COLUSA COUNTY BEHAVIORAL HEALTH CULTURAL COMPTETENCY THREE-YEAR PLAN 2025 – 2027

Colusa County Behavioral Health (CCBH) 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. CCBH recognizes that creating a system that implements cultural humility requires active engagement from the entire system; leadership, staff, and community stakeholders. These collaborative efforts allows us to learn, grow, and create positive changes for improved services and overall community health. CCBH's Cultural Competency Plan Report (CCPR) will focus our efforts on tasks to improve services for our community.

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Introduction

In Colusa County Behavioral Health's previous Cultural Competency Plan Report, cultural humility goals focused on creating a diverse workforce, improving collaboration efforts, expanding culturally appropriate services, and gathering information from the community in regards to what stakeholders would like to see occur at CCBH. CCBH continues to work on these goals and others that have been discussed via our Cultural Competency Committee (CCC). CCBH hopes to be able to achieve these goals within the plan's 2025 – 2027 timespan. The goals for this three-year plan are as follows:

County Goals

- Goal #1: Reach out to local Native American Tribes to build rapport and develop a stronger relationship. Specifically, CCBH would like to enhance outreach efforts to the Cortina Tribe in Williams due to its status of not being a federally recognized tribe.
- Goal #2: Increase educational opportunities for Colusa County residents around the LGBTQ+ population. CCBH will reach out to Woodland Community College for resources, share and post Stonewall Chico resources with the community, and offer fieldtrips to Stonewall Chico for Safe Haven and Bright Vista members.
- Goal #3: Encourage the hiring team to recruit/hire a bilingual staff for Safe Haven Wellness and Recovery Center to address the need of Spanish speaking members. If unable to hire a bilingual staff for Safe Haven, the center is encouraged to offer groups in Spanish by bilingual CCBH staff. Lastly, CCBH staff will be trained on how to utilize the Language Line.
- Goal #4: To identify, create, or provide a musical space for community members and to play, write, and listen to music by reaching out to local music teachers, the local libraries, the Colusa County Arts Council, and other community resources.

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 and 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

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 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.

CCBH continues to obtain 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 Advisory Board. The CCC meets monthly to discuss and obtain feedback from other agencies such as CCBH, Colusa County Office of Education (CCOE), Pierce Joint Unified School District, Child Protective Services (CPS), Probation Department, and some community members. Discussions around improvement on CCBH's services and community needs are brought up at this monthly meeting. During the MHSA stakeholder process/outreach events public comments and feedback are gathered and collected to inform CCBH of suggested improvements for cultural competency. The comments and feedback also make CCBH aware of community needs. CCBH has focused on reaching out to the Latinx population by attending the county's Annual Migrant Resource Fair held by Colusa County Office of Education (CCOE) for the last few years. Outreach events have also included reaching out to

the justice-involved population via Probation events that CCBH's Practical Actions Towards Health (PATH) team attends and the substance use population via Narcan giveaway events. Lastly, the Behavioral Health Advisory Board also provides comments/feedback once a month on how CCBH can make improvements to the services the department provides.

Efforts to include and recognize local cultures have been made a priority at CCBH. CCBH's Cultural Competency Committee (CCC) was able to focus on a popular Latino tradition known as Dia de los Muertos. Dia de los Muertos is a two day holiday that celebrates loved ones and pets who have passed by displaying photos of them on an alter known as an ofrenda. CCC determined that focusing on this celebration would be the best for the community because 63% of the community is made up of individuals who identify as Latino/a. CCC has also discussed the theme of grief and loss that occurs in the county many times during meetings. Dia de los Muertos's focus of lost loved ones was a great way to highlight the topic of grief and loss and celebrate the Latino culture. CCC then was able to make a Dia de los Muertos ofrenda/alter for staff, clients, and the greater community to participate in the cultural celebration from mid-October through November 2, 2024. CCC's subcommittee decorated a table that was to be used as the ofrenda in CCBH's lobby for everyone to see and participate. Cards were placed in a basket for individuals to grab and write down their loved ones name(s), a note, and or a quote.

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.

CCBH continuously works towards improving and building relationships with community organizations by including them in discussions around programming that CCBH is implementing which would benefit the populations we each serve. Meetings are held so that different organizations can provide their own input on how these programs

should be designed, implemented, evaluated, and how-they, as organizations, could partner in these programs.

One program that was recently developed with another agency input was our Mobile Crisis program. In July 2024, CCBH went live with Mobile Crisis to offer this service anywhere within the county. To develop this new program, CCBH collaborated with our local law enforcement agencies to ensure a mutual understanding of the service offered, standard responses, and a need for safety support when applicable. As CCBH continues to develop Mobile Crisis, new policies and procedures will need to be created for this program. Our County Administrative Officer (CAO), Behavioral Health Advisory Board, and local law enforcement will likely have input in creating these policies and procedures.

In July 2024, our Mental Health Services Act (MHSA) Innovation project, Practice Actions Towards Health (PATH), expanded their services with the Oversight and Accountability Commission's approval to provide services within the Colusa County Jail. This program expansion included collaborative efforts between Colusa County Sheriff's Office, their jail staff and CCBH staff to ensure services were provided in regards to linkage to community resources, such as mental health treatment, substance use treatment, and housing after an inmate's release.

In December 2024, CCBH was required to provide Community Assistance, Recovery, and Empowerment (CARE) Court. This new program will provide community-based mental health services to adults with untreated schizophrenia spectrum or other psychotic disorders. The CARE process connects eligible people with services to support their recovery, which may include treatment, housing, and community support. The CARE process begins with the filing of a petition. A court review will then determine eligibility. If eligible, the court will work with the participant and their attorney to create a voluntary CARE agreement or court-ordered CARE plan that connects them with services. There will be status review hearings to review progress and challenges. After 12 months, the participant may graduate from the program, or they may continue for another year. CCBH

is working with Colusa County Superior Court to establish our local CARE process and develop internal policies and procedures based upon their helpful input.

CCBH has worked with our local Office of Education and school districts to implement our Behavioral and Emotional Support Team (BEST) for Students funded by Mental Health Student Services Act grant in 2022. This grant funding is available until June 30th, 2026. Regular meetings are held between CCBH and Colusa County Office of Education to ensure the success of this program and hopefully the continuation of this service through other funding means once the grand ends. The BEST team assists in reducing the behavioral and emotional issues that occur on campus by meeting with students individually or in a group setting. Various interventions are available with the BEST staff to improve students' academic and interpersonal functioning that can overall lead to stable mental health. Four fulltime staff are assigned to a specific school site throughout the county.

Within the last few years, CCBH created a collaborative program with the Colusa County Library branches known as Learning Wellness at the Libraries (previously known as Library Services). The program was developed with the input of the Colusa County Library Director, Colusa County Behavioral Health Director, Clinical Program Manager who oversees Quality Assurance and MHSA, and the MHSA Coordinator. It was decided that the program will be engaging the community about the topic of mental health in a welcoming and non-stigmatizing environment. It will act as a prevention program offering family, caregiver, and youth activities to combat risk factors and strengthen protective factors of mental health. A Peer Support Specialist is housed at the library to assist in the disseminating of mental health knowledge to the public for this program.

The local Behavioral Health Board meets once a month. Colusa County's Behavioral Health Board is updated on the Cultural Competence Plan Report (CCPR) and asked for feedback by the Ethnic Services Manager (ESM) at the meetings.

Overall, these programs will help us reach community members in areas other than our departmental office and therefore increase our input from the community as well.

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.

CCBH's Marketing and Administrative Specialist continues to make improvements to CCBH's communication with the public. The Marketing and Administrative Specialist has increased their efforts in reaching out to the community about programs, meetings open to the public and upcoming departmental events occurring around the county via flyers distributed out in the community and online. This staff member also created local transit advertisements for our adult drop-in center and our open access/walk-in intake services. CCBH's website has been updated with all Behavioral Health services and activities. This includes the postings of all Behavioral Health Advisory Board meetings, MHSA Stakeholder meetings, and Cultural Competency Committee (CCC) meetings. The Marketing and Administrative Specialist has also updated the public via our social media pages and local newspapers.

Due to the Marketing and Administrative Specialists efforts, it appears that this expansion of communication with the public has increased outreach and engagement opportunities. This year CCBH has been invited to more local events to provide outreach to Colusa County residents. CCBH attended Princeton's Career Fair and Williams Adult School Open House for the first time. This created an opportunity to engage other Colusa County residents that CCBH may have not had the pleasure of interfacing with previously.

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

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

E. Identify county technical assistance needs.

No technical assistance 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, CCBH's ESM is Mayra Puga, MSW, whose title is MHSA Coordinator and Grant Writer. The ESM is the individual who provides information and guidance to CCBH's Leadership Team (Director, Deputy Director of Behavioral Health Services Administration, EHR Manager, and Clinical Program Managers). Initiatives related to the reduction of health disparities experienced by communities, special populations, and clients are formally discussed once per month in a leadership meeting and with the ESM's direct supervisor whenever necessary.

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

The responsibilities of the ESM are to create and complete the Cultural Competency Plan (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 CCBH's Clinical Program Managers, Deputy Director and Director who oversee the agency's programs. The role also assists in development, implementation and evaluation of CCBH 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)	$	3,600
Reduction of racial, ethnic, cultural, and linguistic mental health disparities (quarterly all staff trainings)		16,500
Outreach to racial and ethnic county-identified target populations (annual outreach event)	5,400	
Cultural Humility training for CCC	2,000	
Culturally appropriate mental health services (monthly CCC meetings)		11,500
Bi-lingual pay for staff		15,117
Total Estimated Expenditures	$	54,117

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 $3,600 in the next three years. Reduction of racial, ethnic, cultural, and linguistic mental health disparities via staff training will be about $16,500. Outreach to racial and ethnic county-identified target populations will be about $5,400. Cultural Competence Committee will be allocated $13,500. And bilingual pay for staff will be about $15,117.

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 (CCC) is a group of CCBH 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 CCBH, Colusa County Office of Education (CCOE), Child Protective Services (CPS), Pierce Joint Unified School District (PJUSD),

Colusa County Probation, and Colusa County Department of Health and Human Services (DHHS). The meeting is facilitated by the ESM. When the ESM is not available, the ESM's Clinical Program Manager facilitates the meeting or the meeting will be cancelled and rescheduled. The role of the CCC is to inform and advise Colusa County Behavioral Health around improving services, identifying and reaching out to unserved or underserved 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, CCBH 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 Armstrong – Quality Assurance/MHSA Clinical Program Manager
- Mayra Puga – MHSA Coordinator & Grant Writer/Ethnic Services Manager
- Brizia Martinez – Crisis/PATH Clinical Program Manager
- Adriana Orozco – Pierce Joint Unified School District
- Jayro Pina – Fiscal Program Analyst
- Yolanda Sigala – Case Manager for Crisis
- Guadalupe Tinoco – Social Worker for Health and Human Services
- Jaynae Grass – Social Work Supervisor for Health and Human Services
- Wendy Vazquez – Therapist I for Children
- Georgina Meza Lievanos – Pierce Joint Unified School District
- Claudia Cano – Pierce Joint Unified School District
- Haley Amundson – Marketing & Administrative Specialist
- Daisy Rios – Therapist II for Children
- AJ Windsor – Therapist I for Children
- Ivan Martinez – Quality Assurance Coordinator I
- Cesar Perez – Mental Health Specialist for Adults
- Jose Ramirez - Mental Health Specialist for Adults
- June Leal – Therapist I for Children
- Estefania Aceves – Therapist I for Adults
- Danielle Padilla – Therapist III for Adults
- Kevin Douglas – Educational Behavior Analyst for Colusa County Office of Education
- Jamie Sachs – Senior Probation Officer
- Rose Chandra – Safe Haven Wellness and Recovery Center Member
- Graciela Alvernaz – Mental Health Specialist for Children

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

CCBH 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. The ESM and other CCC members provide reports to Quality Assurance/Quality Improvement during meetings such as the Quality Improvement Committee (QIC) quarterly meetings. 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

when appropriate. The ESM directly provides recommendations to CCBH'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 MHSA activities 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

Below is a screenshot of a CCC agenda showing that CCC participates in reviewing the above-mentioned activities.

Cultural Competency Committee
Agenda

Thursday, October 24, 2024
12:00 pm
CCDBH in Room 103 (via Zoom upon request)

I **Introductions & Attendance:**

II **MHSA Updates:**

III **Cultural Competency Plan:**

IV **Trainings:**

V **Dia de Lost Muertos Committee:**

VI **Cultural Community Event/Community Events we can collaborate with:**

VII **Questions/Ideas/Thoughts/Community Feedback/Comments:** None

Scheduled Next meeting: Thursday, November, 21st at Noon

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 CCBH and the committee can work on around cultural humility. The CCC had a goal of addressing the local Native American population in the last three-year Cultural Competency Plan Report. CCC reached its goal last year by addressing a poorly written webpage on the county website under the county's "history" tab. CCC was able to advise that the poorly written "history" section be taken down from the county website and was able to convince the County Public Information Officer to do a rewrite of the history section that more accurately depicted the county Native population. The CCC was also successful in having connected with one of the local tribes. CCBH's previous Interim Director and a Clinical Program Manager met with members of the tribe to speak about services CCBH provides and ask if the tribe would be willing to provide CCBH with a cultural humility training. The tribe did not agree to provide a training however, they were eager to listen and hear about CCBH services and programs. It is this reason that CCC recognized that we, as an agency, need to work on building rapport and trust in this community before we have an ask. That is why for this three-year cycle, one goal that CCC has is to form a positive

relationship with both our local tribes. Our first step to initiate this goal is to identify a contact for both tribes. The ESM will then introduce themselves to the identified persons. Lastly, the goal is for the identified persons to be invited to attend CCC meetings as members.

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. In addition, moving forward with BHSA there will be no WET component. However, in fiscal year 2019/2020 the State approved $40 million in WET grant funding for counties via the Department of Health Care Access and Information (HCAI). CCBH 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 was the lead grant writer for this WET funding. The grant process began in fiscal year 2020/2021. The focus of this WET funding was on loan repayment, educational stipends, and scholarships. The goal of this funding was to provide incentive to CCBH staff to continue their education and to continue working in the county. The funds also allowed CCBH to increase recruitment for hard to fill positions and create

a culturally diverse workforce. CCBH advertised the second round of the Loan Repayment Program (LRP) from WET funds. The application opened on October 1st, 2022 and closed on November 15th, 2022. The Superior Region, however, requested an extension to close the Loan Repayment application on December 30th. The request was granted for a December 15th deadline. The Mental Health Services Act (MHSA) Coordinator had informed all staff of the extension. CCBH's Director, Clinical Program Manager, and MHSA Coordinator met with California Mental Health Services Authority (CalMHSA) to review applicants and award allocation amounts. A total of 7 staff applied and 6 were awarded. Another county was not able to meet their match for HCAI's grant, therefore, CCBH agreed to pay a portion of their match so that the grant dollars would be secured. CCBH also advertised for the third and final round of the LRP. A total of 4 applicants were awarded for a total spend down of these funds.

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 CCBH.

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

This is not applicable.

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

The WET Loan Repayment Program funding criteria that CCBH was prioritizing for candidates are bilingual in Spanish, Colusa County resident, experience working in an EHR, and 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 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. In addition, 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 has been helpful. Also, having the participation agreement with CalMHSA has made implementing the Loan Repayment Program more effective.

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. However, CCBH applied for a WET Loan Repayment Program via a grant that provided preference to those who apply if they are bilingual in Colusa's threshold language, Spanish. The hope was that this would entice bilingual individuals to work at CCBH.

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 two Mental Health Specialists and three therapists who are bilingual staff on the adult team. On our Children's System of Care team, who also provide services to FSP and Wraparound consumers, there is one bilingual Case Manager, one bilingual Mental Health Specialist, and four bilingual Therapists. CSS's Adult Drop-in Center, Safe Haven Wellness and Recovery Center, 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

We have in person staff members available for monolingual clients. If our language line requests increase, CCBH 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

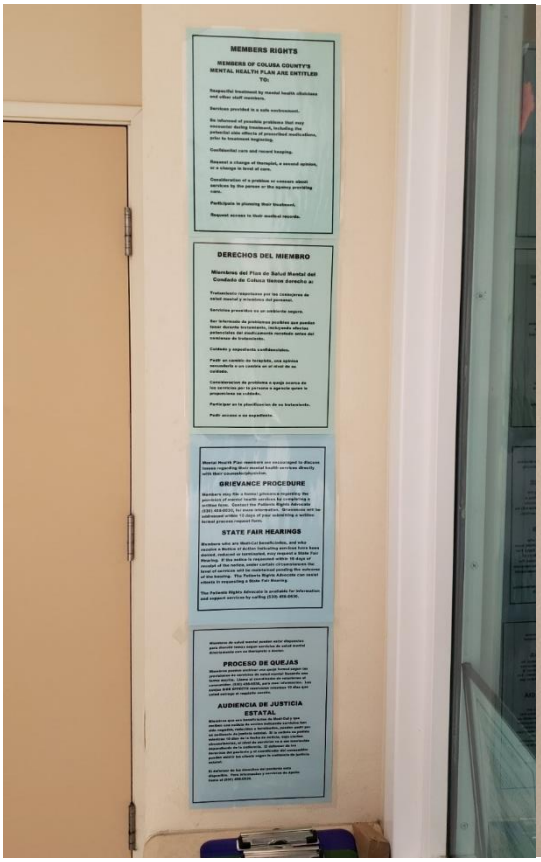
See attachments on the policy and procedure "Cultural Competency and Language Services."

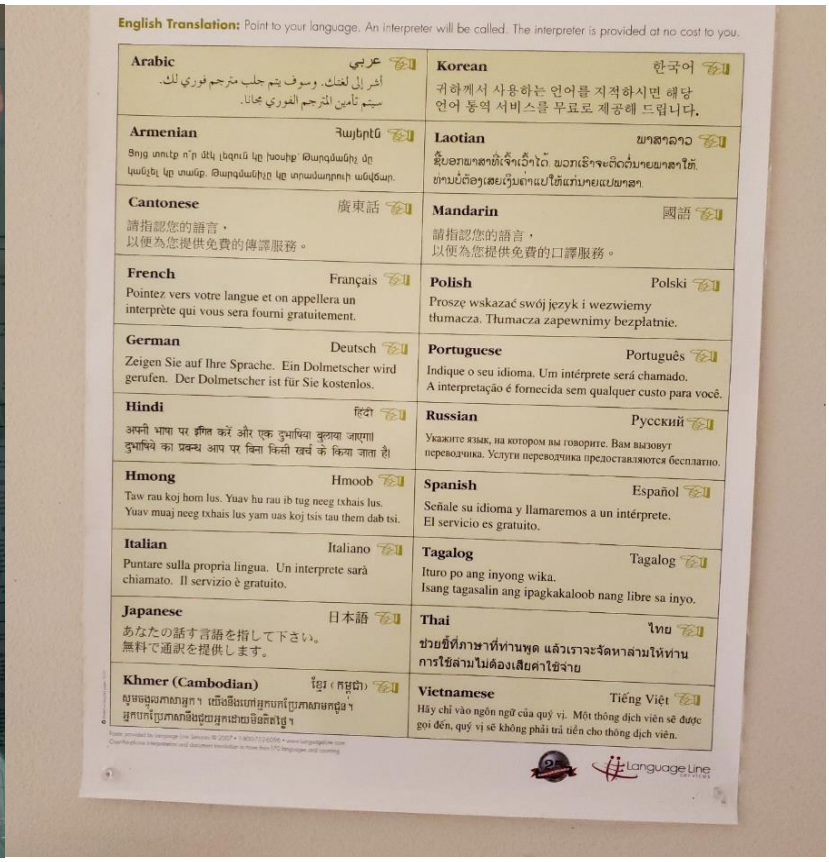
4. Training for staff who may need to access the 24-hour phone line with statewide toll-free access so as to meet the client's linguistic capability

In the past, CCBH 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. CCBH would like to provide this training annually to ensure all staff are up to date on how to use the line. This goal has also been included in our Quality Improvement Work Plan.

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

Photos included as evidence.





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

One lesson learned around providing accommodations to persons who have LEP and have needed interpreter services is that it is extremely important and beneficial that CCBH front office 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 clients 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. Unfortunately, CCBH 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

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. CCBH is fortunate to now have more staff who have passed the HR proficiency test who can also assist in translating documents. CCBH 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 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, CCBH front office 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 spreadsheet known as "The PIP." This document is where the front office 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

The below staff are bilingual in Spanish, Colusa County's threshold language:

- Mercy Perdomo, M.D., Drug Medi-Cal Medical Director and Psychiatrist
- Brizia Tafolla Martinez, LCSW, Clinical Program Manager
- Ivan Martinez, LCSW, Quality Assurance Coordinator
- Daisy Rios, LCSW, Therapist II
- Daisy McCutchen, LCSW, Therapist II
- June Leal, AMFT, Therapist I
- Wendy Vazquez, ACSW, Therapist I
- Rocio Martinez, ACSW, Therapist I
- Estefania Guillen, AMFT, Therapist I
- Jose Ramirez, MFT Student, Therapist I
- Maria (Carmen) Lopez, MFT Student, Therapist I
- Maira Aceves, AMFT, Therapist I

- Lorena Jimenez, RADT, Mental Health Specialist
- Adelita Guadarrama, Mental Health Specialist
- Graciela Alvernaz, Mental Health Specialist
- Gabriela Munoz, Mental Health Specialist
- Veronica Lara, Mental Health Specialist
- Yolanda Martinez de Sigala, Case Manager
- Amy Rosales, Case Manager
- Maria Vazquez, Bilingual Office Assistant
- Andra Solis, Bilingual Office Assistant
- Brenda Guerrero, Bilingual Office Assistant
- Joanna Mora, Bilingual Office Assistant
- Jayro Pina, Fiscal Program Analyst
- Veronica Vazquez, Financial Eligibility Coordinator

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. A one-time test is facilitated and evaluated by a proficient bilingual Human Resource staff. Staff who have passed their proficiency test are provided a monthly stipend.

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 CCBH clinic. 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

CCBH 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). CCBH has sent in their completed surveys but fail to receive results

that are user friendly and aggregated in a way that the data is helpful and informative. CCBH is hopeful that in Spring 2025 an improved method of aggregated results will be shared with the counties.

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

CCBH 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).

Attachments

Colusa County Behavioral Health

Policy and Procedure		
Title: Accessing Interpreters for Non-English Speaking Individuals		
Category: Accommodations		P&P Number: 07-001
Original Effective Date: 10/1/2007		Page 1 of 1

New ☐	Revised ☒	Reviewed ☐	Approval Signatures:	
Effective Date:	10/11/2024			
Next Review Date:	10/2025		Tony Hobson, Ph.D. Director of CCBH	Mercy Perdomo, M.D. Medical Director of CCBH

I. Policy

It is the policy of Colusa County Behavioral Health (CCBH) to meet the language needs of all non-English speaking clients. Translation/interpretation services will be made available throughout CCBH 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.

II. Procedures

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

Colusa County Behavioral Health

Policy and Procedure	
Title: Cultural Competency and Language Services	
Category: Accommodations	P&P Number: 98-002
Original Effective Date: 11/1/1998	Page 1 of 1

New ☐	Revised ☒	Reviewed ☐	Approval Signatures:	
Effective Date:	10/11/2024			
Next Review Date:	10/2025		Tony Hobson, Ph.D. Director of CCBH	Mercy Perdomo, M.D. Medical Director of CCBH

I. Policy

Colusa County Behavioral Health (CCBH) 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 CCBH to address cultural issues individually whenever they arise. There are no differences in access, screening, referral and coordination of services for special populations. CCBH 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.

II. Procedures

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 CCBH 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.
5. All staff are encouraged to discuss issues of cultural competency at their Team meetings or with their Clinical Program Manager as the need arises.
6. All staff are encouraged to identify training needs related to cultural competency.
7. All staff including administrative, management, and any persons providing behavioral health services employed or contracted by CCBH are required to complete an annual cultural competence training. Trainings will be offered quarterly to all employed staff.
8. Staff providing behavioral health services in any other language other than English are required to complete formal testing conducted by the Colusa County Human Resources Department. Only when staff have completed and passed this testing, are they then allowed to provide competent services in their tested language.

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

Colusa County Behavioral Health

Policy and Procedure	
Title: Guidelines for Use of Interpreters	
Category: Accommodations	P&P Number: 07-002
Original Effective Date: 3/1/2007	Page 1 of 2

New ☐	Revised ☒	Reviewed ☐	Approval Signatures:	
Effective Date:	10/11/2024			
Next Review Date:	10/2025		Tony Hobson, Ph.D. Director of CCBH	Mercy Perdomo, M.D. Medical Director of CCBH

I. Policy

Colusa County 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.

II. Procedures

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 communication with the client. Placing the client, service provider, and interpreter in a triangular relationship may be most conductive to good communication. The interpreter should be considered a member of the team.
4. Watch the client (not the interpreter) during the translation. This will allow the provider to observe the client's body language and other behavioral cues. The bilingual/bicultural interpreter will help the provider to understand nonverbal messages.
5. Speak slowly and clearly. Do not raise your voice or shout.
6. Sentence-by-sentence interpretation 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 interpret a sentence may be much longer than it took the provider to say it in English. The interpreter often has to

Colusa County Behavioral Health

Policy and Procedure	
Title: Meeting the Needs of Individuals with Visual and Hearing Impairments	
Category: Accommodations	P&P Number: 08-003
Original Effective Date: 1/1/2008	Page 1 of 2

New ☐	Revised ☒	Reviewed ☐	Approval Signatures:
Effective Date:	10/11/2024		
Next Review Date:	10/2025	Tony Hobson, Ph.D. Director of CCBH	Mercy Perdomo, M.D. Medical Director of CCBH

I. Policy

Colusa County Behavioral Health (CCBH) will assist in the process to assure that written communication is accessible to individuals who are visually impaired by providing information in 20 point font size or larger and that verbal communication is understandable to individuals who are hearing impaired.

II. Procedures

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

1. 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 versions in English and Spanish, which have recordings of the written information contained in the Member Services and Client Problem Resolution Guides. The individual can also be emailed an audio version of the Member Services and Client Problem Resolution Guides.
    B. If the individual requests the Member Services and Client Problem Resolution Guides in Braille, CCBH will provide an appointment to the individual to read through the guides at the clinic.
2. 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, CCBH staff will obtain the individual's phone number then call the relay operator at 1-800-735-2922. The relay operator will connect CCBH staff 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 CCBH by calling 1-800-735-2922 to connect with the relay operator for assistance.
    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

Colusa County Behavioral Health

Policy and Procedure	
Title: Accommodations and Physical Access to Services	
Category: Access	P&P Number: 17-001
Original Effective Date: 10/23/2017	Page 1 of 1

New ☐	Revised ☒	Reviewed ☐	Approval Signatures:	
Effective Date:	10/11/2024			
Next Review Date:	10/2025		Tony Hobson, Ph.D. Director of CCBH	Mercy Perdomo, M.D. Medical Director of CCBH

I. Policy

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

II. Procedures

All CCBH 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, CCBH Clinical 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 and Substance Use Recovery Treatment.

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

Developed: 12/13/2019
POLICY: 1104.00