



Glenn County Behavioral Health Services

Cultural and Linguistic Competence Plan Annual Update 2021

**FINAL
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OVERVIEW

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

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

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

I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

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

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

- **Objective 1a:** GCBH will provide informing materials in the county's threshold languages (currently Spanish and English) in all clinics and wellness centers. *We have increased the number of informing materials through our outreach activities this year, including social media platforms and website to comply with state and federal standards.*
- **Objective 1b:** When appropriate, GCBH will hire diverse, bilingual staff to work in all programs and offices in order to provide service and information to the client and family in their preferred language. *We have successfully hired a number of new bilingual and bicultural staff to work with clients and families. Since the last plan, 2 New front office; 1 case manager; 1 clinician; 1 coach; 1 QIC position; 2 coordinators; as well as transitions from other positions.*
- **Objective 1c:** GCBH will hire individuals with lived experience, consumers, and family members, whenever possible, who are bilingual and/or bicultural, to help address barriers for culturally diverse populations. *We have successfully hired 2 new coaches (1 is bilingual); 3 Peer Mentors; to work with clients and families.*
- **Objective 1d:** GCBH new clients who are monolingual will be reviewed weekly during case assignments. Depending on availability, individuals will be assigned to a bilingual staff to ensure that services are provided in the client's preferred language. *This occurs on a weekly basis. Bilingual staff share information on each new client who prefers to speak Spanish and identifies staff who are able to meet the needs of the individual. This assignment is finalized and approved during the Tuesday's Case Assignment Meeting or at the SUDS Weekly Staff Meeting.*
- **Objective 1e:** GCBH will expand partnerships with the Glenn County veterans as well as the Butte County VA Program. *Outreach to our local Veteran's Assistant Service Officer.*
- **Objective 1f:** Expand the membership on the Behavioral Health Advisory Board to expand the diversity of the membership, including but not limited to Transition Age Youth; Hispanic and Native American cultures; persons with lived experience; family members; LGBTQ; and older adults. *Membership has been expanded to include one Latino TAY male and one family member.*
- **Objective 1g:** GCBH will monitor the Behavioral Health Treatment Court program to promote hiring staff and members served that reflect the demographic diversity of Glenn County, including individuals who are Hispanic; LGBTQ; veterans; and monolingual Spanish-speakers. *This program is in its second third year of implementation working to develop strategies to access to assessing jail inmates in Spanish. This has been exacerbated by COVID-19.*

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

- **Objective 2a:** GCBH will provide cultural and linguistic competency trainings for GCBH staff a minimum of 8 times per fiscal year. *There were ~~nine~~ 10 cultural and linguistic competence trainings for staff this year.*

- **Objective 2b:** GCBH will provide interpreter and language line training to all new hires and existing staff at least once each fiscal year. Training, both online and hands-on, will address the process for effectively using an interpreter, as well as using the language line, to support clients receiving services in their preferred language. *When the new staff is bilingual, the Ethnic Services Team provides training on how to provide interpreter services as well as how to use the language line. We will continue to develop and implement trainings for other new staff on how to use using an interpreter and the language line. A special focus on ensuring that all Crisis Staff are trained will be a priority. In addition, additional training for how to use an interpreter and how to be an interpreter will be offered to all staff was enhanced to include a training from our Language Line Solutions (Contract Provider); followed up with an internal training using a PowerPoint presentation, that showed step by step instructions on how to link a call to the language line. We also updated our contract to include a streamlined process, which gave us a new 800 number, so a county ID was no longer required. This also simplified the process so staff were able to link people more easily. We also have the capacity to use the Language Line to translate documents, when needed.*
- **Objective 2c:** GCBH will provide periodic trainings for bilingual staff to ensure consistency and common language across all bilingual staff. *The Ethnic Services Committee meets monthly and provide ongoing training to all bilingual staff.*
- **Objective 2d:** GCBH will support the Ethnic Services Committee to meet monthly to support bilingual interpreter staff, ensure consistent translations, and strengthen all staff to utilize interpreters appropriately. *The Ethnic Services Committee is a huge success and is working to document translations for common mental health terms as well as providing support, identify solutions to issues, and ongoing training to all bilingual staff. We review this language list at least once a year to update it and make it more relevant. We also leave some time at the end of each meeting to provide case consultations with staff to help address cultural / secondary trauma issues.*
- **Objective 2e:** GCBH will conduct the Cultural Competency Staff Survey annually to document the ongoing improvement in delivering culturally relevant services. *This was completed in ~~October 2020~~ November 2021 this year.*

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

- **Objective 3a:** GCBH will deliver services in the least restrictive environment (e.g., home, schools, churches, senior centers, and other rural community locations) when needed and as appropriate. *The system of care works to continually identify new community partnerships, as well as strives to expand and strengthen existing partnerships. There is a continued focus to reach out to the Native American Community at Grindstone, to strengthen collaboration and support for their community. In addition, GCBH will attend the Grindstone Collaborative to address barriers and improve communication. The Grindstone Collaborative has had fewer meetings because of COVID-19 and a change in leadership. However, we visit Grindstone once or twice a month to provide outreach and services. The Children's System of Care moved locations in FY 2019/20 to co-locate services with Child Welfare Services and Butte College in Orland. In addition, this building is located adjacent to the Office of Education building,*

which help enhance collaboration across these partner agencies. We have moved into the CSOC location in June 2021 due to COVID-19, but there have been barriers fully implement our intention of collaboration because of continued use of technology and telehealth meetings to ensure safety and use of a hybrid schedule with only a few staff in the offices each day.

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

- **Objective 4a:** GCBH will publish monthly calendars of the groups and activities of the wellness centers and distribute copies to the local community. *Monthly calendars are distributed monthly across the community and on our website. In addition, GCBH increased its virtual outreach via social media channels such as Facebook. A Facebook page has been developed in Spanish to provide outreach to the Hispanic community. During the summer 2020, GCBH delivered self-care packages to Transition Age Youth and Harmony House clients to support them during the Shelter in Place order. As of September 2021, Sana Mente is now in person again, was previously in zoom. We also started our first Strengthening Families groups in Spanish (via Zoom) in July 2021 and it was a success. We plan to continue offering the program in 2022!*
- **Objective 4b:** GCBH will host at least 3 events each fiscal year that target community outreach and the dissemination of information related to GCBH services and supports. *We offer several tabling and outreach (virtually) in our schools and at other community events each year. This was temporarily postponed in March 2020. Recently, we combined Recovery Happens and Speaks and held the first live event in September 2021.*
- **Objective 4c:** GCBH will join other community events locally (virtually) and in the region to conduct outreach activities to reach underserved populations (e.g., school resources fairs, and community resources fairs). *This is ongoing and illustrated in Section IV Training in Cultural Competence. We joined Elk Creek's Fire Safety event, which was an ice cream social, to promote behavioral health resources in July 2021. In addition, in the past year, we have developed a QR Code Campaign, where stickers were designed and developed, to place in key community locations including bathroom stalls; schools; churches; businesses. These stickers provide information and a QR Code, to link the individual to resources regarding suicide; mental health; substance; use; food banks; domestic violence; victim witness; and crisis line information. In the next year, this outreach will include libraries; agricultural settings; churches, etc. The QR Code will also be translated into Spanish.*

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

- **Objective 5a:** GCBH will gather data to provide objective and consistent evaluation and feedback to leadership, staff, and clients regarding program impact and outcomes to best support and meet needs of the community, individuals, and family. Data will be collected ongoing and reviewed quarterly by the clients, staff, and partner agencies. *This data is shared and discussed at least quarterly at the Quality Improvement Committee and at the Cultural Competence Committee. In addition, data is reviewed and shared on ongoing programs and projects, as well as during state audits (e.g., Innovation; PEI;*

Katie A). In addition to the above data, the QR Code Campaign provides data on the number of people who 'click' on the QR Code and access this valuable information. In reviewing the service level data, we analyzed the need to expand services to this underserved community. We formed an Elk Creek subcommittee, to provide information to them on the number of persons who accessed Behavioral Health services. This information also highlights other resources in the community that are needed by this community.

II. DATA, ANALYSIS, AND OBJECTIVES

A. County Geographic and Socioeconomic Profile

1. Geographical location and attributes of the county

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

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

2. Demographics of the county

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

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

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

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

3. Socioeconomic characteristics of the county

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

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

4. Penetration rates for Mental Health services

Figure 2 shows the percentage of the population who access mental health services. Figure 2 shows the same county population data shown in Figure 1 and provides information on the number of persons who received mental health services (FY 2020/21). From this data, a penetration rate was calculated, showing the percent of persons in the population that received mental health services in FY 2020/21. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

There were 935 individuals who received one or more mental health services in FY 2020/21. Of these individuals, 30.2% were children ages 0-14; 21.8% were Transition Age Youth (TAY) ages 15-24; 39.4% were adults ages 25-59; and 8.7% were 60 and older. Of the individuals who received mental health services, 54.8% identified as White/Caucasian, and 36.3% identified as Hispanic. All other race/ethnicity groups represented a small number of individuals. Most clients' primary language was English (93.0%) and 6.2% reported a primary language of Spanish. Clients with other primary languages represented a small number of individuals. More clients identified as female (60.2%) as compared to male (39.8%).

The penetration rate data shows that 3.3% of the Glenn County population received mental health services. Of these individuals, children ages 0-14 had a penetration rate of 4.3%, TAY ages 15-24 had a penetration rate of 5.2%, adults ages 25-59 had a penetration rate of 2.9%, and older adults ages 60 + had a penetration rate of 1.6%.

For race/ethnicity, persons who identify as White/Caucasian had a penetration rate of 3.3% and persons who identify as Hispanic had a penetration rate of 3.2%. The other race/ethnicity groups had small numbers of individuals in the county, so there is a large variability in the data. Clients who identified as male had a lower mental health penetration rate (2.6%), compared to clients who identified as female (4.0%).

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

	Glenn County Population 2010 Census		All Mental Health Participants FY 2020-21		Glenn County Population Mental Health Penetration Rate FY 2020-21
Age					
0 - 14 years	6,520	23.2%	282	30.2%	282 / 6,520 = 4.3%
15 - 24 years	3,926	14.0%	204	21.8%	204 / 3,926 = 5.2%
25 - 59 years	12,505	44.5%	368	39.4%	368 / 12,505 = 2.9%
60+ years	5,171	18.4%	81	8.7%	81 / 5,171 = 1.6%
Total	28,122	100.0%	935	100.0%	935 / 28,122 = 3.3%
Race/Ethnicity					
Black	192	0.7%	13	1.4%	13 / 192 = 6.8%
American Indian/ Alaskan Native	477	1.7%	27	2.9%	27 / 477 = 5.7%
Asian/ Pacific Islander	696	2.5%	18	1.9%	18 / 696 = 2.6%
White	15,717	55.9%	512	54.8%	512 / 15,717 = 3.3%
Hispanic	10,539	37.5%	339	36.3%	339 / 10,539 = 3.2%
Other/ Unknown	501	1.8%	26	2.8%	26 / 501 = 5.2%
Total	28,122	100.0%	935	100.0%	935 / 28,122 = 3.3%
Language					
English	-	-	870	93.0%	-
Spanish	-	-	58	6.2%	-
Other/ Unknown	-	-	7	0.7%	-
Total	-	-	935	100.0%	-
Gender					
Male	14,191	50.5%	372	39.8%	372 / 14,191 = 2.6%
Female	13,931	49.5%	563	60.2%	563 / 13,931 = 4.0%
Total	28,122	100.0%	935	100.0%	935 / 28,122 = 3.3%

5. Analysis of disparities identified in Mental Health services

The penetration rate data for age shows that there are a higher proportion of children and TAY served, compared to adults and older adults. Older adults are the most underserved age group served for mental health services. However, many older adults have Medicare insurance, so may be accessing mental health services through private providers. ~~Progress continues to be made over the past few years to expand services to the Hispanic community.~~ The race/ethnicity data shows that the 3.2% penetration rate for persons who are Latinx/Hispanic is comparable to

highlights this with the proportion of Hispanics served at 3.2% 3.3% for Caucasians. However, as the school data illustrated earlier, there is a growing number and proportion of children in Glenn County who are Latinx/Hispanic. This data points to the need to continue to hire bilingual staff, improve access, and identify other opportunities to engage this community. Similarly, the proportion of females (4.0%) is higher than males (2.6%). Developing programs for fathers, veterans, and persons with a history of incarceration may improve access to services.

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

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

We have also analyzed our penetration rates for the past three (3) years by age and race/ethnicity. Figure 3 shows a decrease in the total number of clients served between FY 2018/19 through FY 2020/21. This may partially due to the changes to how services were delivered since March 2020, due to COVID-19. The total number of clients decreased from 986 to 935 clients in this period. The number of clients ages 0-14 increased from 278 to 282. The number of TAY ages 15-24 decreased from 223 to 204. The number of adult clients ages 25-59 decreased from 419 to 368. The number of Older Adults ages 60 and older increased from 66 to 81.

Figure 3
Glenn County Mental Health Penetration Rate by Age
 FY 2018/19 to FY 2020/21
 (Population Source: 2010 Census)

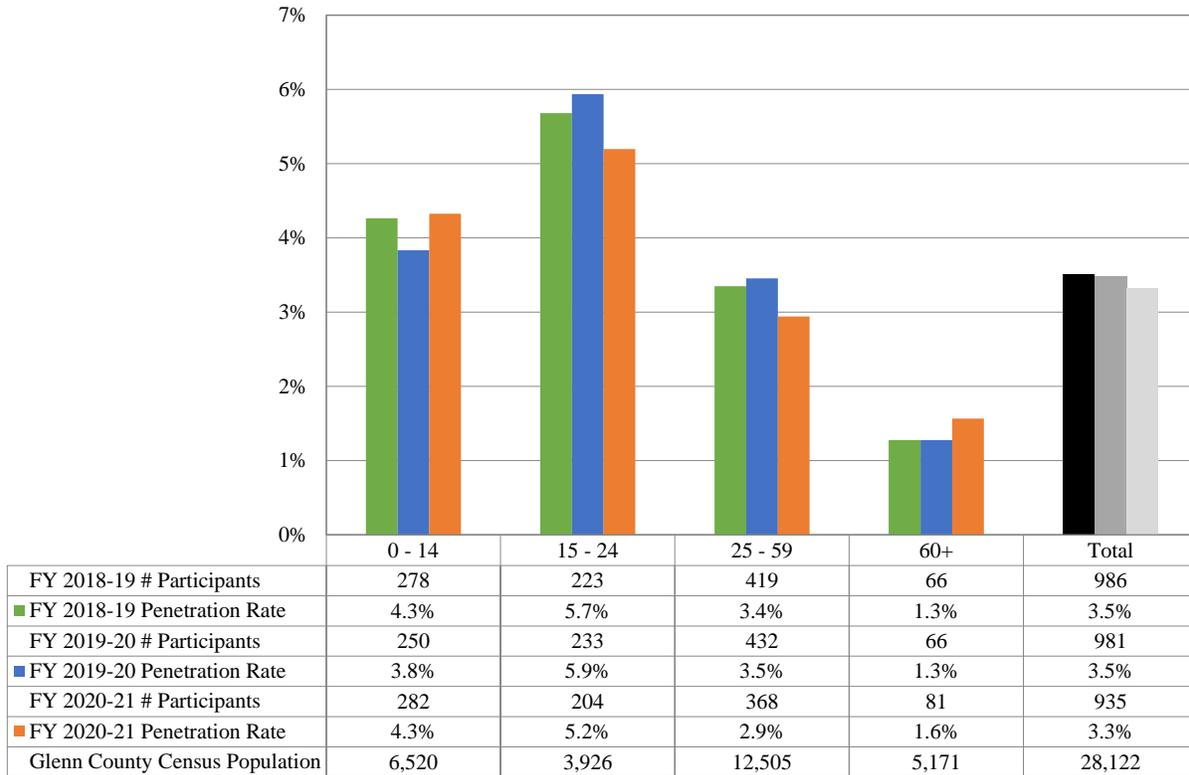
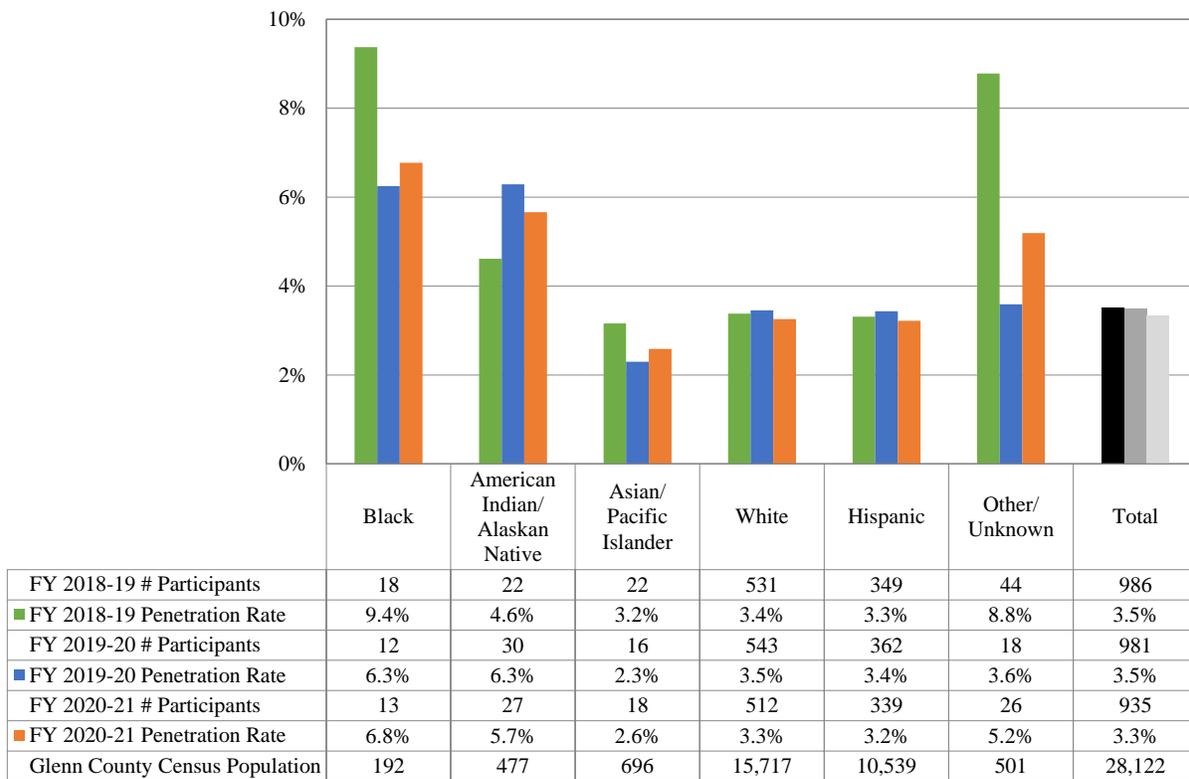


Figure 4 shows the penetration rate for the same three years for race/ethnicity. In examining the FY 2020-21, one racial/ethnic group showed an increase in the penetration rate. American Indian/Alaskan Native clients showed an increase (22 to 27). The number of White/Caucasian clients decreased (531 to 512), as well as Hispanic clients (349 to 339). There was also a small decrease among Asian/Pacific Islanders clients (22 to 18), other/unknowns (44 to 26), and Black clients (18 to 13). Overall, the penetration rate shows a small decrease, 3.5% to 3.3%. However, it is important to note that a penetration rate of 3.3% is higher relative to other counties in California. Many counties have a 1% or 2% penetration rate.

Figure 4
Glenn County Mental Health Penetration Rate by Race/Ethnicity
 FY 2018/19 to FY 2020/21
 (Population Source: 2010 Census)



7. Mental Health Medi-Cal population

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

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

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

There were 11,933 Medi-Cal enrollees in the county in FY 2020/21 (Kings View Penetration Report). There were 4,341 children ages 0-17 (36.4%); 1,280 TAY ages 18-24 (10.7%); 5,213 adults ages 25-64 (43.7%); and 1,099 older adults ages 65+ (9.2%). There were 817 mental health clients who had Medi-Cal benefits. Of these clients, 362 were children (44.3%), 87 were TAY (10.6%), 339 were adults (41.5%), and 29 were older adults (3.5%).

The penetration rate shows the percent of Medi-Cal enrollees who are receiving mental health services. For children, the penetration rate is 8.3%; for TAY, 6.8%; for adults, 6.5% and older adults 2.6%.

The penetration rate for persons who identify as White/Caucasian is 10.4% and Hispanic is 5.0%. This data shows a much higher proportion of individuals who identify as White/Caucasians with Medi-Cal are served compared to persons who identify as Hispanic. The other race populations have small numbers of individuals in the population, so the data is variable and difficult to interpret. For example, the penetration rate for persons who identify as Black is 15.4%, but this represents 12 out of 78 people. The penetration rate for persons who identify as American Indian/Alaska Native is 10.5% (23 out of 220 individuals); Asian/Pacific Islander is 4.4% (18 out of 406 individuals); and Other/Unknown race/ethnicity is 1.8% (14 out of 762 individuals).

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

(Medi-Cal Enrollee Source: Kings View Penetration Report FY 2020/21)

	Glenn County Average Number of Eligibles FY 2020-21		Number of Medi-Cal Mental Health Participants Served FY 2020-21		MH Medi-Cal Penetration Rate FY 2020-21
Age Group					
Children	4,341	36.4%	362	44.3%	362 / 4,341 = 8.3%
Transition Age Youth	1,280	10.7%	87	10.6%	87 / 1,280 = 6.8%
Adults	5,213	43.7%	339	41.5%	339 / 5,213 = 6.5%
Older Adults	1,099	9.2%	29	3.5%	29 / 1,099 = 2.6%
Total	11,933	100.0%	817	100.0%	817 / 11,933 = 6.8%
Race/Ethnicity					
Black	78	0.7%	12	1.5%	12 / 78 = 15.4%
American Indian/ Alaskan Native	220	1.8%	23	2.8%	23 / 220 = 10.5%
Asian/ Pacific Islander	406	3.4%	18	2.2%	18 / 406 = 4.4%
White	4,192	35.1%	436	53.4%	436 / 4,192 = 10.4%
Hispanic	6,275	52.6%	314	38.4%	314 / 6,275 = 5.0%
Other/ Unknown	762	6.4%	14	1.7%	14 / 762 = 1.8%
Total	11,933	100.0%	817	100.0%	817 / 11,933 = 6.8%
Gender					
Male	5,545	46.5%	319	39.0%	319 / 5,545 = 5.8%
Female	6,388	53.5%	498	61.0%	498 / 6,388 = 7.8%
Total	11,933	100.0%	817	100.0%	817 / 11,933 = 6.8%

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

Figure 5 shows that persons who are Hispanic, Asian/ Pacific Islander, and other groups are underrepresented in our Medi-Cal mental health service population. In addition, older adults have a low penetration rate. This data indicates the need to continue to enhance our services to persons who are Hispanic, Asian/ Pacific Islander, and older adult communities and identify ways to improve access to services. Additional training for staff and coordinating services with other HHSAs and allied community agencies will help to improve referrals and access to mental health services. In addition, ~~co-location of a number of different HHSAs services at the Community Recovery and Wellness Center (CRWC) building in one location,~~ services at the renamed Orland Behavioral Health building offers AB 109 services and has helped to improve access to services. Similarly, the Willows Mental Health clinic was renamed Willows Behavioral Health clinic.

9. Penetration rates for Substance Use Disorder services

Figure 6 shows the number of persons in the county population (2010 Census) and the number of persons who received Substance Use Disorder (SUD) services (FY 2020/21). From this data, a penetration rate was calculated, showing the percent of persons in the population that received SUD services in FY 2020/21. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

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

Figure 6 also shows the proportion of persons receiving SUD services. There were 207 individuals who received one or more SUD services in FY 2020/21. Of these individuals, 0.0% were children ages 0-14; 16.9% were TAY ages 15-24; 78.3% were adults ages 25-59; and 4.8% were 60 and older.

Of the individuals who received SUD services, 57.0% identified as White/Caucasian and 35.3% identified as Hispanic. All other race/ethnicity groups represented a small number of individuals. Most clients' primary language was English (93.7%) and 6.3% reported a primary language of Spanish. More clients identified as male (56.5%) as compared to female (43.5%).

The penetration rate data shows that 0.7% of the Glenn County population received SUD treatment services. Of these individuals, children ages 0-14 had a penetration rate of 0.0%, TAY ages 15-24 had a penetration rate of 0.9%, adults ages 25-59 had a penetration rate of 1.3%, and older adults ages 60 and older had a penetration rate of 0.2%.

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

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

(Population Source: 2010 Census)

	Glenn County Population 2010 Census		All Substance Use Participants FY 2020-21		Glenn County Population Substance Use Penetration Rate FY 2020-21
Age Distribution					
0 - 14 years	6,520	23.2%	-	0.0%	0 / 6,520 = 0.0%
15 - 24 years	3,926	14.0%	35	16.9%	35 / 3,926 = 0.9%
25 - 59 years	12,505	44.5%	162	78.3%	162 / 12,505 = 1.3%
60+ years	5,171	18.4%	10	4.8%	10 / 5,171 = 0.2%
Total	28,122	100.0%	207	100.0%	207 / 28,122 = 0.7%
Race/Ethnicity Distribution					
Black	192	0.7%	2	1.0%	2 / 192 = 1.0%
American Indian/ Alaskan Native	477	1.7%	10	4.8%	10 / 477 = 2.1%
Asian/ Pacific Islander	696	2.5%	4	1.9%	4 / 696 = 0.6%
White	15,717	55.9%	118	57.0%	118 / 15,717 = 0.8%
Hispanic	10,539	37.5%	73	35.3%	73 / 10,539 = 0.7%
Other/ Unknown	501	1.8%	-	0.0%	0 / 501 = 0.0%
Total	28,122	100.0%	207	100.0%	207 / 28,122 = 0.7%
Language Distribution					
English	-	-	194	93.7%	-
Spanish	-	-	13	6.3%	-
Other/ Unknown	-	-	-	0.0%	-
Total	-	-	207	100.0%	-
Gender Distribution					
Male	14,191	50.5%	117	56.5%	117 / 14,191 = 0.8%
Female	13,931	49.5%	90	43.5%	90 / 13,931 = 0.6%
Total	28,122	100.0%	207	100.0%	207 / 28,122 = 0.7%

10. Analysis of disparities identified in Substance Use Disorder services

Figure 6 data also shows that the majority of SUD clients are adults (78.3% compared to 44.5% of the population). There are also a slightly higher proportion of SUD clients who identified as White/Caucasian (57.0% of clients compared to 55.9% of the general population). Clients who identified as Hispanic represent 35.3% of the SUD clients compared to 37.5% of the general population. Clients who identified as American Indian/Alaskan Natives had a higher proportion of clients (4.8% compared to 1.7% in the population). There was a higher proportion of clients who identified as male (56.5% compared to 50.5% of the population) than female (43.5% compared to 49.5% of the population.) This data illustrates the need to provide culturally

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

The Substance Use Disorder (SUD) penetration rates for the past three years for age and race/ethnicity was also analyzed. Figure 7 shows the penetration rate for age. The data shows a decrease in the number of clients served between FY 2018/19 through FY 2020/21. The total number of clients decreased from 263 to 207 clients in this period. The number of clients ages 0-14 decreased from 2 to 0 clients. The number of TAY clients ages 15-24 decreased from 59 to 35. The number of Adults decreased from 192 to 162. The number of Older Adults remained the same at 10 clients.

Figure 7
Glenn County Substance Use Disorder Penetration Rate by Age
 FY 2018/19 to FY 2020/21
 (Population Source: 2010 Census)

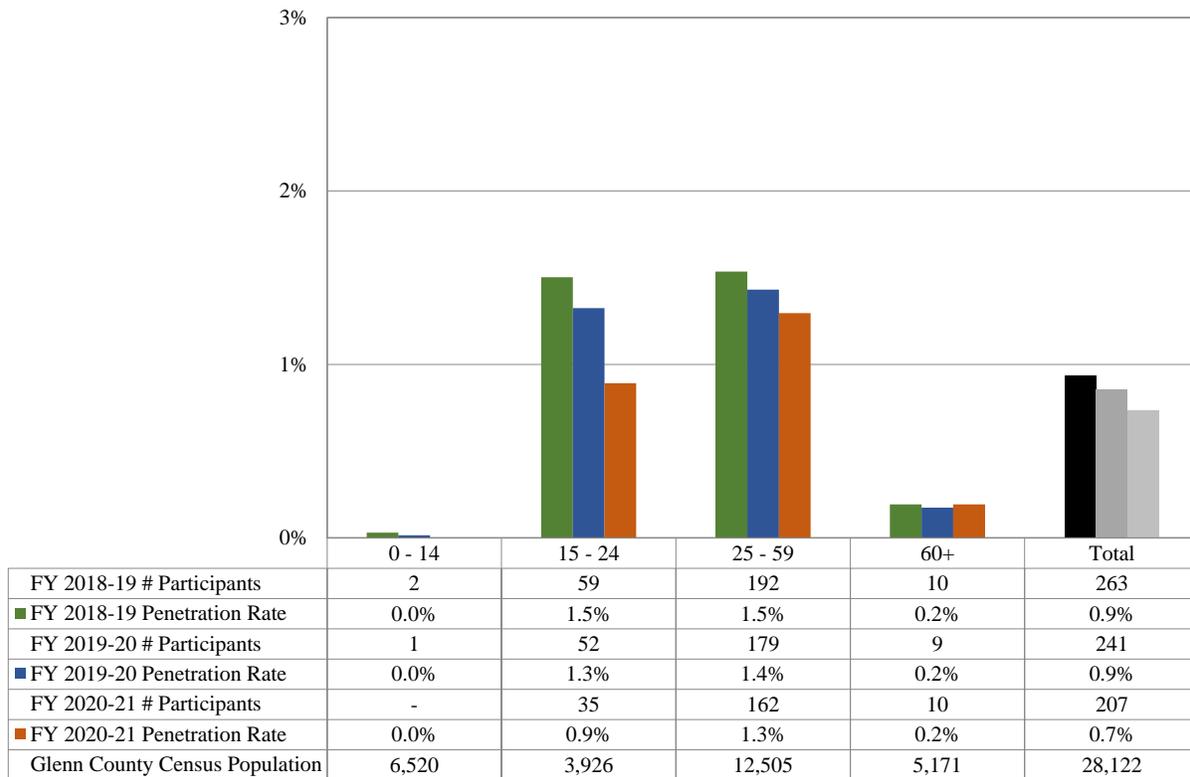
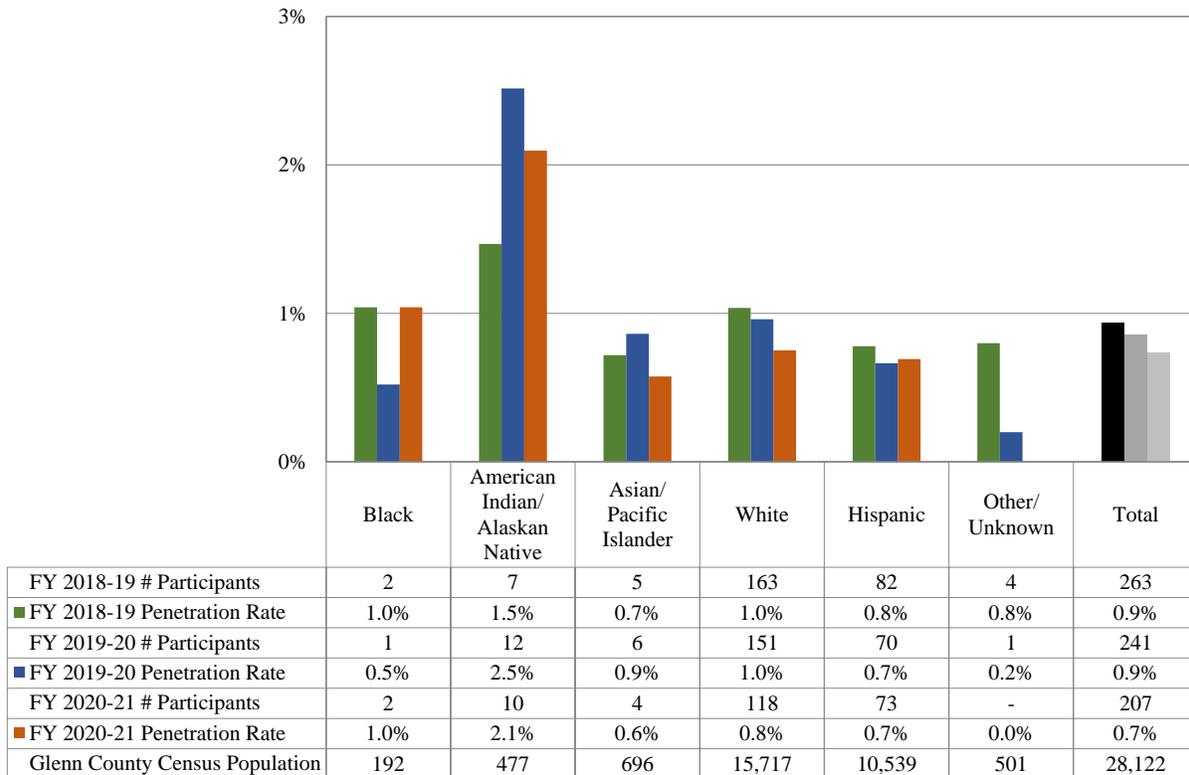


Figure 8 shows the penetration rate for SUD services by race/ethnicity across the past three years. The number of clients who identified as Black remained the same at 2 clients, and American Indian/Alaskan Native clients increased from 7 to 10. All other racial/ethnic categories also show a decrease: the number of clients who identified as Hispanic clients decreased from 82 to 73; Other/Unknown races decreased from 4 to 0; Asian/Pacific Islander clients decreased from 5 to 4; White/Caucasian clients decreased from 163 to 118. The overall penetration rate decreased from 0.9% to 0.7%.

Figure 8
Glenn County Substance Use Disorder Penetration Rate by Race/Ethnicity
 FY 2018/19 to FY 2020/21
 (Population Source: 2010 Census)



11. Drug Medi-Cal Population

Figure 9 shows the percentage of Medi-Cal enrollees who accessed SUD services in FY 2020/21. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal enrollees that received SUD services in FY 2020/21. This data is shown by age, race/ethnicity, and gender.

There were 165 Medi-Cal participants who received one or more SUD service in FY 2020/21. Of these individuals, 4.8% were children; 12.7% were TAY; 80.6% were adults; and 1.8% were older adults. Of the Medi-Cal participants, 57.6% identified as White/Caucasian and 34.5% identified as Hispanic. All other race/ethnicity groups represented a small number of individuals. The majority of participants identified as male (55.8%) compared to female (44.2%).

The penetration rate data shows that 1.4% of the Glenn County Medi-Cal enrollees received SUD services, with 165 individuals out of the 11,933 Medi-Cal enrollees. Of these individuals, children had a penetration rate of 0.2%, TAY had a penetration rate of 1.6%, adults had a penetration rate of 2.6%, and older adults had a penetration rate of 0.3%.

For race/ethnicity, persons who identified as Caucasian had a penetration rate of 2.3%, and persons who identified as Hispanic had a penetration rate of 0.9%. All other race/ethnicity groups represented a small number of individuals. Participants who identified as male had a greater penetration rate (1.7%) as compared to female (1.1%). This data shows a disparity in the number of persons who are Hispanic that receive SUD services.

Figure 9
Glenn County Medi-Cal Substance Use Disorder Penetration Rates
by Gender, Age, and Race/Ethnicity
(Medi-Cal Enrollee Source: Kings View Penetration Report FY 2020/21)

	Glenn County Average Number of Eligibles FY 2020-21		Number of Medi- Cal Substance Use Participants Served FY 2020-21		SUD Medi-Cal Penetration Rate FY 2020-21
Age Group					
Children	4,341	36.4%	8	4.8%	8 / 4,341 = 0.2%
Transition Age Youth	1,280	10.7%	21	12.7%	21 / 1,280 = 1.6%
Adults	5,213	43.7%	133	80.6%	133 / 5,213 = 2.6%
Older Adults	1,099	9.2%	3	1.8%	3 / 1,099 = 0.3%
Total	11,933	100.0%	165	100.0%	165 / 11,933 = 1.4%
Race/Ethnicity					
Black	78	0.7%	2	1.2%	2 / 78 = 2.6%
American Indian/ Alaskan Native	220	1.8%	8	4.8%	8 / 220 = 3.6%
Asian/ Pacific Islander	406	3.4%	3	1.8%	3 / 406 = 0.7%
White	4,192	35.1%	95	57.6%	95 / 4,192 = 2.3%
Hispanic	6,275	52.6%	57	34.5%	57 / 6,275 = 0.9%
Other/ Unknown	762	6.4%	-	0.0%	0 / 762 = 0.0%
Total	11,933	100.0%	165	100.0%	165 / 11,933 = 1.4%
Gender					
Male	5,545	46.5%	92	55.8%	92 / 5,545 = 1.7%
Female	6,388	53.5%	73	44.2%	73 / 6,388 = 1.1%
Total	11,933	100.0%	165	100.0%	165 / 11,933 = 1.4%

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

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

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

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

Glenn County's Community Housing Improvement Program (CHIP) has expanded the availability of rental housing in the county by building 66 units in Orland. "Rancho De Soto" helps to provide safe and stable low-cost housing in this small, rural community.

B. Utilization of Mental Health and Substance Use Disorder Services

Figure 10 shows the total number of hours, by type of mental health service, clients, and hours per client for three years, FY 2018/19 to FY 2020/21. This data shows that in FY 2020/21, the 935 mental health clients received 13,742 hours of services. This calculates into 14.7 hours per client. This data also shows the number of clients and average hours per client for each type of service. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service.

In FY 2020/21, per client, assessments averaged 2.5 hours; intensive care coordination (ICC): 7.2 hours; intensive home-base services (IHBS): 5.2 hours; plan development: 1.5 hours; individual therapy: 9.3 hours; collateral: 3.3 hours; rehabilitation individual: 6.1 hours; group services: 3.6 hours; case management: 5.1 hours; medication management: 3.3 hours; crisis intervention: 3.2 hours.

Figure 10
Glenn County Mental Health Services
Mental Health Hours, Clients, and Hours per Client
per Year, by Service Type
All Mental Health Clients
FY 2018/19 to FY 2020/21

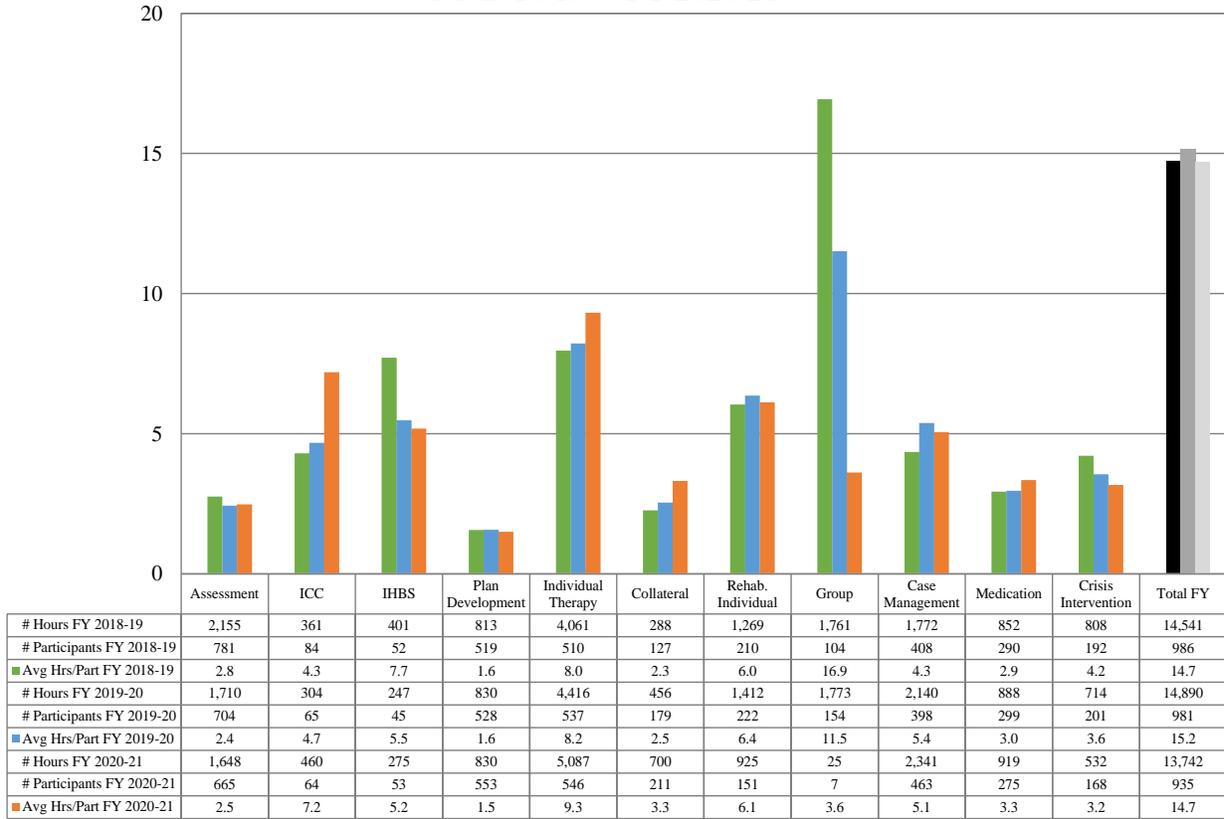
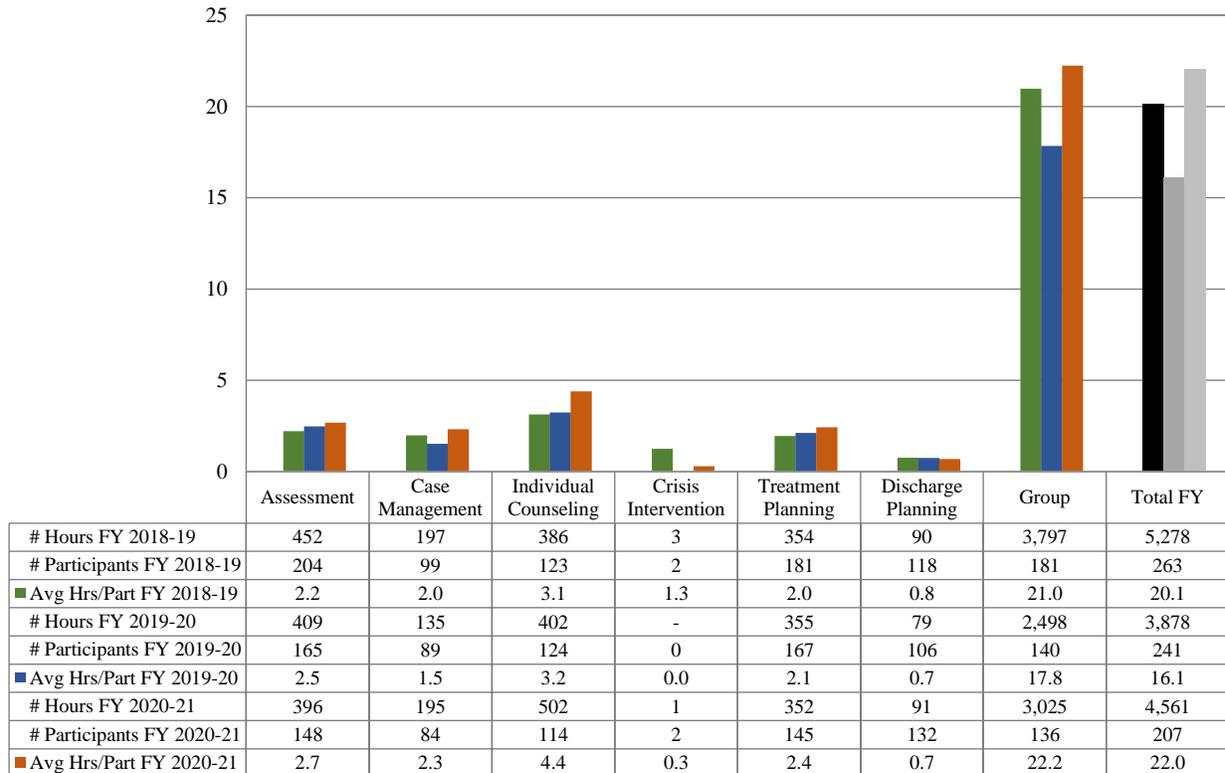


Figure 11 shows the total number of hours, by type of SUD service, clients, and hours per client for the past three years, FY 2018/19 to FY 2020/21. This data shows that the 207 SUD clients received 4,561 hours of services. This calculates into 22.0 hours per client. This data also shows the number of clients and average hours per client for each type of service. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service.

In FY 2020/21, the average hours per client data shows: assessments averaged 2.7 hours; case management: 2.3 hours; individual therapy: 4.4 hours; crisis intervention: 0.3 hours; treatment planning: 2.4 hours; discharge planning: 0.7 hours; and group services: 22.2 hours.

Figure 11
Glenn County Substance Use Disorder Services
Total Substance Use Disorder Services Hours, Clients, and Hours per Client
per Year, by Service Type
All Substance Use Disorder Clients
FY 2018/19 to FY 2020/21



C. Analysis of Population and Utilization Data

There was a reduction in both the number of SUD clients served and the hours of SUD outpatient services delivered in FY 2020/21, as a result of COVID and shelter in place regulations beginning in March 2020. This decrease resulted in a decrease in the average hour of SUD services delivered in FY 2020/21, compared to the earlier two fiscal years.

There is also a disparity between access and service utilization for Caucasian and Hispanic clients for both mental health and SUD services. We continue to identify ways to provide outreach in Hispanic communities, hire bilingual and/or bicultural staff whenever possible, and provide education and training to staff to promote the delivery of culturally sensitive services.

III. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

A. Available Services

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

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

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

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

B. Informing Clients

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

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

The Health Services Agency *Guide to Mental Health Services* brochure (in English and Spanish) highlights available services, including culturally specific services. In addition, the brochure

informs clients of their right to FREE language assistance, including the availability of interpreters. This brochure is provided to clients at intake and is also available at our clinics and wellness centers throughout the county.

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

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

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

C. Capturing Language Needs

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

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

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

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

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

Currently, there is a policy in place that outlines the requirements and processes for meeting a client’s request for language assistance, including the documentation of providing that service in the person’s primary language. This policy was updated to include the process for capturing a client’s request for an interpreter.

D. Grievances and Appeals

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

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

IV. TRAINING IN CULTURAL AND LINGUISTIC COMPETENCE

This section lists the cultural competence training for staff and contract providers, including training in the use of interpreters, conducted in 2021.

CDEC Trainings for All BH	
January 2021	Anthem Blue Cross/Bright Heart Health (Anthem Rep)
February 2021	BH Cultural Competence and Linguistic Plan (Dago, Linyu)
March 2021	How to use in interpreter
April 2021	Adverse Childhood Experiences (ACES) (Ellen)
May 2021	SUDS Seven Challenges (Mickie, Eloise)
June 2021	Working with Student on IEPs (Lisa)
July 2021	LPS and Conservatorships (Tania)
August 2021	Language Line Solutions Update
September 2021	Working with Older Adult Population (Pam)
October 2021	CDEC Presentation Trivia around the world

Description of Training	Number of Attendees	Date
Commercially and sexually exploited children advocacy training for adults	7	1/7/2021
Engaging and Supporting People with Co-Occurring Conditions	1	2/25/2021
Livingworks START Training	3	3/1/2021
Understanding trauma bonds between traffickers and their victims	3	3/5/2021
Providing Effective Therapy to Clients with Autism	6	3/5/2021
Introduction to Trauma Informed Care	7	3/5/2021
Averting Targeted School Violence	1	3/30/2021
Cultural Competence	11	5/10/2021
California Health Equity Summit	5	6/10/21 – 6/11/21
The Role of the Behavioral Health Interpreter	72	6/10/2021
DDP Conference	20	6/14/21 – 6/16/21
Eye Movement Desensitization and Reprocessing (EMDR) Training	1	7/9/2021
TCI, Therapeutic Crisis Intervention	5	7/26/21 – 7/30/21
Calming Children in Crisis	8	7/9/2021
National Latino Behavioral Health Conference	2	9/17/21
Trauma and Childhood Development	1	9/20/2021
ASIST: Suicide Intervention	6	9/29/2021
Best Practices in Suicide Screening and Assessment	7	10/1/2021
Ethnic Services Committee	11	Monthly
Cultural Diversity and Equity Committee	11	Monthly

A Culture-Centered Approach to Recovery	3	7/11/2019
Addressing the Needs of Transition Age Youth	5	8/2/2019
An Overview of Cognitive Behavioral Therapy	3	9/12/20
Anxiety Disorders Among Older Adults	2	6/10/20
Best Practices for Delivering Telehealth	65	4/2/2020
Behavioral Health Services and the LGBTQ+ Community	6	6/5/20
Crisis Planning with Families	5	6/4/2020
Clinical Assessment via Telehealth Applications	58	4/2/2020
Cultural Responsiveness in Clinical Practice	67	4/30/2020
Feeding and Eating Disorders: Diagnosis and Treatment	56	5/8/2020
Glenn County Trafficking Victims Protection Act	11	5/8/2020
Implementation Guidelines for Telehealth Practitioners	53	4/2/2020
Implicit Bias and Recognizing its Harmful Impact	20	9/22/2020
Intro to Framework for Confronting Racism in BH	15	8/20/2020
Suicide in Adolescents and Transition Age Youth	3	5/12/2020
Stonewall TransYouthCare Symposium 2020	1	10/26/2020
Systemic Racism and Structural Racialization: Examining the impact of BH Disparities	10	8/27/2020
Telehealth in Clinical Practice	54	4/2/2020
How countertransference effects self care: Rules and responsibilities for direct line and leadership	80	11/18/2020
Talking about Race and Racism with Clients: Challenges, Benefits & Strategies for Fostering Meaning Dialogue	12	9/17/2020
Working Effectively with Gender and Sexual Minorities	43	5/29/2020
Working More Effectively with the LGBTQ+ Community	12	5/29/2020
Ethnic Services Committee	11	Monthly
Cultural Competence Breakout Zoom Groups	44	Monthly

V. STAFF ASSESSMENT

A. Current Staff Composition

All Glenn County Behavioral Health Bilingual Staff	
Front Office Staff	SUDS Staff
Lupe Chavez	Maria Estrella
Nancy Martinez	Cindy Torres
Melissa Jimenez	Eloise Jones
Yesenia Raygoza	
MH Staff	
Belen Romero	Linyu Solis
Bee Chow	Maria Gomez
Claudia Chavira	Ulises Trevino
Dago Bobadilla	Noemi Avila
Iratzeni Silva	Nancy Alavrez
Janet Mendez	Maribel Palomino

1. Ethnicity by function

The diversity of the GCBH staff workforce continues to expand, which is clearly illustrated by the data on staff's culture and language. Of the 15 administrative/management staff, 11 (73.3%) identified as White, two (13.3%) as Hispanic, one (6.7%) as Asian, and one (6.7%) as American Indian or Alaska Native. Of the 40 direct service staff, 21 (53.8%) identified as White, 13 (33.3%) as Hispanic, three (7.7%) as American Indian or Alaska Native, and two (5.1%) declined to answer.

Of the 37 (69.8%) staff members self-identified as having lived mental health experience, 21 (56.8%) identified as White, 9 (24.3%) as Hispanic, four (10.8%) as American Indian or Alaska Native, one (2.7%) as Asian, and two (5.4%) declined to answer.

Of the 19 Spanish speaking bilingual staff, 15 individuals are direct services staff, and four are administrative/management staff. Of the 15 Spanish speaking bilingual staff, 14 (93%) deliver services in Spanish as well as provide interpreter services for other staff members. GCBH also has 1 administrative/management staff who speaks Cantonese and Mandarin and is proficient in Traditional and Simplified Chinese. There is also one direct service staff who speaks Hmong.

At least six (11.1%) of our staff are lesbian, gay, bisexual, or transgender (LGBT).

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

Of the 19 bilingual staff, 17 (89.5%) staff identify as proficient in reading and writing Spanish.

Of the 19 Spanish speaking bilingual staff, 15 (79%) individuals are direct services staff, and four (21%) are administrative/ management staff. Of the 19 Spanish speaking bilingual staff, 14 (74%) deliver services in Spanish, as well as providing interpreter services for other staff members. GCBH also has one (1) administrative/management staff who speaks Cantonese and Mandarin and is proficient in Traditional and Simplified Chinese in speaking, reading, and writing. There is also one direct service staff who speaks Hmong.

3. Analysis: Staff Ethnicity and Cultural Competence Survey

To assess the cultural awareness of our workforce, staff and volunteers were asked to complete the Staff and Volunteer Ethnicity and Cultural Competence Survey in November 2021. The complete results are shown in Attachment A.

There were 38 staff who completed the survey. Of these individuals, 27 (71%) were direct service staff and 11 (29%) were administration and management. Of these survey respondents, 21 (57%) identified as Caucasian, 12 (32%) as Hispanic, two (5%) as American Indian or Alaska Native, one (3%) as Native Hawaiian or other Pacific Islander, and one (3%) as Asian. Of these 38 staff, 12 (32%) are Spanish-speaking bilingual, and one (3%) is Hmong-speaking bilingual. Twenty-six (72%) staff reported that they have lived mental health experience and 30 (86%) are family members of someone with lived mental health experience. Of the staff respondents, 29 (78%) identified as female, and 8 (22%) as male. Twenty-eight (78%) staff identified as heterosexual/straight, two (5%) as Gay or Lesbian, three (8%) as bisexual, one (3%) as queer, and two (6%) as other.

The survey response options included Frequently; Occasionally; Rarely or Never; and Did Not Occur to Me. There are some interesting results when examining those questions where the responses were “**Rarely or Never.**” Those responses will be briefly outlined below.

Staff Responses:

- I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice. (N=38) (Rarely or Never=32%).
- I attempt to learn a few key words in the client’s primary language (e.g. Hello, Goodbye, Thank you, etc.). (N=38) (Rarely or Never=21%).
- I have developed skills to effectively utilize an interpreter. (N=38) (Rarely or Never=21%)
- I develop materials in a manner that can be easily understood by clients and family members. (N=38) (Rarely or Never=11%)

- I participate in trainings to learn how best to meet the needs of clients and family members from diverse cultures. (N=38) (Rarely or Never=8%)

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

B. Staff Disparities and Related Objectives

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

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

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

C. Barriers and Mitigation

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

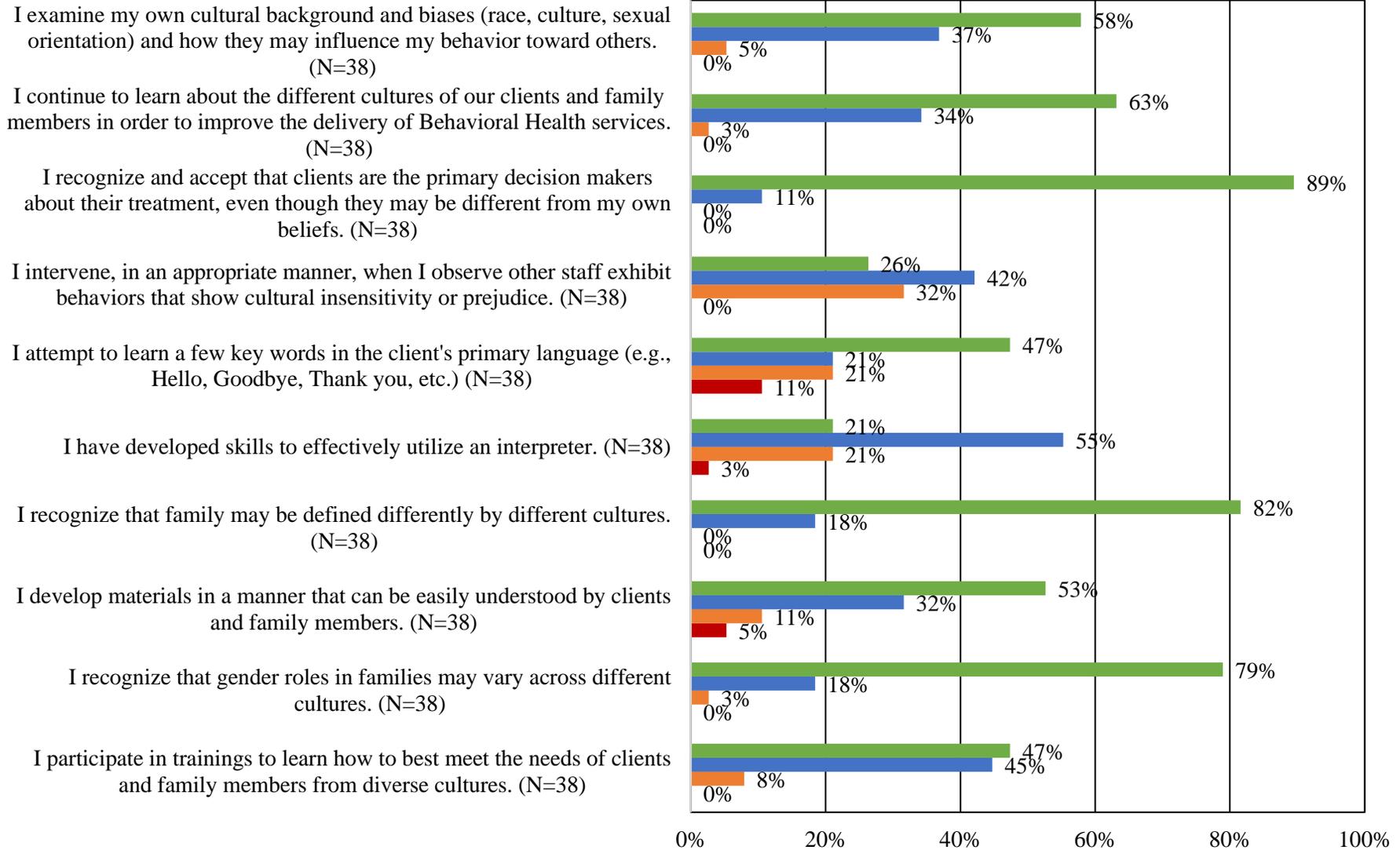
**ATTACHMENT A:
STAFF ETHNICITY & CULTURAL COMPETENCE SURVEY RESULTS**

Glenn County Department of Behavioral Health Staff Cultural Competence Survey

2021

All Respondents

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

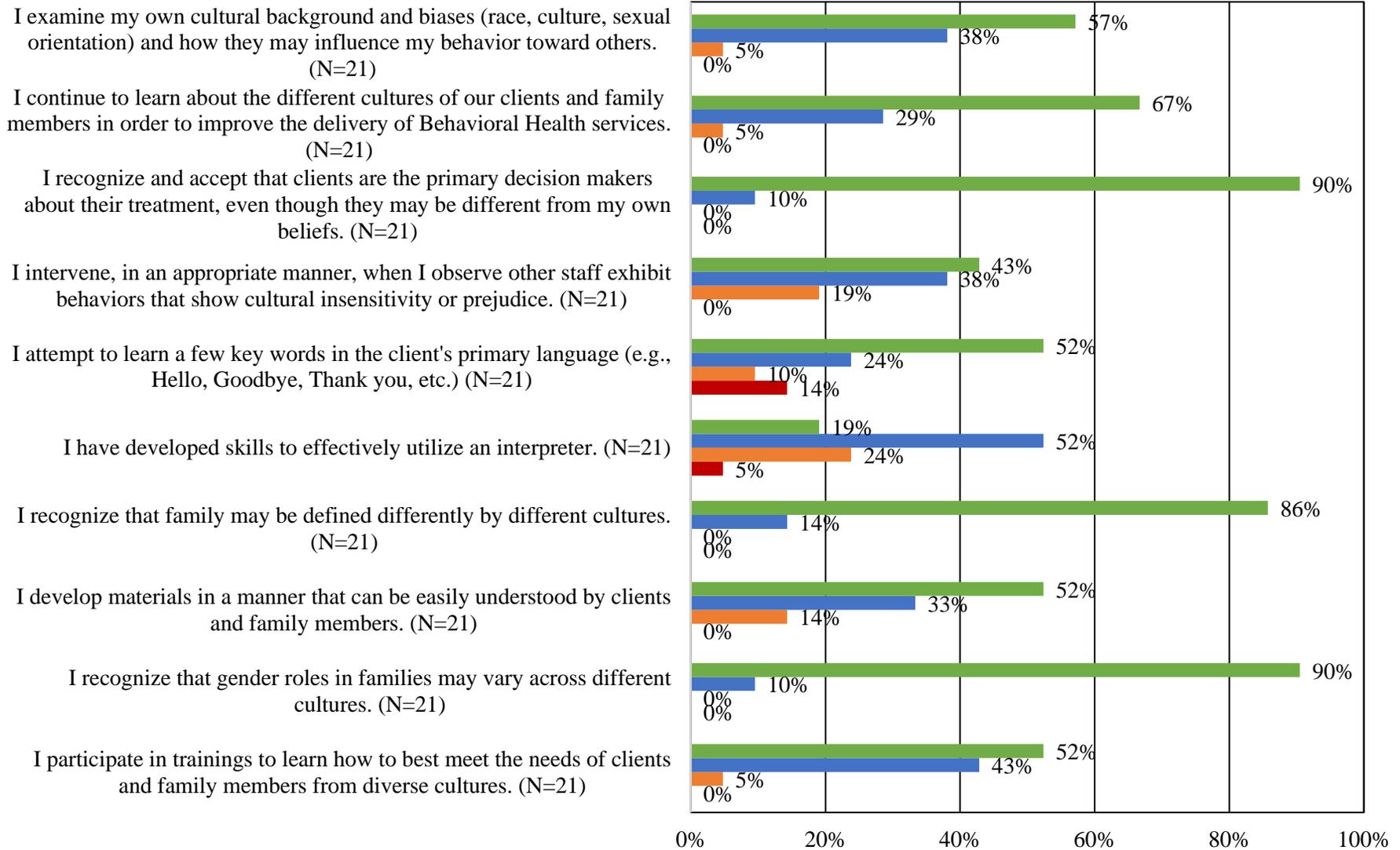


Glenn County Department of Behavioral Health Staff Cultural Competence Survey

2021

White Respondents

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

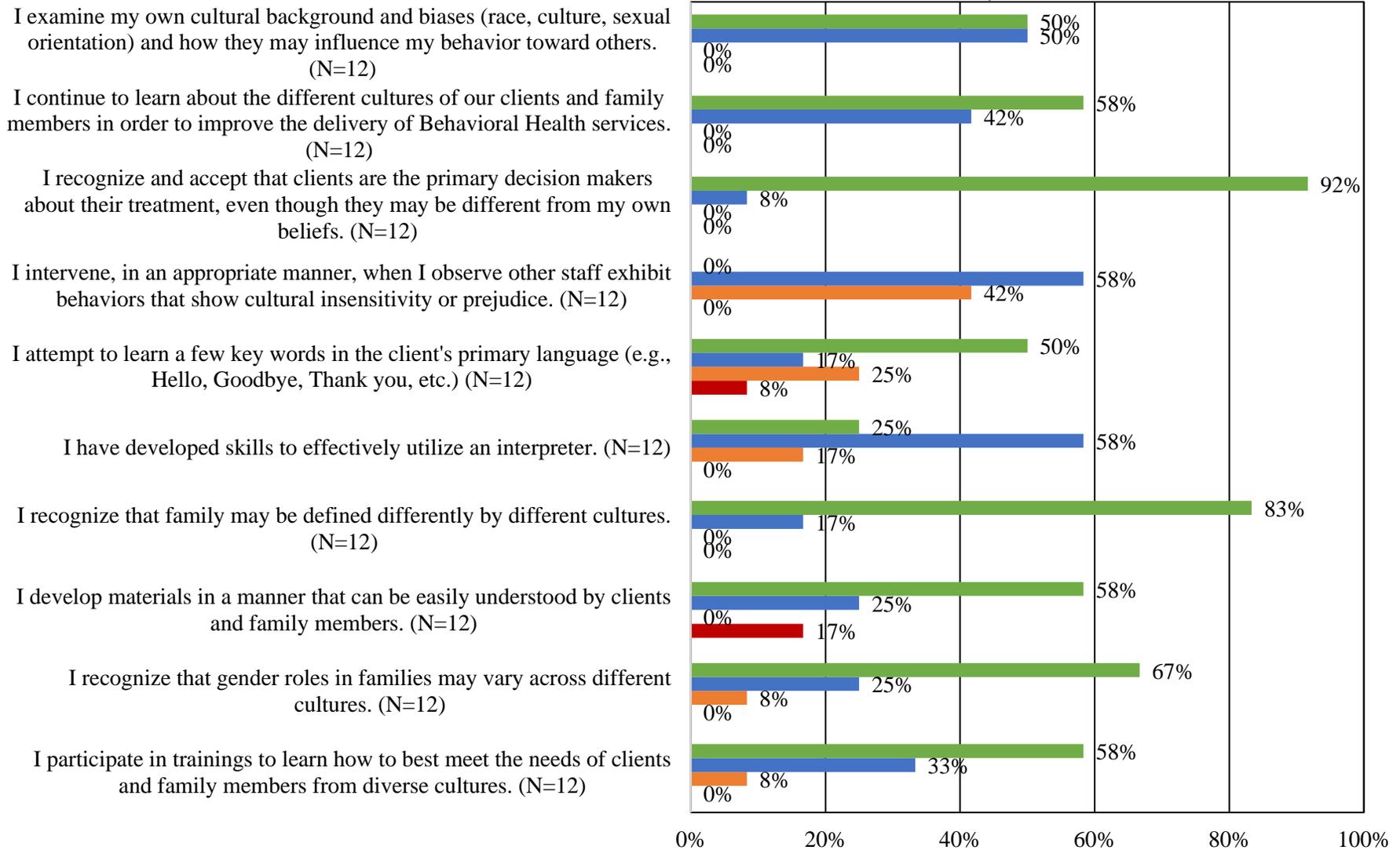


Glenn County Department of Behavioral Health Staff Cultural Competence Survey

2021

Hispanic Respondents

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

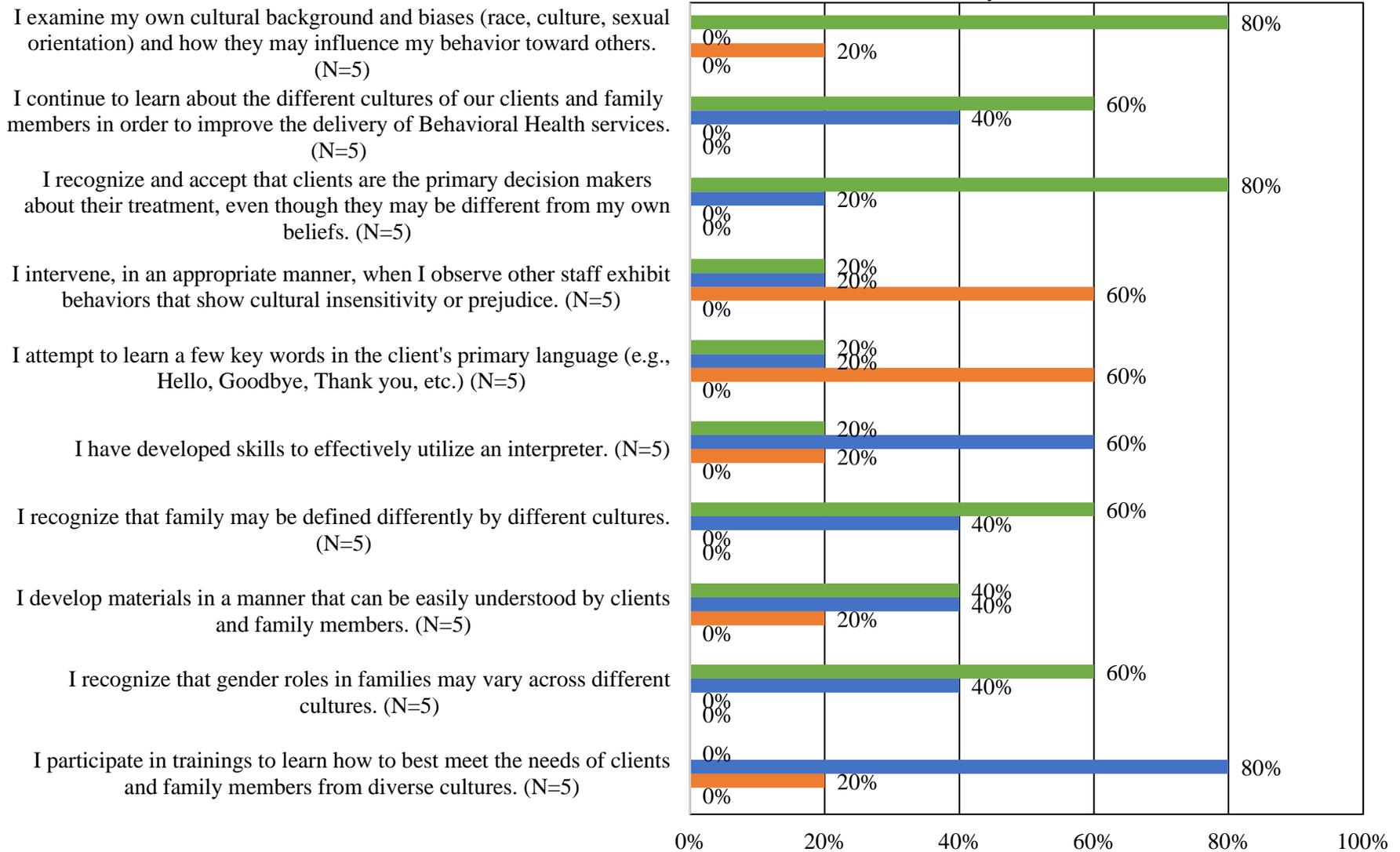


Glenn County Department of Behavioral Health Staff Cultural Competence Survey

2021

All Other Ethnicity Respondents

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



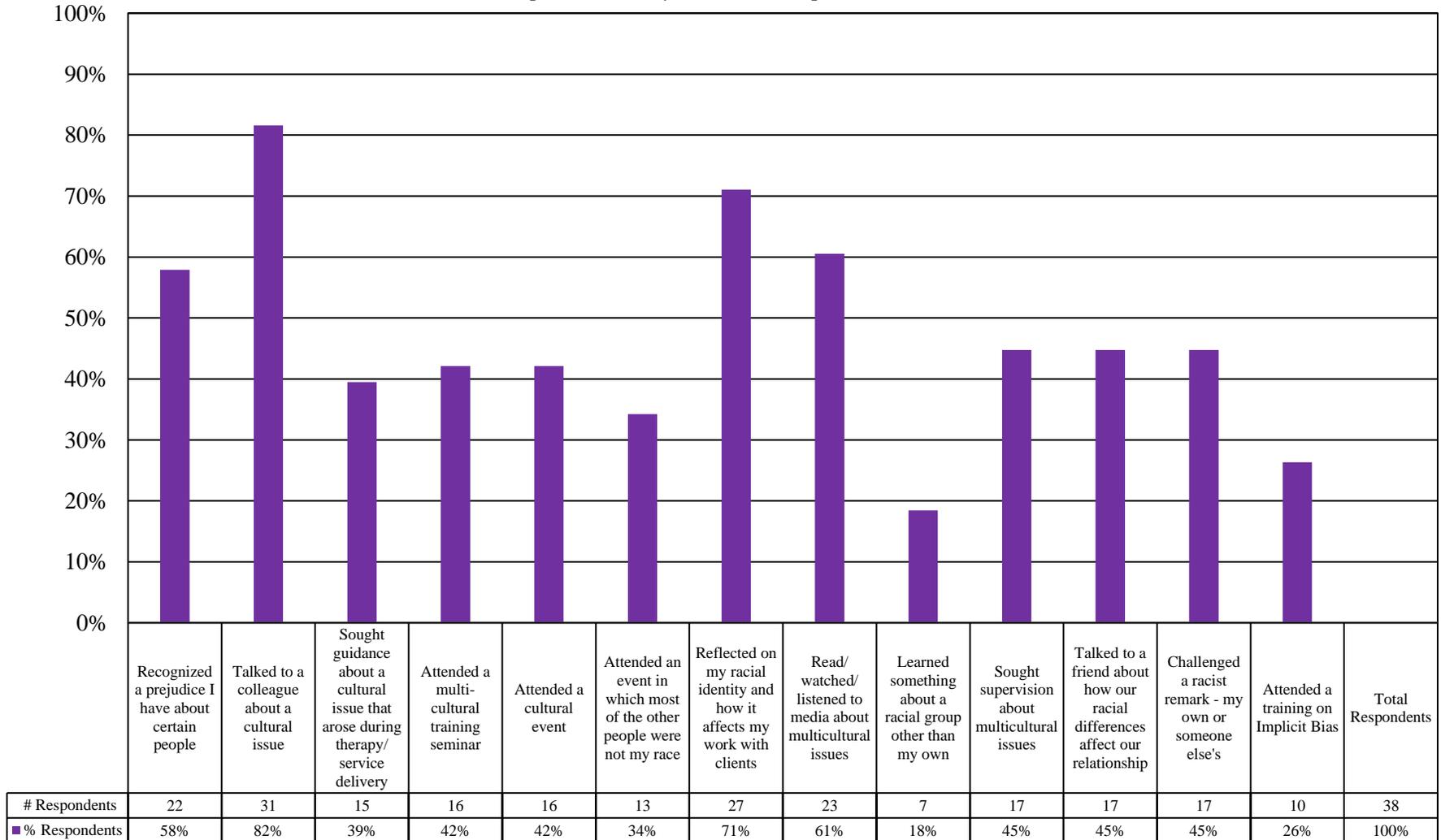
**Glenn County Department of Behavioral Health
Staff Cultural Competence Survey**

2021

Participation in Professional Development Activities (Past Six Months)

All Respondents (N=38)

(Respondents may choose multiple answers.)



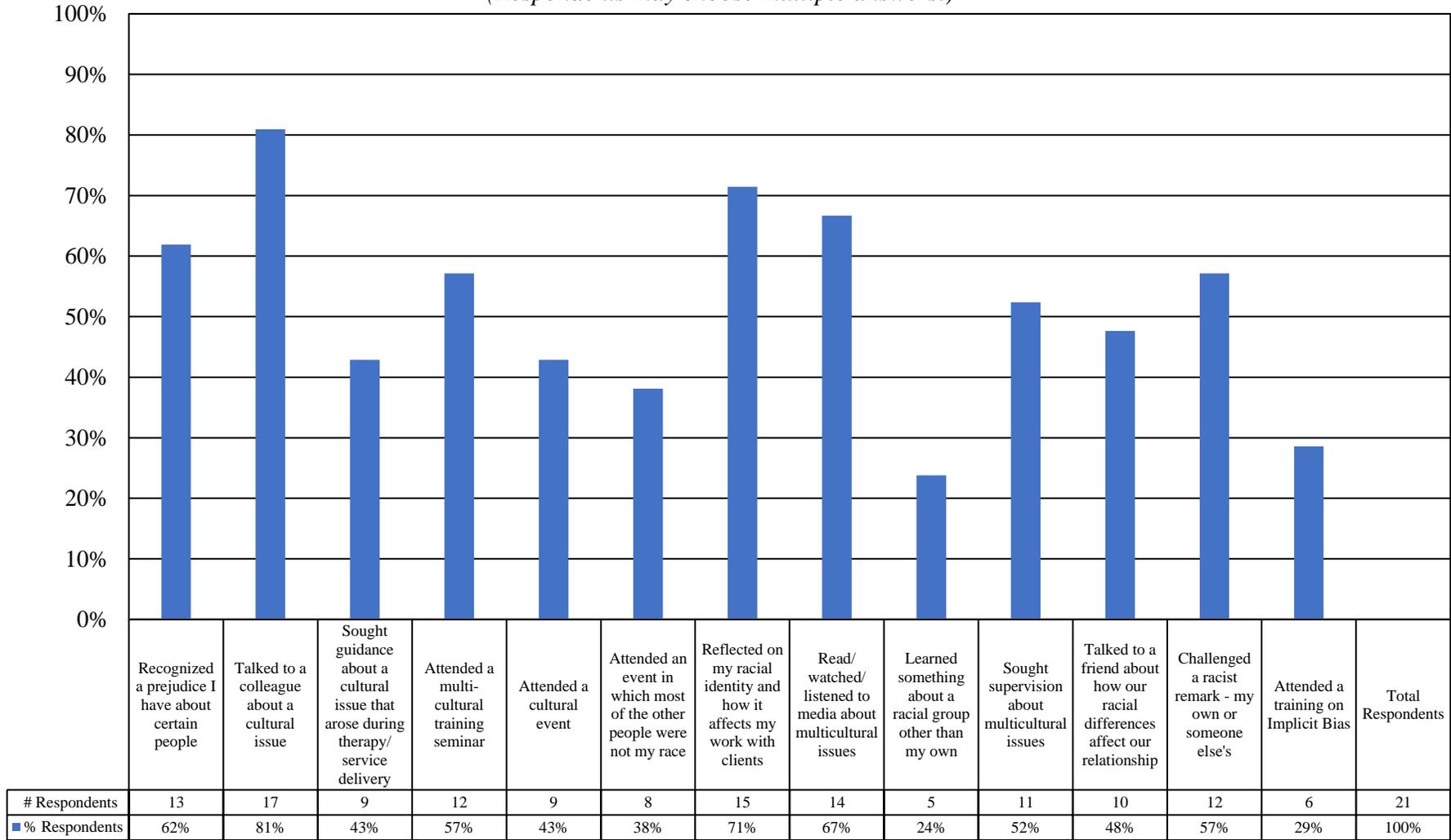
**Glenn County Department of Behavioral Health
Staff Cultural Competence Survey**

2021

Participation in Professional Development Activities (Past Six Months)

White Respondents (N=21)

(Respondents may choose multiple answers.)



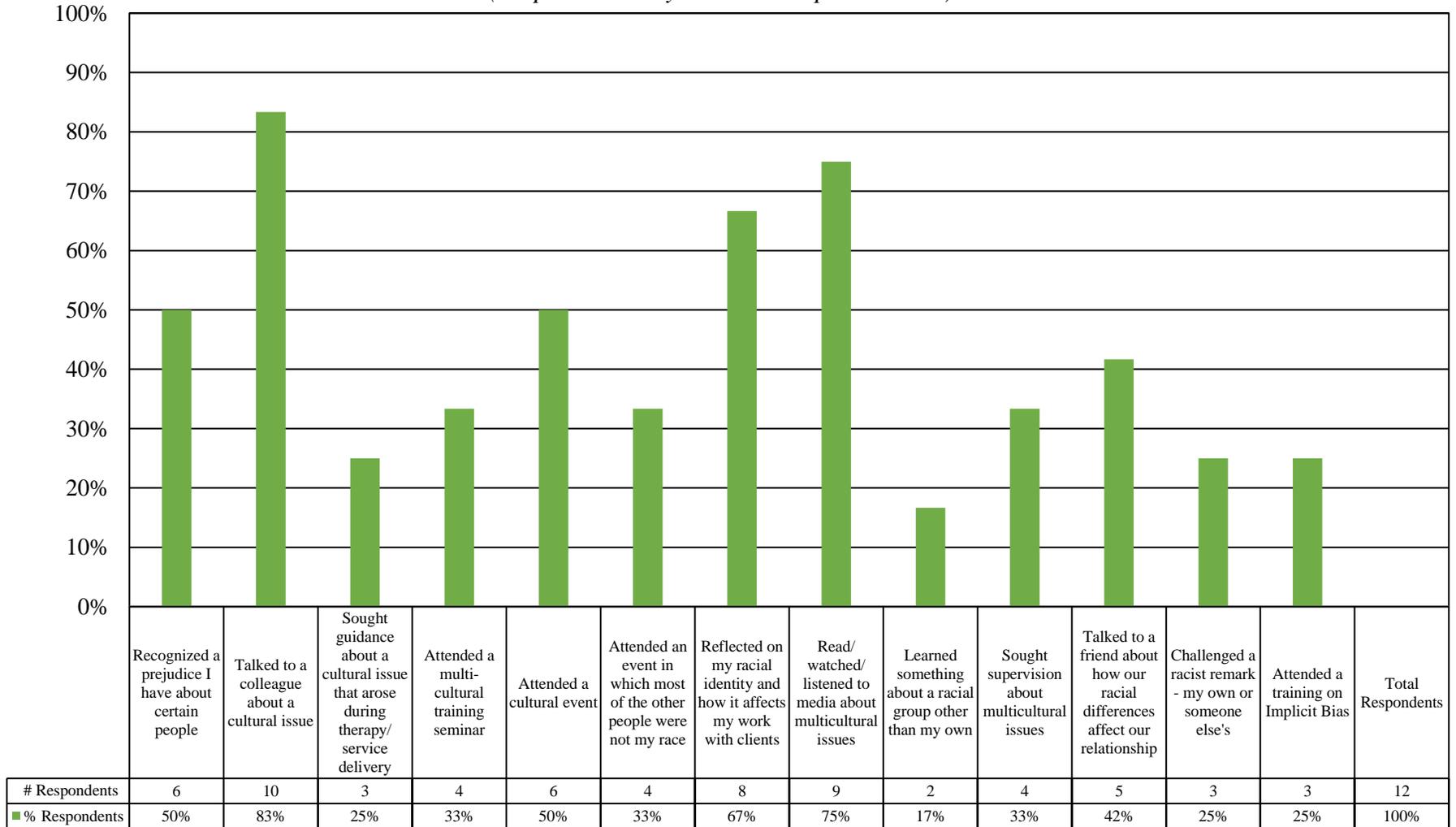
**Glenn County Department of Behavioral Health
Staff Cultural Competence Survey**

2021

Participation in Professional Development Activities (Past Six Months)

Hispanic Respondents (N=12)

(Respondents may choose multiple answers.)



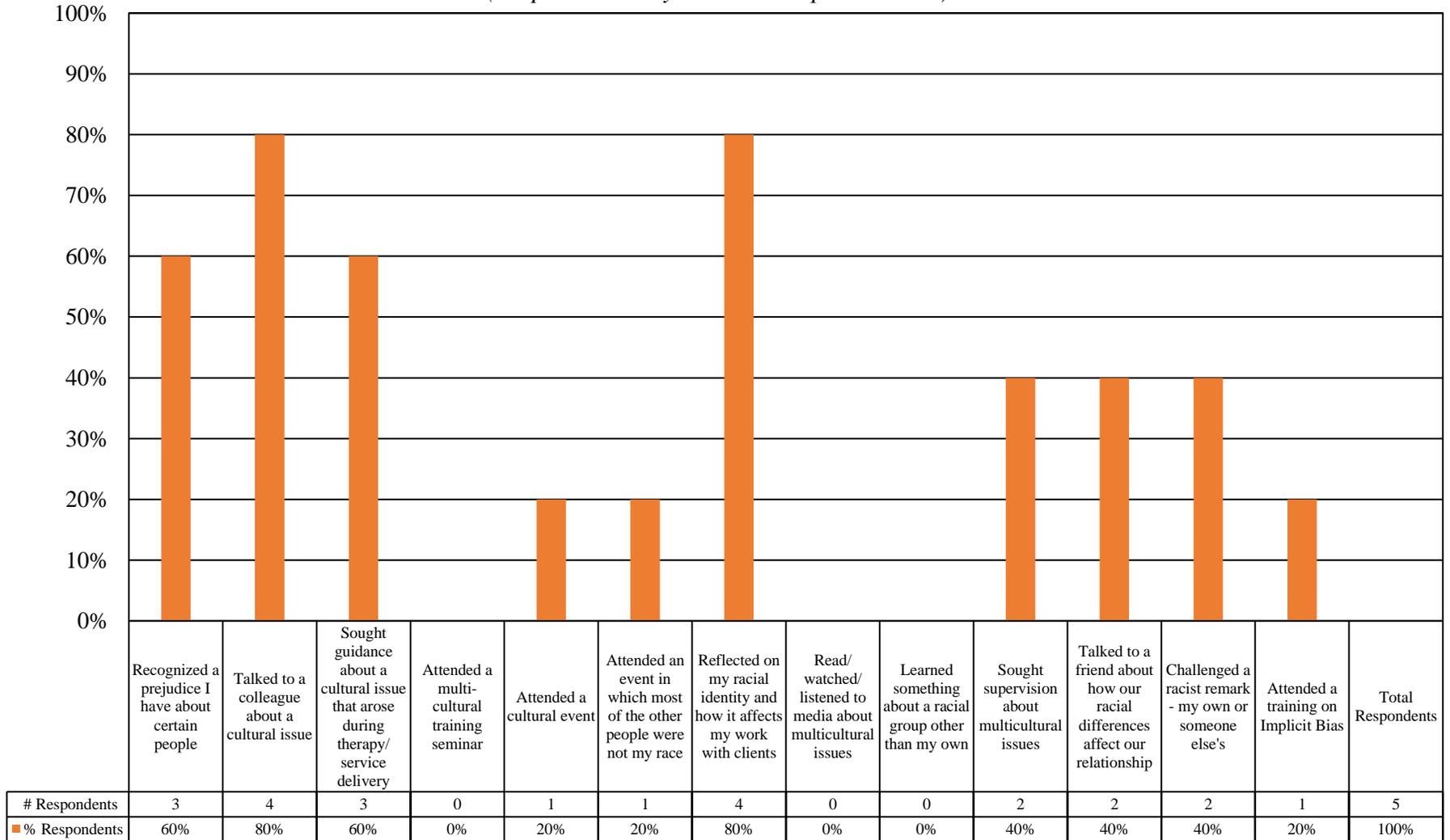
**Glenn County Department of Behavioral Health
Staff Cultural Competence Survey**

2021

Participation in Professional Development Activities (Past Six Months)

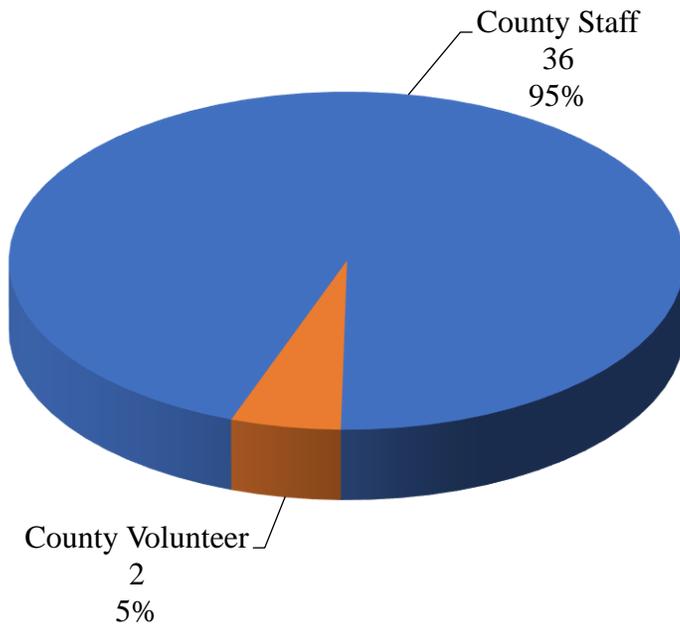
All Other Ethnicity Respondents (N=5)

(Respondents may choose multiple answers.)

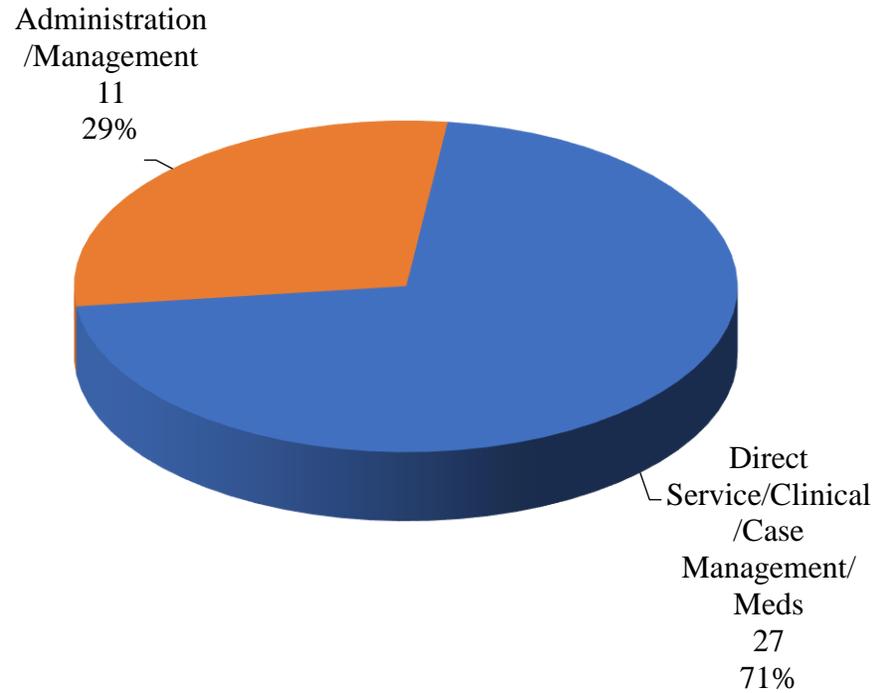


**Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2021**

Employment Status (N=38)

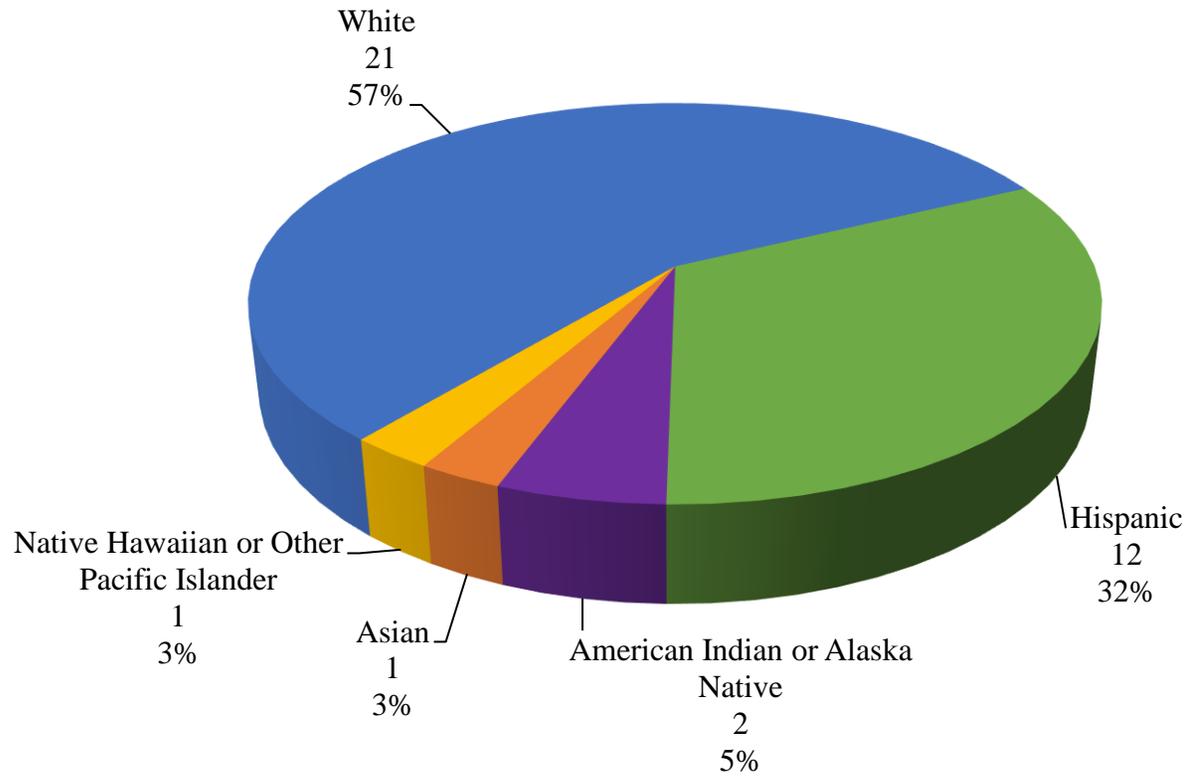


Primary Job Function (N=38)



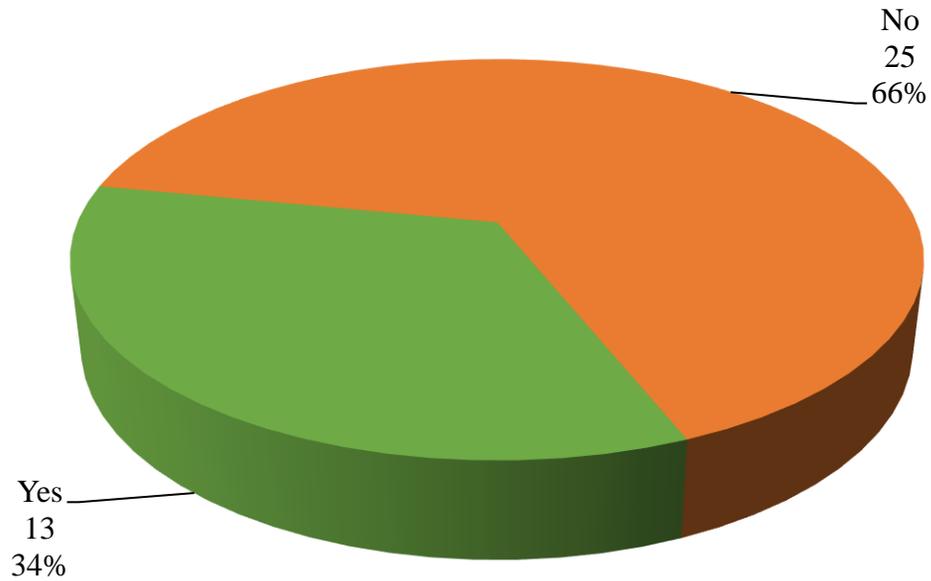
Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2021

Race/Ethnicity (N=37)



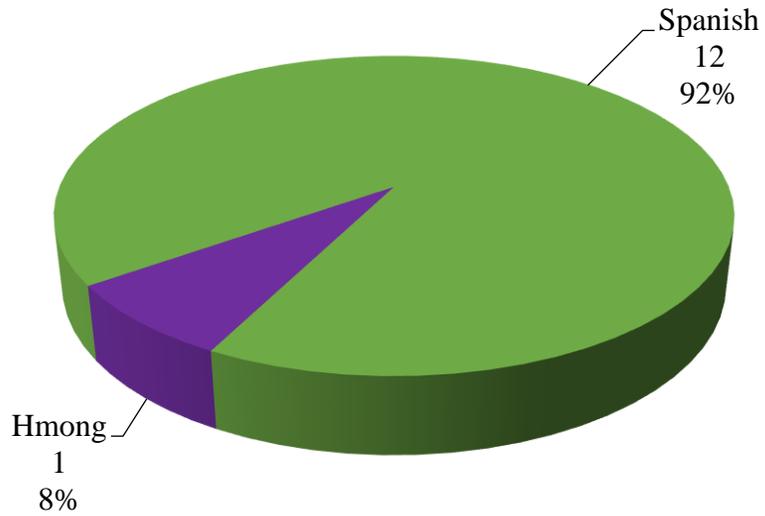
Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2021

Do you consider yourself Bilingual? (N=38)

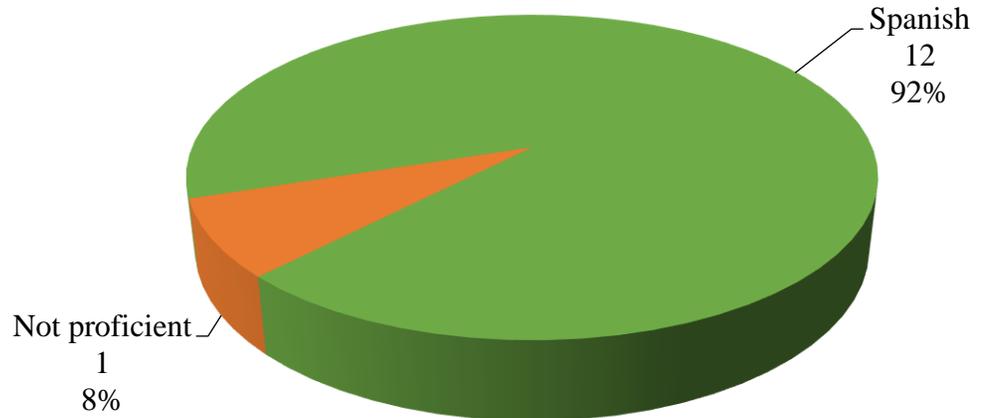


Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2021

If Bilingual, which language(s) do you speak? (N=13)

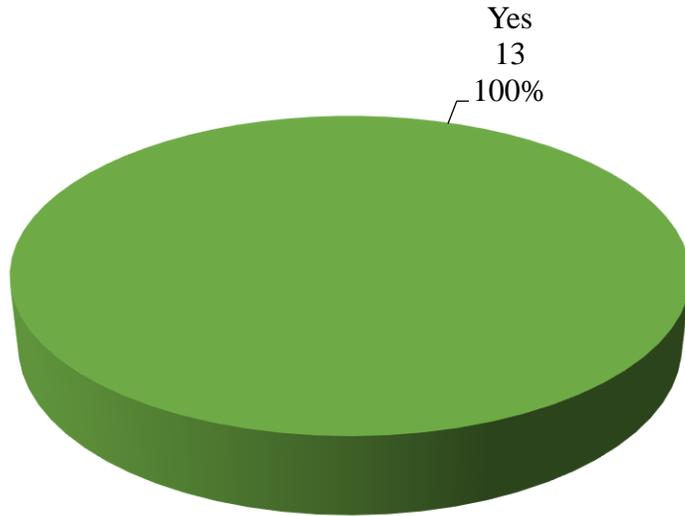


If Bilingual, which language(s) are you proficient in reading and writing? (N=13)

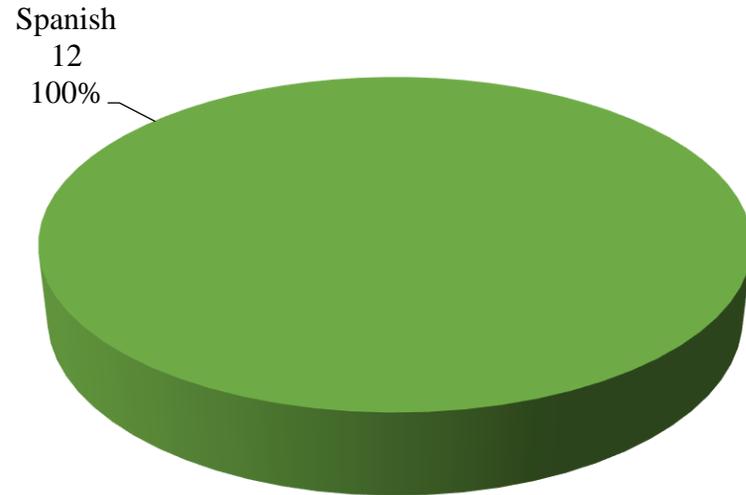


Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2021

Do you act as an Interpreter as part of your Job Function?
(N=13)

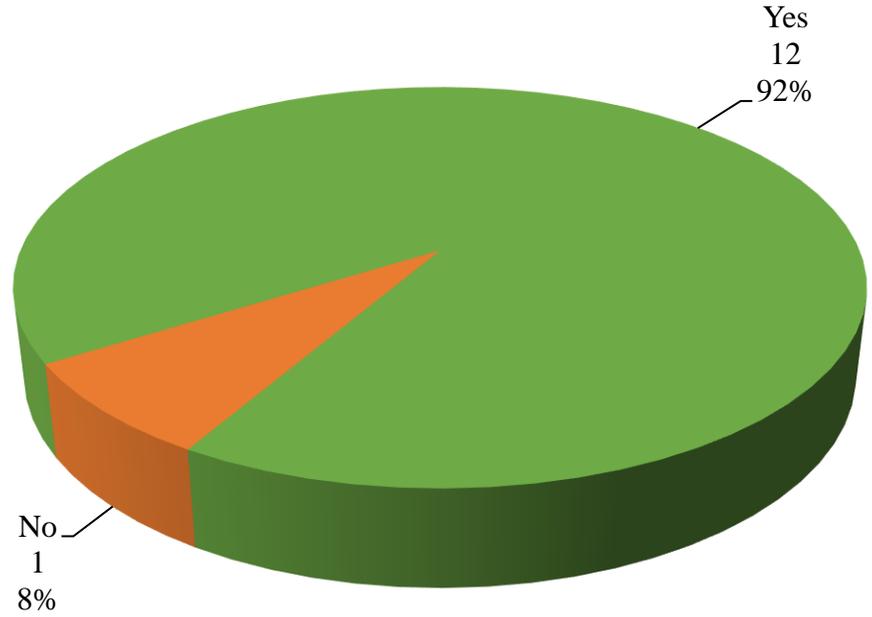


If you act as an Interpreter, which languages do you interpret?
(N=12)



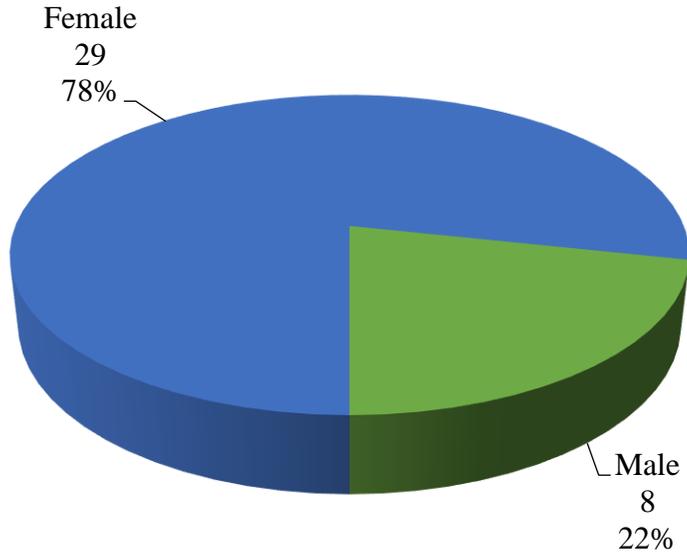
Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2021

Do you receive bilingual pay? (N=13)

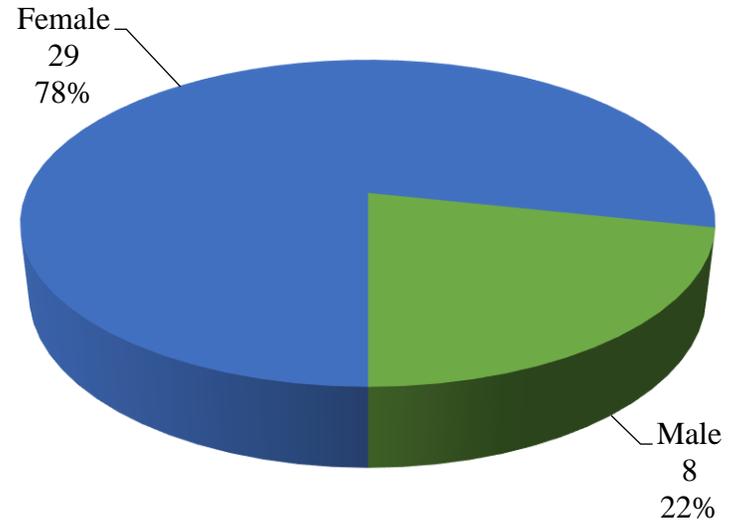


Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2021

Gender Assigned at Birth
(N=37)

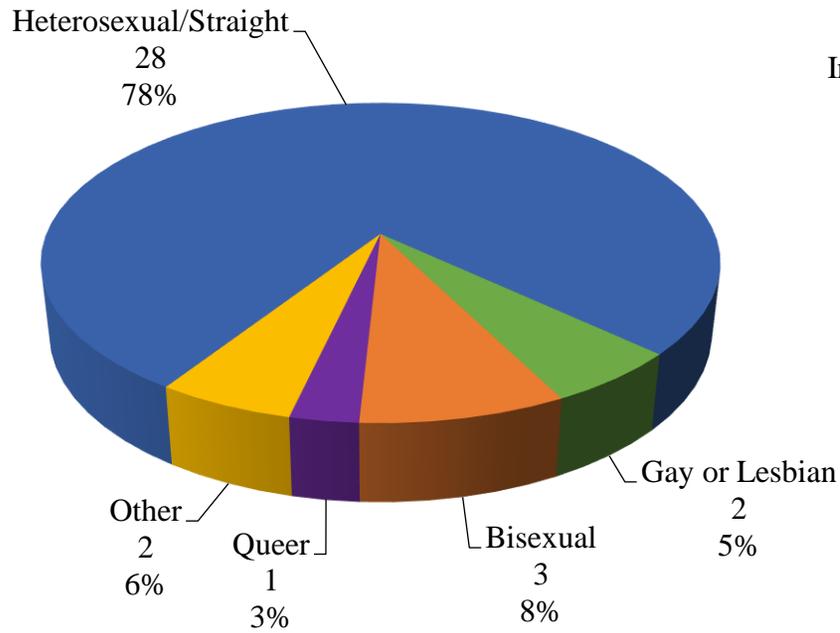


Current Gender Identity (N=37)

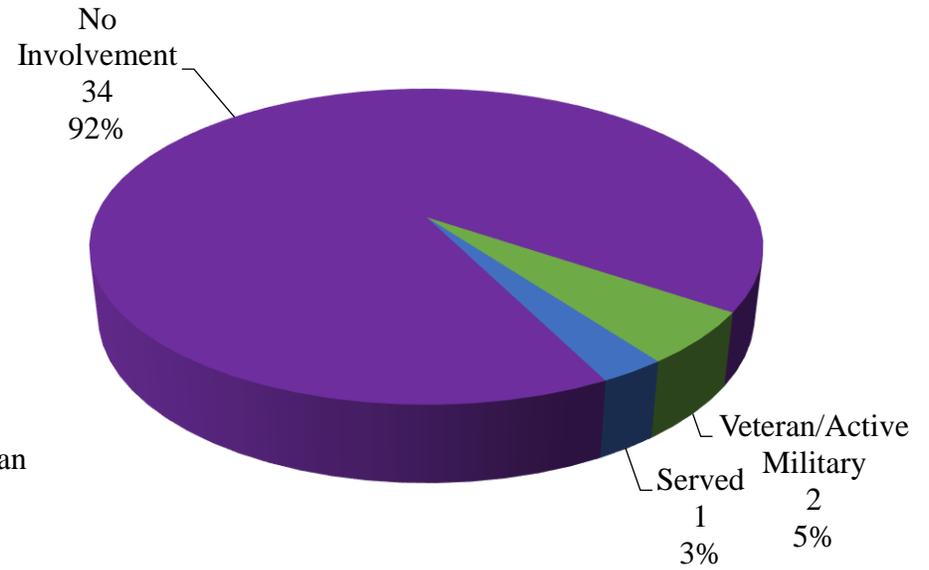


**Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2021**

Sexual Orientation (N=36)

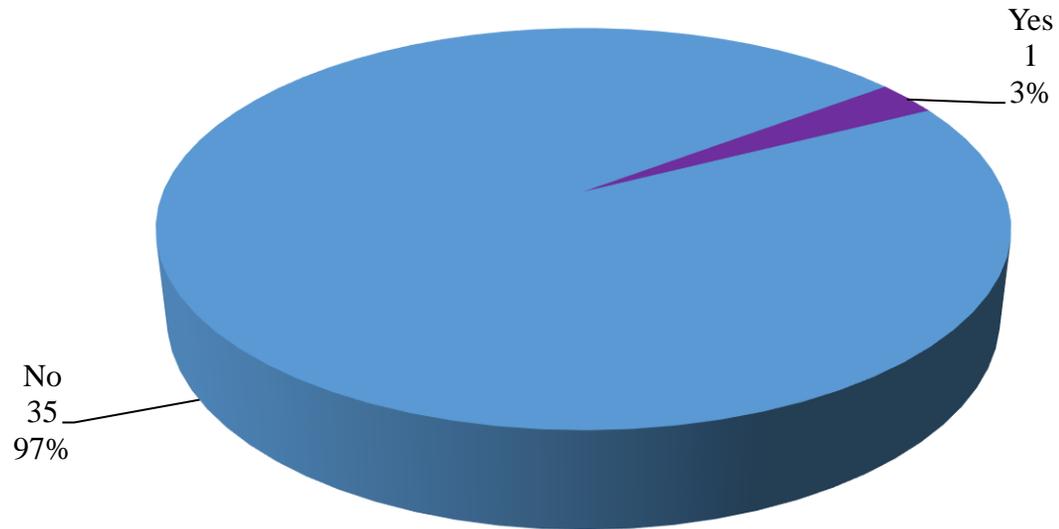


Military/Service Involvement (N=37)



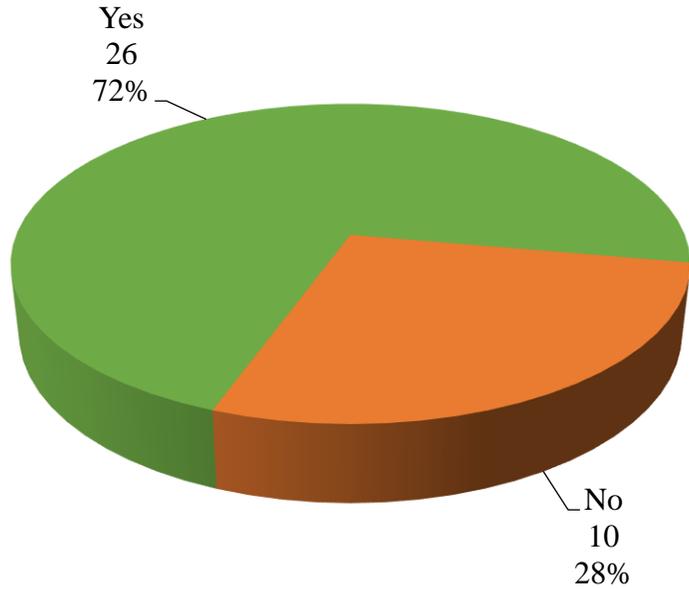
Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2021

Do you have a disability? (N=36)

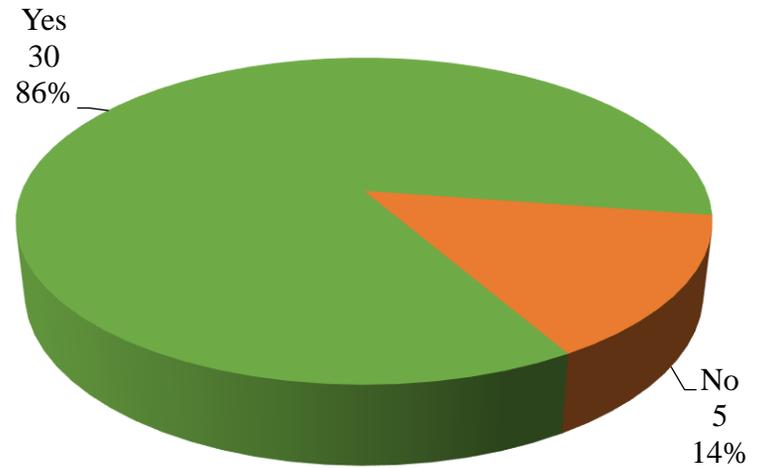


Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2021

Do you consider yourself to be a person with lived Mental Health experience?
(N=36)

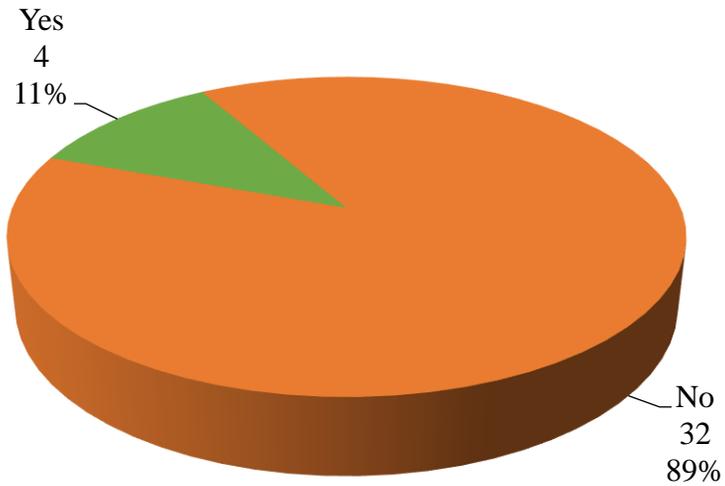


Are you a Family Member of a person with lived Mental Health experience?
(N=35)



Glenn County Department of Behavioral Health
Staff Cultural Competence Survey
2021

Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=36)



Are you a Family Member of a person with lived Substance Use Disorder experience? (N=36)

