

California Department of Health Care Services Cultural Competence Plan Requirements
Department of Health Care Services, Mental Health and Substance Use Disorder
Division (MHSUDS), Quality Assurance Section
1500 Capitol Ave.
Sacramento, California 95814

Name of County: Colusa

Name of County Mental Health Director: Terence Rooney

Name of Contact: Mayra Puga

Contact's Title: Mental Health Services Act Coordinator/Ethnic Services Manager

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CHECKLIST OF THE
2020 CULTURAL COMPETENCE PLAN REQUIREMENTS CRITERIA

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CRITERION 1

COMMITMENT TO CULTURAL COMPETENCE

COLUSA COUNTY DEPARTMENT OF BEHVAIORAL HEALTH

VISION STATEMENT

The Colusa County Department of Behavioral Health will provide high quality consumer centered and family friendly, prevention, education and clinical services to residents of Colusa County. We will promote recovery/wellness through independence, hope, personal empowerment and resilience. We will make access to services easier, services will be more effective, produce better outcomes and out-of-home and institutional care will be reduced. All of our Behavioral Health services will be designed to enhance the wellbeing of the individuals and families who it is our privilege to serve.

Executive Summary

Colusa County Behavioral Health recognizes the need for culturally competent services and is committed to the ongoing assessment of cultural competence in our staff development and program services. We pledge to initiate and maintain strategies to reduce racial, ethnic, cultural and linguistic behavioral health disparities. We promise to faithfully integrate client, family and community input into our system of care and provide culturally competent training to our providers and staff. Colusa County Behavioral Health is committed to growing a multicultural workforce, striving to hire and retain culturally and linguistically competent staff.

COLUSA COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

POLICY/PROCEDURE

SUBJECT: Cultural Competency and Language Services

POLICY:

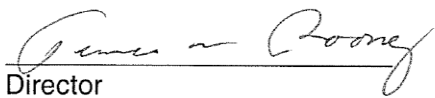
Colusa County Department of Behavioral Health recognizes, promotes and integrates elements of culture to ensure cultural competency at all levels of the organization and in all services provided. It is the policy of Colusa County Department of Behavioral Health to address cultural issues individually whenever they arise. There are no differences in access, screening, referral and coordination of services for special populations. Colusa County Department of Behavioral Health will continue to be responsive, understanding and respectful of individual's culture and language and provide services in the individual's preferred language whenever possible.

PROCEDURE:

1. Staff will use the same procedures for triage, screening, assessment and coordination of services for all clients including specialty populations as described in the Colusa County Department of Behavioral Health Implementation Plan.
2. Staff will personally assist or arrange for assistance for special needs clients.
3. If a phone-in individual requires linguistic assistance, staff will place the call on hold, call the AT&T language line 1-800-874-9426 and bring an interpreter into the call.
4. If a walk-in individual needs an interpreter, staff will:
 - a. Contact staff with language capability, or

Developed: 11/1998
Revised: 11/2014
POLICY: 554.01P

- b. Contact the agency interpreter, or
 - c. Contact the AT&T language line and use a speakerphone.
- 6. All staff are encouraged to discuss issues of cultural competency at their Team meetings or full staff meetings as the need arises.
 - 7. All staff are encouraged to identify training needs related to cultural competency.


Director

Developed: 11/1998
Revised: 11/2014
POLICY: 554.01P

Colusa County Behavioral Health

Auburn Counseling Services, Inc.

Instructions for Using the Language Line Services:

When a client calls in and an interpreter is needed:

- Ask the caller to wait the best you can, i.e. "Uno momento."
- Put the caller on hold.
- Dial the Language Line Services – 1-800-874-9426
- You will hear a recording asking for your six-digit ID – **201702** – company name is "Communicare" (a subsidiary of Auburn Counseling Services, Inc.)
- Recording will ask you to press 1 for Spanish and 2 for all other languages
- It will then ask for your personal code: **Colusa is "6"**
- Once the interpreter is on the line say, "One moment please while I connect to the caller."
- Reconnect to the caller using the three-way system provided by your particular phone system. (press Conference button, Dial next number, press Add dial extension number then press begin to connect all callers)
- Brief the interpreter– Summarize what you wish to accomplish and give any special instructions:
 - i.e. "This is a mental health crisis line. I have a Spanish-speaking caller on the line. Please ask how we may help him (or her)."
- When the call is ended say "end of call" to the interpreter.
- Remember, calls are expensive, so if the service appears to need ongoing contact, it is advisable to arrange for a personal interpreter.

Sheila Lopez

acssheila@gmail.com (530) 887-8220

Sign Language:

Nor-Cal Center for Deafness

1820 Tribute Road Suite A
Sacramento, CA 95815
9-916-962-6055
After-Hours Emergency Line

**COLUSA COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH**

POLICY/PROCEDURE

SUBJECT: Accommodations and Physical Access to Services

POLICY:

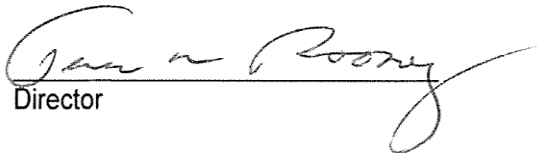
It is the policy of Colusa County Department of Behavioral Health (CCDBH) that reasonable accommodations are made for physical access to services.

PROCEDURE:

All CCDBH and organizational provider service locations will ensure physical access to services, reasonable accommodations, culturally competent communications, and accessible equipment for beneficiaries with physical or mental disabilities.

In accordance with ADP Bulletin 09-05, CCDBH Program Manager has been designated to serve as the County Access Coordinator (CAC). The CAC will ensure that all beneficiaries who identify as Person with Disability (PWD) have access to services with appropriate accommodations.

Other reasonable accommodations may include distributing bus passes to beneficiaries who may have limited means of transportation to ensure beneficiaries have access to specialty mental health services.


Director

Developed: 10/23/2017
Updated: 12/12/2018
POLICY: 312.01

**COLUSA COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH**

POLICY/PROCEDURE

SUBJECT: Meeting the Needs of Individuals with Visual and Hearing Impairment

POLICY:

Colusa County Behavioral Health Services (CCBHS) will assist in the process to assure that written communication is accessible to individuals who are visually impaired and that verbal communication is understandable to individuals who are hearing impaired.

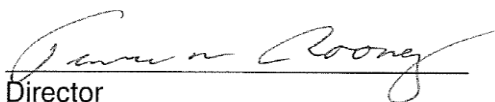
PROCEDURE:

The procedure for meeting the communication needs for individuals with visual or hearing impairment is as follows:

- I. Whenever an individual requesting services presents as having a visual impairment, the receptionist will offer assistance to assure that the individual is informed of all basic written information commonly distributed to consumers requesting services.
 - A. The receptionist may offer the individual audio tapes in English and Spanish, which have recordings of the written information contained in the Member Services and Client Problem Resolution Guides. The individual shall also be loaned an audio tape player with an earphone to listen to the tapes.
- II. Whenever an individual requesting services presents as having a hearing impairment and the request is through phone contact, the receptionist should determine if the individual has a TDD machine.
 - A. If the individual has a TDD machine you must obtain the individual's phone number then call the relay operator at 1-800-735-2922. The relay operator will connect you with the individual and assist with the call.
 - B. If the individual with the hearing impairment has a TDD machine, he or she may also just make the call to SBCMH by calling 1-800-735-2922 to connect with the relay operator for assistance.

Developed: 1/2008
Revised: 12/2014
POLICY: 566.01P

- C. If an individual with a hearing impairment requires use of a sign language interpreter, the receptionist will utilize the county's sign language interpreter resource list. When scheduling the initial appointment with the intake staff for the clinical assessment, the receptionist shall also assure that scheduling times are coordinated to allow the sign language interpreter to also be available.


Director

Developed: 1/2008
Revised: 12/2014
POLICY: 566.01P

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

Colusa County Department of Behavioral Health (CCDBH) is identified as a rural community with a population of approximately 21,500 according to the United States Census. Colusa County is made of a total of ten communities, with Colusa being the seat of the County. More than half of the population identifies as Hispanic or Latino with Spanish being the threshold language. The Hispanic/Latino population often fluctuates according to the crop season, as Colusa County's economy is supported by the production of agriculture. Colusa County also has a small percentage of American Indian and Alaska Native at approximately 2.7%. The median household income according to the United States Census is approximately \$52,000. Being a small, rural community brings challenges when striving to reduce stigma and discrimination around seeking mental health services. Mental Health Services Act (MHSA) has allowed for the opportunity for the community to become better educated on mental health through collaboration, integration of services, and developing more culturally competent services county wide.

With the Hispanic/Latino population being the majority population within the county, CCDBH provides mental health services to a growing number of Hispanic/Latino beneficiaries. Outreach efforts to this population are an important piece of our Cultural Competence Plan (CCP) as we have recognized the Hispanic/Latino population as an underserved population. Building rapport, increasing collaboration, and understanding the population's needs are identified goals that drive our ongoing outreach efforts. Cultura Es Vida (outreach committee) was developed to help our department make progress towards these goals. The committee consisted of CCDBH staff and natural leaders of the community who met quarterly. Due to a non-authorization of funds by the Mental Health Services Oversight and Accountability Commission (MHSOAC), our innovation project for Cultura Es Vida is currently in a dormant stage. However, outreach efforts to the Hispanic/Latino population are still a priority for CCDBH.

CCDBH created a MHSA Cultural Competency Advisory Committee that included community stakeholders, staff from other community agencies, and CCDBH Staff. The committee

met quarterly to discuss ways that CCDBH can better serve the community. With enhanced collaboration between CCDBH and community agencies, we set out to reach a larger number of community stakeholders in hopes to improve mental health awareness and decrease stigma in our county. The MSHA Cultural Competency Advisory Committee has traditionally been led by the department's Ethnic Services Manager (ESM). We are working towards having more consistent committee meetings as this role is once again occupied.

The Behavioral Health Board is a group comprised of Colusa County residents that review activities of the department and advise the director. In addition, members of the board include a county Board of Supervisor representative and consumers of Colusa County Behavioral Health. This board meets monthly and focuses on community issues and how to best serve our clients.

The county seeks to improve their skills and to strengthen their relationships with partnered organizations to provide the best services possible. The summer of 2019 the county renewed a partnership with the local Native American tribe. The tribe was included in this fiscal year's (2019/2020) MHSA Annual Update Plan under Prevention and Early Intervention (PEI) programing. They are facilitating a program called Life and Leadership - A Circle of Solid Choices that focuses on introducing new practices that engage Native American youth in an open and dedicated system of resiliency development by utilizing culturally adapted approaches to combat suicide and risky behaviors among Native youth.

III. Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural and linguistic competence

The identified Ethnic Services Manager is Mayra Puga, who is also the Mental Health Services Act (MHSA) Coordinator. The ESM provides management level leadership for overall CCDBH initiatives related to the reduction of health disparities experienced by communities, special populations or clients. The ESM is responsible for planning, coordinating, implementing and evaluating specialized mental health and substance use service disparities initiatives and programs. The role also assists in development, implementation and evaluation of CCDBH plans, goals, objectives, policies and procedures related to reduction of mental health and substance use

disparities. The ESM monitors and ensures the provision of mental health and substance use programs promote culturally sensitive and appropriate services. The Ethnic Services Manager has oversight in regards to diversity initiatives via contracted and directly operated services. In addition, the ESM's responsibilities include the preparation of the CCDBH Cultural Competence Plan (CCP) which is required by the State Department of Health Care Services (DHCS). The ESM also chairs and coordinates the CCDBH Cultural Competence Committee and advisory board, and serves as the liaison with DHCS regarding issues related to cultural competence and workforce education. The ESM is also responsible for the planning and implementation of the CCDBH training program.

IV. Identify budget resources targeted for culturally and linguistically competent activities

MHSA funding was utilized for culturally and linguistically competent activities such as Hispanic/Latino outreach events. This included purchasing promotional items, providing written resources in Spanish, and advertising the events in the local newspaper. This fiscal year we plan to utilize funding to provide CCDBH staff with cultural trainings and fund more cultural events in the community.

CRITERION 2

UPDATED ASSESSMENT OF SERVICE NEEDS

I. General Population

ALL TOPICS	Q Colusa County, California	Q California
Population estimates, July 1, 2019, (V2019)	21,627	39,512,223
PEOPLE		
Population		
Population estimates, July 1, 2019, (V2019)	21,627	39,512,223
Population estimates base, April 1, 2010, (V2019)	21,407	37,254,519
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	1.0%	6.1%
Population, Census, April 1, 2010	21,419	37,253,956
Age and Sex		
Persons under 5 years, percent	7.1%	6.2%
Persons under 18 years, percent	27.3%	22.7%
Persons 65 years and over, percent	14.6%	14.3%
Female persons, percent	48.9%	50.3%
Race and Hispanic Origin		
White alone, percent	91.2%	72.1%
Black or African American alone, percent (a)	1.2%	6.5%
American Indian and Alaska Native alone, percent (a)	2.8%	1.6%
Asian alone, percent (a)	1.7%	15.3%
Native Hawaiian and Other Pacific Islander alone, percent (a)	0.6%	0.5%
Two or More Races, percent	2.5%	3.9%
Hispanic or Latino, percent (b)	60.3%	39.3%
White alone, not Hispanic or Latino, percent	34.3%	36.8%

Source: <https://www.census.gov/quickfacts/fact/table/colusacountycalifornia,CA/PST045219>

The threshold language is Spanish. The majority population in the county identifies as Hispanic/Latino.

II. Medi-Cal population service needs (Use current CAEQRO¹ data if available.)

Table 1. Medi-Cal Enrollees and Beneficiaries Served in CY 2018 by Race/Ethnicity Colusa MHP				
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees	% Enrollees	Unduplicated Annual Count Beneficiaries Served	% Served
White	1,700	17.1%	270	39.1%
Latino/Hispanic	6,981	70.1%	317	45.9%
African-American	63	0.6%	13	1.9%
Asian/Pacific Islander	107	1.1%	*	n/a
Native American	102	1.0%	*	n/a
Other	1,002	10.1%	70	10.1%
Total	9,953	100%	690	100%
The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.				

Health Information Portability and Accountability Act (HIPAA) Suppression Disclosure:

Values are suppressed to protect confidentiality of the individuals summarized in the data sets when the beneficiary count is less than or equal to 11 (*). Additionally, suppression may be required to prevent calculation of initially suppressed data; corresponding penetration rate percentages (n/a); and cells containing zero, missing data or dollar amounts (-).

III. 200% of Poverty (minus Medi-Cal) population and service needs (Data provided is half of the current fiscal year)

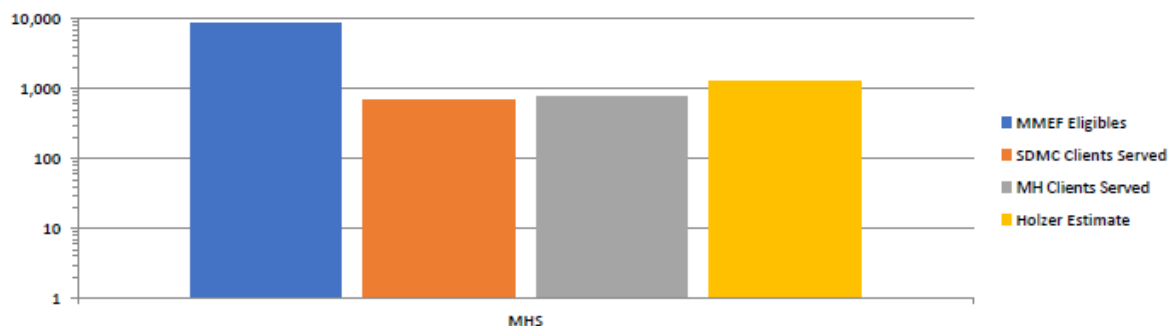
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COLUSA COUNTY PENETRATION REPORT**FY2018/2019****PENETRATION AND PREVALENCE RATE****SUMMARY**

The information that appears on this summary page and the subsequent demographic detail pages reflects a comparison of four different population measurements: Medi-CAL eligibles (MMEF), SD/MC clients (approved claims), clients served (CSI), and Holzer Prevalence estimates. All of these measures are covered in greater detail elsewhere. The points that follow may be used as general guidelines to understanding the populations represented:

- Eligible counts are based upon the Monthly Medi-CAL Eligibility File (MMEF) and reflect the monthly average
- SD/MC counts are based upon approved claims
- Clients served are based upon a review of Cerner Community Behavioral Health (CBH) data for CSI reportable services
- Holzer estimates reflect the work of Charles Holzer and group. More information available at www.charles.holzer.com

For the purposes of standardizing the demographic data set, the age, ethnicity, gender, and language statistics are based upon US Census categories. More information on US Census data can be found at <http://www.census.gov/>

Population Distribution - Total**Penetration Rate** **7.9%**

YTD SD/MC clients divided by Monthly Average Eligibles (MMEF)

Holzer Prevalence Rate **61.1%**

YTD clients served (CSI) divided by Holzer Prevalence estimate

Total Penetration Summary Distribution for FY2018/2019

	MMEF Eligibles	SDMC Clients Served	MH Clients Served	Holzer Estimate	Penetration Rate (%)	Holzer Rate (%)
MHS	8,843	695	785	1,284	7.9	61.1

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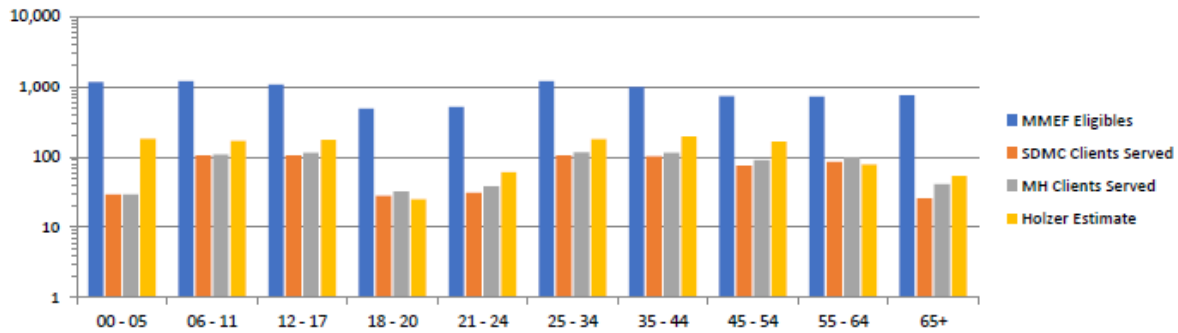
COLUSA COUNTY PENETRATION REPORT

FY2018/2019



PENETRATION AND PREVALENCE RATE

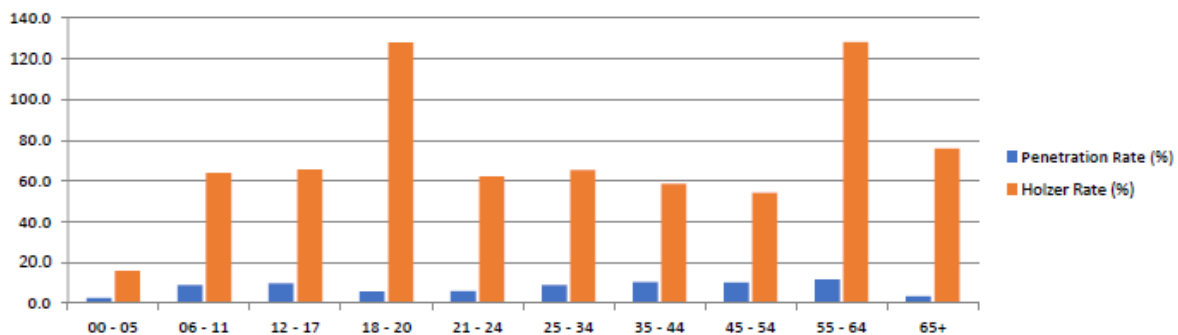
Population Distribution - Age



Age Distribution for FY2018/2019

	MMEF Eligibles	SDMC Clients Served	MH Clients Served	Holzer Estimate	Penetration Rate (%)	Holzer Rate (%)
00 - 05	1,163	29	29	182	2.5	15.9
06 - 11	1,196	106	108	169	8.9	63.9
12 - 17	1,078	106	115	175	9.8	65.7
18 - 20	492	28	32	25	5.7	128.0
21 - 24	522	31	38	61	5.9	62.3
25 - 34	1,195	106	117	179	8.9	65.4
35 - 44	984	103	115	196	10.5	58.7
45 - 54	732	75	90	166	10.2	54.2
55 - 64	724	85	100	78	11.7	128.2
65+	756	26	41	54	3.4	75.9
Total	8,842	695	785	1,285	7.9	61.1

Penetration vs Holzer Rate - Age Distribution



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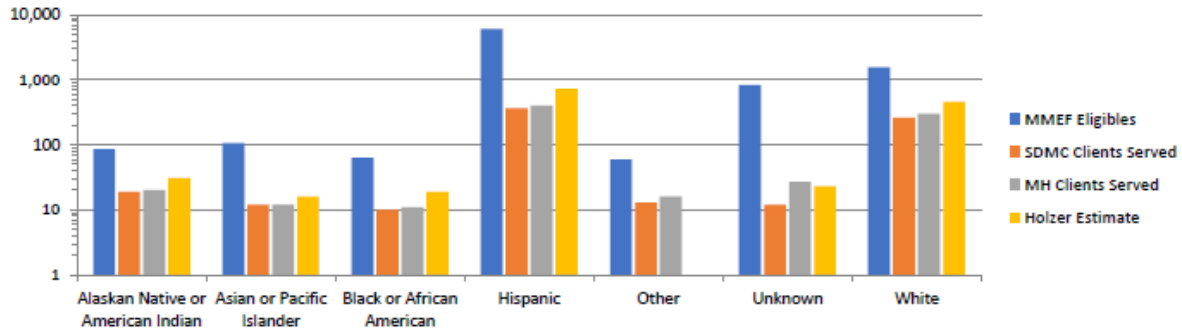
COLUSA COUNTY PENETRATION REPORT

FY2018/2019



PENETRATION AND PREVALENCE RATE

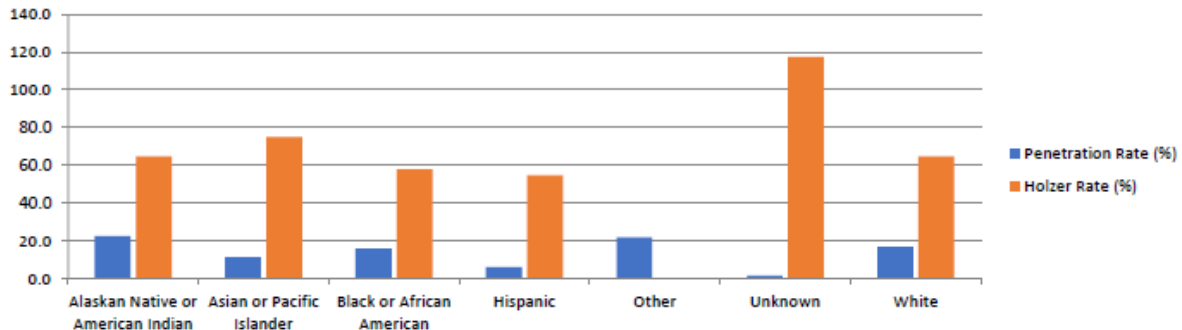
Population Distribution - Ethnicity



Ethnicity Distribution for FY2018/2019

	MMEF Eligibles	SDMC Clients Served	MH Clients Served	Holzer Estimate	Penetration Rate (%)	Holzer Rate (%)
Alaskan Native or American Indian	85	19	20	31	22.4	64.5
Asian or Pacific Islander	106	12	12	16	11.3	75.0
Black or African American	63	10	11	19	15.9	57.9
Hispanic	6,107	368	400	733	6.0	54.6
Other	60	13	16	0	21.7	0.0
Unknown	844	12	27	23	1.4	117.4
White	1,577	261	299	463	16.6	64.6
Total	8,842	695	785	1,285	7.9	61.1

Penetration vs Holzer Rate - Ethnicity Distribution



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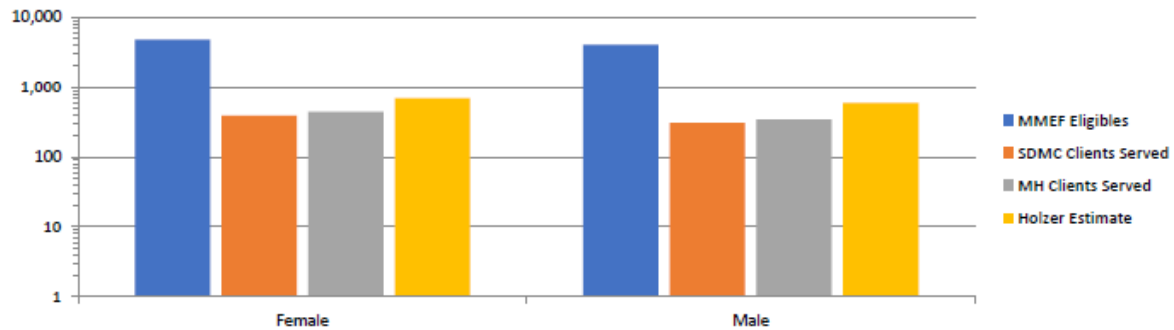
COLUSA COUNTY PENETRATION REPORT

FY2018/2019



PENETRATION AND PREVALENCE RATE

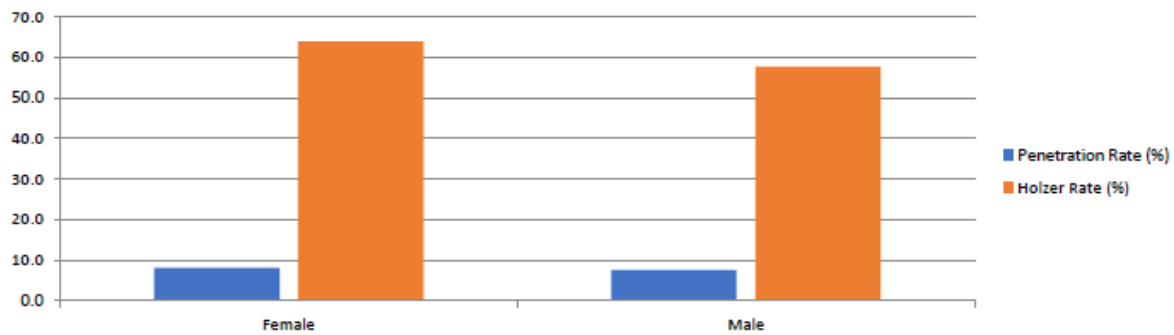
Population Distribution - Gender



Gender Distribution for FY2018/2019

	MMEF Eligibles	SDMC Clients Served	MH Clients Served	Holzer Estimate	Penetration Rate (%)	Holzer Rate (%)
Female	4,794	388	443	693	8.1	63.9
Male	4,049	306	341	591	7.6	57.7
Total	8,843	694	784	1,284	7.8	61.1

Penetration vs Holzer Rate - Gender Distribution



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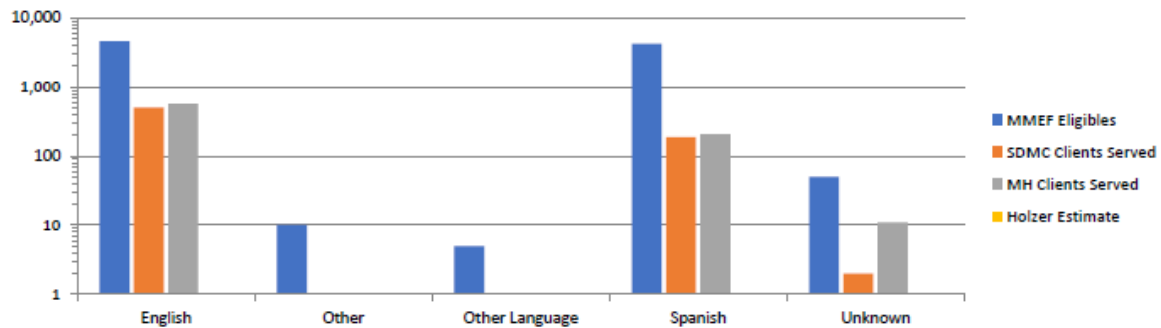
COLUSA COUNTY PENETRATION REPORT

FY2018/2019



PENETRATION AND PREVALENCE RATE

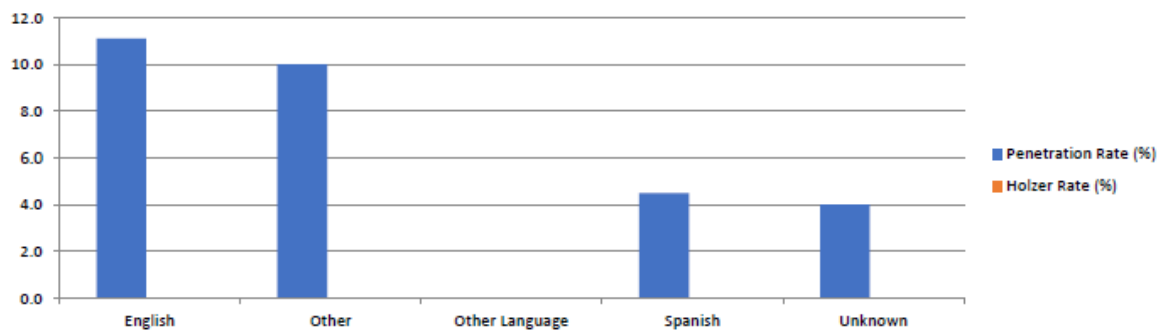
Population Distribution - Language



Language Distribution for FY2018/2019

	MMEF Eligibles	SDMC Clients Served	MH Clients Served	Holzer Estimate	Penetration Rate (%)	Holzer Rate (%)
English	4,551	503	565		11.1	0.0
Other	10	1	1		10.0	0.0
Other Language	5	0	0		0.0	0.0
Spanish	4,226	189	208		4.5	0.0
Unknown	50	2	11		4.0	0.0
Total	8,842	695	785	0	7.9	0.0

Penetration vs Holzer Rate - Language Distribution



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COLUSA COUNTY PENETRATION REPORT

FY2018/2019



MONTHLY MEDI-CAL ELIGIBILITY FILE (MMEF) ELIGIBLES

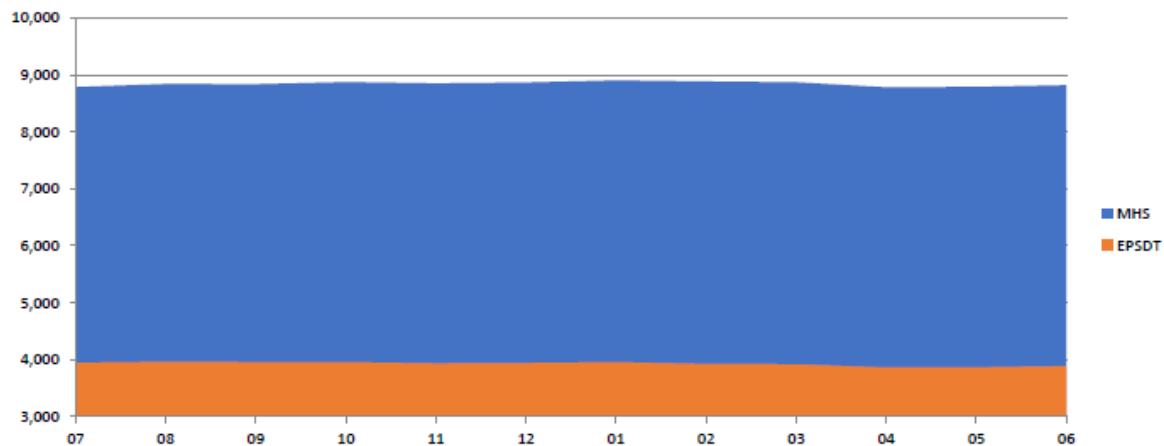
SUMMARY

Unduplicated eligibles data that appears on this summary page and the subsequent demographic detail pages reflects information obtained from the Monthly Medi-CAL Eligibility File (MMEF). Each MMEF file contains 16 months of history and includes every client that had at least one month of Medi-CAL coverage where the county of responsibility is the listed county. To avoid duplication, eligibles are defined below:

- An eligible client is someone with Medi-CAL coverage with at least one aid code that covers Mental Health Service (MHS)
- For monthly counts, a client is only included when the county of responsibility matches the listed county
- For year-to-date (YTD) counts, a client is counted once if at least one month of eligibility for the listed county is identified

For the purposes of standardizing the demographic data set, the age, ethnicity, gender, and language statistics are based upon US Census categories. More information on US Census data can be found at <http://www.census.gov/>

Monthly Eligibles Distribution - Total

# Average Monthly Eligibles **8,843**

Average monthly eligibles reflects the average number of eligible clients per month

Average Monthly EPSDT Eligibles **3,922**

Average monthly eligibles reflects the average number of eligible clients per month with an EPSDT eligible Aid Code

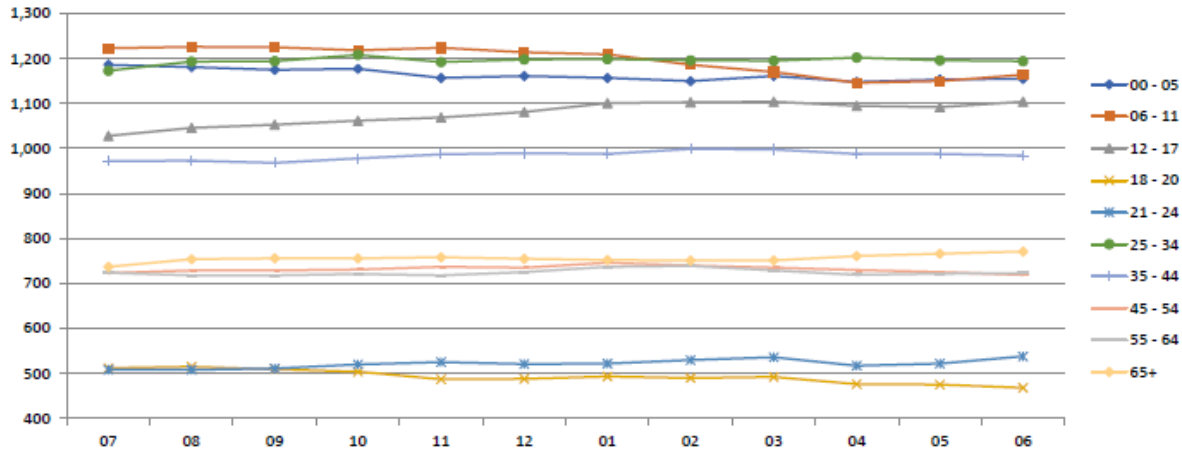
Total Eligibles Distribution for FY2018/2019

	07	08	09	10	11	12	01	02	03	04	05	06
MHS	8,786	8,843	8,838	8,875	8,854	8,868	8,904	8,884	8,871	8,782	8,789	8,820
EPSDT	3,941	3,959	3,953	3,953	3,930	3,937	3,953	3,921	3,918	3,857	3,862	3,884



MONTHLY MEDI-CAL ELIGIBILITY FILE (MMEF) ELIGIBLES

Monthly Eligibles Distribution - Age

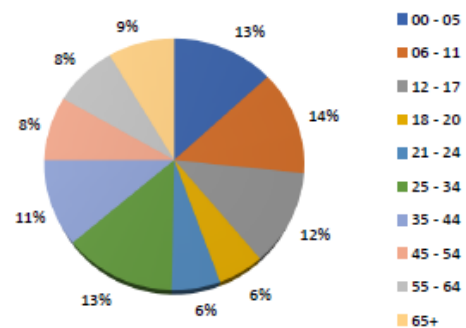


Age Distribution for FY2018/2019

	07	08	09	10	11	12	01	02	03	04	05	06
00 - 05	1,186	1,181	1,175	1,177	1,157	1,161	1,157	1,150	1,161	1,148	1,153	1,155
06 - 11	1,223	1,226	1,225	1,218	1,224	1,214	1,209	1,186	1,170	1,146	1,150	1,164
12 - 17	1,028	1,046	1,053	1,062	1,069	1,081	1,101	1,103	1,104	1,095	1,092	1,104
18 - 20	512	515	509	504	487	488	493	490	492	476	475	468
21 - 24	508	508	511	520	525	521	522	530	536	517	522	538
25 - 34	1,173	1,193	1,194	1,208	1,192	1,198	1,199	1,196	1,195	1,202	1,196	1,194
35 - 44	972	973	968	978	987	990	988	999	998	988	988	984
45 - 54	723	729	729	731	737	735	746	740	735	730	725	719
55 - 64	724	718	718	721	718	725	737	739	729	719	722	723
65+	737	754	756	756	758	755	752	751	751	761	766	771
Total	8,786	8,843	8,838	8,875	8,854	8,868	8,904	8,884	8,871	8,782	8,789	8,820

	Avg	%
00 - 05	1,163	13.2%
06 - 11	1,196	13.5%
12 - 17	1,078	12.2%
18 - 20	492	5.6%
21 - 24	522	5.9%
25 - 34	1,195	13.5%
35 - 44	984	11.1%
45 - 54	732	8.3%
55 - 64	724	8.2%
65+	756	8.6%
Total	8,842	100.0%

Monthly Avg Eligibles Distribution - Age



Kings View Information Technology

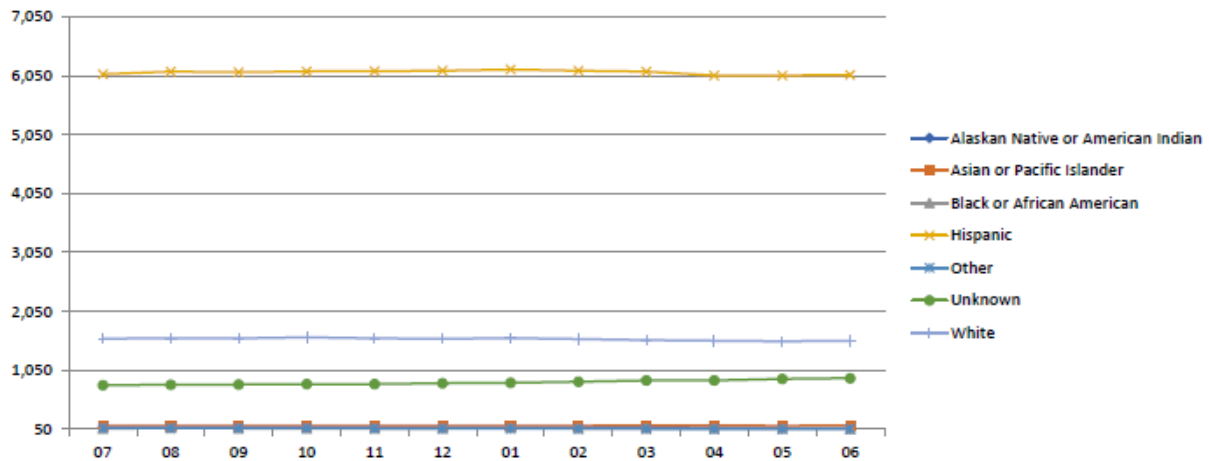
COLUSA COUNTY PENETRATION REPORT

FY2018/2019



MONTHLY MEDI-CAL ELIGIBILITY FILE (MMEF) ELIGIBLES

Monthly Eligibles Distribution - Ethnicity

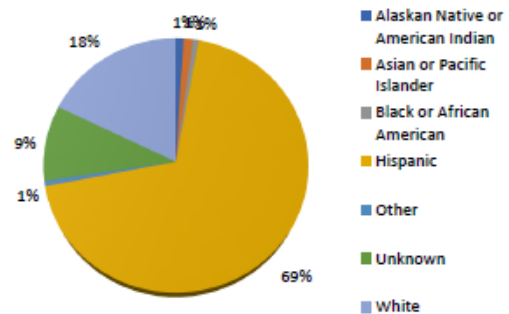


Ethnicity Distribution for FY2018/2019

	07	08	09	10	11	12	01	02	03	04	05	06
Alaskan Native or American Indian	94	91	92	90	88	89	88	89	84	74	71	69
Asian or Pacific Islander	104	102	106	107	105	106	105	106	112	110	109	110
Black or African American	61	68	63	64	64	63	68	63	63	61	60	58
Hispanic	6,075	6,119	6,111	6,125	6,127	6,135	6,155	6,135	6,120	6,056	6,054	6,067
Other	68	68	67	66	64	61	59	56	57	54	53	51
Unknown	796	805	808	814	814	830	836	854	875	877	901	915
White	1,588	1,590	1,591	1,609	1,592	1,584	1,593	1,581	1,560	1,550	1,541	1,550
Total	8,786	8,843	8,838	8,875	8,854	8,868	8,904	8,884	8,871	8,782	8,789	8,820

	Avg	%
Alaskan Native or American Indian	85	1.0%
Asian or Pacific Islander	106	1.2%
Black or African American	63	0.7%
Hispanic	6,107	69.1%
Other	60	0.7%
Unknown	844	9.5%
White	1,577	17.8%
Total	8,842	100.0%

Monthly Avg Eligibles Distribution - Ethnicity



Kings View Information Technology

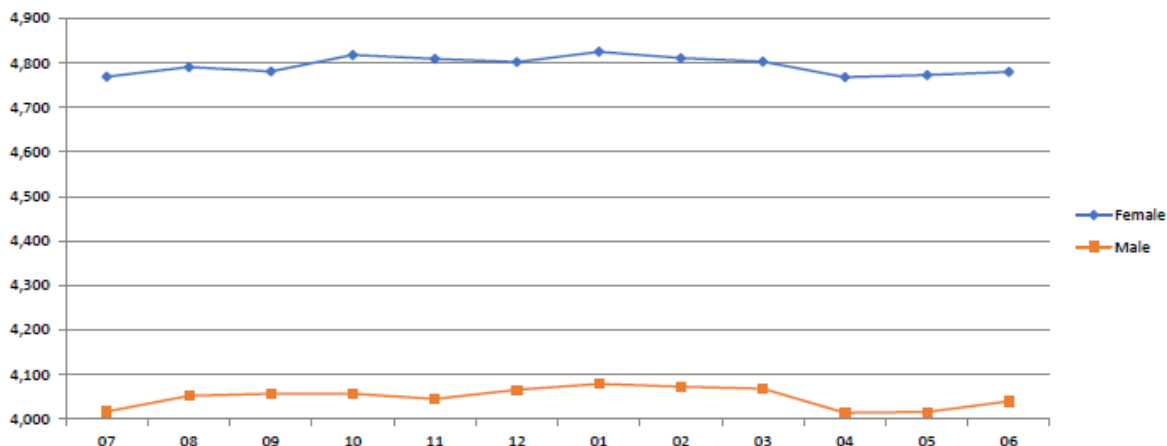
COLUSA COUNTY PENETRATION REPORT

FY2018/2019



MONTHLY MEDI-CAL ELIGIBILITY FILE (MMEF) ELIGIBLES

Monthly Eligibles Distribution - Gender

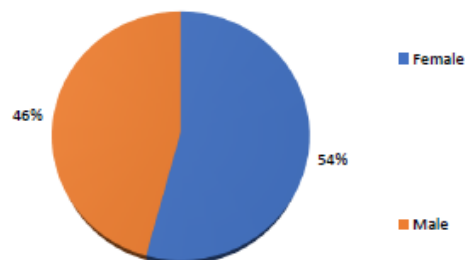


Gender Distribution for FY2018/2019

	07	08	09	10	11	12	01	02	03	04	05	06
Female	4,769	4,791	4,781	4,818	4,809	4,802	4,825	4,811	4,803	4,768	4,773	4,780
Male	4,017	4,052	4,057	4,057	4,045	4,066	4,079	4,073	4,068	4,014	4,016	4,040
Total	8,786	8,843	8,838	8,875	8,854	8,868	8,904	8,884	8,871	8,782	8,789	8,820

	Avg	%
Female	4,794	54.2%
Male	4,049	45.8%
	8,843	100.0%

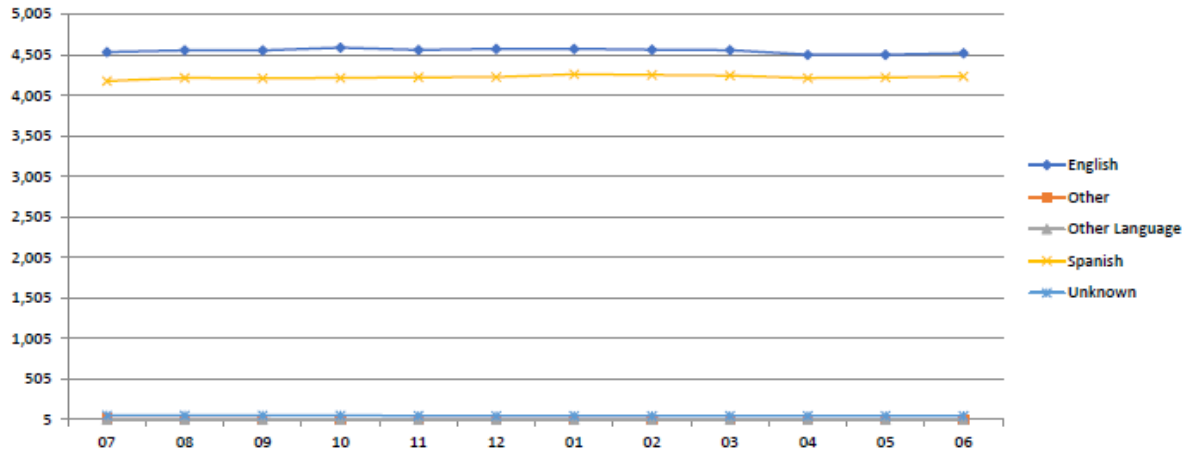
Monthly Avg Eligibles Distribution - Gender





MONTHLY MEDI-CAL ELIGIBILITY FILE (MMEF) ELIGIBLES

Monthly Eligibles Distribution - Language

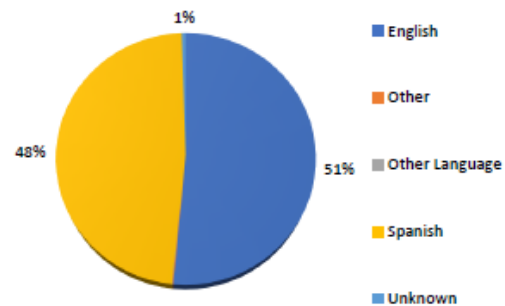


Language Distribution for FY2018/2019

	07	08	09	10	11	12	01	02	03	04	05	06
English	4,537	4,557	4,558	4,591	4,563	4,575	4,577	4,565	4,561	4,504	4,504	4,522
Other	12	10	10	9	10	10	10	10	9	9	9	9
Other Language	5	5	5	5	5	5	5	5	5	5	5	5
Spanish	4,179	4,218	4,212	4,217	4,225	4,228	4,263	4,254	4,246	4,215	4,222	4,235
Unknown	53	53	53	53	51	50	49	50	50	49	49	49
Total	8,786	8,843	8,838	8,875	8,854	8,868	8,904	8,884	8,871	8,782	8,789	8,820

	Avg	%
English	4,551	51.5%
Other	10	0.1%
Other Language	5	0.1%
Spanish	4,226	47.8%
Unknown	50	0.6%
	8,842	100.0%

Monthly Avg Eligibles Distribution - Language





SHORT DOYLE / MEDI-CAL (SDMC) CLIENTS SERVED

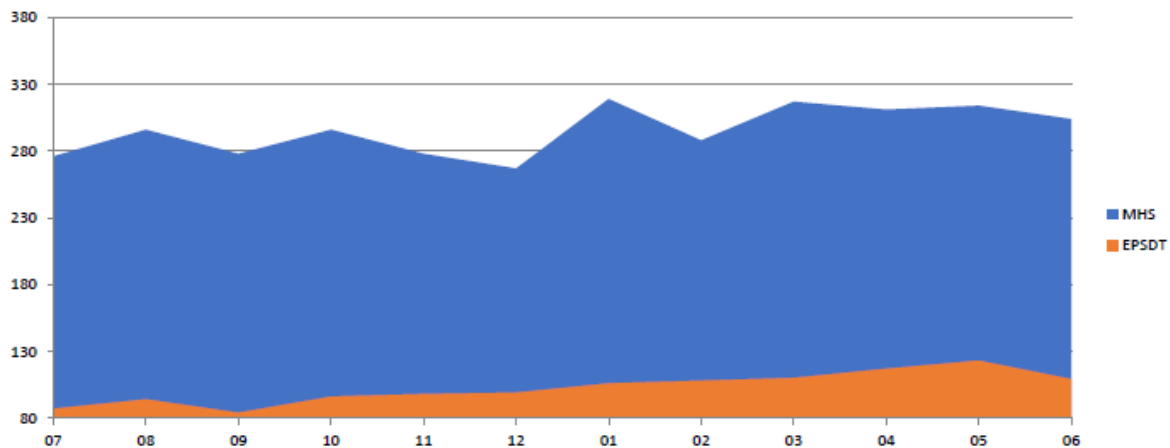
SUMMARY

Unduplicated SD/MC clients served data that appears on this summary page and the subsequent demographic detail pages reflects information obtained from SD/MC claims. As claims may result in denial due to a client's ineligibility or other factors affecting the claim, only approved claims were evaluated. As the approval process is contingent upon receipt of an EOB, all SD/MC clients served data reflect only those claims for which an approved EOB was received. To that end, clients served use the following definitions:

- An SD/MC claim must have been submitted and an approved EOB received and recorded
- For monthly counts, a client is only included if the approved service was provided during that month
- For year-to-date (YTD) counts, a client is counted once if at least one approved service was provided during the year
- For EPSDT counts, a client is counted if at least one service was flagged as EPSDT within the paid EOB

For the purposes of standardizing the demographic data set, the age, ethnicity, gender, and language statistics are based upon US Census categories. More information on US Census data can be found at <http://www.census.gov/>

Monthly SDMC Served Distribution - Total



Unduplicated SD/MC Clients YTD **695**

YTD SD/MC clients reflects the number of unique clients with at least one approved SD/MC claim

Unduplicated EPSDT Served YTD **267**

YTD EPSDT served reflects the number of unique clients with at least one approved SD/MC claim with an EPSDT eligible Aid Code

Total SDMC Served Distribution for FY2018/2019

	07	08	09	10	11	12	01	02	03	04	05	06
MHS	276	296	278	296	278	267	319	288	317	311	314	304
EPSDT	87	94	84	96	98	99	106	108	110	117	123	109

Kings View Information Technology

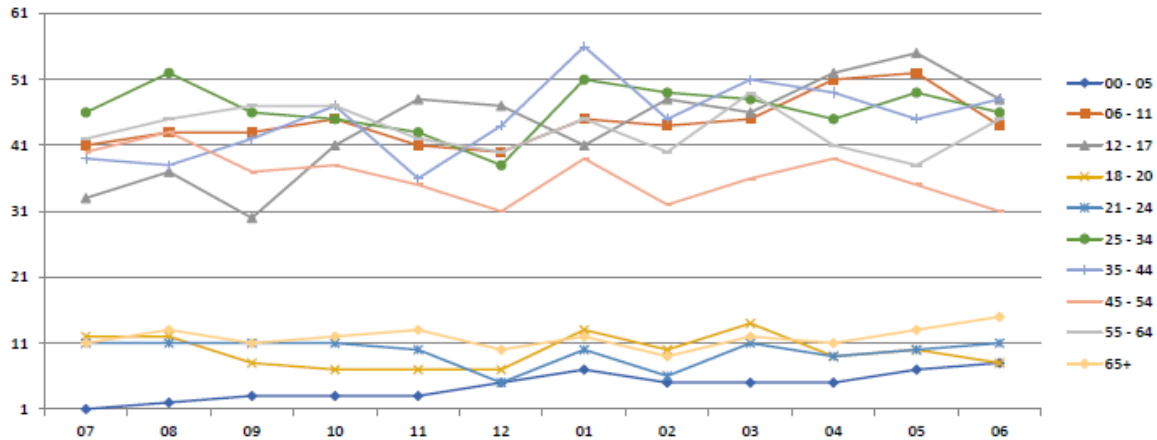
COLUSA COUNTY PENETRATION REPORT

FY2018/2019



SHORT DOYLE / MEDI-CAL (SDMC) CLIENTS SERVED

Monthly SDMC Served Distribution - Age

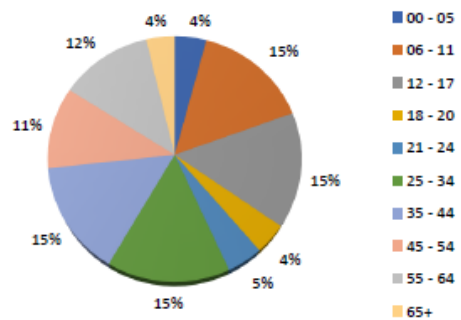


Age Distribution for FY2018/2019

	07	08	09	10	11	12	01	02	03	04	05	06
00 - 05	1	2	3	3	3	5	7	5	5	5	7	8
06 - 11	41	43	43	45	41	40	45	44	45	51	52	44
12 - 17	33	37	30	41	48	47	41	48	46	52	55	48
18 - 20	12	12	8	7	7	7	13	10	14	9	10	8
21 - 24	11	11	11	11	10	5	10	6	11	9	10	11
25 - 34	46	52	46	45	43	38	51	49	48	45	49	46
35 - 44	39	38	42	47	36	44	56	45	51	49	45	48
45 - 54	40	43	37	38	35	31	39	32	36	39	35	31
55 - 64	42	45	47	47	42	40	45	40	49	41	38	45
65+	11	13	11	12	13	10	12	9	12	11	13	15
Total	276	296	278	296	278	267	319	288	317	311	314	304

	YTD	%
00 - 05	29	4.2%
06 - 11	106	15.3%
12 - 17	106	15.3%
18 - 20	28	4.0%
21 - 24	31	4.5%
25 - 34	106	15.3%
35 - 44	103	14.8%
45 - 54	75	10.8%
55 - 64	85	12.2%
65+	26	3.7%
Total	695	100.0%

YTD SDMC Served Distribution - Age



Kings View Information Technology

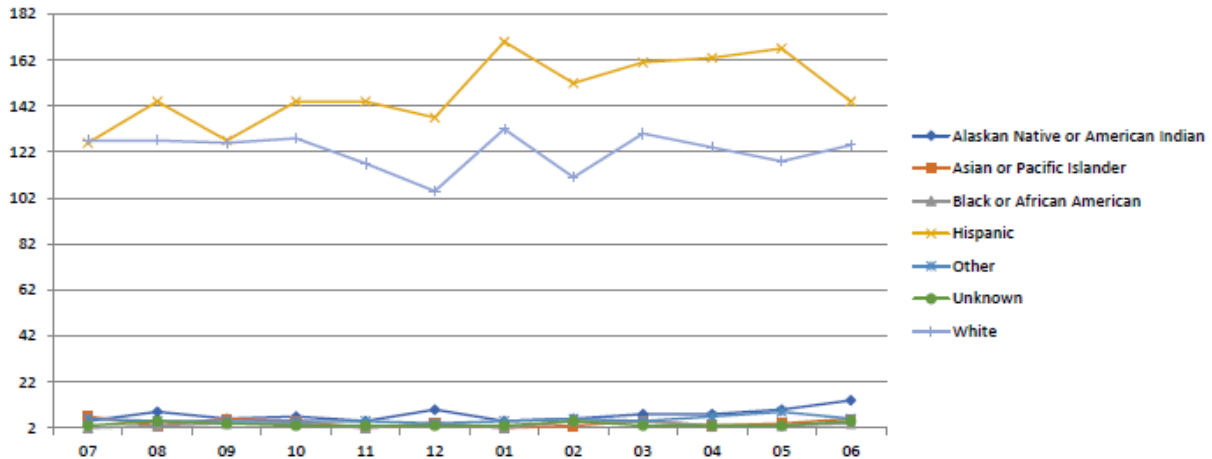
COLUSA COUNTY PENETRATION REPORT

FY2018/2019



SHORT DOYLE / MEDI-CAL (SDMC) CLIENTS SERVED

Monthly SDMC Served Distribution - Ethnicity

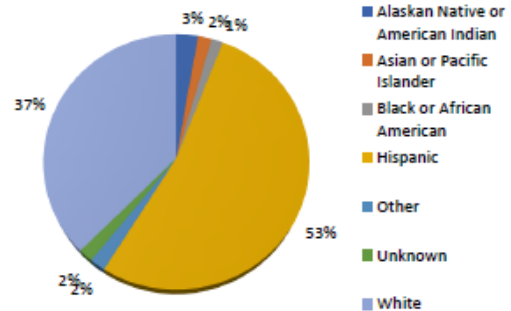


Ethnicity Distribution for FY2018/2019

	07	08	09	10	11	12	01	02	03	04	05	06
Alaskan Native or American Indian	5	9	6	7	5	10	5	6	8	8	10	14
Asian or Pacific Islander	7	3	6	5	2	4	2	3	5	3	4	6
Black or African American	2	3	4	4	2	4	2	5	5	3	3	4
Hispanic	126	144	127	144	144	137	170	152	161	163	167	144
Other	6	5	5	5	5	4	5	6	5	7	9	6
Unknown	3	5	4	3	3	3	3	5	3	3	3	5
White	127	127	126	128	117	105	132	111	130	124	118	125
Total	276	296	278	296	278	267	319	288	317	311	314	304

	YTD	%
Alaskan Native or American Indian	19	2.7%
Asian or Pacific Islander	12	1.7%
Black or African American	10	1.4%
Hispanic	368	52.9%
Other	13	1.9%
Unknown	12	1.7%
White	261	37.6%
Total	695	100.0%

YTD SDMC Served Distribution - Ethnicity



Kings View Information Technology

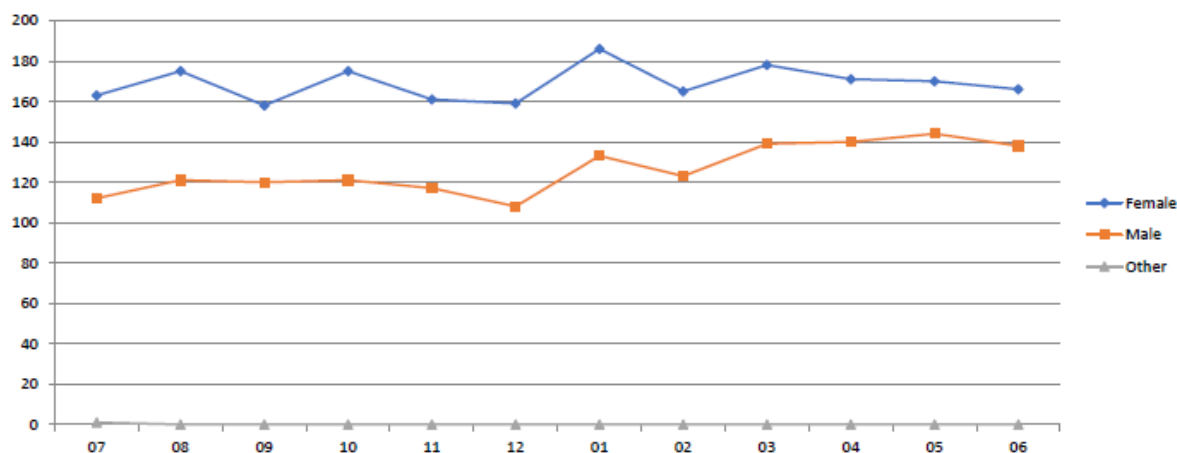
COLUSA COUNTY PENETRATION REPORT

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SHORT DOYLE / MEDI-CAL (SDMC) CLIENTS SERVED

Monthly SDMC Served Distribution - Gender

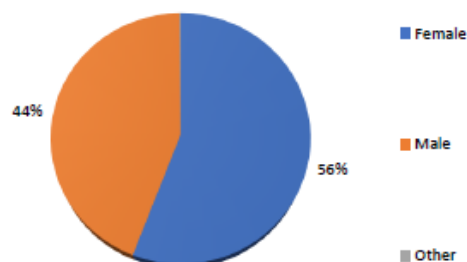


Gender Distribution for FY2018/2019

	07	08	09	10	11	12	01	02	03	04	05	06
Female	163	175	158	175	161	159	186	165	178	171	170	166
Male	112	121	120	121	117	108	133	123	139	140	144	138
Other	1	0	0	0	0	0	0	0	0	0	0	0
Total	276	296	278	296	278	267	319	288	317	311	314	304

	YTD	%
Female	388	55.8%
Male	306	44.0%
Other	1	0.1%
	695	100.0%

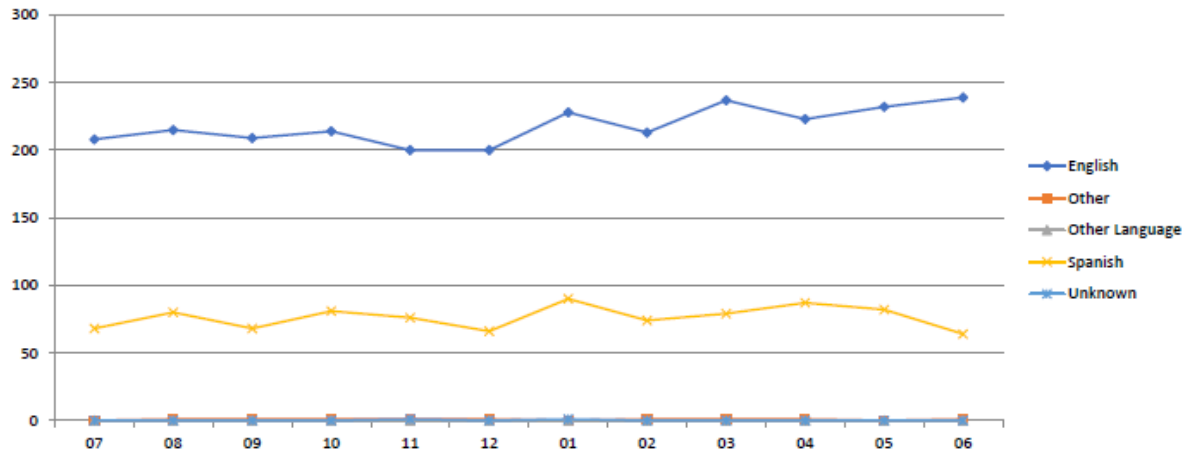
YTD SDMC Served Distribution - Gender





SHORT DOYLE / MEDI-CAL (SDMC) CLIENTS SERVED

Monthly SDMC Served Distribution - Language

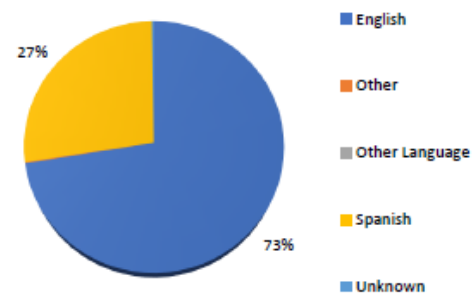


Language Distribution for FY2018/2019

	07	08	09	10	11	12	01	02	03	04	05	06
English	208	215	209	214	200	200	228	213	237	223	232	239
Other	0	1	1	1	1	1	0	1	1	1	0	1
Other Language	0	0	0	0	0	0	0	0	0	0	0	0
Spanish	68	80	68	81	76	66	90	74	79	87	82	64
Unknown	0	0	0	0	1	0	1	0	0	0	0	0
Total	276	296	278	296	278	267	319	288	317	311	314	304

	YTD	%
English	503	72.4%
Other	1	0.1%
Other Language	0	0.0%
Spanish	189	27.2%
Unknown	2	0.3%
	695	100.0%

YTD SDMC Served Distribution - Language





CLIENTS SERVED (CSI)

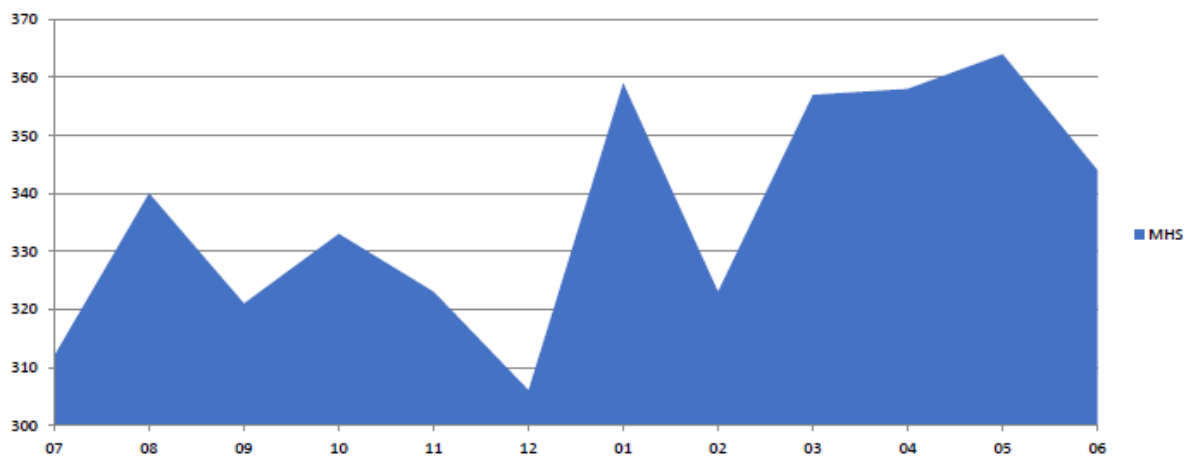
SUMMARY

Unduplicated clients served data that appears on this summary page and the subsequent demographic detail pages reflects information obtained from the Cerner Community Behavioral Health (CBH) solution. As the EHR may be used to capture both Mental Health and Substance Abuse information, services are limited to only those which were reported within a CSI reportable Unit/Subunit and for which a CSI record would have been submitted (based upon Mode/SFC). In addition, no shows/cancellations and services without durations have been excluded as these are for tracking purpose, but do not represent provided services. Clients served is therefore defined as follows:

- Clients must have received a service having a non-zero duration (bed days are considered non-zero durations)
- Clients must not have received a service flagged as a no show or cancellation
- Clients must have received the service within a CSI reportable Unit/Subunit and the service must be CSI reportable
- For monthly counts, a client is only included if the service was provided during that month
- For year-to-date (YTD) counts, a client is counted once if at least one service was provided during the year

For the purposes of standardizing the demographic data set, the age, ethnicity, gender, and language statistics are based upon US Census categories. More information on US Census data can be found at <http://www.census.gov/>

Monthly Clients Served Distribution - Total



Unduplicated Clients Served YTD

785

YTD clients served reflect the number of unique clients with at least one service within the Fiscal Year

Total Clients Served Distribution for FY2018/2019

	07	08	09	10	11	12	01	02	03	04	05	06
MHS	312	340	321	333	323	306	359	323	357	358	364	344

Kings View Information Technology

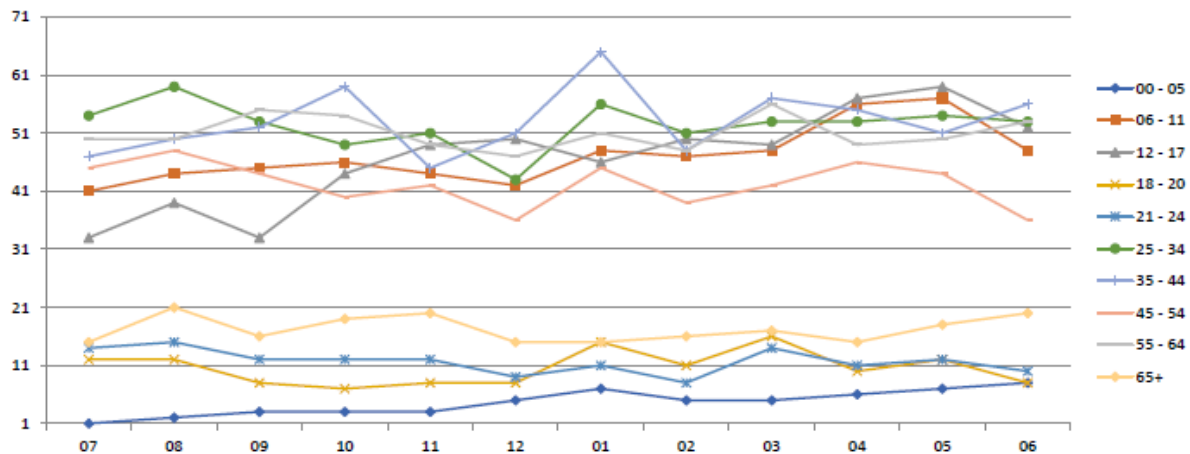
COLUSA COUNTY PENETRATION REPORT

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CLIENTS SERVED (CSI)

Monthly Clients Served Distribution - Age

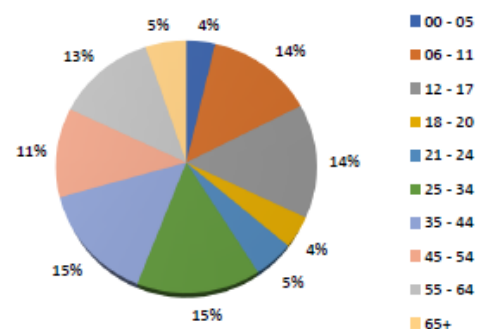


Age Distribution for FY2018/2019

	07	08	09	10	11	12	01	02	03	04	05	06
00 - 05	1	2	3	3	3	5	7	5	5	6	7	8
06 - 11	41	44	45	46	44	42	48	47	48	56	57	48
12 - 17	33	39	33	44	49	50	46	50	49	57	59	52
18 - 20	12	12	8	7	8	8	15	11	16	10	12	8
21 - 24	14	15	12	12	12	9	11	8	14	11	12	10
25 - 34	54	59	53	49	51	43	56	51	53	53	54	53
35 - 44	47	50	52	59	45	51	65	48	57	55	51	56
45 - 54	45	48	44	40	42	36	45	39	42	46	44	36
55 - 64	50	50	55	54	49	47	51	48	56	49	50	53
65+	15	21	16	19	20	15	15	16	17	15	18	20
Total	312	340	321	333	323	306	359	323	357	358	364	344

	YTD	%
00 - 05	29	3.7%
06 - 11	108	13.8%
12 - 17	115	14.6%
18 - 20	32	4.1%
21 - 24	38	4.8%
25 - 34	117	14.9%
35 - 44	115	14.6%
45 - 54	90	11.5%
55 - 64	100	12.7%
65+	41	5.2%
Total	785	100.0%

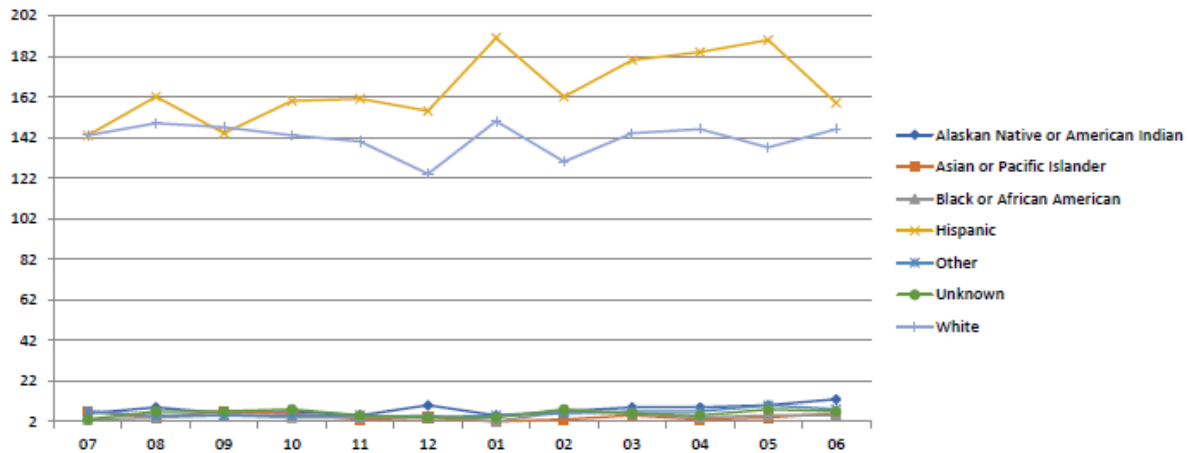
YTD Clients Served Distribution - Age





CLIENTS SERVED (CSI)

Monthly Clients Served Distribution - Ethnicity

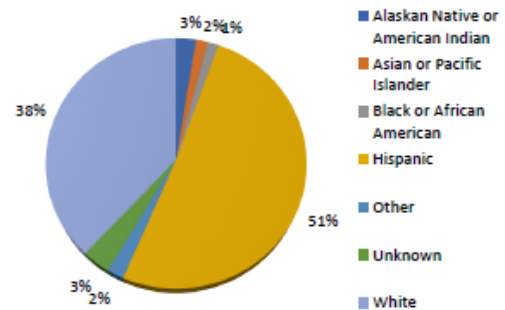


Ethnicity Distribution for FY2018/2019

	07	08	09	10	11	12	01	02	03	04	05	06
Alaskan Native or American Indian	6	9	6	7	5	10	5	7	9	9	10	13
Asian or Pacific Islander	7	4	7	6	3	4	2	3	5	3	4	6
Black or African American	3	4	5	4	4	5	2	7	6	4	5	5
Hispanic	143	162	144	160	161	155	191	162	180	184	190	159
Other	7	5	5	5	5	4	5	6	7	7	10	8
Unknown	3	7	7	8	5	4	4	8	6	5	8	7
White	143	149	147	143	140	124	150	130	144	146	137	146
Total	312	340	321	333	323	306	359	323	357	358	364	344

	YTD	%
Alaskan Native or American Indian	20	2.5%
Asian or Pacific Islander	12	1.5%
Black or African American	11	1.4%
Hispanic	400	51.0%
Other	16	2.0%
Unknown	27	3.4%
White	299	38.1%
Total	785	100.0%

YTD Clients Served Distribution - Ethnicity



Kings View Information Technology

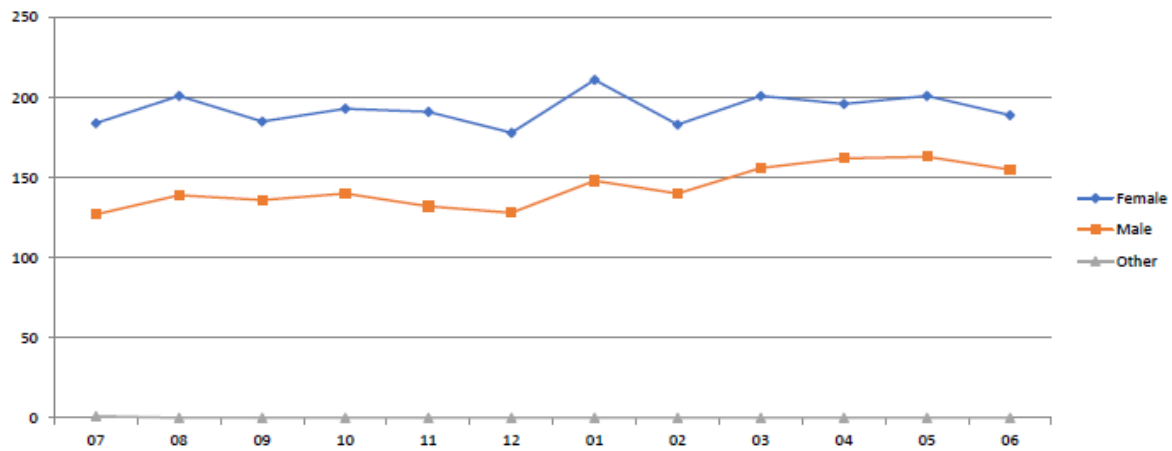
COLUSA COUNTY PENETRATION REPORT

FY2018/2019



CLIENTS SERVED (CSI)

Monthly Clients Served Distribution - Gender

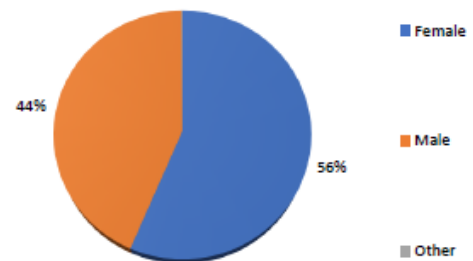


Gender Distribution for FY2018/2019

	07	08	09	10	11	12	01	02	03	04	05	06
Female	184	201	185	193	191	178	211	183	201	196	201	189
Male	127	139	136	140	132	128	148	140	156	162	163	155
Other	1	0	0	0	0	0	0	0	0	0	0	0
Total	312	340	321	333	323	306	359	323	357	358	364	344

	YTD	%
Female	443	56.4%
Male	341	43.4%
Other	1	0.1%
	785	100.0%

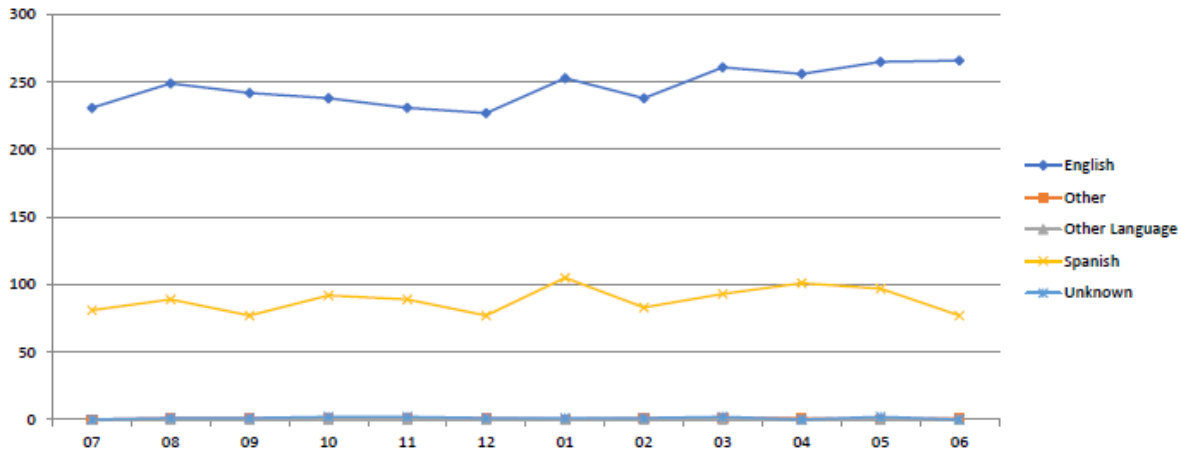
YTD Clients Served Distribution - Gender





CLIENTS SERVED (CSI)

Monthly Clients Served Distribution - Language

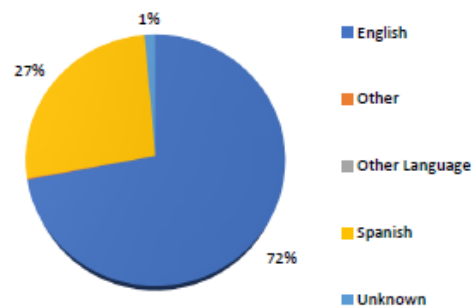


Language Distribution for FY2018/2019

	07	08	09	10	11	12	01	02	03	04	05	06
English	231	249	242	238	231	227	253	238	261	256	265	266
Other	0	1	1	1	1	1	0	1	1	1	0	1
Other Language	0	0	0	0	0	0	0	0	0	0	0	0
Spanish	81	89	77	92	89	77	105	83	93	101	97	77
Unknown	0	1	1	2	2	1	1	1	2	0	2	0
Total	312	340	321	333	323	306	359	323	357	358	364	344

	YTD	%
English	565	72.0%
Other	1	0.1%
Other Language	0	0.0%
Spanish	208	26.5%
Unknown	11	1.4%
Total	785	100.0%

YTD Clients Served Distribution - Language



V. Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI priority populations

CCDBH continuously strives to improve access to, and utilization of, mental health services before one's issues turn into a diagnostically recognized mental health disorder. This is where Prevention and Early Intervention (PEI) becomes an imperative component to our CCP. PEI programs reach out to community members and provide interventions that may curb issues and prevent a need for professional mental health treatment. Colusa County has been identified as an underserved community and within our county population CCDBH has encouraged PEI programs to reach our Hispanic/Latino and Native American populations. We currently are funding a PEI program titled "Life and Leadership – A Circle of Solid Choices" which targets the Native American community. This program is discussed in detail in our Fiscal Year 2019/2020 MHSA Annual Update Plan.

CRITERION 3

**STRATEGIES AND EFFORTS FOR REDUCING RACIAL,
ETHNIC, CULTURAL, AND LINGUISTIC MENTAL
HEALTH DISPARITIES**

I. Identified unserved/underserved/inappropriately served target populations (with disparities):

In Colusa County we have multiple native tribes that have been identified as underserved. The LGBTQ population is also recognized as an unserved or underserved population. This may be due to the fact that the cities that make up the county are small and there is a lack of anonymity. CCDBH hopes to have cultural trainings in regards to both of these populations to bring awareness to the agency on how to serve these populations.

II. Identified disparities (within the target populations):

CCDBH established a MOU with Colusa Indian Community Council (CICC) to serve any native member who sought mental health services at CCDBH. Our penetration rate for this population can improve as we recognize the service disparity. In ongoing collaboration with CICC for the current PEI funded program, we hope to improve our relationship with this population and the CICC administration. By doing so, we are hopeful that rapport and trust can increase the number of native members who seek our services.

III. Identified strategies/objectives/actions/timelines

Under the MHSA programming the CICC has partnered with CCDBH to implement a culturally appropriate tribal youth program to decrease risky behaviors among the youth. We hope that this partnership will create culturally appropriate services to these youth and will increase their ability to make healthy decisions. CCDBH also has an MOU with CICC to provide services to their members and we hope that increases their access to services.

IV. Additional strategies/objectives/actions/timelines and lessons learned

Colusa County Department of Behavioral Health Quality Management program has broad oversight responsibilities for Performance Improvement Projects (PIP) Outcomes measures, cultural competency, service delivery, network adequacy, beneficiary protection (including Grievances and appeals and change of provider requests), Electronic Health Record implementation, psychiatric services, consumer involvement and chart review. The Quality Improvement (QI) Committee is the key in implementation of the QI Work Plan. Membership of this committee includes licensed clinical staff (LCSW, PhD, LMFT), interns (associate MFT's and ACSW's), consumers, Patients' Rights Advocate, and support staff. The QI Committee meets quarterly to review data that supports the work of the committee, identify quality improvement issues, and make improvements to internal processes when needed.

V. Planning and monitoring of identified strategies/objectives/actions/timelines to reduce mental health disparities

There is a disparity among the Latino population when it comes to retaining their services. The agency is working on increasing retention of services among the population by incorporating two Performance Improvement Projects (PIPs). The administrative PIP would focus on increasing the percentage of the Latino penetration rate due to noticing data that reported a notable discrepancy in compared to our white/Caucasian ethnic penetration rate. The clinical PIP would incorporate education on mental health diagnosis to adult clients and their significant family members in hopes that it will encourage clients to take more of an active role in their treatment.

CRITERION 4

CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

I. The county has a Cultural Competence Committee, or other group that addresses cultural and linguistic issues and has participation from cultural groups, that is reflective of the community.

Historically, CCDBH has had two committees that strive to serve the underserved populations of Colusa County. The MHSA Cultural Competency Advisory Committee and the Cultura Es Vida Committee have focused on discussions and interventions to best reach stakeholders of our diverse cultures. In these committee meetings participants would also share past and future local events so those in attendance could then share the information with other stakeholders in the community.

The purpose of Cultura Es Vida was to identify community leaders within the department to assist with outreach to our county's Hispanic/Latino population. Though Cultura Es Vida is currently in a dormant stage, outreach efforts to the Hispanic/Latino population is still a priority for CCDBH. The purpose of the MHSA Cultural Competency Advisory Committee is to create a dialogue with community stakeholders on how to better serve and reach the underrepresented and underserved Colusa County residents. The newly assigned MHSA Coordinator/ESM is in the process of seeking stakeholder participation for the advisory committee who will work to carry out items identified in the Cultural Competency Plan (CCP).

Currently, ESM has developed new membership in the Cultural Competency Committee that is made up of behavioral health staff. These members can speak to different cultures and sub-cultures served at the agency based on their self-identified culture and their role within CCDBH. This committee will also serve to carry-out items in the CCP.

CRITERION 5

CULTURALLY COMPETENCE TRAINING ACTIVITIES

I. The county Mental Health Plan shall encourage all staff and contractors to receive cultural competence trainings.

In late November of FY 2019/2020 CCDBH identified an ESM to coordinate and/or facilitate cultural competency trainings throughout the year. The newly appointed ESM will be working on a schedule of trainings. All staff will be required to participate in trainings.

II. Annual cultural competence trainings

Within the past calendar year, CCDBH has had trainings on LBGTQ culture, Veteran/Military Culture, and Client Culture. The most recent training was on client culture which included representation from members of our wellness and recovery center. CCDBH is committed to providing cultural competency trainings to employees either by hosting them, or referring them to webinars. Within the next quarter, CCDBH will be hosting a training related to staff stigma and implicit biases.

III. Relevance and effectiveness of all cultural competence trainings

A five question survey was created for staff to complete regarding our most recent training on client culture. Data was analyzed and showed a favorable response to the training. Staff mentioned via survey they would like additional training on the Hispanic/Latino culture. The ESM plans to continue to gather data post cultural competence trainings to evaluate the relevance and effectiveness of the trainings provided and report these findings to CCDBH leadership and the cultural competency committee.

IV. Counties must have a process for the incorporation of Client Culture/Family Member Culture Training throughout the mental health system.

CCDBH hosted a Client Culture training for all staff on December 18, 2019. This training was well attended. A staff member with lived experience as well as six consumers of the agency provided information on how their mental health diagnoses has impacted their life and how support from their peers has encouraged their personal growth and self-esteem.

CRITERION 6

COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

I. Recruit, Promote, and Support a Diverse Governance, Leadership, and Workforce

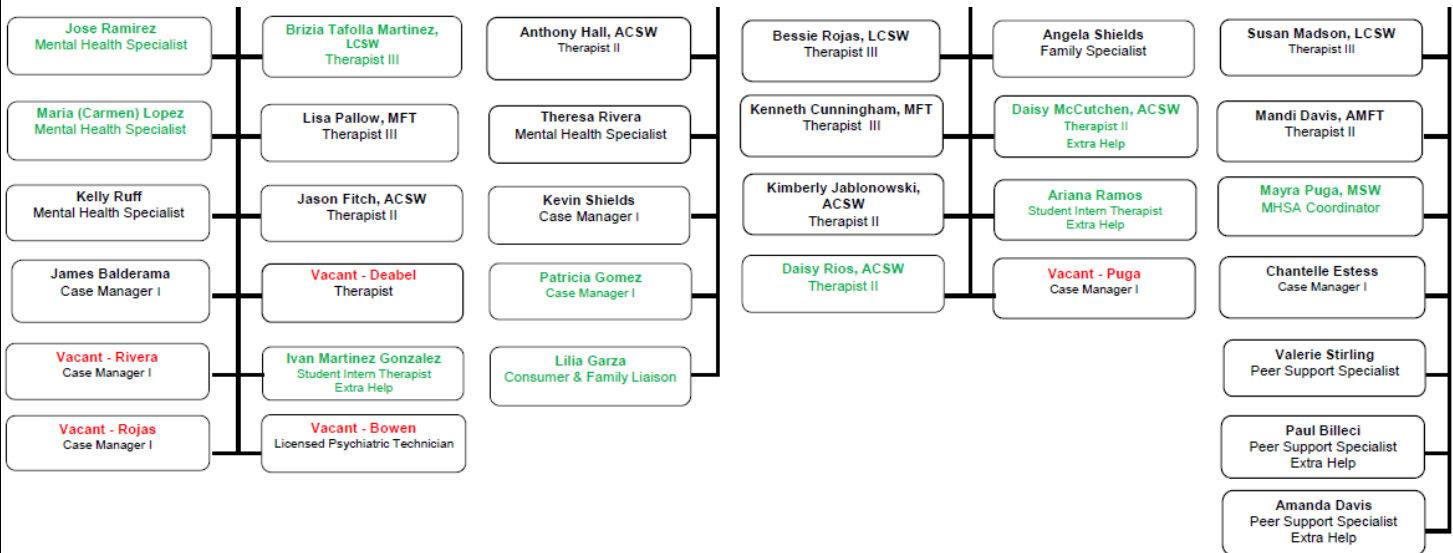
The current MHSA Coordinator/ESM has actively sought staff to participate in the community outreach events that she has coordinated and been invited to. Management encourages staff to participate in these community events so that the community can become familiar and comfortable with staff they are likely to interact with when/if they seek out behavioral health services. Recent outreach events include Safe Haven's Veterans Car Show, Migrant Camp Outreach event via Colusa County Office of Education, a local carnitas competition, Maxwell High School Rodeo, two local Ampla Health's National Health Center Week events, and a Suicide Prevention Week Community Self-Care Scavenger Hunt. A variety of staff helped the MHSA Coordinator/ESM table and coordinate the events.

Colusa County Department of Behavioral Health is always striving to create a more culturally diverse workforce. One of the ways in which this is done is by making sure that all job flyers for recruitment state that Spanish/English bilingual individuals are preferred. This allows us to have a variety of providers who can communicate to our consumers in their preferred/threshold language.

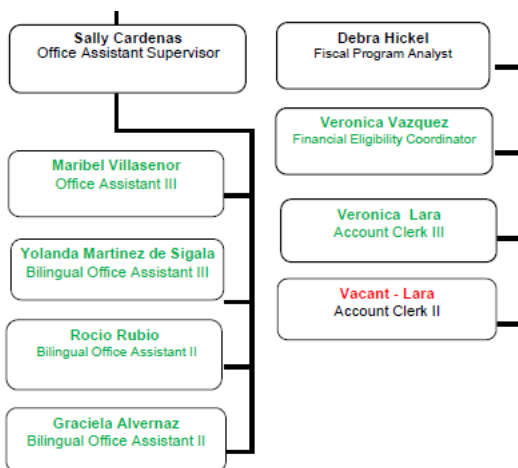
33.9% of CCDBH staff are bilingual/bicultural

The images below with employee names written in green show the CCDBH staff that are bilingual/bicultural. For a full Organizational Chart, please see Attachment I.

Clinical Staff



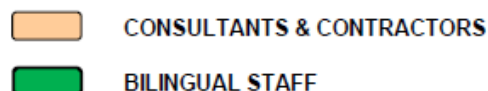
Administrative Staff



Drivers and Sitters



Organizational Chart Legend



CRITERION 7

LANGUAGE CAPACITY

I. Increase bilingual workforce capacity

1. Evidence in the Workforce Education and Training (WET) Plan on building bilingual staff capacity to address language needs.

Colusa County utilizes other funding sources to provide to the WET program funds. By doing so, we are able to continue to support WET efforts. These efforts may go towards the hiring of bilingual staff that increases our capacity to better serve our wellness and recovery center.

2. Updates from Mental Health Services Act (MHSA), Community Service and Supports (CSS), or WET Plans on bilingual staff members who speak the languages of the target populations.

CCDBH has a total of seven bilingual/bi-cultural staff and two bilingual/bicultural interns that provide direct services to Hispanics/Latino consumers. Two of the seven bilingual/bi-cultural staff is used as interpreters when the need is requested. The CCDBH MHSA Coordinator/ESM is bilingual/bi-cultural and provides outreach services in Spanish to the Spanish speaking community in Colusa County.

3. Total annual dedicated resources for interpreter services in addition to bilingual staff.

The total annual amount dedicated resources for interpreter series in addition to bilingual staff is \$6,000.

II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services.

A. Evidence of policies, procedures, and practices for meeting clients' language needs.

Please see the Policies and Procedures at the end of this criterion section titled "Meeting Consumer Language Needs", "Accessing Interpreters for Non-English Speaking Individuals",

California Department of Health Care Services Cultural Competence Plan Requirements
“Guidelines for Use of Interpreters”. The Colusa County Department of Behavioral Health has interpreters for Spanish speaking consumers. Information regarding these services is available in brochures and the official CCDBH website. Spanish speaking consumer who make a request of an interpreter are made available. CCDBH has an ATT Language line made available to all monolingual consumers. Support staff is knowledgeable in connecting monolingual consumers to the appropriate language services. Support staffs are frequently blind tested on the use of the ATT Language Line with an assessment of their performance following the test call.

B. Evidence that clients are informed in writing in their primary language, of their rights to language assistance services.

In CCDBH’s intake folder all documents required for intake are available in our threshold language, Spanish, for our Spanish speaking clients. Our informed consent, grievance form, provider directory, beneficiary handbook, and release of information forms are just a few examples of document in our intake packet. Other informing material such as NOABDs, program pamphlets, and office hours are also provided in a client’s preferred language.

C. Evidence that the county/agency accommodate persons who have LEP by using bilingual staff or interpreter services.

Interpreters are made available upon request to all Spanish speaking consumers. Please refer to the Policies and Procedures below at the end of this criterion section.

D. Share historical challenges on efforts made on the items A, B, and C above.

Colusa County has a shortage of mental health providers in our area. Thus, it’s been difficult to recruit providers in general and even more of a challenge to recruit bilingual/bi-cultural providers to CCDBH. By having our job flyers state “Bilingual Spanish/English preferred” has helped us improve our efforts to increase our bilingual/bi-cultural staff. Recently, CCDBH has increased the number of bilingual/bi-cultural providers by hiring two therapists and two mental

California Department of Health Care Services Cultural Competence Plan Requirements
health specialists. This improves our efforts to provide more resources for the growing number of Spanish speaking consumers.

E. Identify county technical assistance needs.

CCDBH has not identified language access technical assistance needs at this time.

III. Provide bilingual staff and/or interpreters for the threshold languages at all points of contact.

A. Evidence of availability of interpreter (e.g. posters/bulletins) and/or bilingual staff for the languages spoken by community.

Information regarding services in Spanish is made throughout the office in the form of brochures. Information is also available on the official CCDBH website. All clerical staff, which is our client's first point of contact with the agency, are bilingual/bicultural.

B. Documented evidence that interpreter services are offered and provided to clients and the response to the offer is recorded.

Information is documented and collected daily for monthly reports by our clerical staff when beneficiaries/clients come in for services.

C. Evidence of providing contract or agency staff that are linguistically proficient in threshold languages during regular day operating hours.

Currently we have seven bilingual/bi-cultural staff and two bilingual/bicultural interns that provide direct services to Hispanics/Latino consumers. Two of the seven bilingual/bi-cultural staff are used as interpreters when the need is requested. However, when the assigned interpreters are unavailable other bilingual/bicultural staff are utilized previous to utilizing the language line. All Front Staff are bilingual and are available during our scheduled walk-in intakes days to assist monolingual beneficiaries requesting services for the first time.

D. Evidence that counties have a process in place to ensure that interpreters are trained and monitored for language competence (e.g., formal testing)

All bilingual staff who are utilized to interpret for monolingual Spanish-speaking clients have passed our county's Spanish proficiency test given by our Human Resources Department. We have sent two bilingual staff to an interpreter and translator certification training. In addition, the ESM will actively seek interpreter/translator training opportunities for the agency so that bilingual proficiency is ensured and maintained.

IV. Provide services to all LEP clients not meeting the threshold language criteria who encounter the mental health system at all points of contact.

A. Policies, procedures, and practices that include the capability to refer, and otherwise link, clients who do not meet the threshold language criteria (e.g., LEP clients) who encounter the mental health system at all key points of contact, to culturally and linguistically appropriate services.

The Colusa County Department of Behavioral Health threshold language is Spanish. When we encounter beneficiaries who speak another language other than Spanish, we utilize the ATT Language Line.

B. Provide a written plan for how clients who do not meet the threshold language criteria, are assisted to secure, or linked to culturally and linguistically appropriate services.

The procedure of meeting the consumer language need as follows:

1. If the consumer requires or requests language interpreter services, the consumer may be offered the option of a staff interpreter if the primary language need is Spanish. Available staffs who speak Spanish may be utilized as interpreters.
2. Whenever appropriate, a preferred first option is that the consumer is linked with a Colusa County Department of Behavioral Health service provider who has the ability to meet the consumer's language need. Colusa County Department of Behavioral Health has clinical service providers who speak Spanish.
3. If a consumer has language needs other than Spanish, referrals to linguistically appropriate service providers in the community will be made within the capability of the

available resources. Other interpreter resource options could possibly be utilization of significant others as translators, dependent on the consumer's preference to use these options. However, it is prohibited to expect family members to provide interpreter services and it is prohibited for minor children to be used as interpreters.

4. In situations where language needs cannot be met through in-person linguistic capability, Colusa County Department of Behavioral Health may utilize the ATT Language Line. Language line utilization is not recommended for extensive communication such as on-going therapy sessions. It is, however, an option for initial contact situations until sources are identified to more appropriately meet the consumer's language need.

Staff will be trained to understand the unique mental health needs of culturally diverse consumers and the importance of consumer choice in how interpreting services are delivered. This will be completed through staff attendance at trainings, as they become available. County sponsored training on cultural competence will be made available to staff at least four times a year. It will be emphasized that family or significant others are used as interpreters only if the consumer prefers, and if it is appropriate. It is however, prohibited to expect family members to provide interpreter services and it is prohibited for minor children to be used as interpreters.

V. Required translated documents, forms, signage and client informing materials

The county shall have the following available for review during the compliance visit:

A. Culturally and linguistically appropriate written information for threshold languages, including the following, at minimum:

- 1. Member service handbook or brochure;**
- 2. General correspondence;**
- 3. Beneficiary problem, resolution, grievance, and fair hearing materials;**
- 4. Beneficiary satisfaction surveys;**
- 5. Informed Consent for Medication form;**

6. Confidentiality and Release of Information form;

7. Service orientation for clients;

8. Mental health education materials, and

9. Evidence of appropriately distributed and utilized translated materials.

All these documents are currently available at CCDBH. The Member Service Handbook can also be found on our website. These documents will be available for review during our next compliance visit. Documents that have been created in Spanish go through an internal review for approval for culturally and linguistic appropriateness.

**COLUSA COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH**

POLICY/PROCEDURE

SUBJECT: Meeting Consumer Language Needs

POLICY:

Colusa County Department of Behavioral Health will respond to all consumer language needs with options for linguistically appropriate communication.

PROCEDURE:

The procedure for meeting consumer language needs is as follows:

- I. If a consumer requires or requests language interpreter services, the consumer may be offered the option of use of a staff interpreter if the primary language need is Spanish. Available staff who speak Spanish may be utilized as interpreters.
 - A. Whenever appropriate, a preferred first option is that the consumer is linked with a Colusa County Department of Behavioral Health service provider staff who have the ability to meet the consumer's language need. Colusa County Department of Behavioral Health has clinical service providers who speak Spanish.
 - B. If a consumer has other than Spanish language needs, referrals to linguistically appropriate service providers in the community will be made within the capability of available resources. Other interpreter resource options could possibly be utilization of significant others as translators, dependent on the consumer's preference to use these options. However, it is prohibited to expect family members to provide interpreter services.
 - C. In situations where language needs cannot be met through in-person linguistic capability, Colusa County Department of Behavioral Health may utilize the AT&T Language Line. Language Line utilization is not recommended for extensive communication such as on-going therapy

Developed: 1/2008
Revised: 12/2014
POLICY: 543.01P

sessions. It is, however, an option for initial contact situations until sources are identified to more appropriately meet the consumer's language needs.

Staff will be trained to understand the unique mental health needs of culturally diverse consumers and the importance of consumer choice in how interpreting services are delivered. This will be completed through staff attendance at statewide trainings, as they become available. County sponsored training on cultural competence will be made available to staff at least once a year. It will be emphasized that family or significant others are used as interpreters only if the consumer prefers, and it is appropriate. It is however, prohibited to expect family members to provide interpreter services.



James A. Rooney

Director

Developed: 1/2008
Revised: 12/2014
POLICY: 543.01P

**COLUSA COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH**

POLICY/PROCEDURE

**SUBJECT: Accessing Interpreters for Non-English Speaking
Individuals**

POLICY:

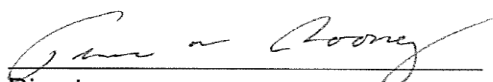
It is the policy of Colusa County Department of Behavioral Health Services (CCDBH) to meet the language needs of all non-English speaking clients. Translation/interpretation services will be made available throughout CCDBH delivery so those individuals can access any services they need. Non-English speaking individuals will be identified at point of access and appropriate interpretation will be offered in the provision of the services they receive. This policy prohibits the expectation that family members will provide interpreter services.

PROCEDURE:

1. Non-English speaking and Limited English Proficient (LEP) individuals have a right to free language assistance services.
2. Non-English speaking individuals will be identified at the point of access to services. Individuals will be offered the assistance of bilingual staff or an interpreter.
3. Individuals requesting services will be asked to notify the Receptionist regarding need for bilingual staff or interpreter when scheduling non-English speaking individuals.
4. Bilingual staff or interpreters will be scheduled accordingly to assist the individual.
5. A list of staff with bilingual skills is available for staff use. This listing may also be shared with clients for them to exercise a choice in providers.
6. The Language Line is used when neither bilingual staff nor interpreters are available.

Developed: 10/2007
Revised: 12/2014
POLICY: 547.01P

7. Clinician/service providers will document the offer and use of an interpreter in the progress/crisis note.
8. Clinicians will use contracted interpreters, bilingual staff, or language line and not expect families to provide interpretation. Families may be used if that is the individual's preference. Clinician will document the reason for using the family as an interpreter.
9. Interpreter services are provided to the clients and families at no charge.



Director

Developed: 10/2007
Revised: 12/2014
POLICY: 547.01P

**COLUSA COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH**

POLICY/PROCEDURE

SUBJECT: Guidelines for Use of Interpreters

POLICY:

Colusa County Department of Behavioral Health recognizes, promotes and integrates elements of culture to ensure cultural competency at all levels of the organization and in all services provided. For consumers with limited English language skills we will provide services in the consumer's language of choice. When the provider does not speak the consumer's language of choice, we will provide face-to-face interpretation for Spanish speaking consumers and AT&T language line interpretation for all others.

PROCEDURE:

These are a number of simple guidelines that service providers can use when working with interpreters. These suggestions can help facilitate interaction, help the client to feel more comfortable, and make the interpreter's job somewhat easier.

1. Allow extra time because everything has to be said at least twice. Explanations will generally take longer, especially if the client is not knowledgeable about western medicine.
2. Never use children as interpreters. Most clients will not discuss problems of a personal nature in front of their children. Interpreting serious problems may traumatize children, and in many cultures, using the child to interpret will upset the family's social order.
3. Face the client and speak directly to him or her. Arrange chairs to facilitate your communication with the client. Placing the client, service provider, and interpreter in a triangular relationship may be most conducive to good communication. The interpreter should be considered a member of the team.

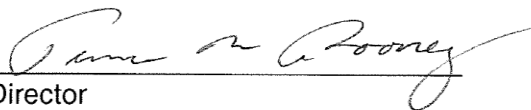
Developed: 3/2007
Revised: 11/2014
POLICY: 555.01P

4. Watch the client (not the interpreter) during the translation. This will allow you to observe the client's body language and other behavioral cues. The bilingual/bicultural interpreter will help you to understand nonverbal messages.
5. Speak slowly and clearly. Do not raise your voice or shout.
6. Sentence-by-sentence translation works best. Expecting an interpreter to remember long explanations is unreasonable and will lead to omissions.
7. Remember that the time needed for the interpreter to translate a sentence may be much longer than it took you to say it in English. The interpreter often has to translate what you said and then provide further clarifications if the client does not understand. However, this may present a problem with non-trained interpreters as they and the client may talk on their own, leaving the provider outside the triadic interview, thus disrupting the client-provider relationship.
8. Allow the interpreter to ask an open-ended question if needed to clarify what the client says.
9. Use simple language and straightforward sentences. Avoid metaphors, slang, and jargon.
10. Observe and evaluate what is going on before interrupting the interpreter: e.g., Is the interpreter taking too long to interpret a simple sentence, or is the interpreter outside his/her role – having a conversation with the client, or are there no words in the target language to express what the provider said?
11. Explain all terms in simple language, especially if the consumer is not knowledgeable about the subject matter. As providers, it is our responsibility to communicate with the consumer at a level that the consumer can understand.
12. Always allow time for clients to ask questions and seek clarification.
13. Question the interpreter if he or she seems to answer for the client. The interpreter may have translated for the client on prior occasions and may be familiar with the history, but it is important that you obtain an accurate update of the client's history.
14. Learn some basic words and phrases in the consumer's language. The purpose is not to enable you to communicate with the consumer's without the interpreter,

Developed: 3/2007
Revised: 11/2014
POLICY: 555.01P

but to help the consumer feel comfortable. Knowing how to introduce yourself to say good morning or to ask how the consumer is feeling in his or her language is generally very well received.

15. Always ask the consumer to repeat the instructions to you to be certain they have been properly translated and understood.
16. Remember that some consumers who require an interpreter may actually understand English quite well. The consumer may understand any comments you make to other providers or to the interpreter.
17. Document in the progress notes the name of the interpreter who translated for the consumer, and the fact that the session was conducted in the consumer's language.
18. Before meeting with the consumer, the provider should give the interpreter a brief summary about the consumer and set goals and procedures for the session. Upon entering the interview or examination room, the provider should introduce himself or herself directly to the consumer, allowing the interpreter to translate. This helps set the tone for the visit and establishes the service provider as the one directing the interaction.


Director

Developed: 3/2007
Revised: 11/2014
POLICY: 555.01P

CRITERION 8**ADAPTATION OF SERVICES****I. Client driven/operated recovery and wellness programs**

CCDBH has a client driven center known as Safe Haven Wellness and Recovery Center. This center provides the public and clients with a safe place where individuals can feel supported and obtain information to resources on their journey to recover. CCDBH offers various and diverse groups and activities facilitated by staff at Safe Haven. These groups and activities all center on wellness and recovery. Safe Haven has a Peers Helping Peers (PHP) monthly meeting which discusses what's going well, areas for improvement, and goals of the program. Safe Haven also has a Leadership group that responds to input/concerns from PHP. The Leadership group will then make decisions accordingly. Currently, the center is located in the CCDBH building, room 102.

Safe Haven is consumer operated and
relies on volunteers and donations.
We welcome all individuals to assist
in any way that they can.

How Can You Help?

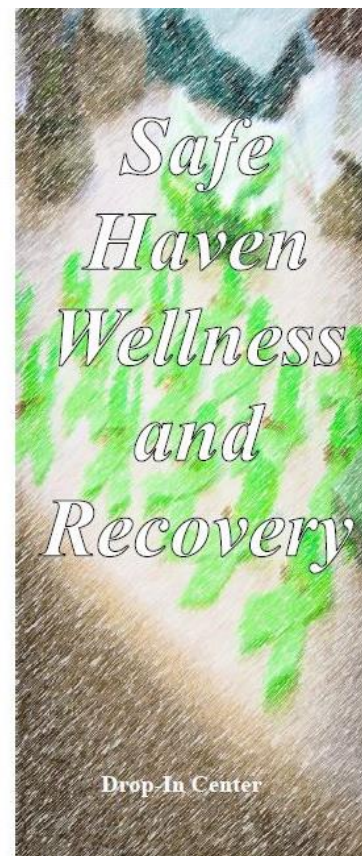
- **To Volunteer Contact:**
Valerie Stirling @
(530) 458-0856
- **Safe Haven Fund**
- **Donate:**
 - Food
 - Clothing
 - Time
 - Ideas

*Please note that donations are tax deductible.



Colusa County
Department of
Behavioral Health

162 E. Carson Street
Colusa, CA 95932
Phone: (530) 458-0520
24 Tolls Free: 1-888-793-6580
24 Hour Crisis Line: 1-888-793-6580



- Acceptance
- Belonging
- Caring

- Friendship
- Non-Judgmental
- Support

Mission Statement:
 Our Mission is to promote Behavioral Health and positively impact the lives of our clients, families and the community through empowerment, advocacy, recovery, resilience and stigma reduction.

About Safe Haven....

Safe Haven first opened its doors on March 3, 2008 and originally started with just a few members. Since moving to its new location, the number has increased significantly.

WHO CAN COME?
 Everybody 16 years of age and older are welcomed at Safe Haven. We do not discriminate against race, ethnicity, sex, age, national origin, sexual orientation, religion, or disability in providing access to programs or services to clients. Safe Haven is a drug free environment.

We ask that all visitors who come to the center keep the environment a safe one, by showing respect for others and



the facility. The goal is to help clients take responsibility for their own mental health through the process of self-help. It also provides support in times of crisis and social isolation allowing each person to improve social skills and maintain healthy relationships.

The building is a welcoming place where individuals find an accepting, caring, non-clinical atmosphere where he or she can feel a sense of belonging. It provides a safe, non-judgmental place for people to gather and participate in a number of projects and programs offered there.

ACTIVITIES PROVIDED
 Safe Haven offers an array of activities. Some of the activities offered are: Karaoke, Bingo, Potlucks, BBQ's and Movie Marathons. Groups that are offered at Safe Haven are: Stress Reduction & Meditation, Walking, Arts & Crafts and Healthy Living. They just recently started a WRAP (Wellness Recovery Action Plan) group!

Everyone is encouraged to participate in groups and activities in a fun and safe environment. Meals and snacks are often provided. Coffee is available throughout the day.

SAFE HAVEN FUND
 Safe Haven is a Mental Health Services Act- Funded Project. Safe Haven Fund donations support extra activities.

• "Safe Haven saved my life."-Rob W.

• "It has helped me grow and feel like a part of a family. It is my biggest support team." Ellen U.

• "It has changed my life, before I felt alone, lost and hopeless. I am now the vice president!" Alice

• "Before Safe Haven I was on the streets. I now have a home."-John D.

You are Welcomed:
 Monday-Saturday
 8:30am-4:30pm

Location:
 411 Main Street
 Colusa, CA 95832



PHONE: (530) 458-0856

II. Responsiveness of mental health services

A. Documented evidence that the county/contractor has available, as appropriate, alternatives and options that accommodate individual preference, or cultural and linguistic preferences, 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 provider.

Our community often provides CCDBH with flyers, brochures, and calendars of upcoming events that incorporate various cultural aspects. We disseminate these cultural alternative events and activities to our clients at CCDBH. Should clients request or need specific cultural or linguistic alternatives, staff will be made available to provide linkage to these needs.

III. Quality of Care: Selection of Contract Providers

CCDBH is the sole provider to the County of Colusa and therefore has no additional providers at this time.

IV. Quality Assurance: Assessment of Quality of Care

CCDBH utilizes our Quality Improvement Committee (QIC) to assess the quality of care

provided to our beneficiaries. The QIC is made up of our Quality Assurance Coordinator, Compliance Officer, Program Managers, ESM, and stakeholders. The QIC reviews consumer satisfaction survey data, grievances and complaints trends, findings from chart audits and reviews, and timeliness data available through our EHR Dashboards to analyze any issues and identify areas in need of improvement. Specific PHI data is reviewed confidentially without stakeholders present. During our annual update of our Quality Improvement Plan, an evaluation is conducted on our yearly efforts to reach our quality improvement goals. The evaluation will then set the baseline for the next year's QI Plan and goals. A recent finding from QIC identified that our Hispanic/Latino population penetration rate was 6% which is comparatively low to our White/Caucasian population penetration rate at 16.5%. We plan to increase the Hispanic/Latino penetration rate to at least 10% because our Hispanic/Latino population makes up at least 50% of our county's population. This is a focus of our new Performance Improvement Project. For additional QI goals, please see our current Quality Improvement Plan located on our website for more details.

