



# **Glenn County Behavioral Health Services**

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## **Cultural and Linguistic Competence Plan Annual Update 2019**

**FINAL  
December 5, 2019**

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## **County Program Contact**

Name: Amy Lindsey, LMFT, Behavioral Health Director

Telephone Number: 530-934-6582

E-mail: alindsey@countyofglenn.net

Mailing Address: 242 North Villa Ave. Willows, CA 95988

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## **OVERVIEW**

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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. To support this goal, GCBH involves diverse populations in the leadership of the cultural competence program. The CCC, which meets monthly, provides oversight to the cultural competence program, and gives voice to consumers, persons of color, family members, youth, and other cultural groups. This committee creates a forum for ensuring that GCBH continually enhances services to be culturally- and linguistically-relevant for clients and their families.

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. Staff continually discuss opportunities to promote the delivery of culturally-sensitive services.

The CCC is closely involved in the development of the Cultural and Linguistic Competence Plan (CLCP). The 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).

# I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

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

These goals and objectives are outlined below and provide the framework for developing this CLCP. 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 (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 following our Medi-Cal Triennial audit this year, 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 new bilingual and bicultural case manager to work with clients and families.*
- **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 a new bilingual and bicultural case manager 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 Monday Access Meeting.*
- **Objective 1e:** GCBH will expand partnerships with the Glenn County veterans as well as the Butte County VA Program. *We have reached out to the Butte County VA program to initiate collaboration and coordination of services.*
- **Objective 1f:** GCBH will ensure that the Behavioral Health Treatment Court members and staff reflect the demographic diversity of Glenn County, including individuals who are Hispanic; LGBTQ; veterans; and monolingual Spanish-speakers. *This program is in its first year of implementation and is in development.*

**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. *We had 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 Committee 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 using an interpreter and the language line. A special focus on ensuring that all Crisis Staff are trained will be a priority in*
- **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.*
- **Objective 2e:** GCBH will conduct the Cultural Competency Staff Survey annually to document the ongoing improvement in delivering culturally relevant services. *This survey was administered in October 2019.*

**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. *We continually identify new community partnerships, as well as strive to expand and strengthen existing partnerships. This year, we will reach out to the Native American Community at Grindstone, to strengthen our collaboration and support for their community.*

**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., Orland Family Resource Agency, 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.*
- **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 in our schools and at other community events each year.*
- **Objective 4c:** GCBH will join other community events locally and in the region to conduct outreach activities to reach underserved populations (e.g. school resources fairs,

community resources fairs, and at the Family Resource Center). *This activity is ongoing and illustrated in Section IV-Training in Cultural Competence.*

**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 CCC. In addition, data is reviewed and shared on ongoing programs and projects (e.g., Innovation; PEI; Katie A).*

## II. DATA, ANALYSIS, AND OBJECTIVES

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### A. County Geographic and Socio-Economic Profile

#### 1. Geographical location and attributes of the county:

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

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

#### 2. Demographics of the county

Figure 1 shows age, race/ethnicity, and gender of the general population. Of the 28,122 residents who live in Glenn County, 23.2% are children ages 0-14; 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)

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

Data from the California Department of Education (FY 2018/19) shows that a high proportion of kindergarten children in Glenn County are Hispanic. Of the 529 children enrolled in kindergarten in Glenn County in FY 2018/19, 58.6% are Hispanic and 33.1% are Caucasian. This data demonstrates the growing Hispanic population in Glenn County and the expanding need for bilingual and bicultural services in our county.

### 3. Socio-economic characteristics of the county

Glenn County is a relatively poor county, with the per capita income for all residents at \$21,029 (2013-2017 American Community Survey). In comparison, the statewide per capita income was \$33,128 during the same period. This data shows that, on average, each person in Glenn County earns approximately \$12,000 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 \$46,260, which is over \$20,000 per household lower than the statewide average of \$67,169 (2013-2017 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 2018/19). From this data, a penetration rate was calculated, showing the percent of persons in the population that received mental health services in FY 2018/19. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

There were 986 individuals who received one or more mental health services in FY 2018/19. Of these individuals, 28.2% were children ages 0-14; 22.6% were Transition Age Youth (TAY) ages 15-24; 42.5% were adults ages 25-59; and 6.7% were 60 and older. Of the individuals who received mental health services, 53.9% identified as Caucasian, and 35.4% identified as Hispanic. All other race/ethnicity groups represented a small number of individuals. Most clients' primary language was English (90.6%) and 7.2% reported a primary language of Spanish. Clients with other primary languages represented a small number of individuals. More clients identified as female (55.8%) as compared to male (44.2%).

The penetration rate data shows that 3.5% 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 5.7%, adults ages 25-59 had a penetration rate of 3.4%, and older adults ages 60 + had a penetration rate of 1.3%.

For race/ethnicity, persons who identify as Caucasian had a penetration rate of 3.4% and persons who identify as Hispanic had a penetration rate of 3.3%. The other race/ethnicity groups had small numbers of individuals in the county, so there is a large variability in the data. Clients who identified as male had a lower mental health penetration rate (3.1%), compared to clients who identified as female (3.9%).

**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 2018/19 |               | Glenn County Population Mental Health Penetration Rate FY 2018/19 |
|--|-------------------------------------|---------------|---|---------------|---|
| <b>Age Distribution</b>                |                                     |               |   |               |   |
| <b>0 - 14 years</b>                    | 6,520                               | 23.2%         | 278                                       | 28.2%         | 278 / 6,520 = 4.3%  |
| <b>15 - 24 years</b>                   | 3,926                               | 14.0%         | 223                                       | 22.6%         | 223 / 3,926 = 5.7%  |
| <b>25 - 59 years</b>                   | 12,505                              | 44.5%         | 419                                       | 42.5%         | 419 / 12,505 = 3.4%   |
| <b>60+ years</b>                       | 5,171                               | 18.4%         | 66  | 6.7%          | 66 / 5,171 = 1.3%   |
| <b>Total</b>                           | <b>28,122</b>                       | <b>100.0%</b> | <b>986</b>                                | <b>100.0%</b> | <b>986 / 28,122 = 3.5%</b>  |
| <b>Race/Ethnicity Distribution</b>     |                                     |               |   |               |   |
| <b>Black/ African American</b>         | 192                                 | 0.7%          | 18  | 1.8%          | 18 / 192 = 9.4%   |
| <b>American Indian/ Alaskan Native</b> | 477                                 | 1.7%          | 22  | 2.2%          | 22 / 477 = 4.6%   |
| <b>Asian/ Pacific Islander</b>         | 696                                 | 2.5%          | 22  | 2.2%          | 22 / 696 = 3.2%   |
| <b>White/ Caucasian</b>                | 15,717                              | 55.9%         | 531                                       | 53.9%         | 531 / 15,717 = 3.4%   |
| <b>Hispanic</b>                        | 10,539                              | 37.5%         | 349                                       | 35.4%         | 349 / 10,539 = 3.3%   |
| <b>Other/ Unknown</b>                  | 501                                 | 1.8%          | 44  | 4.5%          | 44 / 501 = 8.8%   |
| <b>Total</b>                           | <b>28,122</b>                       | <b>100.0%</b> | <b>986</b>                                | <b>100.0%</b> | <b>986 / 28,122 = 3.5%</b>  |
| <b>Language Distribution</b>           |                                     |               |   |               |   |
| <b>English</b>                         | -                                   | -             | 893                                       | 90.6%         | -   |
| <b>Spanish</b>                         | -                                   | -             | 71  | 7.2%          | -   |
| <b>Other/ Unknown</b>                  | -                                   | -             | 22  | 2.2%          | -   |
| <b>Total</b>                           | -                                   | -             | <b>986</b>                                | <b>100.0%</b> | -   |
| <b>Gender Distribution</b>             |                                     |               |   |               |   |
| <b>Male</b>                            | 14,191                              | 50.5%         | 436                                       | 44.2%         | 436 / 14,191 = 3.1%   |
| <b>Female</b>                          | 13,931                              | 49.5%         | 550                                       | 55.8%         | 550 / 13,931 = 3.9%   |
| <b>Total</b>                           | <b>28,122</b>                       | <b>100.0%</b> | <b>986</b>                                | <b>100.0%</b> | <b>986 / 28,122 = 3.5%</b>  |

### 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 has been made over the past few years to expand services to the Hispanic community. The race/ethnicity data highlights this with the proportion of Hispanics served at 3.3% compared to 3.4% for Caucasians. This 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 (3.9%) is higher than males (3.1%). Developing programs for fathers, veterans, and persons with a history of incarceration may improve access to services.

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

### 6. Mental Health penetration rate trends for two years

We have also analyzed our penetration rates for the past two years by age and race/ethnicity. Figure 3 shows an increase in the number of clients served between FY 2017/18 through FY 2018/19. The total number of clients slightly increased from 961 to 986 clients in this period. The number of clients ages 0-14 decreased from 283 to 278. The number of TAY ages 15-24 decreased from 244 to 223. The number of adult clients ages 25-59 increased from 371 to 419. The number of Older Adults ages 60 and older increased from 63 to 66.

**Figure 3**  
***Glenn County Mental Health Penetration Rate by Age***  
 FY 2017/18 to FY 2018/19  
 (Population Source: 2010 Census)

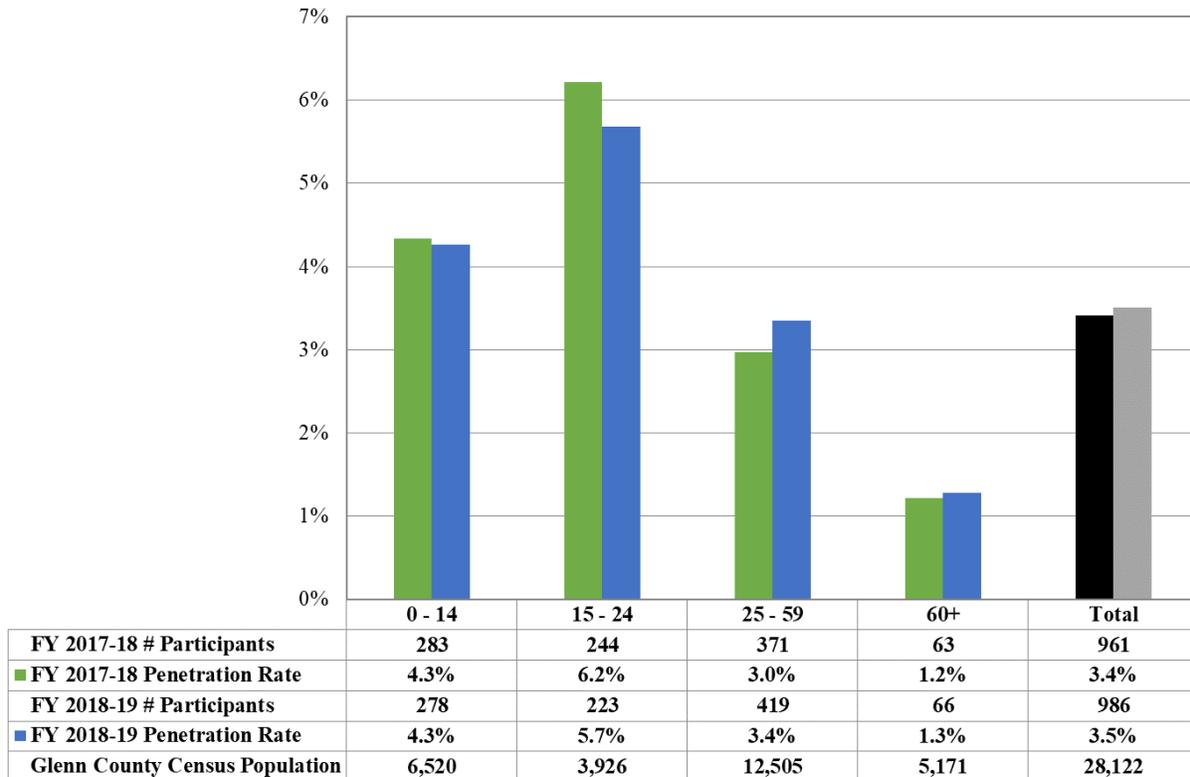
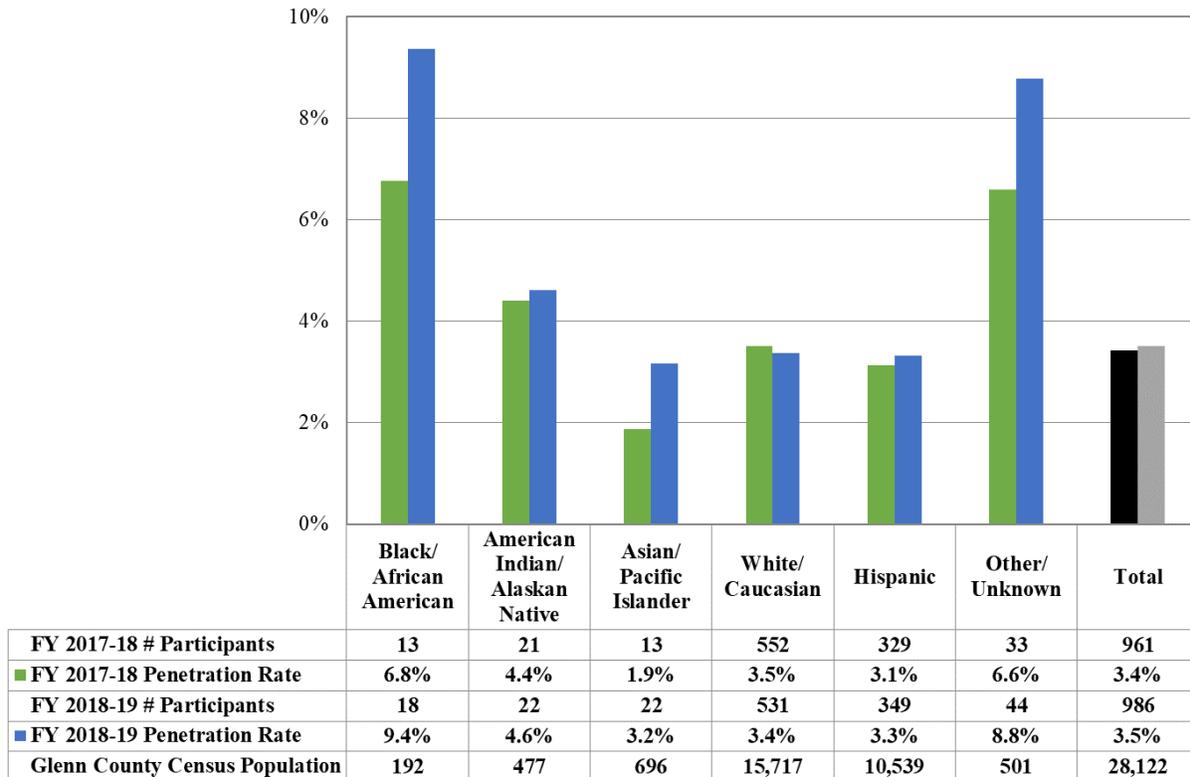


Figure 4 shows the penetration rate for the same two years for race/ethnicity. Five racial/ethnic groups show an increase in the penetration rate. This includes Black clients (13 to 18), American Indian/Alaskan Native clients (21 to 22), Asian/Pacific Islander (13 to 22), and Hispanic clients (329 to 349). In addition, Other/Unknown races also increased (33 to 44). There are small numbers of people in each of these groups. The number of White/Caucasian clients decreased (552 to 531). Overall, the penetration rate shows a small increase, 3.4% to 3.5%. However, it is important to note that a penetration rate of 3.5% is high relative to other counties in California.

**Figure 4**  
**Glenn County Mental Health Penetration Rate by Race/Ethnicity**  
 FY 2017/18 – FY 2018/19  
 (Population Source: 2010 Census)



### 7. Mental Health Medi-Cal population

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

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

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

There were 11,461 Medi-Cal enrollees in the county in FY 2018/19 (Kings View Penetration Report). There were 4,251 children ages 0-17 (37.1%); 1,265 TAY ages 18-24 (11.0%); 5,012 adults ages 25-64 (43.7%); and 933 older adults ages 65+ (8.1%). There were 835 mental health clients who had Medi-Cal benefits. Of these clients, 331 were children (39.6%), 90 were TAY (10.8%), 383 were adults (45.9%), and 31 were older adults (3.7%).

The penetration rate shows the percent of Medi-Cal enrollees who are receiving mental health services. For children, the penetration rate is 7.8%; for TAY, 7.1%; for adults, 7.6% and older adults 3.3%.

The penetration rate for persons who identify as Caucasian is 10.9% and Hispanic is 5.0%. This data shows a much higher proportion of individuals who identify as 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 19.0%, but this represents 16 out of 84 people. The penetration rate for persons who identify as American Indian/Alaska Native is 8.6% (20 out of 232 individuals); Asian/Pacific Islander is 4.8% (20 out of 419 individuals); and Other/Unknown race/ethnicity is 5.6% (34 out of 605 individuals).

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

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

|  | Glenn County<br>Average Number of<br>Enrollees<br>FY 2018/19 |               | Number of Medi-Cal<br>Mental Health<br>Participants Served<br>FY 2018/19 |               | MH Medi-Cal<br>Penetration Rate<br>FY 2018/19 |
|--|--|---------------|--|---------------|---|
| <b>Age Group</b>                       |  |               |  |               |   |
| <b>Children</b>                        | 4,251  | 37.1%         | 331  | 39.6%         | 331 / 4,251 = 7.8%                            |
| <b>Transition Age Youth</b>            | 1,265  | 11.0%         | 90   | 10.8%         | 90 / 1,265 = 7.1%                             |
| <b>Adults</b>                          | 5,012  | 43.7%         | 383  | 45.9%         | 383 / 5,012 = 7.6%                            |
| <b>Older Adults</b>                    | 933  | 8.1%          | 31   | 3.7%          | 31 / 933 = 3.3%                               |
| <b>Total</b>                           | <b>11,461</b>  | <b>100.0%</b> | <b>835</b>   | <b>100.0%</b> | <b>835 / 11,461 = 7.3%</b>                    |
| <b>Race/Ethnicity</b>                  |  |               |  |               |   |
| <b>Black/ African American</b>         | 84   | 0.7%          | 16   | 1.9%          | 16 / 84 = 19.0%                               |
| <b>American Indian/ Alaskan Native</b> | 232  | 2.0%          | 20   | 2.4%          | 20 / 232 = 8.6%                               |
| <b>Asian/ Pacific Islander</b>         | 419  | 3.7%          | 20   | 2.4%          | 20 / 419 = 4.8%                               |
| <b>White/ Caucasian</b>                | 4,049  | 35.3%         | 443  | 53.1%         | 443 / 4,049 = 10.9%                           |
| <b>Hispanic</b>                        | 6,072  | 53.0%         | 302  | 36.2%         | 302 / 6,072 = 5.0%                            |
| <b>Other/ Unknown</b>                  | 605  | 5.3%          | 34   | 4.1%          | 34 / 605 = 5.6%                               |
| <b>Total</b>                           | <b>11,461</b>  | <b>100.0%</b> | <b>835</b>   | <b>100.0%</b> | <b>835 / 11,461 = 7.3%</b>                    |
| <b>Gender</b>                          |  |               |  |               |   |
| <b>Male</b>                            | 5,301  | 46.3%         | 370  | 44.3%         | 370 / 5,301 = 7.0%                            |
| <b>Female</b>                          | 6,160  | 53.7%         | 465  | 55.7%         | 465 / 6,160 = 7.5%                            |
| <b>Total</b>                           | <b>11,461</b>  | <b>100.0%</b> | <b>835</b>   | <b>100.0%</b> | <b>835 / 11,461 = 7.3%</b>                    |

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

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

### 9. Penetration rates for Substance Use Disorder services

Figure 6 shows the number of persons in the county population (2010 Census) and the number of persons who received Substance Use Disorder (SUD) services (FY 2018/19). From this data, a penetration rate was calculated, showing the percent of persons in the population that received

SUD services in FY 2018/19. 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 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.

As expected, the proportion of persons receiving SUD services shows a different proportion of individuals by age. There were 263 individuals who received one or more SUD services in FY 2018/19. Of these individuals, 0.8% were children ages 0-14; 22.4% were TAY ages 15-24; 73.0% were adults ages 25-59; and 3.8% were 60 and older.

Of the individuals who received SUD services, 60.5% identified as Caucasian and 31.1% identified as Hispanic. All other race/ethnicity groups represented a small number of individuals. Most clients' primary language was English (94.3%) and 4.6% reported a primary language of Spanish. Clients with other primary languages represented a small number of individuals. More clients identified as male (62.0%) as compared to female (38.0%).

The penetration rate data shows that 0.9% of the Glenn County population received SUD treatment services. Of these individuals, children ages 0-14 had a penetration rate of 0.0%, TAY ages 15-24 had a penetration rate of 1.5%, adults ages 25-59 had a penetration rate of 1.5%, 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 1.0% and persons who identified as Hispanic had a penetration rate of 0.8%. The other race/ethnicity groups had small numbers of people in the county, so there is a large variability in the data. Males had a greater penetration rate (1.1%) compared to females (0.7%).

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

(Population Source: 2010 Census)

|  | Glenn County Population 2010 Census |               | All Substance Use Participants FY 2018/19 |               | Glenn County Population Substance Use Penetration Rate FY 2018/19 |
|--|-------------------------------------|---------------|---|---------------|---|
| <b>Age Distribution</b>                |                                     |               |   |               |   |
| <b>0 - 14 years</b>                    | 6,520                               | 23.2%         | 2   | 0.8%          | 2 / 6,520 = 0.0%  |
| <b>15 - 24 years</b>                   | 3,926                               | 14.0%         | 59  | 22.4%         | 59 / 3,926 = 1.5%   |
| <b>25 - 59 years</b>                   | 12,505                              | 44.5%         | 192                                       | 73.0%         | 192 / 12,505 = 1.5%   |
| <b>60+ years</b>                       | 5,171                               | 18.4%         | 10  | 3.8%          | 10 / 5,171 = 0.2%   |
| <b>Total</b>                           | <b>28,122</b>                       | <b>100.0%</b> | <b>263</b>                                | <b>100.0%</b> | <b>263 / 28,122 = 0.9%</b>  |
| <b>Race/Ethnicity Distribution</b>     |                                     |               |   |               |   |
| <b>Black/ African American</b>         | 192                                 | 0.7%          | 2   | 0.8%          | 2 / 192 = 1.0%  |
| <b>American Indian/ Alaskan Native</b> | 477                                 | 1.7%          | 7   | 2.7%          | 7 / 477 = 1.5%  |
| <b>Asian/ Pacific Islander</b>         | 696                                 | 2.5%          | 5   | 1.9%          | 5 / 696 = 0.7%  |
| <b>White/ Caucasian</b>                | 15,717                              | 55.9%         | 163                                       | 62.0%         | 163 / 15,717 = 1.0%   |
| <b>Hispanic</b>                        | 10,539                              | 37.5%         | 82  | 31.2%         | 82 / 10,539 = 0.8%  |
| <b>Other/ Unknown</b>                  | 501                                 | 1.8%          | 4   | 1.5%          | 4 / 501 = 0.8%  |
| <b>Total</b>                           | <b>28,122</b>                       | <b>100.0%</b> | <b>263</b>                                | <b>100.0%</b> | <b>263 / 28,122 = 0.9%</b>  |
| <b>Language Distribution</b>           |                                     |               |   |               |   |
| <b>English</b>                         | -                                   | -             | 248                                       | 94.3%         | -   |
| <b>Spanish</b>                         | -                                   | -             | 12  | 4.6%          | -   |
| <b>Other/ Unknown</b>                  | -                                   | -             | 3   | 1.1%          | -   |
| <b>Total</b>                           | -                                   | -             | <b>263</b>                                | <b>100.0%</b> | -   |
| <b>Gender Distribution</b>             |                                     |               |   |               |   |
| <b>Male</b>                            | 14,191                              | 50.5%         | 163                                       | 62.0%         | 163 / 14,191 = 1.1%   |
| <b>Female</b>                          | 13,931                              | 49.5%         | 100                                       | 38.0%         | 100 / 13,931 = 0.7%   |
| <b>Total</b>                           | <b>28,122</b>                       | <b>100.0%</b> | <b>263</b>                                | <b>100.0%</b> | <b>263 / 28,122 = 0.9%</b>  |

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

Figure 6 data also shows that the majority of SUD clients are adults (73.0% compared to 44.5% of the population) and TAY (22.4% compared to 14.0% of the population.) There are also a higher proportion of SUD clients who identified as Caucasian (62.0% of clients compared to 55.9% of the population). Clients who identified as Hispanic represent 31.2% of the clients compared to 37.5% of the population. Clients who identified as American Indian/Alaskan Natives had a higher proportion of clients (2.7% compared to 1.7% in the population). There was a higher proportion of clients who identified as male (62.0% compared to 50.5% of the population) than female (38.0% compared to 49.5% of the population.)

This data illustrates the need to provide culturally-sensitive services to clients receiving SUD services.

We have also analyzed our SUD penetration rates for the past two years for age and race/ethnicity. Figure 7 shows the penetration rate for age. The data shows an increase in the number of clients served between FY 2017/18 through FY 2018/19. The total number of clients increased from 228 to 263 clients in this period. The number of clients ages 0-14 remained stable at 2 clients. The number of TAY clients ages 15-24 increased from 54 to 59. The number of Adults increased from 166 to 192. The number of Older Adults increased from 6 to 10 clients.

**Figure 7**  
***Glenn County Substance Use Disorder Penetration Rate by Age***  
 FY 2017/18 to FY 2018/19  
 (Population Source: 2010 Census)

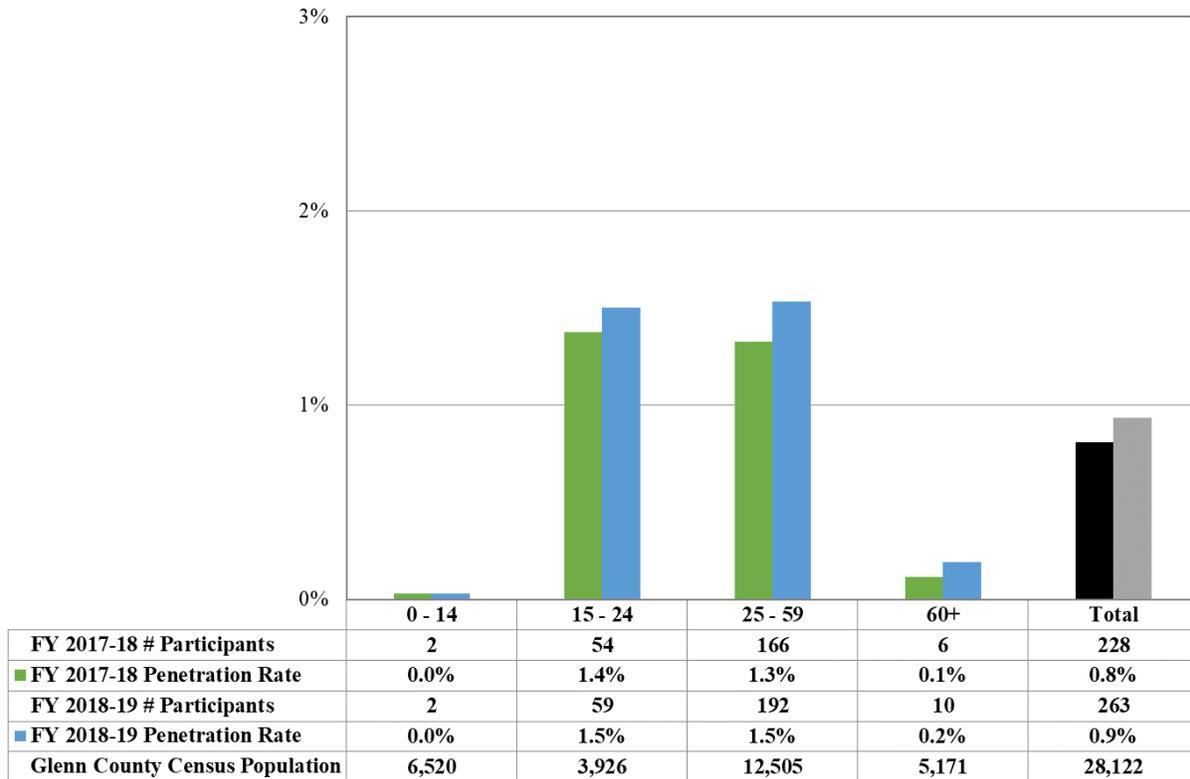
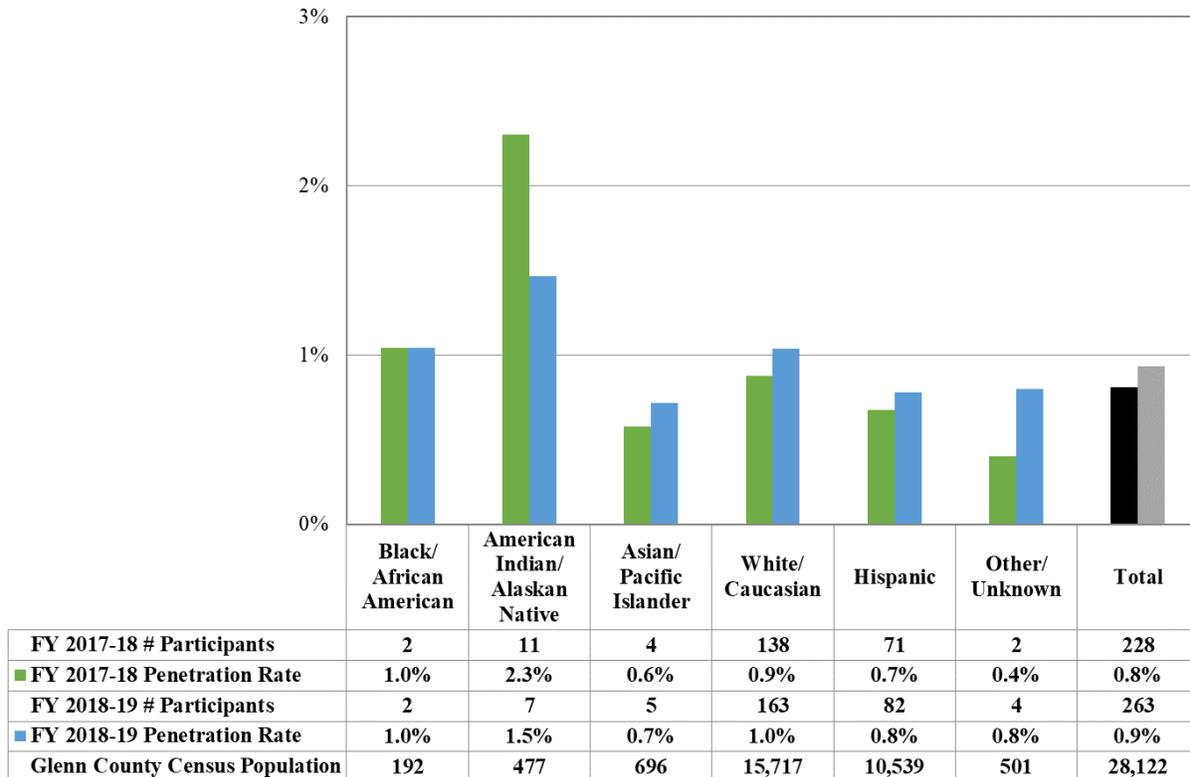


Figure 8 shows the penetration rate for SUD services by race/ethnicity. The number of clients who identified as Black remained stable at 2 clients. The number of clients who identified as American Indian/Alaskan Native clients decreased from 11 to 7. All other racial/ethnic categories increased: Asian/Pacific Islander clients increased from 4 to 5; White/Caucasian clients increased from 138 to 163; Hispanic clients increased from 71 to 82; Other/Unknown races increased from 2 to 4. The overall penetration rate increased from 0.8% to 0.9%.

**Figure 8**  
**Glenn County Substance Use Disorder Penetration Rate by Race/Ethnicity**  
 FY 2017/18 to FY 2018/19  
 (Population Source: 2010 Census)



## 11. Drug Medi-Cal Population

Figure 9 shows the percentage of Medi-Cal enrollees who accessed SUD services in FY 2018/19. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal enrollees that received SUD services in FY 2018/19. This data is shown by age, race/ethnicity, and gender.

There were 199 Medi-Cal participants who received one or more SUD service in FY 2018/19. Of these individuals, 9.5% were children; 14.1% were TAY; 74.9% were adults; and 1.5% were older adults. Of the Medi-Cal participants, 63.3% identified as Caucasian and 29.6% identified as Hispanic. All other race/ethnicity groups represented a small number of individuals. The majority of participants identified as male (62.8%) compared to female (37.2%).

The penetration rate data shows that 1.7% of the Glenn County Medi-Cal enrollees received SUD services, with 199 individuals out of the 11,461 Medi-Cal enrollees. Of these individuals, children had a penetration rate of 0.4%, TAY had a penetration rate of 2.2%, adults had a penetration rate of 3.0%, and older adults had a penetration rate of 0.3%.

For race/ethnicity, persons who identified as Caucasian had a penetration rate of 3.1%, and persons who identified as Hispanic had a penetration rate of 1.0%. All other race/ethnicity groups represented a small number of individuals. Participants who identified as male had a greater penetration rate (2.4%) 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 FY2018/19)

|                                 | Glenn County Average Number of Enrollees FY 2018/19 |               | Number of Medi-Cal Substance Use Participants Served FY 2018/19 |               | SUD Medi-Cal Penetration Rate FY 2018/19 |
|---------------------------------|---|---------------|---|---------------|--|
| <b>Age Group</b>                |   |               |   |               |  |
| Children                        | 4,251   | 37.1%         | 19  | 9.5%          | 19 / 4,251 = 0.4%                        |
| Transition Age Youth            | 1,265   | 11.0%         | 28  | 14.1%         | 28 / 1,265 = 2.2%                        |
| Adults                          | 5,012   | 43.7%         | 149   | 74.9%         | 149 / 5,012 = 3.0%                       |
| Older Adults                    | 933   | 8.1%          | 3   | 1.5%          | 3 / 933 = 0.3%                           |
| <b>Total</b>                    | <b>11,461</b>                                       | <b>100.0%</b> | <b>199</b>  | <b>100.0%</b> | <b>199 / 11,461 = 1.7%</b>               |
| <b>Race/Ethnicity</b>           |   |               |   |               |  |
| Black/ African American         | 84  | 0.7%          | 1   | 0.5%          | 1 / 84 = 1.2%                            |
| American Indian/ Alaskan Native | 232   | 2.0%          | 7   | 3.5%          | 7 / 232 = 3.0%                           |
| Asian/ Pacific Islander         | 419   | 3.7%          | 4   | 2.0%          | 4 / 419 = 1.0%                           |
| White/ Caucasian                | 4,049   | 35.3%         | 126   | 63.3%         | 126 / 4,049 = 3.1%                       |
| Hispanic                        | 6,072   | 53.0%         | 59  | 29.6%         | 59 / 6,072 = 1.0%                        |
| Other/ Unknown                  | 605   | 5.3%          | 2   | 1.0%          | 2 / 605 = 0.3%                           |
| <b>Total</b>                    | <b>11,461</b>                                       | <b>100.0%</b> | <b>199</b>  | <b>100.0%</b> | <b>199 / 11,461 = 1.7%</b>               |
| <b>Gender</b>                   |   |               |   |               |  |
| Male                            | 5,301   | 46.3%         | 125   | 62.8%         | 125 / 5,301 = 2.4%                       |
| Female                          | 6,160   | 53.7%         | 74  | 37.2%         | 74 / 6,160 = 1.2%                        |
| <b>Total</b>                    | <b>11,461</b>                                       | <b>100.0%</b> | <b>199</b>  | <b>100.0%</b> | <b>199 / 11,461 = 1.7%</b>               |

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

The Drug Medi-Cal program is currently under development. As we design and implement this program, we plan to incorporate the vision and objectives of the CLCP throughout the Drug Medi-Cal service delivery system. As noted above, we will develop strategies for increasing the number of transition age youth who are enrolled 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 services. Barriers to serving this population may include the failure of the system recruiting and retaining mental health professionals who reflect the culture and language needs of our rural, agricultural communities; the failure of treatment approaches to meet the cultural needs of the Hispanic population; and the lack of information on mental illness and mental health services in a form that provides aggressive outreach to this population sector that is reluctant to initiate mental health treatment services. Improving access to this population is a priority.

**B. Utilization of Mental Health and Substance Use Disorder Services**

Figure 10 shows the total number of hours, by type of mental health service, clients, and hours per client for FY 2018/19. This data shows that the 986 mental health clients received 14,541 hours of services. This calculates into 14.7 hours per client. This data also shows the number of clients and average hours for each type of service. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service.

In FY 2018/2019, per client, assessments averaged 2.8 hours; intensive care coordination (ICC): 4.3 hours; intensive home-base services (IHBS): 7.7 hours; plan development: 1.6 hours; individual therapy: 8.0 hours; collateral: 2.3 hours; rehabilitation individual: 6.0 hours; group services: 16.9 hours; case management: 4.3 hours; medication management: 2.9 hours; crisis intervention: 4.2 hours.

**Figure 10**  
**Glenn County Mental Health Services**  
***Total Mental Health Hours, Clients, and Hours per Client***  
***per Year, by Service Type***  
**All Mental Health Clients**  
**FY 2017/18 to FY 2018/19**

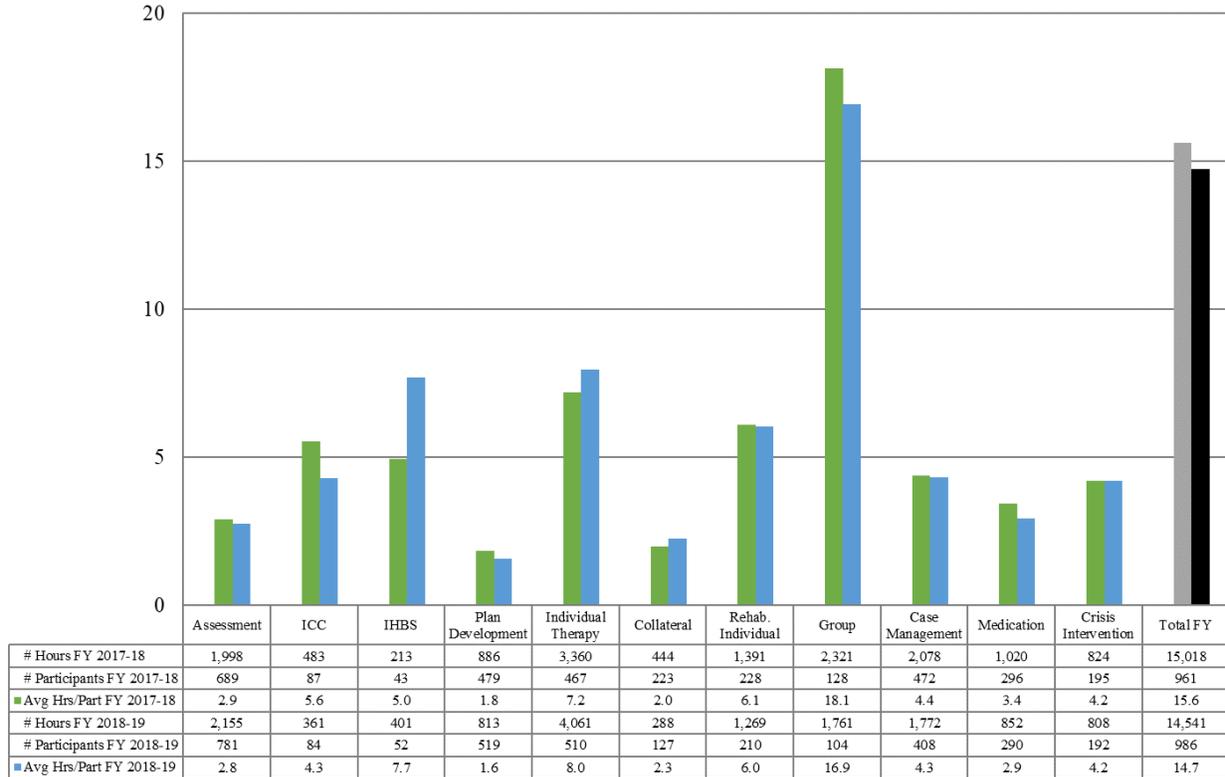
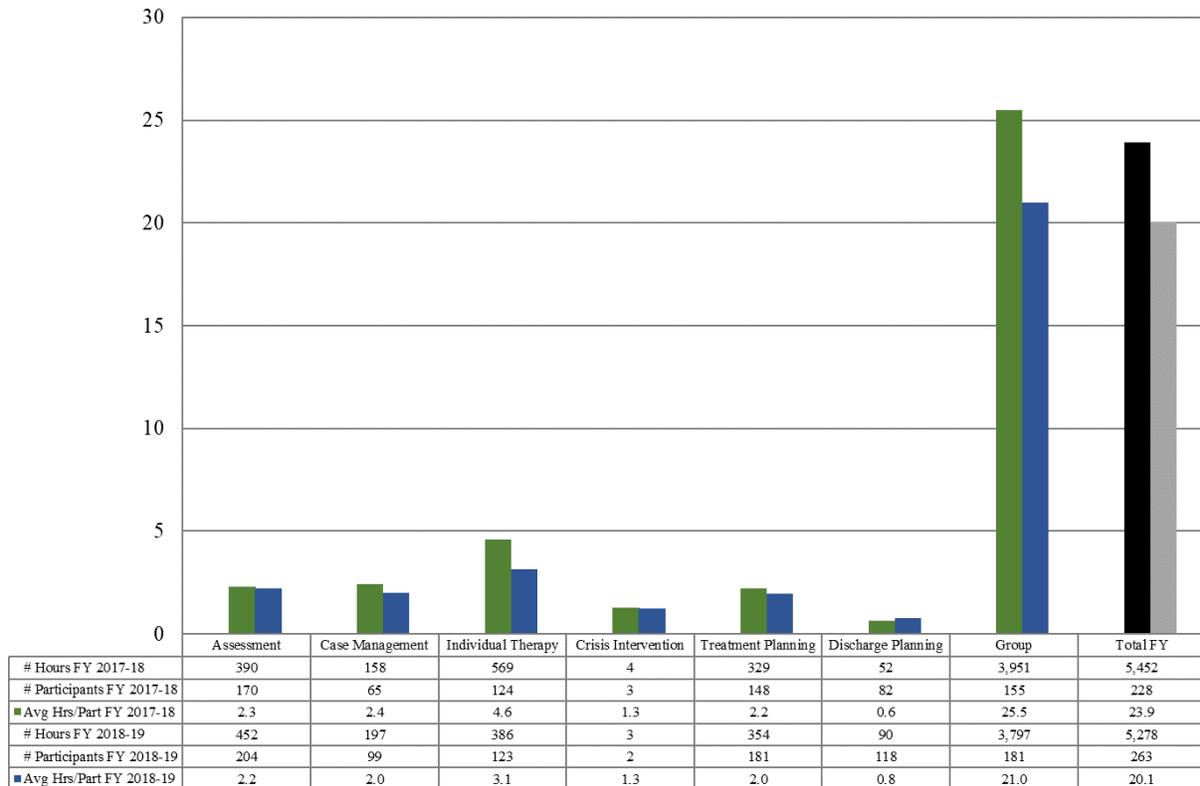


Figure 11 shows the total number of hours, by type of SUD service, clients, and hours per client for FY 2018/19. This data shows that the 263 SUD clients received 5,278 hours of services. This calculates into 20.1 hours per client. This data also shows the number of clients and average hours for each type of service. Clients can receive more than one type of service. Not all clients received all services. The number of clients varies by type of service.

In FY 2018/2019, per client, assessments averaged 2.2 hours; case management: 2.0 hours; individual therapy: 3.1 hours; crisis intervention: 1.3 hours; treatment planning: 2.0 hours; discharge planning: 0.8 hours; and group services: 21.0 hours.

**Figure 11**  
**Glenn County Substance Use Disorder Services**  
***Total Substance Use Disorder Services Hours, Clients, and Hours per Client***  
***per Year, by Service Type***  
**All Substance Use Disorder Clients**  
**FY 2017/18 to FY 2018/19**



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

This data shows that there is a decrease in the hours of services delivered across the two years for both mental health and SUD services. There is still 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

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

It is our goal to deliver services in a person’s primary language, whenever possible. As a result, we continue to expand the number of services available in Spanish as we are able to hire more bilingual bicultural staff. For example, we now offer Parent Child Interactive Therapy (PCIT) services to monolingual Spanish-speaking parents. We also offer nutrition and other health promotion activities at Harmony House in Spanish. In addition, a SanaMente support group is held at Harmony House, a program which stresses a “healthy mind in a healthy body.”

We hold various multi-cultural events each year. These events often have over 100 people in attendance and provide a way to share information on different cultures. We continue to offer outreach and services to Grindstone, the Native American community in the county. We are also expanding our outreach to the Hmong community in the county. This community has varied in size over the past 20 years, from several hundred to fewer than 50. For the Hmong community in Glenn County, we coordinate with and utilize staff from the Health and Human Services Agency (HHS) to deliver services in the person’s primary language.

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

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

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

The Health Services Agency *Guide to County 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 Directory* 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 Directory 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.

Included in the Provider Directory is 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 information also given to the Crisis Team, so they know who to call when a Spanish-speaking person calls.

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

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

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

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

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

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

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

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

The System Improvement Committee (SIC) reviews complaints and grievances. The grievance log records if there are any issues related to cultural competency. The SIC reviews all issues and

determines if the resolution was culturally appropriate. The SIC and the CCC work together to identify additional issues and objectives to help improve services during the coming year.

## IV. TRAINING IN CULTURAL COMPETENCE (FY 2018/19)

This section describes cultural competence training for staff and contract providers, including training in the use of interpreters, in FY 2018/19.

### A. List of cultural and linguistic competence trainings

| Description of Training  | Number of Attendees | Date              |
|--|---------------------|-------------------|
| Working with Interpreters and Translators  | 10                  | 7/11/2018         |
| GLINTF (Glenn Co. Inter-agency Narcotics Task Force) Trending Drugs in our Community | 43                  | 7/25/2018         |
| Cultural Competence Training   | 46                  | 8/22/2018         |
| Equity: Cessation for Everybody  | 51                  | 9/26/2018         |
| Cultural Competence Summit 2018  | 3                   | 10/25/2018        |
| Co-Occurring Disorders   | 36                  | 1/23/2019         |
| The Culturally Proficient Professional   | 28                  | 1/29/2019         |
| Glenn SUDS Title 22 Documentation and Timeliness Standards                           | 12                  | 3/4/2019          |
| MHSA Standards   | 49                  | 3/27/2019         |
| Trafficking Victims Protection Act   | 7                   | 4/22/2019         |
| DHCS County MHSA Boot Camp   | 3                   | 04/23/19-04/24/19 |
| Emotional Support Animals  | 42                  | 4/24/2019         |
| Understanding and Using the ASAM Criteria to Enhance Whole Person Care, MAT/BHTC     | 2                   | 4/30/2019         |
| The Role of the Behavioral Health Interpreter  | 34                  | 5/1/2019          |
| Transforming Trauma  | 7                   | 5/4/2019          |
| Generational Diversity in the Workplace  | 5                   | 5/6/2019          |
| School Safety Symposium in Sacramento County   | 2                   | 5/31/2019         |

| Description of Training                                    | Number of Attendees | Date      |
|--|---------------------|-----------|
| WISE LGBTQ+ Awareness, Sensitivity and Competency Training | 4                   | 6/13/2019 |
| Effective Communication                                    | 3                   | 6/20/2019 |
| Sand Tray Training   | 2                   | 6/21/2019 |
| Eating Disorders   | 40                  | 6/26/2019 |
| Ethnic Services Committee                                  | 10                  | Monthly   |

## V. STAFF AND SERVICE PROVIDER ASSESSMENT

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### A. Current Composition

#### 1. Ethnicity By function

GCBH staff illustrate our progress in developing a culturally and linguistically diverse workforce. Of the 22 administrative/management staff, 14 (63.6%) identified as Caucasian, six (27.3%) as Hispanic, and one (0.1%) as American Indian or Alaska Native. Of the 33 direct service staff, 15 (45.5%) identified as Caucasian, 12 (36.4%) as Hispanic, three (0.1%) as American Indian or Alaska Native, and one (0.0%) as Asian.

Of the 33 (61.1%) staff members self-identified as having lived mental health experience, 17 (51.5%) identified as Caucasian, 13 (39.4%) as Hispanic, two (0.1%) as American Indian or Alaska Native, and one (0.0%) as Asian.

Of the 18 Spanish speaking bilingual staff, 11 (61.1%) individuals are direct services staff, and seven (38.9%) are administrative/management staff. Of the 18 Spanish speaking bilingual staff, 14 (77.8%) deliver services in Spanish as well as providing interpreter services for other staff members.

At least four (0.1%) of our staff are lesbian, gay, bisexual, or transgender (LGBT).

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

All 18 Spanish speaking bilingual staff are proficient in speaking Spanish, while 14 (77.8%) are proficient in reading and writing in Spanish. Of the 18 Spanish speaking bilingual staff, 11 (61.1%) individuals are direct services staff, and seven (38.9%) are administrative/management staff. Of the 18 Spanish speaking bilingual staff, 14 (77.8%) deliver services in Spanish as well as providing interpreter services for other staff members.

#### 3. Staff and Volunteer Ethnicity and Cultural Competence Survey

To assess the cultural awareness of our workforce, we asked staff and volunteers to complete the Staff and Volunteer Ethnicity and Cultural Competence Survey in November 2019. The complete results are shown in Attachment A.

There were 54 staff who completed the survey. Of these individuals, 22 (40.7%) were direct service staff and 32 (59.3%) were administration and management. Of these survey respondents, 29 (53.7%) identified as Caucasian, 18 (33.3%) as Hispanic, four (0.1%) as American Indian or Alaska Native, and one (0.0%) as Asian. Of these 54 staff, 18 (33.5%) are Spanish-speaking bilingual. Thirty-three (61.1%) staff reported that they have lived mental health experience and 33 (61.1%) are family members of someone with lived mental health experience. Of the 54 staff, 37 (68.5%) identified as female, 13 (24.1%) as male, one (0.0%) as Genderqueer and three (0.1%) declined to answer. Forty-seven (87.0%) staff

identified as heterosexual/straight, one (0.0%) as Gay or Lesbian, two (0.0%) as bisexual, one (0.0%) as queer, and three (0.1%) declined to answer.

The survey response options included Things I Do Frequently; Things I Do Occasionally; Things I Rarely or Never Do; and Did Not Occur to Me. The CCC will review and analyze these results early in 2020 and develop new goals based upon these results. We also plan to administer the survey again in the Fall of 2020 and compare the results.

There was also a question about participation in cultural awareness activities over the past six (6) months. The responses will be reviewed by the CCC over the next few months to discuss any significant 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 examine 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. Analyze staff disparities and related objectives**

Over the past several years, we have been successful at expanding the number of bilingual, bicultural staff. We now have licensed, clinical social workers who are bilingual 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 our 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 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 approach has been effective in increasing 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 CCC reviews the results of this survey and future surveys.

### **C. Identify barriers and methods of mitigation**

The primary barrier to meeting our goal of expanding our bilingual 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**

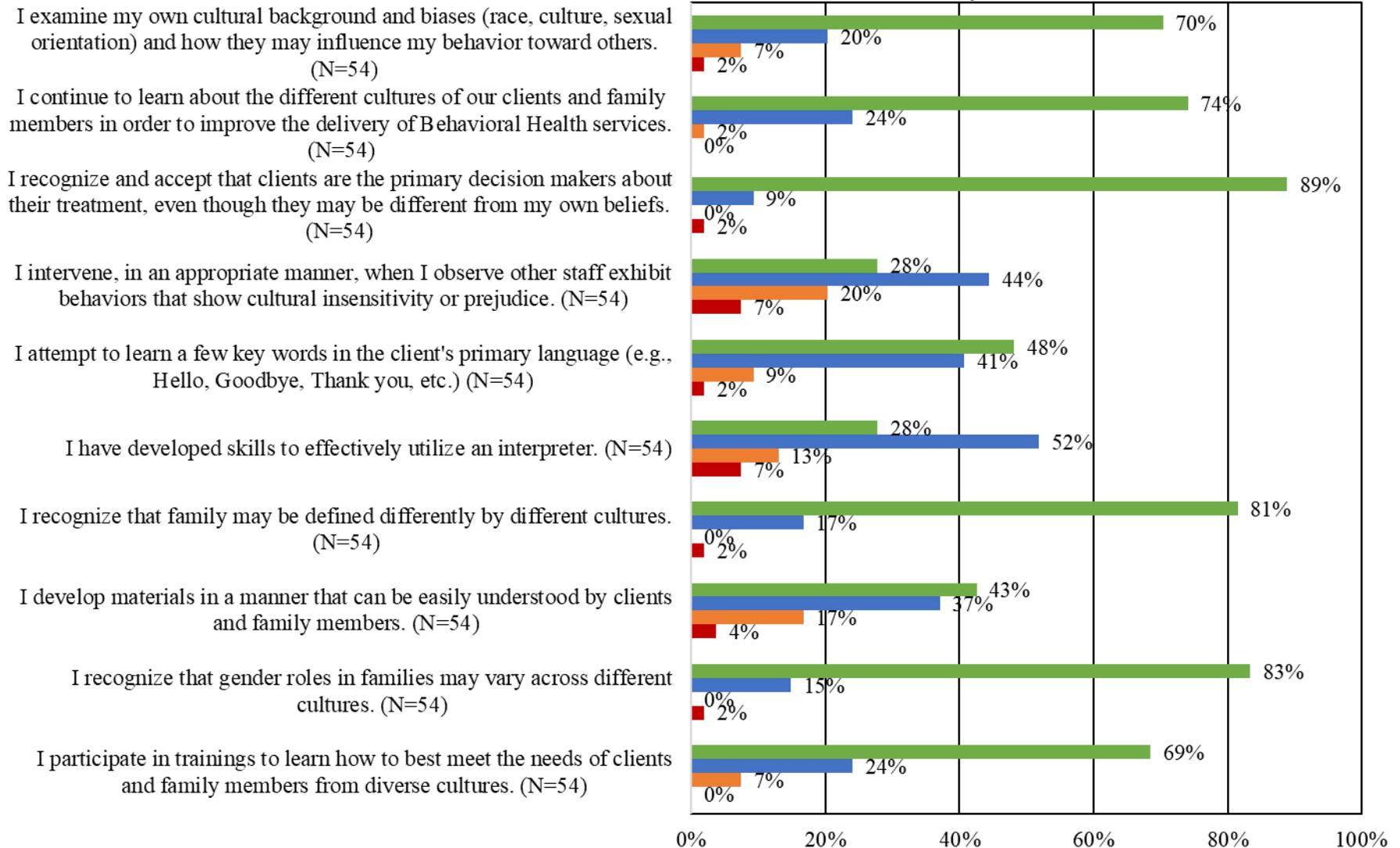
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## Glenn County Department of Behavioral Health Staff Cultural Competence Survey

2019

*All Respondents*

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



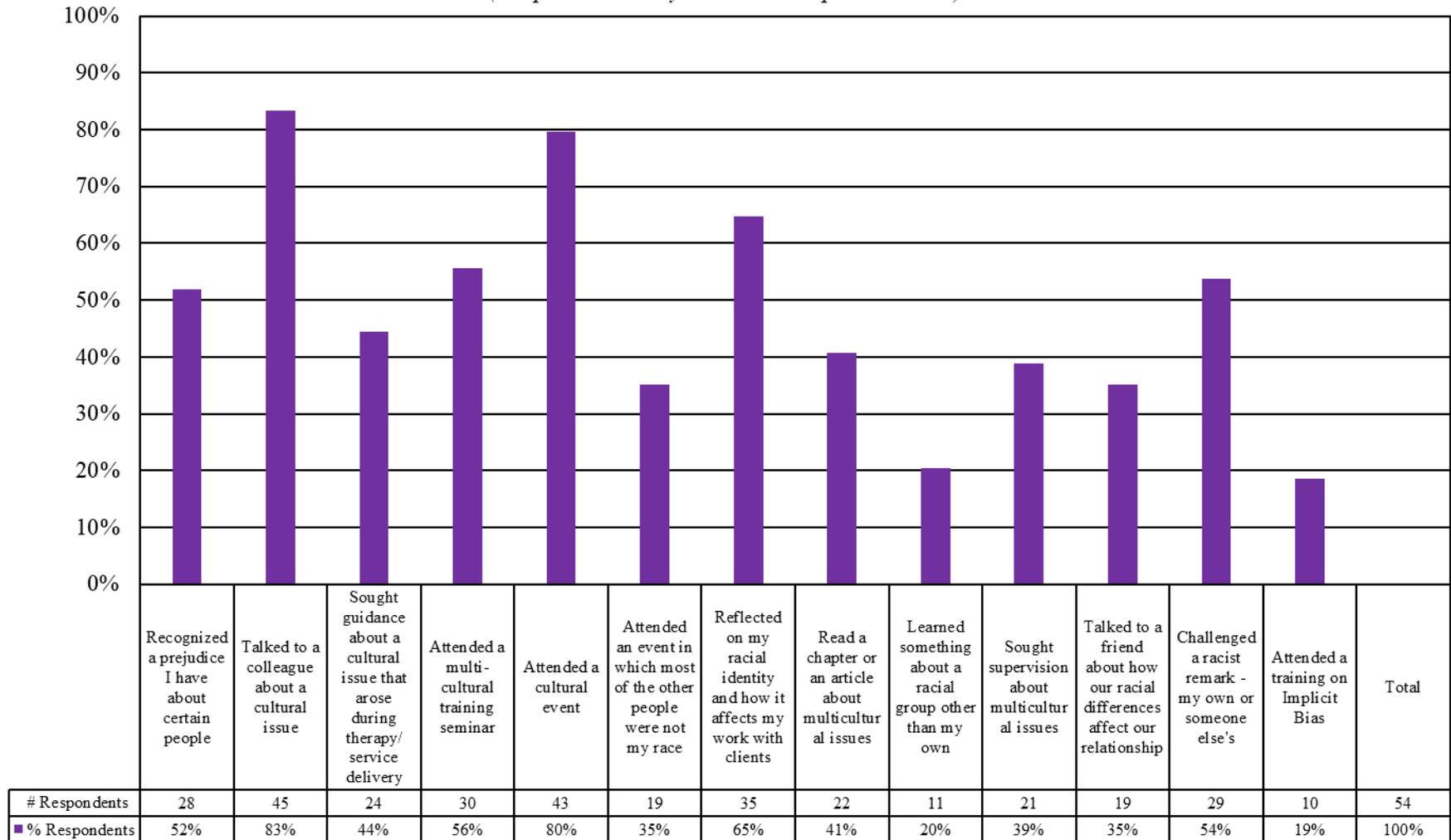
**Glenn County Department of Behavioral Health  
Staff Cultural Competence Survey**

2019

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

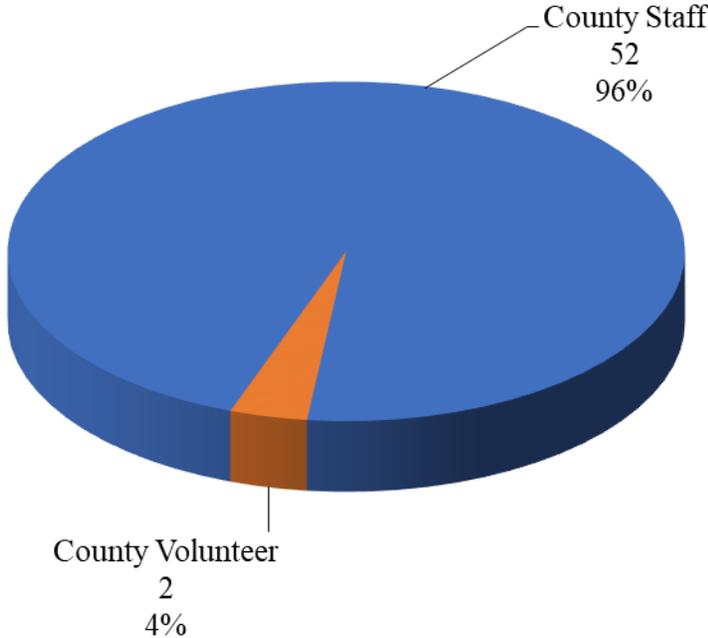
**All Respondents (N=54)**

*(Respondents may choose multiple answers.)*

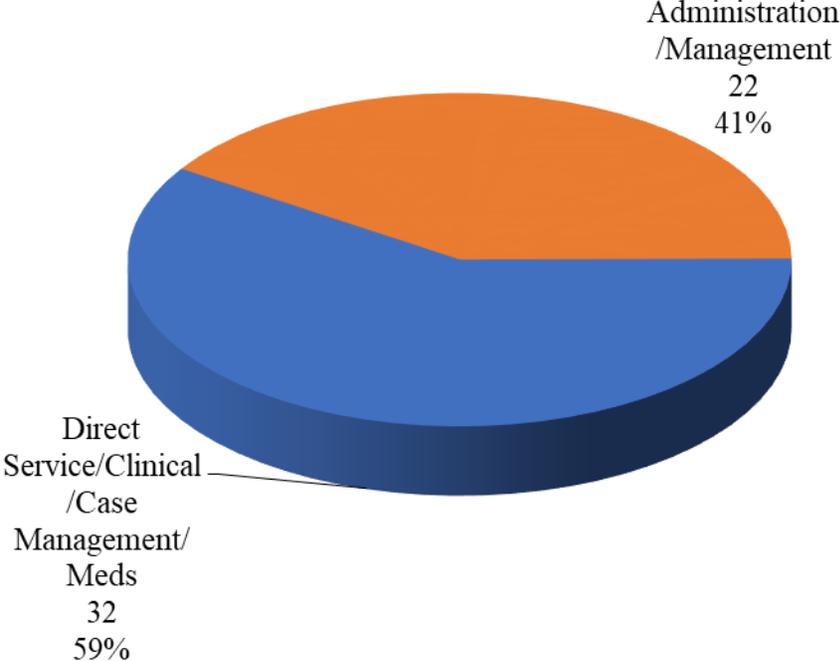


**Glenn County Department of Behavioral Health**  
*Staff Cultural Competence Survey*  
 2019

*Employment Status (N=54)*

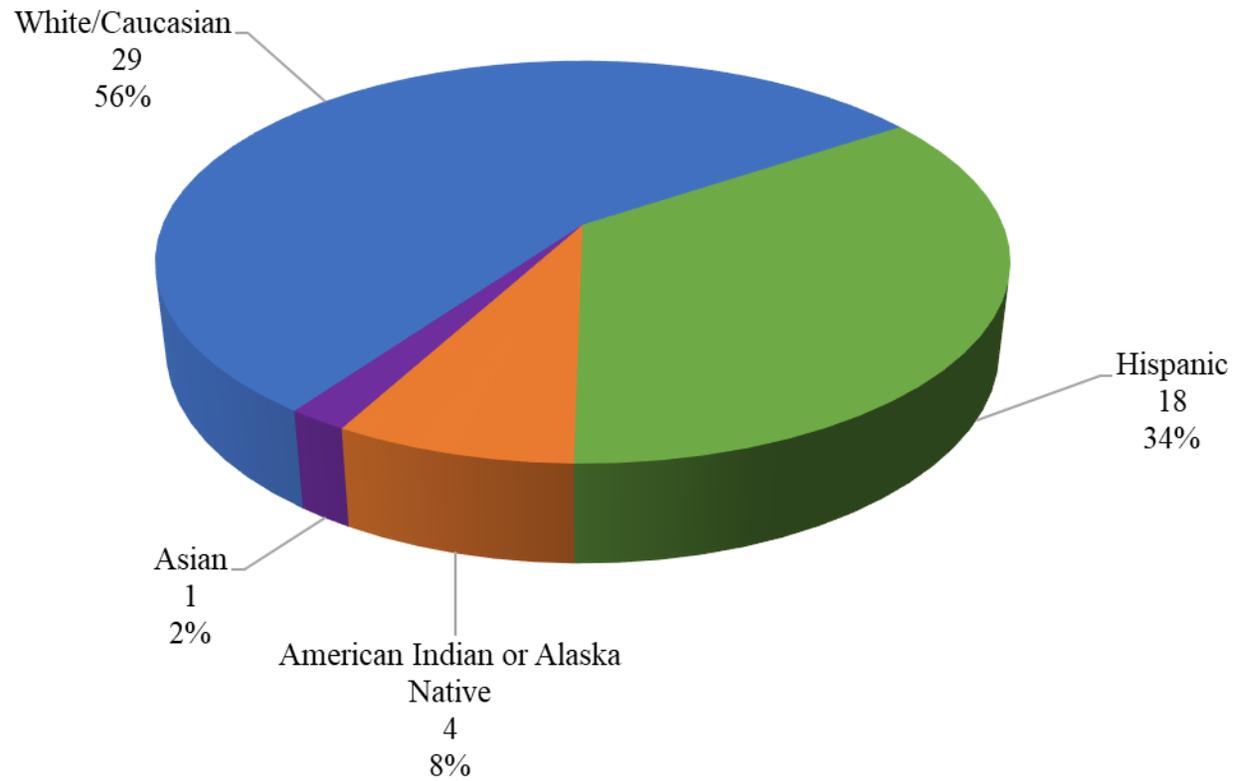


*Primary Job Function (N=54)*



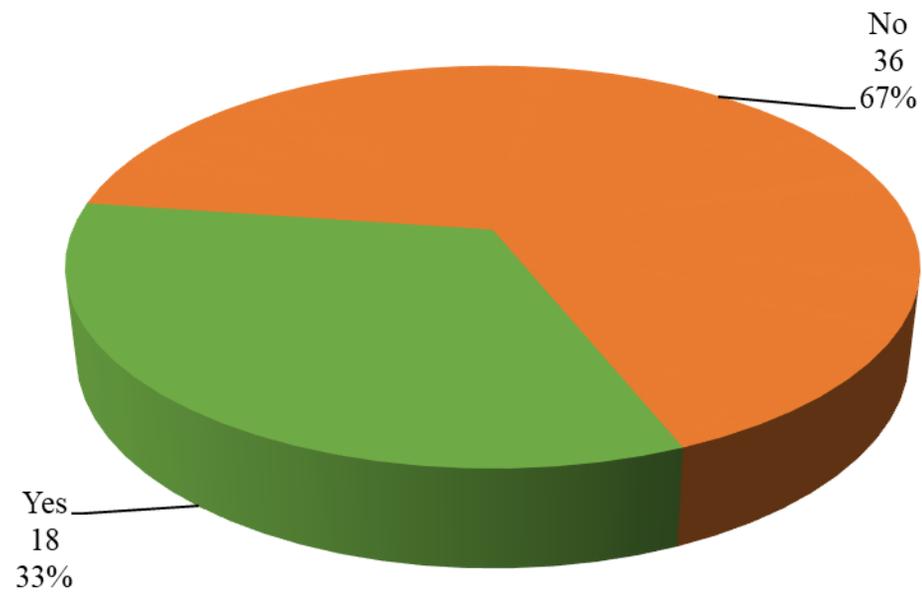
**Glenn County Department of Behavioral Health**  
***Staff Cultural Competence Survey***  
2019

***Race/Ethnicity (N=52)***



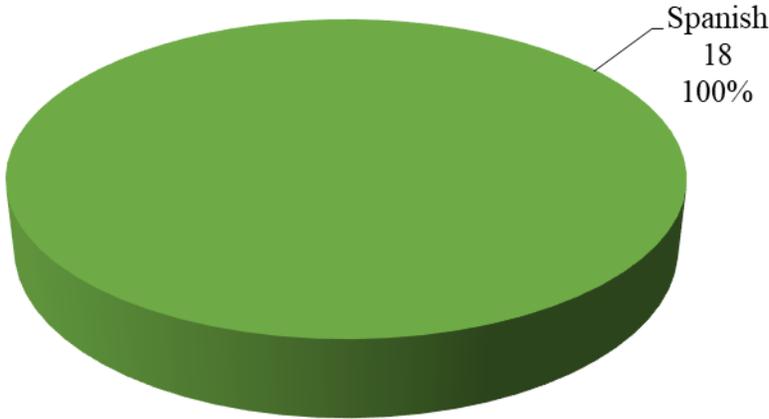
**Glenn County Department of Behavioral Health**  
***Staff Cultural Competence Survey***  
2019

***Do you consider yourself Bilingual? (N=54)***

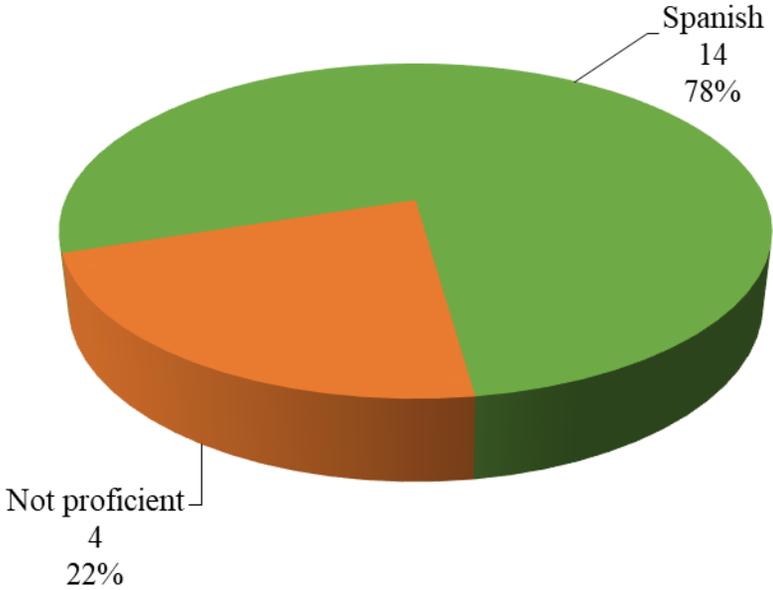


**Glenn County Department of Behavioral Health**  
*Staff Cultural Competence Survey*  
2019

*If Bilingual, which language(s) do you speak? (N=18)*

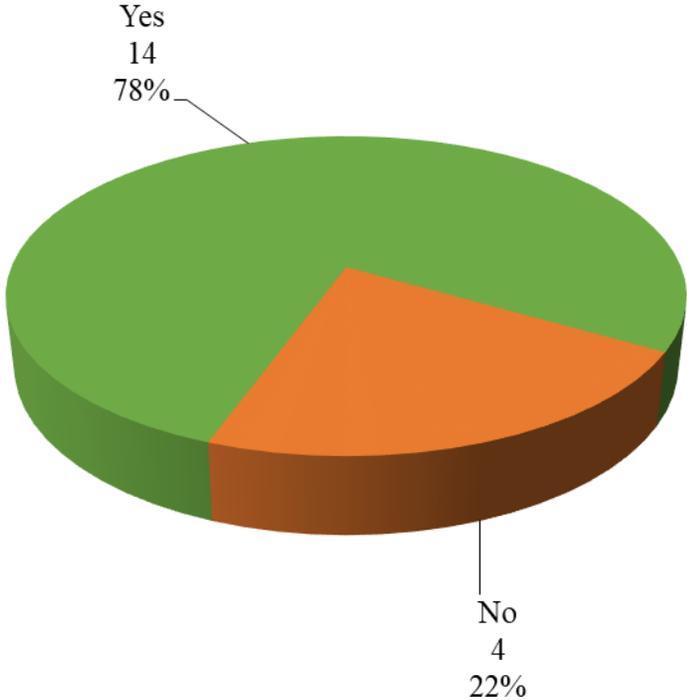


*If Bilingual, which language(s) are you proficient in reading and writing? (N=18)*

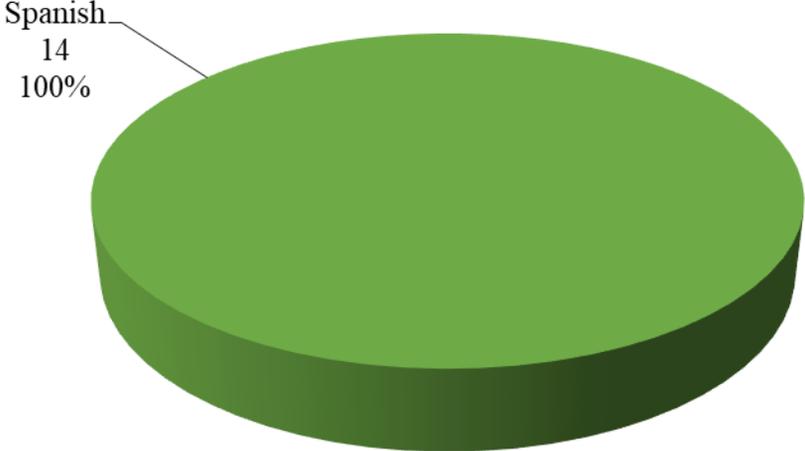


**Glenn County Department of Behavioral Health**  
*Staff Cultural Competence Survey*  
2019

*Do you act as an Interpreter as part of your Job Function?*  
(N=18)

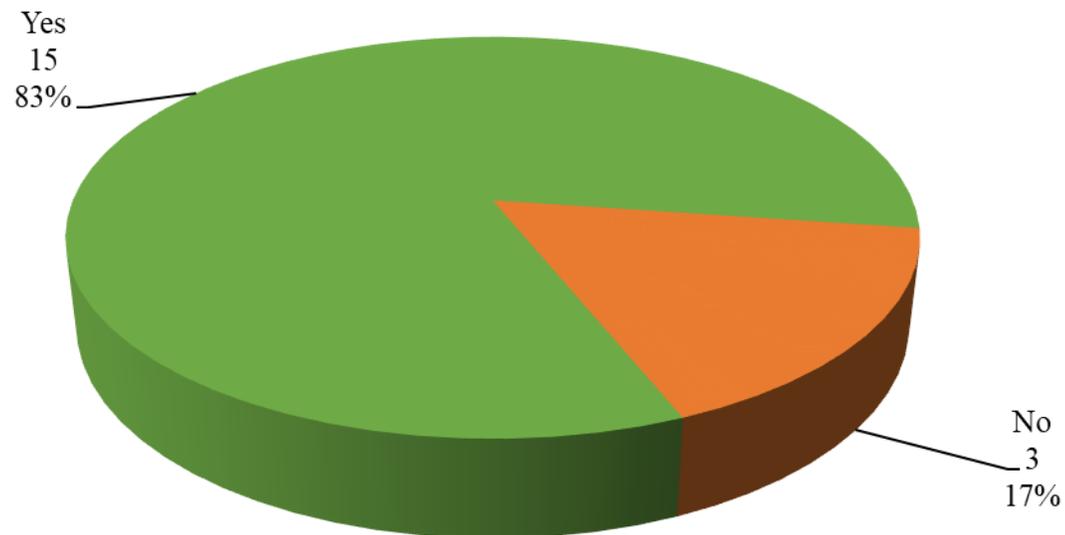


*If you act as an Interpreter, which languages do you interpret?*  
(N=14)



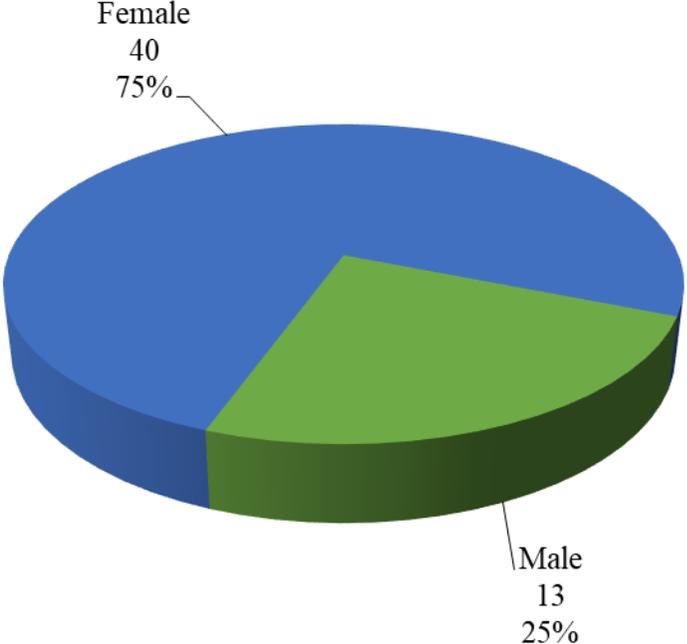
**Glenn County Department of Behavioral Health**  
***Staff Cultural Competence Survey***  
2019

***Do you receive bilingual pay? (N=18)***

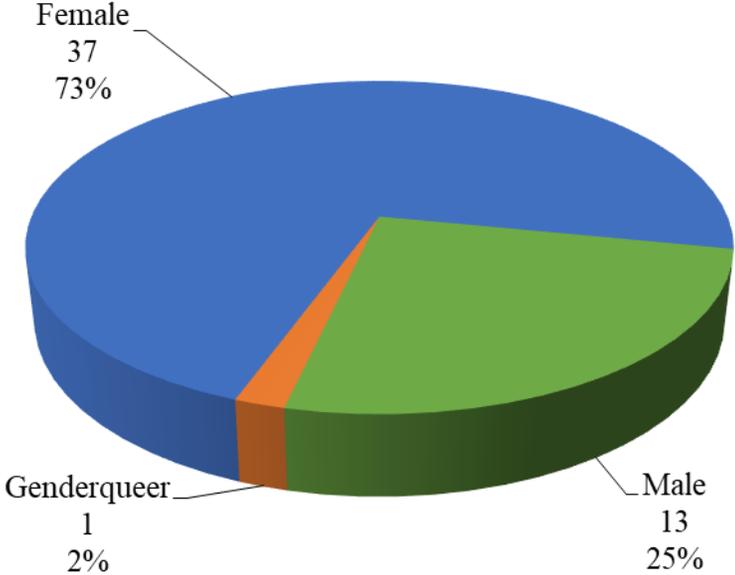


**Glenn County Department of Behavioral Health**  
*Staff Cultural Competence Survey*  
2019

*Gender Assigned at Birth (N=53)*

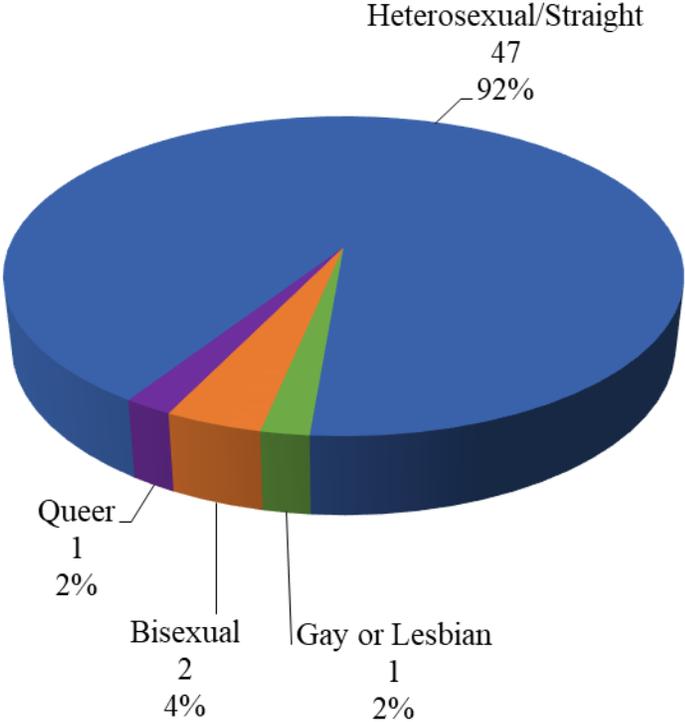


*Current Gender Identity (N=51)*

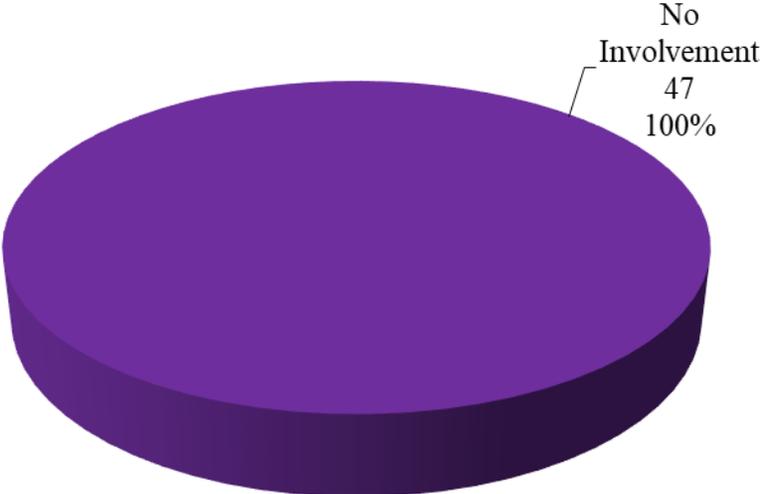


**Glenn County Department of Behavioral Health**  
***Staff Cultural Competence Survey***  
2019

***Sexual Orientation (N=51)***

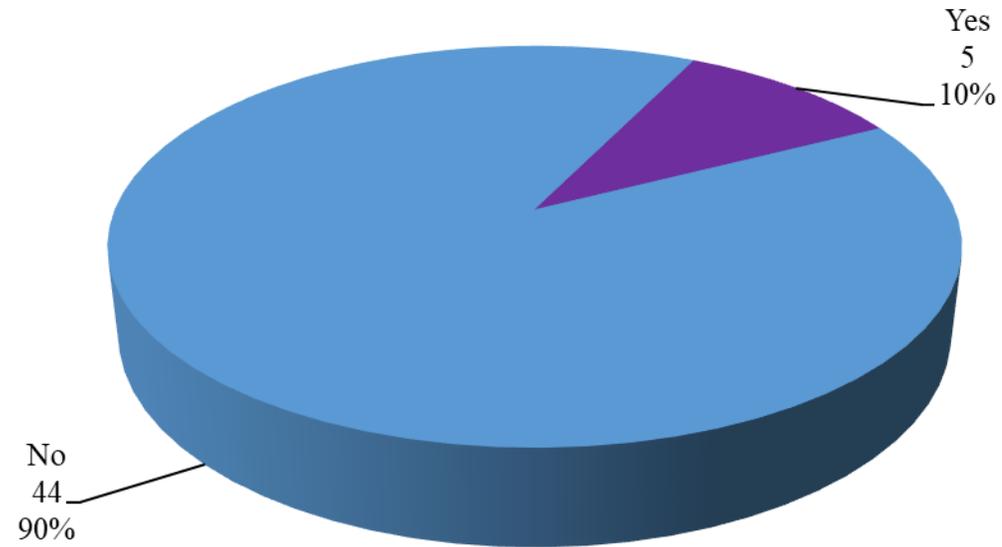


***Military/Service Involvement (N=47)***



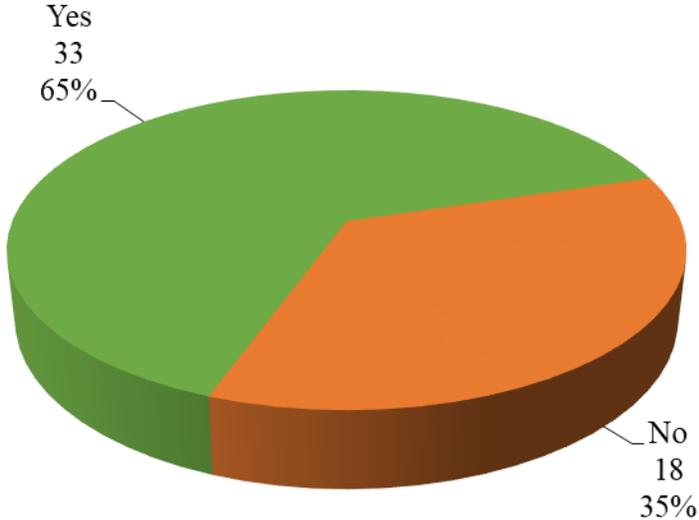
**Glenn County Department of Behavioral Health**  
***Staff Cultural Competence Survey***  
2019

***Do you have a disability? (N=49)***

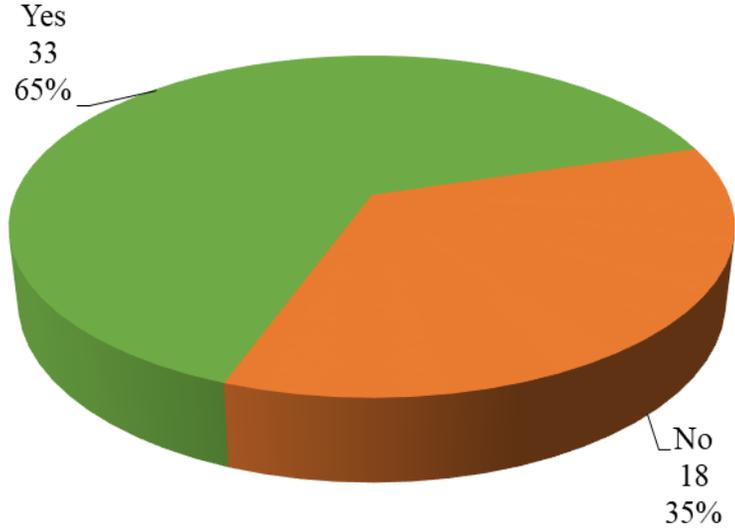


**Glenn County Department of Behavioral Health**  
***Staff Cultural Competence Survey***  
2019

*Do you consider yourself to be a person with lived Mental Health experience?*  
(N=51)

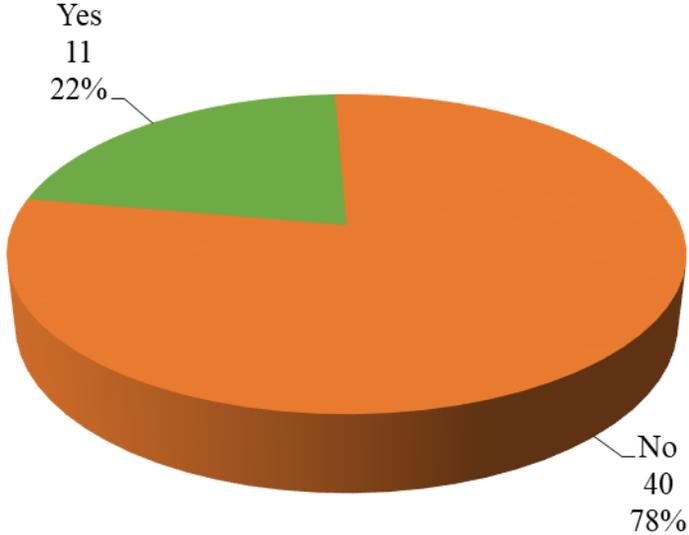


*Are you a Family Member of a person with lived Mental Health experience?*  
(N=51)



**Glenn County Department of Behavioral Health**  
***Staff Cultural Competence Survey***  
2019

*Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=51)*



*Are you a Family Member of a person with lived Substance Use Disorder experience? (N=52)*

