2024/2025 Community Needs Assessment and Community Action Plan

California Department of Community Services and Development

Community Services Block Grant



Submitted by:



Colusa Glenn Trinity Community Action Partnership

Lead Agency: Glenn County Community Action Department 345 Yolo Street Orland, CA 95963



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Introduction

The Department of Community Services and Development (CSD) has developed the 2024/2025 Community Needs Assessment (CNA) and Community Action Plan (CAP) template for the Community Services Block Grant (CSBG) Service Providers network. Each agency must submit a completed CAP, including a CNA to CSD on or before **June 30, 2023**. Changes from the previous template are detailed below in the "What's New for 2024/2025?" section. Provide all narrative responses in 12-point Arial font with 1.15 spacing. When the CNA and CAP are complete, they should not exceed 65 pages, excluding the appendices.

Purpose

Public Law 105-285 (the CSBG Act) and the California Government Code require that CSD secure a CAP, including a CNA from each agency. Section 676(b)(11) of the CSBG Act directs that receipt of a CAP is a condition to receive funding. Section 12747(a) of the California Government Code requires the CAP to assess poverty-related needs, available resources, feasible goals, and strategies that yield program priorities consistent with standards of effectiveness established for the program. Although CSD may prescribe statewide priorities or strategies that shall be considered and addressed at the local level, each agency is authorized to set its own program priorities in conformance to its determination of local needs. The CAP supported by the CNA is a two-year plan that shows how agencies will deliver CSBG services. CSBG funds are by their nature designed to be flexible. They shall be used to support activities that increase the capacity of low-income families and individuals to become self-sufficient.

Federal CSBG Programmatic Assurances and Certification

The Federal CSBG Programmatic Assurances are found in section 676(b) of the CSBG Act. These assurances are an integral part of the information included in the CSBG State Plan. A list of the assurances that are applicable to CSBG agencies has been provided in the Federal Programmatic Assurances section of this template. CSBG agencies should review these assurances and certify that they are complying.

State Assurances and Certification

As required by the CSBG Act, states are required to submit a State Plan as a condition to receive funding. Information provided in agencies' CAPs will be included in the CSBG State Plan. Alongside Organizational Standards, the state will be reporting on State Accountability Measures in order to ensure accountability and program performance improvement. A list of the applicable State Assurances and the agency certification for them are found in the State Assurances section of this template.



Compliance with CSBG Organizational Standards

As described in the Office of Community Services (OCS) <u>Information Memorandum (IM) #138</u> dated January 26, 2015, CSBG agencies will comply with implementation of the Organizational Standards. CSD has identified the Organizational Standards that are met through the completion of the CAP and the CNA. A list of Organizational Standards that will be met upon completion of the CAP can be found in the Organizational Standards section of this template. Agencies are encouraged to utilize this list as a resource when reporting on the Organizational Standards annually.

What's New for 2024/2025?

<u>Community Action Plan Workgroup (CAPWG)</u>. In summer 2022, CSD organized a workgroup to inform the development of the 2024/2025 CNA and CAP. Workgroup members were selected from the CSBG Service Provider network and the ROMA Coalition. The feedback CSD received from the workgroup has informed not only the 2024/2025 template but also the accompanying CAP training scheduled for mid-December 2022.

<u>Public Hearings – Additional Guidance.</u> The public hearing requirement has been modified. Two years ago, we were in an active pandemic due to the COVID-19 virus. The public health guidelines throughout the state advised communities against large gatherings. CSD advised agencies to follow public health protocols and hold public meeting virtually if an in-person meeting was not an option. For the public hearing on the 2024/2025 draft CAP, CSD requests that agencies conduct in-person, virtual, or hybrid public hearings. While transmission rates of COVID-19 remain high in many communities, agencies are requested to follow their local public health guidelines when deciding in which format to conduct the public hearing. For more information, please see the Public Hearing section of this template.

<u>CNA Helpful Resources</u>. The Helpful Resources section in Part I: Community Needs Assessment contains additional data sets and resources. On recommendation of the CAPWG, CSD has added data sets from the Massachusetts Institute of Technology, the University of Wisconsin, and a point-in-time data set from the U.S. Department of Housing and Urban Development. We have also added links to the Local Agencies Portal where you can find examples of completed Community Needs Assessments and project timelines from the CSBG Service Providers network.

<u>Part II: Community Action Plan</u>. The number of questions in the Tripartite Board of Directors, Service Delivery System, Linkages and Funding Coordination, and Monitoring sections has changed. Questions were removed because it was determined that agencies meet these reporting requirements through other CSBG work products such as monitoring and Organizational Standards. In the Service Delivery System and Linkages and Funding Coordination sections, new questions were added. These questions will be covered during the template training webinar.

<u>Sunset of COVID-19 Flexibilities</u>. In the 2022/2023 template, CSD allowed agencies to indicate on selected questions whether there were changes to the response provided in the 2020-2021 CAP or whether agencies would like CSD to accept the 2020-2021 response without adaptions. This option was an effort to reduce administrative burden on agencies during the COVID-19 pandemic. While



CSD has retained some of the flexibilities developed in the previous template, the option for agencies to reference responses in their prior CAP has been discontinued.

Response and Community Awareness. This section replaces the "Additional Information" section in the previous template. For 2024/2025 CSD has included questions pertaining to Diversity, Equity, and Inclusion (DEI). The questions about disaster preparedness have been retained from the previous template. While none of this information is directly mandated by statue, CSD is requesting the information to gauge where the CSBG Service Provider network is as a whole on these topics. Responses to the questions in this section are mandatory.

ROMA Certification Requirement. Under section 676(b)(12) of the CSBG Act, CSD and all CSBG agencies are required to assure that we will participate in a Results Oriented Management and Accountability System "not later than fiscal year 2001." CSD and the CSBG Service Providers have fulfilled this requirement through various approaches. With respect to the ROMA certification of the network CAPs (Organizational Standard 4.3), CSD has allowed agencies to submit their CAP without the signature of a ROMA trainer or implementer if the agency did not have a ROMA trainer or implementer on staff. CSD staff who had the requisite training would certify those CAPs on behalf of the agencies. This process will still be in place for the 2024/2025 template. However, for the 2026/2027 template, CSD will require that CSBG Service Providers provide their own ROMA certification either by staff who have the required ROMA training or in partnership with another agency or organization. CSBG Service Providers should begin formulating a plan to fulfill this requirement.



Checklist

X	Cover Page and Certification
X	Public Hearing(s)

Part I: Community Needs Assessment

☑ Narrative☑ Results

Part II: Community Action Plan

☒ Vision Statement

☑ Tripartite Board of Directors

⊠ Service Delivery System

□ Linkages and Funding Coordination

⋈ Monitoring

☐ Data Analysis, Evaluation, and ROMA Application

☒ Response and Community Awareness

☒ Federal CSBG Programmatic Assurances and Certification

☒ State Assurances and Certification

☒ Organizational Standards



COMMUNITY SERVICES BLOCK GRANT (CSBG) 2024/2025 Community Needs Assessment and Community Action Plan Cover Page and Certification

Agency Name	Colusa Glenn Trinity Community Action Partnership		
Name of CAP Contact			
Title	Senior Community Action Manager		
Phone	530 931496		
Email	benriquez@countyofglenn.net		

CNA Completed MM/DD/YYYY:	05/11/2023
(Organizational Standard 3.1)	

Board and Agency Certification

The undersigned hereby certifies that this agency complies with the Federal CSBG Programmatic, and State Assurances as outlined in the CSBG Act and California Government Code, respectively for services provided under the Federal Fiscal Year 2024/2025 Community Action Plan. The undersigned further certifies the information in this Community Needs Assessment and the Community Action Plan is correct and has been authorized by the governing body of this organization. (Organizational Standard 3.5)

Grant Carmon	MRC	6/29/2023
Board Chair (printed name)	Board Chair (signature)	Date
Christine Zoppi	Christine Eoppi	6/29/2023
Executive Director (printed name)	Executive Director (signature)	Date

Certification of ROMA Trainer/Implementer (If applicable)

The undersigned hereby certifies that this agency's Community Action Plan and strategic plan documents the continuous use of the Results Oriented Management and Accountability (ROMA) system (assessment, planning, implementation, achievement of results, and evaluation).

Robyn Nygard	One	6/29/2023
NCRT/NCRI (printed name)	NCRT/NCRI (signature)	Date

CSD Use Only

Dates CAP (Parts I & II)		Accepted By
Received	Accepted	



Public Hearing(s)

California Government Code Section 12747(b)-(d)

State Statute Requirements

As required by California Government Code Section 12747(b)-(d), agencies are required to conduct a public hearing for the purpose of reviewing the draft CAP. All testimony presented by low-income individuals and families during the public hearing shall be identified in the final CAP. Agencies shall indicate whether or not the concerns expressed by low-income individuals and families have been addressed. If an agency determines that any of the concerns have not been addressed in the CAP, the agency shall include in its response document, information about the concerns and comment as to their validity.

Guidelines

Notice of Public Hearing

- 1. Notice of the public hearing and comment period must be published at least 15 calendar days prior to the public hearing.
- 2. The notice may be published on the agency's website, social media channels, and/or in newspaper(s) of local distribution.
- 3. The notice must include information about the draft CAP; where members of the community may review, or how they may receive a copy of, the draft CAP; the dates of the comment period; where written comments may be sent; date, time, and location of the public hearing; and the agency contact information.
- 4. The comment period should be open for at least 15 calendar days prior to the public hearing. Agencies may opt to extend the comment period for a selected number of days after the hearing.
- 5. The draft CAP must be made available for public review and inspection at least 30 days prior to the public hearing. The draft CAP can be posted on the agency's website, social media channels, and distributed electronically or in paper format.
- 6. Attach a copy of the Notice(s) of Public Hearing as Appendix A to the final CAP.

Public Hearing

- 1. Agencies must conduct at least one public hearing on the draft CAP.
- 2. Public hearing(s) will be held in the designated CSBG service area(s).
- 3. Low-income testimony presented at the hearing or received during the comment period must be memorialized verbatim in the Low-Income Testimony and Agency's Response document and appended to the final CAP as Appendix B.
- 4. The Low-Income Testimony and Agency's Response document should include the name of low-income individual, his/her verbatim testimony, an indication of whether or not the need was addressed in the draft CAP, and the agency's response to the testimony if the concern was not addressed in the draft CAP.



Additional Guidance

COVID-19 poses unique challenges to fulfilling the public hearing requirement. CSD asks that agencies continue to adhere to state and local public health guidance to slow the spread of the virus and ensure public safety. The health and safety of agency staff and the communities you serve is paramount. Therefore, for the purposes of fulfilling the public hearing requirement on the draft CAP, agencies may conduct the public hearing in-person, remotely, or using a hybrid model (in-person and remotely) based on the public health protocols in place in their communities.

Public Hearing Report

Date(s) of Public Hearing(s)	05/23/2023
Location(s) of Public Hearing(s)	Glenn County Board of Supervisor Meeting – 9:05AM, 525 West Sycamore Street, Willows CA 95988
Dates of the Comment Period(s)	May 5 to 26, 2023
Where was the Notice of Public Hearing published? (agency website, newspaper,	Newspaper: Sacramento Valley Mirror, Willows, CA 95988
social media channels)	Agency Website – Glenn County Community Action Department page:
	https://www.countyofglenn.net/dept/community-action/welcome
	CGTCAP Committee page:
	https://www.countyofglenn.net/dept/community-
	<u>action/colusa-glenn-trinity-community-action-</u> partnership-board
Date the Notice(s) of Public Hearing(s) was	Newspaper: 04/22/2023
published	Facebook: 04/24/2023
	Agency website: 05/11/2023
Number of Attendees at the Public Hearing(s) (Approximately)	18 individuals in person, unknown online/virtual participates



Part I: Community Needs Assessment

CSBG Act Section 676(b)(11)
California Government Code Section 12747(a)

Helpful Resources

In 2011, NASCSP published a <u>Community Action to Comprehensive Community Needs Assessment Tool</u> that supports planning and implementing a comprehensive CNA. The tool lays out design choices, planning steps, implementation practices, analysis, and presentation options.

The National Community Action Partnership has an <u>Assessment Tool</u> designed specifically for the community needs assessment process. Here you can select from a variety of county-specific data sets.

Examples of Community Needs Assessments and project timelines from agencies within the California CSBG Providers network can be found on the <u>Local Agencies Portal</u> under the CSBG – Resources tab. If you do not have an account or have not received CSD login credentials, please email CSD at <u>ExternalAccess@csd.ca.gov</u>.

To provide a comprehensive "picture" of the community needs in your service area(s), agencies will collect and analyze both quantitative and qualitative data. Links to several national and state quantitative data sets are given below. Local and agency data also provide information about the needs of the community.

Sample Data Sets					
U.S. Census Bureau Poverty Data	S	reau of Labor Statistics nomic Data	U.S. Department of Housing and Urban Development Housing Data & Report		opment
PIT and HIC Data Since 2007 Coa		ncome Housing lition eds by State	Natio	nal Center for Education Statistics <u>IPEDS</u>	
Massachusetts Institute of Technology Living Wage Calculator		Robert V	University of Wisconsin rt Wood Johnson Foundation County Health Rankings		
California Department of Educa School Data via DataG	of Education via DataQuest Employment Depar		Development	Depa	California rtment of Public Health Various Data Sets
California Department of Finance Demographics	California Attorney General Open Justice		Californi Governor's C Covid-19 Da	Office	California Health and Human Services Data Portal
CSD Census Tableau <u>Data by County</u>			Popula	ation Reference Bureau <u>KidsData</u>	



Community Needs Assessment Narrative

CSBG Act Sections 676(b)(3)(C), 676(b)(9)
Organizational Standards 1.1, 1.2, 1.3, 2.2, 3.2, 3.3, 3.4

1. Describe how your agency collected and included current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for your service area. (Organizational Standard 3.2)

The Glenn County Community Action Department (CAD) serves as the lead agency for the Colusa-Glenn-Trinity Community Action Partnership (CGTCAP). The CAD staff prepared the 2023 Community Needs Assessment by creating a community-wide survey, leveraging other internal projects and community needs assessment findings and data collections, hosting focus groups, conducting key informant interviews, and conducting various workgroups. The information and data were presented and discussed to evaluate the community data associated with community demographics for the tri-county region. The collected data included demographic information from respondents and various data sources mentioned above, including questions identifying income, gender, age, and race/ethnicity. A comparative analysis of the 2020 US Census, the prior Community Needs Assessment (CNA), and the current findings of the 2023 CNA was completed. We found that the top pressing issues facing individuals and families were similar to previous years. However, the top categories (Affordable Housing, Mental Health/Wellness, Homelessness, Substance Abuse, and Public Transportation) remain the same but in a different order from the previous years. In addition, this was the same for the top five pressing issues facing youth in the community.

A few noteworthy findings are that we have moved internet accessibility, care for aging populations, and equity in minority groups higher on the list of priorities. We have identified internet access as being a determinant of health. Our quantitative process obtained this information, which produced the richest data sets. Through our community informant interviews, we gathered various data from with lived experience.

2. Describe the geographic location(s) that your agency is funded to serve with CSBG. If applicable, include a description of the various pockets, high-need areas, or neighborhoods of poverty that are being served by your agency.

The Colusa-Glenn-Trinity Community Action Partnership serves three counties in rural northern California – Colusa, Glenn, and Trinity. Colusa and Glenn County are neighboring counties in the central valley north of Sacramento, while Trinity County is located west of Redding in the cascade mountain range. Both Colusa and Glenn County are small, rural communities depending primarily on agriculture and ag-related businesses for their economies. Trinity County is more remote, with ranching, logging, and tourism being relied upon for the economy.

Colusa County is approximately 1,156 square miles, the town seat is Colusa, and their estimated county population is 21,914 with 19 persons per square mile (US Census Bureau, July 2022



estimate). Approximately 61.3% of the population identifies as Hispanic or Latino, with the remaining population identifying as white/ not Hispanic or Latino. In Colusa County, about 26.7% of the population identifies as being less than 18 years old, 49% identify as female, 11.4% of persons identified as living in poverty, and 79% of households have broadband internet subscriptions (US Census Bureau, 2017-2021).

Glenn County is approximately 1,327 square miles, the town seat is Willows, and the estimated county population is 28,339 with 21 persons per square mile (US Census Bureau, July 2022 estimate). Approximately 44% of the population identifies as Hispanic or Latino, with the remaining population identifying as white/ not Hispanic or Latino. In Glenn County, about 26.8% of the population identifies as being less than 18 years old, 48.7% identify as female, 15.5% identify as living in poverty, and 82.7% of households have broadband internet subscriptions (US Census Bureau, 2017-2021).

Trinity County is approximately 3,208 square miles, the town seat is Weaverville, and the estimated county population is 15,781 with 5 persons per square mile (US Census Bureau, July 2022 estimate). Approximately 86.2% of the population identifies as White, with the remaining population identifying as non-white race and Hispanic origin. In Trinity County, about 29.1% of the population identifies as being over 65 years old, 48.3 % identify as female, 19.1% of persons identify as living in poverty, and 76.1% of households have broadband internet subscriptions (US Census Bureau, 2017-2021).

Based on current Community Needs Assessments, all counties continue to have a high need for affordable and available housing. Additionally, the COVID-19 pandemic has left long-term societal impacts such as health and well-being needs (both physical and mental), the need for social and community connectedness, rural community broadband access, and systemic changes in how assistance and services are delivered. Large acreages of agricultural land surround Glenn and Colusa Counties. These farmlands employ many individuals who identify as Latinx. There are high needs for these individuals and families because of the long working hours they cannot access health care, resources, or supportive services. These individuals fall under the thirty thousand low-income thresholds for a family of four. In Trinity County, we found a high need for mental health support. The suicide rate increased by 10% since 2019 and continues to rise as data is collected.

3. Indicate from which sources your agency collected and analyzed quantitative data for the CNA. (Check all that apply.) (Organizational Standard 3.3)



Federal Government/National Data Sets	Local Data Sets
⊠ Census Bureau	□ Local crime statistics
☑ Bureau of Labor Statistics	☑ High school graduation rate
□ Department of Housing & Urban	⊠ School district school readiness
Development	☑ Local employers
□ Department of Health & Human	□ Local labor market
Services	☐ Childcare providers
□ National Low-Income Housing Coalition	☐ Public benefits usage
☐ National Center for Education Statistics	☑ County Public Health Department
☐ Academic data resources	☑ Other
☑ Other online data resources	
□ Other	



California State Data Sets	Agency Data Sets
☐ Employment Development Department	☑ Client demographics
☐ Department of Education	☑ Service data
☑ Department of Public Health	☑ CSBG Annual Report
☐ Attorney General	☑ Client satisfaction data
☐ Department of Finance	□ Other
State Covid-19 Data	
☐ Other	
Surveys	
☑ Partners and other service providers	
⊠ General public	
Board members	
☑ Private sector	
☑ Public sector	
☑ Educational institutions	

4. If you selected "Other" in any of the data sets in Question 3, list the additional sources.

Our organization utilized the Community Commons website: https://www.communitycommons.org. This website has various qualitative data sets; one example would be the vulnerable population footprints report that demonstrates and is broken out by race/ethnicity, gender, age, poverty levels, educational attainment, and linguistic isolation.

5. Indicate the approaches your agency took to gather qualitative data for the CNA. (Check all that apply.) (Organizational Standard 3.3)



Surveys	Focus Groups
☑ Clients	⊠ Local leaders
Partners and other service providers	☒ Elected officials
🛚 General public	☑ Partner organizations' leadership
⊠ Staff	☒ Board members
☒ Board members	□ New and potential partners
☒ Private sector	☑ Clients
☑ Public sector	Staff ■ Staff
☒ Educational institutions	
	☐ Community Forums
Interviews	
☐ Local leaders	☐ Asset Mapping
☐ Elected officials	
☒ Partner organizations' leadership	□ Other
☒ Board members	
☒ New and potential partners	
☑ Clients	



6. If you selected "Other" in Question 5, please list the additional approaches your agency took to gather qualitative data.

Continued use of the Community Commons website: https://www.communitycommons.org where applicable.

7. Describe your agency's analysis of the quantitative and qualitative data collected from low-income individuals and families. (Organizational Standards 1.1, 1.2, 3.3)

Our organization's process for analyzing quantitative and qualitative data collected from lowincome individuals and families is comprised of gathering data and information from various webbased tools, resources, surveys, focus groups, key informant interviews, informal/formal input discussions, and direct client data. For example, our CAD customer experience survey encompasses quantitative and qualitative data. The quantitative data typically collected by our surveys include closed-ended questions, multiple-choice answers, and rating scales for straightforward numerical analysis. We reviewed the last three years of customer experience data that displayed our top services utilized by the public and how the public became aware of such services. For instance, the data showcase that housing and energy assistance was highly used in Glenn and Colusa Counties, and Weatherization services were most utilized in Trinity County. Also, many of our clients were either previous clients or received the information via word of mouth. The data is pertinent because it gives us feedback on how information spreads through communities and how to have the broadest reach for the linkage of our clients to services and supports. During virtual meetings, we conducted polls and functionality via the Zoom platform. We polled the people in the meeting to see if they agreed on the identified pressing issues gathered; the poll resulted in 98% of individuals agreeing with the data collected. We hosted small in-person (4-8 people) breakout sessions where information was presented, and issues were discussed in more significant detail (Appendix C).

Given our rural nature and capacity, CAD also leveraged large data samples from creditable web-based sites. Our team extensively reviewed these existing data sets allowing us to identify patterns, correlations, and trends that would not be generally collected via our custom data collection methods. Reports are prepared for review and distributed to the functional team/unit. The qualitative data we collect involves our open-ended questions and subject matter insights. At a minimum, we include at least one open-ended question via our organizational surveys. When we collect qualitative data, we use smaller sample sizes that provide richer information details. Most of our units archive informal input to understand and observe multiple individuals' perspectives, experiences, and opinions. Then we extracted qualitative data and created internal visual(s) reports/images to explore the context and/or intention of the information gathered. Combining the quantitative and qualitative data collection methods allowed our team to understand the whole picture better and provided a comprehensive approach to understanding complex data sets and arising opportunities/issues. After we analyzed, we came up with recommendations (if applicable) for our CAD leadership team, support data for innovative ideas, frameworks/models, strategic planning, and service/program gap-filling. Overall, what was learned is that the pressing issues



varied slightly, and new barriers moved up in priority; however, the categories in the pressing issues are the same as identified in the previous years. Furthermore, we identified some possible solutions for barriers and challenges through the quantitative process (provided by mutual stakeholders and, in some cases, were willing to take the lead on starting the conversation around the barrier or challenge identified). In particular, an active community representative requested we support our youth by creating a volunteer program to help our aging populations reduce the feeling of isolation or loneliness; this, in turn, supports Mental Health/Wellness and, possibility indirectly, the substance use category for our youth.

- 8. Summarize the data gathered from each sector of the community listed below and detail how your agency used the information to assess needs and resources in your agency's service area(s). Your agency must demonstrate that each sector was included in the needs assessment; A response for each sector is required. (CSBG Act Sections 676(b)(3)(C), 676(b)(9), Organizational Standard 2.2)
 - A. Community-Based Organizations (CBO) were included in the Community Needs Assessment data collection process via survey(s), breakout sessions, and key informant interviews. 92.31 % of respondents in the CBO category prioritized Affordable Housing as the top pressing issue in the Tri-County regions, followed by Homelessness, Mental Health and Wellness, Substance Abuse, and poverty. In addition, CBOs identified barriers and/or challenges that rural resident experience, including the cost of living, access to healthy and affordable food, income, shelter/homes, and access to healthcare services.
 - B. Faith-based organizations were included in the Community Needs Assessment data collection process via survey(s), breakout sessions, and key informant interviews. Respondents in this category prioritized Affordable Housing as the top, pressing issue in the Tri-County regions. In addition, Faith-based organizations identified Mental Health and Wellness and poverty.
 - C. Private sector (local utility companies, charitable organizations, local food banks) were included in the Community Needs Assessment data collection process via survey(s), breakout sessions, and key informant interviews. Respondents in this category prioritized Trade Skills as the top, pressing issue in the Tri-County regions, followed by Job Insecurity, Affordable Housing, Mental Health and Wellness, and homelessness. In addition, private sector representatives identified barriers and/or challenges that rural residents experience: access to healthcare services, cost of living, shelter/homes, access to healthy and affordable food, adequate Community Infrastructures (safe and promotes wellness, i.e., parks), and employment.
 - D. Public sector (social services departments, state agencies) were included in the Community Needs Assessment data collection process via survey(s), breakout sessions, and key informant interviews. Respondents in this category prioritized Affordable Housing as the top, pressing issue in the Tri-County regions, followed by Mental Health and Wellness, Homelessness, Substance Abuse, and Public Transportation. In addition, public sector



representatives identified barriers and/or challenges that rural residents experience: cost of living, income, access to healthcare services, transportation, and employment.

- E. Educational institutions (local school districts, colleges) were included in the Community Needs Assessment data collection process via survey(s), breakout sessions, and key informant interviews. Respondents in this category prioritized Mental Health and Wellness as the top pressing issue in the Tri-County regions, followed by Affordable Housing, Elder Support, Homelessness, and Substance Abuse. In addition, educational institutions representatives identified barriers and/or challenges that rural residents experience: cost of living, Supportive Services (i.e., Mentors, Case Managers, personal coaching), access to healthcare services, Adequate Community Infrastructures (safe and promotes wellness, i.e., parks), and Environmental Health (i.e., water and air quality, pollution).
- 9. "Causes of poverty" are the negative factors that create or foster barriers to self-sufficiency and/or reduce access to resources in communities in which low-income individuals live. After review and analysis of the data, describe the causes of poverty in your agency's service area(s). (Organizational Standard 3.4)

The barriers and challenges identified for the tri-county region include:

- Education/skills.
- Language barriers.
- Equity issues.
- Past criminal records.

Education and skill levels were identified as negative factors contributing to the local causes of poverty. Colusa County has a high number of Spanish-only-speaking individuals, and there are few services tailored for such accommodations. Also, as part of our qualitative data review, we found that rural communities are reported to be less progressive in the social movement areas. The data support the theory that a regional equity issue may arise due to unconscious biases, stereotypes, or prejudices. Re-entry populations (who may have past criminal records) tend to only qualify for entry low-paying positions.

10. "Conditions of poverty" are the negative environmental, safety, health and/or economic conditions that may reduce investment or growth in communities where low-income individuals live. After review and analysis of the data, describe the conditions of poverty in your agency's service area(s). (Organizational Standard 3.4)



The barriers and challenges identified for the tri-county region include:

- The cost of living.
- Access to healthcare services.
- Healthy and affordable food.
- Technology.
- Adequate community infrastructure.
- Education/skills.

Inflation is a significant cause of poverty and barriers to self-sufficiency. That is reflected in the resources listed above, with the cost of living (purchasing healthy foods, rent, gas, etc.), the cost of health care services (underinsured or not insurance), access to modern tools and resources to link up with services and resources, educational attainment (unable to return to or attend school if the cost of living is too high and an individual is already lacking income), and access to healthy and social connectedness activities (giving the residents and sense of belonging).

11. Describe your agency's approach or system for collecting, analyzing, and reporting customer satisfaction data to the governing board. (Organizational Standard 1.3)

The Glenn County Community Action Department (CAD) utilizes virtual and paper surveys for most of our data collection. However, our current systems include small workgroups that support the development of collecting specific data sets. Also, CAD actively gathers evaluation metrics before and after short-term grant projects via our Wellness Team efforts. Once data is captured, the information is reviewed and broken out for ease of analysis. After that, the analyzed data is categorized by commonalities and themes, highlighting extreme outliers. Our Administrative and Wellness units are in the process of developing a new team that will be dedicated to quality improvement, compliance, and evaluation methods. We hope to have this team launched and functioning by the end of the year.

Following the success of the 2019 CNA, CAD staff developed a simple ten-question Customer Satisfaction Survey and released it in early 2020. Clients were provided with the survey following the receipt of services. As we transition from the COVID-19 pandemic challenges, we are experiencing an increased willingness to complete customer satisfaction surveys. Our goal is to provide updates to the CGTCAP Board quarterly. As of May 16, 2023, CAD has a 4.8 out of 5-star rating with no very negative or somewhat negative entries. Most write-in responses express gratitude for our service.



Community Needs Assessment Results

CSBG Act Section 676(b)(11)
California Government Code Section 12747(a)
State Plan 14.1a

Table 1: Needs Table

Complete the table below. Insert row(s) if additional space is needed.

Needs Identified	Level	Agency Mission (Y/N)	Currently Addressing (Y/N)	Agency Priority (Y/N)
Community lacks Affordable Housing	Community	Y	Υ	Υ
Families have increased mental health and wellness needs	Family	Υ	Y	Υ
Families and/or individuals are homeless	Family	Υ	Υ	Υ
Household have an increase of substance abuse	Community/ Family	N	N	N
Community lacks public transportation options	Community	Y	Υ	Υ
Youth have increased Mental Health and Wellness needs	Community/ Family	Y	Y	Υ
Community lacks equity awareness efforts	Community	Υ	N	Υ

Needs Identified: List the needs identified in your most recent CNA.

Level: List the need level, i.e., community or family. <u>Community Level</u>: Does the issue impact the community, not just clients or potential clients of the agency? For example, a community level employment need is: There is a lack of good paying jobs in our community. <u>Family Level</u>: Does the need concern individuals/families who have identified things in their own life that are lacking? An example of a family level employment need would be: Individuals do not have good paying jobs.

Essential to Agency Mission: Indicate if the identified need aligns with your agency's mission.

Currently Addressing: Indicate if your agency is already addressing the identified need.

Agency Priority: Indicate if the identified need will be addressed either directly or indirectly.



Table 2: Priority Ranking Table

List all needs identified as an agency priority in Table 1. Insert row(s) if additional space is needed.

Agency Priorities	Description of programs, services,	Indicator(s) or Service(s) Category	Why is the need a priority?
	activities	ocivice(s) category	
Affordable Housing	Collaborate with Glenn County HHSA; Trinity DHHS, lead partner agency; Colusa DHHS, lead partner agency; CGTCAP housing programs; Regional Housing Program Coordination; Dos Rios COC, Local COCs, NPLH, Mental Health Housing Program; regional collaborative and professional services consultants. Ongoing.	FNPI 5	The housing stock and availability need to increase for our growing communities. If the housing stock is healthy, rent/mortgage costs may decrease to more affordable prices.
Mental Health/ Wellness	Collaborate with Glenn County HHSA; Trinity DHHS, lead partner agency; Colusa DHHS, lead partner agency; regional non-profits; CGTCAP delegate agencies; Mental Health; medical providers; health clinics; housing and county wellness programs; counseling services; referrals. Expand outreach and new service delivery approach to meet the client where they are. Ongoing.	CNPI 1-6	Due to the COVID-19 pandemic and its aftereffects, mental health, and wellness needs have increased. There is a higher number of BH crisis calls and self- harm cases. In addition to the lack of mental health providers because of the increase in need.
Homelessness	Collaborate with	SRV4	A combination of the



	Glenn County HHSA; Trinity DHHS, lead partner agency; Colusa DHHS, lead partner agency; CGTCAP housing programs; professional consultant. Continue to expand and support outreach activities. Continue WIOA program & training services, business development; partner with Offices of Education for adult education program Services. Ongoing.		cost-of-living increases, job insecurities, mental health needs, and lack of affordable housing has made homelessness a priority area for our region.
Youth and Adult Substance Abuse	Collaborate with partner DHHS and Behavioral agencies in all three counties; increase outreach to Offices of Education/ School Districts, continue housing and supportive services programs. Expand outreach, buffer programs, and service delivery models. Continue WIOA program & training services, business development; partner with Offices of Education for adult education program services. Ongoing.	SRV5	Due to the COVID-19 pandemic and its aftereffects, mental health, and wellness needs have increased. There is a higher number of BH crisis calls and self- harm cases. In addition to the lack of mental health providers because of the increase in need. Substance use is a form of self-medication and/or coping mechanisms.
Public Transportation	Collaborate with multiple sector partners to link clients with public transportation	SRV7	Inflation, gas prices, and lack of vehicle affordability.



agencies. Expand	
outreach, awareness,	
and direct client	
service delivery	
models. Ongoing.	

Agency Priorities: Rank your agency's planned programs, services and activities to address the needs identified in Table 1 as agency priorities.

Description of programs, services, activities: Briefly describe the program, services or activities that your agency will provide to address the need. Identify the number of clients to be served or the number of units offered, including timeframes for each.

Indicator/Service Category: List the indicator(s) (CNPI, FNPI) or service(s) (SRV) that will be reported in CSBG Annual Report.

Why is this need a priority: Provide a brief explanation about why this need has been identified as a priority. Connect the need with the data. (CSBG Act Section 676(b)(3)(A))



Part II: Community Action Plan

CSBG Act Section 676(b)(11)
California Government Code Sections 12745(e), 12747(a)
California Code of Regulations, Title 22, Division 11, Chapter 1, Sections 100651 and 100655

Vision and Mission Statement

1. Provide your agency's Vision Statement.

To become a convener of community services as a result of organizational excellence and superior financial stewardship.

2. Provide your agency's Mission Statement.

To respectfully assist citizens to achieve and sustain self-sufficiency through direct services, education, and community partnerships.



Tripartite Board of Directors

CSBG Act Sections 676B(a) and (b); 676(b)(10)
California Code of Regulations, Title 22, Division 11, Chapter 1, Section 100605

1. Describe your agency's procedures under which a low-income individual, community organization, religious organization, or representative of low-income individuals that considers its organization or low-income individuals to be inadequately represented on your agency's board to petition for adequate representation. (CSBG Act Section 676(b)(10))

The tripartite board is composed of eighteen members, with six members in each of the three categories: Category I–Elected Officials, Category II–Representatives of the Economically Disadvantaged, and Category III–Representatives of Private Enterprise. The election of Directors shall be consistent with the requirements of the California Government Code Sections concerning the Community Service Block Grant program and the regulation of the State Department of Economic Opportunity.

The Directors of each community shall serve as the selection committee for Board representation of that particular county regarding the Directors from Categories I, II, and III. This selection determines which groups or interests properly represent people experiencing poverty (Category II) and other significant groups (Category III). The groups or interest chosen shall then select their choices for Directors. In selecting groups or interests for Category II, the selection committee shall use a democratic process that ensures the maximum feasible participation of people experiencing poverty, with special attention given to representing significant minority groups within the community. Although the Directors selected for Category II need not themselves be poor, they must nonetheless be chosen in a manner that ensures they genuinely represent people experiencing poverty. Suppose any low-income individual, community, religious organization, or representative believes they are inadequately represented on the board of Directors. In that case, they may meet with the Director/Assistant Director to discuss their concerns and review the board bylaws. They will be given information about the current board's composition, membership, and terms of office, as well as information about applying for membership when vacancies occur. The board bylaws disclosed the abovementioned information, and the bylaws are reviewed annually.



Service Delivery System

CSBG Act Section 676(b)(3)(A) State Plan 14.3

1. Describe your agency's service delivery system. Include a description of your client intake process or system and specify whether services are delivered via direct services or subcontractors, or a combination of both. (CSBG Act Section 676(b)(3)(A), State Plan 14.3)

The Colusa-Glenn-Trinity Community Action Partnership (CGTCAP) is administered by the Glenn County Community Action Department (GCCAD), which provides direct services in Glenn County to community members. In combination with the utilization of sub-contractors in Colusa and Trinity Counties, CSBG programs are available for residents in the tri-county area. The GCCAD is responsible for administering, managing, and applying for funding for the three counties to ensure the tri-county region's programs and services are available for low-income residents. The CSBG funds are leveraged in the tri-county area to administer and provide multiple programs and services, such as housing assistance, job development and training, weatherization and rehabilitation, special supportive services, and coordination of the Continuum of Care for housing development and stability in the three counties. CGTCAP leverages over \$5M in program funding through the CSBG administration. Since the start of the Coronavirus pandemic, the CGTCAP staff in all counties have had to pivot their service delivery models in the tri-county region to continue to serve clients without interruption. Clients can still access services; however, many face-to-face intake appointments have shifted to phone, email, or teleconference (video/ audio) methods at the various tri-county offices. Some service providers have shifted to providing teleconferencing stations in their offices so clients can meet with staff "face-to-face" through an available computer screen. In contrast, other offices have shifted to phone and email appointments to work with clients. Some offices have been able to purchase necessary equipment, such as sneeze guards and face coverings, to keep staff and clients physically distanced and separated while conducting appointments. All service providers continue assessing their service delivery models to ascertain the best delivery method for meeting clients' needs. Regardless of the intake appointment method, clients are screened using a client referral/ services screening form by staff to determine the eligible services for referrals at a glance. Clients complete an application depends on the needed services, income eligibility is verified, and CSBG or leveraged program documentation is obtained. If the client requests transportation services, they complete a CSBG intake application and submit verification; if eligible, the client receives bus tickets. If the client requests eviction prevention and/or energy assistance, the client goes through the same process as indicated above; if eligible, payments are processed, and a check is sent to the landlord or the appropriate vendor within 2-3 weeks. A coordinated entry approach has been developed among each county to ensure clients are provided direct assistance and assistance with the accessibility of services. For over a year, the CGTCAP staff have also been working on a trauma-informed care culture in service delivery offices to minimize the trauma experienced by clients having to retell their stories to every service office. Clients are assisted through warm hand-off referrals when additional supportive services are



needed.

For example, the WIOAs service delivery system is direct services. Our client intake process is completed in person or by phone, based on the client's preference; if done by phone, we can set up a 15-minute appointment for signature or mail it out to the client. Depending on the client's needs assessment, we would start financial assistance, case management, and/or providing resources & referrals. WIOAs case management and financial assistance could be one month to 24 months, on a case-by-case basis.

We are expanding our service delivery model to include a Community Health Worker/Promotora de Salud, allowing for a holistic care approach. This is still in its infancy stage. However, we are excited to see what this may look like for our clientele when the direct service provider is not restricted to one program or unit.

2. Describe how the poverty data related to gender, age, and race/ethnicity referenced in Part I, Question 1 informs your service delivery and strategies in your service area?

Our strategy is to deliver services based on poverty data related to gender, age, race/ethnicity, and to offer culturally linguistical approach to services and be able to assist in person or by phone, in addition to the outreach materials and documents for outreach to health care providers, law enforcement agencies, schools, churches, youth centers, adults' centers, and clubs.

For example, Workforce Innovation and Opportunity Act (WIOA) Priority of Services guidelines require priority to individuals (adults) who qualify as low-income or are receiving public assistance and those who are basic skill deficient. Priority of Service also applies to Veterans and eligible spouses of veterans.



Linkages and Funding Coordination

CSBG Act Sections 676(b)(1)(B) and (C); (3)(B), (C) and (D); 676(b)(4), (5), (6), and (9) California Government Code Sections 12747, 12760 Organizational Standards 2.1, 2.4 State Plan 9.3a, 9.3b, 9.4b, 9.6, 9.7, 14.1b, 14.1c, 14.3d, 14.4

1. Describe how your agency coordinates funding with other providers in your service area. If there is a formalized coalition of social service providers in your service area, list the coalition(s) by name and methods used to coordinate services/funding. (CSBG Act Sections 676(b)(1)(C), 676(b)(3)(C); Organizational Standard 2.1; State Plan 14.1c, 9.6, 9.7)

The Glenn County, Community Action Department (CAD), administers the regional Dos Rios Continuum of Care (CoC), composed of multiple regional representatives, to help identify funding needs. The CoC comprises community members, elected officials, economically disadvantaged representatives, and private enterprise representatives. The CoC Board acts as a coalition of social service providers in our area. The tripartite CoC board is active and provides ideas and support in coordinating funds with other service providers. Coordination is done regularly through monthly CoC Executive Board Meetings and additional meetings throughout the year to ensure collaboration and cohesion. We also plan to continue building our staffing capacity to provide additional collaboration and support with our county partners, as we all see to deliver the best services and support possible to our vulnerable populations.

In the last few years, CAD has coordinated several collaborations with multi-sector partners. We have become a trusted entity throughout the community and among partners. We host regional convenings and establish protocols and procedures to transition the forum to a more appropriate entity. For example, we hosted Health System Collaborative for Colusa and Glenn County while the COVID-19 pandemic was in full swing. We have recently transitioned these forums to our Public Health Departments, and they continue to have a robust roster of participants and engagement (reference Appendix I)

2. Provide information on any memorandums of understanding and/or service agreements your agency has with other entities regarding coordination of services/funding. (CSBG Act Section 676(b)(9), Organizational Standard 2.1; State Plan 14.1c, 9.6, 9.7)

The CGTCAP has several Memorandums of Understanding (MOUs) as part of a three-county Community Action Partnership. As the partnership's administrative organization, the Glenn County Community Action Department has entered into subcontracting MOUs with providers in Colusa and Trinity counties. In Colusa County, agreements were created with the Tri-Counties Community Action Partnership nonprofit and the Department of Health and Human Services for housing services and employment support. For Trinity County, agreements were executed with the Human Response Network (HRN) and the Department of Health and Human Services to provide housing and supportive services for clients. Our agency has financial and non-financial MOUs/ agreements



to obtain services for CSBG clients.

3. Describe how your agency ensures delivery of services to low-income individuals while avoiding duplication of services in the service area(s). (CSBG Act Section 676(b)(5), State Plan 9.3a, California Government Code 12760)

Our various team members within Community Action attend a wide range of meetings that ensure care coordination is occurring with shared/mutual clients of outside entities/partners. We are also in the process of piloting CAP60 and integrating HMIS data to reduce and/or eliminate the duplication of services.

4. Describe how your agency will leverage other funding sources and increase programmatic and/or organizational capacity. (California Government Code Section 12747)

The CSBG funding allotment is critical to our continuous operations, and we use these funds as leverage to obtain additional funds. We are continually searching for additional funding sources that are complementary to the operational goals and that contribute to the programmatic and organizational capacity. As new awards are granted, we integrate or restructure our department to ensure the best use of funds to support our clients and sustain our staffing capacity. In the last 12 months, we have added a total of four Program and Administrative Services Coordinators to the department to provide administrative support to contract/ agreement development and coordinate various service programs and grant-funded projects, such as our Continuum of Care, Centers for Disease Control and Prevention, California Advancing and Innovating Medi-Cal (CalAIM), and County Medical Services Programs. In addition, we also have robust partnerships with a local clinic (Northern Valley Indian Health) where we are partnering on an ACEs PRACTICE grant to strengthen partnerships and increase clinical screenings for ACEs (Adverse Childhood Experience) and repost to the toxic streets, develop sustainable, evidence-informed practices, and build a sustainable workforce to support the impacts of toxic stress and support prevention activities. Our organization continues to have a healthy partnership with local Health and Human Services Agencies who contract with us to project manage, explore, and integrate opportunities and share best practices.

5. Describe your agency's contingency plan for potential funding reductions. (California Government Code Section 12747)

The contingency plan for potential funding reduction includes continuously applying for grants that align with our current efforts and organizational goals. Our Wellness unit within our Community Action Department is piloting the Community Support and Enhanced Care management reimbursement model process with local Managed Care plans through the CalAIM initiative. Also, we are currently exploring the Community Health Worker claiming benefits to create a sustainable discretionary revenue stream to support us during unforeseen funding reductions.



6. Describe how your agency documents the number of volunteers and hours mobilized to support your activities. (Organizational Standard 2.4)

Volunteer applications will be available to the community at each facility and on our website. The Community Action Housing unit will maintain the volunteer recordkeeping. Volunteers are resourced for Community Action Street Outreach and table events as needed. A team member will document the volunteer's time on a monthly calendar template where the hours and days are recorded. The team member will submit volunteer hours to the program manager for reporting and record keeping.

7. Describe how your agency will address the needs of youth in low-income communities through youth development programs and promote increased community coordination and collaboration in meeting the needs of youth. (CSBG Act Section 676(b)(1)(B), State Plan 14.1b)

We are in the process of expanding our program's target population to include youth. In the later part of 2023, we are going to pilot various co-led (partner) youth offerings such as cooking classes, volunteering, and mentoring. Our partners include but are not limited to the local libraries, office of education, boys and girls programs, recreational centers, and town halls.

8. Describe how your agency will promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs such as the establishment of violence-free zones, youth mediation, youth mentoring, life skills training, job creation, entrepreneurship programs, after after-school childcare. (CSBG Act Section 676(b)(1)(B), State Plan 14.1b)

For the past two decades, Glenn County Community Action Department (CAD) has partnered with Glenn County Office of Education, Glenn County Health and Human Services Agency, schools, local businesses, and other community partners to support the Youth Employment Services (YES) Program. High school students who successfully complete all three modules of YES may qualify for a paid work experience activity (funded with Workforce Innovation and Opportunity Act (WIOA) dollars and other state/federal grants). The YES Program prepares students for "life after high school"; course material covers the following areas- work readiness skills, job-search, workplace safety and employer expectations, exploring post-secondary options (e.g., college and university, trade schools, work-based training, military, etc.), independent living skills (e.g. budgeting, renting an apartment, using public transportation, etc.), leadership skills development, etc.).

9. Describe the coordination of employment and training activities as defined in Section 3 of the Workforce and Innovation and Opportunity Act [29 U.S.C. 3102]. (CSBG Act Section 676(b)(5); State Plan 9.4b)

Glenn County Community Action Department (CAD) receives Workforce Innovation and Opportunity Act (WIOA) funding to support the operations of the America's Job Center of



California (AJCC). The AJCC is located at 125 E Walker, Orland, CA 95963. WIOA funded staff assist individuals with their work-search and job-training needs and support employers' workforce efforts (e.g., recruitment, workforce transition, etc.) WIOA serves youth/young adults, adults, and dislocated/laid-off workers and the employer/business community.

10. Describe how your agency will provide emergency supplies and services, nutritious foods, and related services, as may be necessary, to counteract conditions of starvation and malnutrition among low-income individuals. (CSBG Act Section 676(b)(4), State Plan 14.4)

Colusa-Glenn-Trinity Community Action Partnership staff throughout our three counties continually refer clients to other locally available services. We partner with county Health and Human Services Agencies in the three counties to prevent malnutrition and counter starvation. Clients can sign up for Cal Fresh, WIC, and other health services. Glenn County Community Action Department (CAD) is a trauma-informed organization that focuses on serving the "whole person." Depending on the individual's specific needs, referrals may be made to another team within CAD (e.g., housing, employment, weatherization, etc.), Glenn County Health and Human Services Agency (e.g., Cal Fresh, public assistance, Medi-Cal, etc.), partners, and other community-based organizations (e.g., food banks, etc.). Trinity County, we subcontract with Golden Age as a delegate agency to provide seniors with free and nutritious meals. Also, individuals with managed care plans in any of the three counties who qualify for medically tailored meals can receive that benefit and get meals directly mailed to the client's door.

Our team has many years of organized experience supporting individuals and families in getting their basic needs, such as food, clothing, gas cards, and emergency gift cards. We connected them to county services through a wrap-around service model. We have an established network of partners, faith-based organizations, and local donators to support our community with unforeseen emergency situations.

11. Describe how your agency coordinates with other antipoverty programs in your area, including the emergency energy crisis intervention programs under Title XXVI, relating to low-income home energy assistance (LIHEAP) that are conducted in the community. (CSBG Act Section 676(b)(6))

In the tri-county region, we work closely with agency partners such as Social Service, who facilitate the CalWORKs, Cal Fresh, and Medi-Cal programs to provide wrap-around services. We provide warm handoffs to these partners and continue to communicate to best assist our clientele with the services each of us offers. We have over 30 years of experience being the primary provider of antipoverty services for the three counties. For example, our services/assistance are specifically for those who fall under the low-income thresholds. We offer LIHEAP/LIHWAP, Weatherization, REACH, and Housing/Shelter financial support for Colusa, Glenn, and Trinity Counties. We are compliant with the Title XXVI guidelines.

12. Describe how your agency coordinates services with your local LIHEAP service provider?



We are the LIHEAP/LIHWAP providers for Colusa, Glenn, and Trinity Counties. We coordinate with any interested party.

13. Describe how your agency will use funds to support innovative community and neighborhood-based initiatives, which may include fatherhood and other initiatives, with the goal of strengthening families and encouraging effective parenting. (CSBG Act Section 676(b)(3)(D), State Plan 14.3d)

Glenn County Community Action Department (CAD) regularly collaborates with community-based organizations and partners to leverage resources, braid funding, streamline processes, and minimize duplication of efforts. Using a trauma-informed approach, the primary goal is to support the individual and family.

We were awarded two Adverse Childhood Experiences grants in which we partner with various health entities to support strengthening families and breaking intergenerational trauma cycles while supporting families/fathers/mothers on the dimensions of wellness, stress-buster practices, and learning appropriate coping skills.

14. Describe how your agency will develop linkages to fill identified gaps in the services, through the provision of information, referrals, case management, and follow-up consultations. (CSBG Act Section 676(b)(3)(B), State Plan 9.3b)

We are starting to use a new service delivery framework that includes Community Health Workers/Promotores de Salud. This framework is trauma-informed and focuses on person-centered care. It allows the person and/or family to be the drivers and owners of positive changes to gain self-sufficiency.

The robust service delivery model includes bi-directional communication and closed-looped follow-up. In addition, we will modernize the case management system to allow for electronic record-keeping, referrals, intakes, and case management and create a streamlined process for internal team members. Also, the platform will assist with linkages for clients to receive various support/resources and support team members to identify service gaps.



Monitoring

CSBG Act Section 678D(a)(1)(A) and (B)

1. Describe how your agency's monitoring activities are related to establishing and maintaining the integrity of the CSBG program. Include your process for maintaining high standards of program and fiscal performance.

Since Glenn County Community Action Department (CAD) serves as the administrator for the Colusa-Glenn-Trinity Community Action Partnership, we adhere to Glenn County's Department of Finance protocols, practices, and procedures. CAD adheres to county budgetary control procedures, generally accepted accounting principles, and pertinent state/ federal rules and regulations. We follow the GASB and OMB circulars, ensuring integrity, accountability, and stewardship of local, state, federal, and private foundation funds. Separation of financial functions is implemented at every level to safeguard assets. All systems are flow-charted, documented in a county board-approved Finance Policy/ Procedure manual, and reviewed internally for strong preventive controls. Agency management and the CAP Board of Directors generate and review financial and grant reports. On-going monitoring occurs through:

- Annual assessment.
- Two independent yearly audits.
- Various grant/program reviews.
- Monitoring by funding entities, state agencies, and internal county staff to ensure fiscal and programmatic compliance.

When monitored/audited by internal staff or external via state agencies/ independent auditors, a sample of all fiscal operations and grant program files are reviewed, usually at random, and determined if proper accounting and grant compliance has been performed on each item. Results are communicated so continued compliance can be achieved.

The County also has an audit committee that provides oversight of the annual audit and other relevant issues. Finance staff are trained in OMB and are knowledgeable about federal regulatory and grant requirements.

A sampling of monitoring activities may include:

Program assessments to monitor an individual program's compatibility with the agency's mission of self-sufficiency, ability to maintain funding without CSBG or administrative assistance (sustainability), and efficacy with partners.

Client surveys monitor satisfaction with the timeliness of services, treatment by staff in customer service, services provided, and awareness of CSBG programs or leveraged programs.



Agency staff engagement surveys and SWOT analysis are conducted to capture staff satisfaction with job-related training, supervision, administration/management, communication, safety, understanding of mission, and strategic plan.

Community surveys are provided in alignment with the CAP Plan to measure community needs and priorities. This effort assists in the identification of programs' effectiveness and areas of development to improve CSBG program services.

2. If your agency utilizes subcontractors, please describe your process for monitoring the subcontractors. Include the frequency, type of monitoring, i.e., onsite, desk review, or both, follow-up on corrective action, and issuance of formal monitoring reports.

Per the Glenn County Department of Finance protocols, our agency administers monitoring processes and documentation requirements from sub-contractors in adherence to approved financial accounting practices. Our agency conducts desk audits and provides feedback with recommendations for improvement, if necessary. We will adhere to fiscal and grant eligibility monitoring for all subcontractors quarterly.



Data Analysis, Evaluation, and ROMA Application

CSBG Act Section 676(b)(12) Organizational Standards 4.2, 4.3

1. Describe your agency's method for evaluating the effectiveness of programs and services. Include information about the types of measurement tools, the data sources and collection procedures, and the frequency of data collection and reporting. (Organizational Standard 4.3)

Recently, we deployed a team focusing on compliance/quality improvement. We assessed our current capacity for our evaluation methods and found that we could increase our data collection, types of measurement tools, and reporting mechanisms.

2. Applying the Results Oriented Management and Accountability (ROMA) cycle of assessment, planning, implementation, achievement of results, and evaluation, describe one change your agency made to improve low-income individuals' and families' capacity for self-sufficiency. (CSBG Act Section 676(b)(12), Organizational Standard 4.2)

Our organization has modified our service delivery model. We found through a ROMA cycle that a Community Health Worker/Promotores de Salud client care is more effective in meeting people and families where they are and supporting specific individualized needs and assistance.

3. Applying the full ROMA cycle, describe one change your agency facilitated to help revitalize the low-income communities in your agency's service area(s). (CSBG Act Section 676(b)(12), Organizational Standard 4.2)

Revitalizing and applying the complete ROMA cycle allowed our agency to expand our community outreach, build community engagement and strengthen community partners to serve the community needs better. Our assessment identified the growing homeless population as a community level of need. In the planning phase, we established a strategy to obtain grant funding, built agency capacity, and engaged community partners to develop outcomes and deliverables. We set measuring tools and data procedures during the program's implementation to ensure accurate reporting. The positive result of building and housing thirty-three homeless community members was a success. In the evaluation phase, we analyzed the strategy and data for future goals and services. Through this process, we have increased community awareness inreach and outreach about Colusa Glenn Trinity Community Action Partnership and our mission to help the community be a better place to live.



Response and Community Awareness

Diversity, Equity, and Inclusion

1. Does your agency have Diversity, Equity, and Inclusion (DEI) programs in place that promote the representation and participation of different groups of individuals, including people of different ages, races and ethnicities, abilities and disabilities, genders, religions, cultures, and sexual orientations?
⊠ Yes
□ No
2. If yes, please describe.
Although we do not have formal DEI programs, we follow the main principles of DEI and do our best to promote and represent all people of different groups, including people of different ages, races and ethnicities, abilities and disabilities, genders, religions, cultures, and sexual orientations.
Disaster Preparedness
1. Does your agency have a disaster plan in place that includes strategies on how to remain operational and continue providing services to low-income individuals and families during and following a disaster? The term disaster is used in broad terms including, but not limited to, a natural disaster, pandemic, etc.
⊠ Yes
□ No
2. If yes, when was the disaster plan last updated?
Our organizations disaster plan was last updated September 18, 2019.
3. Briefly describe your agency's main strategies to remain operational during and after a disaster.
The main strategies that guide our organization to remain operational during and after a disaster include the following: • ICS/NIMS (Incident Command System and National Incident Management System) training. • As-needed remote working to decrease capacity issues. • Satellite office access points to remain operational.



Federal CSBG Programmatic Assurances and Certification

CSBG Act 676(b)

Use of CSBG Funds Supporting Local Activities

676(b)(1)(A): The state will assure "that funds made available through grant or allotment will be used – (A) to support activities that are designed to assist low-income families and individuals, including families and individuals receiving assistance under title IV of the Social Security Act, homeless families and individuals, migrant or seasonal farmworkers, and elderly low-income individuals and families, and a description of how such activities will enable the families and individuals--

- to remove obstacles and solve problems that block the achievement of selfsufficiency (particularly for families and individuals who are attempting to transition off a State program carried out underpart A of title IV of the Social Security Act);
- ii. to secure and retain meaningful employment;
- iii. to attain an adequate education with particular attention toward improving literacy skills of the low-income families in the community, which may include family literacy initiatives:
- iv. to make better use of available income;
- v. to obtain and maintain adequate housing and a suitable living environment;
- vi. to obtain emergency assistance through loans, grants, or other means to meet immediate and urgent individual and family needs;
- vii. to achieve greater participation in the affairs of the communities involved, including the development of public and private grassroots
- viii. partnerships with local law enforcement agencies, local housing authorities, private foundations, and other public and private partners to
 - I. document best practices based on successful grassroots intervention in urban areas, to develop methodologies for wide-spread replication; and
 - strengthen and improve relationships with local law enforcement agencies, which may include participation in activities such as neighborhood or community policing efforts;

Needs of Youth

676(b)(1)(B) The state will assure "that funds made available through grant or allotment will be used – (B) to address the needs of youth in low-income communities through youth development programs that support the primary role of the family, give priority to the prevention of youth problems and crime, and promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs that have demonstrated success in preventing or reducing youth crime, such as--

- programs for the establishment of violence-free zones that would involve youth development and intervention models (such as models involving youth mediation, youth mentoring, life skills training, job creation, and entrepreneurship programs); and
- II. after-school childcare programs.



Coordination of Other Programs

676(b)(1)(C) The state will assure "that funds made available through grant or allotment will be used – (C) to make more effective use of, and to coordinate with, other programs related to the purposes of this subtitle (including state welfare reform efforts)

Eligible Entity Service Delivery System

676(b)(3)(A) Eligible entities will describe "the service delivery system, for services provided or coordinated with funds made available through grants made under 675C(a), targeted to low-income individuals and families in communities within the state;

Eligible Entity Linkages - Approach to Filling Service Gaps

676(b)(3)(B) Eligible entities will describe "how linkages will be developed to fill identified gaps in the services, through the provision of information, referrals, case management, and follow-up consultations."

Coordination of Eligible Entity Allocation 90 Percent Funds with Public/Private Resources

676(b)(3)(C) Eligible entities will describe how funds made available through grants made under 675C(a) will be coordinated with other public and private resources."

Eligible Entity Innovative Community and Neighborhood Initiatives, Including Fatherhood/Parental Responsibility

676(b)(3)(D) Eligible entities will describe "how the local entity will use the funds [made available under 675C(a)] to support innovative community and neighborhood-based initiatives related to the purposes of this subtitle, which may include fatherhood initiatives and other initiatives with the goal of strengthening families and encouraging parenting."

Eligible Entity Emergency Food and Nutrition Services

676(b)(4) An assurance "that eligible entities in the state will provide, on an emergency basis, for the provision of such supplies and services, nutritious foods, and related services, as may be necessary to counteract conditions of starvation and malnutrition among low-income individuals."

State and Eligible Entity Coordination/linkages and Workforce Innovation and Opportunity Act Employment and Training Activities

676(b)(5) An assurance "that the State and eligible entities in the State will coordinate, and establish linkages between, governmental and other social services programs to assure the effective delivery of such services, and [describe] how the State and the eligible entities will coordinate the provision of employment and training activities, as defined in section 3 of the Workforce Innovation and Opportunity Act, in the State and in communities with entities providing activities through statewide and local workforce development systems under such Act."

State Coordination/Linkages and Low-income Home Energy Assistance

676(b)(6) "[A]n assurance that the State will ensure coordination between antipoverty programs in each community in the State, and ensure, where appropriate, that emergency energy crisis intervention programs under title XXVI (relating to low-income home energy assistance) are conducted in such community."



Community Organizations

676(b)(9) An assurance "that the State and eligible entities in the state will, to the maximum extent possible, coordinate programs with and form partnerships with other organizations serving low-income residents of the communities and members of the groups served by the State, including religious organizations, charitable groups, and community organizations."

Eligible Entity Tripartite Board Representation

676(b)(10) "[T]he State will require each eligible entity in the State to establish procedures under which a low-income individual, community organization, or religious organization, or representative of low-income individuals that considers its organization, or low-income individuals, to be inadequately represented on the board (or other mechanism) of the eligible entity to petition for adequate representation."

Eligible Entity Community Action Plans and Community Needs Assessments

676(b)(11) "[A]n assurance that the State will secure from each eligible entity in the State, as a condition to receipt of funding by the entity through a community service block grant made under this subtitle for a program, a community action plan (which shall be submitted to the Secretary, at the request of the Secretary, with the State Plan) that includes a community needs assessment for the community serviced, which may be coordinated with the community needs assessment conducted for other programs."

State and Eligible Entity Performance Measurement: ROMA or Alternate System

676(b)(12) "[A]n assurance that the State and all eligible entities in the State will, not later than fiscal year 2001, participate in the Results Oriented Management and Accountability System, another performance measure system for which the Secretary facilitated development pursuant to section 678E(b), or an alternative system for measuring performance and results that meets the requirements of that section, and [describe] outcome measures to be used to measure eligible entity performance in promoting self-sufficiency, family stability, and community revitalization."

Fiscal Controls, Audits, and Withholding

678D(a)(1)(B) An assurance that cost and accounting standards of the Office of Management and Budget (OMB) are maintained.

☑ By checking this box and signing the Cover Page and Certification, the agency's Executive Director and Board Chair are certifying that the agency meets the assurances set out above.



State Assurances and Certification

California Government Code Sections 12747(a), 12760, 12768

For CAA, MSFW, NAI, and LPA Agencies

<u>California Government Code § 12747(a)</u>: Community action plans shall provide for the contingency of reduced federal funding.

<u>California Government Code § 12760</u>: CSBG agencies funded under this article shall coordinate their plans and activities with other agencies funded under Articles 7 (commencing with Section 12765) and 8 (commencing with Section 12770) that serve any part of their communities, so that funds are not used to duplicate particular services to the same beneficiaries and plans and policies affecting all grantees under this chapter are shaped, to the extent possible, so as to be equitable and beneficial to all community agencies and the populations they serve.

M By checking this box and signing the Cover Page and Certification, the agency's Executive Director and Board Chair are certifying that the agency meets the assurances set out above.

For MSFW Agencies Only

<u>California Government Code § 12768</u>: Migrant and Seasonal Farmworker (MSFW) entities funded by the department shall coordinate their plans and activities with other agencies funded by the department to avoid duplication of services and to maximize services for all eligible beneficiaries.

By checking this box and signing the Cover Page and Certification, the agency's
Executive Director and Board Chair are certifying that the agency meets the assurances
set out above.



Organizational Standards

Category One: Consumer Input and Involvement

Standard 1.1 The organization/department demonstrates low-income individuals' participation in its activities.

Standard 1.2 The organization/department analyzes information collected directly from low-income individuals as part of the community assessment.

Standard 1.3 (Private) The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.

Standard 1.3 (Public) The department has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the tripartite board/advisory body, which may be met through broader local government processes.

Category Two: Community Engagement

Standard 2.1 The organization/department has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other anti-poverty organizations in the area.

Standard 2.2 The organization/department utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.

Standard 2.4 The organization/department documents the number of volunteers and hours mobilized in support of its activities.

Category Three: Community Assessment

Standard 3.1 (Private) Organization conducted a community assessment and issued a report within the past 3 years.

Standard 3.1 (Public) The department conducted or was engaged in a community assessment and issued a report within the past 3-year period, if no other report exists.

Standard 3.2 As part of the community assessment, the organization/department collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).



Standard 3.3 The organization/department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.

Standard 3.4 The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.

Standard 3.5 The governing board or tripartite board/advisory body formally accepts the completed community assessment.

Category Four: Organizational Leadership

Standard 4.1 (Private) The governing board has reviewed the organization's mission statement within the past 5 years and assured that:

- 1. The mission addresses poverty; and
- 2. The organization's programs and services are in alignment with the mission.

Standard 4.1 (Public) The tripartite board/advisory body has reviewed the department's mission statement within the past 5 years and assured that:

- 1. The mission addresses poverty; and
- 2. The CSBG programs and services are in alignment with the mission.

Standard 4.2 The organization's/department's Community Action Plan is outcome-based, anti- poverty focused, and ties directly to the community assessment.

Standard 4.3 The organization's/department's Community Action Plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.



Appendices

Please complete the table below by entering the title of the document and its assigned appendix letter. Agencies must provide a copy of the Notice(s) of Public Hearing and the Low-Income Testimony and the Agency's Response document as appendices A and B, respectively. Other appendices such as the community need assessment, surveys, maps, graphs, executive summaries, analytical summaries are encouraged. All appendices should be labeled as an appendix (e.g., Appendix A: Copy of the Notice of Public Hearing) and submitted with the CAP.

Document Title	Appendix Location
Board of Supervisor Public Hearing Minute Order and Signature Sheet	Α
Copy of the Proof of Publication	В
County Stakeholders Meeting Agenda, Breakout Questions and Minutes	С
Community Needs Survey Social Media Flyer	D
Community Needs Assessment Results	E
Trinity County Community Demographics and Data	F
Glenn County Community Demographics and Data	G
Colusa County Community Demographics and Data	Н
Muti-Sector Collaboration	I
Volunteer Timesheet	J





GLENN COUNTY BOARD OF SUPERVISORS

Willows Memorial Hall, 2nd Floor 525 West Sycamore Street, Suite B1 Willows, CA 95988 Grant Carmon, District 1 Monica Rossman, District 2 Thomas Arnold, District 3 Jim Yoder, District 4 Vacant, District 5

Scott H. De Moss, County Administrative Officer

The following Minute Order of the Board of Supervisors is being sent to you for information or possible action. If you have any questions concerning this matter, please call the Board's office.

Minute Order of the Board of Supervisors May 23, 2023 Regular Meeting County of Glenn, State of California

7. <u>COMMUNITY ACTION DEPARTMENT - PUBLIC HEARING / COMMUNITY ACTION PLAN 2024-</u> 2025

Matter:

Review the draft 2024-2025 Colusa-Glenn-Trinity Community Action Partnership

Community Action Plan; and

Conduct a Public Hearing to solicit community input and comment regarding the

2024-2025 Community Action Plan; and

Authorize the Glenn County Community Action Director, or designee, and the Chairman of the Board of Supervisors to sign the Certification of Community Action Plan and Assurances; and

Authorize the Glenn County Community Action Director, or designee, to submit the finalized 2024-2025 Community Action Plan to the State.

Proceedings:

- a. Health and Human Services Agency Director, Christine Zoppi introduced Community Action Department Program and Administrative Coordinator, Robyn Nygard, who reviewed the aforesaid matter:
- b. Supervisor Yoder stated there were various organizations that had partnered with the County to help address homelessness within the community, whereby Supervisor Rossman stated COVID had a significant impact on housing, and commended staff for their efforts in recovery and assisting the vulnerable populations regarding housing:
- c. Supervisor Carmon stated the Community Action Department had many great programs that were there to assist the public in a collaborative way, and commended staff for their efforts in supporting the community;
- d. Supervisor Arnold commended staff for their dedication to the various partnerships that the County had, and their efforts in serving the community;
- e. Mrs. Zoppi distributed an updated Community Action Plan to the Board Members;
- f. The Chairman opened the public comment portion of the Hearing;
- g. Willows Resident, Doug Ross stated it was important for the public to have the ability to interface with the County in order to receive information about the various programs that were available, and making program information available all hours of the day;
- h. The Chairman closed the public comment portion of the Hearing;
- i. The Chairman asked if there were any exhibits to be entered into the record, whereby Deputy Clerk, Rachel Bundy stated there were none;
- j. On motion of Supervisor Arnold, seconded by Supervisor Yoder, it was unanimously ordered to approve the aforesaid matter.

CAP Planning - Public Hearing - 24/25
May 23, 2023
Name
Signature

Willis Wather Janelle Melly PETE Com Morely Thomas DON RUST JODY SAMONS Toe Betten court Jason Beauchamp Usa tum pride Phadie Irons Laura Medina. TOPE Hallett Kobyn Nygal JUSTIN GEBISS Eric Johnson Sendy Perez Juleah Cordi Howlest 1 pol

Paula/kg Jam ors lendy xurez

2024/2025 COMMUNITY ACTION PLAN Tuesday, May 23,2023 – 9:05 a.m. Glenn County Board of Supervisors Chambers



CAP PLAN 2023/2024COMMENTS						
IDENTIFYING AS LOW INCOME (Y/N)						
CONTACT INFORMATION						
ORGANIZATION/GROUP	Bos	Bes	1308	808		
NAME	GZANI CARMIN	Sin Voda	May in Desman	Thomas Runold		

PROOF OF PUBLICATION

AVISO DE AUDIENCIA PÚBLICA No. 4875 SE LLEVARÁ ACABO EN LA FASE DE ENTREGA DEL PLAN DE ACCION COMUNITARIO 2024/2025 PARA LA PLANIFICACION BAJO EL BLOQUE DE BECA PARA EL DESARROLLO DE LA COMUNIDAD TAL COMO ES REQUERIDO POR EL In the Matter (DEPARTAMENTO DE DESAROLLO Y SERVICIOS COMUNITÁRIOS Notice of Public Action Plan for l ESTE AVISO ES OTORGADO POR MEDIO DE la Mesa Directiva de Supervisores del.i Condado de Glenn que llevará a cabo una audiencia pública el martes 23 de amy del ni Services Block 🤇 2023 a las 9:05 a.m., o después de las funciones de la mesa directiva de los Supervisores en el Condado de Glenn, 525 W. Sycamoré Street, Willows, California, para presentar el Plan de Acción Comunitaria del 2024/2025 para escuchar sobre las 🤾 necesidades de servicios y prioridades de los condados de Colusa, Glenn, y Trinity y para solicitar la opinión de la comunidad. County of Glen El Departamento de Accion del Condado de Glenn, el administrado de los Condados de Colusa, Glenn, y Trinity, asociación de Acción Comunitaria solicitaran están en el proceso de entregar el Plan actual de Acción Comunitario (CAP Plan) para los años de programación 2024/2025. El CAP Plan guía el desarrollo y la entrega de servicios de 🖰 The undersione los próximos dos años, basado en las opiniones de la comunidad y de la agencia sobre State of Californ las necesidades de servicios y vacios en los tres condados. Necesitamos la opinión de That I am, and a a citizen of the la comunidad. am the principa El propósito de la audiencia pública es para proporcionar a los residentes la oportunidad de expresar sus comentarios. Si usted no puede asistir a la audiencia pública, usted puede dirigir sus comentarios por escrito a la Agencia de Acción Comunitaria del Condado de Glenn, 345 Yolo Street, Orland, CA 95963 o usted puede, The Sacra contactar con Robyn Nygard al RNygardl@countyofglenn.net. Además, un archivo de That said newsp información pública está disponible a: https://www.countyofglenn.net/dept/communityaction/welcome, o en la oficina 345 Yolo Street, Orland, CA, 95963, o 420 E. Laurel as defined by Se Street, Willows, CA, 95988 entre las 10:00 a.m. y 4:00 p.m. durante los días laborales, the State of Cal Superior Court (para obtener más información del Plan. for the County of Saturdays) in the Si usted piensa asistir a la audiencia pública y necesita de acomodos especiales debido a impedimentos sensorial o de movilidad/discapacidad, o necesita la ayuda de un intérprete, favor de comunicarse con Robyn Nygard al (530) 934-1531 para hacer los Glenn; that the n paper on the folli arregios necesarios. Aviso de 24 horas antes de la junta pública facilitara los acomodos y asegurara accesibilidad a la junta. El Condado de Glenn promueve una variedad de servicios y hace disponible todos los April 22, 2023 programas a familias con ingresos bajos sin importar la edad, raza, color, religión, sexo, the foregoing is t nacionalidad, preferencia sexual, estado civil o discapacidad. I certify (or declar Robyn Nygard, Program & Administrative Coordinator of Glenn, Willows Glenn County Community Action Department

Fechado: 22 de April, 2023

(530) 934-1531

Donna Settle, Managing Editor

Date April 26, 20

at Willows, Califo

PROOF OF PUBLICATION

No. 4874

NOTICE OF PUBLIC HEARING

In the Matter c Notice of Public

TO BE HELD AT THE SUBMITTAL PHASE OF THE 2024/2025 COMMUNITY ACTION PLAN FOR PLANNING UNDER THE COMMUNITY SERVICES BLOCK GRANT AS REQUIRED BY THE DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT

Action Plan for I

Services Block C

NOTICE IS HEREBY GIVEN that the Glenn County Board of Supervisors will conduct a public hearing on Tuesday, May 23,2023 at 9:05 a.m., or as soon thereafter as the business of the board will allow, at the Glenn County Board of Supervisors' Chambers, 525 W. Sycamore Street, Willows, California to discuss the Community Action Plan 2024/2025 to address the community priorities of Colusa, Glenn, and Trinity Counties, and to solicit community input. The Glenn County Community Action Department, the administrative entity of the

State of Californ County of Glen

The undersigne State of Californ

That I am, and a a citizen of the nor interested in am the principa Colusa, Glenn, and Trinity, is in process of submitting an updated Community Action Plan (CAP Plan) for the 2024/2025 program years. The CAP Plan guides service development and delivery for the next two years, based on community and agency input regarding service needs and gaps in the three counties. We are seeking community input. The purpose of this public hearing will be to give residents an opportunity to make theirs

Colusa-Glenn-Trinity Community Action Partnership and, on behalf of the Counties of

The Sacra

That said newsp as defined by Se the State of Cal Superior Court for the County o said newspaper : published twice Saturdays) in the Glenn; that the r true printed cop paper on the foll

comments known. If you are unable to attend the public hearing, you may direct written comments to the Glenn County Community Action Department, 345 Yolo Street, Orland, CA 95963, or you may contact Robyn Nygard, RNygard@countyofglenn.net. In addition, a public information file is available for review at: https://www.countyofglenn.net/dept/community-action/welcome, or at our Community Action Offices located at 345 Yolo Street, Orland, CA, 95963, or 420 E. Laurel Street, ut Willows, CA, 95988, between the hours of 10 00 a.m. and 4:00 p.m. on weekdays to find out more information about the CAP Plan.

If you plan on attending the public hearing and need a special accommodation because of a sensory or mobility impairment/disability, or have a need for an interpreter, please, contact Robyn Nygard at (530) 934-1531 to arrange for accommodations. Notifications 24 hours prior to the public meeting will enable the County to make reasonable accommodations to assure accessibility at the meeting.

April 22, 2023

I certify (or declar the foregoing is t of Glenn, Willows The County of Glenn promotes a variety of services and makes all programs available to low-income families regardless of age, race, color, religion, sex, national origin, sexual preference, marital status, familial status, political affiliation or disability.

Robyn Nygard, Program & Administrative Coordinator Glenn County Community Action Department (530) 934-1531

Date April 26, 20 at Willows, Califc

Dated: April 22, 2023

Bv.

Donna Settle, Managing Editor



"Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live.

We care about the entire community, and we are dedicated to helping people help themselves and each other."

COLUSA-GLENN-TRINITY COMMUNITY ACTION PARTNERSHIP BOARD OF DIRECTORS' MEETING

Wednesday, March 29, 2023

In-Person Location: Thunder Hill Raceway, Conference Room 5250 CA-162, Willows, CA 95988

<u>Time: 10:00 am to 2:00 pm (we will break for lunch and networking at approx. 12:00 pm)</u> Tentative Agenda

- I. 10:30 am Call to Order/ Roll Call/ Pledge Chair
 - A. Introductions & Welcome Chair
 - B. Roll Call Led by Robyn Nygard, Community Action Staff
 - C. Read CAP Pledge Led by Chair, Tom Arnold; All Read in Unison
- II. 10:35 am Requests by Members of the Public to Address the Board Chair (Pursuant to Section 54954.3 of the Ralph Brown Act)
- III. 10:40 am Administrative Business/ Housekeeping Chair
 - A. Meeting Notice and Posting Date as required by 1994 Brown Act Robyn Nygard- **Staff**.
 - B. Approval of March 29, 2023 Agenda Action
 - C. Approval of January 25, 2023 Minutes Action
 - D. CAP Board Vacancies Updates Staff Report & Action
 - 1. Trinity County: Two Vacancies
 - Category II (Economically Disadvantaged)
 - Category III Representative of Private Enterprises)

New Board Member Training- Announcement- Staff - Report

- IV. 10:45 Bylaws Review Action
 - A. Discussion
- V. 11:00 am Executive Director's Report Agency Director Report
 - A. Receive Director's report
- VI. 11:10 am CAP Planning Session 2023-2024 Staff- Action
 - A. Presentation of CAP Plan Brenda Enriquez
 - B. Planning and needs discussions
 - C. Review of discussions and priority confirmation
- VII. 1:30 pm Reports Staff Action

Receive and accept the following staff reports:

- A. Programmatic Report Staff
 - i. Weatherization Steve Pierce, Community Action Manager
 - ii. Health Brenda Enriquez, Sr Community Action Manager
 - iii. Dos Rios CoC Janelle Kelly, Program Manager
- B. Fiscal Report Staff: Randy Royce, Sr. Community Action Manager
- C. Tri-Counties Non-Profit -Administrator
- VIII. 1:45 pm Board Member/Individual County Issues Open Discussion on Emerging Regional Issues.
 - A. Colusa County
 - B. Glenn County
 - C. Trinity County
 - D. Other Universal Concerns
- IX. Governing Board Actions Notice Only (attachment)
- X. Next Meeting: May 17, 2023 at 10:00 am in Colusa, venue -TBD
- XI. 2:00 pm Adjournment

In compliance with the Americans with Disabilities Act, the Colusa-Glenn-Trinity Community Action Partnership will make available to persons with a disability disability-related modification or accommodations. If requested, this document and other materials can be made available in an alternative format for persons with a disability who are covered by the Americans with Disabilities Act.

	MEETING 03/29/23 -Thunder Hill Raceway 5250	
Board Members	Signature	County
Janice Bell		Colusa
J. Merced Corona		Colusa
Donna Dennis	Manc Dinnis	Colusa
Elizabeth Yerxa	The year years	Colusa
Jason McMullen		Colusa
Elizabeth Kelly	Elevely	Colusa
Jim Yoder	7-010-	Glenn
Tom Arnold	1011 K.	Glenn
Debbie Moutter	Selbar & Mouther	Glenn
Jason Ross	Our the	Glenn
Rev. Phil Zabell		Glenn
Gilbert Goedhart	Tolland Doubles 5	Glenn
Liam Gogan		Trinity
Dan Frasier		Trinity
Sheri White	Shows	Trinity
Jesse Ferguson		Trinity
VACANT		Trinity
VACANT		Trinity
Staff, TCCAP & Guests	Signature	County
Christine Zoppi		Glenn
Bill Wathen	Q.	Glenn
Randy Royce	Kun 18.	Glenn
Steve Peirce	JAN PR	Glenn
Brenda Enriquez		Glenn
Robyn Nygard	(Doll	Glenn
Jesse Powell		Glenn
Rocio Gonzalez	III	Glenn
Janelle Kelly	End the	Glenn
Yassi Lam	7	Glenn
Luz Melgarejo	m 02	Glenn
Lauren Wong	Tan	Glenn

County Stakeholders Meeting

CGTCAP Board Meeting

03/29/23

Breakout Room Questions

The 2021 Community needs assessment reported the top five pressing issues facing individuals and families in each individual County (table 1), and the top five pressing issues facing youth in the community (table 2) were identified as the following:

Table 1: TOP 5 PRESSING ISSUES FACING INDIVIDUALS AND FAMILIES					
COLUSA COUNTY	GLENN COUNTY	TRINITY COUNTY			
Income or job stability (80%)	Housing instability or affordability (78%)	Housing instability or affordability (69%)			
Housing instability or affordability (73%)	Mental health/wellness (56%)	Mental health/ wellness (62%)			
Education or skill needs (60%)	Income or job stability (44%)	Substance use disorders (62%)			
Mental health/wellness (60%)	Education or skill needs (39%)	Income or job stability (62%)			
Lack of overall health/wellness (40%)	Substance use disorders (39%)	Education or skill needs (38%)			

Table 2: TOP 5 PRESSING ISSUES FACING YOUTH IN THE COMMUNITY						
COLUSA COUNTY	GLENN COUNTY	TRINITY COUNTY 1				
Education or skill needs (73%)	Education or skill needs (61%)	Substance use disorders (1)				
Housing Instability or affordability (67%)	Housing instability or affordability (50%)	Income or job stability (1)				
Mental Health/wellness (60%)	Mental health/wellness (44%)	Housing instability or affordability (2)				
Income or job stability (53%)	Assistance to live independently (33%)	Education or skill needs (3)				
Substance Use Disorders (40%)	Income or job stability and Family Violence and Substance Use Disorders (tied at 28%)	Mental health/wellness (3)				

Prompt questions (feel free to use or discard):

- 1. Do these top pressing issues still represent the current issues facing youth in your County? If not, please explain.
- 2. Do the current programs/services/activities offered in your County address the top five pressing issues in the County? If not, please explain.
- 3. Has COVID-19 changed the way we deliver services?
- 4. Equitable in approach?
- 5. New priorities?

Colusa-Glenn-Trinity Community Action Partnership Board Meeting Minutes March 29th, 2023 10 AM - 2 PM

Agenda Items	Discussion	Actions & Recommendations
I. Call to Order/ Quorum Establi		
	The meeting was called to order at 10:31 am by Tom Arnold. Staff Member Robyn Nygard took roll call to establish a quorum. A quorum was established. Those in attendance:	
	Board Members: Merced Corona (C), Donna Dennis (C), Elizabeth Yerxa (C), Jason McMullan (C), Sheri White (T), Elizabeth Kelly (C), Tom Arnold (G), Debbie Moutter(G), Jason Ross (G), Jim Yoder, (G) Gilbert Goedhart (G) CGTCAP Staff Members: Christine Zoppi, Bill Wathen, Robyn Nygard, Brenda Enriquez, Randy Royce, Rocio Gonzalez, Luz Melgarejo, Steve Pierce, Janelle Kelly,	Note: (C) Colusa County (G) Glenn County
	Guests: N/A	(T) Trinity County
Resumed Agenda as Published. B. Read CAP Pledge	Board Member Tom Arnold recited the CAP pledge.	
	Pastor Jason Ross introduced himself as the new board member. He is a part of the MACC, but specifically resides in Orland.	
	Jim Yoder introduced himself. He is a Board of Supervisor for District 4 in Glenn County.	
	Janelle Kelly introduced herself. She resides in Glenn County and works for Glenn HHSA.	
II. Requests by Members of the	Public to Address the Board – Chair (Pursuant to Section 54954.3 of the Ralph Brown	n Act)
	None at this moment.	
III. Consent Calendar - Staff an	d Board - (Action)	
A. Meeting Notice and Posted Date as Required by the 1994 Brown Act – Staff	Robyn Nygard reported that the agenda was posted 3/17/2023 for all 3 counties.	Motion to approve the Consent Calendar M/S: D.Moutter/E.Yerxa
B. Agenda Additions	Approved.	Motion passed with all others in favor.

C.	Approval of July 28, 2021 Agenda	D. Moutter and Merced Corona approved. Motion passed with all others in favor. E Kelly abstained as she wasn't present.	
D.	Approval of July 28, 2021 Minutes	Glenn County has filled the position with Jason Ross. Trinity County still has two vacancies. Sheri White to work on getting someone on board. New Member Board: A folder will be issued for new members. CAVO is currently in the works and will be out soon for board members to attend virtually.	M/S: M.Corona/ D.Dennis Motion passed with all others in favor.
IV. Byl	aws Review		
A.	Discussion	Christine Zoppi reported out. A copy of the bylaws is in the packet provided today. At our next meeting, we will bring the JPA document, which is an older document but we want to make sure our bylaws are concurrent with the document. Questions/comments open. Elizabeth Yerxa reported a correction on page 4. Jim Yoder wants to know if by bylaws, are we newly formed? Christine Zoppi: these are existing bylaws. There is an annual requirement to review these by the board. This board was formed in the early 80's as the JPA. Elizabeth Kelly gave a rundown on the CAD history and how CAD has been in effect since the 1960's.	
V. Exe	cutive Director's Report	Christine Zoppi: Jesse Powell has been promoted to a Coordinator. Baduel Ramirez has	
A.	Receive Director's Report		
VI. CA	P Planning Session 2023] 3-2023	
		 A. A presentation by Staff Brenda Enriquez was given in regards to the CAP plan. Janelle Kelly spoke on CoC. Luz spoke on Housing Assistance. Steve Pierce spoke on the Weatherization portion. Randy spoke on behalf of Yasi and gave the WIOA report. He also reported on behalf of his program: Fiscal. Brenda gave a brief report on the Whole Person Care (WPC/Wellness). B. Planning and needs discussion: Brenda spoke on the CAP Plan process and purpose for 2024/2025. This will show how we will spend the money from CSBG. A community needs assessment needs to be done. We need to report data. We have to have a public hearing that is open for 30 days to all-ow for comments. Brenda Enriquez and Robyn Nygard are both doing the ROMA 	

	trainings which is a requirement. Brenda brought the 2023 state packet, which is available for viewing. C. Review of discussion and priority confirmation: Breakout sessions: Colusa: Jason McMullan reported out for Colusa County. Same priorities still exist along with transit and access (transportation). We talked about how Covid has changed things and how it's not equitable, since a lot of it went technology based. Housing instability and affordability, development of housing coming to Colusa County. Glenn: Jason Ross reported out for Glenn County. Covid has created greater dependability on government programs (i.e., food stamps). Janelle added the mental health and wellness has moved up on the prioritization list. Trinity: Sheri White reported out for Trinity County. Mental health was moved up as well. The issue for Trinity County is that MH is not being met in the county. In order to see a psychiatrist, they must see someone via telepsychiatry. Job wise, there are a lot of open positions but not a lot of high school graduates. Sheri reported that a lot high school graduates this year will be going off to the military. Power in Trinity County is also an issue. Power poles alone are 10,000 dollars. Housing still continues to be a priority. Individuals are looking at building apartment complexes, but the process is tough, especially with the approval and no county staff. New priority would be getting fully staffed at the county level.	M/S: Jim Yoder (G), Elizabeth Kelly (C) A survey will go out to be shared to your county.
VII. Reports – Staff - <u>Action</u> A. Programmatic Report –	A. Programmatic Reports:	Satisfies Org. Standard 5.9
Staff – Steve Peirce, Weatherization Manager B.Fiscal Report – Staff – Randy Royce, Fiscal Manager	 i. Weatherization: Steve Pierce reported out. This is for the utility assistance. This report is for December 2022 - March 2023. Weatherization has been very low due to staffing. Emergency heating and cooling has been slow. Water assistance, Colusa and Glenn has decent numbers. Trinity has 0. ii. Health: Brenda Enriquez had already given an overview in the presentation above. iii. Dos Rios CoC: A report is currently not available. Next quarterly meeting, Janelle will have a report. There are currently 9 to 11 open grants. PIT survey will be available at our next meeting. Motion A – Accept the Programmatic Report as presented. 	"The Department's Tripartite Board/advisory body receives programmatic reports at each regular board/advisory meeting." Motion A – Programmatic Report M/S: Elizabeth Yerxa/ Jim Yoder Satisfies Org. Standard 8.7: "The tripartite board/advisory body receives financial reports at each regular meeting, for those program(s) the body advises, as allowed by local government procedure."
	B. Fiscal Report: CGTCAP Staff Randy Royce reported out. Not much has changed since our last meeting.	

	Motion B – Accept the Fiscal Report as presented.	Motion B - Fiscal Report
	Miotion D - Accept the Fiscal Nepolt as presented.	M/S:
	C. Tri-Counties Non-Profit: Lauren Wong reported out. The Executive Director stepped down, and now Lauren has been promoted to that position. TCCAP has 4 Community Health Workers (CHW), 2 for Glenn and 2 for Colusa. Community Health Assessment will be started next week. This process will last until June 2024. If anyone is interested, please contact Lauren Wong. Free Covid tests are still being given. Kickoff for Telehealth, will commence in April. ECM is in the works for next month as well. CAP60 is the program that they are going to be using. CHW's will be graduating in May. Whole-in-one, they have also created their mission statement.	
VIII. Board Member/ Individual	 County Issues – Open Discussion on Emerging Regional Issues	
A. Colusa County	Covered in the breakout.	
B. Glenn County	Tom Arnold met with Ryan Bentz from GCOE and Senior Nutrition was brought up,	
-	100,000 should be allocated at the next BOS meeting.	
	Tom Arnold let the committee know that 750,000 was set aside for ambulance efforts.	
	This Friday, there will be a community dinner.	
C. Trinity County	The food bank individual has been very impacted. A lot of power outages are occurring, so food goes bad.	
D. Other Universal	MACC has developed a new food bank for Colusa, Glenn and Tehama. Gift cards will be	
Concerns	available to help supplement the food stamp cut. Food is down 1/3 nationally.	
IX. Governing Board Actions –	Notice Only	
	There is an attachment is your packet of the AD Governing Board items that were taken to the Glenn BOS.	
XI. Announcements – Staff – R	eport	
	None.	
XI. Confirmation of Next Meeting	ng- Chair	
	The next meeting will be in Colusa in May 17 and the venue is to be determined.	
XI. Adjournment	Board Member Tom Arnold adjourned the meeting.	

Respectfully submitted by: Robyn Nygard, Coordinator, Colusa-Glenn-Trinity Community Action Partnership



Community Action Plan

Colusa Glenn Trinity Community Action Partnership Community Needs Assessment Survey

Purpose: To collect data/information about the community and identify the needs or gaps in services of our neighborhood, town, city, or state.



Use the QR code or link below

https://www.surveymonkey.com/r/ CAPPlan2023

"Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other."

COMMUNITY NEEDS ASSESSMENT

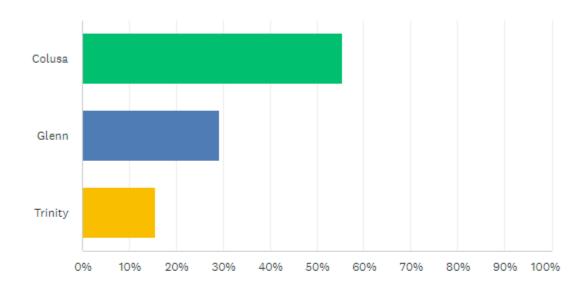
2024-2025



Which County do you reside in?

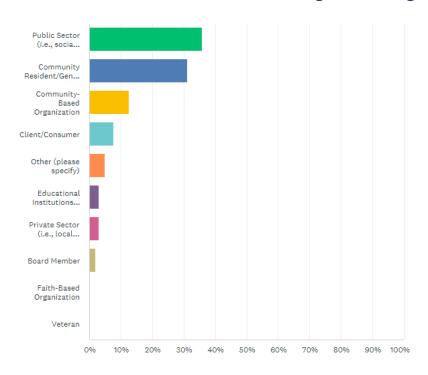
Which County do you reside in?

Answered: 103 Skipped: 0



ANSWER CHOICES	▼ RESPONSES	•
▼ Colusa	55.34%	57
▼ Glenn	29.13%	30
▼ Trinity	15.53%	16
TOTAL		103

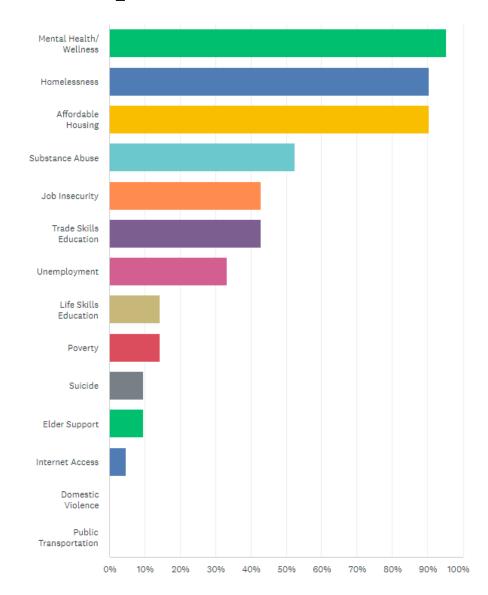
What sector of the community do you represent?



ANSWER CHOICES	RESPONSES	•
▼ Public Sector (i.e., social services departments, state agencies)	35.92%	37
▼ Community Resident/General Public	31.07%	32
▼ Community-Based Organization	12.62%	13
▼ Client/Consumer	7.77%	8
▼ Other (please specify) Responses	4.85%	5
▼ Educational Institutions (i.e., schools, colleges)	2.91%	3
▼ Private Sector (i.e., local business, company)	2.91%	3
▼ Board Member	1.94%	2
▼ Faith-Based Organization	0.00%	0
▼ Veteran	0.00%	0
TOTAL		

Frequent Pressing Issue Topics

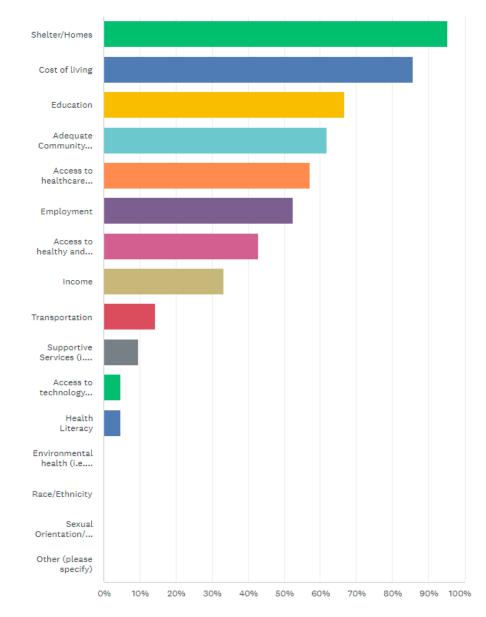
ANSWER CHOICES	▼ RESPONSES	*
▼ Mental Health/ Wellness	95.24%	20
▼ Homelessness	90.48%	19
▼ Affordable Housing	90.48%	19
▼ Substance Abuse	52.38%	11
▼ Job Insecurity	42.86%	9
▼ Trade Skills Education	42.86%	9
▼ Unemployment	33.33%	7
▼ Life Skills Education	14.29%	3
▼ Poverty	14.29%	3
▼ Suicide	9.52%	2
▼ Elder Support	9.52%	2
▼ Internet Access	4.76%	1
▼ Domestic Violence	0.00%	0
▼ Public Transportation	0.00%	0
Total Respondents: 21		



March 29, 2023 CGTCAP Board Meeting – Breakout sessions

Frequent Barriers/Challenges Topics

ANSWER CHOICES	*	RESPONSES	*
▼ Shelter/Homes		95.24%	20
▼ Cost of living		85.71%	18
▼ Education		66.67%	14
 Adequate Community Infrastructures (safe and promotes wellness, i.e., parks) 		61.90%	13
▼ Access to healthcare services		57.14%	12
▼ Employment		52.38%	11
▼ Access to healthy and affordable food		42.86%	9
▼ Income		33.33%	7
▼ Transportation		14.29%	3
▼ Supportive Services (i.e., Mentors, Case Managers, personal coaching)		9.52%	2
▼ Access to technology (internet/boardband)		4.76%	1
▼ Health Literacy		4.76%	1
▼ Environmental health (i.e., water and air quality, pollution)		0.00%	0
▼ Race/Ethnicity		0.00%	0
▼ Sexual Orientation/ Gender Identity		0.00%	0
▼ Other (please specify)	Responses	0.00%	0
Total Respondents: 21			



March 29, 2023 CGTCAP Board Meeting – breakout sessions

Population by Combined Race and Ethnicity

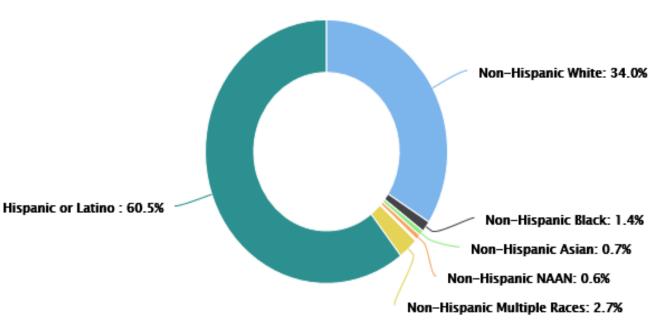
This indicator reports the percentage of the total population in the report area by combined race and ethnicity.

The percentage values could be interpreted as, for example, "Of all the population in the report area, the percentage of population who are non-Hispanic white is (value)."

Note: Some of the combined race/ethnicity groups use acronyms for their names in the following table and chart. The full forms are as followed:

- Non-Hispanic NAAN = Non-Hispanic Native American or Alaska Native
- Non-Hispanic NPI = Non-Hispanic Native Hawaiian or Pacific Islander
- ➤ Non-Hispanic Other = Non-Hispanic Some Other Race



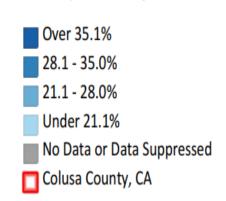


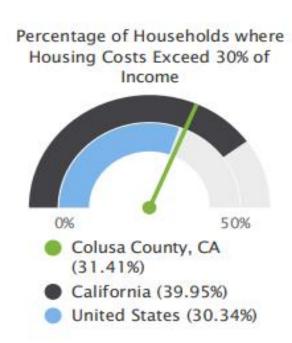
Housing Costs-Cost Burden(30%)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 7,303 total households in the report area, 2,294 or 31.41% of the population live in cost burdened households.



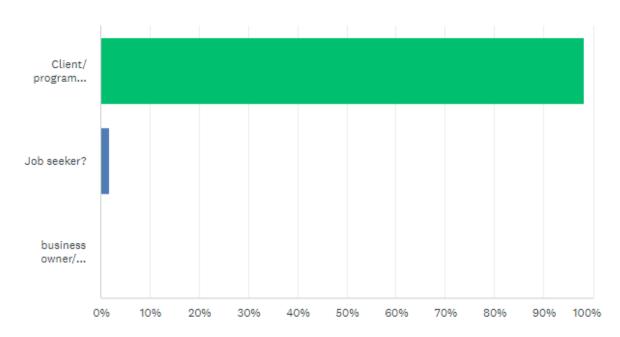
Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2017-21





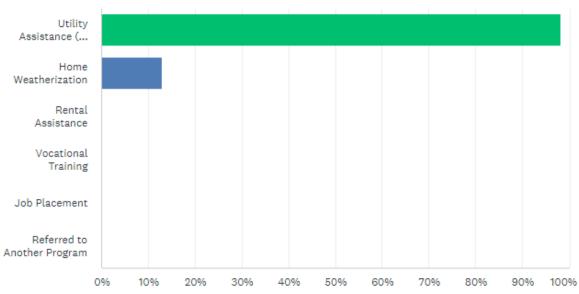
Are you a...

Answered: 54 Skipped: 0



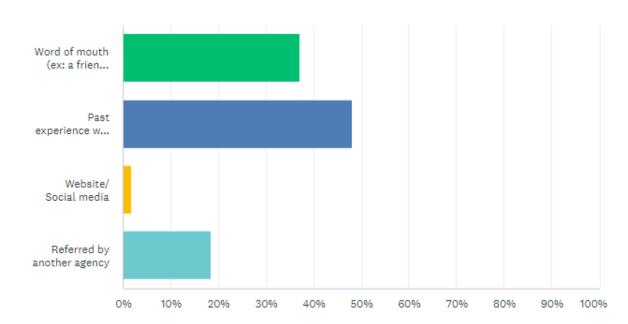
What service did you receive assistance in?

Answered: 54 Skipped: 0



How did you hear about our services or programs?

Answered: 54 Skipped: 0



·· Overall, how would you rate the quality of your customer service expe...

Answered: 54 Skipped: 0

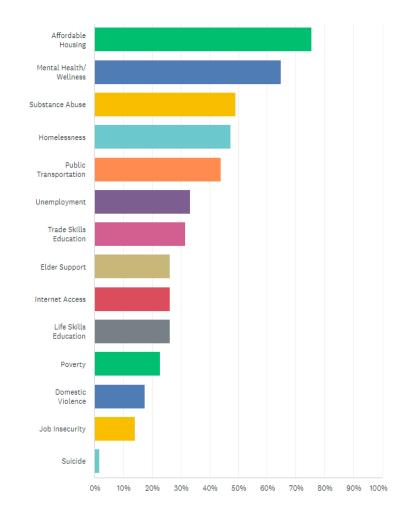
4.9 average rating



•••

Please select what you feel are the top five most pressing issues for your community.

ANSWER CHOICES	▼ RESPONSES
▼ Affordable Housing	75.44%
▼ Mental Health/ Wellness	64.91%
▼ Substance Abuse	49.12%
▼ Homelessness	47.37%
▼ Public Transportation	43.86%
▼ Unemployment	33.33%
▼ Trade Skills Education	31.58%
▼ Elder Support	26.32%
▼ Internet Access	26.32%
▼ Life Skills Education	26.32%
▼ Poverty	22.81%
▼ Domestic Violence	17.54%
▼ Job Insecurity	14.04%
▼ Suicide	1.75%



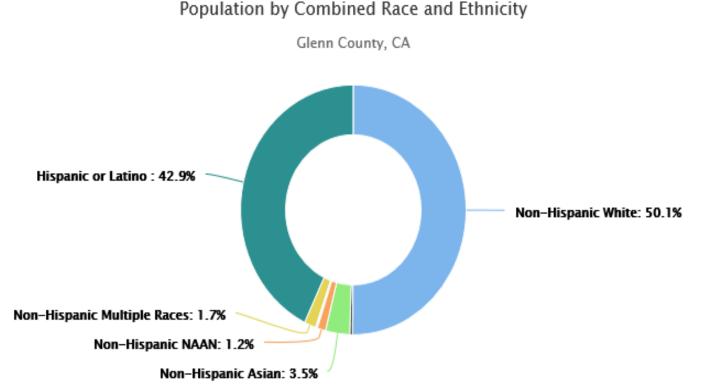
Population by Combined Race and Ethnicity

This indicator reports the percentage of the total population in the report area by combined race and ethnicity.

The percentage values could be interpreted as, for example, "Of all the population in the report area, the percentage of population who are non-Hispanic white is (value)."

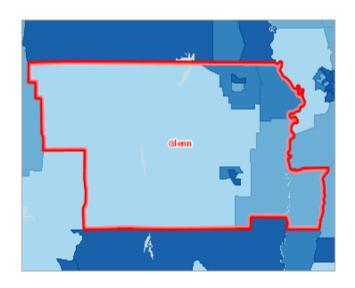
Note: Some of the combined race/ethnicity groups use acronyms for their names in the following table and chart. The full forms are as followed:

- Non-Hispanic NAAN = Non-Hispanic Native American or Alaska Native
- Non-Hispanic NPI = Non-Hispanic Native Hawaiian or Pacific Islander
- Non-Hispanic Other = Non-Hispanic Some Other Race

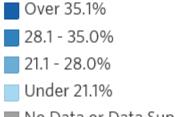


Housing Costs - Cost Burden (30%)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 9,753 total households in the report area, 3,189 or 32.70% of the population live in cost burdened households.

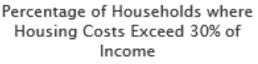


Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2017-21



No Data or Data Suppressed

🔲 Glenn County, CA



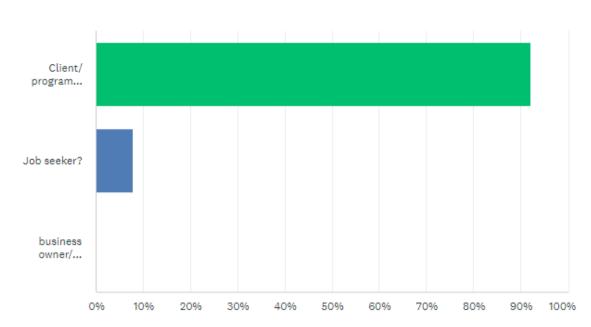


- Glenn County, CA (32.70%)
- California (39.95%)
- United States (30.34%)

•••

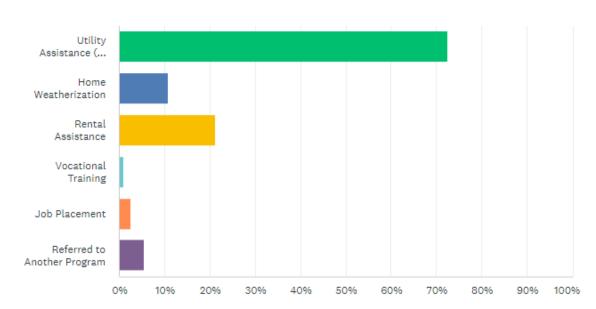


Answered: 203 Skipped: 0



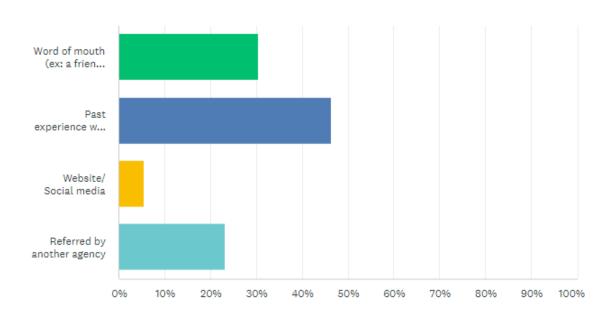
What service did you receive assistance in?

Answered: 203 Skipped: 0



How did you hear about our services or programs?

Answered: 203 Skipped: 0



Overall, how would you rate the quality of your customer service expe...

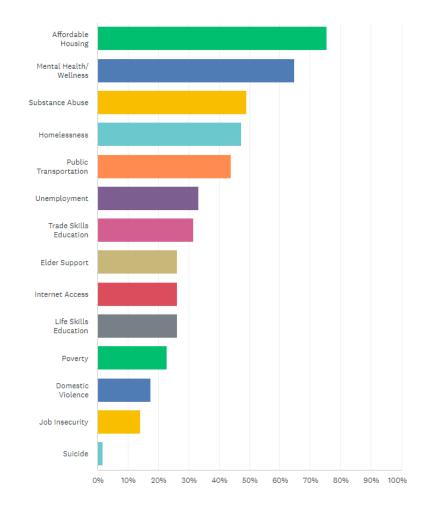
Answered: 203 Skipped: 0

4.7★ average rating



Please select what you feel are the top five most pressing issues for your community.

ANSWER CHOICES	•	RESPONSES
▼ Affordable Housing		75.44%
▼ Mental Health/ Wellness		64.91%
▼ Substance Abuse		49.12%
▼ Homelessness		47.37%
▼ Public Transportation		43.86%
▼ Unemployment		33.33%
▼ Trade Skills Education		31.58%
▼ Elder Support		26.32%
▼ Internet Access		26.32%
▼ Life Skills Education		26.32%
▼ Poverty		22.81%
▼ Domestic Violence		17.54%
▼ Job Insecurity		14.04%
▼ Suicide		1.75%



Population by Combined Race and Ethnicity

This indicator reports the percentage of the total population in the report area by combined race and ethnicity.

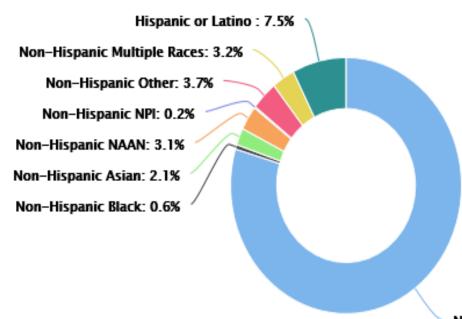
The percentage values could be interpreted as, for example, "Of all the population in the report area, the percentage of population who are non-Hispanic white is (value)."

Note: Some of the combined race/ethnicity groups use acronyms for their names in the following table and chart. The full forms are as followed:

- Non-Hispanic NAAN = Non-Hispanic Native American or Alaska Native
- Non-Hispanic NPI = Non-Hispanic Native Hawaiian or Pacific Islander
- ➤ Non-Hispanic Other = Non-Hispanic Some Other Race

Population by Combined Race and Ethnicity

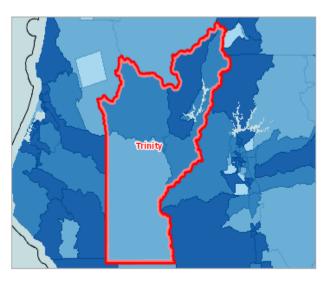
Trinity County, CA



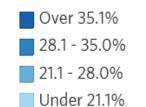
Non-Hispanic White: 79.6%

Housing Costs - Cost Burden (30%)

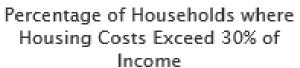
This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 5,492 total households in the report area, 1,668 or 30.37% of the population live in cost burdened households.



Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2017-21



- No Data or Data Suppressed
- 🔲 Trinity County, CA

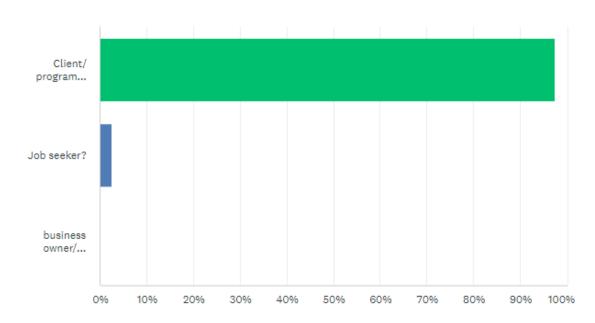




- Trinity County, CA (30.37%)
- California (39.95%)
- United States (30.34%)

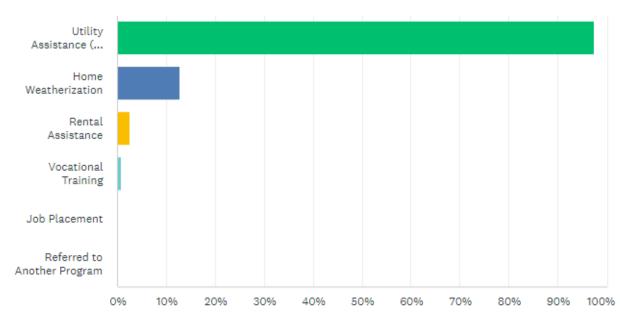
Are you a...

Answered: 118 Skipped: 0



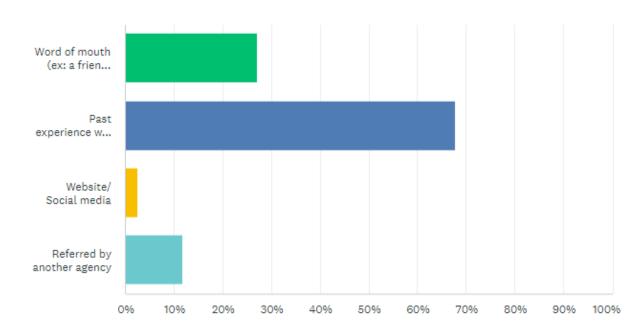
What service did you receive assistance in?

Answered: 118 Skipped: 0



How did you hear about our services or programs?

Answered: 118 Skipped: 0



Overall, how would you rate the quality of your customer service expe...

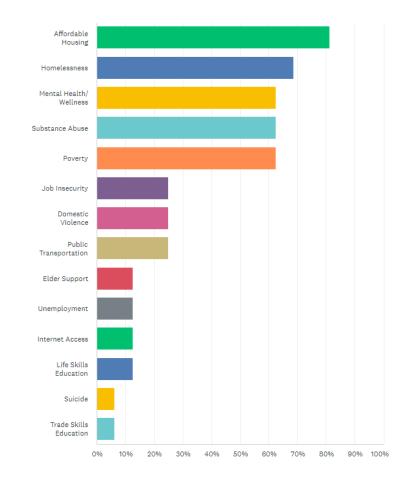
Answered: 118 Skipped: 0

4.82★ average rating



Please select what you feel are the top five most pressing issues for your community.

ANSWER CHOICES	▼ RESPONSES
▼ Affordable Housing	81.25%
▼ Homelessness	68.75%
▼ Mental Health/ Wellness	62.50%
▼ Substance Abuse	62.50%
▼ Poverty	62.50%
▼ Job Insecurity	25.00%
▼ Domestic Violence	25.00%
▼ Public Transportation	25.00%
▼ Elder Support	12.50%
▼ Unemployment	12.50%
▼ Internet Access	12.50%
▼ Life Skills Education	12.50%
▼ Suicide	6.25%
▼ Trade Skills Education	6.25%



QUESTIONS OR SUGGESTIONS WE WELCOME YOUR FEEDBACK!

General Inquiries - gccad@countyofglenn.net

CSBG Sr. Manager - Brenda Enriquez - <u>benriquez@countyofglenn.net</u>

Program & Administrative Services Coordinator - Robyn Nygard - Rnygard@countyofglenn.net



NEXT STEPS

Public Hearing and Approval at the Glenn County Board of Supervisors

May 23, 2023, at 9:05 am

In person or via teleconference

The CAP Plan will be posted for review on our website: https://www.countyofglenn.net/dept/community-action/welcome



THANK YOU!

Community Needs Assessment Colusa-Glenn-Trinity Community Action Partnership

Data Source:Community Commons, https://cares.page.link/yX2p

Trinity County

https://cares.page.link/oeZD

Location

Trinity County, CA

Demographics

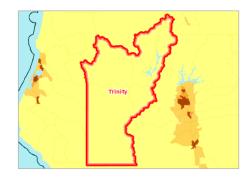
Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

Total Population

A total of 15,818 people live in the 3,179.27 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2017-21 5-year estimates. The population density for this area, estimated at 5 persons per square mile, is less than the national average population density of 93 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Trinity County, CA	15,818	3,179.27	5
California	39,455,353	155,858.54	253
United States	329,725,481	3,533,041.03	93

 $\textit{Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract ~ \Rightarrow \textit{Show more details} \\$



Population, Density (Persons per Sq Mile) by Tract, ACS 2017-21

Over 5,000

1,001 - 5,000

501 - 1,000

51 - 500

Under 51

No Data or Data Suppressed

Trinity County, CA

Population by Combined Race and Ethnicity

This indicator reports the percentage of the total population in the report area by combined race and ethnicity.

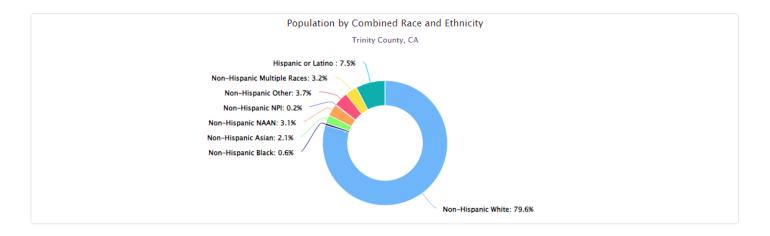
The percentage values could be interpreted as, for example, "Of all the population in the report area, the percentage of population who are non-Hispanic white is (value)."

Note: Some of the combined race/ethnicity groups use acronyms for their names in the following table and chart. The full forms are as followed:

- Non-Hispanic NAAN = Non-Hispanic Native American or Alaska Native
- Non-Hispanic NPI = Non-Hispanic Native Hawaiian or Pacific Islander
- Non-Hispanic Other = Non-Hispanic Some Other Race

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic NAAN	Non-Hispanic NPI	Non-Hispanic Other	Non-Hispanic Multiple Races	Hispanic or Latino
Trinity County, CA	79.62%	0.56%	2.14%	3.08%	0.18%	3.69%	3.18%	7.55%
California	35.76%	5.39%	14.71%	0.32%	0.34%	0.38%	3.58%	39.52%
United States	59.45%	12.19%	5.63%	0.59%	0.17%	0.37%	3.17%	18.44%

Data Source: US Census Bureau, American Community Survey. 2017-21. ightharpoonup Show more details



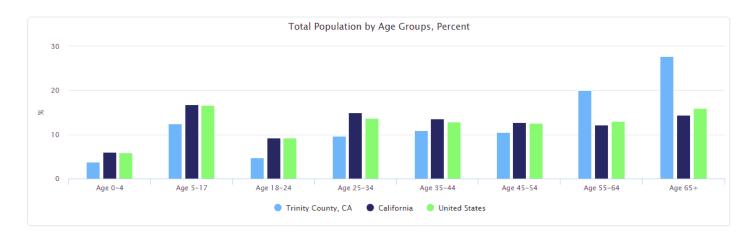
Total Population by Age Groups, Percent

This indicator reports the percentage of age groups in the population of the report area.

The percentage values could be interpreted as, for example, "Of the total population in the report area, the percentage of population age 0-4 is (value)."

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Trinity County, CA	3.82%	12.44%	4.75%	9.67%	10.95%	10.58%	20.03%	27.75%
California	5.96%	16.83%	9.29%	15.06%	13.54%	12.78%	12.17%	14.37%
United States	5.89%	16.62%	9.20%	13.76%	12.87%	12.63%	12.99%	16.04%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details



Population Under Age 18

Of the estimated 15,818 total population in the report area, an estimated 2,573 persons are under the age of 18, representing 16.27% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of persons under age 18 is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 0-17	Population Age 0-17, Percent
Trinity County, CA	15,818	2,573	16.27%
California	39,455,353	8,992,432	22.79%
United States	329,725,481	74,234,075	22.51%

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details

Population Age 18-64

Of the estimated 15,818 total population in the report area, an estimated 8,855 persons are between the ages of 18 and 64, representing 55.98% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 18-64	Population Age 18-64, Percent
Trinity County, CA	15,818	8,855	55.98%
California	39,455,353	24,793,042	62.84%
United States	329,725,481	202,602,785	61.45%

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details



Population Age 18-64, Percent by Tract, ACS 2017-21 Over 63.0% 60.1 - 63.0% 57.1 - 60.0% Under 57.1% No Data or Data Suppressed Trinity County, CA

Population Age 65+

Of the estimated 15,818 total population in the report area, an estimated 4,390 persons are adults aged 65 and older, representing 27.75% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of older adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 65+	Population Age 65+, Percent
Trinity County, CA	15,818	4,390	27.75%
California	39,455,353	5,669,879	14.37%
United States	329,725,481	52,888,621	16.04%

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details



Population Age 65+, Percent by Tract, ACS 2017-21 Over 20.0%

16.1 - 20.0% 12.1 - 16.0% Under 12.1%

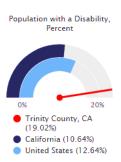
No Data or Data Suppressed

Trinity County, CA

Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. The report area has a total population of 15,639 for whom disability status has been determined, of which 2,975 or 19.02% have any disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population port Area (For Whom Disability Status Is Determined) Population with a Disability		Population with a Disability, Percent
Trinity County, CA	15,639	2,975	19.02%
California	38,946,377	4,145,501	10.64%
United States	324,818,565	41,055,492	12.64%



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details



Disabled Population, Percent by Tract, ACS 2017-21 ■ Over 18.0% ■ 15.1 - 18.0% ■ 12.1 - 15.0% ■ Under 12.1%

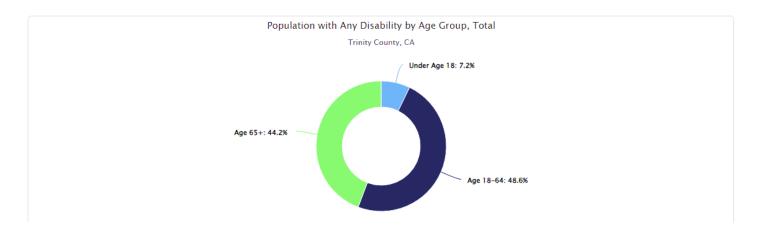
■ No Data or Data Suppressed
■ Trinity County, CA

Population with Any Disability by Age Group, Total

This indicator reports the proportion of the total civilian non-institutionalized population with a disability by age group.

Report Area	Under Age 18	Age 18-64	Age 65+
Trinity County, CA	214	1,445	1,316
California	315,849	1,964,845	1,864,807
United States	3,270,678	20,537,729	17,247,085

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details

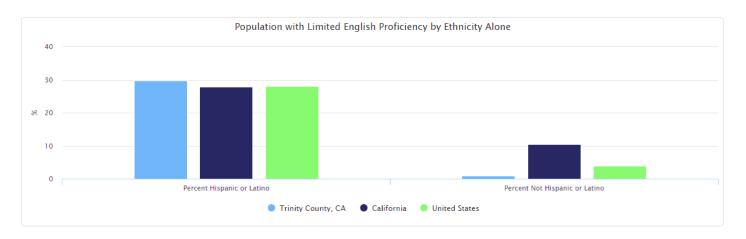


Population with Limited English Proficiency by Ethnicity Alone

This indicator reports the total and percentage of population aged 5 and older who speak a language other than English at home and speak English less than "very well" by ethnicity alone in the report area. The percentage values could be interpreted as, for example, "Among the Hispanic population in the report area, the percentage of the population with limited English proficiency is (value)."

Report Area	Total Hispanic or Latino	Total Not Hispanic or Latino	Percent Hispanic or Latino	Percent Not Hispanic or Latino
Trinity County, CA	333	131	29.65%	0.93%
California	4,012,146	2,365,309	27.83%	10.43%
United States	15,698,264	9,836,995	28.13%	3.87%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details

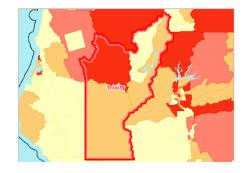


Veteran Population

This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. Of the 13,222 population of the report area, 1,204 or 9.11% are veterans.

Report Area	Total Population Age 18+	Total Veterans	Veterans, Percent of Total Population
Trinity County, CA	13,222	1,204	9.11%
California	30,314,292	1,467,026	4.84%
United States	254,296,179	17,431,290	6.85%

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details



Veterans, Percent of Total Population by Tract, ACS 2017-21 Over 13% 11.1 - 13.0% 9.1 - 11.0% Under 9.1% No Data or Data Suppressed Trinity County, CA

Housing and Families

This category contains indicators that describe the structure of housing and families, and the condition and quality of housing units and residential neighborhoods. These indicators are important because housing issues like overcrowding and affordability have been linked to multiple health outcomes, including infectious disease, injuries, and mental disorders. Furthermore, housing metrics like home-ownership rates and housing prices are key for economic analysis.

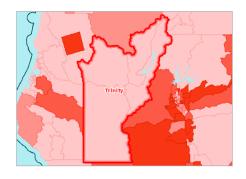
Households - Overview

This indicator reports the total number and percentage of households by composition (married couple family, nonfamily, etc.). According to the American Community Survey subject definitions, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption*. A non-family household is any household occupied by the householder and one or more unrelated individuals.

*Family households and married-couple families do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption.

Report Area	Total Households	Family Households	Family Households, Percent	Non-Family Households	Non-Family Households, Percent
Trinity County, CA	5,492	2,829	51.51%	2,663	48.49%
California	13,217,586	9,060,746	68.55%	4,156,840	31.45%
United States	124,010,992	80,755,759	65.12%	43,255,233	34.88%

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details



Family Households, Percent by Tract, ACS 2017-21

Over 72.0%

68.1 - 72.0%

65.1 - 68.0%

Under 65.1%

No Data or Data Suppressed

Trinity County, CA

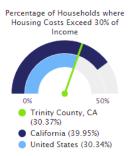
Housing Costs - Cost Burden (30%)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 5,492 total households in the report area, 1,668 or 30.37% of the population live in cost burdened households.

Report Area	Total Households	Cost-Burdened Households	Cost-Burdened Households, Percent
Trinity County, CA	5,492	1,668	30.37%
California	13,217,586	5,280,896	39.95%
United States	124,010,992	37,625,113	30.34%

Note: This indicator is compared to the state average.

 $\textit{Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract ~ \rightarrow \textit{Show more details}$





Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2017-21

Over 35.1% 28.1 - 35.0%

21.1 - 28.0% Under 21.1%

■ No Data or Data Suppressed

Trinity County, CA

Cost-Burdened Households by Tenure, Total

These data show the number of households that spend more than 30% of the household income on housing costs. In the report area, there were 1,668 cost burdened households according to the U.S. Census Bureau American Community Survey (ACS) 2017-2121 5-year estimates. The data for this indicator is only reported for households where household housing costs and income earned was identified in the American Community Survey.

Report Area	Cost-Burdened Households	Cost-Burdened Rental Households	Cost-Burdened Owner-Occupied Households w/ Mortgage	Cost-Burdened Owner-Occupied Households w/o Mortgage
Trinity County, CA	1,668	574	890	204
California	5,280,896	3,030,934	1,904,162	345,800
United States	37,625,113	20,169,402	13,476,120	3,979,591

Data Source: US Census Bureau, American Community Survey. 2017-21. ightharpoonup Show more details

Housing Quality - Substandard Housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard. Of the 5,492 total occupied housing units in the report area, 1,933 or 35.20% have one or more substandard conditions.

Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Occupied Housing Units with One or More Substandard Conditions, Percent
Trinity County, CA	5,492	1,933	35.20%
California	13,217,586	5,743,463	43.45%
United States	124,010,992	39,049,569	31.49%



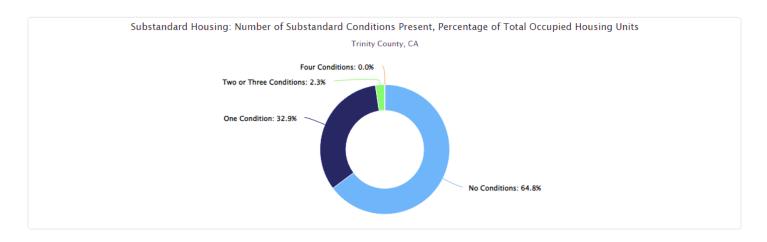
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details

Substandard Housing: Number of Substandard Conditions Present, Percentage of Total Occupied Housing Units

Report Area	No Conditions	One Condition	Two or Three Conditions	Four Conditions
Trinity County, CA	64.80%	32.88%	2.31%	0.00%
California	56.55%	39.18%	4.26%	0.01%
United States	68.51%	29.70%	1.78%	0.01%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details

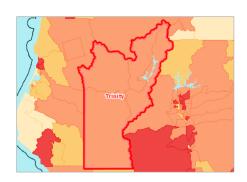


Housing Stock - Age

This indicator reports, for a given geographic area, the median year in which all housing units (vacant and occupied) were first constructed. The year the structure was built provides information on the age of housing units. These data help identify new housing construction and measures the disappearance of old housing from the inventory, when used in combination with data from previous years. This data also serves to aid in the development of formulas to determine substandard housing and provide assistance in forecasting future services, such as energy consumption and fire protection. There are a total 8,233 housing units in the report area, and the median year built is 1977.

Report Area	Total Housing Units	Median Year Structures Built
Trinity County, CA	8,233	1977
California	14,328,539	1975
United States	139,647,020	1979

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details



Median Year Structure Built by Tract, ACS 2017-21

Newer than 1985

1976 - 1985

1966 - 1975

Older than 1966

■ No Data or Data Suppressed

Trinity County, CA

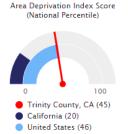
Other Social & Economic Factors

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Area Deprivation Index

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The Area Deprivation Index ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (Education; Income & Employment; Housing; and Household Characteristics). The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

Report Area	Total Population (2020)	State Percentile	National Percentile
Trinity County, CA	16,112	93	45
California	39,538,223	No data	20
United States	334,735,155	No data	46



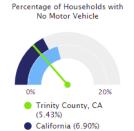
Note: This indicator is compared to the state average.

Data Source: University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas. 2020. Source geography: Block Group → Show more details

Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. Of the 5,492 total households in the report area, 298 or 5.43% are without a motor vehicle.

Report Area	Total Occupied Households	Households with No Motor Vehicle	Households with No Motor Vehicle, Percent
Trinity County, CA	5,492	298	5.43%
California	13,217,586	911,655	6.90%
United States	124,010,992	10,349,174	8.35%



United States (8.35%)

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details

Insurance - Uninsured Population (ACS)

The lack of health insurance is considered a key driver of health status.

In the report area 10.46% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state average of 7.19%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Trinity County, CA	15,639	1,636	10.46%
California	38,946,377	2,800,277	7.19%
United States	324,818,565	28,489,142	8.77%



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details

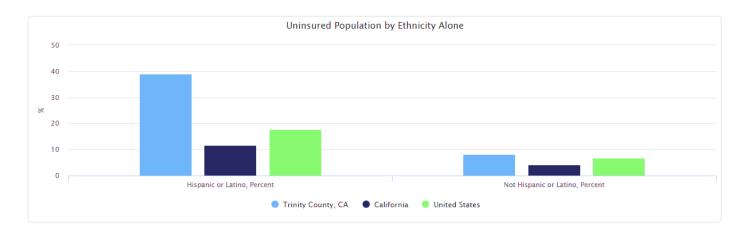
Uninsured Population by Ethnicity Alone

This indicator reports the uninsured population by ethnicity alone.

The percentage values could be interpreted as, for example, "Of all the Hispanic population within the report area, the proportion without health insurance coverage is (value)."

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Trinity County, CA	436	1,200	39.03%	8.26%
California	1,808,243	992,034	11.72%	4.22%
United States	10,601,031	17,888,111	17.65%	6.76%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details



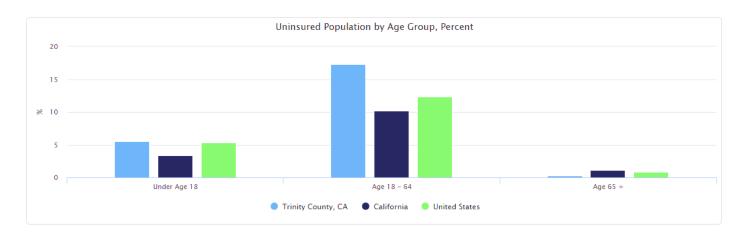
Uninsured Population by Age Group, Percent

This indicator reports the percentage of uninsured population by age group.

The percentage values could be interpreted as, for example, "Of all the population under age 18 within the report area, the proportion without health insurance coverage is (value)."

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Trinity County, CA	5.48%	17.26%	0.25%
California	3.33%	10.16%	1.09%
United States	5.30%	12.29%	0.80%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details



SNAP Benefits - Population Receiving SNAP (SAIPE)

The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. This indicator reports the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year.

Report Area	Total Population	Population Receiving SNAP Benefits	Population Receiving SNAP Benefits, Percent
Trinity County, CA	16,112	1,840	11.4%
California	39,538,223	4,366,231	11.0%
United States	331,449,281	41,829,366	12.6%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2020. Source geography: County → Show more details





Trinity County, CA

Social Vulnerability Index (SoVI)

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The report area has a social vulnerability index score of 0.86, which is which is greater than the state average of 0.72.

Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Trinity County, CA	12,541	0.84	0.86	0.54	0.81	0.86
California	39,346,023	0.67	0.42	0.92	0.78	0.72
United States	326,569,308	0.54	0.48	0.71	0.62	0.58

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2020. Source geography: Tract → Show more details

Teen Births

This indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2014-2020) and are used for the 2023 County Health Rankings.

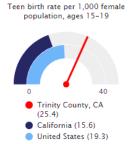
In the report area, of the 2,005 total female population age 15-19, the teen birth rate is 25.4 per 1,000, which is greater than the state's teen birth rate of 15.6.

Note: Data are suppressed for counties with fewer than 10 teen births in the time frame.

Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Female Population Age 15-19
Trinity County, CA	2,005	25.4
California	8,784,781	15.6
United States	72,151,590	19.3

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2014-2020. Source geography: County → Show more details



Young People Not in School and Not Working

This indicator reports the percentage of youth age 16-19 who are not currently enrolled in school and who are not employed. The report area has a total population of 679 between the ages, of which 95 are not in school and not employed.

Report Area	Population Age 16-19	Population Age 16-19 Not in School and Not Employed	Population Age 16-19 Not in School and Not Employed, Percent
Trinity County, CA	679	95	13.99%
California	2,075,785	136,891	6.59%
United States	17,360,900	1,189,520	6.85%

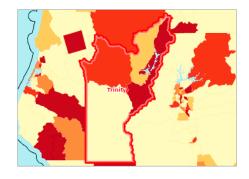


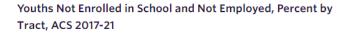


California (6.59%)
 United States (6.85%)

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details





Over 20.0%

15.1 - 20.0%

10.1 - 15.0%

5.1 - 10.0% Under 5.1%

No Data or Data Suppressed

Trinity County, CA

Health Behaviors

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

Alcohol - Heavy Alcohol Consumption

In the report area, 2,141, or 21.30% adults self-report excessive drinking in the last 30 days, which is greater than the state rate of 18.40%. Data for this indicator were based on survey responses to the 2020 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2023 County Health Rankings.

Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period. Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide. There are a number of evidence-based interventions that may reduce excessive/binge drinking; examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse (Centers for Disease Control and Prevention, Preventing Excessive Alcohol Use, 2020).

Report Area	Population Age 18+	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Trinity County, CA	10,052	2,141	21.30%
California	30,566,338	5,625,092	18.40%
United States	256,451,565	48,725,797	19.00%

Percentage of Adults Self-Reporting Excessive Drinking, 2020

0% 30%

Trinity County, CA (21.30%)

California (18.40%)

United States (19.00%)

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2020. Source geography: County → Show more details

Poor or Fair Health

This indicator reports the number and percentage of adults age 18 and older who self-report their general health status as "fair" or "poor." In this report area, the estimated prevalence of fair or poor health among adults aged 18 years and older was 20.50%.

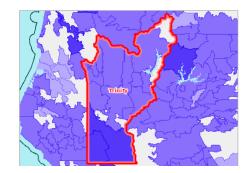
Report Area	Total Population (2020)	Adults Age 18+ with Poor or Fair General Health (Crude)	Adults Age 18+ with Poor or Fair General Health (Age-Adjusted)
Trinity County, CA	12,216	20.50%	17.00%
California	39,368,078	15.39%	14.95%
United States	331,449,281	14.50%	13.70%



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020. Source geography:

Tract → Show more details





Over 29.0%

22.1% - 29.0%

15.1% - 22.0%

Under 15.1%

■ No Data or Data Suppressed

Trinity County, CA

24-25 Community Needs Assessment Colusa-Glenn-Trinity Community Action Partnership

Data Source: Community Commons, https://cares.page.link/yX2p

Glenn County

https://cares.page.link/G3oU

Location

Glenn County, CA

Demographics

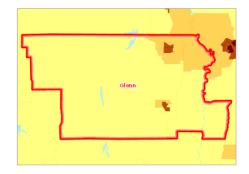
Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

Total Population

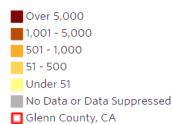
A total of 28,675 people live in the 1,313.97 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2017-21 5-year estimates. The population density for this area, estimated at 22 persons per square mile, is less than the national average population density of 93 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Glenn County, CA	28,675	1,313.97	22
California	39,455,353	155,858.54	253
United States	329,725,481	3,533,041.03	93

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details



Population, Density (Persons per Sq Mile) by Tract, ACS 2017-21



Population by Combined Race and Ethnicity

This indicator reports the percentage of the total population in the report area by combined race and ethnicity.

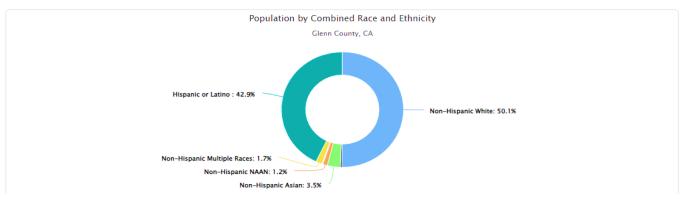
The percentage values could be interpreted as, for example, "Of all the population in the report area, the percentage of population who are non-Hispanic white is (value)."

Note: Some of the combined race/ethnicity groups use acronyms for their names in the following table and chart. The full forms are as followed:

- Non-Hispanic NAAN = Non-Hispanic Native American or Alaska Native
- Non-Hispanic NPI = Non-Hispanic Native Hawaiian or Pacific Islander
- Non-Hispanic Other = Non-Hispanic Some Other Race

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic NAAN	Non-Hispanic NPI	Non-Hispanic Other	Non-Hispanic Multiple Races	Hispanic or Latino
Glenn County, CA	50.10%	0.41%	3.47%	1.21%	0.13%	0.15%	1.66%	42.88%
California	35.76%	5.39%	14.71%	0.32%	0.34%	0.38%	3.58%	39.52%
United States	59.45%	12.19%	5.63%	0.59%	0.17%	0.37%	3.17%	18.44%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details



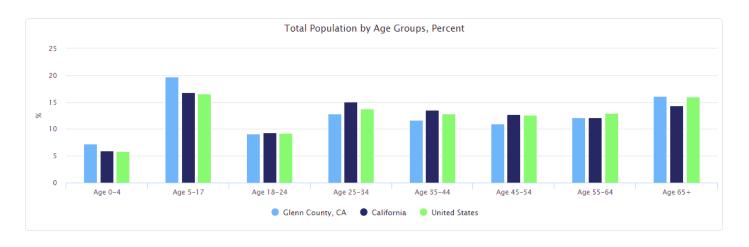
Total Population by Age Groups, Percent

This indicator reports the percentage of age groups in the population of the report area.

The percentage values could be interpreted as, for example, "Of the total population in the report area, the percentage of population age 0-4 is (value)."

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Glenn County, CA	7.30%	19.79%	9.11%	12.83%	11.70%	10.98%	12.13%	16.17%
California	5.96%	16.83%	9.29%	15.06%	13.54%	12.78%	12.17%	14.37%
United States	5.89%	16.62%	9.20%	13.76%	12.87%	12.63%	12.99%	16.04%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details



Population Under Age 18

Of the estimated 28,675 total population in the report area, an estimated 7,769 persons are under the age of 18, representing 27.09% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of persons under age 18 is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 0-17	Population Age 0-17, Percent
Glenn County, CA	28,675	7,769	27.09%
California	39,455,353	8,992,432	22.79%
United States	329,725,481	74,234,075	22.51%

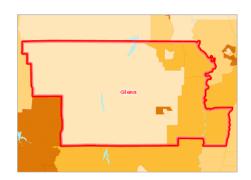
Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details

Population Age 18-64

Of the estimated 28,675 total population in the report area, an estimated 16,269 persons are between the ages of 18 and 64, representing 56.74% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 18-64	Population Age 18-64, Percent
Glenn County, CA	28,675	16,269	56.74%
California	39,455,353	24,793,042	62.84%
United States	329,725,481	202,602,785	61.45%

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details





Over 63.0% 60.1 - 63.0%

57.1 - 60.0%

Under 57.1%

No Data or Data Suppressed

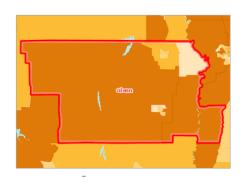
Glenn County, CA

Population Age 65+

Of the estimated 28,675 total population in the report area, an estimated 4,637 persons are adults aged 65 and older, representing 16.17% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of older adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 65+	Population Age 65+, Percent
Glenn County, CA	28,675	4,637	16.17%
California	39,455,353	5,669,879	14.37%
United States	329,725,481	52,888,621	16.04%

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details



Population Age 65+, Percent by Tract, ACS 2017-21

Over 20.0% 16.1 - 20.0% 12.1 - 16.0% Under 12.1%

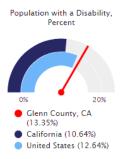
No Data or Data Suppressed

Glenn County, CA

Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. The report area has a total population of 28,403 for whom disability status has been determined, of which 3,793 or 13.35% have any disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status Is Determined)	Population with a Disability	Population with a Disability, Percent
Glenn County, CA	28,403	3,793	13.35%
California	38,946,377	4,145,501	10.64%
United States	324,818,565	41,055,492	12.64%



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details



Disabled Population, Percent by Tract, ACS 2017-21

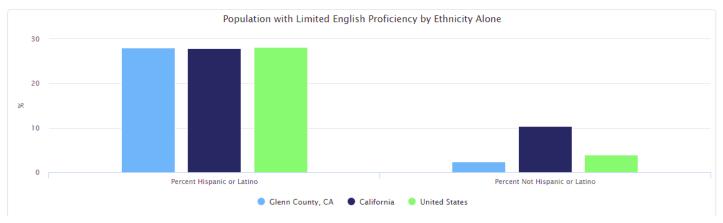
■ Over 18.0%
■ 15.1 - 18.0%
■ 12.1 - 15.0%
■ Under 12.1%
■ No Data or Data Suppressed
■ Glenn County, CA

Population with Limited English Proficiency by Ethnicity Alone

This indicator reports the total and percentage of population aged 5 and older who speak a language other than English at home and speak English less than "very well" by ethnicity alone in the report area. The percentage values could be interpreted as, for example, "Among the Hispanic population in the report area, the percentage of the population with limited English proficiency is (value)."

Report Area	Total Hispanic or Latino	Total Not Hispanic or Latino	Percent Hispanic or Latino	Percent Not Hispanic or Latino
Glenn County, CA	3,138	364	27.99%	2.37%
California	4,012,146	2,365,309	27.83%	10.43%
United States	15,698,264	9,836,995	28.13%	3.87%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details

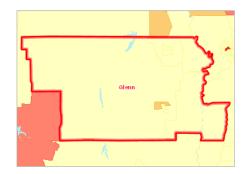


Veteran Population

This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. Of the 20,886 population of the report area, 1,351 or 6.47% are veterans.

Report Area	Total Population Age 18+	Total Veterans	Veterans, Percent of Total Population
Glenn County, CA	20,886	1,351	6.47%
California	30,314,292	1,467,026	4.84%
United States	254,296,179	17,431,290	6.85%

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details



Veterans, Percent of Total Population by Tract, ACS 2017-21 Over 13% 11.1 - 13.0% 9.1 - 11.0% Under 9.1% No Data or Data Suppressed Glenn County, CA

Housing and Families

This category contains indicators that describe the structure of housing and families, and the condition and quality of housing units and residential neighborhoods. These indicators are important because housing issues like overcrowding and affordability have been linked to multiple health outcomes, including infectious disease, injuries, and mental disorders. Furthermore, housing metrics like home-ownership rates and housing prices are key for economic analysis.

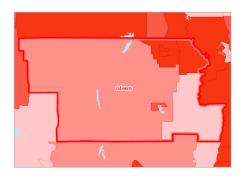
Households - Overview

This indicator reports the total number and percentage of households by composition (married couple family, nonfamily, etc.). According to the American Community Survey subject definitions, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption*. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

*Family households and married-couple families do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption.

Report Area	Total Households	Family Households	Family Households, Percent	Non-Family Households	Non-Family Households, Percent
Glenn County, CA	9,753	7,031	72.09%	2,722	27.91%
California	13,217,586	9,060,746	68.55%	4,156,840	31.45%
United States	124,010,992	80,755,759	65.12%	43,255,233	34.88%

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract \rightarrow Show more details



Family Households, Percent by Tract, ACS 2017-21

Over 72.0%
68.1 - 72.0%
65.1 - 68.0%

Under 65.1%

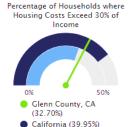
No Data or Data Suppressed

Glenn County, CA

Housing Costs - Cost Burden (30%)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 9,753 total households in the report area, 3,189 or 32.70% of the population live in cost burdened households.

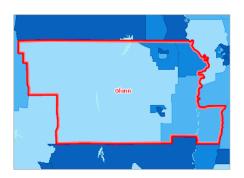
Report Area	Total Households	Cost-Burdened Households	Cost-Burdened Households, Percent
Glenn County, CA	9,753	3,189	32.70%
California	13,217,586	5,280,896	39.95%
United States	124,010,992	37,625,113	30.34%



United States (30.34%)

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details



Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2017-21

Over 35.1%

28.1 - 35.0%

21.1 - 28.0%

Under 21.1%

No Data or Data Suppressed

Glenn County, CA

Cost-Burdened Households by Tenure, Total

These data show the number of households that spend more than 30% of the household income on housing costs. In the report area, there were 3,189 cost burdened households according to the U.S. Census Bureau American Community Survey (ACS) 2017-2121 5-year estimates. The data for this indicator is only reported for households where household housing costs and income earned was identified in the American Community Survey.

Report Area	Cost-Burdened Households	Cost-Burdened Rental Households	Cost-Burdened Owner-Occupied Households w/ Mortgage	Cost-Burdened Owner-Occupied Households w/o Mortgage
Glenn County, CA	3,189	1,747	1,135	307
California	5,280,896	3,030,934	1,904,162	345,800
United States	37,625,113	20,169,402	13,476,120	3,979,591

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details

Housing Quality - Substandard Housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard. Of the 9,753 total occupied housing units in the report area, 3,373 or 34.58% have one or more substandard conditions.

Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Occupied Housing Units with One or More Substandard Conditions, Percent
Glenn County, CA	9,753	3,373	34.58%
California	13,217,586	5,743,463	43.45%
United States	124,010,992	39,049,569	31.49%



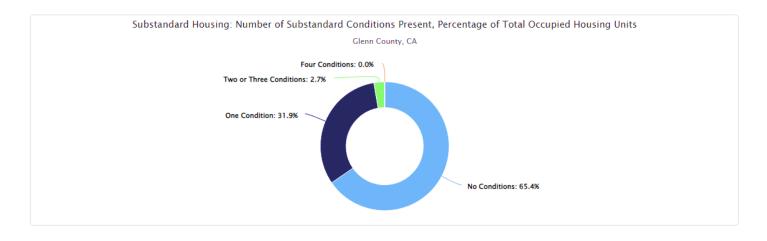
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details

Substandard Housing: Number of Substandard Conditions Present, Percentage of Total Occupied Housing Units

Report Area	No Conditions	One Condition	Two or Three Conditions	Four Conditions
Glenn County, CA	65.42%	31.90%	2.69%	0.00%
California	56.55%	39.18%	4.26%	0.01%
United States	68.51%	29.70%	1.78%	0.01%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details

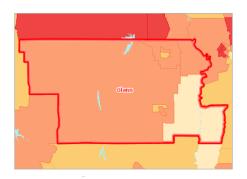


Housing Stock - Age

This indicator reports, for a given geographic area, the median year in which all housing units (vacant and occupied) were first constructed. The year the structure was built provides information on the age of housing units. These data help identify new housing construction and measures the disappearance of old housing from the inventory, when used in combination with data from previous years. This data also serves to aid in the development of formulas to determine substandard housing and provide assistance in forecasting future services, such as energy consumption and fire protection. There are a total 10,890 housing units in the report area, and the median year built is 1977.

Report Area	Total Housing Units	Median Year Structures Built
Glenn County, CA	10,890	1977
California	14,328,539	1975
United States	139,647,020	1979

Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract → Show more details



Median Year Structure Built by Tract, ACS 2017-21 Newer than 1985

1976 - 1985

1966 - 1975 Older than 1966

■ No Data or Data Suppressed

Glenn County, CA

Other Social & Economic Factors

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Area Deprivation Index

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The Area Deprivation Index ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (Education; Income & Employment; Housing; and Household Characteristics). The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

Report Area	Total Population (2020)	State Percentile	National Percentile
Glenn County, CA	28,917	92	48
California	39,538,223	No data	20
United States	334,735,155	No data	46

Area Deprivation Index Score (National Percentile)

0 100

Glenn County, CA (48)

California (20)

United States (46)

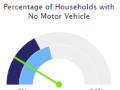
Note: This indicator is compared to the state average.

Data Source: University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas. 2020. Source geography: Block Group → Show more details

Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. Of the 9,753 total households in the report area, 342 or 3.51% are without a motor vehicle.

Report Area	Total Occupied Households	Households with No Motor Vehicle	Households with No Motor Vehicle, Percent
Glenn County, CA	9,753	342	3.51%
California	13,217,586	911,655	6.90%
United States	124,010,992	10,349,174	8.35%



0% 20%

Glenn County, CA (3.51%)

California (6.90%)

United States (8.35%)

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details

Insurance - Uninsured Population (ACS)

The lack of health insurance is considered a key driver of health status.

In the report area 10.04% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state average of 7.19%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Glenn County, CA	28,403	2,851	10.04%
California	38,946,377	2,800,277	7.19%
United States	324,818,565	28,489,142	8.77%

Uninsured Population, Percent



(10.04%)

California (7.19%)

United States (8.77%)

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details

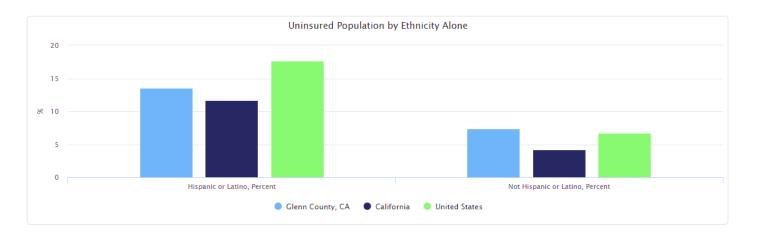
Uninsured Population by Ethnicity Alone

This indicator reports the uninsured population by ethnicity alone.

The percentage values could be interpreted as, for example, "Of all the Hispanic population within the report area, the proportion without health insurance coverage is (value)."

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Glenn County, CA	1,659	1,192	13.58%	7.36%
California	1,808,243	992,034	11.72%	4.22%
United States	10,601,031	17,888,111	17.65%	6.76%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details



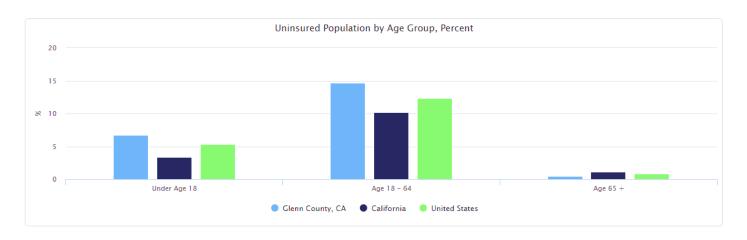
Uninsured Population by Age Group, Percent

This indicator reports the percentage of uninsured population by age group.

The percentage values could be interpreted as, for example, "Of all the population under age 18 within the report area, the proportion without health insurance coverage is (value)."

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Glenn County, CA	6.69%	14.69%	0.46%
California	3.33%	10.16%	1.09%
United States	5.30%	12.29%	0.80%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details



SNAP Benefits - Population Receiving SNAP (SAIPE)

The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. This indicator reports the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year.

Report Area	Total Population	Population Receiving SNAP Benefits	Population Receiving SNAP Benefits, Percent
Glenn County, CA	28,917	3,656	12.6%
California	39,538,223	4,366,231	11.0%
United States	331,449,281	41,829,366	12.6%

Percentage of Total Population Receiving SNAP Benefits



Glenn County, CA (12.6%)California (11.0%)United States (12.6%)

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2020. Source geography: County → Show more details



Glenn County, CA

Social Vulnerability Index (SoVI)

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The report area has a social vulnerability index score of 0.89, which is which is greater than the state average of 0.72.

Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Glenn County, CA	28,060	0.86	0.94	0.87	0.58	0.89
California	39,346,023	0.67	0.42	0.92	0.78	0.72
United States	326,569,308	0.54	0.48	0.71	0.62	0.58

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2020. Source geography: Tract → Show more details

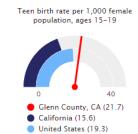
Teen Births

This indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2014-2020) and are used for the 2023 County Health Rankings.

In the report area, of the 6,805 total female population age 15-19, the teen birth rate is 21.7 per 1,000, which is greater than the state's teen birth rate of 15.6.

Note: Data are suppressed for counties with fewer than 10 teen births in the time frame.

Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Female Population Age 15-19
Glenn County, CA	6,805	21.7
California	8,784,781	15.6
United States	72,151,590	19.3



Note: This indicator is compared to the state average.

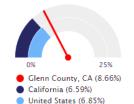
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2014-2020. Source aeography: County → Show more details

Young People Not in School and Not Working

This indicator reports the percentage of youth age 16-19 who are not currently enrolled in school and who are not employed. The report area has a total population of 1,836 between the ages, of which 159 are not in school and not employed.

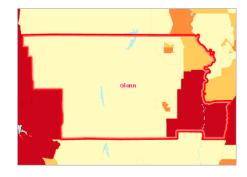
Report Area	Population Age 16-19	Population Age 16-19 Not in School and Not Employed	Population Age 16-19 Not in School and Not Employed, Percent
Glenn County, CA	1,836	159	8.66%
California	2,075,785	136,891	6.59%
United States	17,360,900	1,189,520	6.85%





Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details



Youths Not Enrolled in School and Not Employed, Percent by Tract, ACS 2017-21

Over 20.0%

15.1 - 20.0%

10.1 - 15.0%

5.1 - 10.0%

Under 5.1%

No Data or Data Suppressed

Glenn County, CA

Health Behaviors

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

Alcohol - Heavy Alcohol Consumption

In the report area, 4,209, or 20.33% adults self-report excessive drinking in the last 30 days, which is greater than the state rate of 18.40%. Data for this indicator were based on survey responses to the 2020 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2023 County Health Rankings.

Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period. Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide. There are a number of evidence-based interventions that may reduce excessive/binge drinking; examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse (Centers for Disease Control and Prevention, Preventing Excessive Alcohol Use, 2020).

Report Area	Population Age 18+	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Glenn County, CA	20,702	4,209	20.33%
California	30,566,338	5,625,092	18.40%
United States	256,451,565	48,725,797	19.00%



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2020. Source geography: County → Show more details

Poor or Fair Health

This indicator reports the number and percentage of adults age 18 and older who self-report their general health status as "fair" or "poor." In this report area, the estimated prevalence of fair or poor health among adults aged 18 years and older was 19.70%.

Report Area	Total Population (2020)	Adults Age 18+ with Poor or Fair General Health (Crude)	Adults Age 18+ with Poor or Fair General Health (Age-Adjusted)
Glenn County, CA	28,283	19.70%	18.70%
California	39,368,078	15.39%	14.95%
United States	331,449,281	14.50%	13.70%

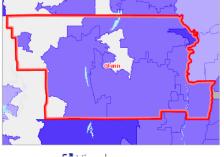


 Glenn County, CA (19.70%)
 California (15.39%)
 United States (14.50%)

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020. Source geography:

Poor or Fair Health, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2020



Over 29.0%

22.1% - 29.0%

15.1% - 22.0%

Under 15.1%

No Data or Data Suppressed

Glenn County, CA

24-25 Community Needs Assessment-Colusa-Glenn-Trinity Community Action Partnership

Data Source: Community Commons, https://cares.page.link/yX2p

Colusa County

https://cares.page.link/sLTJ

Location

Colusa County, CA

Demographics

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

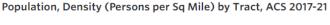
Total Population

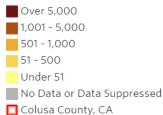
A total of 21,780 people live in the 1,150.71 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2017-21 5-year estimates. The population density for this area, estimated at 19 persons per square mile, is less than the national average population density of 93 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Colusa County, CA	21,780	1,150.71	19
California	39,455,353	155,858.54	253
United States	329,725,481	3,533,041.03	93

 $\textit{Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract ~ \Rightarrow \textit{Show more details}$







Population by Combined Race and Ethnicity

This indicator reports the percentage of the total population in the report area by combined race and ethnicity.

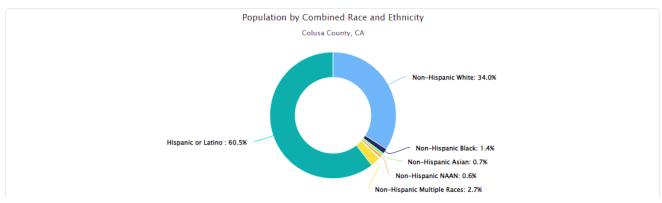
The percentage values could be interpreted as, for example, "Of all the population in the report area, the percentage of population who are non-Hispanic white is (value)."

Note: Some of the combined race/ethnicity groups use acronyms for their names in the following table and chart. The full forms are as followed:

- Non-Hispanic NAAN = Non-Hispanic Native American or Alaska Native
- Non-Hispanic NPI = Non-Hispanic Native Hawaiian or Pacific Islander
- Non-Hispanic Other = Non-Hispanic Some Other Race

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic NAAN	Non-Hispanic NPI	Non-Hispanic Other	Non-Hispanic Multiple Races	Hispanic or Latino
Colusa County, CA	33.97%	1.35%	0.66%	0.64%	0.14%	0.08%	2.66%	60.50%
United States	59.45%	12.19%	5.63%	0.59%	0.17%	0.37%	3.17%	18.44%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details



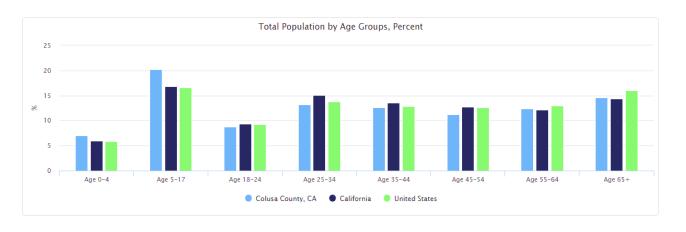
Total Population by Age Groups, Percent

This indicator reports the percentage of age groups in the population of the report area.

The percentage values could be interpreted as, for example, "Of the total population in the report area, the percentage of population age 0-4 is (value)."

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Colusa County, CA	7.03%	20.22%	8.73%	13.17%	12.62%	11.22%	12.44%	14.56%
California	5.96%	16.83%	9.29%	15.06%	13.54%	12.78%	12.17%	14.37%
United States	5.89%	16.62%	9.20%	13.76%	12.87%	12.63%	12.99%	16.04%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details



Population Under Age 18

Of the estimated 21,780 total population in the report area, an estimated 5,936 persons are under the age of 18, representing 27.25% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of persons under age 18 is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 0-17	Population Age 0-17, Percent
Colusa County, CA	21,780	5,936	27.25%
California	39,455,353	8,992,432	22.79%
United States	329,725,481	74,234,075	22.51%

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details

Population Age 18-64

Of the estimated 21,780 total population in the report area, an estimated 12,673 persons are between the ages of 18 and 64, representing 58.19% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 18-64	Population Age 18-64, Percent
Colusa County, CA	21,780	12,673	58.19%
California	39,455,353	24,793,042	62.84%
United States	329,725,481	202,602,785	61.45%

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details





Over 63.0% 60.1 - 63.0% 57.1 - 60.0% Under 57.1%

No Data or Data Suppressed

Colusa County, CA

Population Age 65+

Of the estimated 21,780 total population in the report area, an estimated 3,171 persons are adults aged 65 and older, representing 14.56% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of older adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 65+	Population Age 65+, Percent
Colusa County, CA	21,780	3,171	14.56%
California	39,455,353	5,669,879	14.37%
United States	329,725,481	52,888,621	16.04%

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details



Population Age 65+, Percent by Tract, ACS 2017-21

Over 20.0%

16.1 - 20.0%

12.1 - 16.0%

Under 12.1%

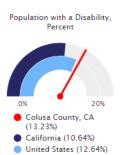
No Data or Data Suppressed

Colusa County, CA

Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. The report area has a total population of 21,633 for whom disability status has been determined, of which 2,861 or 13.23% have any disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status Is Determined)	Population with a Disability	Population with a Disability, Percent
Colusa County, CA	21,633	2,861	13.23%
California	38,946,377	4,145,501	10.64%
United States	324,818,565	41,055,492	12.64%



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details



Disabled Population, Percent by Tract, ACS 2017-21

Over 18.0%

15.1 - 18.0%

12.1 - 15.0%

Under 12.1%

No Data or Data Suppressed

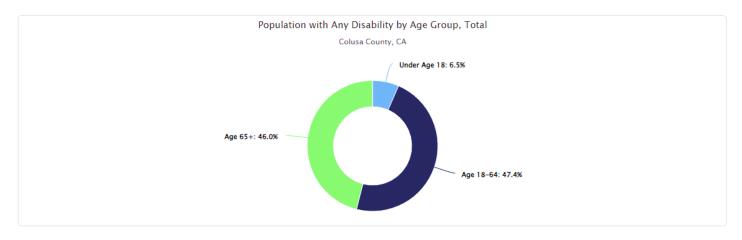
Colusa County, CA

Population with Any Disability by Age Group, Total

This indicator reports the proportion of the total civilian non-institutionalized population with a disability by age group.

Report Area	Under Age 18	Age 18-64	Age 65+
Colusa County, CA	187	1,357	1,317
California	315,849	1,964,845	1,864,807
United States	3,270,678	20,537,729	17,247,085

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details

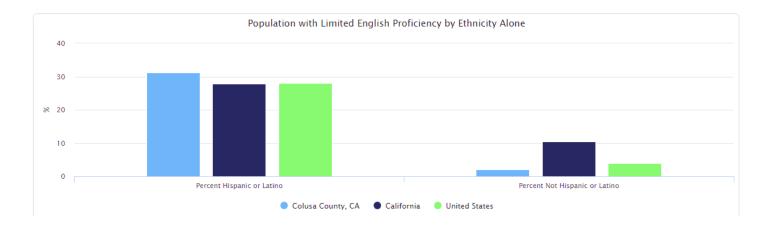


Population with Limited English Proficiency by Ethnicity Alone

This indicator reports the total and percentage of population aged 5 and older who speak a language other than English at home and speak English less than "very well" by ethnicity alone in the report area. The percentage values could be interpreted as, for example, "Among the Hispanic population in the report area, the percentage of the population with limited English proficiency is (value)."

Report Area	Total Hispanic or Latino	Total Not Hispanic or Latino	Percent Hispanic or Latino	Percent Not Hispanic or Latino
Colusa County, CA	3,772	162	31.26%	1.98%
California	4,012,146	2,365,309	27.83%	10.43%
United States	15,698,264	9,836,995	28.13%	3.87%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details



Veteran Population

This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. Of the 15,844 population of the report area, 754 or 4.76% are veterans.

Report Area	Total Population Age 18+	Total Veterans	Veterans, Percent of Total Population
Colusa County, CA	15,844	754	4.76%
California	30,314,292	1,467,026	4.84%
United States	254,296,179	17,431,290	6.85%

Colusa County, CA

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details





Housing and Families

This category contains indicators that describe the structure of housing and families, and the condition and quality of housing units and residential neighborhoods. These indicators are important because housing issues like overcrowding and affordability have been linked to multiple health outcomes, including infectious disease, injuries, and mental disorders. Furthermore, housing metrics like home-ownership rates and housing prices are key for economic analysis.

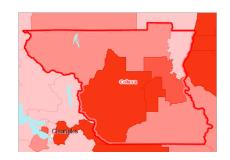
Households - Overview

This indicator reports the total number and percentage of households by composition (married couple family, nonfamily, etc.). According to the American Community Survey subject definitions, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption*. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

*Family households and married-couple families do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption.

Report Area	Total Households	Family Households	Family Households, Percent	Non-Family Households	Non-Family Households, Percent
Colusa County, CA	7,303	4,960	67.92%	2,343	32.08%
California	13,217,586	9,060,746	68.55%	4,156,840	31.45%
United States	124,010,992	80,755,759	65.12%	43,255,233	34.88%

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details





Housing Costs - Cost Burden (30%)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 7,303 total households in the report area, 2,294 or 31.41% of the population live in cost burdened households.

Report Area	Total Households	Cost-Burdened Households	Cost-Burdened Households, Percent
Colusa County, CA	7,303	2,294	31.41%
California	13,217,586	5,280,896	39.95%
United States	124,010,992	37,625,113	30.34%



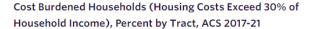


California (39.95%)
 United States (30.34%)

Note: This indicator is compared to the state average.

 $\textit{Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract ~ \Rightarrow \textit{Show more details} \\$





Over 35.1%

28.1 - 35.0%

21.1 - 28.0%

Under 21.1%

No Data or Data Suppressed

Colusa County, CA

Cost-Burdened Households by Tenure, Total

These data show the number of households that spend more than 30% of the household income on housing costs. In the report area, there were 2,294 cost burdened households according to the U.S. Census Bureau American Community Survey (ACS) 2017-2121 5-year estimates. The data for this indicator is only reported for households where household housing costs and income earned was identified in the American Community Survey.

Report Area	Cost-Burdened Households	Cost-Burdened Rental Households	Cost-Burdened Owner-Occupied Households w/ Mortgage	Cost-Burdened Owner-Occupied Households w/o Mortgage
Colusa County, CA	2,294	1,117	852	325
California	5,280,896	3,030,934	1,904,162	345,800
United States	37,625,113	20,169,402	13,476,120	3,979,591

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details

Housing Quality - Substandard Housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard. Of the 7,303 total occupied housing units in the report area, 2,398 or 32.84% have one or more substandard conditions.

Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Occupied Housing Units with One or More Substandard Conditions, Percent
Colusa County, CA	7,303	2,398	32.84%
California	13,217,586	5,743,463	43.45%
United States	124,010,992	39,049,569	31.49%



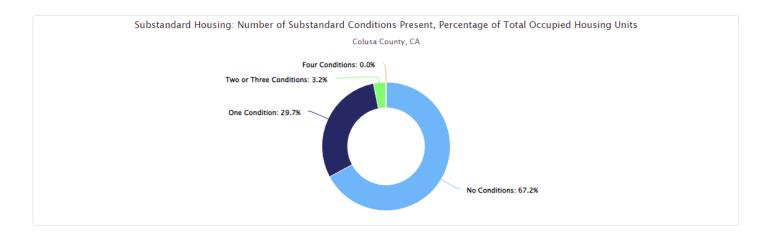
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details

Substandard Housing: Number of Substandard Conditions Present, Percentage of Total Occupied Housing Units

Report Area	No Conditions	One Condition	Two or Three Conditions	Four Conditions
Colusa County, CA	67.16%	29.67%	3.16%	0.00%
California	56.55%	39.18%	4.26%	0.01%
United States	68.51%	29.70%	1.78%	0.01%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details

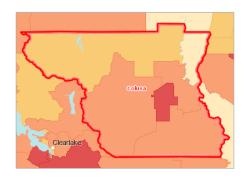


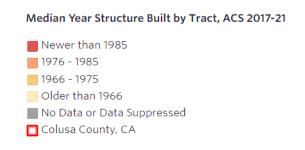
Housing Stock - Age

This indicator reports, for a given geographic area, the median year in which all housing units (vacant and occupied) were first constructed. The year the structure was built provides information on the age of housing units. These data help identify new housing construction and measures the disappearance of old housing from the inventory, when used in combination with data from previous years. This data also serves to aid in the development of formulas to determine substandard housing and provide assistance in forecasting future services, such as energy consumption and fire protection. There are a total 8,085 housing units in the report area, and the median year built is 1977.

Report Area	Total Housing Units	Median Year Structures Built
Colusa County, CA	8,085	1977
California	14,328,539	1975
United States	139,647,020	1979

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details





Other Social & Economic Factors

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Area Deprivation Index

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The Area Deprivation Index ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (Education; Income & Employment; Housing; and Household Characteristics). The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

Report Area	Total Population (2020)	State Percentile	National Percentile
Colusa County, CA	21,839	90	44
California	39,538,223	No data	20
United States	334,735,155	No data	46

Note: This indicator is compared to the state average.

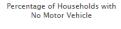
Data Source: University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas. 2020. Source geography: Block Group → Show more details



Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. Of the 7,303 total households in the report area, 338 or 4.63% are without a motor vehicle.

Report Area	Total Occupied Households	Households with No Motor Vehicle	Households with No Motor Vehicle, Percent
Colusa County, CA	7,303	338	4.63%
California	13,217,586	911,655	6.90%
United States	124,010,992	10,349,174	8.35%





Colusa County, CA (4.63%)

California (6.90%)
 United States (8.35%)

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details

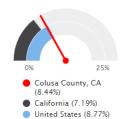
Insurance - Uninsured Population (ACS)

The lack of health insurance is considered a key driver of health status.

In the report area 8.44% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state average of 7.19%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Colusa County, CA	21,633	1,826	8.44%
California	38,946,377	2,800,277	7.19%
United States	324,818,565	28,489,142	8.77%

Uninsured Population, Percent



Note: This indicator is compared to the state average.

 $\textit{Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract ~ \Rightarrow \textit{Show more details} \\$

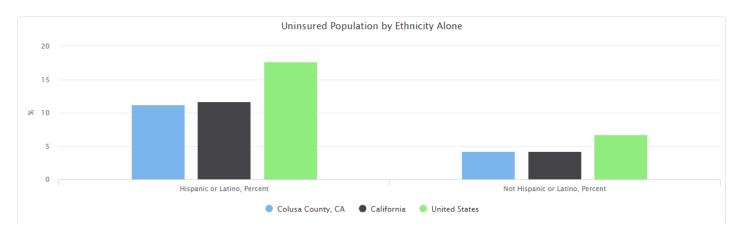
Uninsured Population by Ethnicity Alone

This indicator reports the uninsured population by ethnicity alone.

The percentage values could be interpreted as, for example, "Of all the Hispanic population within the report area, the proportion without health insurance coverage is (value)."

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Colusa County, CA	1,469	357	11.18%	4.20%
California	1,808,243	992,034	11.72%	4.22%
United States	10,601,031	17,888,111	17.65%	6.76%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details



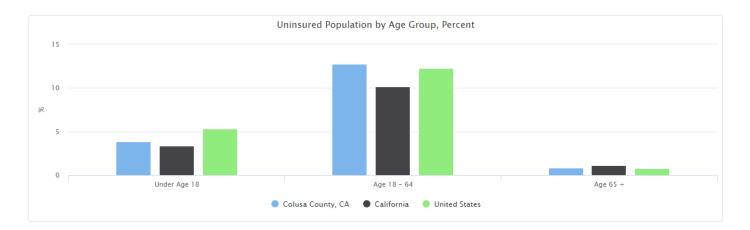
Uninsured Population by Age Group, Percent

This indicator reports the percentage of uninsured population by age group.

The percentage values could be interpreted as, for example, "Of all the population under age 18 within the report area, the proportion without health insurance coverage is (value)."

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Colusa County, CA	3.85%	12.73%	0.81%
California	3.33%	10.16%	1.09%
United States	5.30%	12.29%	0.80%

Data Source: US Census Bureau, American Community Survey. 2017-21. → Show more details



SNAP Benefits - Population Receiving SNAP (SAIPE)

The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. This indicator reports the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year.

Report Area	Total Population	Population Receiving SNAP Benefits	Population Receiving SNAP Benefits, Percent
Colusa County, CA	21,839	1,553	7.1%
California	39,538,223	4,366,231	11.0%
United States	331,449,281	41,829,366	12.6%



0% 25%
Colusa County, CA (7.1%)

Colusa County, CA (7.3California (11.0%)United States (12.6%)

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2020. Source geography: County → Show more details



Colusa County, CA

Social Vulnerability Index (SoVI)

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The report area has a social vulnerability index score of 0.76, which is which is greater than the state average of 0.72.

Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Colusa County, CA	21,491	0.74	0.91	0.95	0.29	0.76
California	39,346,023	0.67	0.42	0.92	0.78	0.72
United States	326,569,308	0.54	0.48	0.71	0.62	0.58

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2020. Source geography: Tract → Show more details

Teen Births

This indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2014-2020) and are used for the 2023 County Health Rankings.

In the report area, of the 5,130 total female population age 15-19, the teen birth rate is 23.6 per 1,000, which is greater than the state's teen birth rate of 15.6.

Note: Data are suppressed for counties with fewer than 10 teen births in the time frame.

Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Female Population Age 15-19
Colusa County, CA	5,130	23.6
California	8,784,781	15.6
United States	72,151,590	19.3

Teen birth rate per 1,000 female population, ages 15-19



Colusa County, CA (23.6) California (15.6) United States (19.3)

Note: This indicator is compared to the state average.

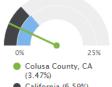
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2014-2020. Source geography: County → Show more details

Young People Not in School and Not Working

This indicator reports the percentage of youth age 16-19 who are not currently enrolled in school and who are not employed. The report area has a total population of 1,267 between the ages, of which 44 are not in school and not employed.

Report Area	Population Age 16-19	Population Age 16-19 Not in School and Not Employed	Population Age 16-19 Not in School and Not Employed, Percent
Colusa County, CA	1,267	44	3.47%
California	2,075,785	136,891	6.59%
United States	17,360,900	1,189,520	6.85%

Population Age 16-19 Not in School and Not Employed, Percent

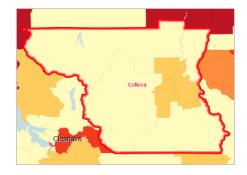


California (6.59%)

United States (6.85%)

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Tract → Show more details



Youths Not Enrolled in School and Not Employed, Percent by Tract, ACS 2017-21

Over 20.0% 15.1 - 20.0% 10.1 - 15.0% 5.1 - 10.0% Under 5.1%

No Data or Data Suppressed

Colusa County, CA

Health Behaviors

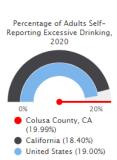
Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

Alcohol - Heavy Alcohol Consumption

In the report area, 3,160, or 19.99% adults self-report excessive drinking in the last 30 days, which is greater than the state rate of 18.40%. Data for this indicator were based on survey responses to the 2020 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2023 County Health Rankings.

Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period. Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide. There are a number of evidence-based interventions that may reduce excessive/binge drinking; examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse (Centers for Disease Control and Prevention, Preventing Excessive Alcohol Use, 2020).

Report Area	Population Age 18+	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Colusa County, CA	15,811	3,160	19.99%
California	30,566,338	5,625,092	18.40%
United States	256,451,565	48,725,797	19.00%



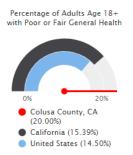
Note: This indicator is compared to the state average

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Accessed via County Health Rankings, 2020, Source aeoaraphy: County → Show more details

Poor or Fair Health

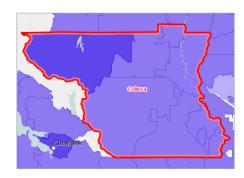
This indicator reports the number and percentage of adults age 18 and older who self-report their general health status as "fair" or "poor." In this report area, the estimated prevalence of fair or poor health among adults aged 18 years and older was 20.00%.

Report Area	Total Population (2020)	Adults Age 18+ with Poor or Fair General Health (Crude)	Adults Age 18+ with Poor or Fair General Health (Age-Adjusted)
Colusa County, CA	21,558	20.00%	19.20%
California	39,368,078	15.39%	14.95%
United States	331,449,281	14.50%	13.70%



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020. Source geography: Tract → Show more details



Poor or Fair Health, Prevalence Among Adults Age 18+ by ZCTA, **CDC BRFSS PLACES Project 2020**

Over 29.0% 22.1% - 29.0% 15.1% - 22.0% Under 15.1% No Data or Data Suppressed

Colusa County, CA

Email (HTML)
 Email (Plain Text)

From: Glenn County Community Action Department <gccad@public.govdelivery.com>

Subject: Colusa County Health System Collaborative April 2023



Glenn County Community Action Department serving the Colusa Glenn Trinity Community Action Partnership 2nd Edition 2023





Wow, we cannot believe we are at the end of April. Thank you all for you continued collaboration efforts. We could not do it without any of you.

Subcommittees within the HSC continued to meet monthly and work on their progress. Please look below for some updates.

We hope to continue to collaborate and positively impact our community for the better. We believe it is possible to reach common ground, innovate our infrastructure across sectors, and decrease silos barriers. Please come to our Health System Collaborative and start the discussion if you feel the same way.

Our next meeting is scheduled for Wednesday, May 17th, 2023 from 3 - 4 PM via Zoom.

Together, we can find opportunities, build partnerships, enhance systems, improve services quality, and build our capacity!

"Stay inspired. Never stop creating."



Any questions and/or meeting information please don't hesitate to reach out to Jesse Powell at powell@countyofglenn.net,

Collaborative activities are funded by the County Medical Services Program (CMSP) Health Systems Development Grant.







MEDICAL Colusa and Glenn Hospital's **Bridge Program**

- 1. Introduce yourself. Title, education, how long you have been in that position, or experience?
 - · My name is Nicole Carl I am the new Substance Use Navigator for Colusa and Glenn Hospitals Bridge Program, i have degrees in Alcohol and Other Drugs Counseling or AOD Counseling and Social Work. I recently took this position in April 2023, I have held positions with The County of Sutter as an intervention Counselor for Prevention and Early Intervention, and with Mental Health Systems Inc. Fresno First Womens Perlnatal Dual Diagnosis Inpatient Program as a Substance Use Disorder Counselor.
- 2. Introduce your program.
 - The Bridge program is a unique program that bridges Medicated Assisted Treatment of Substance Use Disorders from the Emergency Department to Treatment Providers in the area.
- 3. What does a SUD Navigator do? Who do they serve?
 - The Substance Use Navigator works directly with ER providers and Clinicians to serve patients that are struggling with Substance Use Disorders. Specifically, people struggling with Oplate and Alcohol dependence that are withdrawal. We start their Medicated Assisted Treatment or MAT In the ER and link them with community programs upon discharge from the ER.
- 4. What is your mission?
 - My mission is to save lives. We live in a time that Fentanyl and Fentanyl overdoses are rising and outnumbering motor vehicle deaths annually. I strive to meet these patients with empathy and understanding so that they will trust me enough to accept my help.
- 5. Can you tell me about a success story (personal or professional)?
 - I am an addict that is in recovery, I have been a client of MAT services in the past and I know that these programs do work. I have been Clean and Sober Since 5/26/2009. I am very excited to be able to help people the way someone once helped me, Full-Circlett

Let's welcome Nicole with open arms and wish her the best in her new role!



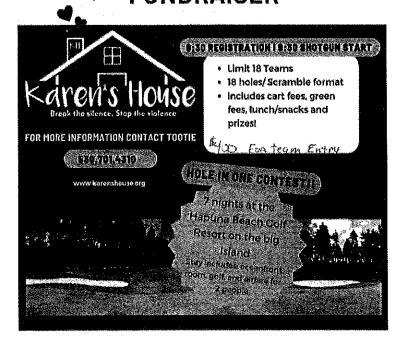
Nicole Clark



Karen's House 5th Annual Golf Tournament Fundraiser



KAREN'S HOUSE 5TH ANNUAL GOLF TOURNAMENT FUNDRAISER



Cruzin' to Colusa Car Show



Free Kid's Fish Day

FREE KID'S FISH DAY





SATURDAY, APRIL 23, 2022

7:00 AM - 3:00 PM

Little Stony Creek - Day use area Goat Mountain Road

Sponsored by Colusa County Fish & Game Commission

TCCAP's Disc Gold Fundraiser







The following are the active workgroups within the Health System Collaborative.

California Advancing and Innovating Medi-Cal (CalAIM)

Completed Actions

High-Level Overview

· Lauren reported that she is now live with Anthem Blue Cross for ECM services.

Current Activities:

· None to report at this time.

Contact information: Brenda Enriquez, Community Action Manager with Glenn County Community Action Department, email: benriquez@countyofglenn.net

Ambulance/EMS Care

Completed Actions

High-Level Overview

 A meeting for Fire Chief/Partners was held on 2.1.23. We talked about ambulance wait times and the RFP between Enloe and AMR.

Current Activities:

 Another meeting is to be held on 5.10.23. If you or someone you know wants to attend, please reach out to Rocio for an invite.

Contact information: Rocio Gonzalez, Community Outreach Advocate with Glenn County Community Action Department, email: rgonzalez@countyofglenn.net

Medical Professional Shortage (MPS)

Completed Actions

High-Level Overview

· None to report out at this time.

Current Activities:

· None to report out at this time.

Contact information: Brenda Enriquez, Sr. Community Action Manager with Glenn County Community Action Department, email: benriquez@countyofglenn.net

Inactive Workgroups:

If we identify workgroups that would be of interest under the Health System Collaborative, they would be noted here. Then if we do not have a champion, this will be a parking fot until we can lead the workgroup.

If you are interested in leading any of the workgroups, please let the Wellness Team (Brenda E., Jesse P. or Rocio G.) know.

Collaborative Partner Websites:

Ampla Health:

https://www.amplahealth.org/healthcenters/colusa-medical-dental/

Anthem:

https://mss.anthem.com/anthem/home.html

Behavioral Health:

https://www.countyofcolusa.org/325/Behavi oral-Health

California Health and Wellness/Health

https://www.cahealthwellness.com/

Community Action Department:

https://www.countyofglenn.net/dept/community-action/welcome

Colusa County Office of Education:

https://www.ccoe.net/

Colusa Medical Center:

https://colusamedcenter.com/

Health and Human Services Department:

https://www.countyofcolusa.org/26/Health-Human-Services

Northern Valley Indian Health, Inc.: https://nvih.org/

Tri-Counties Community Action Partnership:

www.tricountiescap.org

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GOVDELIVERY ■

From: Glenn County Community Action Department <gccad@public.govdelivery.com>
Subject: Colusa County Health System Collaborative April 2023

- Email (HTML)
- Email (Plain Text)

From: Glenn County Community Action Department <gccad@public.govdelivery.com> Subject: Colusa County Health System Collaborative September 2022



Glenn County Community Action
Department serving the Colusa Glenn
Trinity Community Action Partnership

5th Edition 2022



Collaborative Message

Welcome to this year's fifth newsletter. September has come to an end, the leaves are changing colors, and we all are hoping for some sweater weather soon. Don't stop be-leafing! Fall is one of our favorite seasons at the Collaborative, and with the holidays just around the corner we are busy, busy, busy!

We hope to continue to collaborate and positively impact our community for the better. We believe it is possible to reach common ground, innovate our infrastructure across sectors, and decrease silos barriers. Please come to our Health System Collaborative and start the discussion if you feel the same way.

Our next meeting time is scheduled for Wednesday, October 19th, 2022 from 3 - 4 PM via Zoom.

"Great discoveries and improvements invariably involve the cooperation of many minds." -Alexander Graham Bell

Together, we can find opportunities, build partnerships, enhance systems, improve services quality, and build our capacity!

Any questions and/or meeting information please don't hesitate to reach out to the Wellness Team: Brenda Enriquez at benriquez@countyofglenn.net, Jesse Powell at jpowell@countyofglenn.net and/or Rocio Gonzalez at rgonzalez@countyofglenn.net

Collaborative activities are funded by the County Medical Services Program (CMSP) Health Systems Development Grant.







Colusa Medical Center (CMC) has been in operation from its humble beginnings in January of 1877. It has been a community owned and governed hospital for over 20 years. What began as a small, rural medical facility has grown into a vital regional medical center that provides a level of service and care found only in the best rural community hospitals in the nation. CMC is open 24-hours/7-days per week/365 days per year. CMC operates a county-wide health system consisting of a 48-bed acute care hospital and skilled nursing facility, Home Health Agency, and rural health clinics in Arbuckle, Colusa, and Williams. CMC offers a wide range of services from emergency medicine to palliative care, surgical care and much more. CMC staff has a variety of expertise in various fields.

One such staff member is Lauren Still. Lauren joined the CMC team as a Project Manager four years ago and continues to provide excellent service. Lauren majored in Mechanical Engineering and Statistics at Rochester Institute of Technology in Rochester, New York. She has spent most of her adult career working in health IT. Lauren is currently working on the development of a Substance Use Disorder (SUD) bridge program within CMC's emergency room. This effort is being completed under the CA Bridge Program to provide access to medication assisted therapies locally, and connect patients with important services.

Recently, two new valuable physicians have joined the Williams Clinic, Pediatrician Dr. Narinder Singh and Family Medicine Physician Dr. Harpeet Johl who are both well established and bring years of valuable experience to the CMC team.



Just some of the amazing CMC staff!

Article written by CAD







Saturday October 1, 2022

9am-4pm Sycamore Slough Road between Colusa & Meridian, CA

Handmade goods by rural makers & artisans

Benefitting Priends of Colusa County Animal Shelter

Baked Goods and Lunch at the Blue Ribbon Cafe

www.facebook.com/farmmadefair





Community Foundation of Colusa County Studio ABC—Art Education Fund Colusa County 501[c](3)

Contact and Reservations: Jeanie Allen Kessinger; Cell/Text: 530 218-0795 P.O. Box 505, Colusa, CA 95932 Please make reservations by noon Monday

Unless otherwise noted classes held at: WCC: Williams Community Center 860 C Street, Williams, CA 95987

Darlene Crites-Art Instructor Paint and Sip Classes: Instruction, canvas, paint and brushes provided. Minimum of 15 guests or the class can be cancelled.









THURS SEP 22, 2022 WCC 6 PM \$35 POR: Studio A IC



WED. OCT 19, 2022 6 PM \$50 COLUSA VFW HALL FUND RAISER FOR

COLUSA CO DREAMS AND WISHES
NON-PROFIT FOR DEVELOPMENTALLY
DISABLED ADULTS • CAMP TUTTON



SAT. OCT 22, 2022 4 PM \$50 HOSTED BY GRANZELLA'S FUND RAISER FOR KAREN'S HOUSE

NON-PROFIT FOR DOMESTIC VIOLENCE PREVENTION EDUCATION AND ADVOCACE

Can't make paint plant? Donations can be can't make paint plant? Donations can be mailed to? Coluse Co Dream & Author control to the paint plant? Donations can be paint plant? Donations

Colusa Holiday (Craft Faire



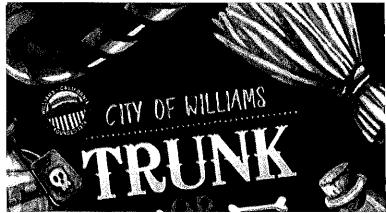
Now accepting vendor applications www.colusafairgrounds.com













Active Workgroups

The following are the active workgroups within the Health System Collaborative,

California Advancing and Innovating Medi-Cal (CalAIM)

September's meeting was canceled due to unforeseen circumstances. Updates will be provided at the October meeting. Should you have any updates that are urgent to this matter, and/or interest in joining this workgroup, please get in contact with Brenda Enriquez.

Contact information: Brenda Enriquez, Community Action Manager with Gienn County Community Action Department, email: benriquez@countyofglenn.net

Ambulance/EMS Care

Completed actions:

September's meeting was canceled due to unforeseen circumstances. Updates will be provided at the October meeting. Should you have any updates that are urgent to this matter, and/or interest in Johning this workgroup, please get in contact with Rocio Gonzalez.

Contact Information: Rocio Gonzalez, Community Outreach Advocate with Glenn County Community Action Department, email: rgonzalez@countyofglenn.net

Medical Professional Shortage (MPS)

Completed Actions

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Contact information: Brenda Enriquez, Community Action Manager with Glenn County Community Action Department, email: benriquez@countyofglenn.net

Inactive

Collaborative

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workgroups:

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If you are interested in leading any of the workgroups, please let the Wellness Team (Brenda E. and Rocio G.) know.

rartner websites:

Ampla Health:

https://www.amplahealth.org/healthcenters/colusa-medical-dental/

Anthem:

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Behavioral Health:

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California Health and Wellness/Health Net:

https://www.cahealthwellness.com/

Community Action Department:

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Northern Valley Indian Health, Inc.:

https://nvih.org/

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Partnership:

www.tricountiescap.org

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govdelivery \$

From: Glenn County Community Action Department <gccad@public.govdelivery.com> Subject: Colusa County Health System Collaborative September 2022

Colusa Health System Collaborative Newsletter! September 2022

Having trouble viewing this email? View it as a Web page [https://content.govdelivery.com/accounts/CAGLENN/bulletins/325b9c2].

- Email (HTML)
- Email (Plain Text)

From: Glenn County <glenncounty@public.govdelivery.com> Subject: Glenn County Health System Collaborative May 2023



Glenn County Health and Human Services Public Health Department 4th Edition 2023



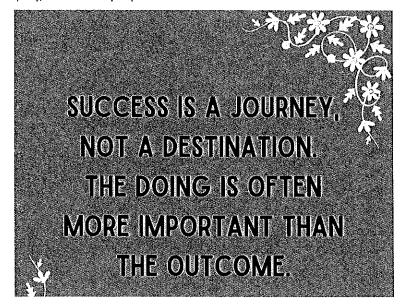
Welcome to this year's fourth newsletter. May these upcoming months bring you less stress and more sun! I hope your resolutions for this year are going strong and have been as successful as our continued efforts.

Subcommittees within the HSC continued to meet monthly and work on their progress. Please look below for some updates.

We hope to continue to collaborate and positively impact our community for the better. We believe it is possible to reach common ground, innovate our infrastructure across sectors, and decrease silos barriers. Please come to our Health System Collaborative and start the discussion if you feel the same way.

Our next meeting is scheduled for *Thursday*, June 22nd, 2023, from 4 - 5:15 PM via Microsoft Teams.

Together, we can find opportunities, build partnerships, enhance systems, improve services quality, and build our capacity!





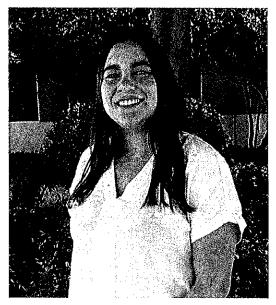
Any questions and/or meeting information please don't hesitate to reach out to the Public Health Team: Amanda Pitts apitts@countyofglenn.net, Yadira Ramirez yramirez@countyofglenn.net, or Allison Weinrich aweinrich@countyofglenn.net

Article written by Public Health



- 1. Introduce yourself. Title, education, how long you have been in that position, how long with PH?
 - Hi everyone! My name is Yadira Ramirez, an HHSA Program Coordinator for Glenn County Public Health, I have degrees In Sociology and Multicultural and Gender Studies from California State University, Chico, It will be two years in July that I have worked for Glenn County Public Health.
- 2. Introduce your program.
 - Through the California Equitable Recovery Initiative (CERI) grant, we aim to build infrastructure to address COVID-19 related health disparities and enhance Glenn County Public Health's current internal processes for providing services and agency Information in the language a client feels most comfortable speaking. Through the California Strengthening Public Health Initiative (CASPHI) grant, we aim to build infrastructure for local efforts to advance the health of the community and utilize data to drive planning and implementation of Public Health work, such as assisting in the Glenn County Community Health Improvement Plan, the accreditation process for Glenn County Public health, and much more.
- 3. What does PH do? Who do they serve?
 - Public Health strives to make Glenn County a safer, healthier, and more equitable
 community for everyone. Public Health encompasses preventative care, disease
 prevention, and health education. The overall goal of public health is to better the
 community by listening to those who live in it, and removing obstacles that may
 interfere with their health.
- 4. What is your mission?
 - My mission through this work is to enhance Public Health's current internal processes
 for providing services in the language a client feels most comfortable speaking and
 continue to learn from the community about what they need so they can live a long
 healthy life.
- 5. Can you tell me about a success story?
 - When I first started working for Glenn County Public Health, one part of my job was assisting with the contact tracing that we did during the intense peaks of COVID-19 cases. During this time, I remember talking to a community member that spoke Spanish. At the end of our last conversation, she told me she was very thankful for our conversations and that I would check in on how she and her family were doing. She said that the calmness she heard in my voice and our conversations helped her get through a tough time that her family was experiencing because of COVID-19. This is a success story to me because I was able to help someone through a tough time and connect them to community resources if they needed it. While speaking to them in Spanish, the language they felt most comfortable speaking. The feeling that I felt that day was heartwarming and will always stay with me.





Yadira Ramirez, Glenn County Public Health Porgram Coordinator standing next to some beautiful landscaping at 604 E.
Walker St. in Orland

Article written by Public Health



Willows Recreation Department

The Willows Recreation Department provides programs for the youth of Glenn County to get involved in. Events are scheduled to begin in June. To stay updated on what is currently being offered, visit their website.

Website: Willows Recreation Department

Email: rec@cityofwillows.org
Phone: (530) 934-7043

2023 Summer Camps + Classes

• Registration is currently open; \$35 per child per camp.

Soccer: June 26th - 30th

Basketball: June 19th - 23rd

Pool News:

Preparation for City Swimming Pool Repairs are Underway! On April 11, 2023, the City Council approved repairs of the city swimming pool in time for the 2024 swim season.

In the meantime, the High School will be open to the public on the specified dates below, free of charge, from 12:30pm to 5:30pm.

June: 12th,13th, 15th - 17th, 19th - 24th, and 26th - 30th

July: 1st, 3rd - 8th, 10th - 15th, 17th - 22nd, 24th - 29th, 31st

August: 1st - 5th

The Orland Recreation Department provides programs and events for the youth of Glenn County to attend. Events are scheduled to begin in June.

Registration Link for all Programs

Contact Information:

Website: City of Orland - City of Orland (recdesk.com)

Email: orlandrec@cityoforland.com

Phone: (530) 865-1630

2023 Summer Camps + Classes

· Registration is currently open.

Basketball: June 12th - 14th Baseball: June 19th - 23rd Cheer: June 27th - 30th Wrestling: July 11th - 13th

Tiny Tots Tumbling: Thursday, June 15th - July 20th, \$60 per registrant

- Must register prior to participating. Registration Deadline: June 8th
- Classes for 2 to 6 years old. Classes are 50 minutes and divided by age group with 2year-olds starting at 2:45pm and 6-year-olds starting at 5:15pm.

Pool, Swim Lessons, and Splash Pad Hours

Pool: Monday - Saturday 1pm to 5pm and Tuesday/Thursday 7:30pm to 9pm

- Daily Fee is \$3, individual pass is \$75, and a family pass is \$150. These can be purchased at their website listed above.
- Aqua Aerobics & Lap Swim starts June 12th and is available: Monday, Tuesday, and Thursday 6pm to 7pm. \$3 per class; pay at the pool.
- The pool can be reserved for private parties on Friday and Saturday evenings from 5:30pm-8:30pm and Sundays from 12pm to 8pm. First available date is June 10th.
 - · Registration is open.

Swim Lessons:

· Registration is currently open.

Sessions offered to registered participants: \$60 per participant, 30 min sessions.

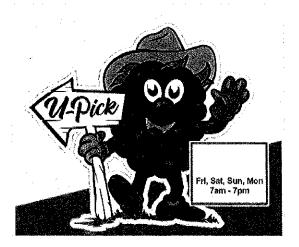
- June 19th June 30th, between 11am to 12:30pm
- July 10th July 21st, between 11am to 12:30pm
- · July 24th August 4th, between 11am to 12:30pm

Private Lessons: participants will be called based on their position on the registration list.

· lessons are set up with the lifeguard and parent, \$85 per participant.

Splash pad: Open to the public dally 11am to 8pm

Boysenberry Picking





Willows Library Free Summer Events



Read to earn prizes! June 1st-August 18th



Wednesdays, 11 AM Storytime With Miss Ashley

Tuesday, June 6th, 3 PM National Wildlife Refuge

Caro Wild

Thursday, June 15th, 1 PM

Wild Things Animal Show











Tuesday, August 1st, 3 PM Farm Bureau



Tuesday, July 18th, 11 AM Story w/ WFD

Wednesday, July 12th, 11 AM

Bilingual Story



August 2nd, 11 AM

Tuesday, June 20th, 11 AM Animal Visit w/ Farm Bureau

Check back for more special quests and please thank our wonderful spensors. Dr. Joanne Willows Community PRINTED WILLOWS E. Reid, MD Thrift Store HARDWARE

Free Audio Books



MAY 25 - MAY 31

Henlock Sholmes

ARSENE LUPIN VERSUS
HERLOCK SHOLHES
by Manks talles,
1156 by David Terran





APRIL 27 - AUGUST 21 FREE AUDIOBOOKS

JUNE 8 - JUNE 14













FRACYURED TIDE



Orland Free Library Summer Events

Program 2023

Dates June 1st - August 18th, 2023

Who can sign up?

How do I sign up? Sign up at the front desk at the library

What do I do? Kids under 13: Track your reading with reading logs

13 & olden Write 3 book reviews to be entered into rafitu *Rotry into Raffle is optional

Program Details

Reading Logs (Under 13):

Each bubble is 15 minutes of reading. When you complete a reading log, you can spin the wheel to choose a prize and enter the raffle.

More Information orlandfreelibrary,org Facebook & Instagram • Orland Free Library





Orland Free Library

Summer 2023 Reading Program



333 Mili St Orland, CA 95963

Hours SUN CLOSED MON, WED, FRI 11AM-6 PM TUES, THURS 11AM-78M SAT 11 AM-3 PM

Summer Events for 2023

Logo Club (All Agos) Tuesdays @ 11am Bates TBA

Storytime with Activity/Craft Wednesdays @ 11am (0-7 yrs) Dates 18A

infant -Toddier Storytime (0-3yrs) Thursdays @11am Dates TBA

<u>Special Events</u> <u>All Ages</u>

Thursday, June 15th © 11am Live Animal Show



Tuesday june 20th 11am-12:30pm Honeybee Storyume



Wednesday, June 21st ❷ 11am Farm Storytims

Glenn County

Wednesday, June 28 @11am Obstada Course



Special Events All Ages

Thursday, July 13th Ø11em Healthy Teeth Bilingual Storytime with Karla Oral Health Coordinator

Friday, July 14th ©11am Bird Games with

Altacal

Wednesday, July 19th #11am Snall Traiks Story & Activity with Christine Kompmarin

Thursday, July 27th, 2023 @ 11am Calford Visits for Storyalma KIXE OPBS

Wednesday, August 2nd ©1pm Ice Cream Social with









Orland Free Library is partnering with CA State Parks and California State Library to offer CA State parks vehicle day use passes, telescopes, and explorer backpacks for checkout free of charge with your library card. These items are intended to make outdoor experiences accessible to everyone by providing books, equipment, and information to beginner level explorers.

HALF PRICE!!

ALL BOOKS

On the shelves of the Friends of the <u>ORLAND FREE LIBRARY</u>
Book Store

Special and Hardback Books \$2.00 / <u>\$1.00</u> Paperback Books .50¢ / <u>.25¢</u> Children Hardback & Paperbacks .50¢ / <u>.25¢</u>

FIRST FRIDAY OF EACH MONTH

*Folded Book Art not Included Please mark your calendars for Friday, June 2nd for the 1st Friday of the Month 1/2 price book sale.

See the shelves of the Friends of the Orland Free Library in the northeast corner.

Funds from these sales go towards many of the children's programs, including the summer yearly Wild Things event.

Vacation Bible School



WHEN June 12 - 16, 2023 from 9:00am to 12:00pm

WHERE Willows Christian Church-200 S. Plumas St.

FOR WHO Ages 4 thru those entering the 6th Grade

HOSTED BY United Methodist Church, First Baptist Church, Willows Christian Church & First Lutheran Church

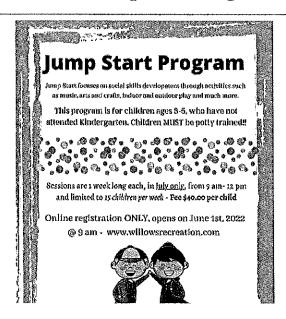
REGISTER FOR THIS <u>FREE</u> ACTIVITY AT WillowsUnitedVBS.mycokesburyvbs.com

willowsUnitedVB5.mycokesburyvbs.com or call VB5 Director, Lisa, at 934-7426

Find our event on Lacebook Willows United Vacation Bible School



Willows Jump Start Program





Expect Success Sumer Camp - Willows

Willows Unified School District is offering an educational adventure for your student this summer. A five week Expect Success Summer Camp program will begin on Tuesday, June 13th and end on July 14th for students who are currently enrolled in grades TK-8.

To enroll your student, please click on this link: https://forms.gle/uLRSoYJgoe8MGRVE9

If you need help with the form, contact: Nicole Chavez 530-934-6600 ext. 8116 or Nora Ayala 530-934-6600 ext. 8117.

- Class time is 8:00 AM 2:30 pm, Monday Friday
- After Summer Camp programing is available from 2:30 pm 5:00 pm, Mon. Frl.
- Program dates: June 13th July 14th
- No School June 19th, July 3rd and July 4th
- · Classes will be held at Murdock Elementary
- · Breakfast and lunch will be provided at no cost for all students

Orland Unified - SPARK Extended After School Program

Program Dates: July 17th - August 3rd (Monday-Thursday)

Program Timing: Segments A, B, and C (see details below)

Meals: Light breakfast, sack-style lunch, and snacks provided

Segment A (8:00 am - 1:00 pm):

- · Location: CK Price Middle School
- · Activities: Hands-on art, enrichment, games, recreation, team-building
- · Pick-up: Students should be picked up by 1:00 pm at the CK Price cafeteria.

Segment B (1:30 pm - 5:30 pm):

- · Location: Orland Public Pool (Roosevelt Ave, near Orland High School)
- Activities: FREE swimming during this time slot (students should bring a life vest or be accompanied by a parent/guardian if needed)
- Pick-up: Parent/guardian pick-up time from the Orland Pool is from 5:00 pm to 5:30 pm.

Segment C (3:00 pm - 5:30 pm):

- Location: Orland Bowl (507 W Monterey Street, near Orland High School)
- · Activities: FREE bowling during this time slot
- Pick-up: Parent/guardian pick-up time from the Orland Bowl is from 5:00 pm to 5:30 nm

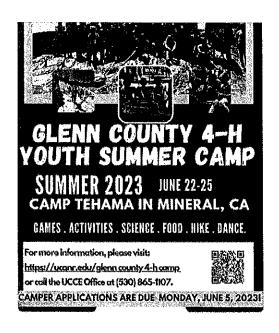
Note:

- · Students can be picked up anytime during their designated segment.
- If your child is participating in any segment, they should be picked up by the end of that specific time slot.
- Parents/guardians are responsible for transportation to and from the program, as well
 as from the Orland Pool and Orland Bowl.

For more information, please contact Derek Perez at 530-865-7685 ext: 8105.

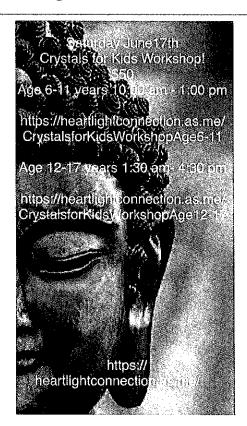
4-H Summer Camp





https://ucanr.edu/alenncounty4-hcamp

Heart Light Connection - Orland



Crystals for Kids Workshop - Saturday, June 17th

Ages 6-11 years Cost: \$50

10:00 am- 1:00pm

https://heartlightconnection.as.me/CrystalsforKidsWorksho...

Ages 12-17 years Cost: \$50

1:30pm-4:30 pm

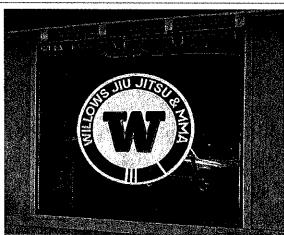
https://heartlightconnection.as.me/CrystalsforKidsWorksho...

Saturday, June 24 & Sunday, June 25. 9 am - 5 pm. Cost: \$550 for both lifetime certifications. No prior experience required.

https://heartlightconnection.as.me/JuneReikiTraining2023

· Discounts for Public Safety personnel and Healthcare workers!

Willows Jiu Jitsu & MMA



Full Schedule:

Mon/Wed/Fri

- 5-6pm Klds Jiu Jitsu
- 6-7:30 Adult Jiu Jitsu

Tues/Thurs

- 3:45-4:45 Kids Muay Thai
- 5-6pm Kids Jiu Jitsu
- 6-7pm Adult Muay Thai
- 7-8:30pm Adult Jiu Jitsu No Gi

Questions?

Call or Text: (530) 330-5547

Email: info@willowsjiujitsumma.com

Yoga with Lori in Willows

Yoga with LORI, 111 S. Balle St, Willows Yoga for EVERYBODY



SCHEDULE Tuerodays 5:30-6:30 pm Thurradays 5:36-8:30 pm Enterolate Museum

Group Class \$10, Private Blazz \$25/bt Cash Vonns PogGet

For more information: <u>locktovarion@condl.com</u> or 510-229-0178 wit

Tuesdays/Thursdays: 5:30pm-6:30pm

Saturdays: 11am-12pm

Group Class: \$10, Private Class: \$25/hr

Questions? Email: lori.tawahsa@gmail.com or call/text 510-229-0178

Flex & Move Group Class - Brickyard Gym



Group Class!

Get Moving on Your Lunch Hour!

Designed to help you Relax, Decompress, Release Tension & Stretch out those muscles! Low-intensity...low-sweat...to help get your body moving & restore your mind. Great for desk workers & those ready to gain increased flexibility & mobility.

12:15-12:45 pm Tuesdays & Thursdays

TO SIGN UP: Call Us 530-330-5848 or inquire at Gym Counter

Orland Unified - Free Breakfast and Lunch

Join us this summer for FREE breakfast and lunch!

We are excited to announce that we will be serving meals to any child 18 years of age or younger. Don't miss out on this fantastic opportunity for your little ones to enjoy delicious and nutritious meals at no cost.

Meals will be served exclusively inside the cafeteria.

Mill Street Elementary - 835 2nd Street, Orland, CA. 95963

- · Breakfast: 7:30am to 8:30am
- · Lunch: 11:30am to 12:30pm

CK Price Elementary - 1212 Marin Street, Orland CA. 95963

- · Breakfast: 7:30am to 8:30am
- · Lunch: 11:30am to 12:30pm

Mark your calendars! We'll be open from June 20, 2023, to July 13, 2023, every Monday through Thursday. Please note that we will be closed on July 4th.

Spread the word and let your friends and neighbors know about this incredible opportunity. Together, let's make sure no child goes hungry this summer!

Orland High School Free Physical Night



DATE: Tuesday, May 23, 2023 TIME SIND GIRD DM

LOCATION: OHS Gym

Prior to coming you should have an account for the 2023-2024 school year filled out on homecampus.com and bring a physical form filled out and signed by your parent or guardian. All affiletes must have a physical before participating in any practice or conditioning.

Home Campus Instructions: citck on the "For Students and Perents" tab and then select California. If you already have an account please log in and update information for the 2023-2024 school year. If you need to create an account, please click on "Create An Account." Chromebooks and assistance will be available at the physical night.



Willows High School Annual Physical Night

Where: Joanne E. Reid, MD INC Office, 263 N. Villa Ave, Willows, CA 95988

When: Tuesday July 11th, 5:30pm-7pm

- · \$10 per patient, cash only
- · You do NOT need to be a patient of Dr. Reid's office to participate, all are welcome!

Glenn Adult Program/Success 1 Center

GLENN COUNTY SUMMER TRAINING CAMPS!

Become a skilled professional in Construction, Arborist, ICT Digital Media, or Hospitality with our FREE Z-week Summer Training Campsi

Are you looking to build a successful career in one of these industries? Then this is your opportunity! Our training camps are designed to equip you with the skills and knowledge needed to excel in your field.

Open to young adults ages 18 -25; who wants to learn and secure their future!

Space is limited, so apply before May 31st!

For more information and to apply, Call (530) 936-9680



ARBÜRIST Leam Tree Care Prusing Tree Climbing/Ropes Flagger Cortification 164 Abi/CPR

CONSTRUCTION
OSHA 10
Taol Safety
Construction Math
Caspantry & Franting
Projects
1st Ma/CPR

167 / Digital Media Computer Skills Microsolt Gidce Adobe Android Applications Imerging Technologies

Esseriality
Customer Service
Food Services
Hotel Services
Event Planufing
Food Memory





Become a skilled professional in Construction, Arborist, ICT Digital Media or Hospitality with our FREE 2 week Summer Training Camps!

Open to young adults ages 18-25. For more information and to apply, call 530-936-6980

Butte College Glenn County Center



Emergency Medical



Technician (EMT) Program

The EMT Program consists of EMS-111, a one semester, 8-unit in person open registration course. Upon successful completion, you'll be eligible to take your certification exam and become a licensed EMT.

REQUIREMENTS: Upon registration, you'll be emailed with details about the following:

- Clear background check and drug screen
- BLS Professional level CPR card
- Proof of immunity from Hepatitis B, Varicella, Tdap and Tuberculosis
- Physical Exam

flease note: you must be 18 to participate in the EMT program





The Butte College Glenn Center will have the Emergency Medical Technician (EMT) Program this Summer! The program consists of EMS-111, a one-semester, 8-unit in person open registration course. Upon successful completion you will be eligible to take your certification exam to become a licensed EMT.

The program will be:

- Mondays-Thursdays 9am-3pm, June 12th to August 3rd
- For more information, contact the Health Occupations Department at (530) 893-7533 or email breyje@butte.edu





| | Mailing Address



Women's Monday Afternoon Club

Meetings are held the third Monday of every month at noon. The group meets at Black Bear Diner in Willows, located at 246 N. Humboldt Avenue. The group welcomes all ages!

The Women's Club is one of the world's largest and oldest non-denominational women's volunteer service organizations, with members in 50 states, the District of Columbia, Puerto Rico and 20 countries.

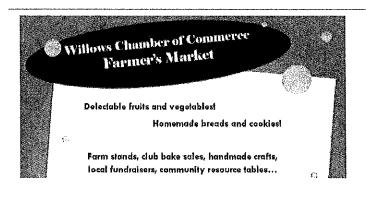
The club provides opportunities to develop personal leadership skills, study issues and educate the public, commemorate women's history and participate in constructive public service, thus continuing the commitment to community improvement.

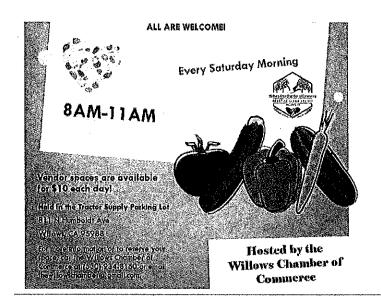
Community Town Hall Meeting



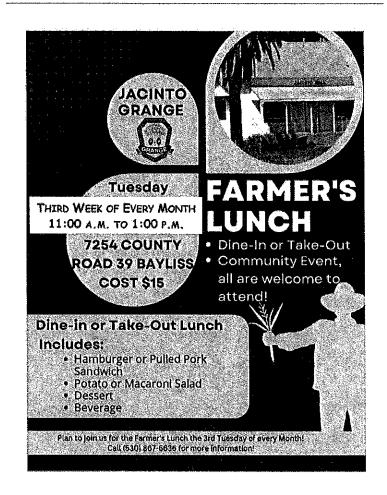
June 12th at 6pm. 556 E. Sycamore Street (Willows Senior Nutrition Center)

Willows Chamber of Commerce Farmers Market



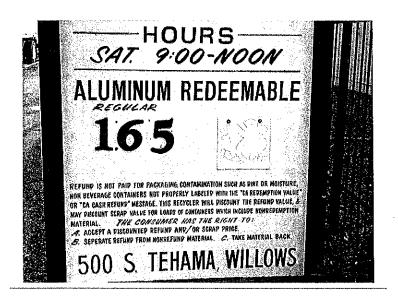


Monthly Farmer's Lunch



Kiwanis Recycling Center





Orland Art Center



"The Lore and The Legends", featuring artist Ismael Jesse Rodriguez, will be featured at the Orland Art Center from June 2cd through July 22cd.

Artists Reception: Friday, June 2nd from 3 to 7 p.m.

This event is free and open to the public.

LANCO - Free Show and Fireworks



On July 1st at Colusa Casino Resort, the band LANCO will be performing a free show with fireworks to follow. Show starts at 8pm and must be 21 or older to attend.

CalKIDS Savings Program

Children with savings accounts

allow children and families to pay for expenses related to higher education and can also produce positive social and psychological effects.



Carkios is a program by the State of Callfornia.

The First Step Toward College starts now! Build new savings behavior by registering for CalKIDS! Visit <u>CalKIDS Program</u> to learn more about the program and check your eligibility.

Glenn County Road Work

Glenn County Road Work June 1 = 7, 2023 6/4)County/Read/As(Aom) CREPW/Accend 6/4)County/Read/As(Aom) CREPW/Accend 6/4)County/Read/As(Aom) CREPT 6/4)County/Read/Afform CREPT 6/4)County/Read/Afform SR 162 to CR-57 6/4)County Rd 53 from Willows accers M 6/4)County Rd 9 from CR-PKC CREPT 6/7)County Rd 9 from CR-PKC CREPT 6/7/County Rd 9 from CR-PKC CREPT 6/7/County/Rd Safety CrepT 6/

Glenn County Public Works will be conducting chip sealing operations on the following roads June 1 through 7, 2023. Motorists should anticipate 15 minute delays with traffic control.

Glenn Grows is back!



Glenn Grows has been a substantial resource for our community. Glenn Grows believes in creating opportunities, providing mentorship and delivering resources for Glenn County businesses, creating employment in our community and connecting our workforce to careers with a goal of a happy, healthy, productive and prosperous citizenry.

Gienn Grows public office is located at 125 E. Walker Street, Orland, CA 95963

Call (530) 934-6400 or fill out the Contact | County of Glenn form on their website.

Visit Business Services | County of Glenn for more information!

Fentanyl Poisoning Response Taskforce





An informational hub for all things related to fentanyl poisoning prevention has recently been added to the County of Glenn webpage. The webpage contains educational materials, resources, contact information and much more! Check it out: <u>Fentanyl Poisoning Response Task Force | County of Glenn</u>

MAT Provider Trifold

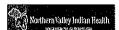


Who provides MAT:

in Willows

- AMPLA Bealth in Orland
- Pright Heart Health (online)
- Aegis Medical Center in Chico
- Other primary care providers in the surrounding counties





NVIH offers Addiction Medicine Services

Services include:

- Treatment for Substance Use Disorder
- Medication Assisted Treatment (MAT) with an addiction medicine specialist

Must be current patient of NVIH or get specialty referral through managed care pian or primary provider.

207 N. Butte Street. Willows CA 95988

1484-489 (082)



Glenn County Behavioral Health Services, Substance Use Disorder Services (SUDS)

> 242 N. Villa Ave. Willows, CA 95988 Phone: (530) 934-6582

> > 1187 E. South St.

Phone: (530) 865-6459

Office Hours: Monday-Friday 8:00:em-5:00pm





Offers a comprehensive online program that includes medication therapy and counseling. Services are provided through tele-health.

http://www.brighthearthealth.



Offers medication for opioid use disorder.

590 Ria Lindo Avenue, Chico (530) 345-3491

*Transportation can be arranged through your managed care plan.



How to Access Medication Assisted Treatment

(MAT)

-MAT is a service provided through your primary care and insurance provider (California Health & Wellness, Anthem Blue Cross, or other private insurances).

-GCBH can help you navigate and link you to MAT services.

Struggling with Opioid Addiction?? We are here to help!!

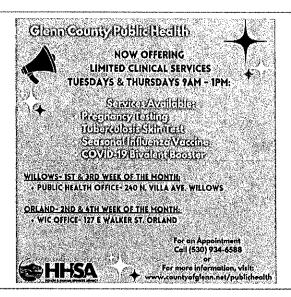


Offers services for Opioid Use Disorder. Must either be a current patient or have California Health & Wellness as your managed care program.

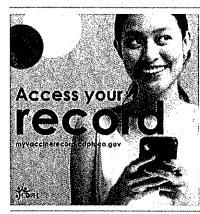
1211 Cortina Dr. Orland CA 95963

(530) 865-5544





Digital Vaccine Record



Safe, convenient, and free. Get a digital copy of your vaccine record that you can access any time you want.

Go to <u>myvaccinerecord.cdph.ca.gov</u> for more information.

TCCAP Community Resource Hotline

NEED AN AT-HOME COVID TEST KIT?



Call the Tri Counties Community Action Partnership's Community Resource Hotline at 1-855-268-2227 to schedule a pickup time for your COVID test kit in Willows or Orland.

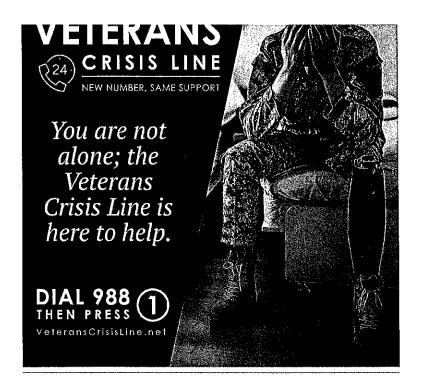
At-home COVID test kits are also being covered through medical insurance! For more information, contact your medical insurance.

TCCAP is a nonprofit organization that strives to empower Glenn County community members to improve their overall health and welfness.



Veterans Crisis Line





Butte-Glenn Medical Society & North Valley Medical Association



Healthy Rural California is seeking presenters for our **Friday, June 16, 2023** from 4 to 6:30 pm Virtual Academic Forum and seeking faculty to teach future residents. This forum provides opportunity for scholarly activity, which is important for faculty and preceptors teaching future residents and medical students. Registration will open soon so save the date!

Starting Y3 medical student rotations is a big lift. We need faculty to teach these future students. Our future residents will also teach medical students. Touro University College of Osteopathic Medicine is interested in sending 6 Y3 students to Chico starting in June 2024. UC Davis School of Medicine is Interested in sending 10 Y3 students starting in 2025. Please reach out if you have questions about this exciting opportunity!

If you're interested in teaching, let us know. Healthy Rural California is developing faculty and preceptor development courses. We also partner with several medical schools which offer great support. Our future residents will also teach medical students. It's a beautiful thing!

Questions? Call: (530) 487-7061 or email bmcbride@bgmsonline.org

Low Income Household Water Assistance Program





LIHWAP stands for the Low Income Household Water Assistance Program.

LINWAP offers a one-time payment to help you pay you past due water or wastewater bills

LittWAP helps pay overdue and/or current bills which accrued during any timetrame.

The water company must be excolled to qualify for the program.

What Can I Qualify For?

UHWAP provides one-time payments to low-income households that are eligible for assistance. The stat of a benefit can vary depending on the past due balance of the household's residential water and wastewater bits, haddlich, program participation is limited to household seceving sevices from water and wastewater bits.

If you are struggling to afford your water or wastewater hills, please call your local Community Action Department (CAD) area application to see if you uposity for payment assistance through LHWAP and to find the local service provider near you to apply.

For assistance in Gletin/Colusa/Trinity Counties, please contact Glenn County Community Action Department at (530) 865-6129 for an application.



Allied Healthcare Loan Repayment Program (AHLRP)



The CMSP Allied Healthcare Loan Repayment Program (AHLRP) increases the number of appropriately trained Allied Healthcare professionals in California and encourages those professionals to provide direct patient care in CMSP-designated counties in California.

Applications must be submitted by 3:00 p.m., July 31, 2023. Review the 2023/2024 Allied Healthcare Loan Repayment Program <u>Grant Guide</u> for program guidance and requirements.

Apply today!

Contact Information: Email - HWDD-LRP@hcai.ca.gov or call (916) 326-3700

Medi-Cal Comprehensive Health Care Benefits

COVID-19 Uninsured Group Beneficiaries

Find out if you are eligible for comprehensive health care benefits and services at no or low cost through Medi-Cal or Covered California.

Apply today!

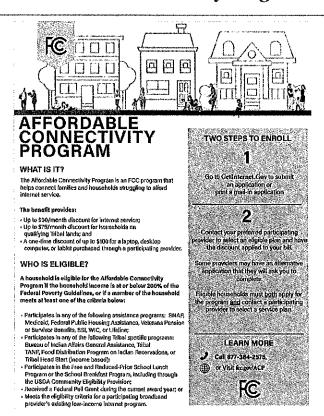
Contact your local county office or call Covered California

Find out if you are eligible for comprehensive health care benefits and services at no or low cost through Medi-Cal or Covered California, Visit <u>KeepMediCalCoverage.org</u>

Beware of Scams: Medi-Cal will never ask for money to enroll or renew coverage.

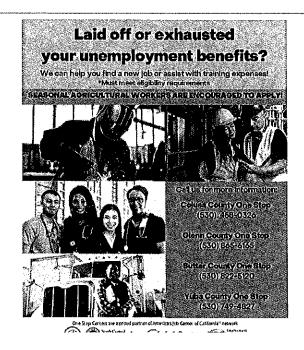
Report Medi-Cal Scams

Affordable Connectivity Program



Visit www.fcc.gov/acp for more information!

Job Assistance

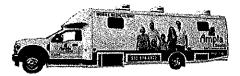


Ampla Health Mobile Medical Unit



Now providing COVID-19 test to treat & primary care services throughout the community within our mobile clinic!

jAltora también ofreciendo exámon y tratantento para el COVID-19, y servicios de atención médica por medio de nuestra clínica móvili



Schedule varies, please call \$30-674-6400 for more information or go to:

AmplaHealth.org/Mobile-Medical



H.O.P.E - Healthy Outcomes from Positive Experiences

The HOPE National Resource Center is based out of <u>Tufts Medical Center</u> in Boston, Massachusetts. They are creating a paradigm shift in systems of care, communities, and policies to value and actively bolster positive childhood experiences (PCEs). HOPE offers research, resources, trainings and technical assistance to help bring the power of the positive into the lives of children and their families.

Email: tufts.mc.hope@tuftsmedicine.org

Website: Tufts HOPE - Healthy Outcomes from Positive Experiences



The following are the active workgroups within the Health System Collaborative.

<u>California Advancing & Innovating</u> <u>Medical (CalAIM)</u>

Completed Actions

High-Level Overview

- · Expand health equity and human services available within Glenn County.
- Start networking and look for opportunities to outreach within the next couple months
 to ensure a smooth transition at the beginning of 2024.

Current Activities:

. . .

- Network among medical and insurance providers and discuss the Collaborative's initiatives.
- Begin to recruit providers (medical and insurance), and healthcare workers to become part of the Collaborative.

Contact Information: Jesse Powell, Coordinator with Glenn County Community Action Department, email: jpowell@countyofglenn.net

<u>Adverse Childhood Experiences</u> (<u>ACEs</u>)/Trauma Informed Systems

Completed Actions

High-Level Overview

- · Implement trauma-sensitive care within medical settings throughout Glenn County.
- Northern Valley Indian Health (NVIH) is raising the awareness on ACEs screenings and what they look like.

Current Activities:

- Continue to collaborate with Northern Valley Indian Health to further progress on the current grant,
- Hosting an eight-week long Grindstone community series to help raise awareness of ACEs.
- CAD is working on funding pool passes for foster youth creating a referral form for high needs children to get access to recreational sports.
- NVIH will be placing posters in their lobbies letting patients know that ACEs screenings is a new screening tool that will be implemented.

Contact Information: Brenda Enriquez, Sr. Community Action Manager with Glenn County Community Action Department, email: benriquez@countyofglenn.net

<u>Medication Assisted Treatment</u> (<u>MAT</u>)

Completed Actions

High-Level Overview

 Increase the availability of substance use disorder treatment options available in Glenn County.

Current Activities:

- Conduct outreach and education to providers to increase knowledge of and comfort with MAT options.
- Support provider's successful implementation of MAT.
- · Collect and organize data needed to support and evaluate implementation efforts.
- Reduce stigma associated with substance abuse and accessing help by educating the public about substance abuse.
- New SUN hired at GMC/Colusa Hospital.
- Access flow charts for providers completed and being distributed.
- Ampla MAT expansion grant will be able to offer training for partner providers, requesting trainings for Hamilton City Ampla and GMC.
- Trifold flyer of MAT access for Glenn County residents has been completed and shared.

Contact information: Eloise Jones, Program Manager with Glenn County Behavioral Health, email: ejones@countyofglenn.net

Ambulance/EMS Care & Specialty Services

Completed Actions

High-Level Overview

- Recently convened on 5.10.23 and discussed the 750K ARPA funds that were set aside from the BOS.
- Announced that Enloe won the RFP for Butte County, so for now Enloe will continue to provide an ambulance in Willows.

Current Activities:

 Working on securing and ensuring an ambulance to be in place within Willows at all times

Contact information: Racio Gonzalez, Community Outreach Advocate with Glenn County Community Action Department, email: repozalez@countyofdenn.net

Care Coordination Community Health Worker /Promotores de Salud (CHW/P)

Completed Actions

High-Level Overview

· Expand care coordination and service navigation for Glenn County residents.

Current Activities:

- Review referral documentation and pathways. This is a document for tracking referrals that also offers resources, services, and best practices for working with community members.
- Identify CHWs next steps following graduation and discuss ways to evaluate CHW work and success.
- Sit in on conversations/efforts happening throughout the county for a Health Information Exchange,

Contact information: Lauren Wong, Wellness Program Manager with Tri Counties Community Action Partnership, email: wong@tricountiescap.org

Community Health Assessment/Community Health Improvement Plan (CHA/CHIP)

Completed Actions

High-Level Overview

 Conduct a county-wide Community Health Assessment that will create the basis for the Community Health Improvement Plan and Action Plan for Glenn County in 2024.

Current Activities:

- Gather stakeholder input on themes and health-related issues regarding Glenn County residents.
- Obtain a better understanding who is part of Glenn County's health system and collaboratively identify strengths, weaknesses, and opportunities to our local health.
- Collect data from Glenn County community members by conducting a BRFSS that will help identify key components for the CHA.
- Continue to host meetings to gather information from key stakeholders and community members.

Contact Information: Amanda Pitts, Program Manager with Glenn County Health and Human Services - Public Health Division, email: apitts@countyofglenn.net

Meeting Facilitators & Admin Support



Amanda Pitts, PH Program Manager and Meeting Facilitator

Meet your group facilitator:

Amanda Pitts, HHSA Public Health Program Manager

Collaborative Partner Websites:

Ampla Health:

https://www.amplahealth.org/healthcenters/orland-medical-dental/

Anthem

https://mss.anthem.com/anthem/home.html

Behavioral Health:

https://www.countyofglenn.net/dept/healthhuman-services/behavioral-health/orlandbehavioral-health

California Health and Wellness/Health

Email: apitts@countyofglenn.net



Allison Weinrich, PH Health Educator and Admin Support

Allison will be handling note taking, newsletter development, and any other support necessary.

Allison Weinrich, HHSA Public Health Health Educator

Email: aweinrich@countyofglenn.net



Yadira Ramirez, PH Program Coordinator and Meeting Facilitator

Yadira will be taking over facilitation later this year.

Yadira Ramirez, HHSA Public Health Program Coordinator

Email: yramirez@countyofglenn.net

Net:

https://www.cahealthwellness.com/

Community Action Department:

https://www.countyofglenn.net/dept/community-action/welcome

Dr. Joanne Reid, MD:

No current website available,

First Care Medical Associates:

No current website available.

First 5 Glenn County:

http://www.first5glenncounty.com/

Glenn County Office of Education:

http://www.glenncoe.org/

Glenn Medical Center:

https://gmcmed.org/

Northern Valley Indian Health, Inc.:

https://nvih.org/

Public Health:

https://www.countyofglenn.net/dept/healthhuman-services/public-health/welcome

Social Services Department:

https://www.countyofglenn.net/dept/healthhuman-services/social-services/welcome

Tri-Counties Community Action Partnership:

www.tricountiescap.org

GET SOCIAL WITH US, WE ARE READY TO CONNECT WITH YOU!













VISION: Health and Opportunity for All MISSION: Building Healthy Futures – One Agency Accessible to All

SUBSCRIBER SERVICES:

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This small was sent to Email Address using govDelivery Communications Cloud on behalf of: County of Glenn, California - 125 S, Murdock Ave, Willows, CA 95988

GOVDELIVERY

From: Glenn County <glenncounty@public.govdelivery.com> Subject: Glenn County Health System Collaborative May 2023

Glenn Health System Collaborative Newsletter!

Having trouble viewing this email? View it as a Web page [https://content.govdelivery.com/accounts/CAGLENN/bulletins/358198e].

- Email (HTML)
- Email (Plain Text)

From: Glenn County Community Action Department <gccad@public.govdelivery.com> Subject: Glenn County Health System Collaborative August 2022



Glenn County
Community Action Department

5th Edition 2022





Welcome to this year's fifth newsletter. Can you believe we are now in August and it is back to school season? For those of us who have small children, this can be both a happy and a sad day. It is typically a happy one in our household; our kids get to meet new people and learn new things. If anything, my kids going back to school, puts things in perspective for me and makes me value this collaborative even more. I think now is as good as ever to continue to push the issues we have and make Glenn County a better place.

We hope to continue to collaborate and positively impact our community for the better. We believe it is possible to reach common ground, innovate our infrastructure across sectors, and decrease silos barriers. Please come to our Health System Collaborative and start the discussion if you feel the same way.

Our <u>new</u> meeting time is scheduled for *Thursday*, September 22nd, 2022 from 4 - 5:15 PM via Zoom.

"If you want to lift yourself up, lift up someone else." – Booker T. Washington

Together, we can find opportunities, build partnerships, enhance systems, improve services quality, and build our capacity!

Collaborative activities are funded by the County Medical Services Program (CMSP) Health Systems Development Grant.





Joe Hallet, Deputy Director of Glenn County Behavioral Health

This month we decided to Spotlight *Joe Hallett* for various reasons, but mainly to showcase what a wonderful attribute he is to this agency and give kudos where kudos belong. Please read below for a mini interview.

Introduce yourself. Title, how long you have been in that position, how long with BH?

My name is Joe Hallett. I am the Deputy Director for Behavioral Health at Glenn County HHSA, and Behavioral Health Director for Glenn County. I have been in my current position for just over 6 months, but with Glenn County for a total of just over 8 years. I started in 2014 as a Youth and Family Unit Clinician, then moved to the Adult Unit after about a year. Beginning in January 2016, I became the Compliance and Quality Improvement Program Manager up until my recent promotion.

Introduce your program. What does BH do? Who do they serve?

Behavioral Health is a county Mental Health Plan and Substance Use Disorder Service Administrator. We contract with the California Department of Health Care Services to deliver Behavioral Health services, both mental health and substance use disorder to the residents of Glenn County.

Glenn County Behavioral Health (GCBH) primarily exists to serve residents of Glenn County with behavioral health needs who have Medl-Cal insurance. We do serve the behavioral health needs of other community members through use of grant funds and Mental Health Services Act dollars. We are also able to provide Medicare mental health services. GCBH is contracted with the state to serve behavioral health needs that are considered moderate to severe, with our two Medi-Cal Managed Care Plans in the county, Anthem Blue Cross and California Health and Wellness providing these services to the mild to moderate population.

GCBH provides most services within county operated clinics, provided by county provider staff. We offer mostly outpatient intervention in both group and individual formats such as Assessment, Therapy, Rehabilitation and skill building, Psychiatry and Medication Support, Case Management, Intensive Home-Based Services, Intensive Care Coordination, Crisis Intervention, Substance Use Counseling, and Collateral services with support persons. We do contract out for Inpatient, Substance Use Residential, Board and Care and higher-level mental health residential facilities called Institutes of Mental Disease (IMD), Narcotic Treatment Program, and Therapeutic Behavior Services. We have some specialized programs such as Parent-Child Interactive Therapy and also do prevention work in both our Mental Health and Substance Use Units. We currently operate two community drop-in Wellness Centers. Harmony House which serves adults, and our Transition Age Youth drop-in center which serves that population. We collaborate closely with our integrated Health and Human Service Agency (HHSA) partners to provide comprehensive care.



Orland Children System of Care Location (Left), Orland GCBH Location (Middle), Willows GCBH Location (Right)

What is your mission?

The mission of Glenn County HHSA is Building Healthy Futures, One Agency Accessible to all. This value is mirrored by the collaborative and intensive work we do at GCBH. In addition to our agency's mission, we strive to improve the quality of life for persons experiencing mental health or substance use concerns, and promote a Wellness and

Recovery prinosophy, wenness and Recovery identities that each individual is unique with their own set of needs, can recover and transform their life, and is also an expert in what type of care they should receive. We work to provide care in the lowest level possible. sustain and promote community living and involvement, provide voice and choice to our consumers, and to provide culturally responsive services that match the identified needs of the individuals and families we serve.

Can you tell me about a success story?

At the end of 2021, GCBH was awarded the Mental Health Student Services Act grant in the amount of \$2,500,000.00 This grant allowed us to bring on 4 new clinicians, 2 case managers, and a Coordinator/Supervisor specific to the program. From this grant we developed our Promoting Resilience in Student Mental Health (PRISM) program, PRISM has allowed us to have dedicated Mental Health teams assigned to both Orland and Willows School Districts to provide comprehensive services onsite and education and support for school staff. We saw a massive increase in youth referrals to our program with the implementation of this program, and are working with additional funds and the Glenn County Office of Education to mirror this model for other districts. PRISM has also allowed us to better sustain our successful System-Wide Mental Health Treatment and Response (SMART) program which is a partnership with local law enforcement to identify and prevent the threat of school violence.

Article written by CAD



Telehealth Access Site NOW AVAILABLE!



TELEHEALTH

ACCESS SITE

345 Yolo Street, Orland, CA 95963

LOCATION INCLUDES:

- Reliable Internet
- · Safe, Private Space
- Minimized Exposure
- No Wait Time
- Psychlatry
- Urgent Care
- Dermatology
- Madical for Kids
- Allergy
- Psychology



TREATABLE CONDITIONS:

- Aathmo
- Buck Pain
- Common Colds
- Counseling
- Diabates
- Ear Infaction
- Hoadacha/Migraina
- Insomnia
- Pinkeye
- Sinus infection

AND SO MUCH MORE!

To Book An Appointment, Call or Email: 1 (855) 268-2227 info@tricountlescap.org

PARTNERS INCLUDE:

Anthem 🗫 🗸 LiveHealth









In compliance with the Americans with Disabilities Act, Glenn County will make available to persons with a disability disability-related modification or accommodations. If requested, this document and other materials can be made available in an alternative format for persons with a disability who are covered by the Americans with Disabilities Act.

Glenn County

Stabilization Grant Program Opportunity



FOR MORE INFORMATION:

- 🔼 Ask for Ashlee Veneman at 530,934,6540
- Email: admin@glennbusinessresourcehub.org
- https://glennbusinessresourcehub.org/non-profit/



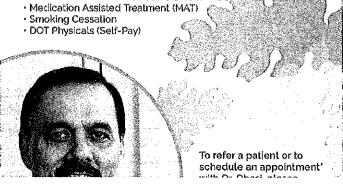
NVIH MAT Provider



NVIH is proud to offer Addiction Medicine Services at our Willows location.

Services include:

· Treatment for Substance Use Disorder





with Dr. Unesi, please contact the Willows Clinic at 530-934-4641.

"Be prepared to provide insurance information, diagnosis and ICD-10 codes.



www.nvih.org

Westside Ambulance Association Membership Application

Who is Westside Ambulance Association and why afrouk! I apply for a membership?

Westside Amhiltonic Association sers istunded in 1939 to provide enveryearry ambilitions services to the focal community. Sides its interplant, curcosporation has situe grown to service the entire boundates of Clarin Centry. We are a conspirate organizations and sety on your membership to halp pay for feel, personnel, training and ambilitance.

Whetside Architecture Nationifies is stiffed with the highest sliffed, stale literated and certified personnel. Our control and compositionate stall wall do excepting pessible to ease your women should you need our services. Sharing to require an anticlaiment of the stale of th

Westakle Ambutance Association is lead by a smeather Board of Directors who are chosen by the varieg connectify of our notambers. This Board is directed by our Corporate Bytass, and we carried Aure operations are guided by these highly killed professionals within the Giern County willed professionals within the Giern County of the Count

Your membership with Washide Ambudance Association is not an insurance policy. We will be your insurance coaries and even they have polity you claim, we will then deduct 1935 from the certainder of your ball, which would be the portion that you would be entitled to you.

Please don't beside to phone us should you have any additional questions. We are always have to help!

Member Benefits

15% Discount For Services

State Licensed and Certified Personnel

We do the billing for you to ease your insurance worries.

Friendly, caring and compassionate staff.

Dial 911 For Emergencies



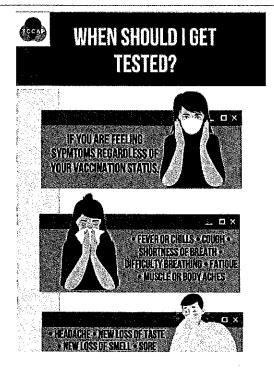
Westside Ambulance Association

Membership Application

Single Membership \$10.60 Family Membership \$45.00

Name:	
Address	
City	Zip
Phone:	***************************************
Spous é:	
Depende	ents:
Name	·
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Name	Ç
Name	c

FREE Covid Tests!





TCCAP is offering FREE over-the-counter Covid tests!

- Community Members can sign up for there free test by calling the hotline at 1-855-268-2227.
- . Community Members will be coming to the lobby of Parkside to pick up their test.
- · Test are located under the front desk in the lobby on the right.
- . Community Members should provide their name at time of pick up.
- Please check off pick up on clipboard.



The following are the active workgroups within the Health System Collaborative.

Adverse Childhood Experiences (ACEs)

Completed Actions

High-Level Overview

• The Practice Grant award will be announced by the end of the month.

Current Activities:

· ACE's Leadership Retreat planning is currently taking place.

Contact information: Jesse Powell, Community Outreach Advocate with Glenn County Community Action Department, email: jpowell@countyofglenn.net

<u>California Advancing & Innovating</u> <u>Medical</u> (CalAIM)

Completed Actions

High-Level Overview

· CAD was awarded Incentive Program Payment (IPP) funds.

Current Activities:

 The housing unit has developed a test claim for billing and are currently awaiting feedback.

Medication Assisted Treatment (MAT)

Completed Actions

High-Level Overview

- Dr. Rajpreet Dhesi has started to see MAT clients on Monday's at the Willows NVIH location as of 8/1/2022.
- The Glenn Ride Bus has a promotional logo on its side to inform of the risks of Fetanyl.

Current Activities:

 The workgroup has met with staff at the jail to discuss Narcan at release and treatment of those entering incarceration who hold an active MAT prescription.

Contact information: Eloise Jones, Program Manager with Glenn County Behavioral Health, email: ejones@countyofglenn.net

Ambulance/EMS

Completed Actions

High-Level Overview

 A meeting was set up with the Chief of Colusa City Fire to inquire more information about their BLS Ambulance.

Current Activities:

A meeting will be set up with the Willows and Hamilton City Fire Departments, An
urgency to start a true subcommittee will be adapted, and more people will be invited
to join it.

Contact Information: Rocio Gonzalez, Community Outreach Advocate with Glenn County Community Action Department, email: rgonzalez@countyofglenn.net

Care Coordination Community Health Worker /Promotores de Salud (CHW/P)

Completed Actions

High-Level Overview

 The CHW Subcommittee has decided on its first actions: 1) Identification of service/referral partners 2) Development of information-gathering questions 3)
 Execute key Informant interviews or an online form for gathering information.

Current Activities:

 Looking for appropriate participant/representatives from YOUR organization to complete the survey or interview.

Contact information: Lauren Wong, Wellness Program Manager with Tri Counties Community Action Partnership, email: www.lwong@tricountiescap.org

Inactive Workgroups:

The following are identified workgroups with the Health System Collaborative that do not yet have a champion. If you are interested in leading any of the

Collaborative Partner Websites:

Ampla Health:

https://www.amplahealth.org/healthcenters/orland-medical-dectal/ workgroups, please let the Wellness Team (Brenda E. and Rocio G.) know.

Partnership HealthPlan of CA transition:



Transition is anticipated to occur in January 2024. This workgroup will stay dormant for several months until more information is provided by the Department of Health Care Services (DHCS).

No new information.

Anthem:

https://mss.anthem.com/anthem/home.html

Behavioral Health:

CONTRACTOR OF THE CONTRACT CONTRACT

https://www.countyofglenn.net/dept/healthhuman-services/behavioral-health/orlandbehavioral-health

California Health and Wellness/Health

https://www.cahealthwellness.com/

Community Action Department:

https://www.countyofglenn.net/dept/community-action/welcome

Dr. Joanne Reid, MD:

No current website available.

First Care Medical Associates:

No current website available.

First 5 Glenn County:

http://www.first5glenncounty.com/

Glenn County Office of Education:

http://www.glenncoe.org/

Glenn Medical Center:

https://gmcmed.org/

Northern Valley Indian Health, Inc.:

https://nvih.org/

Public Health:

https://www.countyofglenn.net/dept/healthhuman-services/public-health/welcome

Social Services Department:

https://www.countyofglenn.net/dept/healthhuman-services/social-services/welcome

Tri-Counties Community Action Partnership:

www.tricountiescap.org

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From: Glenn County Community Action Department <gccad@public.govdelivery.com>

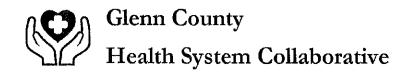
Subject: Glenn County Health System Collaborative August 2022

Glenn Health System Collaborative Newsletter!



- Email (HTML)
- Email (Plain Text)

From: Glenn County HHSA <glenncountyHHSA@public.govdelivery.com> Subject: Glenn County Health System Collaborative October 2021



Glenn County Community Action Department 1st Edition

COLLABORATIVE MESSAGE

Join us for the Glenn County Health System Collaborative.

What is the Health System Collaborative? The collaborative is a multi-sector health care group that meets monthly to discuss improving coordination between health care service providers, integrating systems of care, streamlining health systems, coordinating delivery models, information share, and exploring ideas on increasing health equity in our Glenn County community.

Who? Local medical providers, service providers, and health system representatives.

How? The collaborative Identifies areas of need/focus. Then, collective members create workgroups regarding the specified area of need/focus to identify gaps better, need, connections, and problem solve. These workgroups meet as needed and collaborate with the Health System Collaborative to build a cohesive approach with increasing capacity around the area of need/focus.



"We are working alongside medical providers, services providers, and health systems for the care of our community!"

When? The meetings occur on the 4th Tuesday of the month from 4:00 PM to 5:30 PM. The 2021 December meeting will be skipped because of the holiday.

Where? Via zoom and possibly in person as conditions permit.

Any questions and/or meeting information please don't hesitate to reach out to the Wellness Team (Brenda Enriquez and Shelly Ohlms) benriquez@countyofglenn.net and sohlms@countyofglenn.net

Collaborative activities are funded by the County Medical Services Program (CMSP) Health Systems Development Grant.

*Image citations: from benefitspro, 2021, To improve health outcomes, address health equity, 10/21/2021 date image accessed.

PARTNER SPOTLIGHT

Tri-Counties Community Action Partnership (TCCAP)

501(c)(3) non-profit serving Colusa, Glenn, and Trinity
Countles

Whole Person. Whole Families.
Whole Communities.



Wellness Resource Program Vision

The Wellness Resource Program envisions that Glenn, Colusa, and Trinity County will have improved wellness and health outcomes by providing client-centered and holistic services that address health-related social needs utilizing a workforce of Community Health Workers (CHWs). In collaborating with County and Community-based organizations, we will

empower community members to act in improving their overall health and wellness.

Development Plan

We are working on building the foundation for our Wellness Resource (WRP) program. During the first phase of our program development, we focus on Community Health Workers (CHWs) as navigators that connect community members to services and supports that address health-related social needs. We are currently working on piloting a transportation program. As we move forward, we envision adding a comprehensive education and peer support component to our program. In building a solid partnership with Glenn County Health and Human Services, Glenn County Community Action Department, local medical providers, and other Community-Based Organizations, we will be able to build the foundation of a strong bridge that brings community members to services and empowers them to become healthier individuals, families, and communities.

Meet the Tri-Counties Community Action Partnership team!



Lauren Wong Program Coordinator

Megan Metzger and Shayna Forbis Community Health Workers

Impact Story: "It just takes a cheerleader!"

"Bob" was a male Community Member with Ace Score of 8. This was one of the highest ACE scores we encountered. Our Community Health Worker, Meghan Metzger, had a referral from the provider. He was suffering from significant anxiety that was impacting his quality of life. Bob was seeking treatment for the anxiety, but did not have insurance when he came in. After Megan's intake with Bob and discussions around his overall wellness picture, they discussed some possible goals to help him improve his overall health outcomes. Through the understanding of ACES and relationship of toxic stress and anxiety to childhood trauma, both the provider and Community Health Worker were able to engage with the Community Member and empower him to achieve several positive milestones. He did not have insurance when he came in, and they were able to get him connected with an interim plan. He pursued a 2nd job temporarily and found a full-time job with benefits. He began pursuing exercise for stress management as part of his dally routine and developed some other stress reduction techniques. He and Megan really connected and they have had some follow-up calls to share progress and celebrate successes."

Article written by TCCAP

TRAUMA INFORMED SYSTEMS OF CARE

The need for prioritizing a trauma-informed approach is an essential component of Health Care Systems. The Community Action Department (CAD) and various partners recognize the importance of implementing trauma-informed principles in working with community members around ACEs and various types of traumas. Following the trauma-informed principles is key to creating safe environments and empowering individuals. Trust is built by not over-promising, providing timely in-service delivery, respect, privacy, and following through with commitments.

It is vital that we collectively adopt this approach and build safeguards to assure we are continuously pursuing and practicing through this **Trauma-Informed** lens. Ideas in moving this forward: it is recommended that significant lead time be given to developing a follow-up system, and strategies are designed for structure and flexibility around different modalities. Most importantly, systems for following up with Individuals are crucial to establishing the trust of our community members/clients and service partners.

We invite all of you to consider giving community members the power of choice. Although community members might need to obtain one specific service if they were given the opportunity to learn and educate themselves on available services, it allows space for community members/clients to advocate for themselves. Giving community members choice, normalizing having trauma, exploring new opportunities, and recognizing the stress busters they already use emprovers them to build healthy habits.

pusters they alloady doe empewers them to build negligity hapits.

Also, It is Important to recognize that service providers are exposed to secondary trauma while working with community members/clients. Supports must be provided to service providers to help decrease burnout. Debriefing and regular check-ins are recommended to support service providers in processing secondary trauma.



For those of you who could attend the in-person August meeting Restoring Sanctuary. A new operating system for trauma-Informed systems of care by Sandra L. Bloom and Brain Farragher was provided. If were unable to attend RESTORING and are interested in a copy, please email, Brenda Enriquez, at benriquez@countyofglenn.net.

SYSTEM POR TRAUMA-INTORMED SYSTEMS OF CARE



Article written by TCCAP and CAD

Active Workgroup Updates

The following are the active workgroups within the Health System Collaborative.

Adverse Childhood Experiences (ACEs)

Current activities: This workgroup will leverage the work at the Children's Interagency Coordinating Council (CICC) meeting and is developing its steering committee (ACEs Collaborative).

- 4 Sphere of Influence have been identified:
 - Education
 - · Family Services (Behavioral Health, Child Welfare Services, Health, and **Human Services**)
 - Medical System (Medical Providers)
 - · Justice System (Victim Witness, Probation, Court Judges, Domestic Violence Shelter, Law Enforcement)

Development is in progress, and more Information will follow with future newsletters.

Contact information: Shelly Ohlms, Wellness Manager for the Glenn County Community Action Department, sohlms@countyofglenn.net.

CalAIM - Community Supports

Current activities: Community Action Department explores contracting with Anthem and CA Health and Wellness to provide and claim for the following community supports:

- · Housing transition navigation services
- · Housing deposits
- · Hours tenancy and sustaining services

A combined meeting with Colusa County and managed care plans take place every 3 weeks to discuss structure and partnership opportunities.

We are looking for potential partners who are interested in providing services or are already providing services in any of these areas:

- Short-term Post-hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- · Day Habilitation Programs
- Nursing Facility Transition/Diversion
- Community Transition Services/Nursing Facility Transition to Home
- Darconal Care and Homemaker Candona

- Personal Care and Homelitaker Services
- · Meals/Medically-tallored Meals
- Sobering Centers

Contact Information: Brenda Enriquez, Wellness Program and Administrative Services Coordinator for Glenn County Community Action Department, benriquez@countyofglenn.net.

Medication Assistance Treatment (MAT)

Current activities: Efforts are being made to Identify all X-Waivered providers in Glenn County and host a meeting with X Waivered providers to identify opportunities and challenges in providing MAT services.

Millennium is interested in partnering and hosting a meeting for providers.

Eloise Jones and Dr. Jared Garrison have connected with various partners and established providers to identify and develop a plan to bring these services to Glenn County, Brenda will provide administrative supports around this effort,

Contact information: *Eloise Jones*, Substance Use Disorder (SUDs) Program Manager for Glenn County Health and Human Services Agency, ejones@countyofglenn.net.

Inactive Workgroups:

The following are identified workgroups with the Health System Collaborative that do not yet have a champion. If you are interested in leading any of the workgroups, please let the Wellness Team (Brenda E. and Shelly O.) know.

Ambulatory Care and Specialty Services:

Ambulance services.

Specialty Providers.

Partnership HealthPlan of CA transition:

Transition is anticipated to occur in January 2024. This workgroup will stay dormant for several months until more information is provided by the Department of Health Care Services (DHCS).

Resources:

Orland Navigation Center Opening soon!

Community Action Department has an additional location, 345 Yolo Street in Orland, CA. At this location, you will have

Collaborative Partner Websites:

Ampla Health:

https://www.amplaheaith.org/health-centers/orland-medical-dental/

Anthem:

https://mss.anthem.com/anthem/home.html

Behavioral Health:

https://www.countyofglenn.net/dept/healthhuman-services/behavioral-health/orlandbehavioral-health

California Health and Wellness/Health Net:

https://www.cahealthwellness.com/

Community Action Department:

https://www.countyofglenn.net/dept/community-action/welcome

Dr. Joanne Reid, MD: no current website

First Care Medical Associates: no current website available.

First 5 Glenn County:

http://www.first5glenncounty.com/

Glenn County Office of Education:

http://www.glenncoe.org/

Glenn Medical Center:

https://gmcmed.org/

Northern Valley Indian Health, Inc.:

https://nvih.org/

Public Health:

https://www.countyofglenn.net/dept/healthhuman-services/public-health/welcome

Social Services Department:

access to various assistance applications, and there will be service employees to support individuals in these areas:

- · Housing Assistance Services
- · Victim Witness Support
- Telehealth Services for the public through their managed care plan (Anthem or California Health and Wellness).

https://www.countyofglenn.net/dept/healthhuman-services/social-services/welcome

Tri-Counties Community Action Partnership:

www.tricountlescap.org

"Service array may expand at a later date."

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Subject: Glenn County Health System Collaborative October 2021

Glenn County Health System Collaborative

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Glenn County Community Action Department

1st Edition

COLLABORATIVE MESSAGE

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health equity

[&]quot;"We are working alongside medical ""providers, services providers, ""and health systems for the care of our community!""

Valunteer Hours

January 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
						1	
2	3	8-5	5	8-5	7 8-12	8	20
9	10	11 8-5	12	13 8-5	14 8-12	15	20
16	17	18 8 - 5	19	20 8-5	21 8-(2	22	20
23	24	25 8-5	26	27 8-12	28	29	30
30	31						
30	31		w a-printable-caleny	dar.com			

www.a-printable-calendar.com

12/4/21

Emailed maira to see if we can

have Kaithyn until end of Jan. 2022

So more hours