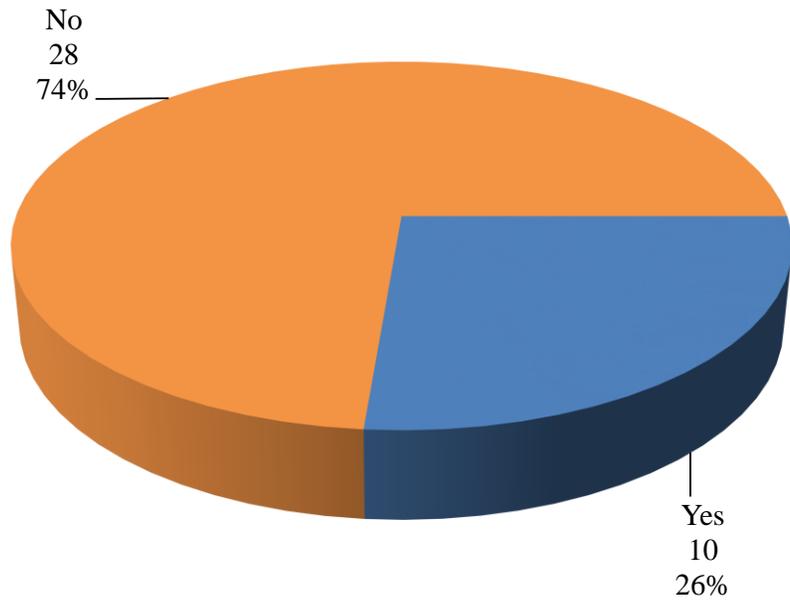
Primary Job Function (N=29)



Glenn County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
2018
Race/Ethnicity (N=38)

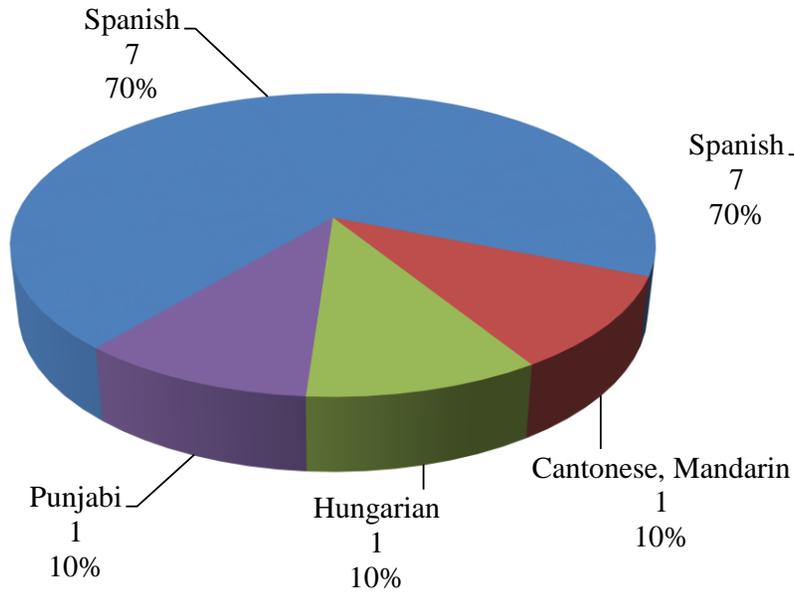


Glenn County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
2018
Do you consider yourself Bilingual? (N=38)

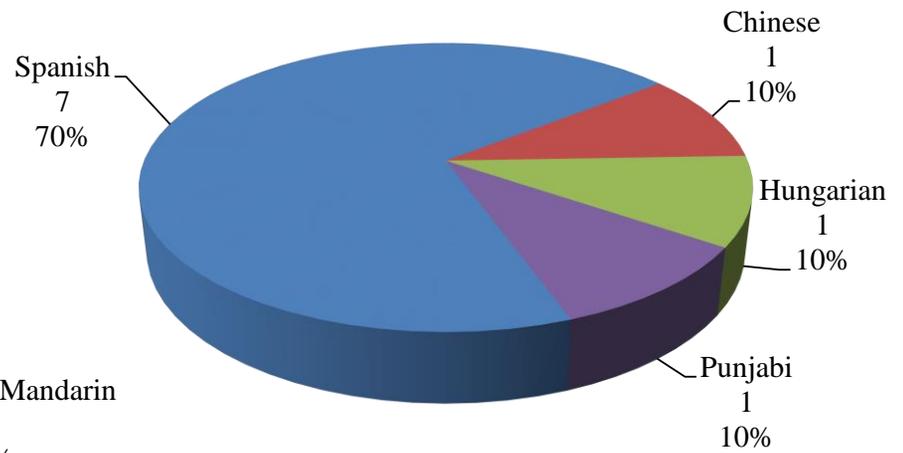


Glenn County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
 2018

If Bilingual, which language(s) do you speak? (N=10)

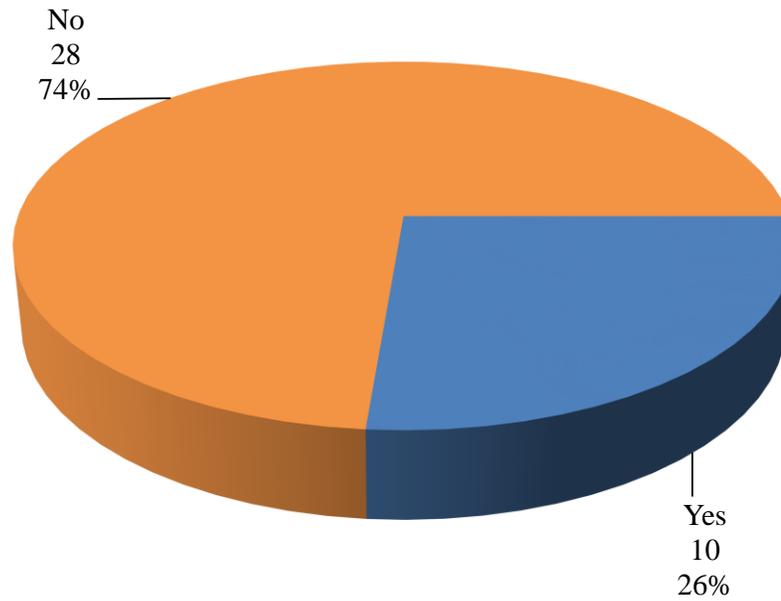


If Bilingual, which language(s) are you proficient in reading and writing? (N=10)



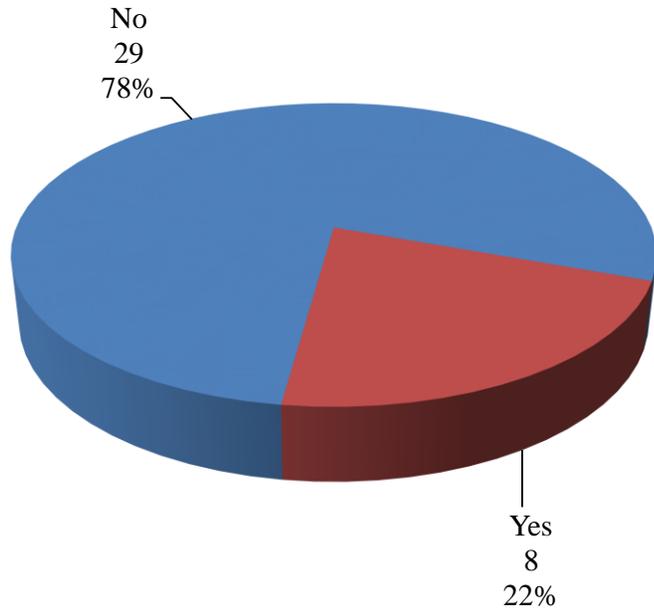
Glenn County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
2018

Do you act as an Interpreter as part of your Job Function? (N=38)

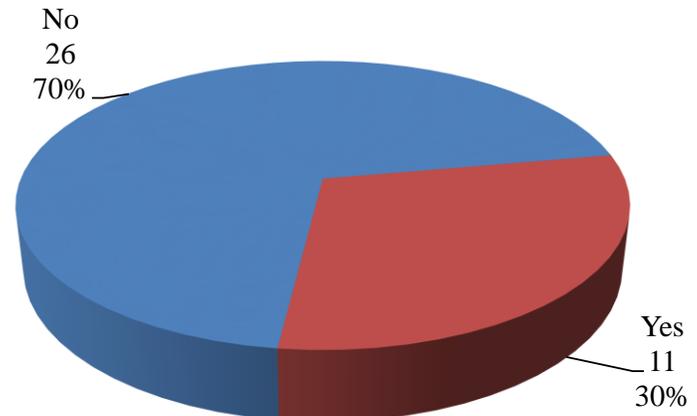


Glenn County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
2018

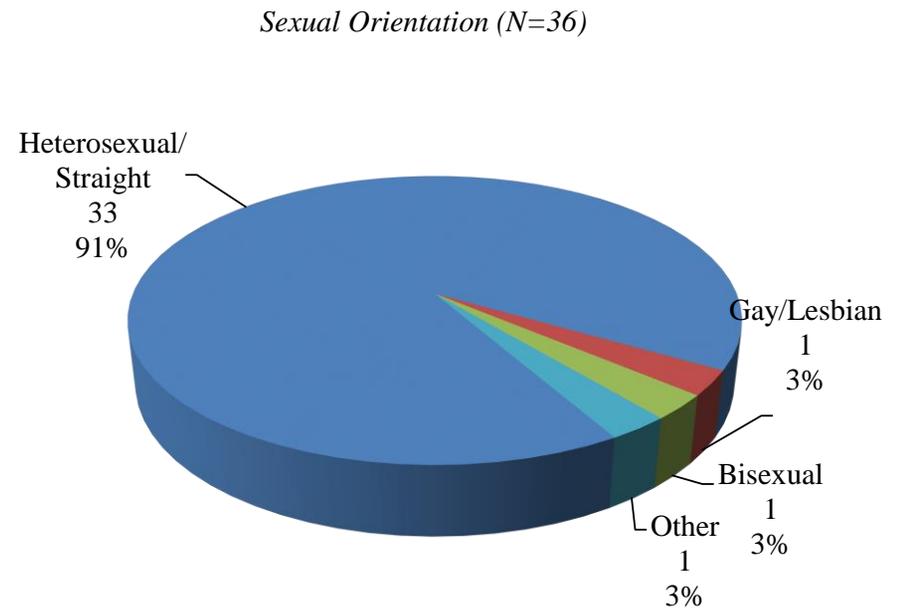
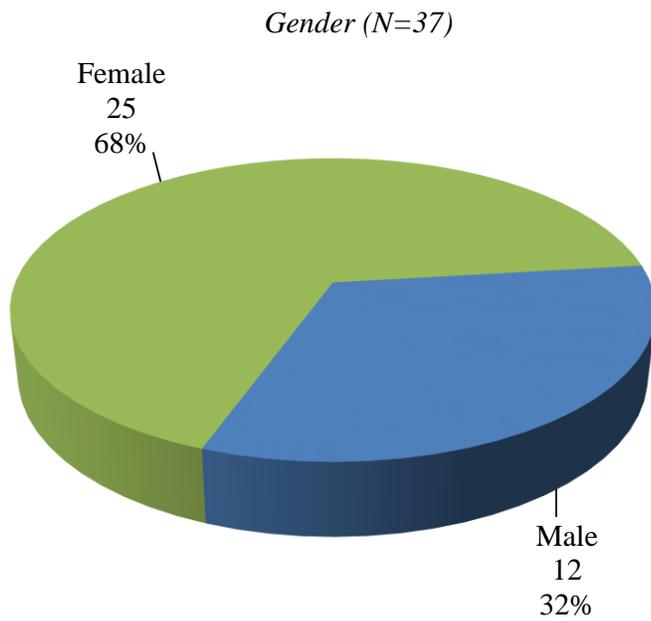
Do you consider yourself to be a Consumer of Mental Health Services? (N=37)



Are you a Family member of a Consumer of Mental Health Services? (N=37)



Glenn County Mental Health Services
Staff & Volunteer Ethnicity and Cultural Competence Survey
2018

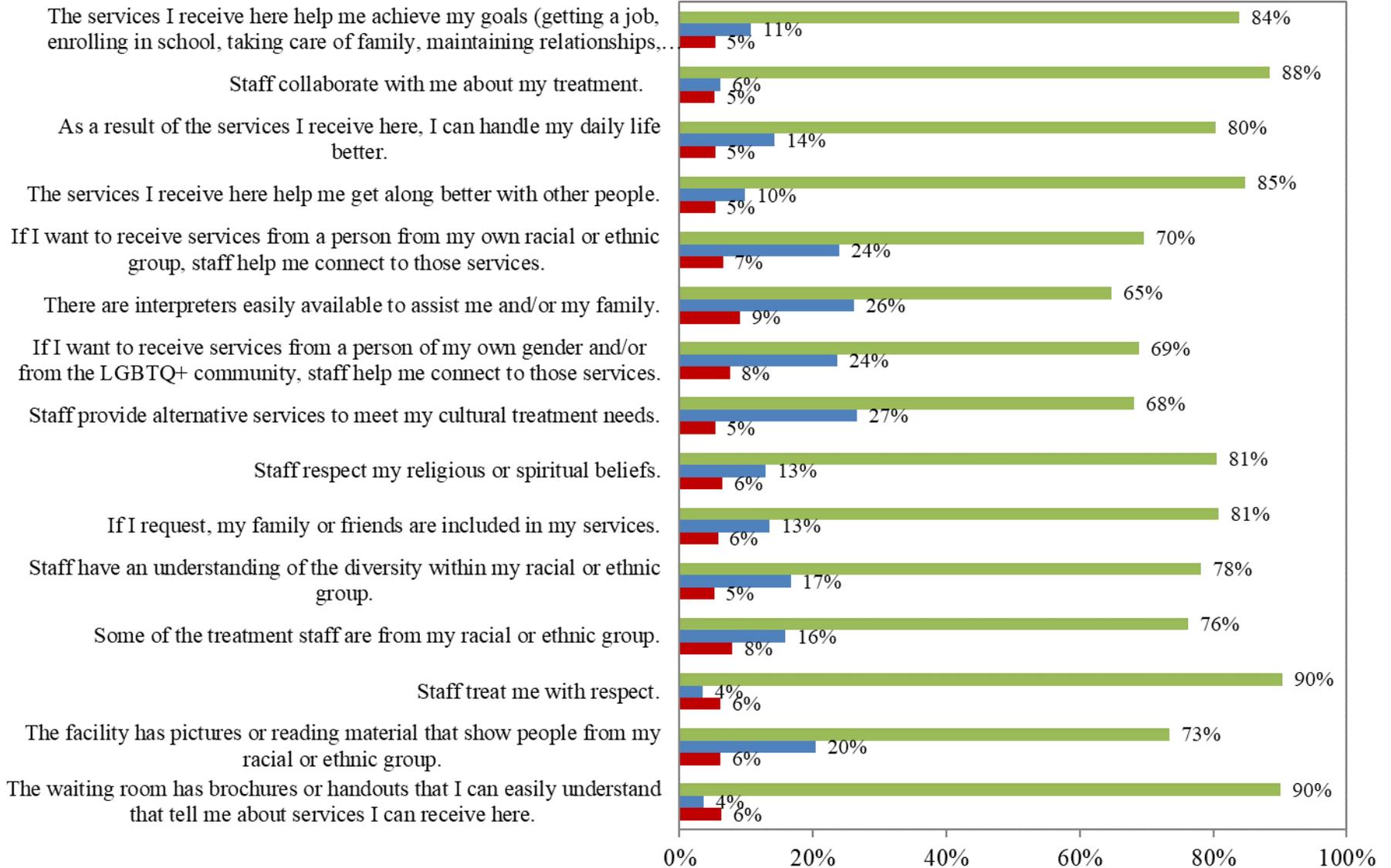


ATTACHMENT B: CLIENT CULTURAL COMPETENCE SURVEY RESULTS

Glenn County Behavioral Health Services Client Cultural Competence Survey

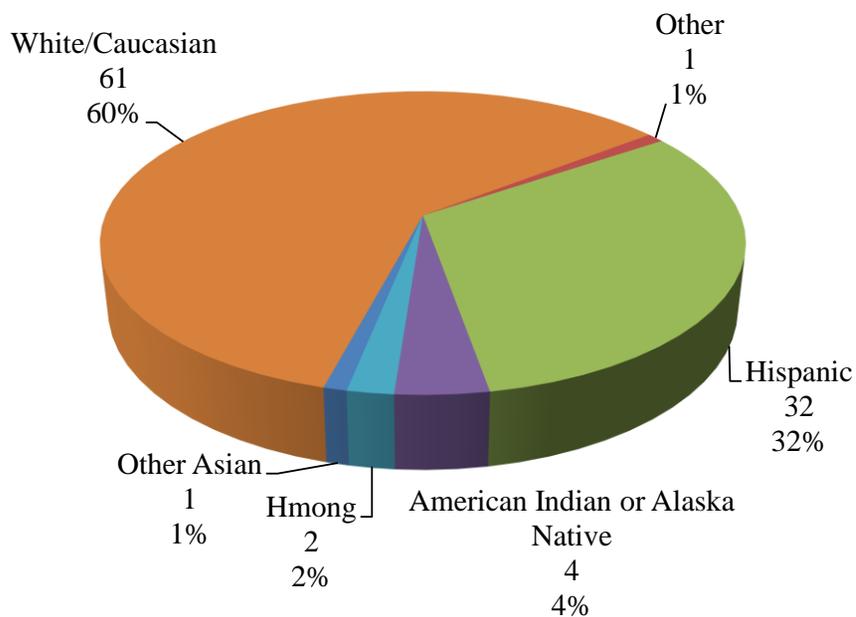
2018

■ Agree
 ■ Neither
 ■ Disagree

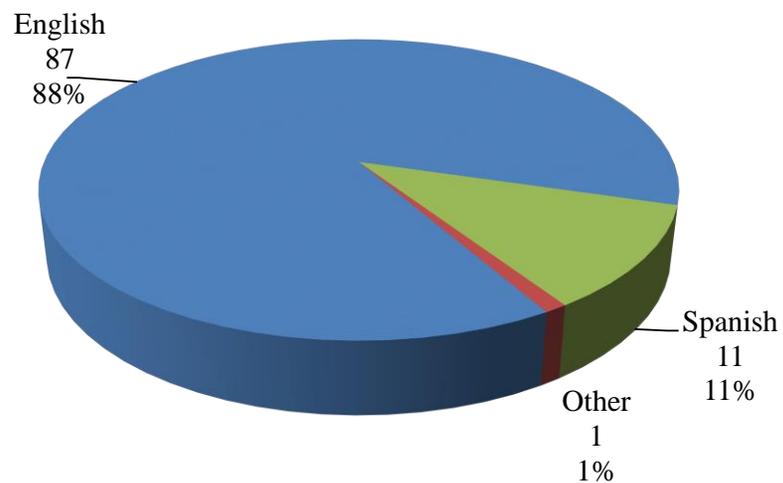


Glenn County Behavioral Health Services
Client Cultural Competence Survey
 2018

Race/Ethnicity (N=102)

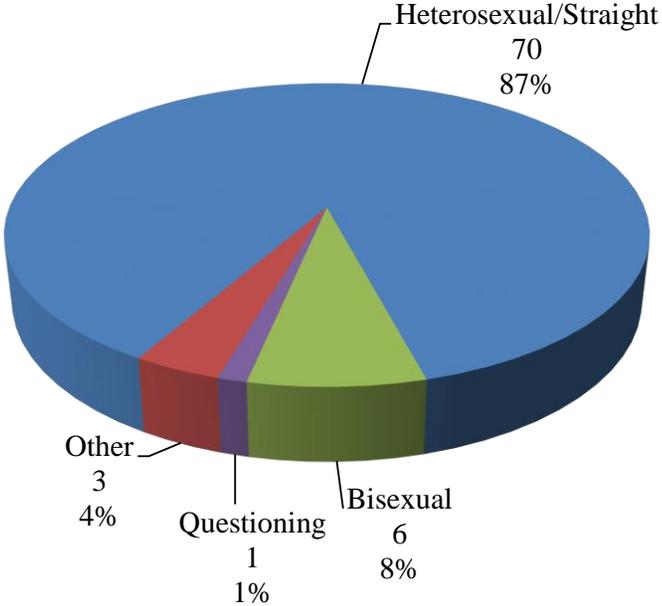


Language (N=101)

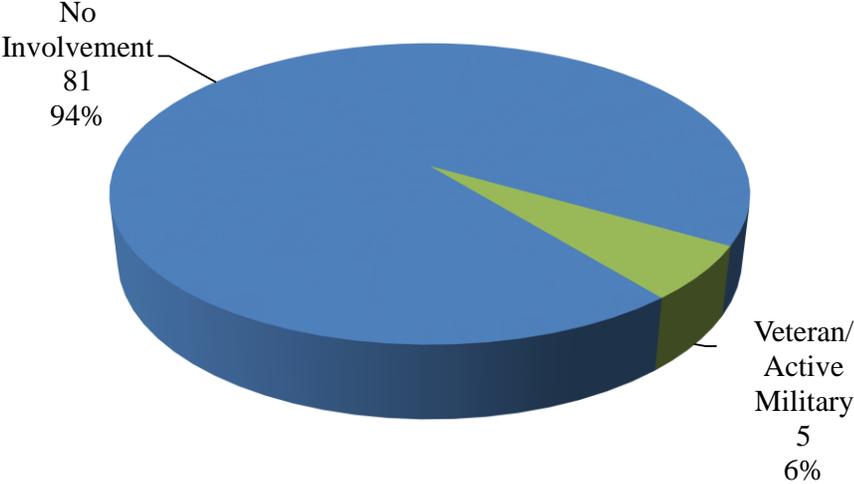


Glenn County Behavioral Health Services
Client Cultural Competence Survey
2018

Sexual Orientation (N=80)

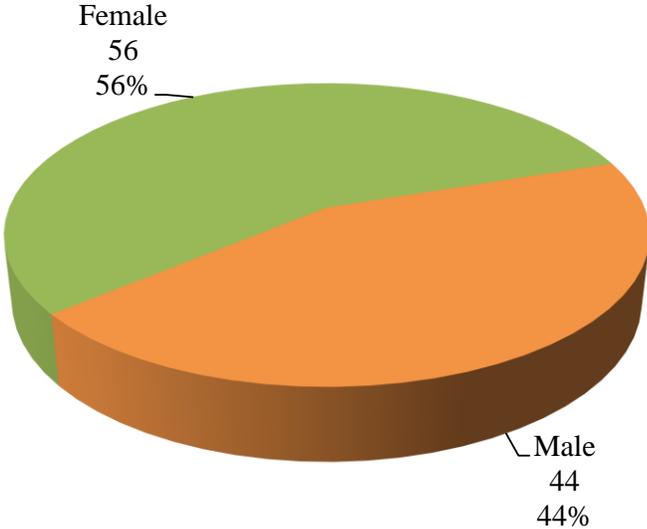


Military Involvement (N=98)



Glenn County Behavioral Health Services
Client Cultural Competence Survey
2018

Gender Assigned at Birth
(N=100)



Gender Current (N=92)

