



# **Tehama County Health Services Agency**

## **Tehama County Behavioral Health Cultural Competence Plan Calendar Year 2025**

Department of Health Care Services  
Office of Multicultural Services  
1600 9th Street, Room 153  
Sacramento, California 95814

**Name of County:** Tehama

**Name of County**

**Mental Health Director:** Natalie Shepard, LCSW  
Mental Health Director  
Tehama County Health Services Agency

**Name of Contact:** Travis Lyon

**Contact's Title:** Mental Health Services Act (MHSA) Coordinator

**Contact's Unit/Division:** Behavioral Health

**Contact's Telephone:** (530) 527-8491, ext. 3048

**Contact's Email:** [Travis.Lyon@tchsa.net](mailto:Travis.Lyon@tchsa.net)

### **CHECKLIST OF THE 2010 CULTURAL COMPETENCE PLAN REQUIREMENTS CRITERIA**

Criterion 1 – Commitment to Cultural Competence

Criterion 2 – Updated Assessment of Service Needs

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

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and Retaining Culturally and Linguistically Competent Staff

Criterion 7 – Language Capacity

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# **Tehama County Behavioral Health**

## **Cultural Competence Plan: Calendar Year 2025**

### **Mission Statement**

Tehama County Health Services Agency (TCHSA) is an integrated agency that works to address the evolving health and human service needs of residents in Tehama County. TCHSA is committed to a healthy community through the use of health education, prevention, assessment, early intervention, and treatment with follow-up when necessary. We are devoted to the delivery of culturally competent, cost-effective services that recognize the rights of residents, encourage their active participation, and protect confidentiality. We believe in an integrated service delivery system within the Agency and through cooperative partnerships with other public and private agencies, as well as the community at large.

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## **Criterion 1 – Commitment to Cultural Competence**

### **A. County Mental Health System commitment to cultural competence.**

Tehama County embraces the value of racial, ethnic, and cultural diversity within the mental health system as demonstrated through the above Mission Statement. Additionally, policies and procedures are in place to ensure that the cultural aspects of our mission statement are present throughout the delivery of our services, and include:

- Translated materials
- Bi-lingual staff
- Language line interpreter services
- Services for hearing impaired residents
- American Sign Language interpreter services
- Member rights
- Cultural Competency Committee
- Respect for Mental Health Plan members

Bilingual staff are available at all sites, and on the occasion that is not feasible, the language line is utilized. Tehama County strives to hire bilingual and bicultural staff whenever possible, and a differential pay rate is available for individuals who are bilingual in the threshold language of Spanish.

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

TCHSA values the importance of community outreach and engagement, especially with identified racial, ethnic, cultural, and linguistic communities with mental health disparities.

As required by the Mental Health Services Act (MHSA), the Agency conducts a community outreach process focused on at-risk communities (people who are homeless, migrant workers, transitional-age youth, older adults, and others) and culturally specific communities including the Latino community.

To conduct outreach, TCHSA participates in events serving those living in poverty, cultural events and celebrations, health fairs, and others. Every year, TCHSA conducts May is Mental Health Month events, including Mental Health First Aid (MHFA) and Applied Suicide Intervention Skills Training (ASIST) courses, a Health & Fun Fair, and other outreach events.

Additionally, TCHSA has joined with various community members, non-profits, tribal health organizations, tribal social services, educators, and the Tehama County Arts Council to form a collective of Native American and Alaskan Native Culture Bearers. This collaboration has resulted in an annual Native American Cultural Celebration

which takes place every September and seeks to encourage the appreciation of indigenous cultures while fostering intergenerational learning and bringing resources to an under-served population.

In addition to its main service center in Red Bluff, TCHSA maintains a presence in other areas of the county including Corning, Los Molinos, and Rancho Tehama. These locations allow TCHSA to facilitate outreach to historically under-served populations. Importantly, TCHSA continues to recruit bilingual therapists and staff, which establishes more effective outreach efforts and interactions within these underserved populations. A past innovation plan that is now an evidence-based intervention, Drumming for Wellness, focuses on cultural diversity with the goal of decreasing stigma and increasing access to underserved and unserved groups within the community including youth, transition-aged youth, adults, and older adults. Drumming is also used within TCHSA's recovery and wellness center by existing members.

In our commitment to engage and involve a diverse group of individuals in the mental health system's planning process for services, TCHSA strives to involve all racial, ethnic, cultural, and linguistically diverse members, family members, staff, advisory group members, board members, and community organizations. There are currently a few methods wherein individuals may participate in the mental health system planning processes for services.

Our Peer Advocates contribute to the daily operation of our Wellness & Recovery Center through the provision of peer services and the facilitation of Peer-Run groups. Community members from all backgrounds and experiences are encouraged to participate in the MHSA Community Program Planning Process (CPPP), the Tehama County Mental Health Board, and the Quality Improvement Committee (QIC). Tehama County Mental Health Board composition must follow statute, and the meetings are published in the local paper as well as on TCHSA's website. These meetings are open to the public via Microsoft Teams meeting links and access phone numbers provided in the announcements. The Cultural Competency Committee meets monthly and is comprised of both line and supervisory staff from all departments of the agency.

**C. Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural competence. The CC/ESM will report to, and/or have direct access to, the Behavioral Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural, and linguistic populations within the county.**

The position of Cultural Competence/Ethnic Services Manager is a part of the Mental Health Services Act (MSHA) Coordinator's duties as of 2018, as seen in the below excerpts from the published job description:

- Promotes recovery and wellness, cultural competency, community, and member and family member partnership and participation.

- Promotes and develops capacity for “best practices” in the delivery of behavioral health services.
- Prepares exhibits, brochures, flyers, posters, and other materials for presentation to the public, community agencies, support groups, healthcare professionals, and elected officials; works closely with community members in promoting events and outreach activities; reviews, selects and orders informational and educational literature.
- Represents the Health Services Agency and its programs at professional, statewide, community and agency meetings and functions; participates in committees, advisory boards, task forces, etc., as appropriate.
- Assists members in accessing appropriate services by identifying and reducing barriers.
- Provides member education about the community health systems, focusing on access for the underserved populations.
- Engages members and family members in activities that promote behavioral health awareness in daily activities.
- Work with members, family members, and community members to identify methods of increasing behavioral health awareness and decreasing stigma towards those who suffer from behavioral illness.

#### **D. Identify budget resources targeted for culturally competent activities.**

TCHSA utilizes MHSA funds to provide culturally competent services and outreach programs as described in the MHSA Three-Year Program and Expenditure Plan, including the following:

- Reduction of racial, ethnic, cultural, and linguistic mental health disparities.
- Outreach to racial and ethnic county-identified target populations.
- Culturally appropriate mental health services.
- Financial incentives available for culturally and linguistically competent providers, non-traditional providers, and/or natural healers.
- Interpreter and translation services.

## **Criterion 2 – Updated Assessment of Service Needs**

A population assessment is necessary to identify the cultural and linguistic needs of the target population and is critical in designing and planning for the provision of appropriate and effective mental health services.

### **A. General Population.**

The following table is a summary of the most recent census data for Tehama County by the U.S. Census Bureau (2023).

[https://data.census.gov/profile/Tehama\\_County,\\_California?g=050XX00US06103#populations-and-people](https://data.census.gov/profile/Tehama_County,_California?g=050XX00US06103#populations-and-people)

<b>Population</b>	<b>Tehama County Estimated Number</b>	<b>Percent</b>	<b>Statewide Percent</b>
Total	65,829		
Under 5	3,836	5.8%	5.4%
5 to 19	13,491	20.5%	19.0%
20 to 64	35,427	53.8%	69.4%
65 and older	13,075	19.9%	16.2%
Female	33,147	50.4%	50.1%
Male	32,682	49.6%	49.9%
White	44,926	68.2%	38.5%
African American	420	0.6%	5.4%
American Indian / Alaska Native	1,881	2.9%	1.4%
Asian	1,027	1.6%	15.8%
Native Hawaiian / Pacific Islander	132	0.2%	0.4%
2 or more races	7,844	11.9%	19.0%
Other	9,599	14.6%	19.5%
Latino or Hispanic (of any race)	17,938	27.2%	40.4%
People with income below poverty level in last 12 months	9,150	13.9%	12.0%

**B. 200% of Poverty population and service needs.**

1. According to the most recent information available to TCHSA, the 200% of poverty data for Tehama County reveals similar numbers to that of the Medi-Cal population except that the percentage of Latino individuals is higher by approximately 5%, at 30.65%. The Caucasian population is 62.5%, with the remaining cultural groups having very small percentages. Youth make up 31.2% of the 200% of poverty group, compared to 45.8% of the Medi-Cal population and 25% of the general population. The Serious Mental Illness (SMI) prevalence rates are at 8% for youth and 5.6% for adults in the overall population, and 9.2% for youth and 8.9% for those at the 200% of poverty level. The comparison for males and females is 6.9% females and 5.5% males for the general population, and 10.2% for females and 8.1% for males in the 200% of poverty level. Ethnicity percentages are as follows:

<b>Ethnicity Group</b>	<b>General Population SMI Prevalence Rate</b>	<b>200% of Poverty Level SMI Prevalence Rate</b>
White	5.6%	9.8%
African American	6.5%	7.9%
Asian	3.5%	5.3%
Pacific Islander	4.0%	0.0%



American Native	8.4%	10.8%
Multi	7.2%	9.5%
Hispanic	6.9%	8.2%

2. Analysis: the estimated prevalence of serious mental illness is higher in many of the categories (the exception being Pacific Islander, which goes from 4% to 0%) for those individuals at the 200% of poverty level. It is most significantly higher for Caucasians and females.

### **C. Prevention & Early Intervention (PEI) Plan.**

1. TCHSA identified the following PEI priority populations:
  - a. Underserved cultural populations including the Latino community.
  - b. Youth and Transitional-Age Youth (TAY), including screening and parenting supports.
  - c. Trauma-exposed.
  - d. First episode psychosis.
2. Feedback from the MHSA Community Program Planning Process (CPPP) supported TCHSA's continued focus on the above-listed priority populations.

## **Criterion 3 – Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities**

“Striking disparities in mental health care are found for racial and ethnic populations. Racial and ethnic populations have less access to and availability of mental health services, these communities are less likely to receive needed mental health services, and when they get treatment, they often receive poorer quality of mental health care. Although they have similar mental health needs as other populations, they continue to experience significant disparities, if these disparities go unchecked, they will continue to grow and their needs continue to be unmet...” (U.S. Department of Health and Human Services, Surgeon General Report, 2001).

### **A. List identified target populations, with disparities your county identified in Medi-Cal and all MHSA components (CSS, PEI, and WET).**

<b>Target Population – Medi-Cal, CSS, WET, and PEI</b>	<b>Disparity</b>
Latino	Underserved
Native American	Underserved
LGBTQ	Suspected to be significantly underserved

<b>Target Population – PEI Priority Population</b>	<b>Disparity</b>
Underserved cultural populations	Latino and Native American are significantly underserved.
Children/youth in stressed families	Traditionally, Tehama County has had an appropriate penetration rate but has not maintained services sufficiently.
Trauma-exposed youth	See above
Children/youth at risk or experiencing juvenile justice involvement	See above

**B. List disparities in each of the populations (Medi-Cal, CSS, PEI, and WET).**

Disparities include:

1. Underserved cultural groups across all age groups, especially Latino and Native American.
2. Access issues due to transportation, stigma, and limited locations.
3. Traditional mental health settings and services do not meet the need.
4. Integrated health care providers and other alternatives to traditional services.
5. Limited availability of bilingual providers.
6. Limited availability of LGBTQ focused providers.

**C. List strategies for the Medi-Cal population as well as those strategies identified in the MHSA plans for reducing those disparities above.**

1. Strategies to reduce disparities include fostering healthy behaviors, supporting healthy community environments, and supporting good health outcomes for individuals. The unserved and underserved communities are those who have low levels of access and/or use of mental health services and who face pervasive institutional and socioeconomic barriers to obtaining health and mental health care. Access and/or use of mental health services in unserved and underserved communities is addressed through the MHSA, PEI plan by providing Nurturing Families classes and early intervention with trauma-focused cognitive behavioral therapy.
  - a. Nurturing Families classes are provided in both English and Spanish once a week in Red Bluff via a hybrid model that utilizes a virtual platform (Microsoft Teams).

- b. We have a bilingual clinician who provides services for Spanish-speaking members.
- 2. Assure the use of a “Cultural Broker.” Cultural brokers facilitate relationship building between communities and institutions providing information regarding community strengths and assets and breaking down barriers of mistrust. When engaging communities, it is crucial to collaborate and develop relationships with cultural brokers to establish trust. Cultural brokers have prior knowledge and trusting relationships with communities and can help to create bridges between people or organizations of different cultures.
  - a. TCHSA's Cultural Broker (Bilingual Health Educator) is involved in regular outreach activities and programs including Nurturing Families classes provided in both English and Spanish once a week in Red Bluff via Microsoft Teams. Bilingual Health Educator also coordinates/participates in annual outreach events.
  - b. An additional Cultural Broker is involved in regular outreach activities and programs including our annual Native American Cultural Celebration, May is Mental Health Month activities, and September's Suicide Awareness events.
- 3. Use effective engagement principles in ongoing outreach services. Specifically, identify local community resources and leaders; develop and nurture relationships with community leaders, members and community based organizations; build and maintain trust and respect among all; support capacity building in unserved and underserved communities; continue to allocate funding to sustained community engagement activities; recognize the contributions of diverse partners; pay attention to histories of discrimination; recognize and address differences in power among communities and agencies; build on existing community strengths; and structure decision-making to be responsive to community identified needs and priorities.
  - a. Outreach activities include but are not limited to:
    - i. Drumming/Innovation outreach events – now integrated into regular evidenced-based intervention services.
    - ii. Homeless outreach – presentations given by mental health staff at PATH homeless shelter about mental health and mental health services.
    - iii. Senior outreach – presentations done at multiple senior centers in Red Bluff.
    - iv. Child/youth outreach – drumming at Red Bluff schools and SERF (after-school program).
  - b. Continue to hire additional Bilingual Consumer Resource Specialists (CRS) – expanding outreach to community.

- c. Additional mental health outreach activities were done for the “May is Mental Health Month – Each Mind Matters” Campaign.
  - i. Proclamation by Board of Supervisors, City of Red Bluff, and City of Corning with NAMI on campus members presenting.
  - ii. Wellness activities.
- 4. Strategies to reduce disparities in services for LGBTQ individuals will include, but not be limited to, the establishment of a Stakeholder focus group to gain insight into the experiences and perspectives from this population to help identify gaps and barriers to accessing services.
- 5. Address transportation needs by a variety of means, including providing transportation, and/or providing public transit passes.
  - a. Public transit is free throughout the county.
- 6. Provide flexible service provision to meet the needs of underserved and unserved communities. This can include flexible hours as well as providing alternative sites for provision of services.
  - a. Outreach activities occur throughout the community.
    - i. Bilingual Nurturing Families classes in Red Bluff via Microsoft Teams.
    - ii. Parenting Inside-Out classes in Tehama County Jail.
    - iii. Homeless outreach – presentations given by mental health staff at PATH homeless shelter about mental health and mental health services.
    - iv. Crisis outreach – provided immediately by Mobile Crisis Team.
    - v. Senior outreach – Mental Health presentations being held at senior centers in Red Bluff.
    - vi. Child/youth outreach – drumming at Red Bluff schools and SERF (after-school program).
    - vii. Additional mental health outreach activities were done for the “May is Mental Health Month – “Each Mind Matters” Campaign.
    - viii. Suicide Prevention Walk – 5<sup>th</sup> Annual Walk held in Red Bluff and Corning.
- 7. Increase successful use of All-Staff Cultural Competency Training.
  - a. TCHSA’s Cultural Competency Training includes addressing the importance of members’ cultural experiences and perspectives in the assessment and service plan process, as well as in ongoing treatment. The biannual training is mandatory for staff to attend and will be scheduled more often as needed.
- 8. Increase engagement processes such as reminder calls, follow-up calls, Peer Outreach activities, etc.

- a. Follow-up calls continue to be made to members after they receive Mobile Crisis Team services. Bilingual staff assists with calls made to Spanish-speaking members.
- 9. Continue to provide educational events in the community to reduce stigma and reduce barriers to accessing services.
  - a. Outreach activities include:
    - i. Drumming outreach events.
    - ii. Homeless outreach – presentations given by mental health staff at PATH homeless shelter about mental health and mental health services.
    - iii. Senior outreach – Mental Health presentations given at multiple senior centers in Red Bluff.
    - iv. Child/youth outreach – drumming at Red Bluff schools and SERF (after-school program).
  - b. Continue to hire Bilingual Case Resource Specialists (CRS) – expanding outreach to community.
  - c. Additional mental health outreach activities for the “May is Mental Health Month – Each Mind Matters” Campaign.
    - i. Proclamation by Board of Supervisors, City of Red Bluff, and City of Corning with NAMI on campus members presenting.
    - ii. Wellness activities.
- 10. Integrate the innovation component of Drumming for Health to regular services.
  - a. Drumming events for members, staff, and the public, including a weekly Drumming group held at the STANS Wellness & Recovery Center.
  - b. Senior outreach – Mental Health presentations given at multiple senior centers in Red Bluff.
  - c. Child/youth outreach – drumming at Red Bluff schools and SERF (after-school program).
- 11. Increase integrated services at primary care.
  - a. Integrating services under one roof with new TCHSA integration plan.
- 12. Continue to recruit/retain more bilingual providers.
  - a. Currently have bilingual staff in all positions, including clinical and front desk staff.

- b. Recruitment continues for bilingual staff in multiple positions.

13. Additional goals:

- a. Incorporate cultural competency as a component of all trainings.
- b. Conduct cultural competency trainings at division staff meetings twice a year.
- c. Conduct cultural competency trainings at agency staff meetings twice a year.
- d. Maintain bilingual staff and continue to recruit for additional bilingual positions.
- e. Increase outreach with Latino community leaders and garner input about what they think will help improve service access for the Hispanic/Latino populations.
- f. Improve Spanish-speaking skills of staff interested in learning; purchased Rosetta Stone which is available to those interested in improving skills.
- g. Increase the number of Spanish-speaking groups being offered to mental health members based on need.
- h. In conjunction with symptom reduction and suicide prevention, develop English/Spanish stigma reduction campaign.

**Criterion 4 – Member/Family Member/Community Committee:  
Integration of the Committee Within the County  
Mental Health System**

A culturally competent organization views responsive service delivery to a community as a collaborative process that is informed and influenced by community interests, expertise, and needs. Services that are designed and improved with attention to community needs and desires are more likely to be used by patients/consumers (members), thus leading to more acceptable, responsive, efficient, and effective care (CLAS, Final Report).

- A. The county has a Cultural Competency Committee, or similar group that addresses cultural issues, has participation from cultural groups, that is reflective of the community and integrates its responsibilities into the mental health system.**

1. TCHSA has a Cultural Competency Committee that is responsible for addressing cultural competencies for all TCHSA staff. TCHSA-BH staff participate on this committee. In addition, there are TCHSA-BH subcommittees specific to cultural competency programs or activities. The TCHSA Cultural Competency Committee has 1-2 representatives from each service center (Behavioral Health, Substance Use Recovery, Public Health, Primary Care Clinic and Fiscal Support) and include participation from both administrative and line staff. The committee meets at least quarterly. Goals of the Cultural Competency Committee are:
  - a. Encourage an Agency environment where cultural differences are valued and respected.
  - b. Suggest agency-wide training and outreach opportunities that promote cultural awareness and greater understanding of others' values, attitudes, beliefs, customs, and behaviors.
  - c. Annual reports are presented at the Cultural Competency Committee meeting in January to highlight community events and accomplishments.
2. It is the goal to fully incorporate the efforts of all committees or workgroups and input from stakeholders, members, family members, board members, etc. in the MHSA planning process. As such, MHSA plans are presented at a variety of meetings to obtain input. In addition, there are representatives from the Cultural Competency Committee on the MHSA Stakeholder Committee to ensure that cultural competency is addressed on an ongoing basis.

## **Criterion 5 – Culturally Competent Training Activities**

Staff education and training are crucial to ensuring culturally and linguistically appropriate services. All staff will interact with members (members) representing different countries or origins, acculturation levels, and social and economic standing. Staff refers not only to personnel employed by the organization but also its subcontracted and affiliated personnel (CLAS, Final Report).

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

1. TCHSA has adopted the following plan for ensuring all staff and stakeholders are trained at least annually in cultural competency:
  - a. TCHSA provides training in a variety of ways to ensure that all staff members receive cultural competency training. Training opportunities include providing Agency-wide trainings; cultural competency training for new-hires; sending select staff to train-the-trainer trainings and having these staff train other staff; offering a variety of sites and topics for staff to choose from; and provide time-limited training on a more frequent basis. A commitment has also been made

to make trainings available to contract providers so that there is consistency in skill development.

- b. Agency-wide cultural competency trainings are provided twice a year at the All-Agency staff meetings.
- c. Cultural competence has been embedded into all trainings provided by staff, and attempts are continually made to ensure that other trainers include cultural competence in their training modules as well.

2. Annual cultural competence trainings topics may include, but are not limited to, the following:

- |  |           |
|--|-----------|
| a. Cultural Formulation  | Annually  |
| b. Multicultural Knowledge   | Annually  |
| c. Cultural Sensitivity  | Quarterly |
| d. Historical Trauma and Native Americans                          | Annually  |
| e. Assisting the Mixteco population access & receive services      | Annually  |
| f. Cultural Awareness  | Quarterly |
| g. Social/Cultural Diversity- LGBTQ, Elderly, SES.                 | Annually  |
| h. Interpreter Training in Mental Health Settings                  | Annually  |
| i. Training staff in the use of mental health interpreters         | Annually  |
| j. Member Personal Experiences                                     | Annually  |
| k. Family personal experiences regarding Family Focused Treatment  | Annually  |
| l. Family personal experiences navigating multiple agency services | Annually  |
| m. Family personal experiences regarding Resiliency                | Annually  |

TCHSA works to identify local and statewide trainings to attend as well as identifying trainings to conduct locally. When choosing specific training topics, input from the Agency's ongoing staff meetings is used to provide trainings to meet current needs. These trainings are made available to all staff, as well as other stakeholders that are interested in attending, including contract providers, Tehama County Mental Health Board members, members, and family members.

**B. Counties must have a process for the incorporation of Member Culture Training throughout the mental health system.**

- 1. Tehama County provides bi-annual cultural competency trainings on varying topics and focusing on improving the ability of staff to better understand the personal experiences of themselves, others, and members.



A project in this area is to have our staff work with a Public Health educator to identify how to continue promoting a local mental health awareness campaign using the Each Mind Matters materials as the core of the campaign.

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

### **Criterion 6 – County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff**

The diversity of an organization's staff is necessary, but not a sufficient condition for providing culturally and linguistically appropriate health care services. Although hiring diverse and bilingual individuals from different cultures does not in itself ensure that the staff is culturally competent and sensitive, this practice is a critical component to the delivery of relevant and effective services for all members (members). Staff diversity at all levels of an organization can play an important role in considering the needs of members (members) from various cultural and linguistic backgrounds in the decisions and structures of the organization. (CLAS, Final Report).

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

1. The cultural make-up of the staff at TCHSA resembles the make-up of the overall population of Tehama County, except that the Latino population is underrepresented within County employment. We strive to hire culturally diverse staff, offer incentive pay for Spanish speaking staff, and have been able to increase our bilingual staff over the past few years.

<b>Population Group</b>	<b>Staff</b>	<b>Tehama County</b>	<b>% Of Medi-Cal Eligible</b>	<b>200% of Poverty</b>
Caucasian	77%	81.5%	61.8%	62.5%
Latino	14%	21.9%	28.9%	30.65%
African American	3%	0.6%	0.8%	.85%
Asian	1.5%	1%	1.1%	1%

Native American	3%	2.6%	1.4%	2.5%
2 or more races	1.5%	4.3%	N/A	2.5%

2. Targets to grow a multicultural workforce in rolling out county training planning and implementation efforts include:
  - a. Increase Latino bilingual staff.
  - b. Increase the number of culturally diverse staff.
  - c. Encourage staff to take advantage of opportunities to increase their education.

## **Criterion 7 – Language Capacity**

Accurate and effective communication between members (members), providers, staff, and administration is the most essential component of the mental health encounter. Bilingual providers and other staff who communicate directly with members (members) must demonstrate a command of both English and the language of the member (member) that includes knowledge and facility with the terms and concepts relevant to the type of encounter (CLAS, Final Report). The DMH will provide threshold language data to each county.

### **A. Increase the bilingual workforce capacity.**

Our goal is to increase the number of bilingual staff through bilingual specific job classifications in recruitments as appropriate. Additionally, as stated above, we are encouraging bilingual staff to further their education and advance their careers.

There are currently 8 bilingual staff members available as interpreters, with at least one at each site. Additionally, TCHSA utilizes any bilingual staff available to assist a member regardless of their stated division of services, for a total of 31 bilingual staff throughout the agency.

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

1. Policies, procedures, and practices in place for meeting members' language needs include the following:
  - a. Tehama County uses a 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service. This is only used when bilingual staff is unavailable.

- b. Other technological options are being considered within our Capital Facilities and Technology MHSA Component such as, video conferencing equipment that is currently available and operational.
  - c. There is a policy and procedure, as well as a training protocol for implementing language access through the county's 24-hour phone line with statewide toll-free access, and all new staff is trained in this process. In addition, staff that provide crisis services after hours also receive ongoing training refreshers in the process. The process is also posted at main phone sites.
- 2. Member rights regarding access to language assistance services are posted in threshold languages in TCHSA waiting rooms and listed on TCHSA brochures.
  - 3. Tehama County has a policy and procedure for accommodating persons with LEP and tracks the use of interpreters. Bilingual staff are assigned to be the primary staff receiving incoming phone calls during regular hours to minimize the need for obtaining a third-party interpreter.
  - 4. TCHSA has found it to be advantageous to use bilingual staff as the primary points of contact to ensure that persons with LEP are easily able to access services. The most difficult area is after-hour crisis services, when we are dependent on the language line, which staff do not always find helpful. TCHSA continually endeavors to hire additional bilingual staff to fill these positions.

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

- 1. Spanish is the only threshold language for Tehama County. Bilingual staff are assigned at each point of contact.
- 2. There is a policy and procedure regarding offering and use of interpreter services and each use of interpreter service is documented.
- 3. As stated previously, bilingual staff are assigned at each point of contact. In addition, there are direct service providers that are linguistically proficient in the threshold language that are available during the daytime regular operating hours.
- 4. When hiring bilingual staff, they must pass a competency test. In addition, training is provided regarding specifically interpreting for mental health services and current interpreters observe new staff to ensure they are meeting necessary proficiency requirements. If needed, a training plan is developed to address additional skills for bilingual staff.

**D. Provide services to all LEP members not meeting the threshold language criteria**

**who encounter the mental health system at all points of contact.**

1. As previously stated, if other interpretive services are needed, the language line is used. Additionally, if we are providing services to a hearing-impaired member, we have a contract with a service that provides ASL interpretation.
2. Members that do not meet the threshold language criteria are to be provided culturally and linguistically appropriate services. This may include providing the services with the use of the language line, ASL interpreters, or locating specific interpreters as needed. In addition, we will connect the individual to more appropriate services, if needed.
3. TCHSA has policies, procedures, and practices that comply with the following Title VI of the Civil Rights Act of 1964 requirements:
  - a. Prohibiting the expectation that family members provide interpreter services.
  - b. A member may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services.
  - c. Minor children should not be used as interpreters.

**Criterion 8 – Adaptation of Services**

Organizations should ensure that members/consumers (members) receive from all staff members, effective, understandable, and respectful care, provided in a manner compatible with their cultural health beliefs and practices and preferred language (CLAS, Final Report).

**A. Member driven/operated recovery and wellness programs.**

Tehama County has a member-driven/operated recovery and wellness program. The STANS Wellness & Recovery Center is an adult wellness program and drop-in center that is run by Peer Advocates (Peer Support Specialists). Diversity is embraced here in a variety of methods. A variety of Peer-Run groups and activities are available, as well as Case Resource Specialists Rehab groups. Members provide feedback on an ongoing basis and adaptations are made accordingly.

1. Current Weekly Groups include, but are not limited to:
  - Let's Go / Physical Fitness
  - Book Club
  - Social Interaction / Skills
  - Drumming

- Game Day
- CalFresh – Healthy Living (1<sup>st</sup> & 3<sup>rd</sup> Tuesday of each month)
- Mindful Meals
- Arts & Crafts
- Meditation
- Computer Lab
- World Celebrations (Rehab)
- Anger Management (Rehab)
- W.R.A.P. (Rehab)
- Social Skills (Rehab)
- Symptom Management (Rehab)
- Seeking Safety (Rehab)

## **B. Responsiveness of mental health services.**

1. Within our programs, we offer a variety of alternatives and options that accommodate individual and cultural and linguistic preferences. These include Nurturing Families groups, Spanish-speaking Seeking Safety groups, STANS Wellness & Recovery Center Peer-Run groups and activities, individual rehabilitation, group rehabilitation, home-based services, community-based services, and services at primary care.

Additionally, as part of the TCP implementation, we actively encourage participation of community members, family members, and other types of providers to enrich the member's support system and engage their personal community, rather than relying solely on professional staff support. For example, spiritual leaders may be involved. Another example would be arranging for special cultural activities, such as the Native American Celebration. Also, we refer to and/or involve natural healers from the community.

2. Members are informed at the time of assessment that services and information in Spanish are available.
3. Tehama County uses a variety of methods to inform Medi-Cal members of available services under consolidation of specialty mental health services. Brochures are provided at all community events throughout the year. At a minimum, these include:
  - Health Spree
  - Children's Fair
  - District Fair
  - Cinco de Mayo
  - Bi-National Health events
  - Corning Youth Fair
  - Recovery Happens

- May is Mental Health Month activities
  - Annual Suicide Prevention Walk
  - Annual Native American Cultural Celebration
4. Tehama County has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services. Such factors include:
- a. **Location, transportation, hours of operation, or other relevant areas:** In an attempt to address this issue, Tehama County has instituted several options including providing transportation, obtaining alternative locations for services such as community centers or family resource centers, flexed operating hours, providing home-based services, etc.
  - b. **Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs):**  
Our primary waiting room was remodeled to accommodate disabled persons and to make it more comfortable and inviting to all members. It was doubled in size, is open and inviting, has a separate children's play area, and offers entertainment for individuals waiting for appointments. The STANS Wellness & Recovery Center is open and inviting with extensive member artwork displayed. The Mobile Crisis Team is available 24hrs a day, 7 days a week, 365 days a year via phone (1-800-240-3208). The Corning office is a new building that has an open and inviting waiting room.
  - c. **Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and /or partnerships, such as primary care and in community settings:**  
Currently, we have co-located services at a wide variety of settings. These include primary care, social services, family resource centers, schools, community centers, juvenile justice center, jail, etc.

### **C. Quality Assurance.**

Tehama County keeps a log of grievances and complaints, which are reviewed quarterly at the Quality Improvement Committee (QIC). Trends are evaluated and training areas are targeted. The ethnic backgrounds of individuals who file grievances are not currently tracked.