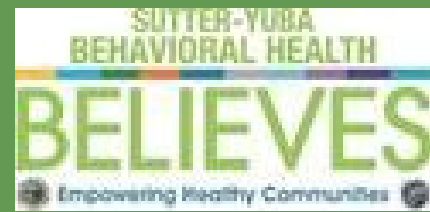


SUTTER YUBA BEHAVIORAL HEALTH



CULTURAL COMPETENCE PLAN ANNUAL REPORT/UPDATE 2023



Tammy Andersen
Ethnic Services Manager
tandersen@co.sutter.ca.us



Contents

Criterion 1: Commitment to Cultural Competence.....2

Criterion 2: Updated Assessment of Service Needs.....11

Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities.....32

Criterion 4: Client/Family Member/Community Committee.....34

Criterion 5: Culturally Competent Training Activities.....38

Criterion 6: County’s Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff.....40

Criterion 7: Language Capacity.....45

Criterion 8: Adaptation of Services.....46

Appendix.....48

Criterion 1. Commitment to Cultural Competence

County Mental Health system commitment to cultural competence

Sutter-Yuba Behavioral Health (SYBH) provides services to individuals and families who are experiencing severe or ongoing mental health and/or substance use disorders. SYBH procedures and practices strive to reflect the department's ongoing commitment to providing services that recognize and value the racial, ethnic, and cultural diversity within the counties mental health system and communities it serves. The department has embarked on a journey to build a solid foundation of recognizing and honoring diversity in all aspects of program design and implementation.

SYBH has recognized that cultures within the community are diverse and fluid. A person's beliefs norms, values, and language affect how that person is perceived and how they experience the world. SYBH works diligently to ensure equal access to services for all residents of Sutter and Yuba counties regardless of social/cultural and linguistic diversity. SYBH sets goals and objectives that focus on continuous quality improvement, creating a welcoming environment, and providing guidance towards achieving and maintaining cultural competence in their policies and procedures, service delivery, selections of staff and contractor training courses, outreach and educational events, and a focus on reducing stigma.

SYBH's organizational mission statement, policies, procedures, and work culture demonstrate a commitment to cultural competency. SYBH's mission statement acknowledges that services must be client-centered, culturally sensitive, and integrated and that there is a commitment to... "safeguarding the physical, emotional and social well-being...of those we serve." These are values of cultural competence. SYBH has made sure that the mission statement has been translated into the threshold language of Spanish as well as Hmong another prominent language in the community. This activity demonstrates that commitment to cultural and linguistic competence is more than words. At SYBH, it is action. SYBH is embedded within three of the five service branches in Health and Human Services. The Health and Human Services Mission statement includes verbiage that demonstrates the commitment to cultural competency.

The whole client-centered mission statement ensures commitment to client needs being met Include cultural, linguistic, and ethnic needs alongside the array of other needs that ensure that all aspects of a client's well-being are met.

Mission Statement (English) (Also available in Spanish and Hmong)

The Sutter County Health and Human Services Department promotes health, safety, economic stability, and quality of life for our community.

Regarding policies and procedures, Sutter County addresses discrimination issues in employment and cultural competence in various Sutter County Personnel Rules and Regulations. The following all Agency policies and procedures assist SYBH in providing culturally

appropriate services:

01-02 (Mental Health Advisory Board); 01-003 (Substance Abuse Advisory Board); 01-006 (Mental Health Plan Values); 05-005 (Client Cultural and Linguistic Competency Training); 11-002 (Access Brochure and Description of Services); 11-005 (Accessing Interpreters for Non-English Speaking or Limited Proficient (LEP) Individuals); 11-006 (Language Line); 11-007 (Distribution of Mental Health Information in Threshold Languages); 11-008 (Hearing and Visually Impaired Individuals); 11-009 (Mental Health Plan Providers); 11-011 (Request for Culturally Specific Provider); 11-012 ((Informing Materials); 11-031 (Wellness and Recovery Program Description); 11-046 (BEST Program Description); 11-047 (Hmong Outreach Program Description). See the Appendix for policies and procedures.

Additionally, all SYBH provider contracts include cultural competence language and require that the provider report information relating to cultural competence activities and training courses, as well as staff linguistic and cultural diversity on an annual basis. SYBH ensures that cultural competence is embedded in all the services provided or contracted by the organization. The Cultural Competence Plan guides many of the cultural competence practices.

SYBH leadership has prioritized data-driven planning. SYBH is currently building new systems such as data dashboards ensuring accurate and reliable data collection resulting in data-driven practices that will improve the culture and outcomes for all populations served by SYBH. During Spring 2023 SYBH began the transition to a more data-friendly Electronic Health Record (EHR) system to create easier and faster methods to pull service data related to the diverse populations served. Being able to access data quicker and easier, will provide SYBH the ability to identify and course-correct issues in a timely more efficient manner.

SYBH Leadership including the Health and Humans Services (HHS) Director and each HHS Branch Director have prioritized the cultural competency committee newly named the Diversity, Equity, and Inclusion Committee (DEIC) and is working to provide a budget and leadership buy in for the committee. Leadership has prioritized attending the meeting to provide support and ideas. The HHS Director has been working in the community to find “cultural brokers” to help the committee determine and prioritize goals and objectives that are meaningful to the community groups it serves.

The Substance Use Disorder Services (SUDS) programs have been trained and are participating in the Drug Medi-Cal program serving beneficiaries from all cultural backgrounds. This has included the creation of data collection systems that will be able to monitor outcomes and quality improvement efforts, including analysis of demographic data of populations served. In addition, data collection will assist with developing service goals and objectives that meet the social/cultural and linguistic needs of SUDS clients.

SYBH’s commitment to ensuring cultural competence is embedded and sustained through policies and procedures. Through implemented policies and procedures, we have built a culture of ensuring services and written materials are available in our threshold language of Spanish,

and other prominent languages approaching threshold levels within the communities we serve. SYBH has continued to designate an Ethnic Services Manager (ESM) to be sure we have dedicated resources to sustain compliance. This year SYBH hopes to focus on improving data systems and pursue data-informed planning to move SYBH from compliance to excellence and continuous quality improvement.

County recognition, value, and inclusion of racial, ethnic, cultural, and linguistic diversity within the system.

Mental Health Services Act

The Mental Health Services Act (MHSA) community and stakeholder input processes have regularly provided the opportunity for the SYBH department to engage with unserved and underserved populations. The MHSA team hosted four stakeholder forums or focus groups, one of which was conducted in Hmong and English and one conducted in Spanish and English. The MHSA team also did presentations at the Domestic Violence and Child Abuse Prevention Meeting on 2/7/23, the Sutter Yuba Homeless Consortium Meeting on 2/9/23, and the Punjabi Outreach Meeting on 2/16/23. MHSA Stakeholder Forum participants were advised on current SYBH MHSA programs, planning and development, the Mental Health Services Act and Community Program Planning Process. Stakeholder meetings were hosted by the Hmong Outreach Community Center, the Latino Outreach Community Center, the Sutter County Library, and a virtual meeting was held via Zoom.

MHSA specifically funds several programs that were specifically designed for diverse populations, and/or were implanted in communities and at sites where diverse populations may access services. Those programs are as follows:

Transition Age Youth (TAY): this program services youth ages 16 through 25 who may be homeless, or at risk of homelessness, aging out of the foster care system, or the juvenile probation system, gang-involved or at risk of gang involvement, high risk of self-harming behaviors or youth whose cultural identity places them in underserved populations within the community. The TAY program goals are to partner with youth and supportive person(s) to improve the overall quality of life for the youth, as well as reducing negative psychiatric symptoms, reducing incarcerations, hospitalizations, and homelessness. The program hopes to empower youth in successfully transitioning to adulthood, living healthy and safely in a setting of the youth's choosing while engaging in meaningful activity such as work, volunteer, or education. Program staff focus on the instillation of hope, wellness, recovery, and resiliency. Each TAY student has an assigned therapist, case manager, peer mento, and psychiatrist (as needed). This group of service providers works as a team partnering with the youth and support persons identified by the youth. Services range from individual therapy, therapy groups, individual life skill training, group life skill training, case management, medication evaluation, and both individual and group positive leisure time activities.

Ethnic Outreach Services: The Ethnic Services Centers and Outreach program consists of Spanish-speaking and Hmong-speaking providers that have a cultural understanding of the

behavioral health and other special needs of the persons they serve. The Ethnic Outreach Services are comprised of two outreach centers. The Hmong Outreach Center is located in Yuba County and the Latino Outreach Center is located in Sutter County. Services offered in these outreach centers include individual therapy, group, and individual rehabilitation services, case management, linkage to other adult services such as medication support or substance use disorder treatment, and linkage to community resources and supports. Clients receive assistance accessing the entire array of services offered by the Health and Human Services system in an effort to reduce contributing factors to poor mental health conditions. The Hmong Outreach Center also provides the IMPACT youth program designed to educate, raise awareness, and decrease mental health stigma and discrimination and support Hmong youth who may be experiencing mental health issues.

Prevention Early Intervention (PEI) programs: The PEI unit offers school and community-based programs designed for building partnerships for positive, healthy communities. Service activities include education, support, outreach, and early interventions to educate and identify individuals and their families who may be affected by behavioral health issues. These services are designed to increase awareness of behavioral health risk factors and to promote protective factors to increase resiliency. The PEI program offers a variety of community training courses and evidence-based programs to raise community awareness of behavioral health issues affecting our communities. Each activity within the PEI program works to address the diverse needs of the populations we serve. SYBH strives to identify concerns and expand the PEI program and continually develop new ideas, to address community needs with the goal of reaching all populations within the communities of Sutter and Yuba counties. The current PEI programs are as follows:

Prevention Programs and Activities

- The Council (To promote safe and healthy passage through the pre-teen and adolescent years for youth identifying with male development from all backgrounds, races, and ethnicities).
- Girls Circle (To reduce negative outcomes of untreated mental illness by promoting emotionally safe and caring relationships for middle to high school girls from all backgrounds, races, and ethnicities).
- Nurtured Heart Approach (To improve communication, manage behavior or teach social skills and target specific realms of problematic actions that children are manifesting. Intended for parents from all backgrounds, races, ethnicities, and ages, the program is available in Spanish and English).
- Second Step Bullying Prevention (Teaches students how to recognize, report and refuse bullying. Designed for children ages 5-11 years from all backgrounds, races, and ethnicities. The programs is available in Spanish and English).
- Women's Circle/Adult Program (A skill building support group designed for women from all backgrounds, races, and ethnicities. The program is available in Spanish, English and ASL).

Outreach for Increasing the Signs of Mental Health

- Mental Health First Aid (An interactive 8-hour course to provide an overview of mental illness and substance use disorder for adults 18+ from all backgrounds, races, and ethnicities. Available in Spanish and English).
- Teen Mental Health First Aid (An interactive 3-6 session course to teach students to identify, understand, and respond to signs of mental illness and substance use disorder. Designed for teens 14-18 years old from all backgrounds, races, and ethnicities).
- Youth Mental Health First Aid (An interactive 8-hour mental health awareness/stigma reduction training for adults working with youth from all backgrounds, races, and ethnicities).

Suicide Prevention Programs

- Yellow Ribbon Suicide Prevention (for high school-age students from all backgrounds, races, and ethnicities).
- Applied Suicide Intervention Skills Training (for community members from all backgrounds, races, and ethnicities, a two full-day training that provides the skills for suicide intervention in crisis and non-crisis situations).
- Signs of Suicide (a school-based suicide prevention program for students 14-18 years old presented in classrooms with accompanying staff and parent/guardian).

Substance Use Disorder Services Prevention

- Brief Interventions (for student 14-18 years old, teaches how to reduce person's substance consumption to safe level or complete abstinence, for students of all backgrounds, races, and ethnicities. Available in Spanish and English).
- Friday Night Live (a school-based partnership to engage youth as active leaders, for students of all backgrounds, races, and ethnicities).
- Life Skills (a substance abuse and violence prevention program for youth 8-18 years old, for students of all backgrounds, races, and ethnicities).

Outreach Event-SUDS Prevention

- Red Ribbon Week (For students 5-18 years to provide alcohol, tobacco, and other drug and violence prevention awareness campaign observed in October for students of all backgrounds, races, and ethnicities).

Outreach Event-Access to Linkage

- Promotores/Outreach Program Community building effort to increase awareness and access among Latino/a/x community members for adults 18+. The role of the Promotores is to provide adequate resources and prevention services to our diverse

communities in Sutter and Yuba Counties, in their primary language. The Promotores work with the Latino and Punjabi communities to improve access to behavioral health and related services, eliminate cultural barriers such as language, stigma, and mistrust, and raise awareness of substance misuse, and to disseminate information.

Access to Linkage to Treatment Program

Peer Resource Engagement Program (PREP): A program designed to empower youth to lead efforts through mental health education and awareness while creating a positive impact in the community. Designed for high school age students from all backgrounds, races, and ethnicities.

Homeless Engagement and Resolution Team (HEART): A street outreach program that was designed to identify, engage, interview, assess, and link unhoused individuals to behavioral health services that are available through Sutter and Yuba Counties. For any person(s) experiencing homelessness from all backgrounds, races, ethnicities, and ages.

Strengthening Families Program (SFP): An evidence-based family skills training program that provides a comprehensive approach to healthy behaviors and relationships. The program is intended for high-risk and general populations families. SFP is offered to families from both Yuba and Sutter counties and is offered in a series of seven weeks. Parents and youth participate in separate classes for age-appropriate skill building, activities, and discussion and reunite to work together in a family class. The SFP program is intended for families from all backgrounds, races, and ethnicities.

Wellness and Recovery Center: The Wellness and Recovery Center is a Peer lead center that offers recovery-oriented group and individual support to consumers with serious behavioral health conditions and/or substance use disorder conditions. Behavioral Health Peer staff, Therapists, Nurses, Resources Specialist, and County providers work as a team to provide a wide range of groups and recovery-oriented activities. With the goal in mind to improve their relationships, build new relationships, and develop better coping and symptom management skills. The program also partners with Sutter County schools to provide an onsite Adult Education and Work Activity Center. Together, these programs help participants work toward their social, occupational, and educational goals. Participants create a Wellness Recovery Action Plan (WRAP). The WRAP process supports participants in identifying the tools that keep them well and creating action plans to put them into practice in everyday life.

Tri-County Diversity: Tri-County Diversity's goal is to provide social space, peer support, and education to the gay, lesbian, bisexual, transgender, and intersex members of Yuba, Sutter, and Colusa Counties, along with straight allies and supporters. The program works with all ages to create strong collaborations with schools, and the public and private sectors of our community, around issues related to LGBTQIA+ persons. Tri-County Diversity provides outreach and events provided throughout Sutter and Yuba counties.

Bi-County Elder Services Team (BEST): The BEST program serves older adults (age 60+) in both

Sutter and Yuba Counties with serious mental health conditions or co-occurring mental health and substance use conditions. Participants are provided outreach, assessment, individual therapy, case management, and linkage to other adult services such as medication support or substance use disorder treatment as well as community resources and support.

Workforce and Translation Services

SYBH is dedicated to developing a culturally and linguistically competent behavioral health workforce. The department strives to employ a workforce that reflects that cultural identifies of our clients to ensure effective service delivery. SYBH actively recruits for Spanish, Hmong and Punjabi language physicians, nurses, clinicians, counselors, and interns. Additionally, SYBH offers a pay differential pending verification of the employee's language or communication skills. The Promotores program in Yuba City provides outreach to the Latino and Punjabi communities with staff from those communities who are bilingual and bicultural. SYBH staff may connect clients to a language line if there is a language barrier and no bilingual staff available. A policy and procedure (Policy: 06-002) was written to ensure the availability of timely and clear communications with non-English speaking clients. A step-by-step guide is available for staff use. A Relias training on the language line is provided to staff. In addition to the language line, written translation services are available through a contacted translation service. SYBH also participates and works collaboratively as a Regional Partner in the Center Region Workforce Education and Training program. The goal of the Workforce Education and Training (WET) component is to develop a diverse and well-trained competent workforce. In 2019 SYBH entered into an agreement with Fresno County as the fiscal sponsor who will provide ongoing staffing support to coordinate/administer programs and activities for regional partners. The WET program has been designed to develop a diverse and well-trained, competent workforce. The goal of the program is to develop a diverse licensed and non-licensed professional workforce skilled in working with those who access SYBH services.

A narrative discussing how the county is working on skills development and strengthening of community organizations involved in providing essential services.

SYBH is dedicated to creating, enhancing, and maintaining a culturally diverse workforce that can meet the needs of our diverse communities. This is accomplished in part by providing training courses and support from leadership. SYBH offers free cultural competency training courses via the electronic training platform Relias. Relias training courses are assigned and can be taken at any time. Other in-person or live webinar training courses are offered and made available throughout the year. Please see Criterion 5 for a more comprehensive description of SYBH's Culturally Competency training activities.

SYBH has also successfully used MHSA Prevention and Early Intervention (PEI) funds to provide skill development and strengthen community organizations in order effectively serve our diverse communities. The organizations that are funded by PEI directly impact and help address disparities in mental health access and outcomes. These programs are as follows:

- Transitional Age Youth (TAY)

- Hmong Outreach Center
- Latino Outreach Center
- Strengthening Families Program
- Tri-County Diversity
- Bi-county Elder Services Team (BEST)
- Promotores Project
- Wellness and Recovery Center
- Pathways

SYBH has begun exploration of the possible creation of an Indian Outreach Center to serve the large East Indian population in our area, similar to the Latino Outreach Center and Hmong Outreach Centers currently in operation.

SYBH has also been working to build a trusting and collaborative relationship with the African American Community in Sutter and Yuba Counties. They are currently working with the Creating Culture Collaborative to bring workshops and information regarding behavioral health to the African American community. The Creating Culture Collaborative is led by a “Cultural Broker” who has ties in the African American community and has been key in building trust with African American faith leaders and guides the various HHS workshops and events planned by the local library and museum with the African American culture and community in mind.

SYBH provides staff support for the Diversity, Equity, and Inclusion Committee (DEIC) which works to build strong relationships with community organization that help to support and maintain equity, diversity, and inclusion in our community. Building strong relationships is key to cultural competence and humility within the community, leading to effective networking and promoting cultural events. The committee welcomes diverse voices and membership in the committee.

Each county has a designated Cultural Competency Coordinator responsible for cultural competence

Sutter County has identified a Cultural Competence Coordinator who works closely with HHS and SYBH leadership. Cultural competency is one of the five fundamental building principles in the MHSA. The responsibilities and roles of the committee are as follows:

- Regular participation in the Cultural Competency, Equity, and Social Justice Committee (CCESJC), a subcommittee of the California Behavioral Health Directors Association (CBHDA).
- Coordinates the Sutter County HHS DEIC.
- Coordinates the SYBH Quality Improvement Committee (QIC) and reports to QIC on the cultural competency committee activities and recommendations.
- Advocates for services that meet the needs of diverse and unserved/underserved populations.
- Attends workshops and conferences sponsored by state entities, such as CBHDA and California Institute for Behavioral Health Solutions (CIBHS).

Identify budget resources targeted for culturally competent activities

The following programs are specifically funded services for culturally diverse groups:

- Hmong Outreach Center
- Latino Outreach Center
- Promotores Project
- Tri-County Diversity
- Connecting Cultures Collaborative (Programming for the African American community)

The following services are provided in a culturally appropriate manner and have percentages of participants who are members of Sutter and Yuba Counties diverse and underserved populations.

- Prevention Early Intervention Programs and Activities
- Wellness and Recovery
- Transitional-Aged Youth
- Supportive Housing Services

Criterion 2 Updated Assessment of Services Needs

General Population

Sutter-Yuba Behavioral Health (SYBH) serves the communities of both Sutter and Yuba Counties. SYBH is unique in that it is the only bi-county Behavioral Health organization in the State of California. The two counties lie about forty miles north of the Sacramento metropolitan area and are separated by the Feather River. The proximity of the cities and the fact that they are in different counties have created a unique partnership between Sutter and Yuba counties that has resulted in the sharing of key services including SYBH.

Based on the 2022 United States Census data, Sutter County holds an estimated population of 98,503, and Yuba County holds an estimated population of 84,310. The total population of the combined counties is 182,813. The majority of the population lives within the major cities of the Counties, Yuba City, Live Oak, Marysville, and the unincorporated areas of Olivehurst and Linda. The rest of the population is spread into agricultural land and the foothills. Yuba County is also the home of the 23,000-acre Beale Air Force Base, the census data population estimates include current military and veterans. Veterans make up almost 6 percent of the population.

The Yuba and Sutter communities are ethnically and culturally diverse and include people of different backgrounds including Caucasian, African American, Latino, Chinese, Laotian (Hmong), and Asian Indian. Spanish is designated as a threshold language due to the large Spanish-speaking population. Though the Hmong and Punjabi languages do not meet the level of threshold languages, SYBH has many clients who speak these languages, and the department works hard to have bi-cultural staff who speak Hmong and Punjabi.

Individuals who self-identified as White (not Hispanic or Latino) comprise 42.3% of Sutter County's population and 50.2% of Yuba County's population followed by Hispanic or Latino, Asian, multi-races, African American/Black, American Indian/Alaska Native, and a small percentage who identify as Native Hawaiian/Other Pacific Islander.

Figure 2.1 Yuba County Population by Race and Ethnicity, 2022

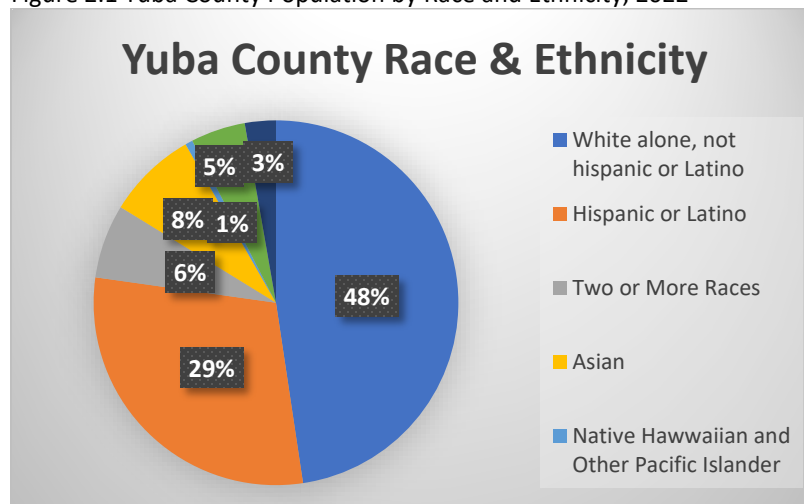
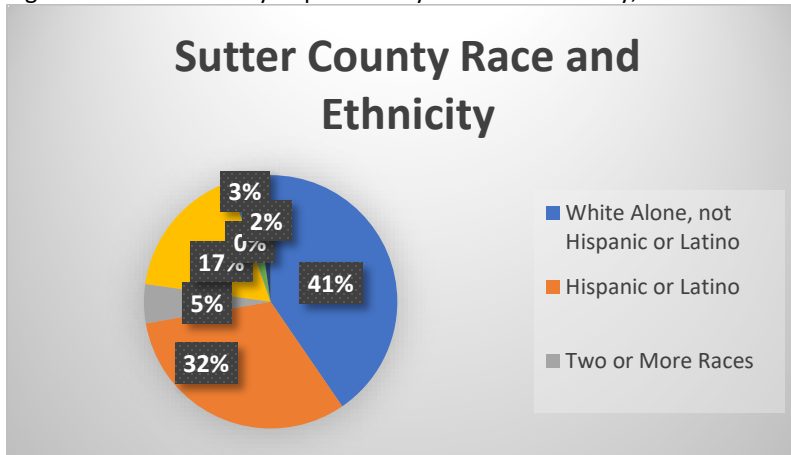


Figure 2.2 Sutter County Population by Race and Ethnicity, 2022



The age and sex distribution in Sutter and Yuba Counties according to the 2022 United States Census is presented in Tables 2.1-2.4.

Table 2.1 Sutter County Population Data by Sex, 2022

Sex Assigned at Birth	Estimate	Percent
Male	49,251	50%
Female	49,252	50%
Total Population	98,503	100%

Table 2.2 Yuba County Population Data by Sex, 2022

Sex Assigned at Birth	Estimate	Percent
Male	42,998	51%
Female	41,312	49%
Total Population	84,310	100%

Table 2.3 Sutter County Population Data by Age, 2022

Age	Estimate	Percent
Under 5 years	6,206	6.3%
Under 18 years	24,626	25.0%
19-64 years	51,419	52.2%
65 years and over	16,252	16.5%
Total Population	98,503	100%

Table 2.4 Yuba County Population Data by Age, 2022

Age	Estimate	Percent
Under 5 years	6,155	7.3%
Under 18 years	22,679	26.9%
19-64 years	44,347	52.6%
65 years and over	11,129	13.2%
Total Population	84,310	100%

Sutter Yuba Counties Cultural Context

The following narratives were provided by members of the Diversity, Equity, and Inclusion Committee (DEIC) in 2023. Representatives from a culture or those who worked closely with an identified culture were asked to describe the unique characteristics or challenges that exist in the Sutter and Yuba Counties for this culture on the populations described.

Hmong American (provided by Mai Vang of the SYBH Hmong Outreach Center)

The Hmong are refugees of war in Southeast Asia and have experienced numerous traumas and continue to experience persistent psychiatric disorders related to trauma, even after having resettled in the US and other host countries for over 40 years. In addition to traumas, many continue to experience mental health illness and/or are at risk due to language & communication barriers, literacy issues, cultural barriers, mental health stigma, mental health literacy challenges, intergenerational trauma, acculturation issues and racism/discrimination.

Most first generation Hmong adults don't speak and/or understand English to be able to communicate their needs and be able to seek out and access the resources they need in the community. They don't understand their rights to interpreting services, don't have the language capability to request for one, and some are sometimes asked to bring in their own interpreters by reception staff who many not be aware of language access laws. There also have been anecdotal stories that indicate interpreting staff sometimes are not fluent in both languages, thus making monolingual Hmong even more reluctant to seek services in the community.

In addition to their inability to speak, read, and write English, many monolingual Hmong are also illiterate and often times cannot read and write in the Hmong language. We often times disseminate information in written form and often times translate documents, in efforts to reach out and get information out to the Hmong community, but many cannot even read this information. Those who can read Hmong often times have a hard time understanding the content, due to translated documents being difficult to read and are confusing because of the lack of words with the same meaning in the Hmong language.

For the Hmong, the concept of mental health counseling and counseling services in western culture are different/unfamiliar to them, and so the population sometimes have a hard time understanding what it is and how it works. Because the concepts of mental health counseling don't exist in the Hmong culture, there are very little words available to describe and use to communicate about mental health ailments and the kinds of therapeutic help available. In

traditional Hmong culture, most mental health ailments and symptoms are considered to be spiritual in etiology, and so most tend to seek out help from traditional/spiritual healers instead. Relational and other socio-economic issues are often dealt through the clan system and are considered shameful and should be kept within the family; thus, many are hesitant to seek outside services to assist with these issues. Those who do end up seeking help often do so as a last resort. They also are usually referred through emergency/crisis services because their conditions are chronic and already having serious impacts in their lives.

In addition to counseling concepts being unfamiliar, there also continues to be a lot of stigmas around mental health due to cultural factors, and this includes additional layers on top of the regular stigma that already exists in the general population. For example, in addition to the stigma that those who have mental illness are "crazy," many Hmong also believe that this "crazy" is biological (beyond what the actual research suggests; so, for example, if you are "crazy," your family must be crazy as well as your entire clan, so everyone needs to stay away from the entire clan because it's "bad blood") thus creating additional shaming, guilt, and barriers to seeking services.

During the Vietnam War the American CIA recruited the Hmong to assist them in their efforts to contain Communism in what is known today as the "secret war" in Laos. It was promised to the Hmong that in return for their support, the US would bring them over and give them land to live on. However, that "promise" was short lived as the Hmong were forced to flee their homeland after the US pulled their armed forces out of Laos, leaving hundreds of thousands of Hmong to be persecuted by the Lao government who took over. Only some high-ranking Hmong officials who worked directly with the CIA and their families were airlifted to the US. Many fled for their lives by hiding in the jungles and trying to cross the Mekong River to find refuge in Thailand. According to records, almost a hundred thousand Hmong died from this exodus to Thailand from either being hunted and killed by Lao soldiers, starvation, malnutrition, other illness while in hiding in the jungle, and drowning while crossing the Mekong River. The approximately 140,000 who made to Thailand would then migrate to the US and other countries through family, church sponsorships, and other refugee programs.

The Hmong have experienced numerous challenges in resettlement in the United States where they have faced racism/discrimination/hate crimes, exhibit high levels of PTSD and depression, and demoralization due to the traumatic impact of the war, violence, persecution, torture, and relocation. As the Hmong became more settled and assimilated, they experienced high levels of acculturation stress. Older adults developed more chronic levels of depression and anxiety, in addition to the ones they've developed pre-migration and during migration, as they lost control and status due to having no job skills and lacking English language and literacy skills— their roles shift as they had to rely on their children. Younger adults and children also experienced acute to chronic acculturation stressors, as they must deal with cultural identity issues, balancing conflicting cultural role changes and values, and facing racism/discrimination in schools. Some were forced to join gangs to protect themselves from bullying and discrimination.

In addition to acculturation stress, there is also growing research that indicate younger

generations of Hmong suffer from intergenerational trauma as a result of their parent's traumas. Intergenerational trauma is trauma passed down through generations in the form thoughts, behaviors, beliefs, and genes (due to the trauma leaving a chemical mark on a person's genes and altering the way genes can be expressed). Traumatic experiences can be transmitted physiologically, environmentally, and socially. For example, the Hmong parents who suffered war trauma, forced migration, racism/oppression, acculturation stress, ext. will exhibit various symptoms (such as detachment or inability to connect with others, lack of trust in others, poor emotional regulation, fear, unresolved grief) that can impact their children in many ways, including what parents teach/model for their children, how they seek help, where they choose to live, and the kinds of lifestyles they live.

The Hmong Outreach Center (HOC) continues to work on bouncing back from the impact of Covid, which has caused the HOC to experience barriers/challenges with engaging and retaining clients in direct mental health services. In FY 22/23, the HOC served 44 unduplicated clients and their families for direct mental health services (this was a slight increase from last year 41), 37 unduplicated youths and their families for outreach/prevention services, and 54 adults for outreach services.

Strategies that have been used and will continue to be used in engaging and retaining individuals in direct clinical services include:

- Staffing: The HOC continues to retain its bilingual staffing with 3 full time bilingual/bicultural staff. The HOC has been receiving additional support from a Hmong male staff from a Prevention Services to better serve the gender/cultural needs of the Hmong males in the program, since the previous Hmong male intervention counselor (also from a different program) retired the year prior.
- The HOC successfully continued and is working on increasing frequency of client group outing activities (as requested by community participants at CPPP focus group), where clients get to go out into the community to learn new skills, practice skills learned in groups, practice community engagement, and interact/interface with other non-Hmong community members to support wellness and recovery.
- The HOC continues the Hmong Center Garden to teach clients coping skills, engage clients, and support wellness and recovery.
- The HOC continues to employ cultural activities and activities familiar to the Hmong population to continue to engage them in treatment, such as gardening, sewing, crafting, Hmong poetry and cooking.
- The HOC continues to eliminate transportation barriers by providing transportation to/from the Center for group services. HOC is also along the bus route and has a bus stop nearby for those who uses public transportation.
- The HOC continues client connection + collaboration with clients from

Hmong Cultural Center in Oroville, CA to continue to reduce mental health stigma.

- Ongoing Virtual/telehealth services on Wednesdays as an option for those who need it and cannot make it in person, to increase accessibility.

Strategies to target reducing stigma and outreach efforts include:

- Ongoing dissemination of information through Hmong Center Facebook Page and IMPACT Youth Facebook Page.
- Ongoing collaboration with outside agencies to bring in resources/activities that are not directly related to mental health services, so the HOC is not just known to the Hmong community as "the place you go to for mental health."
- FY22/23, the HOC continues collaboration with Hmong American Association (HAA) and Hmong Cultural Center (HCC) to exchange ideas and offer activities/services that may be less stigmatizing to help the community feel more comfortable to seek out services.
- 10/19/2022: The HOC collaborated with John O'Connor, Managing Director with HMA Community Strategies, a CA Community Response Team funded through an initiative by DHCS, to provide education on opioid overdose, naloxone, and naloxone distribution to Hmong community.
- 11/10/22: The HOC collaborated with Yuba County Public Health to host/facilitate a focus group for the Hmong community for the Community Health Assessment.
- 11/18/22: The HOC collaborated with Olivehurst Elementary School to enhance cultural awareness by having HOC IMPACT Youth participants showcase their Hmong dance skills at their Culture Day Event. HOC coordinated an outreach event at this school but was postponed due to new principal at the school.
- 3/31/23: The HOC met with met with Program Coordinator Johnny Yang for collaboration with UC Agriculture and Natural Resources & UC Master Gardener and Master Food Preservers Program to further support HOC garden and services.
- 4/6/23: The HOC collaborated with Sutter Co Public Health for their Cultural Celebration Health Fair, where IMPACT Youth Program participants showcased their Hmong cultural dance skills they learned and HOC disseminated information to the public about HOC services.
- 6/7/23: The HOC collaborated with MJUSD to host a "meet and greet" dinner where the Hmong community was invited to meet HOC staff, learn about HOC services, meet MJUSD Superintendent & learned how to increase engagement in school activities.
- FY22/23, The HOC continues to host weekly Hmong Cultural Dance Class for Hmong youths ages 5-12 and Hmong language/culture class through the IMPACT Youth program on Wednesday evenings. The HOC continued extension of its Wednesday hours until 7pm to accommodate the program.

The Hmong Community Program Planning Process (CPPP) sessions are always well attended, and the Hmong community articulate what they need and want from the Hmong Outreach Center. The array of services and times of service delivery have been in direct result to this input. This includes providing and assisting with a full range of traditional mental health services and providing culturally appropriate services and groups. Traditional services provided and linkage provided to, include, medication evaluation/support for mental health conditions, housing assistance, counseling, and education on nutrition. Culturally appropriate services include natural healer's spiritual leaders, gardening, and cooking. The Hmong Outreach Center continues to broaden its access by remaining open until 6:00 PM Mondays, Tues, and Thurs weekly and until 7pm Wednesdays and offering flexible hours to provide resource navigation to the public, which allow the community to come in for help with accessing services throughout the entire public system to help them get and stay connected for all their needs which help reduce contributing factors to poor mental health conditions.

The Hmong Center continues to be in an area where most of the Hmong population resides and is also located along the bus route, increasing accessibility to those who might have transportation issues. In addition, the HOC program provides transportation to those to need it to increase accessibility. To further engage and reach out to the Hmong community, the HOC aims to reduce mental health stigma and increase engagement with the Hmong community by implementing culturally responsive pilot projects, going out into the community to provide education & outreach when there are events that the Hmong community attends, hosting outreach events and cultural activities, and collaborating with other organizations serving the Hmong population.

In last years Hmong Outreach Center CPPP session 8/23/22, it was requested that groups be extended longer than 2 hours because participants felt increased mental health benefits being amongst others. The HOC addressed this by extending group hours on Tues from 10-12pm to 9-1pm, as an option for those who wanted this option. The HOC also purchased 2 step stools for the HOC vans to help clients with mobility issues get into the van in response to request to have "lower vans" since many clients get transported to services. The HOC continues to provide group outings into the community to support client wellness and recovery and is working on increasing frequency + funding for lunch as requested by consumers at the CPPP. Participants of CCCP session also requested snacks for groups—HOC has started providing snacks during groups July 2023.

In the HOC 8/23/22 CPPP focus group session, there was also mention of desire for supportive services for children to prevent negative outcomes, with participants also recognizing the challenge of *"sometimes when the person who is having the problem chooses not to seek services, that is where the big gap is. There's nothing you can do in those circumstances."* HOC continues to collaborate with HAA to implement IMPACT Youth activities, which are less stigmatizing than direct mental health services, and is designed to improve protective factors that prevent negative outcomes. IMPACT Youth activities aims to increase social connectedness, which numerous research has shown is one of the key social determinants of

health. When people are socially connected, they are more likely to make healthy choices and better able to cope with stress, trauma, adversity, anxiety, and depression. Activities of IMPACT Youth also aims to increase participant awareness and understanding of being Hmong. Research has shown that knowing one's identity accurately increases self-esteem and reduces depression and anxiety. When people are doing what they think they should be doing, they are happy. When people misrepresent themselves or present themselves in out-of-character ways to impress an audience, the behavior is unnatural and exhausting. IMPACT Youth activities also aims to increase self-esteem, which is how a person feels about themselves and often affect their choices and what they do. Numerous research have linked low self-esteem to mental health issues and poor quality-of-life. Impact Youth activities aims to improve participant's self-esteem to reduce risks of mental health illness and negative outcomes.

The Hmong community continues to be a difficult to reach community due to the factors mentioned above, however the HOC has been able to steadily engage and retain people in direct mental health services with the strategies mentioned above. The fact that there has been a steady amount of people who exit and enter the program (vs. no one joining the program as others recover and exit) shows that there are some awareness and people are seeking services. The following are some comments made by participants at the last MHSA stakeholder meeting that speaks to the impact of the services provided by the HOC:

"I was once homeless and used county services. I have received excellent care here with the staff and the men's groups. I have seen that the longevity has increased by attending groups."

"I have almost been here the longest. The outings help mental health, and more outings will be helpful."

"Being out as part of the program there is no funding for snacks and water. We don't get full at home. Can MHSA fund our snacks and water? We have a better appetite when we are together. The programs and work help with depression a lot."

"Outings are very important and for a lot of people it helps with our mental wellness, it helps our group...."

In addition to the above, pre and post surveys measuring cultural connectedness of IMPACT Youth participants and parents also show a positive impact of the activities on participants and parents. IMPACT Youth/Hmong Cultural Dance Class desired outcomes include participants and parent's reports of their child's increased social connectedness, improved understanding of one's culture/identity, and increased connectedness with parents. Increasing these protective factors will increase resiliency and reduce negative mental health outcomes, such as reducing suicide risks and school failure/drop out. Having cultural activities at the Hmong Outreach Center that are not linked directly to mental health also helps to reduce mental health stigma of attached to Hmong Outreach Center and allow those who engage in the activities to be more connected to the center/staff and aware of the direct behavioral health services provided by the center.

HOC pre and post surveys of parents and participants for IMPACT Hmong Language and Cultural Dance Class to assess parents' and participants' perception of the following:

- Being able to identify and being satisfied with being "Hmong"—Cultural identity
- Being comfortable with people outside family members—Social connectedness
- Having friends – Social connectedness
- Feeling comfortable and having close relationships with parents – social connectedness
- Feeling happy – self esteem
- Feeling proud – self esteem

Overall comparison of pre and post survey of child participants and parents indicate positive impact for both parents and children. For the child participant survey, 86% of those who completed a pre and post survey reported an improvement in at least one area assessed. For the parent survey, 100% of those who completed pre & post survey reported seeing improvement in their child on one or more areas assessed. In addition, the following were comments from parents in response to open question "Do you feel your child benefited from attending Hmong dance/cultural and language classes? YES/NO; please explain:"

- *"Yes, she is slowly trying to speak Hmong at home"*
- *"Yes, she gets extra time with other Hmong people and engaging in Hmong related activities outside of her home"*
- *"Yes, she has learned new Hmong words. Enjoys able to show her cousins Hmong dances"*
- *"Yes, even though it was very short; I'm glad she learned to Hmong dance and a couple of Hmong language classes"*
- *"Yes, cause she has learned more on how to move her hands during Hmong dance"*

When asked for suggestions on improvements, parents have the following comments/feedback:

- *"Everything is great"*
- *"You are all doing an amazing job. Thank you for having this program for our kids"*
- *"Don't know at this time"*
- *"Learn more about Hmong"*
- *"Everything is good"*

Latinx American (provided by Geisha Lopez-Leon of the SYBH Latino Outreach Center)

It is important to recognize that the characteristics of the Hispanic/Latino/x/Chicanx population can be very complex, and it varies as it is an extremely diverse group from Latin America. It is significant to note that to better identify some of the unique characteristics of this population, it is imperial to first understand some key factors, such as their country of origin, ancestry background, immigrant generation/US-born generation, and geographic location among other elements. Considering some of these factors, can best help service providers better understand the unique needs and experiences of the Hispanic/ Latino/x/ Chicanx community we are working with.

A unique characteristic of the Latino/x population is the emphasis on La Familia or better known as Familiarismo which is a value that focuses on the importance of family or having strong family relationships. In the Latino culture, there is a strong sense of respect, especially for elders or authority figures, closeness, and the willingness to take care of one another in the family. Another unique characteristic of this population is the importance of culture and traditions, and depending on the country of origin, there are many customs and traditions that take place: Quinceañeras are big celebrations of a girl's 15th birthday that represents the passage from girlhood to womanhood, Día de los Muertos is celebrated on November 1st and 2nd, and on the 1st, the celebration is dedicated to the children known as "Angelitos" and the 2nd to the adults—it is colorful and festive filled with food and music to celebrate the deceased's life, Catholicism is among the largest religion practiced within Latinos/x, and music such as Mariachi or the celebration of birthdays with the traditional birthday song, Las Mañanitas with traditional food dishes and piñatas filled with various types of candies and/or food are widely practiced customs, Sports such as soccer or better known as Fútbol is one of the biggest forms of cultural expression in the Latino/x community and all of these characteristics play an immense role.

The Hispanic/Latino/x population makes up the second largest ethnic group in Sutter-Yuba counties based on the 2020 population report from, Data USA. A substantial challenge the Hispanic/Latino/x population faces in the Sutter-Yuba region is the lack of bilingual service providers, specifically in mental health or SUDS services. They're a very limited resources and/or providers that are culturally and linguistically available to provide needed services. Additionally, there is still a lot of misinformation, stereotypes, and stigma in the Hispanic/Latino/x population, and when a Hispanic/Latino/x person finally makes the difficult decision to seek help/services and they are not felt understood/valued as a Hispanic/Latino/x person, they are likely to disengage and discontinue treatment and/or services. It is important to note that a large portion of the Hispanic/Latino/x population works in agricultural, seasonal farm labor jobs working long hours per day; therefore, it is sometimes challenging for this population to seek or attend to services during normal business hours. Also, the Covid-19 Pandemic has been especially challenging for many Hispanics/Latinos/x for many reasons, but some of these reasons are the economic and educational inequalities, the language barrier to fully understand key information, and know where and how to obtain resources such as food, preventative medical assistance, and monetary help. In children, parents had difficulty

navigating and understanding the school system, and many children were unable to get their needs met. All these challenges among others increased uncertainty, fear, and worry feelings and there has been an increase of Hispanic/Latino/x people seeking mental health services with presenting symptoms of anxiety and depression, especially in children.

The Latino Outreach Center provides individual, group and family therapy services to support and reduce both ethnic and cultural disparities within the Latino/x population in the Sutter-Yuba counties. The Latino Outreach Center serves both children and adults, and the services provided are both culturally and linguistically appropriate by providing services in Spanish and English and incorporating both evidence-based and culturally sensitive approaches that focus on adhering to their cultural values, preferred language, and traditions to increase engagement and successful completion of treatment. For the year 22-23, the center incorporated evidence-based interventions such as but not limited to Cognitive Behavioral Therapy (CBT), Strengths-Based Approach, Eye Movement Desensitization and Reprocessing (EMDR), Solution focused, Family Therapy, Play Therapy, Holistic Approaches, Parent Training (Nurture Heart Approach) and Group Interventions (emotional, social, and independent living skills) in our individual, family and group therapy services. Additionally, groups specific to client's cultural needs were provided to help address some of the acculturation gaps by providing parent support groups; e.g., a group titled, Ni de aqui, ni de alla, that translates to neither here nor there which is a name from a widely known Hispanic film that has Maria Elena Velasco AKA as "La India Maria" a well-known actor in the Latino/x community as the protagonist, and this film illustrates some of the struggles of an undocumented immigrant in Los Angeles to best support our client's relate, feel seen and validated. In addition, the purpose of these groups at the center are to help the parents of our clients and client's themselves have a safe space to share their experiences and learn how to navigate differences in cultural values, discuss and address some of the acculturation and assimilation struggles they face in a culture different than their own and how this may impact their parenting styles and relationship with their children as well as learn tools to help navigate issues with acculturation and help foster positive relationships with their children. The center also incorporated culturally appropriate events and activities such as the celebration of Día de Los Muertos (Day of the Dead) to best help our client's increase a sense of belonging and understanding of cultural practices to increase engagement and participation in services. The center also provided other services such a case management support to help them navigate and connect with appropriate outside resources such as but not limited to employment, welfare, IHSS, housing and medical assistance. Transportation is offered to our clients to best help address barriers with low-income families that struggle with means of transportation to attend to and from our services. The program has additionally increased the number of groups provided at the center compared to prior year due to challenges with being understaffed and Covid-19, groups were very limited. Some of the major challenges the program faced to provide services to our unserved and underserved Latino/x population has been the lack of staff available at the center. The center has a total of three mental health therapists and two mental health workers; however, for the year 22-23, we had a mental health therapist out on leave and a vacant mental health worker position. Shortages in staffing caused the center to have a wait list for mental health services and this impacted the center's ability to increase outreach opportunities to continue to inform our community about our services and

provide needed mental health services in a timely manner as well as limited the number of groups that were able to be provided.

Feedback received from the CPPP meeting was to incorporate more outreach in the community. The center collaborated with Sutter County's public health clinic for an outreach opportunity (Cultural Health Celebration) to inform our community of the type of services The Latino Outreach Center provides and how to access our services. Additionally, we have collaborated with our local community grade-level schools (Yuba City High School, River Valley High School, Winship-Robbins Elementary and Yuba Gardens Middle School, Ella Elementary School, etc.) and Sutter County Probation Department by informing them and providing education of the services the center provides and how to access them with an effort to reduce mental health disparities in our Latino/x community and support increase overall clients served. Feedback from the CPPP also requested increased in groups in Spanish. The center provides all services Spanish and/or English based on the preference of the client/s to best support their cultural and linguistic needs. The Latino Outreach Center also collaborated with local universities such as California State University, Chico, and Umass University to implement interns at our center to provide additional support providing groups at the center and other needed mental health services such as assessments, rehab services, collateral support, and case management. In addition, groups that have been provided at the center are both focused on addressing mental health issues such as depression and anxiety, teaching coping skills and independent living skills as well as providing specific cultural groups to help address acculturation struggles to support met feedback provided from CPPP.

Notable community impact for The Latino Outreach Center has been the positive feedback obtained by our clients regarding the efficacy of the services provided. For example, clients made comments such as, "my daughter has been doing much better now" and "therapy has been very helpful" after accessing the center's mental health services. Often, in the Latino/x population, they are more likely to seek services if they are being "recommended" by someone they trust or know in their community such as a friend, relative or any other familiar and safe person for them; The Latino Outreach Center continues to receive referrals from the community such as schools, local clinics and by word of mouth or knowing someone who received our services in the past and this has created the center to have a wait list for services but demonstrates the need to provide these services to the Latino/x community in Sutter-Yuba counties.

SYBH – Youth For Change Peer Support Program, provided by Don Morrison Peer Support Supervisor

Adult Branch

Wellness and Recovery is an adult outpatient program providing educational, skill-building and wellness-enhancing support to a population of area residents referred to the program by SYBH therapists and counselors. W & R's staff of Peer Support Specialists offers a variety of weekly support groups in the 1965 Live Oak Blvd location as well as regional outings and holiday and

other occasion events.

The focus of W & R staff's choices of outings is cultural education and enrichment, with trips planned for, among others, the Chinese Temple and Museum in Oroville and the State Indian Museum in Sacramento.

We also have a Peer Support Specialist in HEART, the Homeless Engagement and Resolution Team.

The W & R supervisor assigns all of these staff culture-oriented training modules in our Learning Management System, adding new courses as they become available. Some of the course titles include:

- Influence of Culture on Care in Behavioral Health for Paraprofessionals
- Understanding and Minimizing Bias for Paraprofessionals
- A Culture-Centered Approach to Recovery
- DEI: An Introduction to Multicultural Care

Children's Branch

In the Children's System of Care, or CSOC program, we have a Parent Partner who assists and supports parents, caregivers, and family members of children receiving behavioral health services.

TAY is the Transitional-Age Youth program in which we have 2 Peer Support Specialists assisting and supporting youth between the ages of 16 and 25.

The supervisor assigns culturally oriented training modules in Relias, our LMS, to this staff as well, including some of the same courses plus others that focus on particular roles.

Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Two-Spirit people (LGBTQIA2S+) (provided by Ameya of Tri-County Diversity)

Tri-County Diversity is a 2SLGBTQIA+ organization run by and for Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual people with the mission of "Uniting Our Community" by providing information, resources, peer support, and social events to 2SLGBTQIA+ individuals in the Yuba-Sutter-Colusa area in Northern California in an effort to decrease behavioral health and substance abuse in the community. TCD also provides information and education to community schools, organizations, and businesses to promote GSRM (Gender, Sexual, Romantic Minority) culture and needs, with the goal of increasing acceptance, inclusion and allyship through outreach, community events, and presentations.

The TCD information and resource center at 201 D Street Suite L in Marysville, California serves as a social hub for programs and events held by TCD. There are a variety of information and resources for 2SLGBTQIA+ individuals, family and friends, and all community members. Trained volunteers provide resources and referrals to local behavioral health services, businesses, and organizations who are GSRM affirming and inclusive. Tri-County Diversity provides resources, referrals and support via the main hotline program and a separate dedicated text / phone hotline for youth ages 12-18. Support and outreach is also actively available via various social media platforms and email.

The TCD Center also includes an art gallery showcasing artwork by GSRM individuals and allies to promote local artists' work and provide a connection to common themes faced by GSRM individuals, also encouraging artistic expression as a healing outlet for all members.

TCD's OUT at the Movies Series is a monthly event showcasing queer themed films for community outreach and education while providing 2SLGBTQIA+ visibility and insight on historical and cultural perspectives in the greater queer community.

The QBIPOC Support Social for Queer Black, Indigenous, and People of Color. This 18+ support group meets once a month to build friendships and share life experiences in a safe space. This group focuses on the intersectionality between race & sexuality, gender, and gender identity. A group activity concludes each meeting (crafting, reflecting, sharing, gaming, etc) to decompress, build coping tools, and provide social interactions while building a sense of community.

Young Adults Program for ages 18-32, TCD Young Adults program was created by and for 2SLGBTQIA+ young adults. TCD YAs provides 2SLGBTQIA+ young adults in the community the opportunity to enhance leadership skills, provide & receive peer support, share coping tools, resilience, and self - esteem while socializing in welcoming affirming spaces. TCD YAs meets once a month for peer support and once quarterly for a social activity planned and organized by members, with long term goals to increase events as well as provide a mentorship program for TCD YOUTH!

TCD YOUTH! Group for ages 12-18 provides 2SLGBTQIA+ youth and allies ages 12-18 with a safe outlet to practice leadership and adult living skills, provide & receive peer support, learn about historical and current queer culture and affirming topics, educate on coping skills, building resiliency, and positive self-esteem while participating fun social events & activities in a safe and welcoming environment. The YOUTH! Program hosts two peer support socials a month in addition to a virtual meeting each month which provides greater outreach to youth who may face barriers to attending in-person meetings. YOUTH! hosts one monthly event planned and organized by members during peer support meetings to enhance adult living skills. Monthly events are held both at the TCD Center and other community venues to provide YOUTH! Members with exposure to new experiences and community resources that have been confirmed to be safe, affirming, and inclusive venues. The TCD YOUTH! Program facilitators also

engage within the schools to advise and support GSA Clubs (Gender Sexuality Alliance) in local schools.

Other one-time events held by TCD provide opportunities for organic peer support and socialization opportunities while building community for adult members. These events often coincide with important cultural days for 2SLGBTQIA+ community or are stand-in events for typical holiday events that may increase behavioral health risks and concerns. Events held this year include Bullet Journaling 101, Pride Open House, Coming Out for Art Exhibit, Transgender Day of Remembrance Memorial Service, Friendsgiving, and Annual Holiday Party. Tri-County Diversity hosts the Annual TCD Pride In The Park, a large-scale community event with vendor and resource booths and an open-mic stage to increase visibility, provide outreach, resources, information, and education, and encourage social engagement in the community.

Presentations provided by TCD include

TCD Representation - Tri-County Diversity Representatives can be available for your custom presentation needs. We are available to support, motivate, and advise local school GSRM clubs, sit on a Q&A panel, attend your event with an information table and / or sales booth, and more based on your individual needs.

Intro To Tri-County Diversity - For Intro to Tri-County Diversity, our presenters will introduce a short history of our organization. We will share information regarding the services, regular programming, and upcoming events we offer to the community. We will discuss how our programs and center can be of service to your business or organization to create an inclusive affirming environment.

How to be an Ally - This presentation can be tailored to fit the audience and venue. How To Be An Ally includes basic information on how to be a better ally at home, school, and the workplace to 2SLGBTQIA+ / Gender Non-Conforming friends, family, customers, clients / patients, and coworkers.

2SLGBTQIA+ 101 - This presentation includes a primer of GSRM culture, including definitions frequently used in the community. We will discuss Sexual Orientation and Gender Identities and break down the differences between them. Issues such as use of pronouns, coming out, and creating safe spaces will be outlined in detail.

Dimensions of Gender - This presentation is focused specifically on understanding the concepts of gender and gender identity. We will explore basic definitions associated with gender, gender identities, and cultural issues associated with gender, and gender inclusiveness.

This Year, TCD held a total of 133 meetings / events with a combined total attendance of 1197. Of those served, 28% identify as Two-Spirit, Transgender or Nonbinary / Gender Nonconforming and 80% identify as Lesbian, Gay, Bisexual, Pansexual, Queer +.

TCD has had a total of 360 additional contacts via the hotlines, e-mail, social media, and drop-ins during open office hours. TCD has provided a total of 62 referrals to Sutter Yuba Behavioral Health for additional services this year.

Barriers faced by 2SLGBTQIA+ individuals in the community include access to services in the case of unaccepting family members, friends, and members of the community as a whole - especially for those who are under the age of 18 or financially and or resource dependent upon non accepting family and friends. Unacceptance in the workplace, places of business, spiritual / religious community resources, and larger community as a whole is another large barrier, including use of the hotline and online services for those who wish not to disclose their GSRM identity. Transportation for individuals seeking in-person services has been a large barrier for many in the community, especially those in the age range from 12-25.

MEDI-CAL Population Service Needs

SYBH reviews and analyzes the penetration rates presented in the EQRO final report. The most current EQRO data the SYBH has obtained is from the Calendar Year 2021. The following information provides details on Medi-Cal Eligible, and beneficiaries served by race/ethnicity age and threshold language.

The statistics in Table 2.5 below reflects the penetration rates based on Race and Ethnicity and compares Sutter Yuba penetration rates to the State penetration rates.

Table 2.5 Penetration Rate of Beneficiaries Served by Race/Ethnicity CY 2021

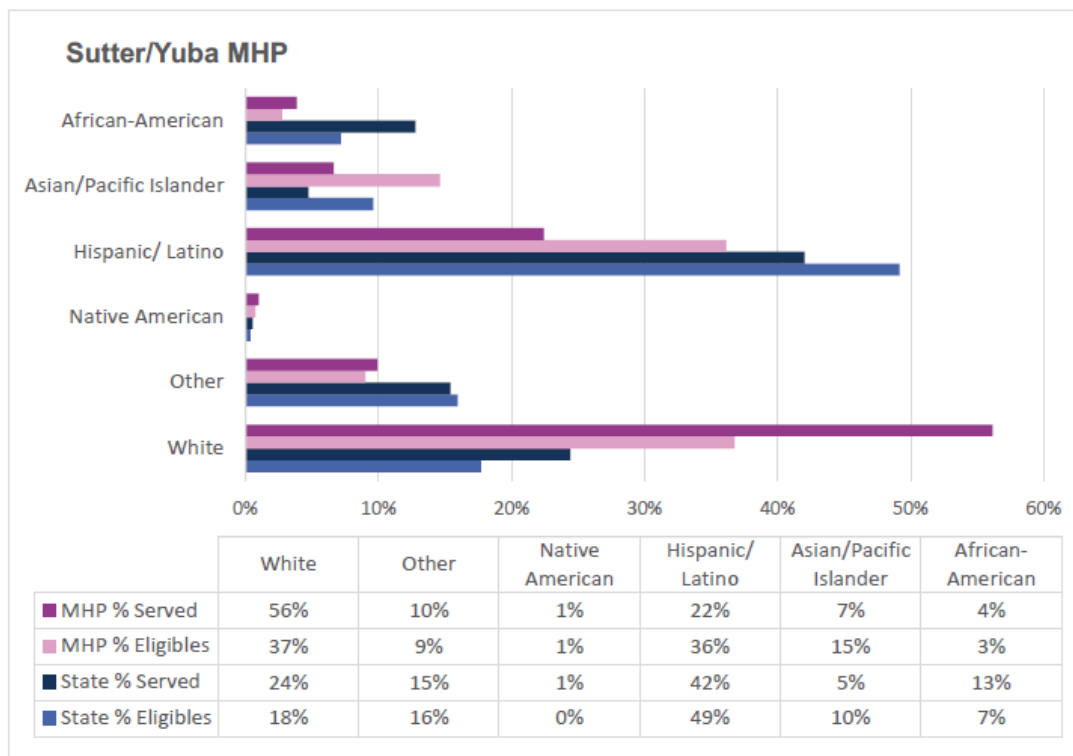
Sutter/Yuba MHP				
Race/Ethnicity	Annual Eligibles	Beneficiaries Served	PR MHP	PR State
White	29,380	1,706	5.81%	5.32%
Latino/Hispanic	28,871	681	2.36%	3.29%
African American	2,204	117	5.31%	6.83%
Asian/Pacific Islander	11,690	202	1.73%	1.90%
Native American	588	30	5.10%	5.58%
Other	7,188	302	4.20%	3.72%
Total	79,921	3,038	24.51%	26.64%

The race/ethnicity results in Table 2.5 can be interpreted to determine how readily the listed race/ethnicity subgroups access SMHS through SYBH. If they all had similar patterns, the expectation would be that the proportions they constitute in the population of eligible to match the proportions they constitute of total beneficiaries served.

SYBH’s penetration rates for African American, Asian/Pacific Islander (API), Hispanic/Latino, and Native American populations are all lower than the statewide penetration rate. Among all the race/ethnic group, the penetration rate for API is the lowest for both SYBH and statewide.

Table 2.6 below provides a picture of the overall Medi-Cal beneficiary population and the percentage of that population receiving services from SYBH.

Table 2.6: Race/Ethnicity for SYBH compared to State CY2021



The largest race/ethnicity served by SYBH is White, followed by Hispanic/Latino. Although the Hispanic/Latino population is 22% of the population served, they represent 36.12% of the eligible population. While Hispanic/Latino beneficiaries are underrepresented, White beneficiaries tend to be overrepresented. The White population served by SYBH is notably higher than the statewide percentage. Some of this variance may be due to the White population being a higher population of Eligibles than is seen statewide.

The statistics in Table 2.7 below reflects the penetration rates based on Age and compares Sutter Yuba penetration rates to the statewide penetration rates as well as similar sized counties.

Table 2.7 County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Age, CY 2021

Sutter/Yuba MHP					
Age Groups	Annual Eligibles	# of Beneficiaries Served	Penetration Rate	Similar Size Counties Penetration Rate	Statewide Penetration Rate
Ages 0-5	9,409	40	0.43%	1.03%	1.59%
Ages 6-17	19,927	783	3.93%	5.00%	5.20%
Ages 18-20	4,152	157	3.78%	4.29%	4.02%
Ages 21-64	39,334	1,884	4.79%	4.15%	4.07%
Ages 65+	7,100	174	2.45%	2.09%	1.77%
Total	79,919	3,038	3.80%	3.83%	3.85%

Overall SYBH penetration rates by age are closely aligned with those of similar sized counties and the statewide average, although slightly lower for age groups 0-5, 6-17 and 18-20.

The penetration rates for the 21-64 and 65+ age groups are higher than the similar sized counties and the statewide penetration rate and the penetration rates for beneficiaries 0-20 are lower.

Table 2.8 below shows the number of Medi-Cal Beneficiaries who are served by SYBH who speak the threshold language of Spanish.

Table 2.8 Threshold Language of Medi-Cal Beneficiaries Served in CY 2021

Sutter/Yuba MHP		
Threshold Language	Unduplicated Annual Count of Beneficiaries Served by SYBH	Percentage of Medi-Cal Beneficiaries Served by the SYBH
Spanish	194	6.66%
Threshold language source: Open Data per BHIN 20-070		

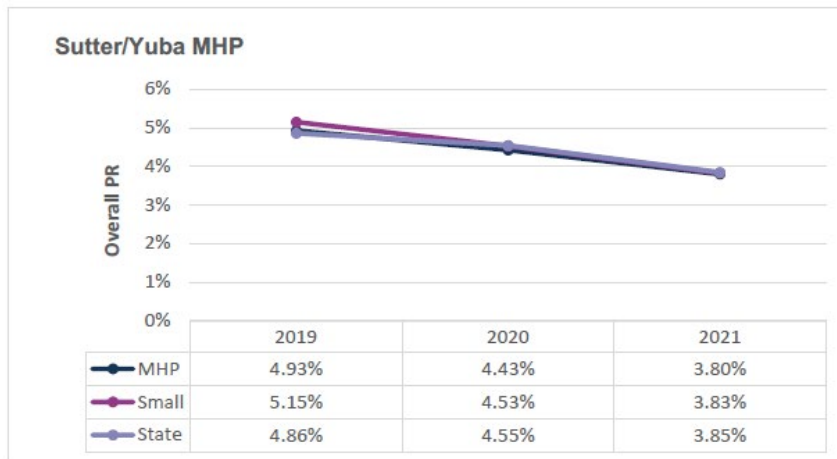
SYBH’s threshold language is Spanish with only 6.6% of those served utilizing the threshold language is a decrease from 7.2% in CY 2020, there is room for improvement to ensure the Spanish speaking population in Sutter and Yuba Counties has the same ability and knowledge to access the care they need, as their English-speaking counterparts.

Penetration Rates

Tables 2.9 through 2.12 highlight three-year trends for penetration rates served by SYBH as well as the following three populations with historically low penetration rates: Foster Care, Latino/Hispanic, and API beneficiaries.

Table 2.9 shows that while the overall beneficiary population is increasing, from 73,653 in 2019 to 79,919 in 2021, the MHP’s penetration rate is decreasing, and has decreased each year over the last three years.

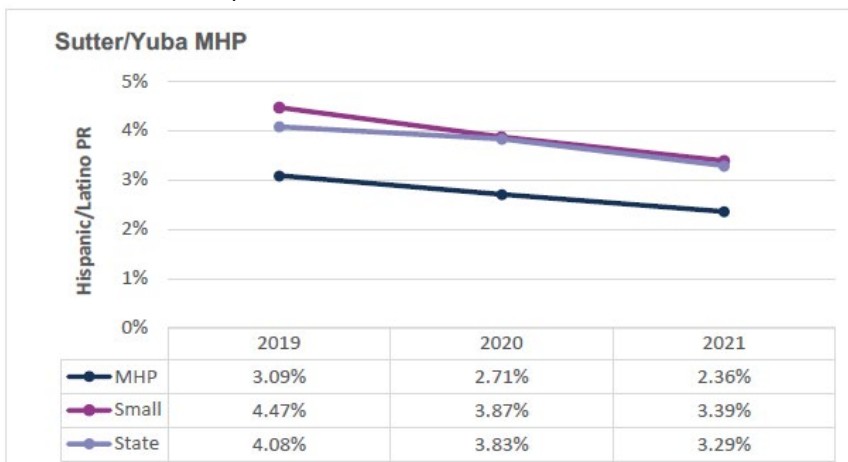
Table 2.9 Overall Penetration Rates CY 2019-2022



The penetration rates of SYBH, small counties and statewide are closely aligned and are all trending down.

Table 2.10 below shows that the Hispanic/Latino penetration rate has decreased over the last three years.

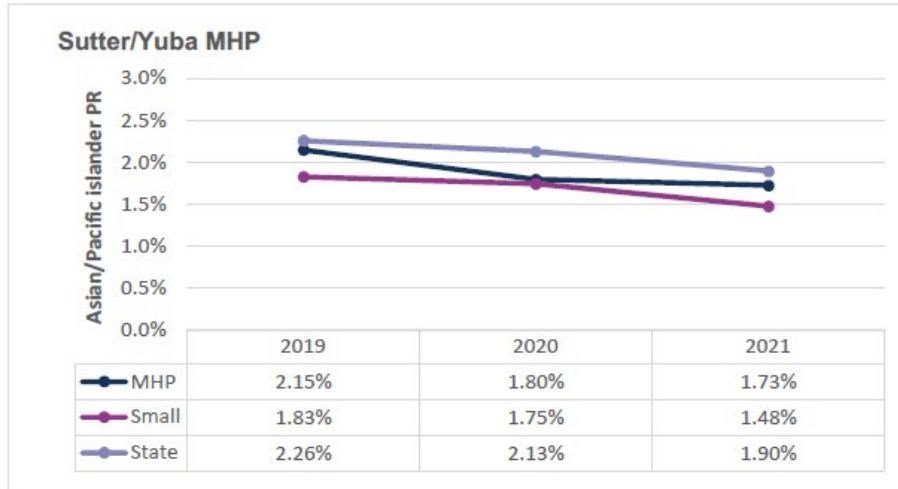
Table 2.10 Latino/Hispanic Penetration Rates CY 2019-2021



SYBH’s penetration rates for the Hispanic/Latino populations have consistently been lower than other small counties and statewide totals.

In table 2.11 below the Asian Pacific Islander penetration rate has been trending downward over the three years represented in the table.

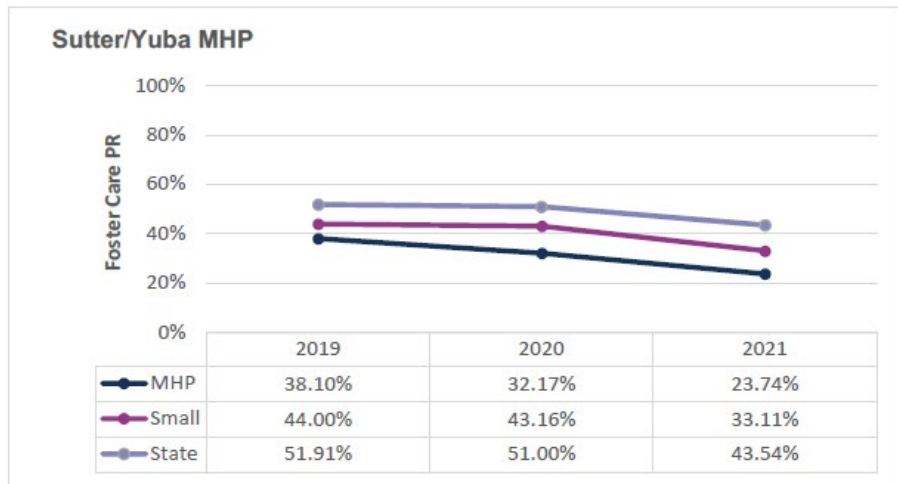
Table 2.11 Asian/Pacific Islander Penetration Rates CY 2019-2021



In 2021 SYBH’s total was greater than the small counties total and slightly lower than the statewide total.

The foster care penetration rate reflects a downward trend in all sectors for the three years represented in table 2.12 below.

Table 2.12 Foster Care Penetration Rates CY 2019-2021



SYBH consistently over the three years has the lowest penetration rates of other small counties and statewide.

Impact of findings

Penetration rates indicate the need for additional outreach efforts to those communities who appear to have less access to care, including Latino/Hispanic and API and foster care youth. It would also be prudent to determine why the penetration rates are low and continue to decline. SYBH will need determine possible barriers to care that affect the Latino/Hispanic, API, and foster care youth populations.

200% of Poverty (Minus Medi-Cal population and service needs)

Yuba County is considered a low-income county. Approximately 15.6 percent of persons in Yuba County meet or fall below the federal poverty line, compared to 12.2 percent of the State of CA (US Census Bureau 2022). Sutter County has approximately 15.5 percent of persons who meet or fall below the federal poverty line, compared to the National average of 11.5 percent. The lower-socio-economic status of many of the Yuba Sutter counties residents is often generational and many families are burdened with other social and economic problems that appear at higher rates in lower-income households: unemployment, financial instability, food insecurity, mental health issues, and substance abuse and dependence. Yuba County's current unemployment rate is 6.1% in October 2023 and Sutter Counties' unemployment rate is 6.4% both higher than the State average of 4.8% (Bureau of Labor Statistics).

Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

Target populations with disparities identified in Medi-Cal and all MHSAs components

Sutter-Yuba Behavioral Health (SYBH) is dedicated to an integrated service model for clients and families with a focus on unserved, underserved, and inappropriately served populations. The Community Services and Supports programs provide a wide array of client and family-driven mental health services and systems. Community Services and Supports (CSS) focus on community collaboration, cultural competence, wellness, recovery, and resilience.

In CY 2022, SYBH served 4,519 unique individuals: approximately 2.47% of the population of both Sutter and Yuba counties for this fiscal year. Per the National Institute of Mental Health (NIMH), the 2019 prevalence rate for individuals estimated to live with severe and persistent behavioral health conditions is 5.5 %. For the population of Sutter and Yuba counties, this percentage is equivalent to 10,054 individuals. With the increasing need for services that offer a higher level of care, there has been a shift to move more resources to higher levels of treatment such as full-service partnerships.

Of the individuals seen by SYBH in CY 2022, 53.7% identified as female, 46.2 % as male, and less than 1% as other or not reported. Additionally, 59.9% identified as White, 25.2 % Latino, 4.6 % African American, 6.1% Asian/Pacific Islander, 1.1% Native American/Alaskan Native, 5.3% identifying as two or more ethnicities, 13.9% as other, and 9.6 % reporting as unknown.

Process and rationale SYBH used to identify and target the population with disparities in the PEI population

SYBH's Community Program Planning Process is constantly evolving to include the most relevant feedback from stakeholders and consumers. A deputy branch director serves as the MHSAs Coordinator which has helped maintain and strengthen the communication between management and stakeholders in planning and review of MHSAs programs.

The Community Program Planning Process is led by the Steering Committee, which is comprised of various stakeholders throughout the community, including consumers, SYBH staff members, education personnel, law enforcement officials, and representatives from local agencies and community organizations.

The Program Development Team is utilized to provide ongoing input for the MHSAs program and planning. This group is made up of SYBH administration, program managers, and supervisors. The role of this committee is to understand MHSAs, what services are provided, and to identify gaps in services and needs of the Sutter-Yuba community regarding behavioral health.

The Program Planning process utilizes planning sessions, stakeholder forums or focus groups, and online surveys. The forums were held in English, English and Hmong, and English and Spanish. Common themes collected from the participants were that the community valued and

thought having accessibility, navigation, outreach, and education were the most important. Some of the improvements that participants would like to see that relate to disparities were more providers and programs for minority communities, access to care in non-traditional settings, and more inclusivity.

SYBH provides a wide array of programs through its CCS, WET, and PEI programs. Each program and activity are unique in its intended audience. Each program and activity utilize a different data collection and evaluation tool, unique to that program or activity. SYBH has been challenged in collecting demographic information from participants due to participants' concern over certain demographic questions and will discontinue the surveys or decline participation in activities.

SYBH does not currently have a process for identifying target populations with disparities in its CSS, WET or PEI programs and there were no disparities listed in the MHSA plan for those programs. The MHSA plan does not indicate strategies identified to reduce specific disparities within the Sutter and Yuba Counties.

Criterion 4: Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System

The county has a Cultural Competence Committee or other groups that address cultural issues and has participation from cultural groups, that are reflective of the community.

The SYBH Diversity, Equity, and Inclusion Committee (DEIC) is responsible for integrating within the SYBH Mental Health System. The DEIC is facilitated by the Quality Assurance Staff Analyst. The position has been filled since October 2022 and the DEIC meetings have resumed to meeting monthly and are working on a committee structure that would provide continuation and progression of not only the DEIC meetings but also the effort to complete, monitor, and measure the goals set by the committee. The DEIC provides updates and input to the Quality Improvement Committee. The Health and Human Services Director has made the DEIC a priority and has expanded the committee to include all branches of Sutter County HHS as well as encouraging participation from the Behavioral Health Director and all HHS Branch Directors. The DEIC is working on integrating the community by forming relationships with key community members that represent various cultural groups in the community.

The DEIC annually analyzes and identifies goals to ensure that disparities within the community are reduced and that there is equitable access to and availability of behavioral health services for all.

The following table provides the current goals and objectives of the DEIC.

Table 4.1 DEIC Goals and Objectives

Goal	Objectives	Strategies	Evaluation and/or outcome measure	Implementation update
1)To provide access to culturally and linguistically appropriate services in a timely manner for clients of the behavioral health system	<p>1a) Increase the number of educational materials in Punjabi and Hmong</p> <p>1b) Increase accessibility to translation services outside threshold and internal translation languages</p> <p>1c) Increase the number of test calls completed in a language other than English</p>	<p>1a) Develop guidelines for translation of educational materials 1a) Develop rotating schedule of translators</p> <p>1b) Develop guidelines to train staff on the availability of translation services and how to use them.</p> <p>1c) Implement new staff test calls 1c) Develop monthly test call rotation from PES and PHF staff</p>	<p>1a) Collect and log all educational materials developed in Punjabi and Hmong</p> <p>1b) Track and log staff who have completed the training 1b) Track and log usage of translation services 1b) Survey from clients and consumers</p> <p>1c) Collect Test Call forms and log.</p>	<p>1a) SYBH has not yet started this project.</p> <p>1b) SYBH has not yet started this project.</p> <p>1c) SYBH increased test calls made in a language other English from zero in FY21-22 to 5 in FY22-23. Two calls were made in Punjabi and three were made in the Threshold language of Spanish. SYBH developed a monthly call rotation using PES and PHF staff. The Test call data was analyzed and found that of the calls being made in a language other than English the Spanish calls were meeting the</p>

		1c) Develop Test Call training		requirements but not the calls made in Punjabi. It was also noted that no calls were made in Hmong a prominent language in the Yuba County community. SYBH has added staff from the Hmong outreach center to the rotation list for FY 23-24 to ensure that we are meeting access needs of our Hmong speaking population. A Test Call training was developed, and test callers are enrolled in the training prior to making the test call. PES staff are enrolled in the Test Call training annually.
	1d) Ensure 100% of the most recent versions of informing materials and other standard forms/templates are translated into threshold language	1d) Develop guidelines for translation of educational materials 1d) Develop rotating schedule of translators	1d) Analyze test call data and provide update to QIC	1d) Informing materials are regularly being translated into the threshold language. SYBH is working on developing a log for those materials to be logged and stored where they can be easily accessed. SYBH has a monthly rotating schedule of translators.
2) To prepare and sustain a workforce that fosters a work environment of inclusiveness and cultural humility through professional growth opportunities and equitable practices	2a) Increase the number of staffs participating in culture trainings 2b) Increase the # of staff participating in one hour or more of CC trainings 2c) Increase the number of staff participating in an Interpreters Training 2d) Increase the number of trainings offered that relate to the population served by SYBH 2e) Conduct an annual cultural diversity self-assessment for all SYBH staff and contractors	2a) Provide an annual client culture training 2b) Assign appropriate trainings to each staff member through Relias 2c) Provide a training on Working with Interpreters and/or Essential Skills for Interpreters 2d) Develop or acquire trainings that relate to populations served by SYBH 2d) Host the training or provide it through Relias 2e) Develop or acquire a Cultural Diversity Self-Assessment 2e) develop a timeline for survey administration. 2e) Collect surveys	2a) log all trainings provided and attendance 2b) Collect and log training hours for each staff member 2c) Collect and log trainings and attendance 2d) Develop a log of trainings offered each year and log participants 2e) Analyze data and share analysis with HR and SYBH leadership to help guide projects and activities that foster inclusivity, cultural humility, and equitable practices.	2a) SYBH logged a total of 293 hours of cultural competency trainings during FY 2022-23 to 267 staff members. 2b) 267 staff members had at least one hour of cultural competency training while 85 logged more than one hour. 2c) The Working with Interpreters training is in the process of being redesigned and will be offered during the FY 23-24 year. 2d) SYBH offered trainings on DEI: An Introduction to Multi-Cultural Care; Microaggressions in Health Care; Social Justice Informed Care; Impact of Racism and Trauma on Black Mental Health; Cultural Competence; How Culture Impacts Communication; Treating Mental Health in the Black Community-Ask the Experts; Introduction to Cultural Variations in Behavioral Health for Paraprofessionals; Cultural Responsiveness in Clinical Practice; Influence of Culture on Care in Behavioral Health Paraprofessionals; A Culture Centered Approach to Recovery; Working More Effectively with the LGBTQ+ Community; and Prevalence and Treatment of Substance Use Disorders in the LGBTQ+ Community; 2e) The DEIC is working on developing a self-assessment and plan on administering it in the Spring of 2024.
3)To use best practices and data informed strategies to proactively address the shifting demographics and cultural needs of the behavioral health system services area	3a) Monitor grievances and appeals by race/ethnicity and preferred language for trends and opportunities for improvement 3b) Increase Hispanic	3a) log all grievances and respond appropriately 3b) Complete one new	3a) monitor and analyze grievances and appeals by race/ethnicity and preferred language. 3b) Monitor	3a) Grievances and appeals are logged and monitored weekly. An analysis of grievances/appeals is completed quarterly and share with leadership at the Quarterly QIC meetings to determine trends and necessary improvement projects. There were not trends in grievances/appeals relating to race/ethnicity or preferred language. 3b) The penetration rate for CY 2021 is 2.36%, it remains low and continues to decline slightly. The

	penetration rate by 1%	outreach event to the Hispanic population	penetration rates monthly	<p>Latino outreach center and the PEI program continue to do outreach to the Latino community; however, the Latino Outreach Center has a waitlist and is unable to serve clients needing services within the timely access standards. The Center has a total of three mental health therapists and two mental health workers; however, for FY 22-23, one therapist was out on leave and there was a vacant mental health worker position. Shortages in staffing caused the center to have a waitlist for mental health services and impacted the center's ability to increase outreach opportunities. The Center recently had a therapist leave the organization severely impacting the Centers ability to serve the Latino community. The Latino Outreach Center has collaborated with local universities to implement interns at the center to provide additional support by providing groups and other mental health services.</p> <p>3c) SYBH has not yet started this project</p>
	3c) Utilize one new targeted approach for engagement and outreach responsive to the changing demographics within the Latino, Punjabi, and Hmong populations	3c) Identify one new data source addressing the demographics and cultural needs of SYBH clients 3c) Design and implement new strategy to engage Latino, Punjabi, or Hmong populations	3c) Monitor and analyze data from the new data source	
4. To deliver timely, culturally informed, trauma-informed, evidence-based services that meet behavioral health clients' needs.	<p>4a) Reduce stigma and promote access to underserved sub-populations.</p> <p>4b) Increase PEI program participation among Latino, Punjabi, and Hmong populations</p>	<p>4a) Conduct quarterly outreach events at SYBH cultural centers</p> <p>4b) Conduct 4 annual PEI outreach events at locations that reach the Latino, Punjabi, and Hmong populations.</p>	<p>4a) Analyze penetration data for Latino and Hmong populations</p> <p>4b) Collect demographic data from PEI programs and analyze</p>	<p>4a) Parent support groups and the "Ni de aqui, ni de alla", were offered at the Latino Outreach Center. The groups were designed to provide a safe space for members to share experiences and learn how to navigate the differences in cultural values. The Latino Outreach also provided a Dia de Los Muertos event to increase clients sense of belonging and understanding of cultural practices to increase engagement and participation in services. The Hmong Outreach Center utilizes the Hmong Center Facebook page and the IMPACT Youth Facebook page to disseminate information regarding the HOC services and educational information. The HOC collaborates with outside agencies to bring in resources/activities that are not directly related to mental health services to help reduce stigma by having the HOC be known for other activities and not as "the place you go for mental health". The HOC continues to host weekly Hmong Cultural Dance Classes and Hmong language/culture classes for Hmong youth.</p> <p>4b) PEI collects demographic data at a variety of trainings/groups and activities and has identified difficulties in collecting and analyzing the data due to many indicating "decline to state". The data that was collected shows that services are being received by Latino, Punjabi, and the Hmong populations.</p> <p>4b) PEI, the Latino Outreach Center and the Hmong Outreach Center participated in a Cultural Health Celebration at Public Health to provide outreach to the Latino, Hmong, and Punjabi populations. They LOC also provided education and outreach at 5 local schools and the Sutter County Probation department. The HOC provided outreach at a Culture Day event at a local school and collaborated with a local school district in a "Meet and Greet" dinner where the Hmong community was invited to meet HOC staff, learn about HOC services and meet school officials to increase engagement at school activities.</p>

	4c) Increase staff knowledge on trauma and ACES	4c) Provide annual trainings on Trauma and ACES	4c) Collect training attendance records and log in staff training spreadsheet	4c) This project has not yet started.
5) To measure and evaluate all practices to ensure effectiveness and timely modifications are for continuance quality improvement efforts.	5a) Ensure all intervention and strategies include evaluation and outcome measures 5b) Ensure that SYBH services are culturally and linguistically appropriate	5a) Review goals and objectives in CCC meeting to develop evaluation and outcome measures 5b) Annually conduct MediCal Beneficiary Satisfaction Survey	5a) Table of goals and objectives evaluations and outcome measurements 5b) Analyze satisfaction surveys and update goals and objectives as needed	5a) SYBH has developed a Quality committee that will be reviewing and evaluating tools and providing standard practices. 5b) SYBH participates in the annual Consumer Perception Survey. Data from the 2022 survey showed that 100% of families, 92% of youth, 80% of adults and 100% of older adults believe that they receive services that are culturally appropriate. 100% of consumers stated that they received services in their preferred written language.

Criterion 5: Culturally Competent Training Activities

The county system shall require all staff and stakeholders to receive annual cultural competence training.

SYBH is dedicated to providing education and trainings that are designed to ensure culturally and linguistically appropriate services. Because all staff will interact with clients representing different countries, or origins, acculturation levels, and social and economic standing it is imperative that all staff be required to receive annual cultural competence training.

SYBH offered the DEI: An Introduction to Multi-Cultural Care to all SYBH staff during Fy2-22-23. In addition to the DEI training SYBH offers free cultural competency trainings via the electronic training platform Relias that can be taken at any time. A tracking system has been developed to ensure that all staff are taking at least one hour of cultural competence training annually, either a live training or through Relias. The cultural competency training requirement is imbedded in the contracts with developed for SYBH contracted agencies and providers. The following is a list of trainings that are currently available through Relias:

- Nondiscrimination in Services (ADA Compliance)
- Treating Mental Health in the Black Community – Ask the Expert
- Effects of Racism on Mental Health
- Treating Mental Health in the Black Community
- Women in Leadership: Moving Beyond Gender Roles as a Leader
- Affirmative Action in the Workplace
- Working with Individuals Experiencing Homelessness
- Strategies for Gender Inclusive Interaction
- Strategies for Avoiding Assumptions about Sexual Orientation
- Culture Diversity and the Older Adult
- Social Determinants of Health: Education Access & Quality
- Diversity for Employees for Healthcare
- Interrupting Unconscious Bias for Supervisors in the Healthcare Industry
- Recognizing and Overcoming Unconscious Bias for All Employees and Supervisors in the Healthcare Industry
- Substance Use Treatment and Relapse Prevention for Racial and Ethnic Minorities
- Overcoming Barriers to LGBTQ+ Affirming Behavioral Health Services\
- Care of the LGTBQ+ Resident in California
- Prevalence and Treatment of Substance Use Disorder in the LGBTQ+ Community
- Working More Effectively with LGBTQ+ Children and Youth
- Diversity, Equity, and Inclusivity for the Healthcare Employee

- Influence of Culture on Care in Behavioral Health for Paraprofessionals
- Understanding and Minimizing Cultural Bias for the Paraprofessionals
- Working More Effective with the LGBTQ+ Community
- Cultural Responsiveness in Clinical Practices
- Individual and Organizational Approaches to Multicultural Care
- Overcoming Your Own Unconscious Biases
- How Culture Impacts Communication
- Using Communication Strategies to Bridge Cultural Divides
- Bridging the Diversity Gap
- Your Role in the Workplace Diversity
- Understanding Unconscious Bias in the Workplace
- Understanding Unconscious Bias
- Cultural Competence
- Affirmative Action
- Community Inclusion
- A Cultured Centered Approach to Recovery
- Language Line

The DEIC members are working to continue providing culturally and socially competent trainings to staff. They will be developing more trainings throughout the year as training opportunities are needed to ensure staff are receiving adequate exposure to trainings that represent the demographic population that SYBH serves. Cultural trainings have also been identified as a goal for preparing and sustaining a workforce that fosters a work environment of inclusiveness and cultural humility through professional growth opportunities and equitable practices, more information can be found in Criterion 4.

Criterion 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retraining Culturally and Linguistically Competent Staff

Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations

Sutter Yuba Behavioral Health (SYBH) recognizes that diversity of an organization's staff at all levels of an organization plays an important role in meeting the needs of clients from various cultural and linguistic backgrounds. The department strives to employ a workforce that reflects the cultural identities of the consumers to ensure effective service delivery. SYBH actively recruits for Spanish, Hmong and Punjabi language physicians, nurses, clinicians, counselors, and interns. SYBH offers a bilingual pay differential pending verification of the employee's language or communication skill ability. Both the Hmong Outreach Center and the Latino Outreach center is comprised of staff who are bilingual and bicultural.

The County of Sutter is committed to equal employment opportunity and efforts to ensure that our County workforce is best able to serve the needs of our diverse community. The County's Equal Employment Opportunity Plan (EEO) for 2022-2025 was approved by the Board of Supervisors in August 2022.

Under the plan, the County will:

- Promote a work environment free from all forms of harassment and discrimination
- Eliminate unnecessary or arbitrary practices that negatively affect applicants and employees
- Increase employee awareness and acceptance of our diversity
- Provide all employees with opportunities for career development and advancement
- Identify job classes where the ethnicity and gender of our workforce does not represent the community we serve and implement strategies and solutions to address these areas

Specifically, department heads are responsible to ensure that all employment decisions, including offers of employment, compensation, work assignments, and training opportunities are consistent with equal employment opportunity principles; Managers and supervisors are responsible to foster and maintain a work environment that is inclusive, respectful and free from discrimination or harassment; and employees are responsible to know and understand the County's Equal Employment Opportunity policy, our Discriminatory Workplace Harassment Policy, and to hold themselves accountable to contributing to a respectful and inclusive workplace.

Data

The charts and tables below depict the distribution of gender, race, and ethnicity for SYBH consumers and the gender and race distribution for SYBH staff. The demographic data for SYBH is also depicted for SYBH leadership.

Figure 6.1 SYBH Client Distribution by Race/Ethnicity

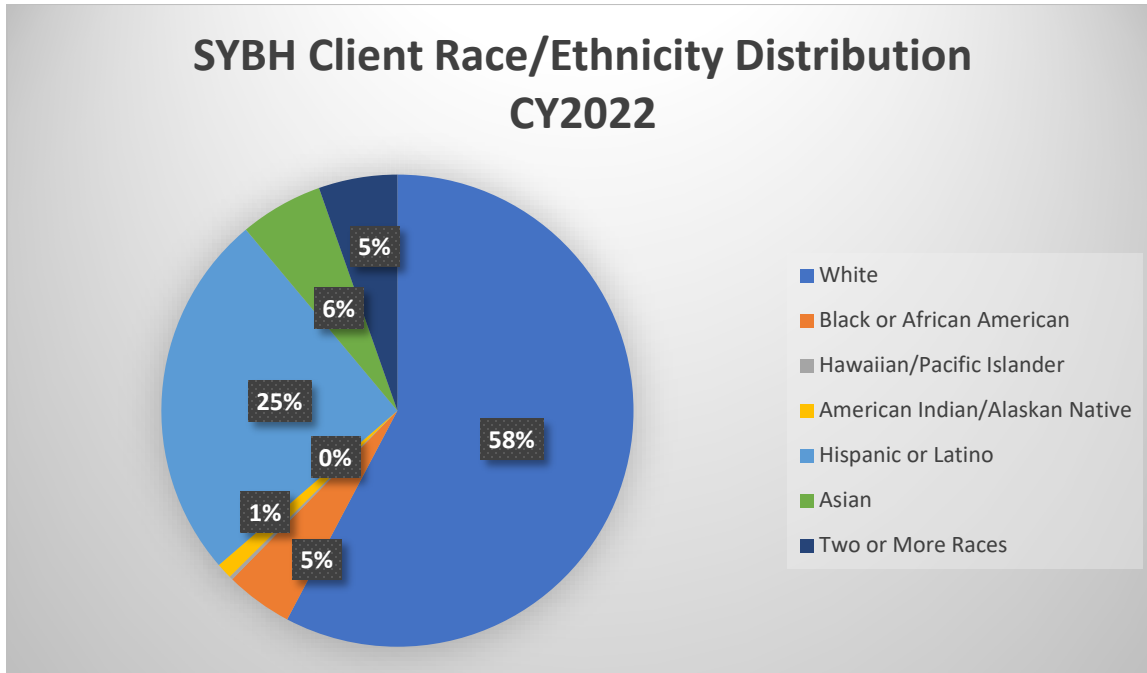
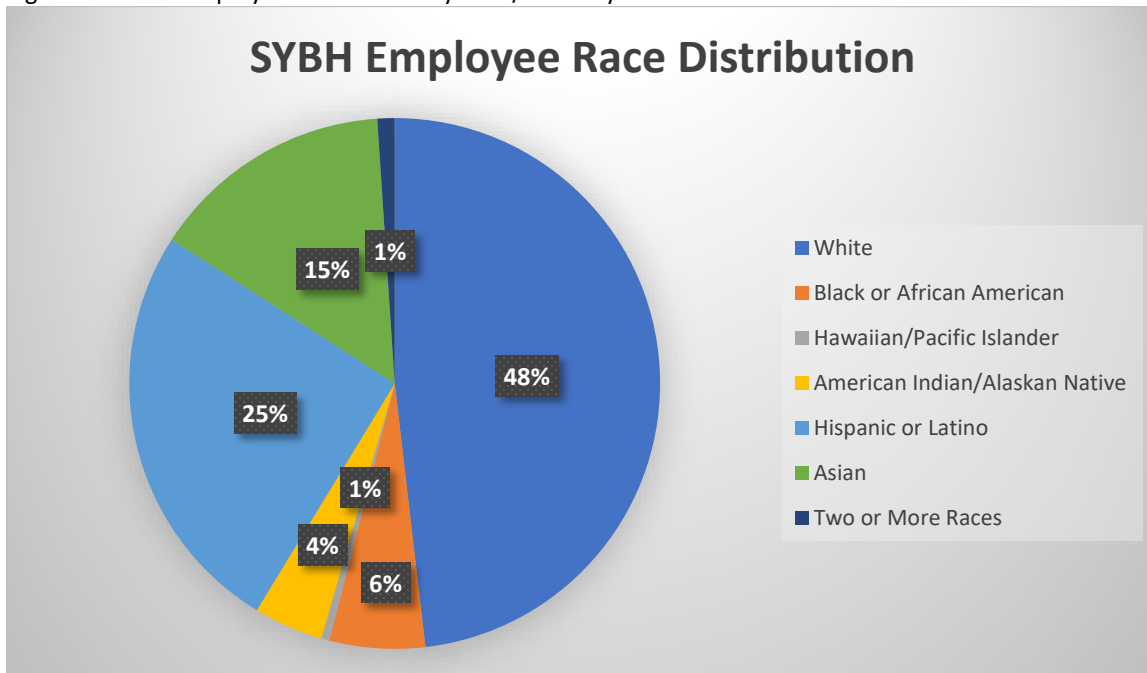


Figure 6.2 SYBH Employee Distribution by Race/Ethnicity



Analysis

SYBH's existing employee race/ethnicity demographics exceeds or is the same as the client service population in all categories except Caucasian (White) and Two or More Races where the employee percentages are slightly lower than the client service percentage. The difference in data collection among employee and client service populations limits the reliability of the data and in turn, limit the data analysis. For example, the employee race/ethnicity category of Asian is collected only as Asian, where as the client service population race/ethnicity breaks down the Asian category that includes Asian Indian and Hmong and several other Asian categories, making it difficult to get a clear picture of the percentage of employee to client service population in various categories.

Table 6.3 SYBH Client Distribution by Gender

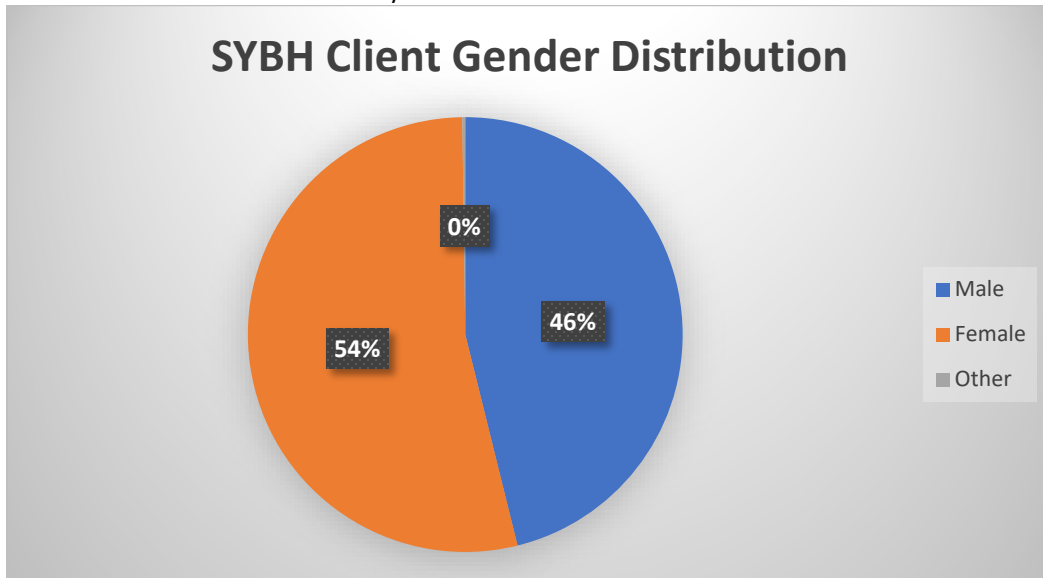
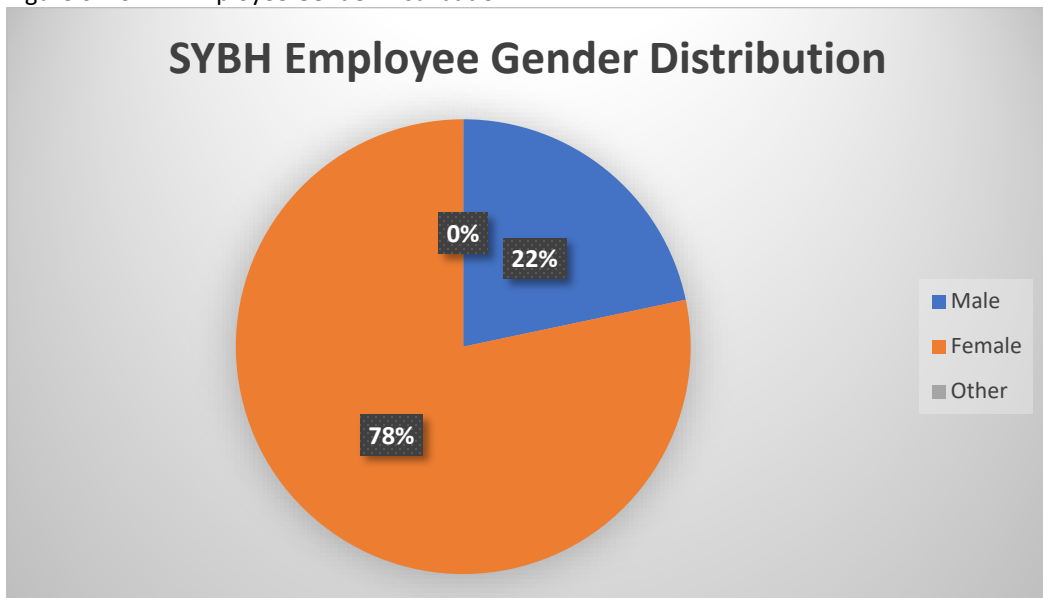


Figure 6.2 SYBH Employee Gender Distribution



Analysis

SYBH existing employee gender demographics has a higher percentage of female employees 78% and only 22% of male employees compared to the client service gender demographics where the percentage of female to male clients is more evenly distributed 54% female and 46% male. There have been occasions of clients requesting therapy services from a male therapist that SYBH has been unable to provide due to the lack of male employees.

Workforce Education and Training

The goal of the Workforce Education and Training (WET) component of the MHSA plan is to develop a diverse and well-trained, competent workforce.

In 2019, the Office of Statewide Health Planning and Development (OSHPD), now known as the Department of Health Care Access and Information (HCAI) with input from its partner agencies, developed the following mission statement to guide all WET activities in a California Regional 2020-2025 WET Five-Year Plan.

California's PMHS will develop and maintain a robust and diverse public mental health workforce capable of addressing mental health disparities by providing treatment, prevention, and early intervention services. Services need to be consumer- and family-driven, equitable, compassionate, culturally, and linguistically appropriate, and gender-responsive, across the lifespan.

The goal is to develop a diverse licensed and non-licensed professional workforce skilled in working with those who access the behavioral health system.

The development of the following goals and objectives were informed by elements outlined in the statute (WIC Section 5822) and a robust stakeholder engagement process that involved diverse stakeholder groups. The goals and objectives provide a framework for strategies that state and local government, community partners, educational institutions, and other stakeholders can enact to remedy the shortage of qualified individuals to provide services to those who are at risk of or have a severe mental illness.

Goals:

1. Expand awareness and outreach efforts to effectively recruit racially, ethnically, and culturally diverse individuals into the PMHSA workforce.
2. Develop career pathways for individuals entering and advancing across new and existing PMHS professions.
3. Expand the capacity of postsecondary education to meet the identified PMHS workforce needs.
4. Expand financial incentive programs for the PMHS workforce to equitably meet identified PMHS needs in underrepresented, underserved, unserved, and inappropriately served communities.
5. Expand education and training programs for the current PMHS workforce in competencies that align with the full spectrum of PMHS needs.

6. Increase the retention of the PMHS workforce identified as a high priority.
7. Develop and sustain new and existing collaborations and partnerships to strengthen recruitment, training, education, and retention of the PMHS workforce.

SYBH has participated in the following WET activities during FY 2022-23

- Round 2 of the Central Region partnership for Loan Repayment and Hiring Incentives. SYBH was awarded \$20,000.00 in loan repayment awards to two licensed Clinical Social Workers both holding Supervisory clinical roles.
- A loan repayment hiring incentive has been offered on new positions that fit the hard to retain criteria, as defined by the program planning guide designed with CalMHSA. By offering a Loan Repayment for 12 months of continuous service to SYBH, we hope to draw in new applicants to our understaffed positions.
- SYBH has partnered with CalMHSA and Palo Alto University to offer Project Cultivate, a master's degree program to our current staff. There is one current staff member enrolled in Cohort 1, that began in August 2023, and we expect to send additional staff in Cohort 2. This program will prepare and educate current California county employees to earn a mental health counseling degree from PAU.

Criterion 7: County Mental Health System Language Capacity

Increasing Bilingual Workforce Capacity

Sutter County recognizes the Department's need for bilingual language skills or specialized communication skills to improve consumer experience and reduce cultural/linguistic disparities. Thus, SYBH continues to implement Sutter County's Personnel Rule 20.0 Bilingual Pay (Appendix 3.0). Bilingual pay is intended to be an incentive for bilingual staff to utilize their skills and for departments to leverage resources. This rule requires verification of language and communication skills either through state certification or certified by Sutter County in the relevant language.

SYBH provides Interpreter Tools for staff use. The tools include Listen and Learn – short-term phrases for Hmong and Spanish; Training Glossary in Spanish and Hong for Medical Terminology, and Chinese, Italian, Spanish & Vietnamese for Mental Health Terminology; English-Hmong Dictionary of Special Education; TDD-TTY Standard Abbreviations; TDD-TTY Etiquette and Glossary of Abbreviations.

Provide services for persons who have Limited English Proficiency (LEP) by using interpreter services

SYBH accommodates individuals that may be affected by linguistic barriers through the use of bilingual staff and/or free interpreter and translation service. The first option is to utilize staff interpreters, a list of SYBH staff interpreters is provided for utilization when needed. (Appendix 6.0). Clients and staff, as a last resort, may also utilize Language Line Solutions for interpretation if there is a language barrier per Policy and Procedure 06-002 (Appendix 1.0). Language Line Solutions provides high-quality phone and video translation services via highly trained and professional linguists in more than 240 languages 24 hours a day, 7 days a week. This resource is a quick, easy way to help provide quality service to our LEP clients and consumers. Instructions on how to use Language Line Solutions and tips for working with telephone interpreters can be found in the Language Line Procedures (Appendix 1.1). New staff orientation includes a review of all policies and procedures and a Language Access training mandatory for all staff upon hire and yearly thereafter, which incorporate instructions on accessing Language Line Solutions.

Provide translated documents, forms, signage, and client-informing materials in all threshold languages

SYBH sites are provided a list of materials in threshold languages to make available in their lobbies. The Mental Health Patients' Rights poster specifically states, "You have the right: To services and information in a language you can understand and that is sensitive to cultural diversity and special needs". The Member Information brochure is another source of information for consumers, stating under Member Rights "Receive services that are culturally competent and sensitive to language and cultural differences." Additionally, a Client Satisfaction Survey is available in English, Spanish, and Hmong throughout the year. Additionally, the annual MHS Community Input flyers and surveys are translated into Spanish and Hmong.

Criterion 8: Adaptation of Services

Client driven/operated recovery and wellness programs

The Wellness & Recovery program provides support and skills training for individuals who are seeking or are already in recovery from a wide variety of mental health challenges or living with a history of addiction. Services primarily provided are group-based support, although limited one-on-one support is also available. Other services offered include group therapy, community reintegration, independent living skills, learning to manage symptoms and medications, recovering from co-occurring mental health and substance abuse challenges, obtaining employment, and reaching educational goals, as well as personal goals. The SYBH wellness and recovery team is made up of two supervisors, a Licensed Marriage and Family Therapist and a Peer Services Supervisor, Peer Mentors, Peer Support Specialists, a Job Coach, and an Employment Resource Specialist. The Wellness and Recovery team is aware of the racial, cultural, ethnic, and linguistic needs of its participants and strives to accommodate their specific needs in a respectful way.

Responsiveness of mental health services

The SYBH list provides a list of Medi-Cal providers contracted with SYBH and what cultural/linguistic services they offer. The Member Information and Services Directory brochures notify clients of cultural and linguistic services that are available upon request. Additionally, the county posts a multilingual notification in each of the clinics that translation services are available free of charge. SYBH provides and informs Medi-Cal beneficiaries of available services, which includes the Provider list and the Beneficiary Handbook. The handbook provides written information about available specialty mental health services.

The Department of Health Care Services accepted and certified SYBH's Network Adequacy Tool is evidence that SYBH has available, an appropriate, alternatives and options that accommodate individual preferences, or cultural and linguistic preferences, as demonstrated by the provision of culture-specific programs, provided by the county/contractor and/or referral to community-based, culturally appropriate, non-traditional mental health providers. SYBH has made a concerted effort to provide community-based services specifically designed for unserved and underserved populations. These programs are embedded in locations comfortable to diverse cultural populations. Efforts continue to increase the level of multicultural and multilingual staff members.

Quality Assurance

SYBH has a variety of mechanisms in place under Quality Assurance (QA) to identify and evaluate needs related to cultural competency; using multidisciplinary teams, QA develops system and process changes in a continual effort to increase cultural competency and SYBH's ability to respond to diverse cultural identities and preferences.

A centerpiece of cultural competency is ensuring that communication needs can be met efficiently and with respect. All staff who interact with clients are trained in how to access and utilize the language assistance to facilitate communication with Limited English Proficient (LEP) clients; we have additional translation services available for those with hearing impairment and who identify as having low vision or blindness. Staff training includes not only the explicit steps of using Language Line Solutions but also important elements of best practices in a translation situation.

The SYBH Beneficiary Handbook provides all clients with the information needed to report grievances. Grievances that are submitted are analyzed and assigned to the appropriate clinic, administrative, or QI/QA staff to investigate and resolve. Grievances are reviewed quarterly at the Quality Improvement committee meeting. A key function of the quarterly grievance review is to identify patterns of grievances or individual grievances that indicate a need for larger system change either due to their frequency or how the grievance indicates a need for the development of additional policies, procedures, or processes. Team members are encouraged to consider the cultural implications of grievances and how systems may need to adapt to best serve diverse cultural needs.

QA partners with other SYBH teams to develop and deliver training courses that emphasize cultural humility and the importance for all staff of maintaining awareness that cultural factors can influence mental health treatment needs and preferences. QA also facilitates non-English “test calls” to the SYBH 24 hours access line to assess SYBH staff’s responsiveness to the needs of those who are LEP.

Quality Improvement Committee

Quality improvement efforts are client-focused through using a system of data monitoring and cross-communication across different functional committees. The Quality Improvement Committee (QIC) is the overarching driving force and acts as an umbrella committee for information sharing and planning surrounding access issues through the Behavioral Health system. This includes many aspects and data historically covered in the Cultural Competence Plan such as Consumer Perception Survey (CPS) data, penetration rates, grievances and appeals, access issues, network adequacy, outcome data, outreach, and training courses. Updates are provided about Cultural Competence-specific quality issues and client needs that have been identified in a separate monthly Diversity, Equity, Inclusion Committee (DEIC) meeting. This allows a feedback loop of communication by having topics consistently on the agendas to ensure updates are provided while the proper functional committee is monitoring, intervening, and planning for issues specific to their role