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Criterion 1. Commitment to Cultural Competence

County Mental Health system commitment to cultural competence

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

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

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

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

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

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

[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](#)

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

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

SYBH's commitment to ensuring cultural competence is embedded and sustained through policies and procedures. Through implemented policies and procedures, we have built a culture of ensuring services and written materials are available in our threshold language of Spanish, and other prominent languages approaching threshold levels within the communities we serve. SYBH has continued to designate an Ethnic Services Manager (ESM) to be sure we have dedicated resources to sustain compliance. SYBH continues to focus on improving data systems and pursue data-informed planning to move SYBH from compliance to excellence and continuous quality improvement.

[A description 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](#)

Through MHSA funds SYBH developed several programs that were specifically designed for diverse populations and are rooted in communities and at sites where diverse populations may access services. Those programs are as follows:

Transition Age Youth (TAY): this program services youth ages 16 through 25 who may be homeless, or at risk of homelessness, aging out of the foster care system, or the juvenile probation system, gang-involved or at risk of gang involvement, high risk of self-harming behaviors or youth whose cultural identity places them in underserved populations within the community. The TAY program goals are to partner with youth and supportive person(s) to improve the overall quality of life for the youth, as well as reducing negative psychiatric symptoms, reducing incarcerations, hospitalizations, and homelessness. The program hopes to empower youth in successfully transitioning to adulthood, living healthy and safely in a setting

of the youth's choosing while engaging in meaningful activity such as work, volunteer, or education. Program staff focus on the instillation of hope, wellness, recovery, and resiliency. Each TAY student has an assigned therapist, case manager, peer mentor, and psychiatrist (as needed). This group of service providers works as a team partnering with the youth and support persons identified by the youth. Services range from individual therapy, therapy groups, individual life skill training, group life skill training, case management, medication evaluation, and both individual and group positive leisure time activities.

Ethnic Outreach Services: The Ethnic Services Centers and Outreach program consists of Spanish-speaking and Hmong-speaking providers that have a cultural understanding of the behavioral health and other special needs of the persons they serve. The Ethnic Outreach Services are comprised of two outreach centers. The Hmong Outreach Center is located in Yuba County and the Latino Outreach Center is located in Sutter County. Services offered in these outreach centers include individual therapy, group, and individual rehabilitation services, case management, linkage to other adult services such as medication support or substance use disorder treatment, and linkage to community resources and supports. Clients receive assistance accessing the entire array of services offered by the Health and Human Services system in an effort to reduce contributing factors to poor mental health conditions. The Hmong Outreach Center also provides the IMPACT youth program designed to educate, raise awareness, and decrease mental health stigma and discrimination and support Hmong youth who may be experiencing mental health issues. In FY23-24 the Latino Outreach Center served 226 individuals and the Hmong Outreach Center served 56 individuals.

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

"Wellness and Recovery is an adult outpatient program providing educational, skill-building and wellness-enhancing support to a population of area residents referred to the program by SYBH therapists and counselors. W & R's staff of Peer Support Specialists offers a variety of weekly support groups in the 1965 Live Oak Blvd location as well as regional outings and holiday and other occasion events. Participants may also create a Wellness Recovery Action Plan (WRAP) a process to support participants in identifying the tools that keep them well and creating action plans to put them into practice in everyday life.

The program also partners with Sutter County schools to provide an onsite Adult Education and Work Activity Center. Altogether, these programs help participants work toward their social, occupational, and educational goals."

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

Bi-County Elder Services Team (BEST): The BEST program serves older adults (age 60+) in both Sutter and Yuba Counties with serious mental health conditions or co-occurring mental health and substance use conditions. Participants are provided outreach, assessment, individual therapy, case management, and linkage to other adult services such as medication support or substance use disorder treatment as well as community resources and support.

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

SYBH Leadership including the Health and Humans Services (HHS) Director, and Branch Directors have prioritized the cultural competency committee newly named the Diversity, Equity, and Inclusion Committee (DEIC) and are mindful of allowing staff time to attend and participate in the committee. SYBH will be working with the administration team to develop a budget for the DEIC. The DEIC has been developing an affinity group that will provide non-academic training on diversity, equity, and inclusion as well as a place for staff to prepare for and continue the conversation after cultural competency trainings. The affinity group will also be a place to invite clients, staff and community members from specific cultural/social/age groups to participate in quarterly panels designed to share the experiences and needs of that specific group. The affinity group will be hosting a kickoff event in January 2025.

[A narrative description 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](#)

SYBH hosted five stakeholder forums or focus groups to collaborate with stakeholders, clients and family members regarding the planning process for services. In order to ensure participation in the planning process includes diverse voices, SYBH held one meeting in English and Hmong, one in Spanish and English and one meeting was held specifically for the Punjabi community. SYBH staff also attended pre-existing community meetings to present information and gather feedback from the community to include in the planning process. The stakeholder entities involved in the planning process are as follows:

- Behavioral Health Advisory Board
- Consumers/Family Members
- Sutter County APS SYBH Adult Services
- Family Member Support Groups
- SYBH Children’s Services
- Hands of Hope
- SYBH CSOC
- Hmong Outreach Center SYBH
- Psychiatric Emergency Services
- Latino Outreach Center
- Telecare
- Tri-County Diversity
- Sutter County Public Health
- Better Way Shelter
- 14 Forward
- LGBTQ Representatives
- Youth For Change
- Sutter County Superintendent of Schools
- Yuba County Office of Education
- Sutter County Health and Human Services
- Yuba City Unified School District
- Options for Change
- First Steps Yuba
- Sutter Arts
- Sutter County Employment Services
- Yuba County Board of Supervisors
- Sutter County Board of Supervisors
- Yuba County Health and Human Services
- Sutter County CWS
- Salvation Army and the Depot
- Sutter-Yuba Homeless Consortium
- Sutter County Domestic Violence/ Child Abuse Prevention Council

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

[A narrative discussing how the county is working on skills development and strengthening of community organizations involved in providing essential services](#)

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

HHS Leadership has prioritized cultural competency and has developed an all-HHS Connections

collaborative that focuses its efforts on equity, diversity, inclusion and belonging. The HHS Director has identified and contracted with a “cultural broker” from the African American community who has worked in the private sector on equity issues. She provides leadership and consultation to the HHS Connections collaborative, to help the committee determine and prioritize goals and objectives that are meaningful to the community it serves. Three subcommittees were created and are as follows: The Training Subcommittee focuses on bringing equity and cultural competency trainings to HHS staff; The Equity P&P Subcommittee focuses on developing and reviewing HHS policies with an equity lens; The Outreach and Engagement Subcommittee works on developing appropriate outreach and educational materials for the community, on accessing HHS services. SYBH also partners with a new community collaborative the Connecting Cultures Collaborative, whose mission is: Partnering to grow the cultural richness of our community. The collaboration seeks to bring cultures together.

During the community planning meetings SYBH provides a short training session that includes a description of services and the expectation of their participation in the planning meeting as well as a discussion to ensure participants understand the importance of their role.

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

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

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

[Each county has a designated Cultural Competency Coordinator responsible for cultural competence](#)

SYBH has identified the Quality Assurance Staff Analyst as the Cultural Competence/Ethnic

Service Manager. The CC/ESM reports directly to the Quality Assurance Manager who reports directly to the Behavioral Health Director who reports directly to the Sutter County HHS Director.

The responsibilities and roles of the CC/ESM are as follows:

- Regularly participation in the Cultural Competency, Equity, and Social Justice Committee (CCESJC), a subcommittee of the California Behavioral Health Directors Association (CBHDA).
- Coordinates and facilitates the SYBH Diversity, Equity and Inclusion Committee (DEIC).
- Assigns and tracks cultural competency trainings to SYBH staff and tracks cultural competency trainings provided to contractors.
- Ensures regular testing of the access line in threshold and other prominent languages
- Coordinates the SYBH Quality Improvement Committee (QIC) and reports to QIC on the cultural competency committee activities and recommendations.
- Advocates for services that meet the needs of diverse and unserved/underserved populations.
- Regularly participates in the Central Region ESM monthly meetings.
- Ensuring demographic data is available and utilized for data analysis
- Attends workshops and conferences sponsored by state entities, such as CBHDA and California Institute for Behavioral Health Solutions (CIBHS).

[Identify budget resources targeted for culturally competent activities](#)

The following programs are specifically funded services for culturally diverse groups These programs also provide outreach to their target populations:

- Hmong Outreach Center
- Latino Outreach Center
- Promotores Project
- Tri-County Diversity
- Connecting Cultures Collaborative (African American Community)

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

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

- Supportive Housing Services

SYBH utilizes funds to provide financial incentives for linguistically competent providers as well as the African American "Cultural Broker" who facilitates the Connecting Cultures Collaborative. SYBH also contracts with the language line LLC to provide interpreter services when linguistically competent providers are not available.

Criterion 2 Updated Assessment of Services Needs

General Population

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

Based on the 2023 United States Census data, Sutter County holds an estimated population of 97,948, and Yuba County holds an estimated population of 85,722. The total population of the combined counties is 183,670. The majority of the population lives within the major cities of the Counties, Yuba City, Live Oak, Marysville, and the unincorporated areas of Olivehurst, Linda and Plumas Lake. The rest of the population is spread into agricultural land and the foothills. Yuba County is also the home of the 23,000-acre Beale Air Force Base, the census data population estimates include current military and veterans. Veterans make up almost 6 percent of the population.

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

Individuals who self-identified as White (not Hispanic or Latino) comprise 41.7% of Sutter County's population and 49% of Yuba County's population followed by Hispanic or Latino, Asian, multi-races, African American/Black, American Indian/Alaska Native, and a small percentage who identify as Native Hawaiian/Other Pacific Islander.

Figure 2.1 Yuba County Population by Race and Ethnicity, 2023

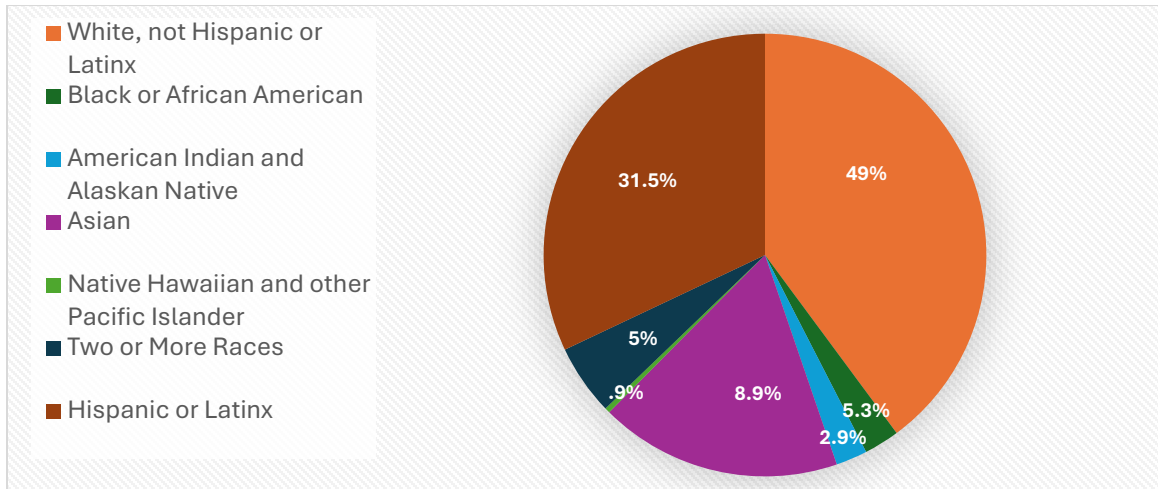
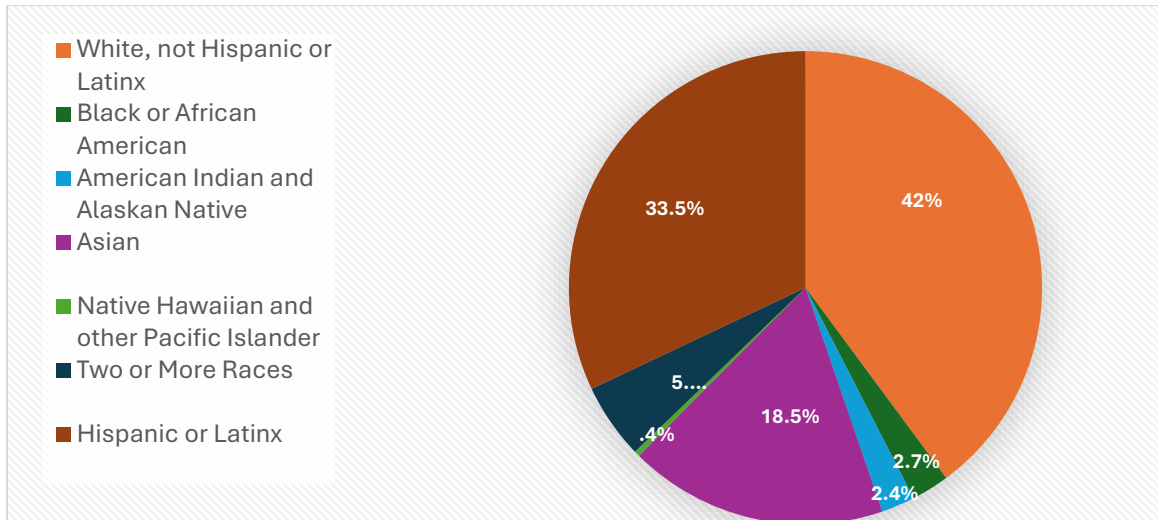


Figure 2.2 Sutter County Population by Race and Ethnicity, 2023



The age and sex distribution in Sutter and Yuba Counties according to the 2023 United States Census is presented in Tables 2.1-2.4.

Table 2.1 Sutter County Population Data by Sex, 2023

Sex Assigned at Birth	Estimate	Percent
Male	48,974	50%
Female	48,974	50
Total Population	97,948	100%

Table 2.2 Yuba County Population Data by Sex, 2023

Sex Assigned at Birth	Estimate	Percent
Male	42,861	50%
Female	42,861	50%
Total Population	85,722	100%

Table 2.3 Sutter County Population Data by Age, 2023

Age	Estimate	Percent
Under 5 years	6,073	6.2%
Under 18 years	24,291	24.8%
19-64 years	51,129	52.2%
65 years and over	16,455	16.8%
Total Population	97,948	100%

Table 2.4 Yuba County Population Data by Age, 2023

Age	Estimate	Percent
Under 5 years	6,172	7.2%
Under 18 years	23,145	27%
19-64 years	44,918	52.4%
65 years and over	11,487	13.4%
Total Population	85,722	100%

Sutter Yuba Counties Cultural Context

The following narratives were provided by members of the Diversity, Equity, and Inclusion Committee (DEIC) in 2024. Representatives from a culture or those who worked closely with an identified culture were asked to describe the unique characteristics or challenges that exist in the Sutter and Yuba Counties for this culture on the populations described.

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

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

Most first-generation Hmong adults don't speak and/or understand English to be able to

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

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

For the Hmong, the concept of mental health counseling and counseling services in western culture are different/unfamiliar to them, and so the population sometimes have a hard time understanding what it is and how it works. Because the concepts of mental health counseling don't exist in the Hmong culture, there are very little words available to describe and use to communicate about mental health ailments and the kinds of therapeutic help available. In traditional Hmong culture, most mental health ailments and symptoms are considered to be spiritual in etiology, and so most tend to seek out help from traditional/spiritual healers instead. Relational and other socio-economic issues are often dealt through the clan system and are considered shameful and should be kept within the family; thus, many are hesitant to seek outside services to assist with these issues. Those who do end up seeking help often do so as a last resort. They also are usually referred through emergency/crisis services because their conditions are chronic and already having serious impacts in their lives.

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

During the Vietnam War the American CIA recruited the Hmong to assist them in their efforts to contain Communism in what is known today as the "secret war" in Laos. It was promised to the Hmong that in return for their support, the US would bring them over and give them land to live on. However, that "promise" was short lived as the Hmong were forced to flee their homeland after the US pulled their armed forces out of Laos, leaving hundreds of thousands of Hmong to

be persecuted by the Lao government who took over. Only some high-ranking Hmong officials who worked directly with the CIA and their families were airlifted to the US. Many fled for their lives by hiding in the jungles and trying to cross the Mekong River to find refuge in Thailand. According to records, almost a hundred thousand Hmong died from this exodus to Thailand from either being hunted and killed by Lao soldiers, starvation, malnutrition, other illness while in hiding in the jungle, and drowning while crossing the Mekong River. The approximately 140,000 who made to Thailand would then migrate to the US and other countries through family, church sponsorships, and other refugee programs.

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

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

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

Strategies that have been used and will continue to be used in engaging and retaining

individuals in direct clinical services include:

- Staffing: The HOC continues to retain its bilingual staffing with 3 full time bilingual/bicultural staff. The HOC has been receiving additional support from a Hmong male staff from a Prevention Services to better serve the gender/cultural needs of the Hmong males in the program, since the previous Hmong male intervention counselor (also from a different program) retired the year prior.
- The HOC successfully continued and is working on increasing frequency of client group outing activities (as requested by community participants at CPPP focus group), where clients get to go out into the community to learn new skills, practice skills learned in groups, practice community engagement, and interact/interface with other non-Hmong community members to support wellness and recovery.
- The HOC continues the Hmong Center Garden to teach clients coping skills, engage clients, and support wellness and recovery.
- The HOC continues to employ cultural activities and activities familiar to the Hmong population to continue to engage them in treatment, such as gardening, sewing, crafting, Hmong poetry and cooking.
- The HOC continues to eliminate transportation barriers by providing transportation to/from the Center for group services. HOC is also along the bus route and has a bus stop nearby for those who uses public transportation.
- The HOC continues client connection + collaboration with clients from Hmong Cultural Center in Oroville, CA to continue to reduce mental health stigma.
- Ongoing Virtual/telehealth services on Wednesdays as an option for those who need it and cannot make it in person, to increase accessibility.

Strategies to target reducing stigma and outreach efforts include:

- Ongoing dissemination of information through Hmong Center Facebook Page and IMPACT Youth Facebook Page.
- Ongoing collaboration with outside agencies to bring in resources/activities that are not directly related to mental health services, so the HOC is not just known to the Hmong community as "the place you go to for mental health."
- FY23/24, the HOC continues collaboration with Hmong American Association (HAA) and Hmong Cultural Center (HCC) to exchange ideas and offer activities/services that may be less stigmatizing to help the community feel more comfortable to seek out services.
- FY23/24, The HOC continues to host weekly Hmong Cultural Dance Class for Hmong youths ages 5-12 and Hmong language/culture class through the IMPACT Youth program on Wednesday evenings. The HOC continued extension of its Wednesday hours until 7pm to accommodate the program.
- FY 23/24, the HOC started working on an MOU with Yuba County Health

and Human Services (YCHHS) to station one of their bilingual Hmong worker at the HOC at agreed scheduled times to expand services to the Hmong Community, draw in new foot traffic, and reduce stigma. The MOU was dropped by YCHHS due to reduction in funding before it was signed.

- 4/3/24: The HOC collaborated with Sutter Co Public Health for their Cultural Celebration Health Fair, where IMPACT Youth Program participants showcased their Hmong cultural dance skills they learned and HOC disseminated information to the public about HOC services.
- 6/26/24: HOC collaborated with the E-Center and the Alliance For Hispanic Advancement for a outreach event at the HOC to familiarize them with the HOC. 9 families attended the event and 5 desktop computers were raffled and given to 5 needy Hmong families through the Alliance For Hispanic Advancement to increase access to technology, as a way of increasing family's capacity to access resources.
- 8/7/24: HOC collaborated with Agency on Aging Area 4 to host/facilitate a focus group for the Hmong community for the Local Aging and Disability Action Planning process

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

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

Latinx American (provided by Maria Garcia of the SYBH Latino Outreach Center)

The Latinx Community in the Sutter Yuba area holds deep-rooted cultural values that prioritize family unity, resilience, and respect. One of those defining cultural aspects is known as "familismo". What does that mean? It means that they emphasize the importance of family when providing emotional and practical support during times of need. Meanwhile this network of family support can strengthen resilience in families it can also create barriers when it comes to seeking external assistance, especially when it comes to mental health. Many Latinx families also face additional challenges in accessing behavioral health services due to language barriers, economic hardships, lack of healthcare insurance, and immigration-related fears. Furthermore, mental health holds a huge stigma in the Latinx community where seeking professional help can be perceived as a sign of weakness.

To address these barriers, our agency has implemented programs that integrate bicultural, bilingual and biliterate staff to help create a more welcoming environment for our Latinx families. Here at the Latinx Outreach center, we take pride in making sure our Latinx community has a positive experience whether they come in person or call over the phone. How? We provide a welcoming environment for our clients and often decorate keeping cultural holidays in mind. We answer our phones in Spanish so our clients don't have the anxiety of not knowing if someone will understand them. Our bilingual outreach workers conduct educational workshops to raise awareness about mental health and the benefits of seeking care, aiming to dispel stigma and promote mental health as part of overall well-being. By providing services in Spanish and ensuring staff are sensitive to cultural nuances, we build trust within the community and help families feel understood and respected. These efforts are essential in increasing comfort levels among Latinx families, empowering them to access behavioral health services and connect with support networks that are aligned with their cultural needs and values.

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

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

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

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

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

In the Children's System of Care, or CSOC program, we have a Parent Partner who assists and supports parents, caregivers, and family members of children receiving behavioral health services. TAY is the Transitional-Age Youth program in which we have 2 Peer Support Specialists assisting and supporting youth between the ages of 16 and 25. The supervisor assigns culturally oriented training modules in Relias, our LMS, to this staff as well, including some of the same courses plus others that focus on particular roles.

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

Tri-County Diversity's goal is to provide peer support, information and resources, and a safe accepting space for social events for the lesbian, gay, bisexual, transgender, queer and intersex members of Yuba, Sutter, and Colusa Counties. TCD's main programming includes the TCD YOUTH! Program for ages 12-18; YAs Social (Young Adults) for ages 18-28; QBIPOC Social for Queer Black, Indigenous and People of Color to receive peer support and focus on topics acknowledging the intersectionality of identities; and the Silvers Social for LGBTQ+ seniors ages 50+. Quarterly social and outreach events for all ages includes TCD Potlucks, OUT at the Movies Series, and Games Nights in addition to regular fundraisers and TCDs Annual Pride in the Park to celebrate community while providing social interaction, resources, and outreach into the community. Tri-County Diversity runs the TCD Resource Center in Marysville to provide information and connections to community resources as needed for walk-ins, participants of groups, and callers of the TCD Adult and TCD YOUTH! hotlines.

The program also works towards creating positive interactions and visibility with straight and allied members of the community. Tri-County Diversity provides information and education to community businesses and organizations in order to promote creating more open and inclusive spaces. The program works with all ages to create strong collaborations with schools and the public and private sectors of our community around issues related to LGBTQIA+ individuals. Tri-County Diversity provides outreach and educational information to organizations and businesses including LGBTQ+ 101 and How to be an Ally presentations. TCD also hosts Q&A panels and resource booths at community events throughout Sutter and Yuba counties.

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

MEDI-CAL Population Service Needs

SYBH reviews and analyzes the penetration rates presented in the EQRO final report. The most current EQRO data the SYBH has obtained is from the Calendar Year 2022. The following information provides details on Medi-Cal Eligible, and beneficiaries served by race/ethnicity age and threshold language.

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

Table 2.5 Sutter-Yuba MHP PR of Members Served by Race/Ethnicity, CY 2022

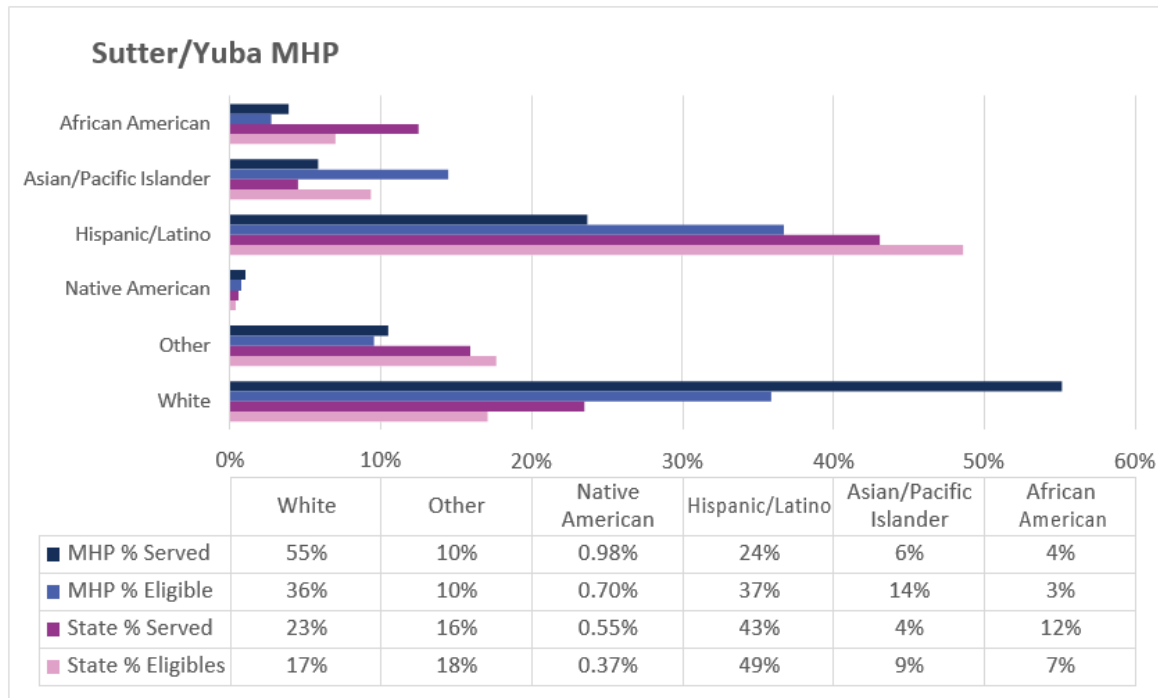
Race/Ethnicity	Total Members Eligible	# of Members Served	MHP PR	Statewide PR
African American	2,316	131	5.66%	7.08%
Asian/Pacific Islander	12,258	197	1.61%	1.91%
Hispanic/Latino	31,118	798	2.56%	3.51%
Native American	594	33	5.56%	5.94%
Other	8,083	353	4.37%	3.57%
White	30,411	1,859	6.11%	5.45%

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

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

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

Table 2.6: Race/Ethnicity for SYBH compared to State CY2022



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

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

Table 2.7 County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Age, CY 2022

Age Groups	Total Members Eligible	# of Members Served	MHP PR	County Size Group PR	Statewide PR
Ages 0-5	9,485	72	0.76%	1.31%	1.82%
Ages 6-17	20,814	936	4.50%	5.83%	5.65%
Ages 18-20	4,530	158	3.49%	4.72%	3.97%
Ages 21-64	42,239	2,017	4.78%	4.53%	4.03%
Ages 65+	7,711	188	2.44%	2.25%	1.86%
Total	84,778	3,371	3.98%	4.30%	3.96%

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

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

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

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

Threshold Language	# of Members Served	% of Members Served
Spanish	211	6.59%
Threshold language source: Open Data per BHIN 20-070		

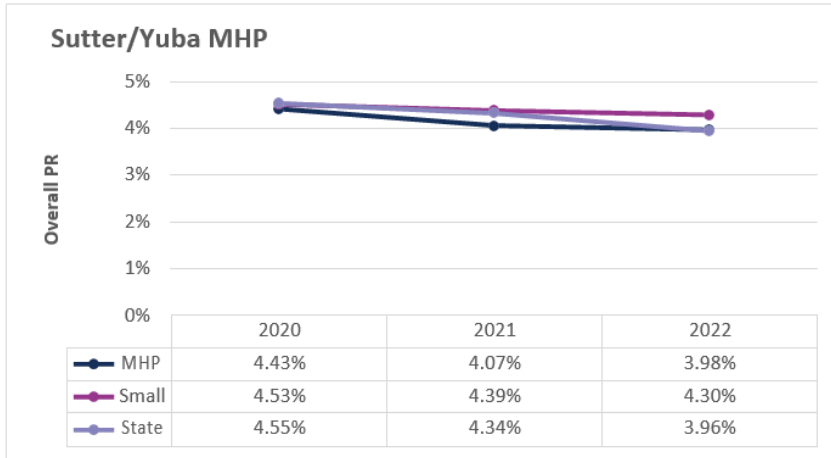
SYBH’s threshold language is Spanish with only 6.59% of those served utilizing the threshold language is a decrease from 7.2% in CY 2020, there is room for improvement to ensure the Spanish speaking population in Sutter and Yuba Counties has the same ability and knowledge to access the care they need, as their English-speaking counterparts.

Penetration Rates

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

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

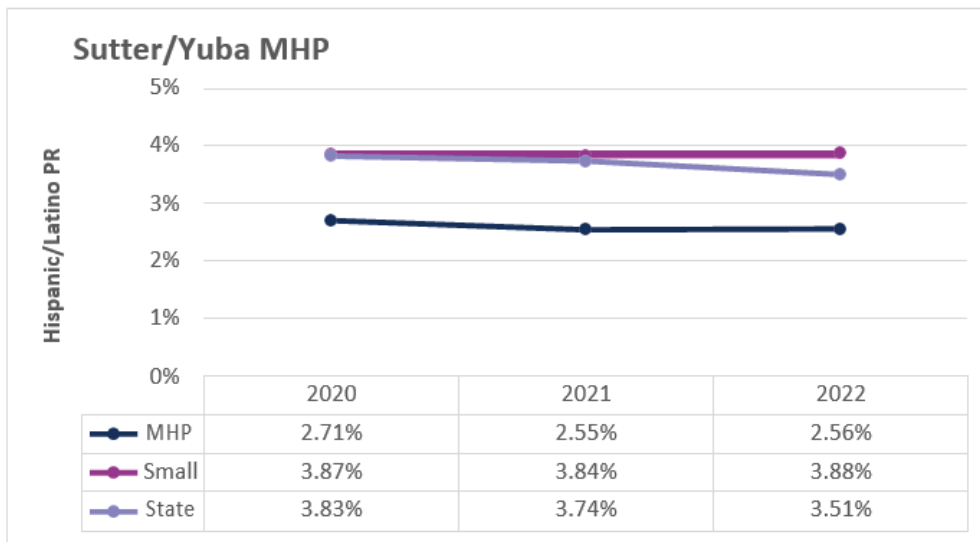
Table 2.9 Overall Penetration Rates CY 2019-2022



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

Table 2.10 below shows that the Hispanic/Latino penetration rate were decreasing with a slight increase in 2022 for SYBH and other small counties but the Statewide average decreases slightly.

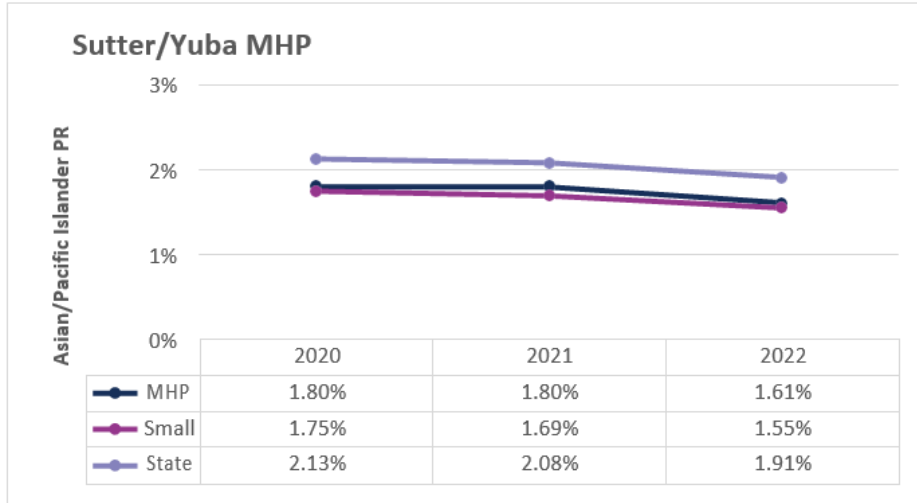
Table 2.10 Latino/Hispanic Penetration Rates CY 2020-2022



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

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

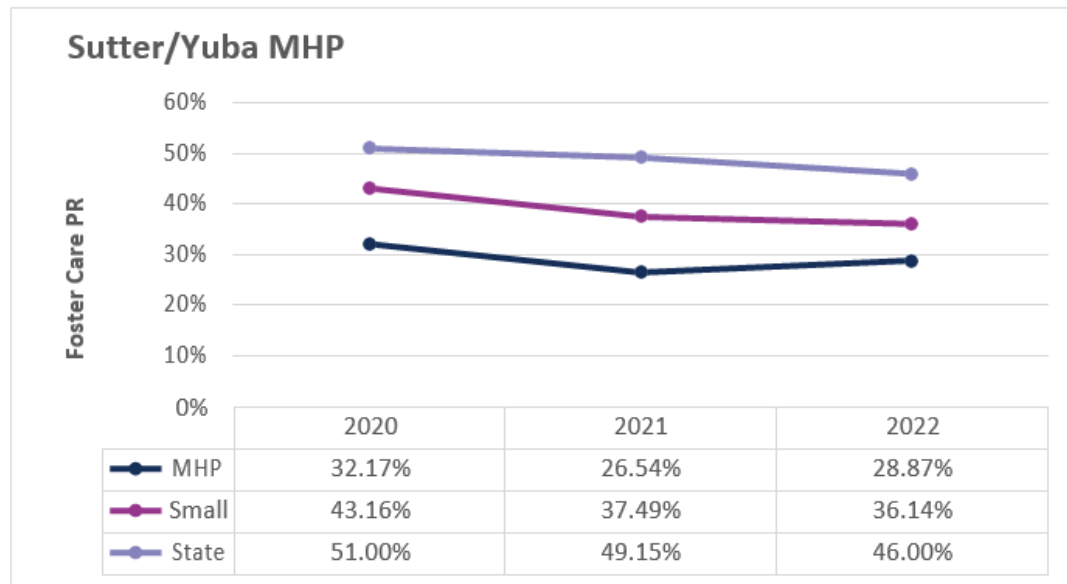
Table 2.11 Asian/Pacific Islander Penetration Rates CY 2020-2022



In 2022 SYBH’s total was greater than the small counties total and slightly lower than the statewide average.

The foster care penetration rate reflects a downward trend for other small counties and the Statewide average for the three years represented in table 2.12 below.

Table 2.12 Foster Care Penetration Rates CY 2020-2022



SYBH has the lowest penetration rates for Foster Care, compared to other small counties and the statewide average but saw a small increase from 2021 to 2022.

Impact of findings

Penetration rates indicate the need for additional outreach efforts to those communities who

appear to have less access to care, including Latino/Hispanic, API and foster care youth. It would also be prudent to determine why the penetration rates often remain lower than other small counties and the statewide average. SYBH will need determine possible barriers to care that affect the Latino/Hispanic, API, and foster care youth populations.

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

Yuba County is considered a low-income county. Approximately 14.9 percent of persons in Yuba County meet or fall below the federal poverty line, compared to 12.2 percent of the State of CA (US Census Bureau 2023). Sutter County has approximately 14.1 percent of persons who meet or fall below the federal poverty line, compared to the National average of 11.1 percent. The lower-socio-economic status of many of the Yuba Sutter counties residents is often generational and many families are burdened with other social and economic problems that appear at higher rates in lower-income households: unemployment, financial instability, food insecurity, mental health issues, and substance abuse and dependence. Yuba County's current unemployment rate is 6.6% in September 2024 and Sutter Counties' unemployment rate is 6.5% both higher than the State average of 5.3% (Bureau of Labor Statistics).

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

ANNUAL UPDATE FY 23/24

DESCRIPTION & CHARACTERISTICS OF COUNTY

1. Describe the demographics of the County, including but not limited to, size of the County, threshold languages, unique characteristics, age, gender, race/ethnicity, and cultural groups. Identify the County's underserved/unserved populations.

Age Group	% of Total	Race	% of Total	Gender	% of Total	Language Spoken	% of Total	Threshold (Y/N)
0-15 yrs.	22.5	White	45.87	Female	48.7	English	68.5	
16-25 yrs.	13.1	Black or African American	2.54	Male	51.3	Spanish	19.5	y
26-59 yrs.	44	Asian	13.02			Vietnamese	.04	
60 & older	20.4	Native Hawaiian or another Pacific Islander	.36			Cantonese		
Military Status	% of Total	American Indian or Alaska Native	1.05			Mandarin		
		Other	059			Tagalog	.06	
Veteran	5.9	More than one race	6.17			Cambodian		
Active Duty		Ethnicity	% of Total			Hmong		
Civilian						Russian		
		Hispanic	30.4			Farsi		
		Non-Hispanic	69.6			Arabic	.01	
						Other (Specify)	.03	

Unserved Populations	Underserved Populations
	Hispanic/Latino
	Punjabi
	Hmong
	African American

2. Provide a narrative analysis of the mental health needs of unserved, underserved and fully served County residents who qualify for MHSA services.

Sutter-Yuba Behavioral Health is dedicated to an integrated service model for clients and families with a focus on unserved, underserved and inappropriately served populations. The Mental Health Services Act (MHSA) Community Services and Supports (CSS) programs provide a wide array of client and family driven mental health services and systems. Community Services and Supports focus on community collaboration, cultural competence, wellness, recovery, and resilience. Of the individuals seen by SYBH in FY 21/22, 54% identified as female, 46% as male, and less than 1% as other or not reported. Additionally, 60% identified as White, 14% Latino, 4% African American, 4% Asian/Pacific Islander, less than 1% Native American, 5% identifying as two or more ethnicities, less than 1% as other, and 10% not reporting. Notably, we are low in our contacts with the Latino population.

In FY 2/22, SYBH served 4,344 unique individuals, approximately 2.4% of the population of both Sutter and Yuba counties for that fiscal year. Per the National Institute of Mental health (NIMH),

prevalence rates for individuals estimated to live with severe and persistent behavioral health conditions is 5.6%. For the population of Sutter and Yuba counties, this percentage is equivalent to 10,148 individuals based on the population data for 2020. With the increasing need for services that offer a higher level of care, there has been a shift to move more resources to higher levels of treatment such as full-service partnerships.

The Transitional-Aged Youth (TAY) FSP program offers a wide array of office, community and home-based services and supports to youth aged 16-25 and their families. These services are available to youth who are experiencing significant emotional, psychological, or behavioral problems that are interfering with their well-being and their families. The TAYFSP program emphasizes outreach and assertive engagement for transitional aged youth who are currently unserved, underserved or inappropriately served such as those who are homeless, gang-involved, who have co-occurring mental health and substance abuse disorders, who are aging out of foster care, probation and/or children's mental health systems. It utilizes a "whatever it takes" team approach that is individually tailored to the youth's needs and goals.

Due to the increasing need for FSP services, SYBH is exploring the possibility of expanding the early childhood and children's FSP program by increasing capacity by 10-15 slots. Having both adults and minors in the same group has caused challenges due to the wide range of developmental stages represented in this age. Changing this will allow for more effective treatment and intervention for all group members. SYBH is exploring the possibility of expanding the age group in the early childhood and children's FSP from the existing 0-15 to include 16/17-year-old youth. This change would include increasing capacity by another 10-15 slots to accommodate the 16-17-year-old youths. In addition, we are looking to build upon the existing Child and Family Team (CFT) processes to create a more robust system emphasizing coordinated care from SYBH and other child-serving systems such as Child Welfare Services and those that could assist with basic needs like housing and food. For example, the CFT's would provide mental health therapy, social service needs, serve as a resource to connect the families to housing supports, and coordinate a treatment plan that may include other influential figures who may impact the child and family's personal life.

Data continues to be challenging, however, efforts to improve data collection are taking place. Processes are being developed to monitor outcomes. Scores from the CANS and LOCUS assessment tools are utilized to identify client needs. A Medical Necessity/Program Recommendation procedure has been developed to streamline services. Several data points have been identified and monitored such as demographics served, triage appointments, CANS and LOCUS scores. Although data is being monitored with the CANS and LOCUS scores, a

standardized method has not been established on how to analyze and evaluate this data. Further development is needed and currently in progress as to how to utilize the results of these assessment tools to measure the performance of programs. Further development will also allow staff analysts in SYBH to monitor data points and indicators for various outcomes such as average length of stay, client success, decrease of symptomology, and clients' needs, to be served by child-serving systems. Prevention and Early Intervention (PEI) programs are designed to promote wellness, foster health, prevent suffering that can result from untreated mental illness, and improve mental health conditions in the early stages of its development.

ICARE (Innovative & Consistent Application of Resources and Engagement Teams) is SYBH's Innovation project. This program is designed to provide ongoing continuous engagement to individuals who generally get their behavioral healthcare through emergency departments or law enforcement. In developing this project, it was found that less than 2% of those served in emergency services and inpatient care at elevated levels of utilization were reenrolled in Full-Service Partnerships or receiving regular outpatient care. The iCARE mobile engagement team serves individuals that are high utilizers of emergency or inpatient care, or who are unengaged in care and living with untreated severe and/or chronic behavioral health conditions. This program began services in 2021. The program evaluators, Third Sector, have been contracted to begin the formal evaluation of the program to determine its success.

3. Provide an assessment of the County's capacity to implement mental health programs and services to include:

a) The strengths and limitations of the county and contracted service providers that impact their ability to meet the needs of racially and ethnically diverse populations.

Lack of trained providers and overall staffing shortages have had an impact on SYBH's ability to meet the needs of racially and ethnically diverse populations. We are aware of our low penetration rate of the Hispanic/Latino community at 2.36% compared to the state penetration rate of 3.29% and we are looking into the causes. We have a Latino Outreach Center that is staffed with Spanish-speaking providers, and they currently have a waitlist due to the staffing shortages. Increased outreach efforts and providing more group services have been identified as tangible ways to increase our penetration rates.

b) Service Providers' bilingual proficiency in identified threshold language(s).

Threshold Language	% of Service Providers
Spanish	15%

While our only official threshold language is Spanish, we have a large Hmong and Punjabi community, and we strive to serve both in their own languages. We have a Hmong Outreach Center staffed by people that provide culturally competent services and who speak Hmong. We are in the process of figuring out how to best serve the Punjabi community with culturally competent services in their language. We consistently recruit for bilingual staff to increase our effectiveness with our bilingual and monolingual populations.

c) Percentages of diverse cultural, racial/ethnic, and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population currently being served.

Ethnicity	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served	Race	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served
Hispanic		36	2.36	White			
Non-Hispanic		64	78	African American or Black			
More Than One Ethnicity				Asian			
Unknown	100			Native Hawaiian or Other Pacific Islander			
				Alaska Native or Native American			
				Other			
				More Than One Race			
				Unknown	100		

Language Spoken	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served	Veteran	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served
English	100	34.66	11	Yes			
Spanish	15	6.17	3.08	No			
Vietnamese	0			Declined to Answer			
Cantonese	0						
Mandarin	0						
Tagalog	1	.03	4.54				
Cambodian	0						
Hmong	4	.58	.14				
Russian	0	.02	0				
Farsi	0						
Arabic	0						
Other	5						

Gender	% of Direct Service Provider	% of Total Population Needing Services	% of Total Population Currently Being Served
Female	75	53	4.01
Male	25	47	3.57

Disability							
Communication	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served	Disability Types	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served
Seeing				Mental (not SMI)			
				Physical/ Mobility			
Hearing or Having Speech Understood				Chronic Health Condition			
Other (specify)				Other (specify)			
						9.98	13.26

d) Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.

Staffing and space shortages are both barriers to implementing proposed programs/services. We are actively trying to resolve these issues and are discussing input received during the community during the CPPP. We have contracted out some of our MHSA programs including supportive housing services, innovation services, and adult and youth FSP services. We have contracted with non-profits such as Youth for Change and Telecare who were not previously providing services in our area. A challenge for rural counties like Sutter and Yuba is there are very few nonprofits who can provide the level and quality of services we depend on. Nonprofits are a key component of a county behavioral health delivery system as they can be more adaptable than counties, when reacting to barriers.

[Prevention and Early Intervention \(PEI\) Plan: The process used to identify the PEI priority populations.](#)

Prevention and Early Intervention services emphasize outreach and education to inform the community of indicators and risk factors leading up to mental health disorders. These programs

are implemented to reach the most unserved, underserved, and inappropriately served communities of Sutter and Yuba counties. Efforts are made to reach these communities and improve linkage and referrals at the earliest possible onset of mental illness. Education aims to reduce stigma and discrimination of those suffering from mental illness. Early Intervention programs are targeted at those exhibiting early signs of a mental illness, designed to reduce the duration of untreated serious mental illness and prevent mental illness from becoming severe.

Since the inception of MHSA PEI, Sutter-Yuba Behavioral Health has implemented fifteen programs and trainings focused on outreach, prevention, and early intervention. With the collaboration of various agencies within the community, SYBH has developed programs across schools, ethnic outreach centers, law enforcement agencies and other family-focused social services departments. SYBH strives to expand its PEI programs and continually develop innovative ideas to reach all populations and communities of Sutter and Yuba counties.

Prevention and Early Intervention programs use a variety of trainings and evidence-based practices to provide community awareness, early interventions, and community campaign methods such as Knowing the Signs of Suicide and Each Mind Matters. Each activity within the program works to address the needs of subpopulations within the community. Many of these programs are presented in schools.

The PEI staff have been working to improve tracking systems and ensure compliance with the Prevention and Early Intervention regulations released in July of 2018. SYBH has experienced challenges in having the proper systems in place to provide data for all activities of the programs. This is, in part, because PEI activities are not managed in our Electronic Health Record. A large component of this is our plan to implement a web-based data tracking system to strengthen and streamline program indicator and outcome monitoring and allow for continuous quality improvement in our program.

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

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

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

In CY 2023, SYBH served 4,546 unique individuals: approximately 2.47% of the population of both Sutter and Yuba counties for this fiscal year. Per the National Institute of Mental Health (NIMH), the 2022 prevalence rate for adults estimated to live with severe and persistent behavioral health conditions is 6.0 %. For the population of Sutter and Yuba counties, this percentage is equivalent to 11,020 individuals. With the increasing need for services that offer a higher level of care, there has been a shift to move more resources to higher levels of treatment such as full-service partnerships.

Of the individuals seen by SYBH in CY 2023, 53% identified as female, 46% as male, and less than 1% as other or not reported. Additionally, 35% identified as White, 24% Latinx, 5% African American, 5% Asian/Pacific Islander, 1% Native American/Alaskan Native and 30% reporting as other/unknown.

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

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

The input received through the CPPP processes was wide ranging and contained both broad based goals regarding whole segments of the community and population, goals specific to individual programs or segments of the community, and very technical input regarding funding and structure of programs. Key themes that emerged from CPPP input regarding disparities include but are not limited to:

- Requests specific to the Hmong Center including continued emphasis on their

community garden with resources for better equipment, and irrigation system, including lunches when they go on outings and having ways to fundraise for outings. Other requests included more groups, activities for youth and cultural events.

- Requests specific to the Latino Outreach Center included better communication and other outreach regarding how to get into services, and what services are offered. Specifically, information available in the emergency department so that referrals could be made at times of crisis. Other requests included cultural events, more structured groups and some non-structured groups.
- A need to provide services for veterans and specifically to join with Vet Art to identify how they could be used with MHSA funds, and how veterans could interact with clients via art.
- A request to focus PEI services on evidenced based community campaigns such as Each Mind Matters and Knowing the Signs of Suicide, and other campaigns that reach unserved or underserved segments of the community.
- A request to continue the relationship with Tri-County Diversity and the services they offer to the 2SLGBTQIA+ community.
- Many requests for cultural competency efforts, including working with consultants from local unserved and underserved communities, and committing resource to enhance SYBH cultural competency committee and cultural competency efforts.

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

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

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

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

Table 4.1 DEIC Goals and Objectives

Goal	Objectives	Strategies	Evaluation and/or outcome measure	Implementation update
1) To provide access to culturally and linguistically appropriate services in a timely manner for clients of the behavioral health system	<p>1a) Increase accessibility to translation services outside threshold and internal translation languages</p> <p>1b) Increase the number of test calls completed in a language other than English</p>	<p>1a) Develop guidelines to train staff on the availability of translation services and how to use them.</p> <p>1b) Implement new staff test calls</p> <p>1b) Develop monthly test call rotation from PES and PHF staff</p>	<p>1a) Track and log staff who have completed the training</p> <p>1a) Track and log usage of translation services</p> <p>1a) Survey from client and consumers</p> <p>1b) Collect Test Call forms and log</p> <p>1b) Analyze test call data and provide update to QIC</p>	<p>1a) 2023 update: not yet started</p> <p>2024 Update: SYBH has identified errors in its current P&P regarding translations services and will be updating the P&P with the relevant current information and adding it to the P&P training calendar to ensure all staff have the ability to utilize translation services.</p> <p>1b) 2023 Update: SYBH increased test calls made in a language other than English from zero to 5 in FY22-23. Two calls were made in Punjabi and three were made in the Threshold language of Spanish. SYBH developed a monthly call rotation using PES and PHF staff. The Test call data was analyzed and found that of the calls being made in a language other than English the Spanish calls were meeting the requirements but not the calls made in Punjabi. It was also noted that no calls were made in Hmong a prominent language in the Yuba County community. SYBH has added staff from the Hmong outreach center to the rotation list for FY 23-24 to ensure that we are meeting access needs of our Hmong speaking population. A Test Call training was developed, and test callers are enrolled in the training prior to making the test call. PES staff are enrolled in the Test Call training annually.</p> <p>2024 Update: SYBH continues to test the access line in Spanish, Hmong and Punjabi. While tracking the test calls it was found that for Hmong test calls made after</p>

	<p>1c) Ensure 100% of the most recent versions of informing materials and other standard forms/templates are translated into threshold language</p>	<p>1c) Develop guidelines for translation of educational materials 1c) Develop rotating schedule of translators</p>		<p>business hours when there are no Hmong interpreters on site, utilizing the Language Line has been inconsistent and have been told on several occasions that there are no Hmong interpreters at that time. SYBH has addressed this with the Language Line and will continue advocating for the need of Hmong interpreters. Test call data is shared with access line staff supervisor as well as the QIC members.</p> <p>1c) 2023 Update: Informing materials are regularly being translated into the threshold language. SYBH is working on developing a log for those materials to be logged and stored where they can be easily accessed. SYBH has a monthly rotating schedule of translators.</p> <p>2024 Update: Client documents/forms continue to be updated into the Threshold language. A P&P exists and will be reviewed and updated if needed during the coming year. A rotating schedule of interpreters has been developed and is in use. The interpreters also requested a quarterly meeting to share resources and continually improve the process. A rotating schedule of translators is not needed at this time but will be revisited in the future if necessary. SYBH will work on a translator list as not all interpreters are able to translate documents.</p>
<p>2) To prepare and sustain a workforce that fosters a work environment of inclusiveness and cultural humility through professional growth opportunities and equitable practices</p>	<p>2a) Increase the number of staffs participating in culture trainings</p> <p>2b) Increase the # of staff participating in one hour or more of CC trainings</p> <p>2c) Increase the number of staff participating in an Interpreters Training</p> <p>2d) Increase the number of trainings offered that relate to the population served by SYBH</p>	<p>2a) Provide an annual client culture training</p> <p>2b) Assign appropriate trainings to each staff member through Relias</p> <p>2c) Provide a training on Working with Interpreters and/or Essential Skills for Interpreters</p> <p>2d) Develop or acquire trainings that relate to populations served by SYBH 2d) Host the training or provide it through Relias</p>	<p>2a) log all trainings provided and attendance</p> <p>2b) Collect and log training hours for each staff member</p> <p>2c) Collect and log trainings and attendance</p> <p>2d) Develop a log of trainings offered each year and log participants</p>	<p>2a) 2023 Update: SYBH logged a total of 293 hours of cultural competency trainings during FY 2022-23 to 267 staff members.</p> <p>2024 Update: SYBH logged a total of 229.42 hours of cultural competency trainings during th2 2024 CY to SYBH staff. SYBH's subcontractors also provide 2-4 hours of cultural competency trainings to each of their staff annually.</p> <p>2b) 2023 update: 267 staff members had at least one hour of cultural competency training while 85 logged more than one hour.</p> <p>2024 Update: 118 staff members had at least one course of cultural competency training while 97 took more than one course</p> <p>2c) 2023 Update: The Working with Interpreters training is in the process of being redesigned.</p> <p>2024 Update: Due to staffing shortages the working with interpreters training was unable to be completed. SYBH will work to develop the program during the 2025 CY.</p> <p>2d) 2023 Update: SYBH offered trainings on DEI: An Introduction to Multi-Cultural Care; Microaggressions in Health Care; Social Justice Informed Care; Impact of Racism and Trauma on Black Mental Health; Cultural Competence; How Culture Impacts Communication; Treating Mental Health in the Black Community-Ask the Experts; Introduction to Cultural Variations in Behavioral Health for Paraprofessionals; Cultural Responsiveness in Clinical Practice; Influence of Culture on Care in Behavioral Health Paraprofessionals; A Culture Centered Approach to Recovery; Working More Effectively with the LGBTQ+ Community; and Prevalence and Treatment of Substance Use Disorders in the LGBTQ+ Community; 2024 Update: SYBH offered "Your Role in workplace Diversity" for non-clinical staff and "A multicultural Approach to Recovery Oriented Practice" for clinical staff. Interpreters were enrolled in the following courses: Ethical and Legal Issues for Behavioral Health Interpreters; The Behavioral Health System of Care: An Overview for Interpreters; Strategies and Skills for Behavioral Health Interpreters. All onboarding staff</p>

				<p>were enrolled in the "DEI: An introduction to Multicultural Care: course. Optional trainings were encouraged through the quarterly newsletter as well as the many cultural competency trainings offered through the online Relias platform, where staff are able to enroll themselves in trainings of their choosing.</p>
<p>3) To use best practices and data informed strategies to proactively address the shifting demographics and cultural needs of the behavioral health system services area</p>	<p>3a) Monitor grievances and appeals by race/ethnicity and preferred language for trends and opportunities for improvement</p> <p>3b) Increase Hispanic by 1%</p>	<p>3a) log all grievances and respond appropriately</p> <p>3b) Complete one new outreach event to the Hispanic Population</p>	<p>3a) monitor and analyze grievances and appeals by race/ethnicity and preferred language.</p> <p>3b) Monitor penetration rates</p>	<p>3a) 2023 Update: Grievances and appeals are logged and monitored weekly. An analysis of grievances/appeals is completed quarterly and share with leadership at the Quarterly QIC meetings to determine trends and necessary improvement projects. There were not trends in grievances/appeals relating to race/ethnicity or preferred language.</p> <p>2024 Update: Grievances and appeals are logged and monitored weekly. An analysis of grievances/appeals is completed quarterly and share with leadership at the Quarterly QIC meetings to determine trends and necessary improvement projects. There were not trends in grievances/appeals relating to race/ethnicity or preferred language.</p> <p>3b) 2023: Update: The penetration rate for CY 2021 is 2.36%, it remains low and continues to decline slightly. The Latino outreach center and the PEI program continue to do outreach to the Latino community; however, the Latino Outreach Center has a waitlist and is unable to serve clients needing services within the timely access standards. The Center has a total of three mental health therapists and two mental health workers; however, for FY 22-23, one therapist was out on leave and there was a vacant mental health worker position. Shortages in staffing caused the center to have a waitlist for mental health services and impacted the center's ability to increase outreach opportunities. The Center recently had a therapist leave the organization severely impacting the Centers ability to serve the Latino community. The Latino Outreach Center has collaborated with local universities to implement interns at the center to provide additional support by providing groups and other mental health services.</p> <p>2024 Update: Staffing shortages continue to impact the Latino Outreach Center as well as staff at Adult Services. SYBH has also been redesigning programs in anticipation of the BHCS changes and the PEI program that historically participated in outreach and engagement in the Latino community has had many changes which has impacted SYBH's staff availability to provide outreach and engagement. However, the penetration rates for the Hispanic/Latino community saw a very slight increase in 2022 from 2021 and 2020.</p>
<p>4) To deliver timely, culturally informed, trauma-informed, evidence-based services that meet behavioral health clients' needs.</p>	<p>4a) Reduce stigma and promote access to underserved sub-populations.</p>	<p>4a) Conduct quarterly outreach events at SYBH cultural centers</p>	<p>4a) Analyze penetration data for Latino and Hmong populations</p>	<p>4a) 2023 Update: Parent support groups and the "Ni de aqui, ni de alla", were offered at the Latino Outreach Center. The groups were designed to provide a safe space for members to share experiences and learn how to navigate the differences in cultural values. The Latino Outreach also provided a Dia de Los Muertos event to increase clients sense of belonging and understanding of cultural practices to increase engagement and participation in services. The Hmong Outreach Center utilizes the Hmong Center Facebook page and the IMPACT Youth Facebook page to disseminate information regarding the HOC services and educational information. The HOC collaborates with outside agencies to bring in resources/activities that are not directly related to mental health services to help reduce stigma by having the HOC be known for other activities and not as "the place you go for</p>

	4b) Increase PEI program participation among Latino, Punjabi, and Hmong populations	4b) Conduct 4 annual PEI outreach events at locations that reach the Latino, Punjabi, and Hmong populations.	4b) Collect demographic data from PEI programs and analyze	<p>mental health". The HOC continues to host weekly Hmong Cultural Dance Classes and Hmong language/culture classes for Hmong youth.</p> <p>2024 Update: The Hmong Outreach Center utilizes the Hmong Center Facebook page and the IMPACT Youth Facebook page to disseminate information regarding the HOC services and educational information. The HOC collaborates with outside agencies to bring in resources/activities that are not directly related to mental health services to help reduce stigma by having the HOC be known for other activities and not as "the place you go for mental health". The HOC continues to host weekly Hmong Cultural Dance Classes and Hmong language/culture classes for Hmong youth.</p> <p>4b) 2023 Update: PEI collects demographic data at a variety of trainings/groups and activities and has identified difficulties in collecting and analyzing the data due to many indicating "decline to state". The data that was collected shows that services are being received by Latino, Punjabi, and the Hmong populations.</p> <p>2024 Update: PEI, the Latino Outreach Center and the Hmong Outreach Center participated in a Cultural Health Celebration at Public Health to provide outreach to the Latino, Hmong, and Punjabi populations. They LOC also provided education and outreach at 5 local schools and the Sutter County Probation department. The HOC provided outreach at a Culture Day event at a local school and collaborated with a local school district in a "Meet and Greet" dinner where the Hmong community was invited to meet HOC staff, learn about HOC services and meet school officials to increase engagement at school activities.</p>
5) To measure and evaluate all practices to ensure effectiveness and timely modifications are for continuance quality improvement efforts.	<p>5a) Ensure all intervention and strategies include evaluation and outcome measures</p> <p>5b) Ensure that SYBH services are culturally and linguistically appropriate</p>	<p>5a) Review goals and objectives in CCC meeting to develop evaluation and outcome measures</p> <p>5b) Annually conduct MediCal Beneficiary Satisfaction Survey</p>	<p>5a) Table of goals and objectives evaluations and outcome measurements</p> <p>5b) Analyze satisfaction surveys and update goals and objectives as needed</p>	<p>5a)2023 Update: SYBH has developed a Data Quality committee that will be reviewing and evaluating tools and providing standard practices.</p> <p>2024 Update: SYBH has had to put a hold on the Data Quality committee due to staffing issues within the QA department.</p> <p>5b) 2023 Update: SYBH participates in the annual Consumer Perception Survey. Data from the 2022 survey showed that 100% of families, 92% of youth, 83% of adults and 100% of older adults believe that they receive services that are culturally appropriate. 100% of consumers stated that they received services in their preferred written language.</p> <p>2024 Update: SYBH participates in the annual Consumer Perception Survey. Data from the 2023 survey showed that 98% of families, 94% of youth, 80% of adults and 86% of older adults believe that they receive services that are culturally appropriate. 100% of consumers stated that they received services in their preferred written language.</p>

Criterion 5: Culturally Competent Training Activities

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

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

SYBH enrolled all new and on-boarding staff in the DEI: An Introduction to Multi-Cultural Care course during Fy2-23-24. Non-clinical staff were enrolled in the "Your Role in Workplace Diversity" course and clinical staff were enrolled in the "A Multicultural Approach to Recovery-Oriented Practice" course. All interpreter staff were enrolled in the following courses: "Ethical and Legal Issues for Behavioral Health Interpreters"; "The Behavioral Health System of Care: An Overview for Interpreters"; and "Strategies and Skills for Behavioral Health Interpreters". SYBH's contractor Youth for Change provide their staff 2 hours of cultural competency training annually and the subcontractor Telecare provides their staff 4 hours of cultural competency training annually.

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

- Bridging the Diversity Gap
- Cultural Diversity and the Older Adult
- Cultural, Religious, and Spiritual Considerations at End of Life
- DEI: Achieving Greater Health Equity in Your Organization
- DEI: Multicultural Care for the Organization
- Diversity and the Healthcare Employee
- Diversity, Equity, and Inclusion for the Healthcare Employee
- Implicit Bias for the Healthcare Professional
- Implicit Bias in Healthcare
- Improving Behavioral Health Equity: Spiritual and Religious Diversity
- Influence of Culture on Care in Behavioral Health for Paraprofessionals
- Introduction to Cultural Variations in Behavioral Health for Paraprofessionals
- Strategies for Gender-Inclusive Interactions
- Humility and Respect in Healthcare
- Improving Behavioral Health Equity: Children, Adolescents, and Emerging Adults
- Improving Behavioral Health Equity: Individuals in Rural or Remote Communities
- Improving Behavioral Health Equity: Individuals with Asian American Identities
- Improving Behavioral Health Equity: Individuals with Black or African American Identities
- Improving Behavioral Health Equity: Individuals with Hispanic and Latine Identities
- Improving Behavioral Health Equity: Individuals with Intellectual or Developmental Disabilities
- Improving Behavioral Health Equity: Individuals with Marginalized Ethnic Identities
- Improving Behavioral Health Equity: Individuals with Physical Disabilities
- Improving Behavioral Health Equity: Individuals with Tribal, Indigenous, or Native Identities

- Improving Behavioral Health Equity: People Who Are LGBTQ+
- Improving Behavioral Health Equity: People Who Are Transgender and Nonbinary
- Improving Behavioral Health Equity: Veterans
- Improving Behavioral Health Equity: Women
- A Multicultural Approach to Recovery-Oriented Practice
- Addressing Behavioral Health Needs of Veterans
- An Understanding of Military Culture for Behavioral Health Paraprofessionals
- Bridging Differences in Cross-cultural Communication
- Building Shared Understanding across Cultural Divides
- Creating a Culture of Respect
- Cultural Competence for Supervisors
- Cultural Diversity and the Older Adult
- DEI: Multicultural Care for the Clinician
- DEI: Understanding Privilege
- Engaging the Power of a Multigenerational Workforce
- Improving Clinical Competency Through an Understanding of Military Culture
- Influence of Culture on Care in Behavioral Health for Paraprofessionals
- Introduction to Cultural Variations in Behavioral Health for Paraprofessionals
- Working More Effectively with LGBTQ+ Children and Youth
- Working with LGBTQ+ Children and Youth
- Your Role in Workplace Diversity
- Cultural Competency/Language Line

The DEIC members are working to continue providing culturally and socially competent trainings to staff. They will be developing more trainings throughout the year as training opportunities are needed to ensure staff are receiving adequate exposure to trainings that represent the demographic population that SYBH serves. Cultural trainings have also been identified as a goal for preparing and sustaining a workforce that fosters a work environment of inclusiveness and cultural humility through professional growth opportunities and equitable practices, more information can be found in Criterion 4. The DEIC will also be providing non-academic educational opportunities on diversity, equity, and inclusion during the monthly affinity group as well as providing the clients experience during the quarterly cultural panels that will take place within the affinity group.

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

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

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

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

Under the plan, the County will:

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

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

Data

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

Figure 6.1 SYBH Client Distribution by Race/Ethnicity

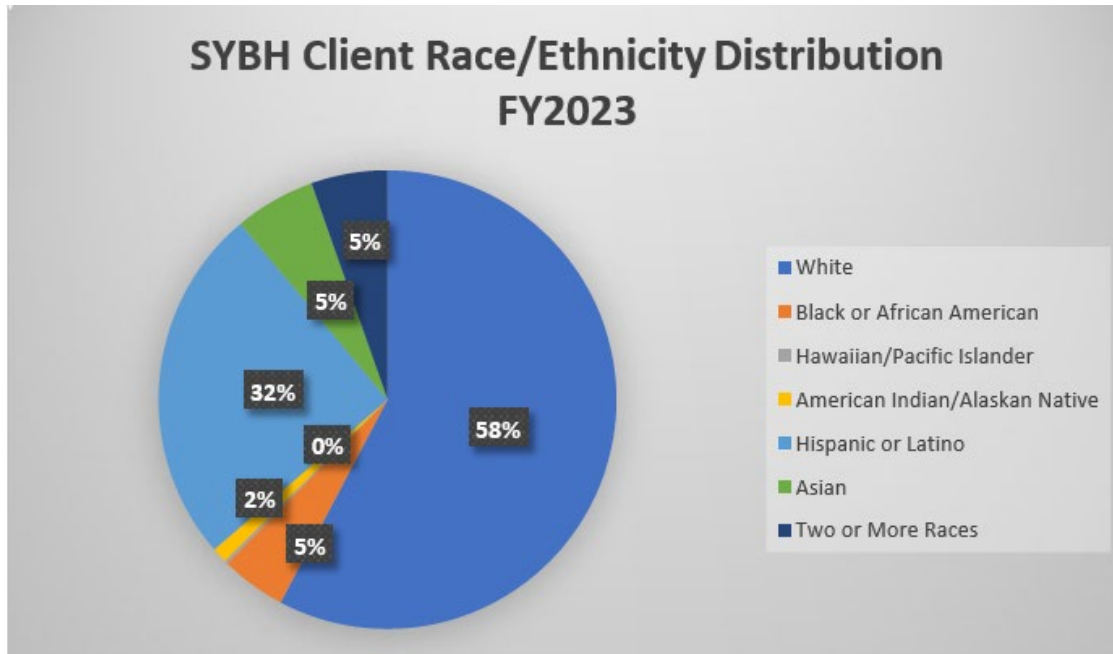
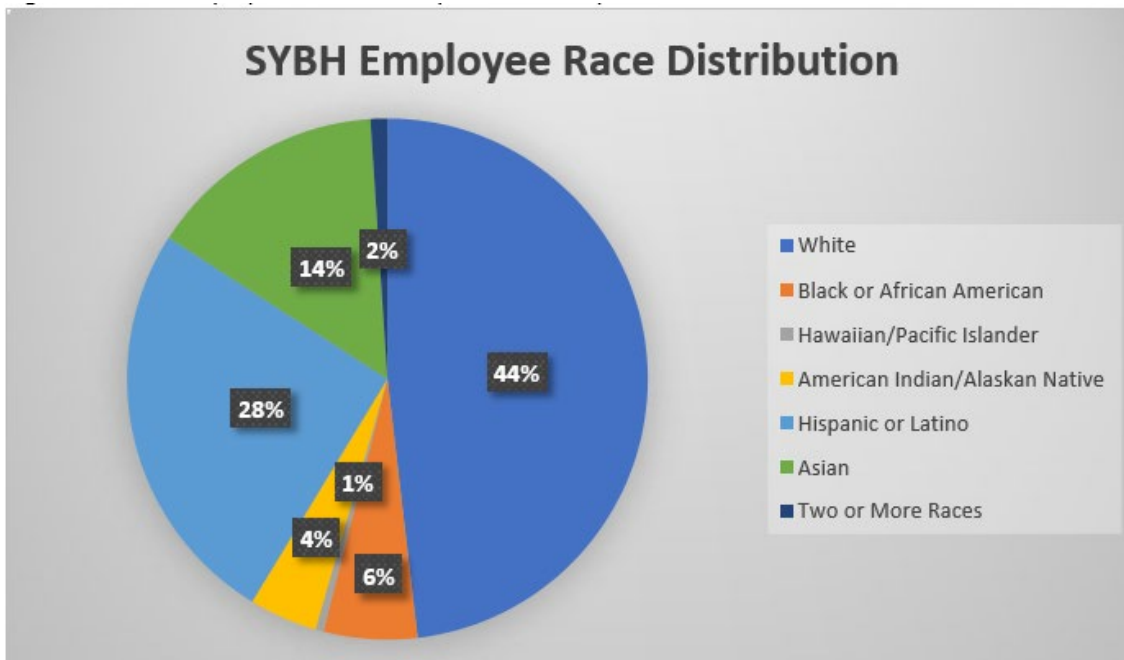


Figure 6.2 SYBH Employee Distribution by Race/Ethnicity



Analysis

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

Table 6.3 SYBH Client Distribution by Gender

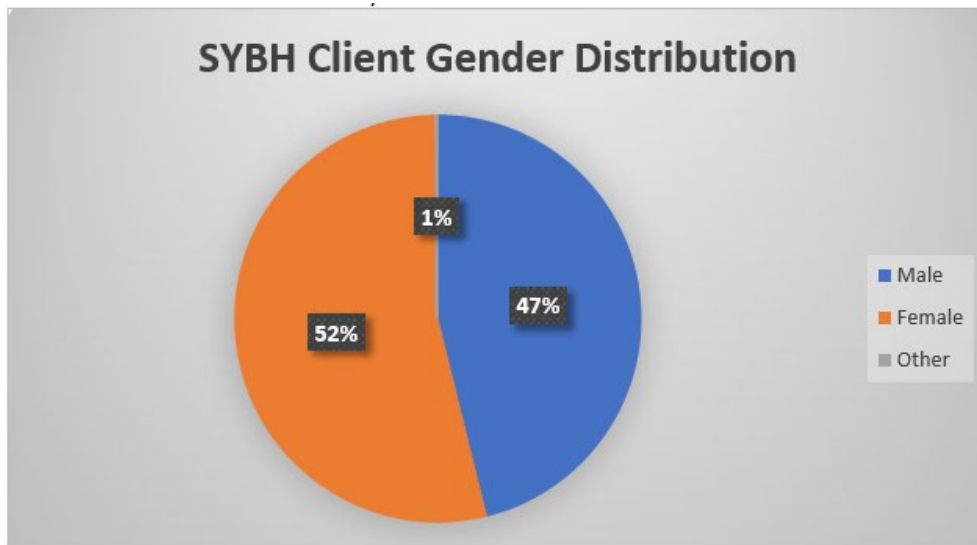
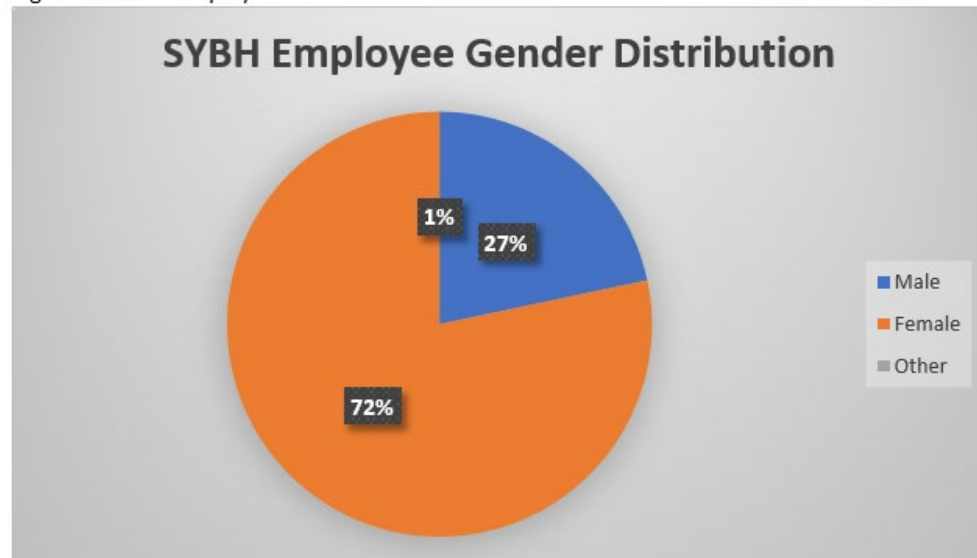


Figure 6.2 SYBH Employee Gender Distribution



Analysis

SYBH existing employee gender demographics has a higher percentage of female employees 72% and only 27% of male employees and less than 1% other, compared to the client service gender demographics where the percentage of female to male clients is more evenly distributed 52% female and 47% male and 1% other. There have been occasions of clients requesting therapy services from a male therapist that SYBH has been unable to provide due to the lack of male employees.

Workforce Education and Training

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

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

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

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

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

Goals:

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

5. Expand education and training programs for the current PMHS workforce in competencies that align with the full spectrum of PMHS needs.
6. Increase the retention of the PMHS workforce identified as a high priority.
7. Develop and sustain new and existing collaborations and partnerships to strengthen recruitment, training, education, and retention of the PMHS workforce.

SYBH has participated in the following WET activities:

- Round 2 of the Central Region partnership for Loan Repayment and Hiring Incentives. SYBH was awarded \$20,000.00 in loan repayment awards to two licensed Clinical Social Workers both holding Supervisory clinical roles.
- A loan repayment hiring incentive has been offered on new positions that fit the hard to retain criteria, as defined by the program planning guide designed with CalMHSA. By offering a Loan Repayment for 12 months of continuous service to SYBH, we hope to draw in new applicants to our understaffed positions.
- A hiring incentive has been offered on new positions that fit the hard to retain criteria, as defined by the program planning guide designed with CalMHSA. We have not seen as high an increase as we would have liked from the Loan Repayment incentive so, we hope to draw in new applicants to our understaffed positions with the incentive of a cash offer for the same 12 month offer of continuous service.
- SYBH plans to provide training to staff in order to increase the quality of services they provide and to increase their sense of competence and job satisfaction. The training topics will cover a variety of areas including effective leadership and supervision, customer service, prevention of provider fatigue, evidenced based clinical modalities, trauma informed services, and additional training identified through program planning and evaluation, as well as feedback from all levels of staff.

Criterion 7: County Mental Health System Language Capacity

Increasing Bilingual Workforce Capacity

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

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

SYBH has recently formed a quarterly meeting for all interpreters to attend where they can share information, discuss issues around interpreting and develop interventions to overcome any barriers. A sharepoint is being created where staff can share information and resources on a regular basis to increase their interpreting skills.

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

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

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

SYBH sites are provided a list of materials in threshold languages to make available in their lobbies. The Mental Health Patients' Rights poster specifically states, "You have the right: To

services and information in a language you can understand and that is sensitive to cultural diversity and special needs”. The Member Information brochure is another source of information for consumers, stating under Member Rights “Receive services that are culturally competent and sensitive to language and cultural differences.” Additionally, a Client Satisfaction Survey is available in English, Spanish, and Hmong throughout the year. Additionally, the annual MHSA Community Input flyers and surveys are translated into Spanish and Hmong.

Criterion 8: Adaptation of Services

Client driven/operated recovery and wellness programs

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

Responsiveness of mental health services

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

SYBH has made a concerted effort to provide community-based services specifically designed for unserved and underserved populations. These programs are embedded in locations comfortable to diverse cultural populations. Efforts continue to increase the level of multicultural and multilingual staff members.

Quality Assurance

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

A centerpiece of cultural competency is ensuring that communication needs can be met efficiently and with respect. All staff who interact with clients are trained in how to access and utilize the language assistance to facilitate communication with Limited English Proficient (LEP)

clients; we have additional translation services available for those with hearing impairment and who identify as having low vision or blindness. Staff training includes not only the explicit steps of using Language Line Solutions but also important elements of best practices in a translation situation.

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

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

The Quality Assurance Staff Analyst, who is also the ESM, provides oversight of the problem resolution process. All grievances and appeals are analyzed using comparison rates between the general beneficiary population and ethnic beneficiaries. The results are reviewed quarterly at the Quality Improvement Committee meetings,

Quality Improvement Committee

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