

COLUSA COUNTY BEHAVIORAL HEALTH



FY 2022-2024

Cultural Competency Three Year Plan

Colusa County Behavioral Health

CULTURAL COMPETENCY THREE YEAR PLAN

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Introduction

Colusa County Department of Behavioral Health (CCDBH) will strive to provide culturally, ethnically, and linguistically appropriate services to all clients and families we serve. This includes populations and subpopulations that may need specific services, such as the LGBTQ+ community, Native American community, recovery community (mental health or substance use), faith-based communities, justice involved community, the older adult community and others. CCDBH recognizes that creating a system that implements cultural humility requires active engagement from the entire system; leadership, staff, and the community. This will allow us to continue to learn, grow, and create positive changes for improved services, client/community engagement, and overall community health. CCDBH's Cultural Competency Plan (CCP) will focus our efforts on tasks to improve services for our community.

Criterion 1: Commitment to Cultural Competence

I. County Mental Health System commitment to cultural competence

The county shall include the following in the CCPR:

- A. Policies, procedures, or practices that reflect steps taken to fully incorporate the recognition and value of racial, ethnic, and cultural diversity within the County Mental Health System

Policies and Procedures

Colusa County Behavioral Health has seven policies/procedures that reflect steps taken to fully incorporate the recognition and value of racial, ethnic, and cultural diversity within the County Behavioral Health System. The seven policies/procedures are:

CLAS Standards

Cultural Competency and Language Services

Culturally and Linguistically Appropriate Services

Accessing Interpreters for Non-English Speaking Individuals

Guidelines for Use of Interpreters

Accommodations and Physical Access to Services

Meeting the Needs of Individuals with Visual and Hearing Impairment

County Goals

Goal #1: Develop and retain a diverse workforce by expanding our Substance Use program in hiring a bilingual staff in the County's threshold language, Spanish.

Goal #2: Reach out to local Native American Tribes to collaborate on providing a cultural humility training.

Goal #3: Develop a resource for the growing LGBTQ+ population in the county.

Goal #4: Host a cultural event in collaboration with the Cultural Competency Committee and other local agencies and community members.

Goal #5: Develop a survey to disseminate to County staff and community members around recommendations and suggestions on cultural improvements that CCDBH can make.

The county shall have the following available on site during the compliance review:

B. Copies of the following documents to ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:

1. Mission Statement
2. Statements of Philosophy
3. Strategic Plans
4. Policy and Procedure Manuals
5. Human Resource Training and Recruitment Policies
6. Contract Requirements
7. Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic competence

Colusa County Department of Behavioral Health will have items 1-7 available on-site during a compliance review.

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

The CCPR shall be completed by the County Mental Health Department. The county will hold contractors accountable for reporting the information to be inserted into the CCPR.

The county shall include the following in the CCPR:

- A. A description, not to exceed two pages, of practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with mental health disparities; including recognition and value of racial, ethnic cultural, and linguistic diversity within the system. That may include the solicitation of diverse input to local behavioral health planning processes and services development.

CCDBH has obtained stakeholder feedback on behavioral health programming through our Cultural Competency Committee (CCC), Mental Health Services Act (MHSA) stakeholder process/outreach events, and our Behavioral Health Board. The CCC meets monthly to discuss and obtain feedback from other agencies such as CCDBH, Colusa County Office of Education, Child Protective Services (CPS), Colusa First 5, Colusa County Library, and more. Discussions around improvement on CCDBH's services and community needs are brought up at this monthly meeting. During the MHSA stakeholder process/outreach events public comments/feedback are gathered and collected to inform CCDBH around improvements that could be made around cultural competency and/or make CCDBH aware of community needs. CCDBH has been focused on reaching out to the Latinx population by attending the county's Migrant Resource Fair held by Colusa County Office of Education (CCOE). Lastly, the Behavioral Health Board also provides comments/feedback once a month on how CCDBH can make improvements around the agency.

Last year, CCDBH's Leadership team, which is made up of the Interim Director, Deputy Director, four Clinical Program Managers, the Electronic Health Records Manager, the Fiscal Administrative Officer, and the Office Assistant Supervisor, agreed to implement cultural bias vignette exercise in group supervision. This exercise was not implemented as planned. The original plan was to have the Clinical Program Managers lead their staff in the 15-minute exercise once a week

for a month in their group supervision. One Clinical Program Manager was able to complete an exercise with their staff. The Ethnic Services Manager (ESM) asked CCC for their opinion on the exercise. The feedback was that the committee found the exercise would be beneficial and could provide growth to CCDBH staff. CCC recommended that the exercise include a follow up plan to discuss with staff what systems are in place or what systems could be created to solve the implicit bias issues that are brought up during the vignette exercise. It was also recommended by a CCC member that CCDBH could add the question, “How, as an agency can we improve regarding cultural humility in efforts to create a sense of team work around improving cultural humility?” CCC recommended the ESM to continue to work towards incorporating this exercise as a permanent goal to increase cultural humility at CCDBH.

- B. A narrative description, not to exceed two pages, addressing the county’s current relationship with, engagement with, and involvement of, racial, ethnic, cultural, and linguistically diverse clients, family members, advisory committees, local mental health boards and commissions, and community organizations in the mental health system’s planning process for services.

Currently, CCDBH has worked to improve relationships with community organizations by including them in discussions around new programming that CCDBH is interested in implementing which would benefit the populations we each serve. Meetings were held where different organizations were invited to provide their own input on how these new programs should be designed, implemented, evaluated, and how these organizations could be partners in the new programs. One program that was developed step by step with other agency input was our new Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) program, the Youth Center. The agencies involved in developing and providing input on the program were Colusa County Juvenile Probation, Colusa County Child Protective Services(CPS), Colusa County Office of Education, and CCDBH.

As mentioned before, the local Behavioral Health Board meets once a month. Colusa County's Behavioral Health Board is updated on the Cultural Competence Plan (CCP) and asked for feedback by the Ethnic Services Manager (ESM) at the meeting. The CCC is also asked for feedback and updated by the ESM around all of CCDBH's cultural competence efforts.

C. A narrative, not to exceed two pages, discussing how the county is working on skills development and strengthening of community organizations involved in providing essential services.

The Colusa County Board of Supervisors (CCBOS) hired their own County Public Information Officer earlier this year to strengthen dissemination of local information and services. The Public Information Officer has been able to improve county departments communication with the public which has greatly improved essential services that are being provided around the county. CCBOS approved CCDBH to hire their own Marketing and Administrative Specialist to allow for our department to better communicate with the public as well. The Marketing Specialist/Data Analyst will be working on providing information around Behavioral Health services as well as collecting feedback from the public so CCDBH can evaluate and improve all Behavioral Health services.

D. Share lessons learned on efforts made on the items A, B, and C above.

The lessons that CCDBH learned in our efforts made on items A, B, and C were that CCDBH needs to continue to find more creative ways to seek feedback from community members as to what could be improved on. Even when attending outreach events, the greater community rarely expresses their needs/improvements that CCDBH could work on. CCDBH has been successful in obtaining feedback from other agencies when CCDBH initiates discussion. However, we would like other agencies to freely share their needs, issues, concerns around areas of need/improvement.

E. Identify county technical assistance needs.

No TA concerns/needs at this time.

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

The CC/ESM will report to, and/or have direct access to, the Mental Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural, and linguistic populations within the county.

The county shall include the following in the CCPR:

- A. Evidence that the County Mental Health System has a designated CC/ESM who is responsible for cultural competence and who promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations.

Currently, CCDBH's ESM is Mayra Puga, MSW, who's title is MHSA Coordinator and Grant Writer. The ESM is the individual who provides information and guidance to CCDBH's leadership team (Director, Deputy Director, Fiscal Administrative Officer, EHR Manager, and Clinical Program Managers) initiatives related to the reduction of health disparities experienced by communities, special populations, and clients.

- B. Written description of the cultural competence responsibilities of the designated CC/ESM.

The responsibilities of the ESM are to create and complete the CCP, schedule and coordinate cultural trainings for all staff, and facilitate the CCC meetings. The ESM

does this by planning, coordinating, implementing and evaluating specialized mental health and substance use service disparities initiatives and programs while working in collaboration with CCDBH’s Clinical Program Managers, Deputy Director and Director who oversee the agency’s 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 that provisions of mental health and substance use programs promote culturally sensitive and appropriate services.

IV. Identify budget resources targeted for culturally competent activities

The county shall include the following in the CCPR:

A. Evidence of a budget dedicated to cultural competence activities.

**3-Year Budget
for Culturally Competent
Activities**

Estimated Expenditures		
Interpreter and translation services (language line)	\$	7,200
Reduction of racial, ethnic, cultural, and linguistic mental health disparities (quarterly all staff trainings)		8,400
Outreach to racial and ethnic county-identified target populations (annual outreach event)		5,400
Cultural Humility training for CCC		1,500
Culturally appropriate mental health services (monthly CCC meetings)		9,900
Bi-lingual pay for staff		24,000
Total Estimated Expenditures	\$	56,400

B. A discussion of funding allocations included in the identified budget above in Section A., also including, but not limited to the following:

1. Interpreter and translation services
2. Reduction of racial, ethnic, cultural, and linguistic mental health disparities
3. Outreach to racial and ethnic county-identified target populations
4. Culturally appropriate mental health services
5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers

Interpreter and translation services via language line will be allocated about \$7,200 in the next three years. Reduction of racial, ethnic, cultural, and linguistic mental health disparities via staff training will be about \$8,400. Outreach to racial and ethnic county-identified target populations will be about \$5,400. Cultural humility training for all staff will be \$1,500. Cultural Competence Committee will be allocated \$9,900. And bilingual pay for staff will be about \$24,000.

Criterion 2: Updated Assessment of Service Needs

I. General Population

The county shall include the following in the CCPR:

- A. Summarize the county's general population by race, ethnicity, age, and gender. The summary may be a narrative or as a display of data (other social/cultural groups may be addressed as data is available and collected locally.)

Colusa County has a total population of about 21,839 according to the United States Census. Of those who reported/participated in the Census count, the majority of the population identifies as Hispanic or Latino at 59% (12,738) while 35% (7,576) identify as White alone. The other populations that make up the county are Native American at 1% (256), about another 2% (394) identify as two or more races, about 1% (273) report being Asian, about 1% (256) reported being Black/African American, and 0.2% (38) identify as Pacific Islander. Colusa County is made up of about 10,994 (51%) males and 10,460 (49%) females. A total of about 5,842 individuals in Colusa County are under the age of 18, roughly 12,530 individuals are between the ages of 18 to 64, and those individuals who are 65 and over make up about 3,082. About 42% (1,807) of children between the ages of 5 to 17 primarily speak English only at home while about 58% (2,459) of children between the ages of 5 to 17 primarily speak Spanish at home. Adults 18 years of age and older who primarily speak English at home make up about 50% (7,803) of the population, Spanish speaking adults about 48% (7,512), adults primarily speaking Indo-European about 1% (205), and adults primarily speaking Asian/Islander languages about 1% (90). Colusa County residents who have no degree make up about 29% (3,932) of the population, 26% (3,586) have a high school diploma, 30% (4,107) have some college education, 11% (1,523) have a bachelor's degree, and about 4% (529) have a master's degree. The county's per capita income is \$26, 932. The median household income for Colusa County is \$59,401. About 43% (3,092) of Colusa County residents make under \$50,000, about 35% (2,555) of residents make

\$50,000 to \$100,000, about 18% (1,296) make \$100,000 to \$200,000, and about 4% (284) make over \$200,000.

(Data from: <https://censusreporter.org/profiles/05000US06111-colusa-ca/>)

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

The county shall include the following in the CCPR:

- A. Summarize the county's general population by race, ethnicity, age, and gender. The summary may be a narrative or as a display of data (other social/cultural groups may be addressed as data is available and collected locally.)

Table 2: County Medi-Cal Eligible Population and Beneficiaries Served by the MHP in CY 2020, by Race/Ethnicity

Colusa MHP				
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Beneficiaries	Percentage of Medi-Cal Beneficiaries	Unduplicated Annual Count of Beneficiaries Served by the MHP	Percentage of Beneficiaries Served by the MHP
White	1,701	16.3%	240	37.9%
Latino/Hispanic	7,245	69.6%	319	50.4%
African-American	63	0.6%	*	n/a
Asian/Pacific Islander	133	1.3%	*	n/a
Native American	96	0.9%	*	n/a
Other	1,167	11.2%	47	7.4%

Colusa MHP				
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Beneficiaries	Percentage of Medi-Cal Beneficiaries	Unduplicated Annual Count of Beneficiaries Served by the MHP	Percentage of Beneficiaries Served by the MHP
Total	10,405	100%	633	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.				

Figure 1: Percentage of Eligibles and Beneficiaries Served by Race/Ethnicity, CY 2020

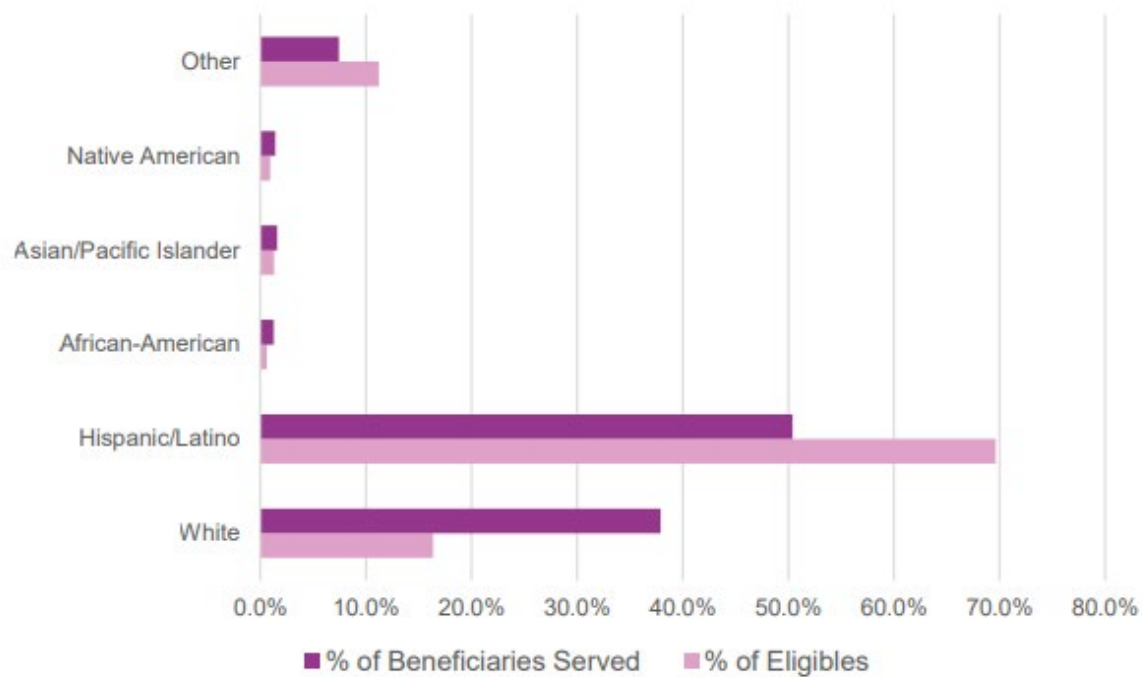


Table 3: Beneficiaries Served by the MHP in CY 2020, by Threshold Language

Colusa MHP		
Threshold Language	Unduplicated Annual Count of Beneficiaries Served by the MHP	Percentage of Beneficiaries Served by the MHP
Spanish	171	27.1%
Other Languages	460	72.9%
Total	631	100%
Threshold language source: Open Data per IN 20-070		
Other Languages include English		

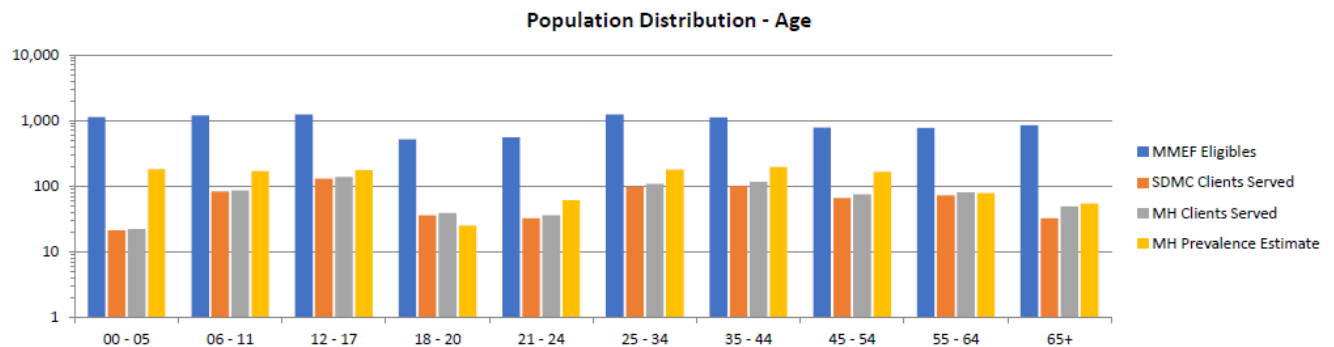
Kings View Information Technology

COLUSA COUNTY PENETRATION REPORT

FY2020/2021



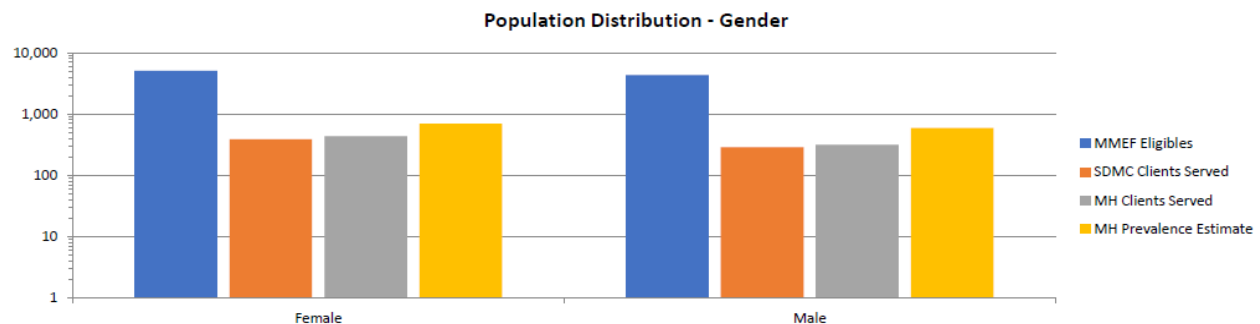
PENETRATION AND PREVALENCE RATE



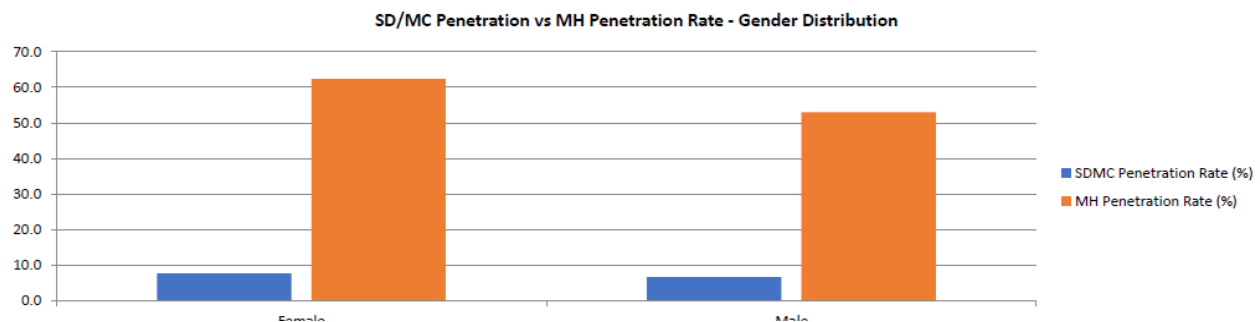
Age Distribution for FY2020/2021						
	MMEF Eligibles	SDMC Clients Served	MH Clients Served	MH Prevalence Estimate	SDMC Penetration Rate (%)	MH Penetration Rate (%)
00 - 05	1,131	21	22	182	1.9	12.1
06 - 11	1,187	83	85	169	7.0	50.3
12 - 17	1,229	130	138	175	10.6	78.9
18 - 20	517	36	39	25	7.0	156.0
21 - 24	553	32	36	61	5.8	59.0
25 - 34	1,240	98	108	179	7.9	60.3
35 - 44	1,106	100	115	196	9.0	58.7
45 - 54	782	66	75	166	8.4	45.2
55 - 64	768	72	80	78	9.4	102.6
65+	846	32	49	54	3.8	90.7
Total	9,359	670	747	1,285	7.2	58.1



PENETRATION AND PREVALENCE RATE



Gender Distribution for FY2020/2021						
	MMEF Eligibles	SDMC Clients Served	MH Clients Served	MH Prevalence Estimate	SDMC Penetration Rate (%)	MH Penetration Rate (%)
Female	5,070	384	432	693	7.6	62.3
Male	4,292	285	313	591	6.6	53.0
Total	9,362	669	745	1,284	7.1	58.0



B. Provide an analysis of disparities as identified in the above summary.

Note: Objectives for these defined disparities will be identified in Criterion 3, Section III.

From the data above, a disparity in services rendered to the local Native American tribes is noted. CCDBH has not tracked genders other than male and female or sexual orientation of the Medi-Cal population we serve.

III. 200% of Poverty (minus Medi-Cal) population and service needs

The county shall include the following in the CCPR:

- A. Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally).

CCDBH does not have access to data and is unaware of where to access this data.
CCDBH does not track this data as it is not a required population to track.

- B. Provide an analysis of disparities as identified in the above summary.
Note: Objectives will be identified in Criterion 3, Section III.

Due to not having data an analysis of disparities is unable to be determined.

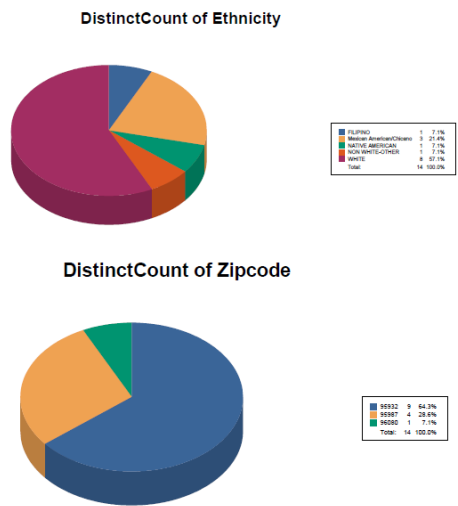
IV. MHSA Community Services and Supports (CSS) population assessment and service needs

The county shall include the following in the CCPR:

- A. From the county's approved CSS plan, extract a copy of the population assessment. If updates have been made to this assessment, please include the updates. Summarize population and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally).

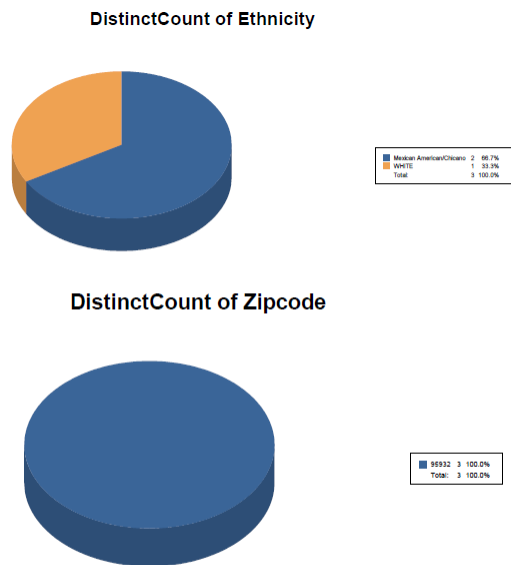
The pie chart below shows the breakdown of Full Service Partnership (FSP) clients' ethnicity as well as the zip code in which they reside in the county. There was a total of 14 FSP clients for Fiscal Year (FY) 2020-2021. For the ethnicity breakdown, the blue represents clients who identify as Filipino at 7.1% (1). The yellow shows those who identify as Mexican American/Chicano at 21.4% (3). The green indicates individuals who identify as Native American at 7.1% (1). The orange represents Non-White/Other at 7.1% (1). Lastly, the maroon shows those who identify as White at 57.1% (8). The second pie chart shows where all 14 clients reside via zip code. Nine

(64.3%) of the clients live in Colusa (95932). Four (28.6%) clients live in Williams (95987). One (7.1%) client placed out of county (96080).



1 U:\Anasazi Reports\FY 21-22\non bill Ethnicity Report FY 21-2

The pie chart below shows the total amount of WRAP Around clients we had in fiscal year 2020-2021. There were a total of three clients. Two identified as Mexican American/Chicano (66.7%) and one identified as White (33.3%). The second pie chart shows where the three clients live in the county via zip code. All three clients live in Colusa.



1 U:\Anasazi Reports\FY 21-22\non bill Ethnicity Report FY 21-2

- B. Provide an analysis of disparities as identified in the above summary.

Note: Objectives will be identified in Criterion 3, Section III.

The disparities that are noted via the data above are shown in the FSP program. The FSP program is mostly made up of clients who identify as white (57%) male (71%), English speaking (93%) adults (93%) who live in Colusa (64%). This shows that the FSP program could benefit from serving a population more representative of the county population. This includes the children, youth, TAY, and older adult populations as well as the Latinx population and Spanish speaking individuals.

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

The county shall include the following in the CCPR:

- A. Which PEI priority population(s) did the county identify in their PEI plan?

The county could choose from the following six PEI priority populations:

1. Underserved cultural populations
2. Individuals experiencing onset of serious psychiatric illness
3. Children/youth in stressed families
4. Trauma-exposed
5. Children/youth at risk of school failure
6. Children/youth at risk or experiencing juvenile justice involvement

The PEI priority populations that the county identify in their PEI plan are underserved cultural populations, specifically Native American youth in the county. The program that served that population is known as Live and Leadership: A Circle of Solid Choices. The other priority population the county identifies as a priority is children/youth at risk of school failure and children/youth at risk or experiencing juvenile justice involvement. The club/clubs that address these populations are Friday Night Live (high school students) and Club Live (junior high students).

- B. Describe the process and rationale used by the county in selecting their PEI priority population(s) (e.g., assessment tools or method utilized).

The rationale used by the county in selecting these PEI priority populations was to encourage more collaboration between the local Native American Tribe and to provide youth activities that would reduce them from participating in risky behaviors such as underage drinking.

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

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

The county shall include the following in the CCPR:

- Medi-Cal population
- Community Services and Supports (CSS) population: Full Service Partnership population
- Workforce, Education, and Training (WET) population: Targets to grow a multicultural workforce
- Prevention and Early Intervention (PEI) priority populations: These populations are county identified from the six PEI priority populations

Medi-Cal Population: The unserved/underserved target population would be the Native American population of Colusa County. The disparity is that local Native American tribes do not receive/access CCDBH services which may be due to a lack of outreach and engagement activities for this population. The LGBTQ+ could potentially be another unserved/underserved population as CCDBH has not collected data in regards to consumer's identified gender, other than male or female or their sexual orientation.

Community Services and Supports (CSS) population: Full Service

Partnership population: The unserved/underserved populations under the FSP program are children, youth, TAY, older adult, Latinx population, and Spanish speaking consumers.

WET population: There is a growing population of monolingual clients who speak Spanish seeking Substance Use services but there are no current bilingual staff on the Substance Use Disorder team.

PEI population: Currently, the 2nd Step Program is only provided to students in Williams and one site in Colusa. This program could improve by expanding services in other towns/cities in the county as long as they can increase their workforce as well.

A. List identified target populations, with disparities, within each of the above selected populations (Medi-Cal, CSS, WET, and PEI priority populations).

1. From the above identified PEI priority population(s) with disparities, describe the process and rationale the county used to identify and target the population(s) (with disparities).

The county identified the above priority populations due to the limited amount of resources available to children and youth. This could contribute to the risk of County of Colusa children and youth to be at risk of school failure and risk of or experience in the juvenile justice system. The county came to this determination by looking at services targeted to children and youth in the community as well as evaluating CCDBH's own services dedicated to children and youth.

II. Identified disparities (within the target populations)

The county shall include the following in the CCPR:

A. List disparities from the above identified populations with disparities (within Medi-Cal, CSS, WET, and PEI's priority/targeted populations).

CCDBH's Medi-Cal disparities are that the local Native American population is not accessing and or receiving mental health services. The LGBTQ+ population could also potentially be experiencing disparities as data tracking for this population has not been done before. The CSS disparities are that children, youth, TAY, older adults, Latinx, and Spanish speaking consumers are not being referred to and becoming FSP clients as much as White adults are. This is not

representative of Colusa County's population. In addition, the CSS program, Safe Haven which is CCDBH's adult drop-in center does not currently provide services to very many Latinx and Spanish speaking consumers. WET is seeing disparities in Substance Use services for consumers who speak Spanish only. Currently, there are no bilingual staff on the Substance Use team. This makes providing services to monolingual consumers difficult. Lastly, the disparities in PEI programs are that one program, 2nd Step, only provides their services to students in Williams and at one site in Colusa. This excludes services in Arbuckle, Grimes, Maxwell, Stonyford, and Princeton. 2nd Step does not serve teens, so CCDBH added a new PEI program called the Youth Center. This program will be serving youth in the county ages 12 to 17. It will provide a variety of services including age appropriate workshops to promote overall health and wellbeing such as social skills, life skills, creative expression, cultural humility, academic achievement, community service, and recreational activities.

III. Identified strategies/objectives/actions/timelines

The county shall include the following in the CCPR:

- A. List the strategies identified in CSS, WET, and PEI plans, for reducing the disparities identified.

Strategies for CSS that have been identified to address the disparities mentioned above are to include FSP training for all staff. The hope is that this training will better inform all staff of the fact that all age groups could access FSP services, not just adults. One training has already been provided to all staff in October 2021. When new hires are on-boarding, the MHSA Coordinator will review the PowerPoint with the new hires as well. Another CSS program has a disparity in terms of serving our Spanish speaking population. Safe Haven, an adult drop-in center will be providing a group in Spanish to be able to provide services to our monolingual consumers. The strategy to obtain and maintain a diverse workforce for WET is to create a flyer for student stipends and loan repayment opportunities. The flyer will be emailed to all staff and posted on CCDBH's county website page. Finally, PEI will be addressing its disparities by having the MHSA

Coordinator check-in with PEI providers to encourage expansion of their programs if needed/appropriate. A new PEI program, known as the Youth Center, will allow for even more youth to be served in the county. This can fill age gaps that 2nd Step may be unable to fill due to having a lower age population they serve. The Youth Center is expected to be open early 2022.

B. List the strategies identified for each targeted area as noted in Criterion 2 in the following sections:

1. **Medi-Cal population:** Outreach and engagement to the Native American tribes in Colusa County could improve services to this population. CCDBH will also now be tracking consumers' gender by including more options other than male and female to choose from in the EHR. The EHR will also be tracking consumers' sexual orientation to monitor if there are any disparities in services to the LGBTQ+ population.
2. **200% of poverty population:** None at this time due to no data on this population.
3. **MHSA/CSS population:** FSP training will be provided to all staff to inform them of the various age groups and eligibility criterion to refer clients the FSP program. In addition, CCDBH has a goal of providing a group in Spanish at our adult drop-in center known as Safe Haven.
4. **PEI priority population(s) selected by the county, from the six PEI priority populations:** The MHSA Coordinator will be addressing disparities in the 2nd Step program by having check-in meetings with the program lead and encouraging expansion of their services if needed/appropriate. In addition, CCDBH plans on widening its net in serving more youth in the county through the newly added Youth Center program.

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

The county shall include the following in the CCPR:

A. List any new strategies not included in Medi-Cal, CSS, WET, and PEI.

Note: New strategies must be related to the analysis completed in Criterion 2.

1. Share what has been working well and lessons learned through the process of the county's development of strategies, objectives, actions, and timelines that work to reduce disparities in the county's identified populations within the target populations of Medi-Cal, CSS, WET, and PEI.

Lessons learned in regards to the process of our strategies, objectives, actions, and timelines that work to reduce disparities in our identified Medi-Cal population are that outreach and engagement of communities increased community awareness/knowledge and stigma reduction around mental health services. There has been feedback that clients have come in to services due to CCDBH staff engaging in community outreach and engagement events.

CCDBH is considering having a second clinic on the west side of the County to allow for more easy access for Colusa County residents that live over 30 minutes away from the current clinic location. As for CSS, we have learned that we have had a low number of consumers who participate in the WRAP Around program. In an effort to increase providers' knowledge and increase services the children's clinical team and our Health and Human Services agency will be attending a series of trainings on WRAP Around trainings in 2022. CCDBH learned from WET that establishing efforts and maintaining a diverse workforce were important to provide services in our community. That is how CCDBH determined to work with surrounding counties and obtain funding from Health Care Access and Information (HCAI) to create and sustain a more diverse workforce. Colusa County is looking for individuals who are interested in loan repayment, student stipend, or peer certification opportunities.

Priorities will go to those who live in the county, speak Spanish, have some experience with an EHR system and who have some knowledge on Medi-Cal documentation. CCDBH plans on review the California Mental Health Services Authority (CalMHSA) Performance Agreement (PA) and getting it approved

by our Board of Supervisors. CCDBH will be providing staff with a flyer on how to apply for this WET funding opportunity in January 2022. Lastly, CCDBH surveyed community stakeholders regarding youth services under PEI. The survey asked community members, county agencies, and CCDBH staff if a Youth Center would be beneficial. The overall response was that all stakeholders agreed providing youth with a center would be greatly beneficial. This allowed CCDBH's MHSA programs under PEI to expand. As mentioned before, CCDBH plans on having the Youth Center up and running in 2022.

- V. Planning and monitoring of identified strategies/objectives/actions/timelines to reduce mental health disparities
- (Criterion 3, Section I through IV requires counties to identify strategies, objectives, actions, and timelines to reduce disparities. This section asks counties to report processes, or plan to put in place, for monitoring progress).

The county shall include the following in the CCPR:

- A. List the strategies/objectives/actions/timelines provided in Section III and IV above and provide the status of the county's implementation efforts (i.e. timelines, milestones, etc.).

Spanish Group at Safe Haven Wellness and Recovery Center: Fall 2022

Youth Center: Spring 2022

WRAP Training: Spring 2022

SUD Spanish Speaking Provider(s): Spring 2022

2nd Step Expansion: 2023

WET Funding: Fall 2023

Expanding FSP services to all age groups: 2023

Second CCDBH Clinic: Early discussions to be considered 2024

- B. Discuss the mechanism(s) the county will have or has in place to measure and monitor the effect of the identified strategies, objectives, actions, and timelines on reducing disparities identified in Section II of Criterion 3. Discuss what measures and activities the county uses to monitor the reduction or elimination of disparities.

The county is provided a penetration report through their EHR vendor which breaks down consumers by race/ethnicity. The EHR has been updated to identify a baseline of our individual clients who are non-binary. Overtime we will be able to accurately measure disparities.

- C. Identify county technical assistance needs.

To obtain help on understanding and how to identify the 200% poverty population.

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 issues and has participation from cultural groups, that is reflective of the community

The county shall include the following in the CCPR:

- A. Brief description of the Cultural Competence Committee or other similar group (organizational structure, frequency of meetings, functions, and role).

Colusa County's Cultural Competence Committee is a group of CCDBH staff, other agency staff, and community members who meet once a month. The group was re-established in February 2020 due to no current established CCC. Currently, the other agencies who participate in the CCC are CCDBH, CCOE, CPS, the County Library, First 5, a City of Colusa Council member, and a local pastor. The meeting is facilitated by the ESM. When the ESM is not available the ESM's Clinical Program Manager facilitates the meeting. The role of the CCC is to inform and advise Colusa County Department of Behavioral Health around improving services, identifying and reaching out to underserved or unserved communities within the county, and guide outreach efforts to those communities.

- B. Policies, procedures, and practices that assure members of the Cultural Competence Committee will be reflective of the community, including county management level and line staff, clients and family members from ethnic, racial, and cultural groups, providers, community partners, contractors, and other members as necessary

Colusa County of Behavioral Health currently does not have a policy or procedure in place that formally assures that members of the CCC will be reflective of the community and agency. However, the goal of the CCC is always to include any member of the community, CCDBH staff, and other agency/organization staff interested in our efforts to improve cultural humility and service quality in terms of cultural appropriateness and access to services.

C. Organizational chart

The CCC does not have an organizational chart due to each committee member having equal influence, value in opinion, and expertise in their areas of work/life experience. An organizational chart can create the illusion of a hierarchy and ranking that each individual has based on their position on the chart.

D. Committee membership roster listing member affiliation if any

Jeannie Scroggins – Quality Assurance/MHSA Clinical Program Manager

Mayra Puga – MHSA Coordinator & Grant Writer/Ethnic Services Manager

Kevin Shields – Case Manager/Prevention Coordinator

Patricia Gomez – Case Manager/Interpreter

Daisy Rios – Therapist II for Children

Ivan Martinez – Therapist II for Adults

Jose Ramirez - Mental Health Specialist for Adults

June Leal – Therapist II for Children

Veronica Lara – Accountant Clerk III

Amanda Davis – Peer Support Specialist

Stacey Costello – County Librarian

Estefania Aceves – Prevention Services Supervisor

Lorilee Niesen – Assistant Superintendent for Education Services

Danielle Padilla – Social Worker Supervisor II for CPS

Ginger Harlow – Executive Director for First 5 Colusa

Denis Conrado – City of Colusa Board Member

Kevin Douglas – Educational Behavior Analyst for Colusa County Office of Education
Jason McMullan – Pastor
Jamie Sachs – Senior Probation Officer

- II. The Cultural Competence Committee, or other group with responsibility for cultural competence, is integrated within the County Mental Health System

The county shall include the following in the CCPR:

- A. Evidence of policies, procedures, and practices that demonstrate the Cultural Competence Committee's activities including the following:
1. Reviews of all services/programs/cultural competence plans with respect to cultural competence issues at the county
 2. Provides reports to Quality Assurance/Quality Improvement Program in the county
 3. Practices in overall planning and implementation of services at the county
 4. Reporting requirements include directly transmitting recommendations to executive level and transmitting concerns to the Mental Health Director
 5. Participates in and reviews county MHSA planning process
 6. Participates in and reviews county MHSA stakeholder processes
 7. Participates in and reviews county MHSA plans for all MHSA components
 8. Participates in and reviews client development programs (wellness, recovery, and peer support programs)
 9. Participates in revised CCPR (2010) development

CCDBH has CCC review services/programs/cultural competence plans with respect to cultural competence issues at the county by putting all cultural activities, new programs, and policies and procedures on the CCC agenda. Reports to Quality Assurance/Quality Improvement is provided during meetings such as the Quality Improvement Committee (QIC) quarterly meetings by the ESM and other CCC members. There are standing agenda items that cover culture which are addressed by developing goals. The ESM also participates in Performance Improvement Plans (PIP) to provide information or feedback. The ESM directly provides recommendations to CCDBH's executive level group, Leadership and the Mental Health Director. The ESM, who is also the MHSA Coordinator and Grant Writer actively makes sure that CCC input/feedback is added and reviewed in the MHSA planning process which includes all stakeholder processes and MHSA plans. The CCC has a standing agenda item of reviewing and providing feedback on the CCPR.

B. Provide evidence that the Cultural Competence Committee participates in the above review process

Here are screenshots of three CCC agenda's showing that CCC participates in reviewing the CCP.

Cultural Competency Committee

Agenda

Friday, December 10, 2021

12:00 pm

CIP Building/Zoom

- I **Introductions & Attendance:**

- II **Colusa County Website:**

- III **Cultural Competence Plan:**

- IV **Questions/Ideas/Thoughts/Community Feedback:**

Scheduled Next meeting: Friday, January 14th @ 12:00 pm, CIP

Cultural Competency Committee

Agenda

Friday, November 5, 2021

12:00 pm

CIP Building

- I **Introductions & Attendance:**

-  II **LGBTQ+ Training:** [Stonewall Alliance Center of Chico \(stonewallchico.com\)](https://stonewallchico.com)

- III **Colusa County Website:**

- IV **EEO Utilization Report from HR:**

- V **Cultural Competence Plan:**

- VI **Questions/Ideas/Thoughts:**

Scheduled Next meeting: Friday, December 10th @ 12:00 pm, CIP Building

Cultural Competency Committee

Agenda

Friday, July 9, 2021

12:00 pm

CIP Building

- I **Introductions & Attendance:**
- II **Video:**
- III **CLAS Standards:**
- IV **CCDBH Cultural Competency Plan Goals:**
 - a. **Annual cultural humility training:**
 - b. **Hiring diverse staff:**
 - c. **Implicit Bias Vignette Exercises:**
- V **Community Cultural Event:**
- VI **Questions/Ideas/Thoughts:**

Scheduled Next meeting: Friday, August 13th @ 12:00 pm, CIP Building

C. Annual Report of the Cultural Competence Committee's activities including:

1. Detailed discussion of the goals and objectives of the committee
 - a. Were the goals and objectives met?
 - If yes, explain why the county considers them successful.
 - If no, what are the next steps?
2. Reviews and recommendations to county programs and services
3. Goals of cultural competence plans
4. Human resources report
5. County organizational assessment
6. Training plans
7. Other county activities, as necessary

The CCC has been continuously discussing improvements that CCDBH and the committee can work on. The CCC has a goal of addressing the local Native American population. One of the objectives that the CCC wanted to address first was a poorly written webpage on the county website on the county's "history." A CCC member emailed the county's Public Information Officer to request that a rewrite of the depicted "history" of Colusa County be done to accurately depict the county population. The Public Information Officer agreed to do a rewrite of it. This was a goal that was considered completed because it was a step in the right direction for the county to show their willingness to acknowledge the Native American land and people in our County. At the most recent CCC meeting, a committee member reported that they received a call regarding a community member being upset at the lack of awareness and resources for the local Native American population. CCC is working on adding a representative from our local tribes to attend CCC meetings to obtain more feedback and direction on our local Native American Tribes. CCC and CCDBH would also like to provide a cultural humility training on the local tribes.

Criterion 5: Culturally Competent Training Activities

- I. The county system shall require all staff and stakeholders to receive annual cultural competence Training

The county shall include the following in the CCPR:

- A. The county shall develop a three-year training plan for required cultural competence training that includes the following:

1. The projected number of staff who need the required cultural competence training. This number shall be unduplicated

The projected number of staff who need the required cultural competence training is about 67. This number includes all staff at CCDBH, administrative, contracted and clinical.

2. Steps the county will take to provide required cultural competence training to 100% of their staff over a three-year period

The steps that CCDBH will take to ensure that 100% of staff will be provided cultural competency training over the three-year period is to schedule quarterly cultural humility training. This will allow all staff to have a chance to complete at least one training. CCDBH has a tracking mechanism to monitor staff attendance and ensure that they are provided with annual training.

3. How cultural competence has been embedded into all trainings

CCDBH will ensure that cultural competence has been embedded into all trainings by requesting all trainers to include a cultural component in their presentation. This can include different perspectives from different cultures. The ESM attends all trainings to ask questions to the trainer in regards to cultural perspective/relevancy.

II. Annual cultural competence trainings

The county shall include the following in the CCPR:

A. Please report on the cultural competence trainings for staff. Please list training staff, staff, and stakeholder attendance by function (if available, include if they are clients and/or family members):

1. Administration/Management
2. Direct Services, Counties
3. Direct Services, Contractors
4. Support Services
5. Community Members/General Public
6. Community Event
7. Interpreters
8. Mental Health Board and Commissions
9. Community-based Organizations/Agency Board of Directors

CCDBH has provided all staff the opportunity to participate in cultural humility trainings. CCDBH recently contracted with telehealth services and we are working on assuring that contracted telehealth staff will also obtain and participate in cultural humility trainings. Invitations will also be extended to community members/general public, Behavioral Health Board members, and community-based organizations/agency Board of Directors. A goal we have in the near future is to announce our trainings on our agency website so anyone can join in on trainings.

B. Annual cultural competence trainings topics shall include, but not be limited to the following:

1. Cultural Formulation
2. Multicultural Knowledge
3. Cultural Sensitivity

4. Cultural Awareness
5. Social/Cultural Diversity (Diverse groups, LGBTQ, SES, Elderly, Disabilities, etc.)
6. Mental Health Interpreter Training
7. Training staff in the use of mental health interpreters
8. Training in the Use of Interpreters in the Mental Health Setting

The following cultural humility trainings have been provided in previous and current years: Housing training in June 2020, an Implicit Bias training in September 2020, a Substance Use training in February 2020, an Interpreter training on September 2021, and a LGBTQ+ training on November 2021. CCDBH likes to survey our staff and obtain input on trainings from CCC to allow them to request more knowledge on specific topics they feel are relevant to the community and people we serve. Current feedback from staff and CCC members are to add training on 504 plans, medications, hospitalization, and client culture.

III. Relevance and effectiveness of all cultural competence trainings

The county shall include the following in the CCPR:

- A. Training Report on the relevance and effectiveness of all cultural competence trainings, including the following:
 1. Rationale and need for the trainings: Describe how the training is relevant in addressing identified disparities

Trainings are determined to be relevant in addressing identified disparities by polling staff and CCC members on beneficial populations they would like to gain more knowledge of. The staff have been polled by participating in a Survey Monkey survey that is disseminated to staff to gain their opinion. Staff also address if there are any other specific populations that the ESM should be aware of in the community that CCDBH has not provided training on. Group

supervision, CCC meetings, and QIC meetings are also an avenue in which CCDBH obtains feedback around disparities.

2. Results of pre/posttests (Counties are encouraged to have a pre/posttest of all trainings)

CCDBH was able to provide one pre/post-test of two trainings. The hope is to provide more pre/post-tests to evaluate effectiveness of all trainings.

3. Summary of report of evaluations

Pre/post-tests showed that staff gained knowledge around terminology and pointed out that there are still areas of improvement which will be incorporated CCDBH's vignette exercise.

4. Provide a narrative of current efforts that the county is taking to monitor advancing staff skills/ post skills learned in trainings

The county is monitoring staff skills/post skills learned in trainings by implementing the vignette exercises. CCDBH also is encouraging more inclusive language by updating demographics in the Electronic Health Record (EHR).

5. County methodology/protocol for following up and ensuring staff, over time and well after they complete the training, are utilizing the skills learned

CCDBH has made some administrative changes to the EHR to be more mindful of inclusive language and the vignette exercises discussing biases can also contribute to staff utilizing the skills they learned from cultural humility trainings

over time. It is also the Clinical Program Managers responsibilities to ensure that their staff are utilizing the skills regularly.

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

The county shall include the following in the CCPR:

A. Evidence of an annual training on Client Culture that includes a client's personal experience inclusive of racial, ethnic, cultural, and linguistic communities. Topics for Client Culture training may include the following:

- Culture-specific expressions of distress (e.g. nervous)
- Explanatory models and treatment pathways (e.g. Indigenous healers)
- Relationship between client and mental health provider from a cultural perspective
- Trauma
- Economic impact
- Housing Diagnosis/labeling
- Medication
- Hospitalization
- Societal/familial/personal
- Discrimination/stigma
- Effects of culturally and linguistically incompetent services
- Involuntary treatment
- Wellness
- Recovery

- Culture of being a mental health client, including the experience of having a mental illness and of the mental health system

It is a goal for this three-year plan for CCDBH to annually include client culture training to all staff. We hope to provide a training by collaborating with our adult, children, substance abuse services Clinical Program Managers to enquire among staff if there may be interest from a client to share their experience. The ESM will then collaborate with that client to provide any support necessary. If there is no volunteer, we will write it in the budget to provide/hire an individual to provide a training on lived experience.

- B. The training plan must also include, for children, adolescents, and transition age youth, the parent's and/or caretaker's, personal experiences with the following:
1. Family focused treatment
 2. Navigating multiple agency services
 3. Resiliency

It is another goal of CCDBH to plan on including a child, adolescent, transitional age youth or parent's or caretaker's personal experience with family focused treatment, navigation of multiple agency services, or resiliency.

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

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

The county shall include the following in the CCPR:

- A. Extract a copy of the Mental Health Services Act (MHSA) workforce assessment submitted to DMH for the Workforce Education and Training (WET) component. **Rationale:** Will ensure continuity across the County Mental Health System

There is no current MHSA Workforce, Education and Training assessment due to the original WET funding being a one-time source of MHSA dollars. However, in fiscal year 2019/2020 the State approved \$40 million in WET funding for counties via the Department of Health Care Access and Information (HCAI). CCDBH agreed to apply to this grant with neighboring counties in Northern California, known as the Superior Region. The counties that make up the Superior Region are Butte County, Colusa County, Glenn County, Humboldt County, Lake County, Lassen County, Mendocino County, Modoc County, Nevada County, Plumas County, Shasta County, Sierra County, Siskiyou County, and Trinity County. Butte County is the lead grant writer for the new WET funding. The grant process began in fiscal year 2020/2021. The focus of this new WET funding will be on loan repayment, educational stipends, and scholarships. The goal of this funding is to provide incentive to CCDBH staff to continue their education and to continue working in the county. The funds will also allow CCDBH to increase recruitment for hard to fill positions and create a culturally diverse workforce. Currently, the grant with CalMHSA's PA is being reviewed and will be submitted to the Board of Supervisors in upcoming months.

- B. Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data. **Rationale:** Will give ability to improve penetration rates and eliminate disparities

As mentioned before, there is no current WET plan or WET assessment data. For upcoming WET funding CalMHSA will be collecting data on behalf of CCDBH.

- C. If applicable, the county shall report in the CCPR, the specific actions taken in response to the cultural consultant technical assistance recommendations as reported to the county during the review of their WET Plan submission to the State

At this time, due to not having an updated and finalized WET plan, there have been no actions taken or cultural consultant technical assistance recommendations as reported by the State.

- D. Provide a summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts

The current WET funding criteria that CCDBH is prioritizing for candidates are being bilingual in Spanish, a Colusa County resident, have experience working in an EHR, and have experience billing Medi-Cal.

- E. Share lessons learned on efforts in rolling out county WET planning and implementation efforts

A lesson learned on WET planning and implementation at this time would be that a regional approach to apply for funds was more powerful and helpful than attempting to individually come up with ways to roll out a WET plan. And collaborating with other agencies that have the same mission of ensuring that local

public behavioral health systems have a diverse workforce that represents their communities' population.

F. Identify county technical assistance needs

None at this time.

Criterion 7: Language Capacity

I. Increase bilingual workforce capacity

The county shall include the following in the CCPR:

A. Evidence of dedicated resources and strategies counties are undertaking to grow bilingual staff capacity, including the following:

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

Currently, there is no WET Plan but there will be as soon as the current WET funding is distributed. CCDBH, has however decided to have CalMHSA, a contractor to the Superior Region counties, to provide preference to those who apply for WET funding if they are bilingual in Colusa's threshold language, Spanish. The hope is that this will entice bilingual individuals to work at CCDBH.

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

Currently, the adult clinical and children's clinical teams provide services to our FSP program under CSS. There are a total of three Mental Health Specialists who are bilingual staff on the adult team. And one bilingual Therapist I. The children who also provides services to FSP and WRAP Around consumers have one bilingual Case Manager, one bilingual Mental Health Specialist, and four bilingual Therapist I's. CSS's Safe Haven would benefit from having a bilingual staff to increase bilingual/bicultural consumer participation.

3. Total annual dedicated resources for interpreter services

\$2,400 is the total annual dedicated resources for interpreter services via language line.

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

The county shall include the following in the CCPR:

- A. Evidence of policies, procedures, and practices in place for meeting clients' language needs, including the following:
1. A 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service, shall be available for all individuals. **Note:** The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable.

Both "Cultural and Linguistically Appropriate Services" policy and procedure and "Accessing Interpreters for Non-English Speaking Individuals" policy and procedure address a 24-hour phone line with statewide toll-free access that has linguistic capability. (See Attachments)

2. Least preferable are language lines. Consider use of new technologies such as video language conferencing. Use new technology capacity to grow language access

Typically, we have in person staff members available for monolingual clients. If our language line requests increase CCDBH will be searching for a more updated technology to offer improved quality of services.

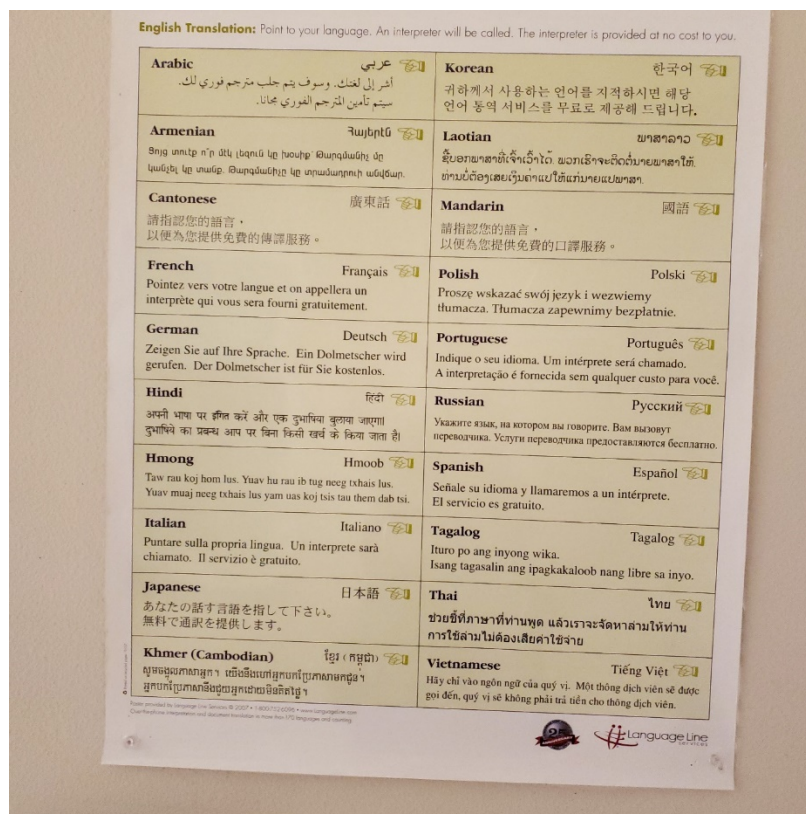
3. Description of protocol used for implementing language access through the county's 24-hour phone line with statewide toll-free access

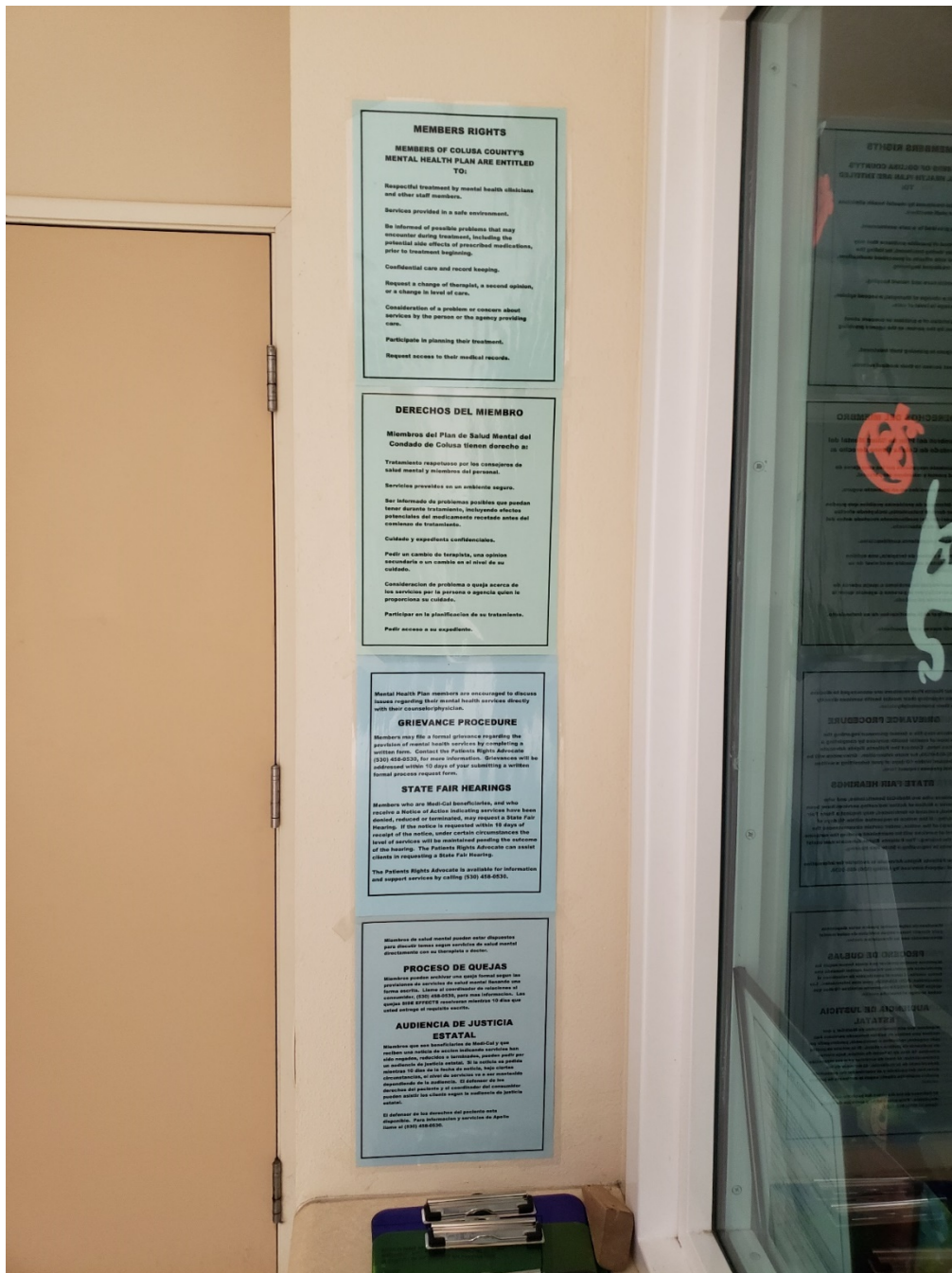
See attachments on the policy and procedure "Cultural Competency and Language Services."

4. Training for staff who may need to access the 24-hour phone line with statewide toll-free access so as to meet the client's linguistic capability

In the past, CCDBH has trained all Clinical Program Managers (CPM) on how to access and utilize our 24-hour phone line with statewide toll-free access. All CPMs then were to train their staff and remind them on how to access and utilize the 24-hour phone line when needed. CCDBH would like to provide this training annually to ensure all staff are up to date on how to use the line.

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





- C. Evidence that the county/agency accommodates persons who have LEP by using bilingual staff or interpreter services
1. Share lessons learned around providing accommodations to persons who have LEP and have needed interpreter services or who use bilingual staff

Lessons learned around providing accommodations to persons who have LEP and have needed interpreter services are that it is extremely important and beneficial that CCDBH front staff are bilingual. This allows clients who have LEP and who need interpreter services feel more comfortable and allows for smooth entry to services. We have also noticed that it helps the clients be able to navigate treatment easier. Another thing we learned is that differences in personalities can impact staff interpreter and client interactions. This can cause clients to request certain interpreters. In turn, CCDBH cannot always accommodate client's interpreter staff preferences.

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

Historical challenges are that there is only one staff who has received certification in translating and interpreting in Spanish outside of the HR proficiency testing. This staff sometimes is asked to translate client treatment plans which takes time. CCDBH is fortunate to now have a few more staff who have passed the HR proficiency test who can also assist in translating documents. CCDBH is hopeful to find an EHR that has the capability to translate all chart documents.

E. Identify county technical assistance needs

None at this time.

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

Note: The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable.

The county shall include the following in the CCPR:

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

See attachment “Colusa County Department of Behavioral Health” staff organizational chart. The staff written in green represent bilingual staff.

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

When a consumer comes in to access services, CCDBH front staff ask and collect information which includes the consumers need for interpreter services and preferred language. The front staff then enter this data in an Excel spread sheet known as “The PIP.” This document is where the front staff log and track the consumer’s data and interpreter needs. The front staff then enter the consumers preferred language and interpreter needs into the Electronic Health Record (EHR) demographics page so all assigned providers are made aware of the consumer’s needs. CPMs then assign clients to staff who can meet their language needs or interpreters to limit language line use.

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

LAST NAME	FIRST NAME
TAFOLLA MARTINEZ	BRIZIA
VILLASENOR	MARIBEL
GOMEZ	PATRICIA
VAZQUEZ	VERONICA
LARA	VERONICA
PINA-CASTELLANOS	JAYRO
ROSALES	AMY
MARTINEZ DE SIGALA	YOLANDA
RUBIO	ROCIO
RIOS	DAISY
MARTINEZ-GONZALEZ	IVAN
ALVERNAZ	GRACIELA
RAMIREZ	JOSE

LOPEZ
MENDOZA
VAZQUEZ

MARIA
YAMINA
WENDY

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

Colusa County has a process in place to ensure that staff who provide interpreter services to clients are trained/tested. It is a one-time test that is facilitated and evaluated by a proficient bilingual Human Resource staff. Staff who have passed their proficiency test are provided a monthly stipend. Staff that no longer show as language proficient or competent will be asked to be removed and cease to obtain their added pay from HR.

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

The county shall include the following in the CCPR:

- A. Policies, procedures, and practices the county uses 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

Please see attachment “Cultural Competency and Language Services,” “Culturally and Linguistically Appropriate Services,” “Accessing Interpreters for Non-English Speaking Individuals,” and “Meeting the Needs of Individuals with Visual and Hearing Impaired.”

- 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 language line is used if a client does not meet the threshold language criteria upon entrance in the CCDBH clinic. And to provide assistance to secure or link them to culturally and linguistically appropriate services we would reach out to our neighboring county partners to identify culturally appropriate resources or seek out training.

- C. Policies, procedures, and practices that comply with the following Title VI of the Civil Rights Act of 1964 (see page 32) requirements:
1. Prohibiting the expectation that family members provide interpreter services
 2. A client may choose to use a family member or friends as an interpreter after being informed of the availability of free interpreter services
 3. Minor children should not be used as interpreters

Policies and procedures “Culturally and Linguistically Appropriate Services” under Section d and “Guidelines for Use of Interpreters” under Section 2 cover these three requirements (See Attachments).

- 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
9. Evidence of appropriately distributed and utilized translated materials

CCDBH provides all of these documents in both English and Spanish, the county's identified threshold language at the clients' intake assessment. These materials are also available online on the county website and in the clinics lobby.

B. Documented evidence in the clinical chart that clinical findings/reports are communicated in the clients' preferred language

When the client requests documents/materials that are unique to their individual treatment a proficient translator will translate the requested documents.

C. Consumer satisfaction survey translated in threshold languages, including a summary report of the results (e.g. back translation and culturally appropriate field testing)

Consumer satisfaction surveys are provided by the state already translated in the county's threshold language(s). CCDBH has sent their results to the state but has

failed to receive the aggregated data back from the surveys last administered. The last data that CCDBH has received back was from June 2020.

- D. Mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g. back translation and culturally appropriate field testing)

Colusa County Behavioral Health has multiple staff that are proficient in the threshold language. Staff who are available will translate the needed documents and then pass it on to a second staff to review for accuracy of the drafted translation which will then be finalized.

- E. Mechanism for ensuring translated materials is at an appropriate reading level (6th grade). **Source:** Department of Health Services and Managed Risk Medical Insurance Boards

CCDBH staff make efforts to utilize laymen's terms and not very formal language to ensure translated materials are at an appropriate reading level. There are always two or more bilingual staff to go over and discuss the appropriateness of the reading level of the translated documents(s).

Criterion 8: Adaptation of Services

I. Client driven/operated recovery and wellness programs

The county shall include the following in the CCPR:

- A. List and describe the county's/agency's client-driven/operated recovery and wellness programs
 - 1. Evidence the county has alternatives and options available within the above programs that accommodate individual preference and racially, ethnically, culturally, and linguistically diverse differences
 - 2. Briefly describe from the list in 'A' above those client-driven/operated programs that are racially, ethnically, culturally, and linguistically specific

The county has an adult drop in center known as Safe Haven Wellness and Recovery Center. Safe Haven Wellness and Recovery Center is a peer supported drop-in center that serves adults and older adults who are in recovery from substance abuse, coping with symptoms of mental illness, and or avoiding isolation. The center provides a number of recovery and resiliency focused groups as well as skill building groups that are facilitated by Behavioral Health staff. One fulltime Peer Support Specialist and two part-time Peer Support Specialists positions are funded to provide support in linking members to other services in the community through collaboration and outreach events, which allow for increased awareness around mental health and reduce stigma and discrimination in the community. Members can also participate in the Safe Haven Leadership to coordinate and plan for the peer lead events. This allows for growth in leadership skills and peer advocacy. Currently, Safe Haven has moved to a new location which is still being fully furnished and will be in full operation soon. Currently, a few groups are being held at the new location.

II. Responsiveness of mental health services

The county shall include the following in the CCPR:

- 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.

CCDBH has not encountered an instance when an individual has requested or sought out community-based, culturally appropriate, non-traditional mental health services or providers. But should the occasion arise, CCDBH would reach out to other county partners to identify the appropriate services or provider. CCDBH would then have a Case Manager link them to that service or provider and provide the individual transportation to that service or provider.

- B. Evidence that the county informs clients of the availability of the above listing in their member services brochure. If it is not already in the member services brochure, the county will include it in their next printing or within one year of the submission of their CCPR.

The county will include this in its next printing when resources and providers are established.

- C. Counties have policies, procedures, and practices to inform all Medical beneficiaries of available services under consolidation of specialty mental health services. (Outreach requirements as per Section 1810.310, 1A and 2B, Title 9)

Upon intake assessment clients are provided with a Membership Services Guide that lists all services that CCDBH provides. The Membership Services Guide can be found on CCDBH's website in both Spanish and English.

D. Evidence that the county has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services. Such factors should include:

1. Location, transportation, hours of operation, or other relevant areas

CCDBH is currently contemplating occupying a second location in Williams in the future. This is due to the fact that CCDBH has found that we serve about 50% of City of Colusa residents. The second half of the population we serve are made up of individuals who reside outside of the city of Colusa such as Princeton, Maxwell, Stonyford, Lodoga, Grimes, College City, and Arbuckle. CCDBH's current clinic is located within less than a mile from transit but a second location could improve outreach to culturally and linguistically diverse populations. The clinics hours of operation are from 8:00 am to 5:00 pm. Due to individuals and families requesting services outside of this time frame some clinicians may accommodate for early or later sessions.

2. Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g. posters, magazines, décor, signs)

CCDBH's clinic is ADA accessible. CCDBH has posters that represent diverse cultures that are posted throughout the year. The posters are provided by CalMHSA's Each Mind Matters. All postings in the clinic are also written in both English and Spanish.

3. Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and/or partnerships, such

as primary care and in community settings. (The county may include evidence of a study or analysis of the above factors, or evidence that the county program is adjusted based upon the findings of their study or analysis).

CCDBH is proud to provide the community with a setting that is non-threatening and reduces stigma by providing a play area for children/youth. As well as having all front staff who are bilingual greatly improves the reduction in stigma in the community.

III. Quality of Care: Contract Providers

The county shall include the following in the CCPR:

- A. Evidence of how a contractor's ability to provide culturally competent mental health services is taken into account in the selection of contract providers, including the identification of any cultural language competence conditions in contracts with mental health providers.

CCDBH is working with our contractors, Traditions Behavioral Health, on providing their own staff cultural humility trainings to ensure their staff are providing cultural appropriate services. CCDBH also is interested in obtaining more staff from Traditions Behavioral Health that can meet the needs of youth and substance use clients for psychiatric services.

IV. Quality Assurance

Requirement: A description of current or planned processes to assess the quality of care provided for all consumers under the consolidation of specialty mental health services. The focus is on the added or unique measures that shall be used or planned in order to accurately determine the outcome of services to consumers from diverse cultures including, but not limited to, the following

The county shall include the following in the CCPR:

- A. List of applicable, any outcome measures, identification, and descriptions of any culturally relevant consumer outcome measures used by the county

For the Adult System of Care (ASOC) CCDBH measures outcomes via Milestones of Recovery Scale (MORS) and the Children System of Care (CSOC) measure outcomes via the Child and Adolescence Needs Strengths Assessment (CANS). Though, these measures can be provided across cultures the county is able to filter specific data points to identify outcome trends per provider, age, race/ethnicity, and intervention.

- B. Staff Satisfaction: A description of methods, if any, used to measure staff experience or opinion regarding the organization's ability to value cultural diversity in its workforce and culturally and linguistically competent services

Staff are surveyed and encouraged to always provide the ESM feedback on cultural humility training needs. Staff are also able to provide input in EQRO quarterly meetings on cultural linguistic concerns. Another avenue staff have to provide feedback for culturally appropriate treatment services is through the MHSA community planning process.

- C. Grievances and Complaints: Provide a description of how the county mental health process for Medi-Cal and non-Medi-Cal client Grievance and Complaint/Issues Resolution Process data is analyzed and any comparison rates between the general beneficiary population and ethnic beneficiaries

Historically, Colusa County obtains low numbers of grievances. CCDBH received about one grievance per month. CCDBH has not analyzed trends regarding

grievances and complaints filed except when the need to identify specific service providers who have had multiple recurring grievances and/or complaints reported on them.

Attachments

COLUSA COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

POLICY/PROCEDURE

SUBJECT: CLAS Standards

POLICY:

It is the policy of Colusa County Department of Behavioral Health (CCDBH) to adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

PROCEDURE:

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

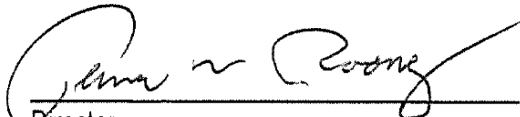
Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management

- accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
 11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
 12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
 13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
 14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
 15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



Director

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

- 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

**COLUSA COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH**

POLICY/PROCEDURE

SUBJECT: Culturally and Linguistically Appropriate Services

POLICY:

It is the policy of Colusa County Department of Behavioral Health (CCDBH) to respond to all consumer language needs with options for linguistically appropriate communication at all points of contacts free of charge. Oral interpreter services in all languages including threshold languages to access the specialty mental health services or related services will be available to all beneficiaries free of charge through key points of contact. Oral interpreter services means oral and sign language.

Written translated materials will be provided to consumers in the threshold languages and other languages as requested.

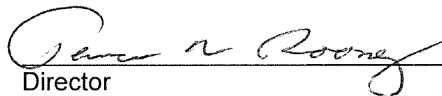
PROCEDURE:

The procedure for meeting consumer language needs is as follows:

1. If a consumer requires or requests language interpreter services, the consumer will be offered the option of use of a staff interpreter if the primary language need is spoken by the staff interpreter. Available staff who speak the preferred language 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 needs. Colusa County Department of Behavioral Health has clinical service providers who speak Spanish and other languages.
 - b. If a consumer has other language needs, referrals to linguistically appropriate service providers in the community will be made within the capability of available resources.

Developed: 1/2008
Revised: 11/20/2017
POLICY: 543.02

- c. In situations where language needs cannot be met through in-person linguistic capability, CCDBH may utilize the AT&T Language Line 1-800-874-9426. The 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 needs and in other instances where other options may not be available.
- d. Other interpreter resource options could possibly be utilized after offering staff to interpret and after offering the use of the language line. These options could possibly include utilization of family members or significant others as interpreters, if the consumer prefers this option. However, it is prohibited to expect family members to provide interpretive services. If the consumer prefers a family members or significant others to interpret, staff should document the reason the family member is used to interpret (for example, a monolingual parent will not communicate using a CCDBH interpreter).
- e. If an individual requires linguistic assistance by phone, staff will place the call on hold, then either locate a staff who can interpret or call the AT&T language line 1-800-874-9426 and bring an interpreter into the call.
- f. Consumers will be provided with translated written materials. The written materials will be tested for accuracy by one staff completing the translation of written materials. Two different staff will verify the accuracy of the translated written materials before the final translation is approved.


Director

Developed: 1/2008
Revised: 11/20/2017
POLICY: 543.02

**COLUSA COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH**

POLICY/PROCEDURE

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

POLICY:

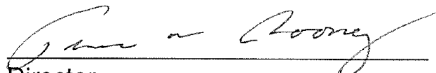
It is the policy of Colusa County Department of Behavioral Health Services (CCDBH) to meet the language needs of all non-English speaking clients. Translation/interpretation services will be made available throughout CCDBH delivery so those individuals can access any services they need. Non-English speaking 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.

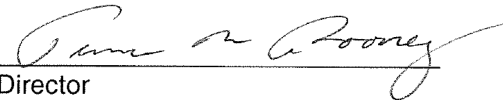
Developed: 3/2007
Revised: 11/2014
POLICY: 555.01P

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

**COLUSA COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH**

POLICY/PROCEDURE

SUBJECT: Accommodations and Physical Access to Services

POLICY:

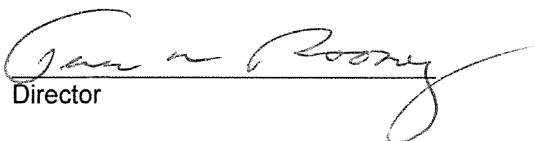
It is the policy of Colusa County Department of Behavioral Health (CCDBH) that reasonable accommodations are made for physical access to services.

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.

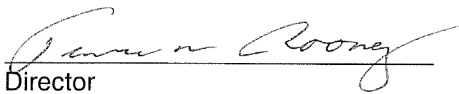
PROCEDURE:

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