

SUTTER YUBA BEHAVIORAL HEALTH



CULTURAL COMPETANCE PLAN ANNUAL REPORT/UPDATE 2022



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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 counties 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, selections 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, and integrated and that there is a commitment to... "safeguarding the physical, emotional and social well-being ...of those we serve". These are all values of cultural competence. SYBH has made sure that the mission statement has been translated into the threshold language of Spanish and Hmong, which is not a threshold language. This activity demonstrates that commitment to cultural and linguistic competence is more than words, at SYBH, it is action. See the mission statement below:

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

The Sutter County Human Service Department provides client-centered, culturally sensitive, outcome-oriented, integrated, cost-effective delivery of services. The staff of this department is committed to safeguarding the physical, emotional, and social well-being of others while promoting self-sufficiency and quality of life and health for those we serve.

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

01-002 (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 English 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.

Additionally, all SYBH 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.

SYBH is embedded within four 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 Sutter County Health and Human Services Department promotes health, safety, economic stability, and quality of life for our community.

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

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 anticipates transitioning 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.

The Substance Use Disorder Services (SUDS) programs have been trained and are participating in the Drug Medi-Cal program serving beneficiaries from all cultural backgrounds. This has included the creation of data collection systems that will be able to monitor outcomes and quality improvement efforts, including analysis of demographic data of populations served. In

addition, data collection will assist with developing service goals and objectives that meet the social/cultural and linguistic needs of SUDS clients.

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. This year SYBH hopes to focus on improving data systems and pursue data-informed planning to move SYBH from compliance to excellence and continuous quality improvement.

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

Mental Health Services Act

The Mental Health Services Act (MHSA) community and stakeholder input processes have regularly provided the opportunity for the SYBH department to engage with unserved and underserved populations. Due to the COVID-19 pandemic there have been many changes to how business is conducted at SYBH. New remote work requirements were implemented, and In-person meetings and trainings were held in virtual environments. Three stakeholder meetings were held via Microsoft Teams to gather input on the Annual MHSA update. One meeting was held in English only, the second meeting was held in Hmong and English and the third was held in Spanish and English. The number of meetings held was impacted by the COVID19 pandemic.

MHSA specifically funds several programs that were specifically designed for diverse populations, and/or were implemented in communities and at sites where diverse populations may access services. Those programs are as follows:

Transition Age Youth (TAY): This program serves 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 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.

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. The current PEI programs are as follows:

Prevention Programs and Activities

- The Council (To promote safe and healthy passage through the pre-teen and adolescent years for youth identifying with male development from all backgrounds, races, and ethnicities).
- Girls Circle (To reduce negative outcomes of untreated mental illness by promoting emotionally safe and caring relationships for middle to high school girls from all backgrounds, races, and ethnicities)

- Unity Circle (To actively counter isolation, internalized self-rejection, and other adverse health and mental health effects on LGBTQIA+ high school-age youth due to marginalization)
- Nurtured Heart Approach (To improve communication, manage behavior or teach social skills and target specific realms of problematic actions that children are manifesting. Intended for parents from all backgrounds, races, ethnicities, and ages, the program is available in Spanish and English)
- The Camptonville Community Partnership (targets members of stressed families, students at risk of school failure, underserved populations, and those at risk of a potential mental illness in the small rural Yuba County communities of the foothills, to strengthen relationships between family members, classmates, and teachers through teamwork and building communication skills)
- Cyberbullying: (Intended for middle to high school students from all backgrounds, races, and ethnicities to deal with attitudes and behaviors associated with cyberbullying.)
- Stopping the Pain (A self-injury prevention program for high school students from all backgrounds, races, and ethnicities.)
- My Journey Grief Support Group (Intended for elementary to high school-age students who experienced loss in their life)

Early Intervention Programs

- Aggression Replacement Training (A cognitive-behavioral intervention for ages 10 through 14 from all backgrounds, races, and ethnicities.)
- Second Step Bullying Prevention (A Social Emotional Learning (SEL) training to prevent bullying for elementary school staff. Training is available in Spanish)

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

- Mental Health First Aid (MHFA) (An interactive 8-hour course to provide an overview of mental illness and substance use disorder for adults 18+ from all backgrounds, races, and ethnicities. The curriculum is available in Spanish)
- Teen MHFA (An interactive 8-hour course to provide an overview of mental illness and substance use disorder for high school-age students from all backgrounds, races, and ethnicities. The curriculum is available in Spanish)

Suicide Prevention Programs

- Yellow Ribbon Suicide Prevention (for high school-age students from all backgrounds, races, and ethnicities.)

- Applied Suicide Intervention Skills Training (ASSIST) (for community members from all backgrounds, races, and ethnicities. A two full-day training that provides the skills for suicide intervention in crisis and non-crisis situations)
- Safe TALK (A suicide intervention training for adults of all backgrounds, races, and ethnicities that teaches participants to recognize the signs and symptoms of suicide)
- Signs of Suicide (SOS) (A middle school suicide prevention and risk awareness training for youth in middle school from any background, race, or ethnicity)

Access and Linkage to Treatment Program

Peer Resource Engagement Program (PREP) (A program designed to empower youth to lead efforts through mental health education and awareness while creating a positive impact in the community. For high school-age students from all backgrounds, races, and ethnicities.

Homeless Engagement and Resolution Team (HEART) a street outreach program that was designed to identify, engage, interview, assess, and link unhoused individuals to behavioral health services that are available throughout Sutter and Yuba Counties. (for any person(s) experiencing homelessness from all backgrounds, races, ethnicities, and ages).

Strengthening Families Program (SFP): An evidence-based family skills training program that provides a comprehensive approach to healthy behaviors and relationships. The program is intended for high-risk and general populations families. SFP is offered to families from both Yuba and Sutter counties and is offered in a series of seven weeks. Parents and youth participate in separate classes for age-appropriate skill building, activities, and discussion and reunite to work together in a family class. The SFP program is intended for families from all backgrounds, races, and ethnicities.

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.

Promotores Project: The role of the Promotores is to provide adequate resources and prevention services to our diverse communities in Sutter and Yuba Counties, in their primary language. The Promotores work with the Latino and Punjabi communities to improve access to behavioral health and related services, eliminate cultural barriers such as language, stigma, and mistrust, and raise awareness of substance misuse, and to disseminate information.

Wellness and Recovery Center: The Wellness and Recovery Center is a Peer lead center that offers recovery-oriented group and individual support to consumers with serious behavioral health conditions and/or substance use disorder conditions. Behavioral Health Peer staff, Therapists, Nurses, Resources Specialist, and County providers work as a team to provide a wide range of groups and recovery-oriented activities. With the goal in mind to improve their relationships, build new relationships, and develop better coping and symptom management skills. The program also partners with Sutter County schools to provide an onsite Adult Education and Work Activity Center. Together, these programs help participants work toward their social, occupational, and educational goals. Participants create a Wellness Recovery Action Plan (WRAP). The WRAP process supports participants in identifying the tools that keep them well and creating action plans to put them into practice in everyday life.

Workforce and Translation Services

SYBH is dedicated to developing a culturally and linguistically competent behavioral health workforce. The department strives to employ a workforce that reflects the cultural identities of our clients to ensure effective service delivery. SYBH actively recruits for Spanish, Hmong, and Punjabi language physicians, nurses, clinicians, counselors, and interns. Additionally, SYBH offers a pay differential pending verification of the employee's language or communication skills. The Promotores program in Yuba City provides outreach to the Latino and Punjabi communities with staff from those communities who are bilingual and bicultural. SYBH staff may connect clients to a language line if there is a language barrier and no bilingual staff available. A policy and procedure (Policy: 06-002) was written to ensure the availability of timely and clear communications with non-English speaking clients. A step-by-step guide is available for staff use. A Relias training on the language line is provided to staff. In addition to the language line, written translation services are available through a contracted translation service. SYBH also participates and works collaboratively as a Regional Partner in the Central Region Workforce Education and Training program. The goal of the Workforce Education and Training (WET) component is to develop a diverse and well-trained competent workforce. In 2019 SYBH entered into an agreement with Fresno County as the fiscal sponsor who will provide ongoing staffing support to coordinate/administer programs and activities for regional partners. The WET program has been designed to develop a diverse and well-trained,

competent workforce. The goal of the program is to develop a diverse licensed and non-licensed professional workforce skilled in working with those who access SYBH services.

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 electronic 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. An example of live webinar training was the Implicit (Unconscious) Bias Awareness Training a two-part 7-hour training provided by Dr. Bryant Marks. The Implicit Bias Awareness training was mandatory for all SYBH staff and was also offered to all staff members of Sutter County. SYBH has also offered the “LGBTQ+ 101 and How to Be an Ally” training in July 2021, which was presented by Tri-County Diversity. Please see Criterion 5 for a more comprehensive description of SYBH’s Culturally Competency training activities.

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 has begun exploration of the possible creation of an Indian Outreach Center to serve the large East Indian population in our area, similar to the Latino Outreach Center and Hmong Outreach Centers currently in operation.

SYBH provides staff support for the Cultural Competency Committee (CCC) which works to build strong relationships with community organizations 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 CCC welcomes diverse voices and membership in the committee.

Each county has a designated Cultural Competence Coordinator responsible for cultural competence

Sutter County has identified a Cultural Competence Coordinator who works closely with SYBH and the PEI unit manager. Cultural Competency is one of the five fundamental guiding principles in the MHSA. Culturally competent practices are found within the role of the CCC and the PEI manager role. The responsibilities and roles of the CCC are as follows:

- Regular participation in the Cultural Competency, Equity, and Social Justice Committee (CCESJC), a subcommittee of the California Behavioral Health Directors Association (CBHDA).
- Coordinates the SYBH Cultural Competency Committee.
- Coordinates the SYBH Quality Improvement Committee 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.
- 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:

- Hmong Outreach Center
- Latino Outreach Center
- Promotores Project
- Tri-County Diversity

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

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 2021 United States Census data, Sutter County holds an estimated population of 99,063, and Yuba County holds an estimated population of 83,421. The total population of the combined counties is 182,484. The majority of the population lives within the major cities of the Counties, Yuba City, Live Oak, Marysville, and the unincorporated areas of Olivehurst and Linda. 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 43.3% of Sutter County's population and 51.7% 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: Sutter County Population Data by Race/Ethnicity, 2021

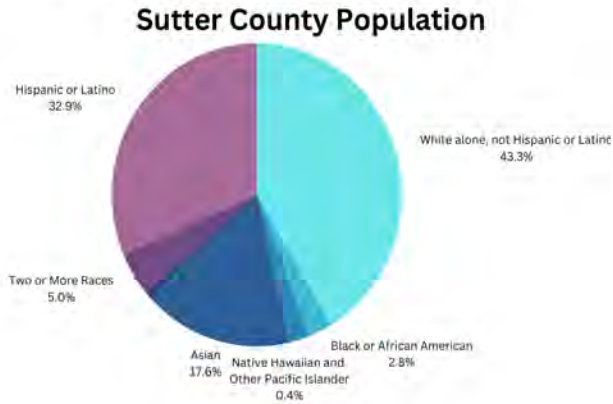
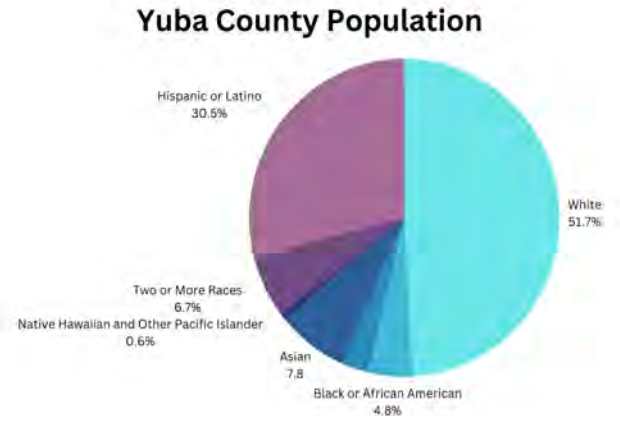


Figure 2.2: Yuba County Population Data by Race/Ethnicity, 2021



The age and sex distribution in Sutter and Yuba Counties according to the 2021 United States Census is presented in Tables 2.1-2.4.

Table 2.1: Sutter County Population Data by sex, 2021

Sex Assigned at Birth	Estimate	Percent
Male	49,531.5	50%
Female	49,531.5	50%
Total Population	99,063	100%

Table 2.3: Yuba County Population Data by sex, 2021

Sex Assigned at Birth	Estimate	Percent
Male	42,378	50.8%
Female	41,043	49.2%
Total Population	83,421	100%

Table 2.2: Sutter County Population Data by age 2021

Age	Estimate	Percent
Under 5 years	6,340	6.4%
under 18 years	25,360	25.6%
19-64 years	51,513	52%
65 years and over	15,850	16.0%
Total Population	99,063	100%

Table 2.4: Yuba County Population Data by age 2021

Age	Estimate	Percent
Under 5 years	6,173	7.4%
under 18 years	22,941	27.5%
19-64 years	43,295	51.9%
65 years and over	11,012	13.2%
Total Population	83,421	100%

Sutter Yuba Counties Cultural Context

The following narratives were provided by members of the Cultural Competency Committee (CCC) in 2022. 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 as well as the effects of the COVID-19 pandemic on the populations described.

Racial/Ethnic groups

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.

Language/communication/literacy barriers

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 times cannot read and write in the Hmong language. We often times 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 times 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.

Cultural barriers/mental health literacy/mental health stigma

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 stigma 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.

Intergenerational Trauma/Acculturation Issues

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.

Impact of Covid -19 pandemic/Racism and Discrimination

The Covid-19 pandemic has had a great impact on the Hmong community as a whole, ranging from encountering microaggressions in person and blatant racism to disproportionate rates of mortality. Specific to the Hmong Outreach Program, many program participants had dropped out from services due to some clients cannot access/don't have access to virtual services (such as not having device or cannot afford internet services) and/or they are unable to understand and use technology. Those with transportation challenges have become reluctant to take public transportation due to fear of hate crimes. There also was an incident involving public Covid vaccination at Super X Market (a popular local Hmong store) where a nurse mistakenly used the same syringe on different patients. Some of those affected patients were Hmong, as this was an effort to reach out to the Hmong community; thus, causing anxiety and increased mistrust of western medicine, government entities, and systems for the Hmong living in Yuba Sutter.

Successes and Ongoing Strategies

Strategies that have been used and will continue to be used in engaging and retaining individuals in direct clinical services include:

- The HOC has bilingual/bicultural staff
- Resuming group outings,
- We expanded and resumed Hmong Center garden this year
- Continuing to employ cultural activities and activities familiar to the Hmong population,
- Eliminating 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
- Resuming client connection + collaboration with clients from Hmong Cultural Center in Oroville, CA.
- Ongoing Virtual/telehealth services option for those who need it to increase accessibility

Services targeted at reducing stigma + outreach efforts have included:

- Ongoing outreach to Hmong youths and young adults to educate about mental health services (we have done outreach in the high school & middle schools and through Hmong Center and IMPACT Youth Facebook Page)
- Ongoing collaboration with Hmong American Association (HAA) and Hmong Cultural Center
- Continuing to collaborate with HAA and implement IMPACT youth through HAA organization to engage and provide prevention services for Hmong youths and familiarize them to the Hmong Center (The HOC currently has a Hmong Cultural Dance Class for Hmong youths ages 5-12 and Hmong language/culture class through the IMPACT Youth program)
- Collaborating with outside agencies to bring in resources/activities that are not directly related to mental health services.
- In the FY 21/22 to current we have had the following success
 1. 2/10/22 and 4/5/22: The Hmong Outreach Center (HOC) collaborated with Hmong Cultural Center of Butte County (HCC) to assist low-income Hmong community members in Yuba/Sutter area to apply for relief with PGE bill. HCC had received funding to provide Covid relief and PGE assistance to low-income family totally up to \$120 in 5 counties, which included Yuba/Sutter. HOC site hosted event to bring in new Hmong community members to the Center and in efforts to reduce mental health stigma by providing a wider range of services that may not be directly mental health related. A total of 83 adults arrived to receive service throughout both events. HOC conducted a mini survey for data to assess and improve future outreach efforts, which included assessing participants familiarity with the HOC and how they heard about the event. Participants were also asked if they wanted to provide their contact information, so HOC staff can contact them to give them more info about HOC services and future events/outreach. *HOC was able to gather a list of contact and was able to create a "Hmong Community Listing" for future outreach efforts due to the overwhelming number of people who reported they got info through word of mouth.*
 2. 4/25/22: HOC staff met with 7 community members and 2 Youths for the planning of Hmong cultural dance class and successfully began the program 5/11/22 and has been ongoing since.
 3. 8/24/22—HOC added Hmong language/cultural class component to Hmong Cultural Dance Class due to dance students wanting to connect and learn more about what it is/means to be Hmong. We opened enrollment to siblings of dance students and the community.

4. We collaborated with schools and had several outreach events (both in person and via ZOOM) with Hmong students of Yuba Gardens Middle School, Marysville Charter Academy for the Arts (MCAA) School, Marysville High School, and Lindhurst High School.
5. HOC successfully coordinated and hosted MHSA Stakeholder Meeting for the Hmong Community
6. 10/19/22- HOC successfully coordinated and hosted Opioid Overdose Education and Naloxone Distribution session
7. 11/10/22- HOC successfully collaborated with Yuba County Public Health and coordinate + hosted a Focus Group for local Yuba Hmong community in efforts to aid Community Health Assessment

Future Strategies:

- Find new, permanent location for Hmong Outreach Center to expand group room (While the HOC has been at the same location the last 15 years, the owner has been posting the property up for sale on and off the last several years, causing uncertainty if we need to relocate. HOC lease is expiring 6/2023.
- Bring back Hmong Center Open House Event when it's safe to eat/gather in large crowds (the HOC used to host annual Open House events where clients, family members, community members, and other professional members of the community can come together, eat, meet staff and learn about the Center and services, and get to know the Hmong in Yuba Sutter)
- Continue to add to/update/use *Hmong Community Listing* to contact and inform the community about HOC activities.
- Outreach at elementary schools where there are Hmong students

Latinx American (provided by Geisha Lopez-Leon of the SYBH Latino Outreach Center)

It is important to recognize that the characteristics of the Hispanic/Latino/x/Chicanx population can be very complex, and it varies as it is an extremely diverse group from Latin America. It is significant to note that to better identify some of the unique characteristics of this population, it is imperial to first understand some key factors, such as their country of origin, ancestry background, immigrant generation/US-born generation, and geographic location among other elements. Considering some of these factors, can best help service providers better understand the unique needs and experiences of the Hispanic/ Latino/x/ Chicanx community we are working with.

A unique characteristic of the Latino/x population is the emphasis on La Familia or better known as Familiarismo which is a value that focuses on the importance of family or having strong family relationships. In the Latino culture, there is a strong sense of respect, especially

for elders or authority figures, closeness, and the willingness to take care of one another in the family. Another unique characteristic of this population is the importance of culture and traditions, and depending on the country of origin, there are many customs and traditions that take place: Quinceañeras are big celebrations of a girl's 15th birthday that represents the passage from girlhood to womanhood, Día de los Muertos is celebrated on November 1st and 2nd, and on the 1st, the celebration is dedicated to the children known as "Angelitos" and the 2nd to the adults—it is colorful and festive filled with food and music to celebrate the deceased's life, Catholicism is among the largest religion practiced within Latinos/x, and music such as Mariachi or the celebration of birthdays with the traditional birthday song, Las Mañanitas with traditional food dishes and piñatas filled with various types of candies and/or food are widely practiced customs, Sports such as soccer or better known as Fútbol is one of the biggest forms of cultural expression in the Latino/x community and all of these characteristics play an immense role.

The Hispanic/Latino/x population makes up the second largest ethnic group in Sutter-Yuba counties based on the 2020 population report from, Data USA. A substantial challenge the Hispanic/Latino/x population faces in the Sutter-Yuba region is the lack of bilingual service providers, specifically in mental health or SUDS services. They're a very limited resources and/or providers that are culturally and linguistically available to provide needed services. Additionally, there is still a lot of misinformation, stereotypes, and stigma in the Hispanic/Latino/x population, and when a Hispanic/Latino/x person finally makes the difficult decision to seek help/services and they are not felt understood/valued as a Hispanic/Latino/x person, they are likely to disengage and discontinue treatment and/or services. It is important to note that a large portion of the Hispanic/Latino/x population works in agricultural, seasonal farm labor jobs working long hours per day; therefore, it is sometimes challenging for this population to seek or attend to services during normal business hours. Also, the Covid-19 Pandemic has been especially challenging for many Hispanics/Latinos/x for many reasons, but some of these reasons are the economic and educational inequalities, the language barrier to fully understand key information, and know where and how to obtain resources such as food, preventative medical assistance, and monetary help. In children, parents had difficulty navigating and understanding the school system, and many children were unable to get their needs met. All these challenges among others increased uncertainty, fear, and worry feelings and there has been an increase of Hispanic/Latino/x people seeking mental health services with presenting symptoms of anxiety and depression, especially in children.

The Latino Outreach Center has attempted to do its best with the limited staff and resources available. The Latino Outreach Center currently has two full-time culturally and linguistically sensitive therapists carrying a full caseload of clients, with a maximum caseload of 30, and with a supervisor carrying a smaller caseload of 15-20. The Latino Outreach Center continues to get

referrals from the community such as, but not limited to schools, primary care providers, and by word of mouth from our clients. For the Year 2021-22, The Latino Outreach Center has provided a parenting class in Spanish, Nurture Heart Approach in collaboration with the Department of Prevention and Early Intervention and offered support with childcare at the center by engaging children in social skills group activities while parents attended class. In addition, The Latino Outreach Center recently helped provide an Opioid Harm Reduction training presentation at the center and provided translation in Spanish to help our clients and community gain information about Opioid overdose and obtain Naloxone kits. The Latino Outreach Center is also currently providing a therapy group and a rehabilitation group for our clients to help them gain insight into depression and anxiety and learn positive coping skills. The Latino Outreach Center has operating hours until 6 PM to help provide services to clients who would have difficulty attending during normal business hours. Lastly, The Latino Outreach Center recently hosted a Día de los Muertos event to best help engage and support clients through culturally sensitive approaches. Unfortunately, The Latino Outreach Center currently has a wait list for direct clinical/therapy services.

Cultural Groups

In addition to the racial and ethnic groups in Sutter and Yuba Counties, SYBH also recognized that there are cultural groups within the counties that hold shared values, beliefs, attitudes, knowledge, practices, and behaviors. The following narratives were provided by community members and members of the Cultural Competency Committee.

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

Tri-County Diversity is an LGBTQIA2S+ organization run by and for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Two-Spirit people with the mission of "Uniting Our Community" by providing information, resources, peer support, and social events to LGBTQIA2S+ individuals in the Yuba-Sutter-Colusa area in Northern California. TCD also provides information and education to community businesses and organizations regarding LGBTQIA2S+ culture and needs, promoting inclusion and allyship. Tri-County Diversity has an information and resource center at 201 D Street Suite L in Marysville, California which also serves as a social hub for programs and events held by TCD. This includes the Diversity Film Series, QBIPOC Support Group, and Young Adults Program for ages 18-32, and the TCD YOUTH! Group for ages 12-18. Events include Games Nights, Arts & Crafts, Cards n Coffee events for Seniors / Retired people, and Holiday Events to promote social peer support. The office phone at (530)763-2116 and the text / call Hotline at (530)763-2413 is answered by LGBTQIA2S+ identified individuals to provide resources and support. Tri-County Diversity and TCD YOUTH! both have social media presence to reach members of the community online through Facebook, Instagram, Discord, and Eventbrite.

During the COVID-19 pandemic, LGBTQIA2S+ individuals faced greater levels of fear, especially those who lived through and could see parallels in events from the AIDS pandemic. As LGBTQIA2S+ people are less likely to maintain routine health care or seek medical care, they also faced greater risk for the detrimental effects of COVID 19. LGBTQIA2S+ individuals of all ages faced more isolation as there was less opportunities to interact socially with others and engage in venues that may be more accepting of sexual orientations and gender identities. This was most detrimental to people who reside with family or friends who are not understanding or accepting of the spectrum of sexual orientation and gender identities, especially young adults and teenagers. The variety of social resources that became available online gave LGBTQIA2S+ individuals more opportunities to engage with more people nation and worldwide, however those resources were only available to members of the community that would have access and feel safe enough to access those resources around others in which they reside, especially those resources that required voice or video chat.

Peer Mentoring (provided by Jessica Mendez of the SYBH Wellness and Recovery Program)

As Peer Mentors, my colleagues and I strive to support and empower our participants as best we can. We learn and build healthy relationships with each participant to be able to offer the support each needs. We empower them to take charge and be involved in all aspects of their recovery. We promote self-advocacy by encouraging them to voice what service they want from the W&R Program, using a client-centered and strength-based approach. We self or co-facilitate a variety of groups that will assist participants in reaching their personal goals, coach life skills, input community resources information when needed, and model hope. We also develop and plan community outings where participants can enjoy exciting and fun activities our surroundings offer us. In doing so, we get to experience a sense of gratitude and reward in watching our participants light up and receive a reminder of the fun things in life. So far this year, 2022, a few of our big trips have been to Six Flags, the California State Fair, and San Francisco. We have had a few smaller but equally enjoyable trips such as the movies, Galleria, Burlington, Five Below, Library, and Bangor Bake Shoppe. Shortly we hope to visit a wildlife rescue sanctuary and go see Christmas lights just as we have every year. We also celebrated a few birthdays among our participants, had our annual Halloween Party, and are preparing for our annual Thanksgiving dinner and Christmas Party. This year we have also had the honor of serving multiple new participants, many of whom continue to come to groups every week. Although we enjoy the fun trips and groups, we do have challenges. One challenge is keeping the groups interesting, so participants remain engaged. Budgeting is another struggle as we must plan and coordinate events and activities accordingly that stay within the budget offered to us.

Prior to COVID 19 the program was able to provide a different variety of outings and groups to hundreds of participants. Due to COVID 19 we had to remove certain groups such as Culinary due to the mask policy and no eating or drinking inside the building. We also have fewer participants than before COVID-19. When the pandemic began, groups and outings had to stop which created a huge impact on our program.

MEDI-CAL Population Service Needs

As reported by the EHR system, the average number of Medi-Cal eligible per month in 2021/2022 for Sutter and Yuba Counties was 33,437, of that population there were 3,234 beneficiaries served annually by SYBH. 2.5 – 2.8 show the demographic breakdown of the Medi-Cal population by race/ethnicity, age group, gender, and language.

Table 2.5: Sutter Yuba Medi-Cal Population for Fiscal Year 2021/2022

Sutter Yuba Medi-Cal Enrollees and Beneficiaries Served in FY 21/22 by Race/Ethnicity		
Race/Ethnicity	Average Monthly Medi-Cal Eligible	Annual Count of Clients Served
White	15,071	1,772
Hispanic	10,691	823
Black or African-American	1,166	165
Asian/Pacific Islander	2,126	233
Alaskan Native or American Indian	358	54
Other	659	46
Unknown	3,367	141

Table 2.6: Sutter Yuba Medi-Cal Population for Fiscal Year 2021/2022

Sutter Yuba MediCal Enrollees and Beneficiaries Served in FY 21/22 by Age		
Age	Average Monthly Medi-Cal Eligible	Annual Count of Clients Served
0-5	3,712	77
6-17	7,804	879
18-59	19,271	2,115
60+	2,655	163

Table 2.7: Sutter Yuba Medi-Cal Population for Fiscal Year 2021/2022

Sutter Yuba MediCal Enrollees and Beneficiaries Served in FY 21/22 Gender		
Categories	Average Monthly Medi-Cal Eligible	Annual Count of Clients Served
Female	17,606	1,776
Male	15,841	1,451

Table 2.8: Sutter Yuba Medi-Cal Population for Fiscal Year 2021/2022

Sutter Yuba MediCal Enrollees and Beneficiaries Served in FY 21/22 by Language		
Age	Average Monthly Medi-Cal Eligible	Annual Count of Clients Served
Chinese	18	2
English	27,700	2,949
Hmong	466	65
Laotian	21	4
Other	37	11
Other Language	55	46
Russian	17	0
Spanish	4,930	152
Tagalog	22	1
Unknown	109	0

The following figures show Sutter and Yuba Counties FY21/22 penetration rates by demographics compared to previous FY20/21. The penetration rates were provided by the SYBH Electronic Health Records system (EHR). The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average enrollee counts.

Figure 2.3 Sutter Yuba Penetration Rates for Fiscal Years 2020/2021 and 2021/2022

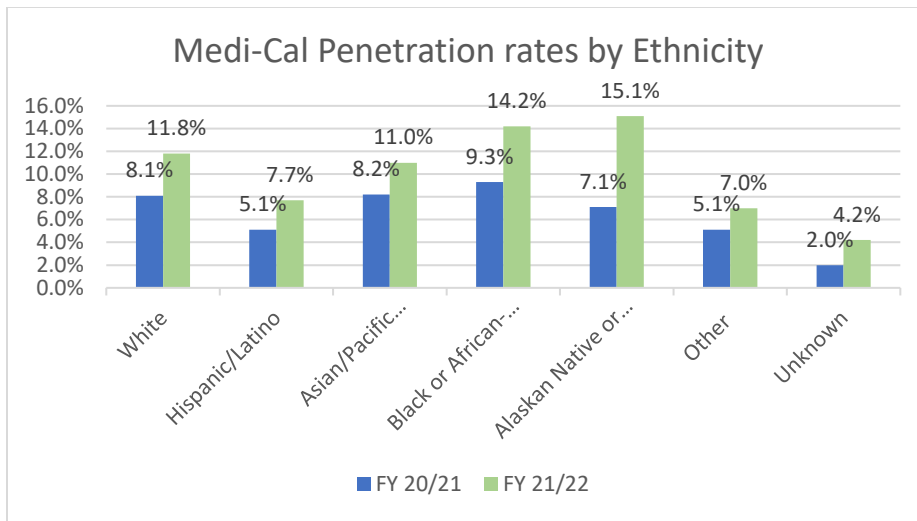


Figure 2.4 Sutter Yuba Penetration Rates for Fiscal Years 2020/2021 and 2021/2022

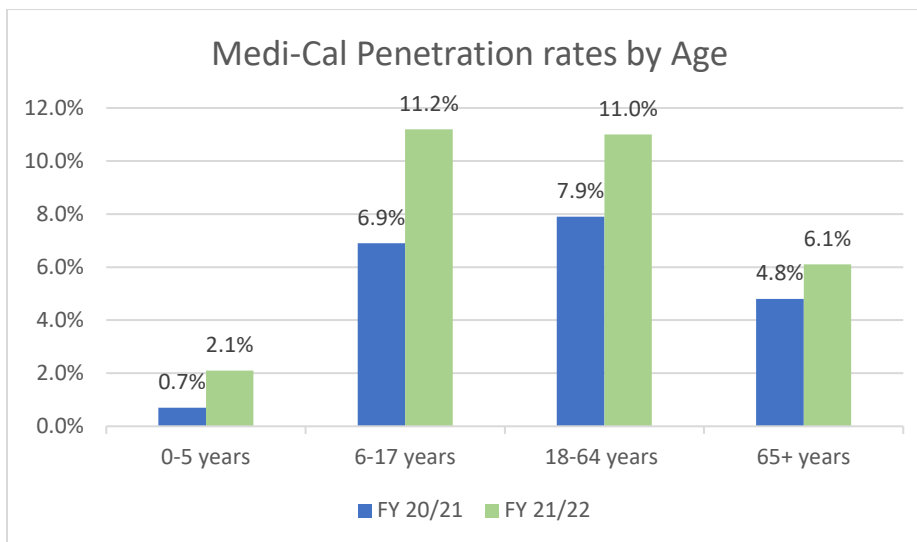


Figure 2.5 Sutter Yuba Penetration Rates for Fiscal Years 2020/2021 and 2021/2022

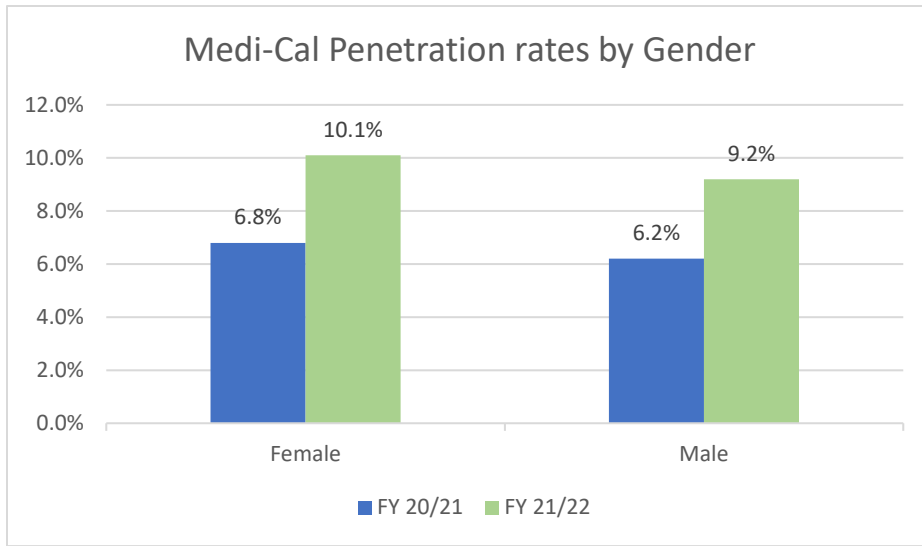
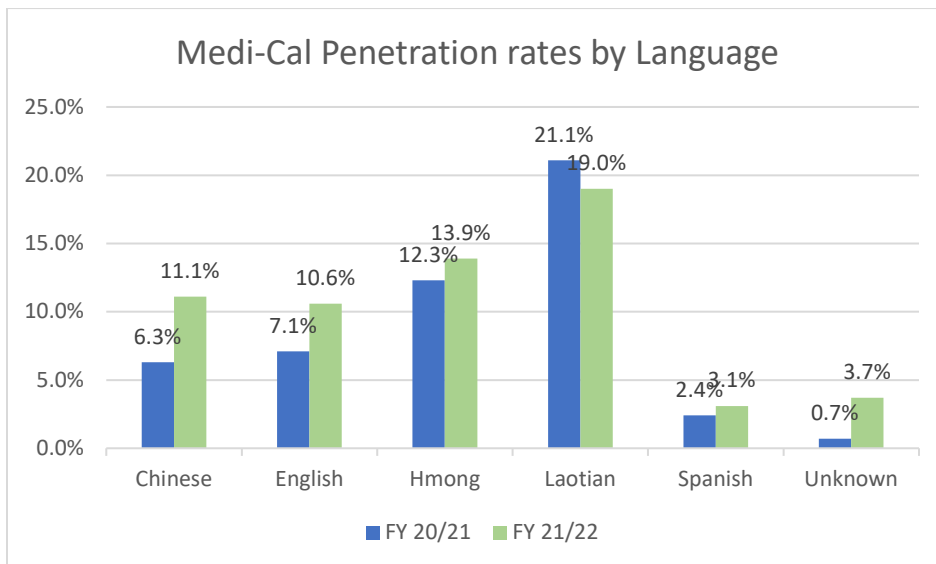


Figure 2.5 Sutter Yuba Penetration Rates for Fiscal Years 2020/2021 and 2021/2022



Provide an analysis of disparities as identified in the above summary

The client demographic data is collected at admission. This data is collected through Anasazi, the Electronic Health Record (EHR) that is used by SYBH staff. The number of distinct clients that obtained mental health and substance use disorder services during the 2021-2022 fiscal year is 4,255. Based on the penetration report, there are 33,447 Medi-Cal recipients in Yuba and Sutter Counties with an overall penetration rate of 9.7%. Of that population, there were

3,234 beneficiaries served annually by SYBH. This data indicates that the majority of the population SYBH serves are enrolled in Medi-Cal.

The client utilization rate for the Sutter Yuba Counties has increased from the 2020-2021 fiscal year to the 2021-2022 fiscal year for each ethnicity. This is portrayed above in Figure 2.3, which shows the utilization rates of Sutter and Yuba County residents who have Medi-Cal. The biggest increases were found in the Alaskan Native or American Indian demographic that increased by 8 percent and the Black or African-American demographic that increased by 4.9 percent. Penetration rates have also increased for each age group and both males and females. Among the language demographic, each language saw an increase except the Laotian language which decreased slightly. The penetration rate for the Spanish language is the most concerning as the penetration rate was already low at 2.4 percent during the 2020-2021 fiscal year and has only increased by less than a percentage to 3.1 percent during the 2021-2022 fiscal year. Spanish being a threshold language in both Yuba and Sutter counties SYBH should have a high penetration rate. SYBH Cultural Competency Coordinator will work with the Latino Outreach center to develop strategies necessary to improve the penetration rate of clients who speak Spanish.

SCBH also reviews and analyzes the penetration rates presented in the EQRO final report. The data that is shared is slightly different from the EHR data due to different timeframes and different methods of data collection. The EHR pulls data from the fiscal year and the EQRO pulls data from the calendar year (CY). The most current EQRO data the SYBH has obtained is from the Calendar Year 2020. It is noteworthy to look at trends provided by the EQRO and analyze and compare data. The following information provides details on Medi-Cal Eligible, and beneficiaries served by race/ethnicity and threshold language.

The statistics in Table 2.9 reflects that SYBH is serving the white Medi-Cal population at a higher rate of 56.7 percent, than its percentage of all beneficiaries at 37.2 percent. Conversely, 21.9 percent of the Latino/Hispanic community is served by SYBH, while they represent 35.7 percent of the total. Medi-Cal beneficiaries. The same situation exists for the Asian/Pacific Islander (API) community who represent 14.9 percent of the Medi-Cal Beneficiaries and only 6.0 percent of those served.

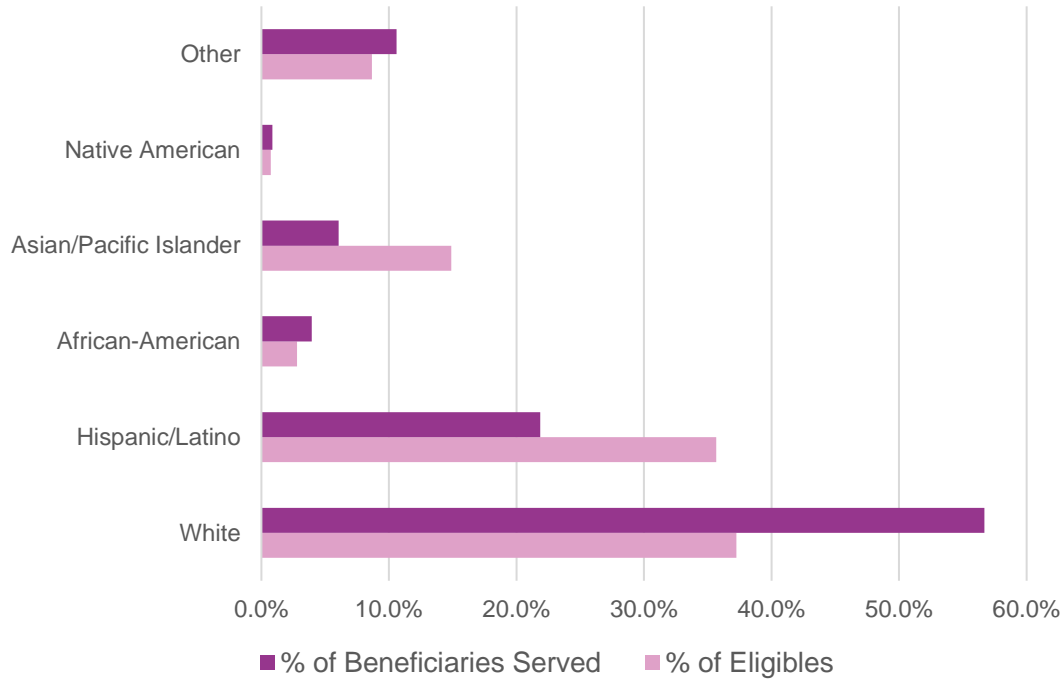
Table 2.9 County Medi-Cal Eligible Population and Beneficiaries Served in CY 2020, by Race/Ethnicity

Sutter/Yuba MHP				
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Beneficiaries	Percentage of Medi-Cal Beneficiaries	Unduplicated Annual Count of Beneficiaries Served by the MHP	Percentage of Beneficiaries Served by the MHP
White	27,974	37.2%	1,885	56.7%
Latino/Hispanic	26,802	35.7%	727	21.9%
African-American	2,095	2.8%	131	3.9%
Asian/Pacific Islander	11,193	14.9%	201	6.0%
Native American	562	0.7%	29	0.9%
Other	6,512	8.7%	352	10.6%
Total	75,138	100%	3,325	100%
The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.				

The race/ethnicity results in figure 2.6 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.

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

Figure 2.6: Percentage of Eligibles and Beneficiaries Served by Race/Ethnicity, CY2020



SYBH’s threshold language is Spanish with only 7.2 percent of those served utilizing the threshold language, 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.

Table 2.10 Beneficiaries Served in CY 2020, by Threshold Language

Sutter/Yuba MHP		
Threshold Language	Unduplicated Annual Count of Beneficiaries Served by the MHP	Percentage of Beneficiaries Served by the MHP
Other Language	2937	92.8%
Spanish	227	7.2%
Total	3,164	100%
Threshold language source: Open Data per IN 20-070		
Other Languages include English		

Penetration Rates

Figures 2.6 through 2.9 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.

Figure 2.6 shows that while the overall beneficiary population is increasing, from 73,653 in 2019 to 75,138 in 2020, the MHP’s penetration rates is decreasing, and has decreased each year over the last three years.

Figure 2.6 Overall Penetration Rates CY 2018-20

Sutter/Yuba MHP

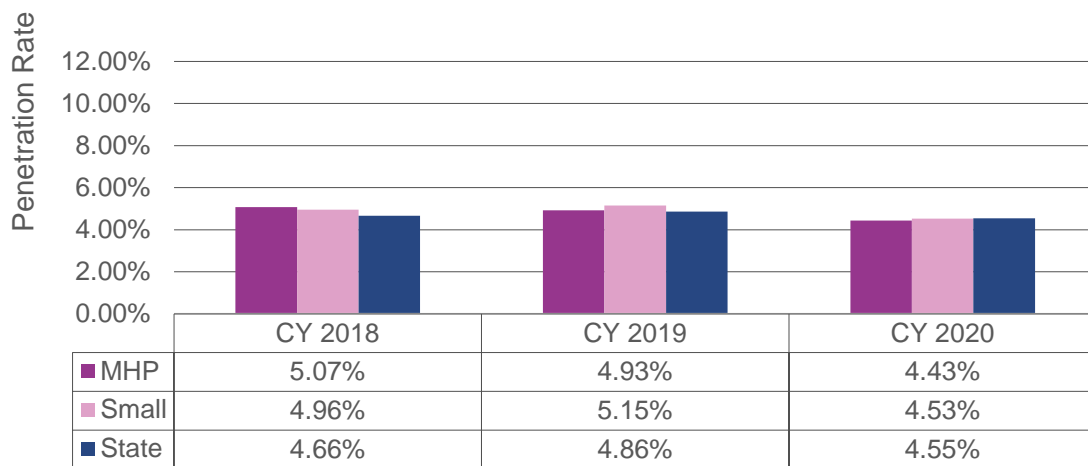


Figure 2.7: Latino/Hispanic Penetration Rates CY2018-20

Sutter/Yuba MHP

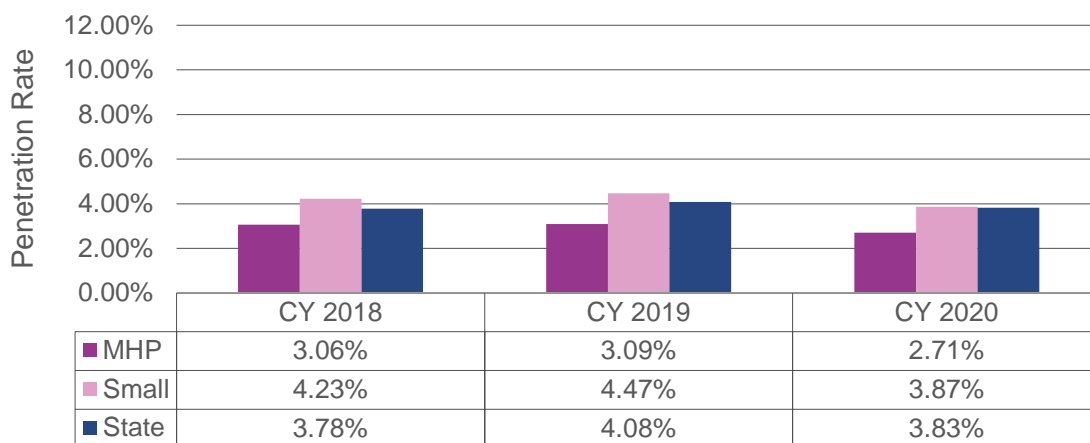


Figure 2.8 Asian/Pacific Islander Penetration Rates CY 2018-20

Sutter/Yuba MHP

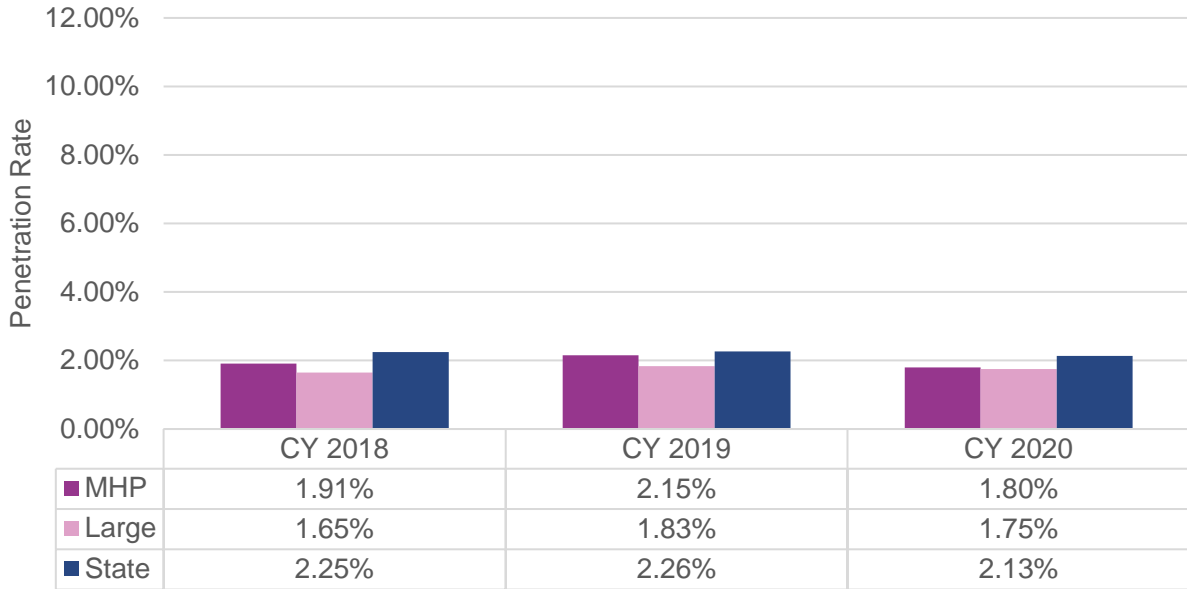
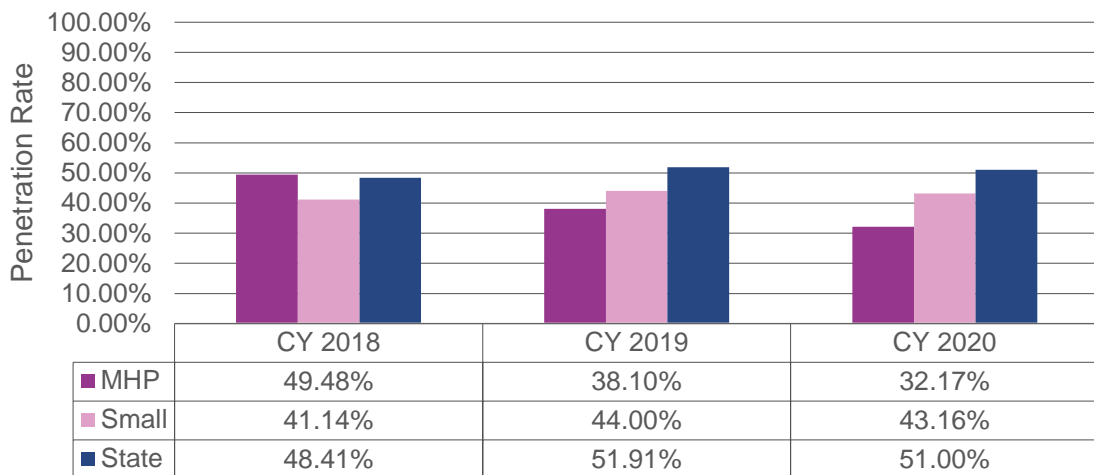


Figure 2.9 Foster Care Penetration Rates CY 2018-2020

Sutter/Yuba MHP



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 and API. The foster care rate has fallen by 17 percent since CY2010, which is concerning and needs to be investigated further to confirm if it is a result of fewer children in foster care or an access issue.

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

Yuba County is considered a low-income county. Approximately 16.3 percent of persons in Yuba County meet or fall below the federal poverty line, compared to 12.3 percent of the State of CA (US Census Bureau 2019). Sutter County has approximately 11.5 percent of persons who meet or fall below the federal poverty line, compared to the National average of 11.6 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 4.9 percent in September 2022 and Sutter Counties' unemployment rate is 5.3 percent both higher than the State average of 3.9 percent (Bureau of Labor Statistics).

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

Target populations with disparities identified in MediCal and all MHSA components.

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 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 FY 21/22, SYBH served 4339 unique individuals: approximately 2.42% of the population of both Sutter and Yuba counties for this fiscal year. Per the National Institute of Mental Health (NIMH), the 2019 prevalence rate for individuals estimated to live with severe and persistent behavioral health conditions is 5.2 %. For the population of Sutter and Yuba counties, this percentage is equivalent to 9,423 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 FY 21/22, 53.9% identified as female, 46. % as male, and less than 1% as other or not reported. Additionally, 58.9% identified as White, 13.5 % Latino, 4.2 % African American, 5.3% Asian/Pacific Islander, less than 1% Native American, 5.26% identifying as two or more ethnicities, less than 1% as other, and 10.5 % reporting as unknown.

Process and rationale SYBH used to identify and target the population with disparities in the PEI population

SYBH's Community Program Planning Process is constantly evolving to include the most relevant feedback from stakeholders and consumers. A deputy branch director serves as the MHSA Coordinator which has helped maintain and strengthen the communication between management and stakeholders in planning and review of MHSA programs.

The Community Program Planning Process is led by the Steering Committee which is comprised of various stakeholders throughout the community, including consumers, SYBH staff members, education personnel, law enforcement officials, and representatives from local agencies and community organizations.

The Program Development Team is utilized to provide ongoing input for the MHSA programs and planning. This group is made up of SYBH administration, program managers, and supervisors. The role of this committee is to understand MHSA, what services are provided, and

to identify gaps in services and needs of the Sutter-Yuba community regarding behavioral Health.

The Program Planning process utilized planning sessions, three stakeholder forums or focus groups, and online surveys. The forums were held in English, English, and Hmong, and English and Spanish. Common themes collected from the participants were that the community valued and thought having accessibility, navigation, outreach, and education were the most important. Some of the improvements that participants would like to see that relate to disparities were more providers and programs for minority communities, access to care in non-traditional settings, and more inclusivity.

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.

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 Cultural Competency Committee (CCC) is responsible for integrating within the Counties Mental Health System. The Committee is facilitated by the Quality Assurance Staff Analyst. The current position has been in flux since 2018 with a high turnover rate and has not been continuously staffed during the last fiscal year. Due to that fluctuation, the CCC has not been meeting monthly during FY 2021-2022. The position has been filled since October 2022 and the CCC meetings have resumed to meeting monthly and are working on a committee structure that would provide continuation and progression of not only the CCC meetings but also the effort to complete, monitor, and measure the goals set by the committee. The CCC provides updates and input to the Quality Improvement Committee.

The CCC 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 CCC. The goals and objectives remain the same as the previous fiscal year, however, the table has been updated with specific strategies and evaluation activities that will help in the completing and monitoring of the goals. The CCC has also added an implementation update column to report on the work that has been done or is in process.

Table 4.1

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 number of educational materials in Punjabi and Hmong</p> <p>1b) Increase accessibility to translation services outside threshold and internal translation languages</p>	<p>1a) Develop guidelines for translation of educational materials</p> <p>1a) Develop rotating schedule of translators</p> <p>1b) Develop guidelines to train staff on the availability of translation services and how to use them.</p>	<p>1a) Collect and log all educational materials developed in Punjabi and Hmong</p> <p>1b) Track and log staff who have completed the training</p> <p>1b) Track and log usage of translation services</p> <p>1b) Survey from clients and consumers</p>	

	<p>1c) Increase the number of test calls completed in a language other than English</p> <p>1d) Ensure 100% of the most recent versions of informing materials and other standard forms/templates are translated into threshold language</p>	<p>1c) Implement new staff test calls 1c) Develop monthly test call rotation from PES and PHF staff 1c) Develop Test Call training</p> <p>1d) Develop guidelines for translation of educational materials 1d) Develop rotating schedule of translators</p>	<p>1c) Collect Test Call forms and log. 1d) Analyze test call data and provide update to QIC</p> <p>1d) Collect and log all informing materials and standard forms/templates translated into threshold language</p>	<p>1c) New staff are being trained as test caller and making one test call. 1c) PES and PHF management have agreed to have their staff participate in the test calls 1c) The test call training has been created</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 number of staffs participating in culture trainings</p> <p>2b) Increase the number of staffs participating in one hour or more of cultural competence trainings</p> <p>2c) Increase the number of staffs participating in an Interpreters training</p> <p>2d) Increase the number of trainings offered that relate to the populations served by SYBH</p> <p>2e) Conduct an annual Cultural Diversity self-assessment for all SYBH staff and contractors</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 Sills 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>2e) Develop or acquire a Cultural Diversity Self-Assessment 2e) Develop a timeline for survey administration 2e) collect surveys</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 log of trainings offered each year and log participants</p> <p>2e) Analyze data and create presentation of data analysis to share with HR and SYBH leadership to help guide projects and activities that foster inclusivity, cultural humility and equitable practices</p>	
<p>3) To use best practices and data-informed strategies to proactively address the shifting demographics and cultural needs of the</p>	<p>3a) Monitor grievances by race/ethnicity and language for trends and opportunities for improvements</p>	<p>3a) log all grievances and respond appropriately</p>	<p>3a) Monitor and analyze grievances by race/ethnicity and languages</p>	<p>3a) Grievances are logged and monitored weekly. An analysis of grievances is completed quarterly and reviewed by Quality Improvement Committee to determine trends and necessary QI projects</p>

behavioral health system services area	<p>3b) Increase Hispanic penetration rate by 1%</p> <p>3c) Utilize one new targeted approach for engagement and outreach responsive to the changing demographics within the Latino, Punjabi and Hmong populations</p>	<p>3b) Complete one new outreach event to the Hispanic population</p> <p>3c) Identify one new data source addressing the demographics and cultural needs of SYBH clients</p> <p>3c) Design and implement new strategy to engage Latino, Punjabi or Hmong populations</p>	<p>3b) Monitor penetration rates monthly</p> <p>3c) Monitor and analyze data from the new data source</p>	<p>3b) Based on the SYBH EHR system the Hispanic penetration rate increased from 5.1% to 7.7%.</p>
4. To deliver timely, culturally-informed, trauma-informed, evidence-based services that meet behavioral health clients' needs.	<p>4a) Reduce stigma and promote access to underserved sub-populations.</p> <p>4b) Increase PEI program participation among Latino, Punjabi and Hmong populations</p> <p>4c) Increase staff knowledge on trauma and ACES</p>	<p>4a) Conduct quarterly outreach events at SYBH cultural centers</p> <p>4b) Conduct 4 annual PEI outreach events at locations that reach the Latino, Punjabi and Hmong populations.</p> <p>4c) Provide annual trainings on Trauma and ACES</p>	<p>4a) Analyze penetration data for Latino and Hmong populations</p> <p>4b) Collect demographic data from PEI programs and analyze</p> <p>4c) Collect training attendance records and log in staff training spreadsheet</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>	

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 sponsored several Implicit Bias and Diversity, Equality, and Inclusion (DEI) trainings in FY 2021-2022 to improve cultural competency within SYBH as well as educate community members and stakeholders on issues of social/racial injustice etc., and its impact on the behavioral health system and organizations in general. An implicit bias training was offered as a mandatory training for all SYBH staff and was also offered to all Sutter County employees. The Implicit (Unconscious) Bias Awareness Training a two part 7-hour training provided by Dr. Bryant Marks was offered on multiple dates and times to ensure that all staff were able to attend the training. SYBH hosted 2 Diversity, Equity, Inclusion (DEI) trainings for leadership staff and 4 DEI trainings for all SYBH staff in FY 2021-2022. The DEI trainings were a 1.5-hour course instructed by Dr. Michael S. Jones, a licensed psychotherapist and nationally recognized trainer and consultant in the field of mental health and multiculturalism. The DEI efforts aim to increase knowledge and competence in the areas of diversity, equality, and inclusion in the organization and behavioral health systems. SYBH has also offered LGBTQ+ 101 and How to Be an Ally training in July 2021 presented by the Tri-County Diversity Program.

SYBH offers free cultural competency trainings via the electronic 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:

- Nondiscrimination in Services (ADA Compliance)
- Treating Mental Health in the Black Community – Ask the Expert
- Effects of Racism on Mental Health
- Treating Mental Health in the Black Community
- Women in Leadership: Moving Beyond Gender Roles as a Leader
- Affirmative Action in the Workplace
- Working with Individuals Experiencing Homelessness
- Strategies for Gender Inclusive Interaction
- Strategies for Avoiding Assumptions about Sexual Orientation
- Cultural Diversity and the Older Adult

- Social Determinants of Health: Education Access & Quality
- Diversity for all Employees for Healthcare
- Interrupting Unconscious Bias for Supervisors in the Healthcare Industry
- Recognizing and Overcoming Unconscious Bias for All Employees and Supervisors in the Healthcare Industry
- Substance Use Treatment and Relapse Prevention for Racial and Ethnic Minorities
- Overcoming Barriers to LGBTQ+ Affirming Behavioral Health Services
- Care of the LGTBQ+ Resident in California
- Prevalence and Treatment of Substance Use Disorder in the LGBTQ+ Community
- Working More Effectively with LGBTQ+ Children and Youth
- Diversity, Equity and Inclusivity for the Healthcare Employee
- Influence of Culture on Care in Behavioral Health for Paraprofessionals
- Understanding and Minimizing Cultural Bias for the Paraprofessional
- Working More Effectively with the LGBTQ+ Community
- Cultural Responsiveness in Clinical Practices
- Individual and Organizational Approaches to Multicultural Care
- Overcoming Your Own Unconscious Biases
- How Culture Impacts Communication
- Using Communication Strategies to Bridge Cultural Divides
- Bridging the Diversity Gap
- Your Role in Workplace Diversity
- Understanding Unconscious Bias in the Workplace
- Understanding Unconscious Bias
- Cultural Competence
- Affirmative Action
- Community Inclusion
- A Cultured Centered Approach to Recovery
- Language Line

The Cultural Competency Committee 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. During a recent CCC meeting it was determined that a training that hasn't been offered in recent years and is much needed is on "How to Work with Interpreters" The CCC members are in the process of updating and offering this course to all new staff and offering a refresher course to all SYBH staff.

During the FY 2021-2022 SYBH provided 48.25 hours of cultural competency training hours through Relias to SYBH staff. One hundred and twenty-four individuals attended the DEI trainings in FY 2021-2022.

Criterion 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining 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 insure 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. 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 that is 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 race and ethnicity for SYBH consumers and race for SYBH staff.

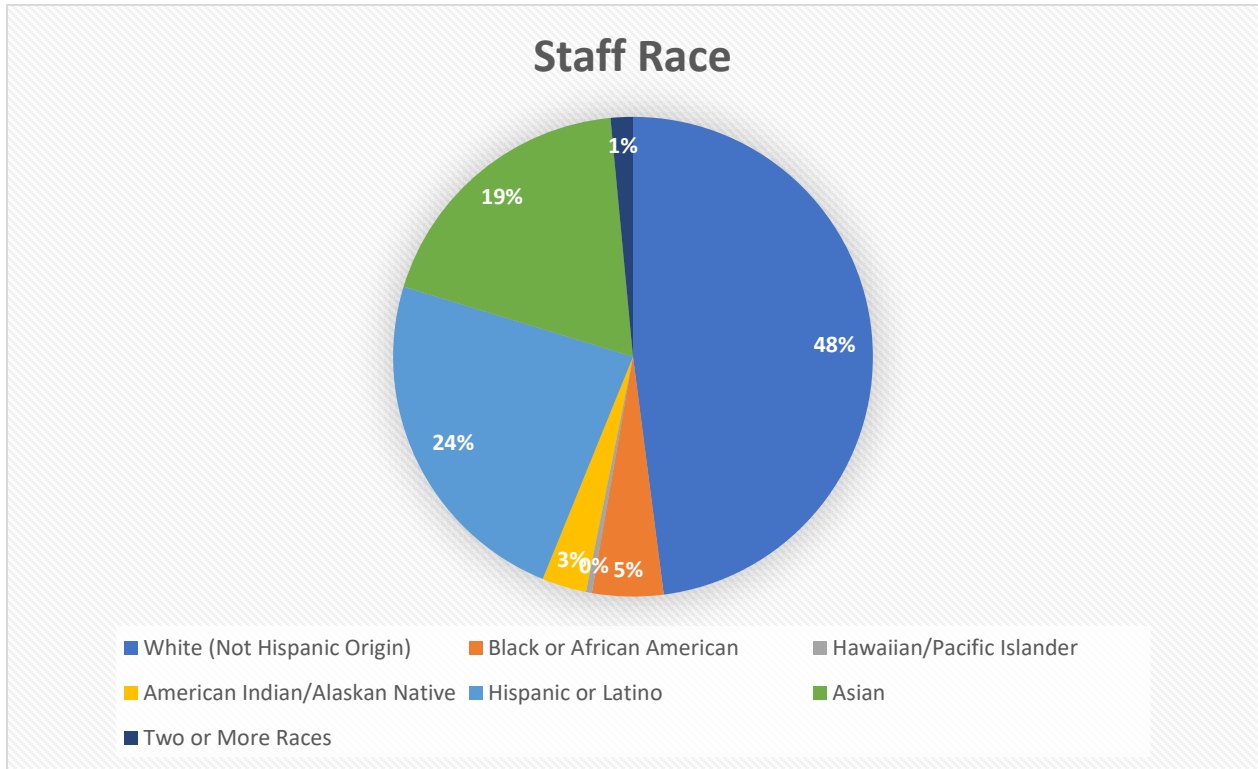
Table 6.1

SYBH Clients Served in Fiscal Year 2021-2022: Distribution by Race		
Race	# of Clients Served	% of Clients Served
White	2,605	59.60%
Non-White-Other	587	13.42%
Unknown	456	10.42%
Multiple	236	5.40%
Black/African American	182	4.16%
Asian Indian	109	2.50%
Hmong	78	1.80%
Native American	42	0.96%
Asian-Other	32	0.73%
Laotian	14	0.32%
Filipino	10	0.22%
Other Pacific Islander	10	0.22%
Chinese	4	0.09%
Cambodian	3	0.06%
Vietnamese	5	0.10%
Total	4,373	100%

Table 6.2

SYBH Clients Open in Fiscal Year 2021-2022: Distribution by Ethnicity		
Ethnicity	# of Clients Served	% of Clients Served
Not Hispanic	3,290	75.60%
Mexican American/Chicano	579	13.30%
Other Hispanic Latino	477	10.95%
Puerto Rican	5	0.11%
Cuban	2	0.04%
Total	4,353	100%

Table 6.3



SYBH Clients Open in Fiscal Year 2021-2022: Distribution by Race		
Staff Race	Total	Percentage
American Indian or Alaskan Native	8	3.0%
Asian	51	18.8%
Black or African American	13	4.8%
Native Hawaiian/Pacific Islander	1	0.4%
Hispanic or Latino	64	23.6%
Two or More Races	4	1.5%
White	130	48.0%
Total	271	100%

Analysis

SYBH's existing staff race demographic exceeds the service population in all categories except Caucasian (White) with staff at 48 percent compared to the service population at 59.6 percent and the Hispanic staff at 23.6 percent compared to the service population at 24.4 percent. The

difference in data collection among staff and service populations limits the reliability of the data and in turn, limit the data analysis. For example, the staff's Asian race/ethnicity demographics are only collected as Asian and the service population is collected for several Asian categories such as Asian Indian and Hmong. There is also a large population from the service population that indicates unknown or other as their race, making it difficult to get a clear picture of the percentage of staff to service population in the various categories.

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.

The Need:

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.

Actions that Support Goals and Objectives:

The following actions and agreement have been entered into with Fresno County as The Grantee:

The County of Fresno (Grantee) as the fiscal sponsor will provide ongoing staffing support to coordinate/administer programs and activities for individuals and entities that have committed to work collaboratively as a Regional Partner in the Central Region. The counties included in the region are Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter-Yuba, Tulare, Tuolumne, and Yolo counties.

Scope of Work

The Grantee shall administer all components (including entering into written agreements with individual awardees, worksite placement, monitoring paid or volunteer work requirements and training activities) in one or more of the following programs identified in their grant application to support the workforce needs in their region:

- Pipeline Development: Introduce the PMHS to kindergarten through 12th grades, community colleges, and universities. Ensure that these pipeline programs incorporate developmentally appropriate concepts of mental health needs, self-care, and destigmatization and target resources at educational institutions with underrepresented communities. The Grantee shall administer pipeline activities and may identify students as potential scholarship and stipend candidates.

- Undergraduate College and University Scholarships: Provide scholarships to undergraduate students in exchange for paid or volunteer work in a local mental health setting. The Grantee may consider the following factors in determining the scholarship level: student's academic aspirations (including certificate, associate degree, bachelor's degree, and career development), pre-placement training and education received, lived experience, and or other possible factors. The Grantee shall determine the amount they award and the length of volunteer or paid work commitment.
- Clinical Master and Doctoral Graduate Education Stipends: Provide funding for post-graduate clinical master and doctoral education work performed in a local PMHS agency. The Grantee selects students in advance of their final year of education, giving consideration to applicants who previously received a WET scholarship. The Grantee shall determine the amount they award and the length of volunteer or paid work commitment.
- Loan Repayment Program: Provide educational loan repayment assistance to PMHS professionals that the local jurisdiction identifies as high priority in the region, giving consideration to applicants who previously received scholarships and/or stipends. The Grantee may take into consideration the following factors when determining award amounts: applicants who previously received scholarships and/or stipends, educational attainment, the level of unmet need in the community served, and years of service in the PMHS. The Grantee shall determine the amount they award and the length of volunteer or paid work commitment.
- Retention Activities: Increase the continued employment of hard-to-find and hard-to-retain PMHS personnel, by developing and enhancing evidence-based and community-identified practices.

Currently, Sutter-Yuba is actively performing Loan Repayment and Retention activities through the Regional Partnership. The application for Loan Repayment began on January 1, 2022, with a close date of applications on 2/28/22. 14 applications were received for Sutter-Yuba Behavioral Health staff. At the writing of the 2022-2023 MHSA Annual Update HCAI has not made the final award announcements regarding the Loan Repayment Program. SYBH will include this information as well as the final award amounts in the next MHSA Annual Update.

Changes to 2021-2024 Three-Year Program and Expenditure Plan:

SYBH will be exploring whether there is a need to move beyond the Central Regional Partnership and provide additional localized WET education and training.

Criterion 7: County Mental Health System Language Capacity

Increase 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 a folder of 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.

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

SYBH accommodates individuals that may be affected by linguistic barriers through the use of 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). Clients and staff, as a last resort, may also utilize Language Line Solutions for interpretation if there is a language barrier as dictated in Sutter County 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.

Responsiveness of mental health services

The SYBH provider 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.

That the Department of Health Care Services accepted and certified SYBH's Network Adequacy Tool is evidence that SYBH has available, an appropriate, alternatives and options that accommodate individual preferences, or cultural and linguistic preferences, as demonstrated by the provision of culture-specific programs, provided by the county/contractor and/or referral to community-based, culturally appropriate, non-traditional mental health providers.

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.

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.

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 Cultural Competence Committee (CCC) meeting. Quality issues are also addressed through bi-monthly meetings charged with overseeing Performance Improvement Planning (PIP) which also merges into QIC meetings with continuous updates. Items discussed or developments within the CCC and PIP committee feed into the QIC regular meetings that are attended by the Executive Leadership of SYBH. 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.

Appendix 1.0



Language Line Policy



Sutter County Health and Human Services Policies & Procedures

Policy: 06-002	Title: Language Line		
Section: Legal and Ethical			
Applicability: All agency			
Approved:		Approved:	
Rick Bingham <small>Digitally signed by Rick Bingham Date: 2022.10.04 15:50:04 -07'00'</small>		Sarah Rios <small>Digitally signed by Sarah Rios Date: 2022.10.04 16:36:35 -07'00'</small>	
Health and Human Services Assistant Director		Health and Human Services Director	
<u>Original Date</u> 10-4-22		<u>Revised Date</u>	

POLICY: It is the policy of the Sutter County Health and Human Services (HHS) to ensure the availability of timely and clear communication with non-English speaking clients, collateral contacts and community members, and to minimize social and linguistic isolation. The Language Line will be utilized whenever there is a need or desire for communication with someone who does not speak English or who has significant difficulty with English and an interpreter is not available. Any HHS employee may access this service.

PROCEDURE:

Use the following steps after determining the specific language needed:

1. **Dial Language Line Services for Behavioral Health and Public Health:**
1-800-874-9426 (or Emergency: 9-1-800-523-1786)

- Dial Language Line Services for All other Staff Locations:**
1-866-874-3972

2. Identify **language** needed

3. You will be asked for a **Client ID and Personal Code** (see chart below)

	Behavioral Health Locations	Public Health Locations	All other Staff Locations
Client ID Number	201692	501087	598942
Personal Code	Your extension number and program number	Your extension number	Employee ID Number

4. The interpreter will come on the line. You will need to briefly summarize what you need to accomplish (e.g. "I need to know why the client is here", "I'm doing an intake assessment and will be asking a series of questions" etc.).
 - o Do not use a lot of technical terms
 - o Keep it simple and in laymen terms.
5. Say **“end of call”** to the Interpreter when the call is completed.

ATTACHMENTS:

- A. CalWORKs and WTW Guidance for Using External Language Interpreter Services
- B. Employment and Eligibility Services Branch Language Line Quick Reference Guide
- C. SYBH Using the Language Line: 8 Simple Steps
- D. CWS Language Line Services
- E. IHSS Translation Line Process

REFERENCES:

- Cal. Code Regs. Tit. 9, § 1810.410 - Cultural and Linguistic Requirements
<https://www.law.cornell.edu/regulations/california/9-CCR-1810.410>
- SYBH Policy & Procedure 11-005 - “Accessing Interpreters for Non-English Speaking or Limited English Proficient Individuals”
- Language Assistance (for clients)
<http://scnet2/teams/hsteam/Mental%20Health%20Library/Language%20Assistance.pdf>
- Supersedes Public Health Policy 14-011 – "Language Line"
- Supersedes Sutter-Yuba Behavioral Policy 11-006 – "Language Line"

REVISION HISTORY: None

CALWORKS AND WTW GUIDANCE FOR USING EXTERNAL LANGUAGE INTERPRETER SERVICES

General Information

The purpose of this training is to provide guidance on using an external language interpreter services. This service provides over the phone translation with translators for more than 140 languages, 24 hours a day, 7 days a week.

When Workers have a situation where they must communicate with a customer in the office or on the phone and there is no available translator, they may use the designated external interpreter service. As of 7/22/16, Sutter County is using Language Line Solutions.

Prior to using the Language Line, the Worker will need to identify the language that needs to be translated (if Worker cannot identify the language they will need to request assistance when the service is contacted)

Making an In-Office Call

If the customer needs translation in the office, a location should be chosen where there is a phone accessible for both the Worker and the customer to use. The speaker option of the telephone can be utilized so the Worker, the translator, and the customer can communicate without passing the phone back and forth.

Using the Translation Service on a Conference Call

If the customer is on the phone, the conference call feature may be used to conduct a three-way translation call. To make a conference call:

1. While the customer is on the phone line press “Conf” and “Transfer”
2. Dial the Language Line Solutions number at: 99-1-866-874-3972
3. Provide your Customer ID # **598942**
4. Select the language you need
 - Press 1 for Spanish
 - Press 2 for all other languages and state the name of the language you need
 - ** Press 0 for agent assistance if you do not know the language
5. The worker will be connected to an interpreter who will provide his/her name and ID number. The worker will need to notate this number and enter it on the “Language Line Use” Spreadsheet. (see below for information on spreadsheet)
6. When the interpreter answers they will ask for your Worker Number, which is the worker’s Employee Number. **This is the number that the worker enters on their weekly Electronic Time Cards, NOT the worker’s C-IV Worker ID Number.**

Attachment A

7. Brief the interpreter. At the beginning of the call, briefly tell the interpreter the nature of the call and summarize what you wish to accomplish and provide any special instructions.
8. When ready to connect the customer with the translator, press “Conf”
9. **WORKING WITH AN INTERPRETER** –Speak directly to the CUSTOMER, not the interpreter, and pause at the end of a complete thought. Please note, to ensure accuracy, your interpreter may sometimes ask for clarification or repetition.
10. Once the conversation is completed, inform the translator that all necessary information has been received. Ensure that the customer understands this as well, that they have no questions, and end the call.

Language Line Use Spreadsheet

Each time the Language Line is used, the worker using it will be required to complete the spreadsheet with the following information under the tab for their assigned area:

- Date Language Line Used
- Time Line Was Used
- Case Number Line utilized for
- The ID number of the translator that was used
- The Language that was needed
- Your Employee ID Number (Reminder: This is your employee number indicated on your timesheet NOT C-IV Worker ID Number)
- Your Supervisor’s Name

The spreadsheet is located on the P drive in Income Maintenance > Language Line and is labeled “Language Line Use Spreadsheet”

Sutter County Health and Human Services Department
Employment and Eligibility Branch

HOW TO ACCESS AN INTERPRETER

■ **When Receiving a call:**

1. Use the phone's conference feature to place the customer on hold.
2. Dial **9-1-866-874-3972**
3. Provide Customer ID # **5 9 8 9 4 2**
4. Select the language you need
 - a. Press 1 for Spanish
 - b. Press 2 for all other languages and state the name of the language you need
*** Press 0 for agent assistance if you do not know the language*
5. Worker will be connected to an interpreter who will provide his/her name and ID number. The worker will need to notate this number and enter it on the "Language Line Use" Spreadsheet. (see below for information on spreadsheet)
6. When the interpreter answers they will ask for the Worker Number, which is the worker's Employee Number. **This is the number that is entered on staff's weekly Electronic Time Cards, NOT the worker's C-IV Worker ID Number.**
7. Brief the interpreter. *Summarize what you wish to accomplish and provide any special instructions.*
8. Add the customer onto the call.
 - a. **WORKING WITH AN INTERPRETER** –Speak directly to the CUSTOMER, not the interpreter, and pause at the end of a complete thought. Please note, to ensure accuracy, your interpreter may sometimes ask for clarification or repetition.
9. Once the conversation is completed, inform the translator that all necessary information has been received. Ensure that the customer understands this as well, that they have no questions, and end the call by stating "End of Call" to the interpreter when your call is completed.


*Note: When the customer is face-to-face with you begin at **Step 2**. Once the interpreter joins the line, brief him/her and place the phone on "Speaker" mode (and press the "mic" button) or pass the handset back-and-forth.*

Language Line Use Spreadsheet

Each time the Language Line is used, the worker using it will be required to complete the spreadsheet by entering the following information under the tab for their assigned area:

- Date Language Line Used
- Time Line Was Used
- Case Number Line utilized for
- The ID number of the translator that was used
- The Language that was needed
- Your Employee ID Number (Reminder: This is your employee number indicated on your timesheet NOT C-IV Worker ID Number)
- Your Supervisor's Name

The spreadsheet is located on the P drive in Income Maintenance > Language Line and is labeled "Language Line Use Spreadsheet"

 <p>Sutter County HHS- Children’s Services Branch- CWS</p>	POLICY AND PROCEDURE		#21-004
	PROGRAM: Child Welfare Services		
	FUNCTIONAL AREA: Language, Civil Rights, Translation Services		
	SUBJECT: Language Line Services		
	CONTACT PERSON: Kimberly Womack Child Welfare Services Program Manager Digitally signed by Kimberly Womack Date: 2021.11.30 10:05:08 -08'00'	APPROVED BY: Paula Kearns Children’s Services Branch Director Digitally signed by Paula Kearns Date: 2021.11.30 10:38:49 -08'00'	
ORIGINAL DATE 09/01/2015	REVISED DATE 10/21/21 & 11/30/21		

Purpose

The purpose of this procedure is to provide guidance on using Language Line Solutions, submission of the “Preapproval Expenditure Request Memo”, and identification of the estimated time the service may be used by Department.

When CWS staff have a situation where they must communicate with a client in the office or by phone and there is no available translator, they may use Language Line Solutions. CWS staff will submit a “Preapproval Expenditure Request Memo” to their supervisor when using Language Line Solutions.

Person Responsible	Actions
CWS Staff	<p>▲ CWS Staff Responsibilities Before/After Using the Language Line Service</p> <ul style="list-style-type: none"> Identify the language that needs to be translated (if unable to identify the language, request assistance when the Language Line service is contacted). <p><u>SPANISH:</u> If you have determined the caller to be Spanish speaking repeat the following phrases to inform the caller of what you’ll be doing to assist them:</p> <ol style="list-style-type: none"> Departamendo de servicios de bienestar (b-en-estar) de ninos – Department of Child Welfare Services Uno momento por favor – One moment please Voy a conseguir (kon-say-gear) un interprete (in-ter-pret-ay) – I’m going to get an interpreter <p>Please feel free to repeat these phrases until you have connected with Language Line Services</p> <ul style="list-style-type: none"> For non-exigent circumstances, CWS staff will complete and submit the “Preapproval Expenditure Request Memo” to their supervisor for approval, reaching out to another available supervisor, if necessary, prior to using the Language Line services. The <i>Preapproval Expenditure Request</i> will include the employee’s last 4 digit employee ID number and the estimated number of minutes the Language Line service may be used, with no estimates as to cost. In exigent circumstances, CWS staff will contact Language Line. After using the Language Line services, CWS staff will contact an available supervisor, reaching out to their own supervisor first via text or phone call, to report their need to use the Language Line. The same day the Language Line service was used, CWS staff will

POLICY AND PROCEDURE		#21-004
PROGRAM: Child Welfare Services		
FUNCTIONAL AREA: Language, Civil Rights, Translation Services		
SUBJECT: Language Line Services		
ORIGINAL DATE 09/01/2015	REVISED DATE 10/21/21 & 11/30/21	

	complete and submit the “ <i>Preapproval Expenditure Request Memo</i> ” including the number of minutes the Language Line service was used and the employee’s last 4 digit employee ID number and submit the memo to their own supervisor for approval.
CWS Staff	<p><u>B) Using the Conference Call Feature on Your Cell Phone</u> If the client is on the phone, the conference call feature may be used to conduct a three-way translation call. To make a conference call:</p> <ul style="list-style-type: none"> • While the client is on the phone line, tell the client they will be placed on a brief hold, and then press “Add Call” • Dial Language Line Solutions (begin at step 2 in the <u>D</u> box below) • When ready to connect the client with the translator, press “Merge Call”
CWS Staff	<p><u>C) Using Your Cell Phone on Speaker During an In-Person Field Visit</u> If the CWS staff is meeting with a client in the field (i.e. home visit) and the need for Language Line services is established, the CWS Staff will ensure use of available confidential space and then follow the steps below:</p> <ul style="list-style-type: none"> • Dial Language Line Solutions at 1-866-874-3972, with your county-issued cell phone’s speaker function activated, ensuring the client is near enough to the phone to easily hear the speaker. • The CWS staff will follow the instructions in the box below once the call is answered by the Language Line staff, beginning at Step 3 in the <u>D</u> box below.
CWS Staff	<p><u>D) Using the Translation Service When Receiving a Call at Your Desk Phone When receiving a call:</u></p> <ol style="list-style-type: none"> 1. Use the phone’s conference feature to place the client on hold. While the client is on the line, press “CONF”. 2. Dial Language Line Solutions at 1-866-874-3972. 3. Provide your Client Identification/Account # 598942. You’ll be asked for your employee ID number (this is your four-digit employee ID number; if your Employee ID number is three digits, you’ll add a 0 in front of the three digits) 4. Select the language needed. <ul style="list-style-type: none"> ○ Press 1 for Spanish.

POLICY AND PROCEDURE		#21-004
PROGRAM: Child Welfare Services		
FUNCTIONAL AREA: Language, Civil Rights, Translation Services		
SUBJECT: Language Line Services		
ORIGINAL DATE 09/01/2015	REVISED DATE 10/21/21 & 11/30/21	

	<ul style="list-style-type: none"> ○ Press 2 for all other languages and state the name of the language needed. ○ Press 0 for agent assistance if the language needed is unknown. <i>(Caller will be connected to an interpreter who will provide their name and ID number.)</i> <p>5. When the interpreter answers, they will ask the CWS Staff for his/her four-digit Employee ID Number. CWS staff will provide the interpreter with his/her four- digit Employee ID Number.</p> <p>6. Brief the interpreter on the nature of the call and provide any special instructions.</p> <p>7. Add the client to the call. (Do not hit hold first)</p> <p>8. Speak directly to the client, not to the interpreter, and pause at the end of a complete thought.</p> <p>9. Once all necessary information has been received, ensure that the client understands this as well, and that they have no questions. Say “End of Call” to the interpreter when the call is completed.</p> <ul style="list-style-type: none"> ● When placing a call: <ol style="list-style-type: none"> 1. When placing an outbound call to a client, begin at Step 2 above. If assistance will be needed to place the call to the client, inform the interpreter at the beginning of the call. When placing a call to a client, you will secure the interpreter on the line first, and then add the client to the call. ● Making an In-Office Call <ol style="list-style-type: none"> 1. If the client needs translation in the office, begin at Step 2 above. A confidential location should be chosen where there is a phone accessible for both the CWS Staff and the client to use. The speaker option of the telephone/county-issued cell phone can be utilized so the CWS Staff, the translator, and the client can communicate without passing the phone back and forth. See instructions above for using your county-issued cell phone while in the field. ● Placing call from Reception Phone: <ol style="list-style-type: none"> 1. With the first caller on the line, hit CONF (do not hit hold first) 2. Dial the Language Line 3. Hit ADD (do not hit hold first) 4. Hit BEGIN 5. You should now be connected with both the caller and Language Line
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POLICY AND PROCEDURE		#21-004
PROGRAM: Child Welfare Services		
FUNCTIONAL AREA: Language, Civil Rights, Translation Services		
SUBJECT: Language Line Services		
ORIGINAL DATE 09/01/2015		REVISED DATE 10/21/21 & 11/30/21
CWS Supervisor	E) The CWS Supervisor will ensure the “ <i>Preapproval Expenditure Request Memo</i> ” is completed timely and accurately. The CWS Supervisor will forward the “ <i>Preapproval Expenditure Request Memo</i> ” to the Program Manager for second line approval within two (2) business days of receipt of the completed document from the CWS Staff.	

Appendix 1.1



Language Line Procedure

Sutter-Yuba Behavioral Health
Language Line Services Procedure - Establishing a Conference Call

SPANISH:

If you have determined the caller to be a SPANISH speaking consumer repeat the following phrases.

- | | |
|----------------------------------|-----------------------------------|
| 1. Departamento de Salud Mental | (Department of Mental Health) |
| 2. Un momento por favor | (One moment please) |
| 3. Voy a conseguir un interprete | (I'm going to get an interpreter) |
| (Kon-say-gear) (in-ter-pret-ay) | |

Please feel free to repeat these phrases until you have connection with *Language Line Services*.

ALL LANGUAGES:

Quick reference guide: AFTER RECEIVING A CALL AND DETERMINING THE SPECIFIC LANGUAGE NEEDED:

1. Press “Transfer” to place non-English speaker on conference hold.
2. Dial *Language Line Service: Routine (Dial 9) 1-800-874-9426* or
Emergency: Dial (9) 1-800-523-1786. Give information to “Answer Point” (real person).
 - Language needed (i.e. Spanish, Punjabi, Hmong, etc.)
 - Client I.D. number -This Sutter-Yuba Mental Health’s ID Number - **201692** (Never use client’s chart number.)
 - Organization Name (**Sutter-Yuba Behavioral Health**)
 - Personal Code: (**Your extension number or offsite telephone number**)
3. Press “Conf” to add non-English speaker to line.
4. Wait for *Language Line Services* to put the Interpreter on the line.
5. **Brief the Interpreter.** Summarize what you wish to accomplish, i.e. “I need name, address, and telephone number.” Do not use a lot of technical terms – Keep it simple and in laymen terms.
6. Say “end of call” to the interpreter when the call is completed.

Conference call - (Consumer is calling in.)

- When placing a call to a non-English speaker, **get client on the line, press “Transfer” and Proceed to Step 2.**

Speaker call – (Consumer is in the Office)

If a consumer is with you, the *Language Line Services* can also be used for interpretation by using a speaker phone in which client and staff share the speaker to talk with the *Language Line Services* interpreter.

- When Consumer is in the office, **do steps 2 and 3 and put *Language Line Services* on the speaker.**

OR

- When Consumer is in the office, **put phone on speaker, do steps 2 and 3.**

Who has access to this service? – Any Mental Health staff member may access this service. Staff should be familiar with the process.

Appendix 1.2



Using the Language Line: 8 simple steps

Using the Language Line: 8 Simple Steps

Sutter-Yuba Mental Health Services – For Staff Use

1

Put phone on **speaker**

2

Dial **1-800-874-9426** (Routine) OR **1-800-523-1786** (Emergency)

3

Identify **language** needed

4

You will be asked for an Client ID. This is SYMHS ID#, not the clients chart number.
Our ID# is 201692

5

You will then be asked to **identify organization name**, which is **SYMHS**

6

You will then be asked for your “**personal code.**” This is your extension #. If you are offsite, it is your site phone number

7

The interpreter will come on the line. **You will need to briefly summarize what you need to accomplish**, e.g. “I need to know why the client is here” “I’m doing an intake assessment and will be asking a series of questions” etc.

8

When you are finished, say “**End of call**”

Appendix 2.0

Cultural Competency Committee Meeting Agenda

Sutter-Yuba Behavioral Health Cultural Competence Committee (CCC)

Agenda for **February 9, 2022**
Microsoft Teams Virtual Meeting
1:30 p.m. to 3:00 p.m.

Welcome and Introductions

Ice breaker: What is your favorite food and what is one type of food that you have not tried but would like to try?

Old Business:

- Action items from minutes November

New Business:

Agenda Item 1: Ethnic Outreach / Engagement Report: *Roundtable Discussion*

- **Latino Outreach**
 - Successes / Accomplishments
 - Challenges
 - Goals
- **Hmong Outreach**
 - Successes / Accomplishments
 - Challenges
 - Goals
- **MHSA / PEI**
 - Successes / Accomplishments
 - Challenges
 - Goals
- **SUDS Team**
 - Successes / Accomplishments
 - Challenges
 - Goals

Agenda Item 3: CCC Annual Goals/Planning for Next Year:

Presenter Tony Vang

- Any visible biases to target?

Agenda Item 4: Translation, Access, and Ethnic Services: *Presenter Tony Vang/Roundtable discussions*

- Any access issues-round table discussion

Agenda Item 4: Training and Data: *Presenter Tony Vang*

- EQRO February 1st, 2022

*Next meeting: May 11th, 2022 at 1:30pm**

Appendix 2.1

Cultural Competency Committee Meeting Mintues

Sutter-Yuba Behavioral Health Cultural Competence Committee (CCC)

Agenda for **February 9, 2022**
Microsoft Teams Virtual Meeting
1:30 p.m. to 3:00 p.m.

Welcome and Introductions

Ice breaker: What is your favorite food and what is one type of food that you have not tried but would like to try?

Old Business:

Action items from minutes November-- Will review previous minutes next time as they were not received

New Business:

Agenda Item 1: Ethnic Outreach / Engagement Report: *Roundtable Discussion*

Latino Outreach-- Successes: Staff Morale and Teamwork and hired new mental health worker / Very busy until recently / Challenges: Short-staffed, therapist out on leave / Goal: to get full-staffed and do more outreach
Currently using a waitlist for therapy clients.

- o Successes / Accomplishments
- o Challenges
- o Goals

Hmong Outreach-- All groups back to in-person except one women's group / Paul leaves next week. Looking to possibly hire an attendee as a peer to run the men's group in Paul's absence. Challenge: engagement with youth. Looking to find possible local youth to be the face of the program. Bringing back rice garden this year, hoping to start in the next month or two. Goal: to increase collaboration in local area. Working with Hmong Center in Butte County after they received a grant.

- o Successes / Accomplishments
- o Challenges
- o Goals

MHSA / PEI-- MHSA—Three focus groups this year. Huge turnout yesterday for focus group, community wide. It's believed there were 128 attendees. On track for annual update. Challenge: Getting stakeholder involvement/streamlining

process. Making staff aware of what MHSA is and what programs fall under that scope. Audit coming up this summer. Success: Data gathering, able to access FSP data from the state, working to interpret it currently.

PEI—Hired new peer mentor. Hiring two intervention counselors, waiting for them to clear HR. Had to step back from in-person back to virtual sessions. / Training doc set up by Rudy to be shared. FNL starting up again, Dawn Redmond will be coordinator for this. Working on end of fiscal year evaluations and on 3-year plan. Challenge: reaching Punjabi population, particularly in Sutter County.

- Successes / Accomplishments
- Challenges
- Goals

- **SUDS Team--** No one here to discuss.
 - Successes / Accomplishments
 - Challenges
 - Goals

Agenda Item 3: CCC Annual Goals/Planning for Next Year: *Presenter Tony Vang*

- Any visible biases to target?

Add forensic population, underserved. Completed 1st year with Augmented program at CSOC, served about 14 clients. Goal: increase mental health engagement. Trying to increase engagement w/ CCC. Need more representation across the board, especially with substance abuse. Gap in PEI adults for those who are served.

Agenda Item 4: Translation, Access, and Ethnic Services: *Presenter Tony Vang/Roundtable discussions*

- Any access issues-round table discussion

Reminder of language line access for clients to use. Will share information to team on language line use procedures. Translation process: create document, sent to Leah, gets sent to either in-house staff or external contracted translation provider. Document gets logged as translated for EQRO and other audits. Gets reviewed by two staff and then it's ready to be used. P&P exists for translation process.

Agenda Item 4: Training and Data: *Presenter Tony Vang*

- EQRO February 1st, 2022

No Updates, EQRO happened last week. Trainings have been happening on leadership and biases for staff to attend. Flyers will come out for future sessions.

Meeting ended at 2:25pm

*Next meeting: May 11th, 2022 at 1:30pm**

Appendix 3.0



Sutter County Bilingual Compensation

SECTION 20.0

BILINGUAL PAY

20.1 Bilingual Pay

General, Supervisory, Professional, Confidential, and Management Units, Deputy County Counsels and Assistant County Counsel

The County agrees to conduct an analysis of department bilingual needs and identify positions to be classified bilingual. A bilingual position requires the use and possession of the bilingual skill as part of the job description for the position occupied by the employee. Positions classified as bilingual shall receive bilingual premium pay in the amount of \$100 per month. To qualify for such a bilingual position, individuals must be state certified or certified by the County in the relevant language at the option of the County. Job descriptions for such positions shall reflect the bilingual requirement and shall state that the employee may be required to perform bilingual services in other County departments. Any employee filling a bilingual position may be subject to disciplinary action if they refuse to provide bilingual services.

(Amended 02/26/08, General, Supervisory and Professional Unit MOUs)

(Amended 02/26/08, Confidential Unit Agreement)



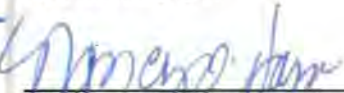
(Adopted 02/26/08, Resolution 08-020, Management Unit)

(Adopted 02/26/08, Deputy County Counsels and Assistant County Counsel Agreement)

Appendix 4.0



Accessing Interpreters

	POLICY AND PROCEDURE - IMPORTANT		#11-005
	PROGRAMS: All Agency and Mental Health Plan (MHP)		
	FUNCTIONAL AREA: Access/Service Delivery		
	SUBJECT: Accessing Interpreters for Non-English Speaking or Limited English Proficient (LEP) Individuals		
	CONTACT PERSON:	APPROVED BY:	
 <hr/> Quality Assurance Officer	 <hr/> Health and Human Services Director		
ORIGINAL DATE 4-98	REVISED DATE 3-12-18		

POLICY: It is the policy of the Sutter-Yuba Behavioral Health (SYBH) Mental Health Plan (MHP) to meet the language needs of all non-English speaking or Limited English Proficient (LEP) clients. Interpreter services will be made available throughout the SYBH delivery system on a 24 hour a day, 7 day a week basis, so that those individuals can access needed services. Interpreter services are provided to clients and families at no charge.

This policy prohibits the expectation that family members will provide interpreter services.

PROCEDURE:

This process applies only at 1965 Live Oak Blvd (including Modular Building), but if an off-site location requires an interpreter and none is available at that site, they should call Adult Outpatient Reception at 822-7200.

1. Non-English-speaking individuals will be identified at the point of access to services. Individuals will be offered the assistance of bilingual staff or an interpreter.
2. Clinicians will use bilingual staff, contracted interpreters or Language Line Services and will not expect families to provide interpretation. Clinicians will document the use of an interpreter in the patient's chart and use the preferred language of the client to communicate clinical findings.
3. A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services. Clinicians will document the fact that free interpreter services were offered to the patient and declined and the reason for using a family member or friend as an interpreter. Minor children will not be used as interpreters.
4. To preserve confidentiality, relatives or friends of the patient are to be used only at the request of the beneficiary and after SYBH has offered a free interpreter.

- A completed and signed “*Authorization for Release of Protected Health Information*” form (referenced below) shall be obtained from the patient prior to talking to relatives or friends. The relative or friend can interpret to the patient the need to sign the Authorization form.
- Continued offers to provide an independent interpreter must be made each time the patient is seen regardless of the client’s initial decision to use their own interpreter.
- Clinical discretion may require the use of an independent interpreter along with the family/friend interpreter.

The following process will be followed when requesting interpreters:

Goals for this process are:

- Ensure interpreters are available when needed.
 - Rotate interpreting duties among available interpreters to ensure interpreters have equal opportunity to interpret.
 - Ensure interpreters’ supervisors are involved in the process.
 - Centralize assignment of interpreters.
1. Adult Outpatient Reception (Reception) will receive requests for interpreters from programs.
 2. Reception will select an interpreter based on availability and recent utilization with the goal of rotating interpreting duties among those available.
 3. Reception will call the selected interpreter’s supervisor to request the interpreter. If the supervisor is not available, Reception will call the selected interpreter directly to ask them to interpret and e-mail the supervisor to inform them of the request.
 4. Reception will maintain a log of requests for interpreters that will include the following:
 - a) The date and time a request for interpretation was received and the date and time the interpreter is needed.
 - b) The name of each interpreter requested, the date and time of the request, who was called, and whether the individual interpreted (if not, include the reason).
 5. If no interpreters are available on-site, Reception will inform the requestor and ask them whether Language Line (see Policy & Procedure 11-006) is a viable option or if they should seek an interpreter off-site.
 6. Administration will periodically review the log to evaluate availability of interpreters and equity of interpreter assignments.

REFERENCES:

- CCR, Title 9, Section 1810.410 “Cultural and Linguistic Requirements”
<http://ccr.oal.ca.gov/linkedslice/default.asp?SP=CCR-1000&Action=Welcome>
- Authorization for Release of Protected Health Information
http://scnet3/PDF/Human%20Services/Policies/SYMH_General_Authorization.pdf
- Form #AS-001 “Access Log”
<http://scnet2/teams/hsteam/Mental%20Health%20Library/AS-001%20ACCESS%20LOG%20-%20ADULT.pdf>
- Language Line Service Procedures (Establishing a Conference Call)
<http://scnet2/teams/hsteam/Mental%20Health%20Library/Language%20Line%20Service%20Procedures.pdf>
- Using the Language Line and 8 Simple Steps
<http://scnet2/teams/hsteam/Mental%20Health%20Library/Using%20the%20Language%20Line%20and%208%20Simple%20Steps.pdf>
- Policy & Procedure 11-006 “Language Line”

REVISION HISTORY:

- 4-98; 10-4-07; 9-5-08; 10-27-11; 5-5-15; 9-27-17; 3-12-18

Appendix 5.0



Language Assistance - English



SUTTER-YUBA BEHAVIORAL HEALTH CONSUMER PROVIDER LISTING



The Provider List has all the providers in our network. You must come to Sutter-Yuba Behavioral Health to get services.
Hours: Outpatient Behavioral Health Services are available Monday, Tuesday, Thursday, and Friday 8 am-5 pm and Wednesday 8 am-8 pm
The county has Psychiatric Emergency Services (PES). PES can help anyone in crisis. PES is open 24 hours a day, 7 days/week.

The phone number is (530) 673-8255 or toll-free at 1-888-923-3800.

The Open Access Team will help you start services. The contact information is on this list.

Text Telephone (TTY) is for those with hearing impairments. Type or call 1-800-735-2929. We can provide this list in large print. We can provide an electronic version.

You may ask for the list to be read to you by a staff member.

<u>Open Access Program</u>	<u>Telephone #</u>	<u>Open Access Clinic Hours</u>	<u>Location</u>
Adult Services	(530) 822-7200 Toll Free:1-888-923-3800	Monday, Tuesday, Wednesday, and Thursday 8:00 AM – 2:00 PM	1965 Live Oak Blvd. Yuba City, CA 95991
Children's Services	(530) 822-7513 Toll Free:1-888-923-3800	Mondays and Thursdays 8:00 am-10:00 am By Appointment	1445 Veteran's Memorial Circle, Ste. B Yuba City, CA 95993
Latino Outreach Center	(530) 674-1885 Toll Free:1-888-923-3800	Thursday 9:00 AM – 12:00 PM	545 Garden Hwy, Ste. B Yuba City, CA 95991

This Provider Listing and Beneficiary handbook can be provided to you within five business days and is available in alternative communication format such as large font, braille, or electronic format. If you would like help reading the material, please contact:

Sutter-Yuba Behavioral Health by calling 530-822-7200 or toll free at 888-923-3800.

How to Navigate This List, Abbreviations to Know, Important Contacts, FAQs and Definitions of Specialty Service.....	Page 1
Definitions To Know.....	Page 2-3
Language Assistance Taglines.....	Pages 4-6
SYBH Consumer Provider Listing.....	Pages 7-34

How to navigate the Sutter-Yuba Behavioral Health's Provider Listing:

This listing is available for all Sutter and Yuba County Medi-Cal Beneficiaries in English and Spanish. You may locate these listings at **The following link:** https://www.suttercounty.org/doc/government/depts/hs/mh/hs_behavioral_health
Assistance with translation in other languages is also available upon request.

ABBREVIATIONS TO KNOW: License and Credential Types:

ACSW-Associate Clinical Social Worker

AMFT-Associate Marriage and Family Therapist

CADC-Certified Drug and Alcohol Counselor

IC-Intervention Counselor

LAADC-Licensed Advanced Alcohol and Drug Counselor

LCSW-Licensed Clinical Social Worker

LMFT-Licensed Marriage and Family Therapist

LPT-Licensed Psychiatric Technician

LVN-Licensed Vocational Nurse

MD-Medical Doctor

MHRS-Mental Health Rehabilitation Specialist

PSYD-Licensed Psychologist

RADT-Registered Alcohol and Drug Technician

RN-Registered Nurse

RC-Rehabilitation Clinician

IMPORTANT CONTACTS:

Sutter-Yuba Behavioral Health:

(530) 822-7200 or toll free (888) 923-3800

24 Hour Psychiatric Emergency Services (Crisis):

(530) 673-8255 or toll free (888) 923-3800

Compliance Reporting Hotline:

(530) 822-7408

National Suicide Prevention

Lifeline: 1-(800) 273-8255

FREQUENTLY ASKED QUESTIONS (FAQS):

Q: Can I contact any provider on this list?

A: You must be assessed at Sutter-Yuba Behavioral Health to determine if you meet criteria before being referred to a provider on this list.

Q: How up to date is this Provider List?

A: This Provider List is updated, and a revised version is uploaded to the Sutter County website every 30 days.

Q: If I am unable to read or understand the Provider List who can I contact to assist me?

A: You may call Sutter-Yuba Behavioral Health at 530-822-7200 or toll free at 888- 923-3800 and a staff member can assist you.

DEFINITIONS OF SPECIALTY SERVICES:

CBT-Cognitive Behavior Therapy **CFT**-Child and Family Team

DBT-Dialectical Behavior Therapy

EMDR-Eye Movement Desensitization and Reprocessing

FFT-Functional Family Therapy

JSO-Juvenile Sex Offender Treatment

LGBTQ-Lesbian, Gay, Bisexual, Transgender, Queer and Questioning

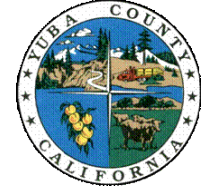
PCIT-Parent-Child Interaction Therapy

TAY-Transition Age Youth

TF-CBT-Trauma-Focused Cognitive Behavior Therapy

WRAP-Wraparound is a family centered process for helping kids and families get access to things they need like housing, activities, etc.

"Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan's provider directory."



SPECIALTY MENTAL HEALTH SERVICES:

Assessment: a service activity designed to evaluate the current status of a beneficiary's mental, emotional, or behavioral health.

Plan Development: a service activity consisting of the development of client plans, approval of client plans, and/or monitoring of a beneficiary's progress related to the client plan. Client plans (Also referred to as Treatment Plans) drive services and are based on the assessment.

Collateral: a service activity provided to a significant support person in a beneficiary's life for the purpose of meeting the needs of the beneficiary in terms of achieving the goals of the beneficiary's client plan.

Individual Therapy: a service activity delivered to an individual beneficiary with a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. This may include family therapy.

Group Therapy: a service activity delivered to a group of beneficiaries with a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments.

Individual Rehabilitation: a service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a beneficiary's functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and /or medication education. **Group Rehabilitation:** a service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and /or medication education.

The following services may also be provided. Please talk with your therapist about these services:

Crisis Intervention: an immediate emergency response that is intended to help the client cope with a crisis (e.g. potential danger to self or others; potentially life altering event; severe reaction that is above the client's normal baseline, etc.) that requires a more timely response than a regularly scheduled visit.

Medication Management: prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; instruction in the use, risks and benefits of and alternatives for medication; and collateral and plan develop

Case Management: a service activity that assists a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.

Therapeutic Behavior Services (TBS): an intensive, individualized, one to one, short-term, outpatient treatment intervention for clients up to age 21 with Serious Emotional Disturbances (SED) who are experiencing a stressful transition or life crisis that is placing the individual at risk of an out of home placement or are at risk of a psychiatric emergency.

All services above are reimbursable by the State of California's Medi-Cal Program

LANGUAGE ASSISTANCE

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-923-3800 (TTY: 1-800-735-2929).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call 1-888-923-3800 (TTY: 1-800-735-2929).

Español (Spanish)

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Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-923-3800 (TTY: 1-800-735-2929).

Tagalog (Tagalog – Filipino)

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繁體中文(Chinese)

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Send with all notices

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-888-923-3800 (TTY (հեռատիպ)՝ 1-800-735-2929):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-923-3800 (телетайп: 1-800-735-2929).

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日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

1-888-923-3800 (TTY: 1-800-735-2929) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-923-3800 (TTY: 1-800-735-2929).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

1-888-923-3800 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

(رقم هاتف الصم والبكم: 1-800-735-2929).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-888-923-3800 (TTY: 1-800-735-2929) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-923-3800 (TTY: 1-800-735-2929).

Send with all notices

ខ្មែរ (Cambodian)

ប្រយ័ត្ន៖ រសើនជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយមននកភាសា រោយមិនគិតថ្លៃ
គឺអាចមានសំរាប់អូរ អូរើនក។ ចូរូ រូស្ត 1-888-923-3800 (TTY: 1-800-735-2929)។

ພາສາລາວ (Lao)

ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,
ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-923-3800 (TTY: 1-800-735-2929).

Appendix 5.1



Language Assistance - Spanish



LISTA DE PROVEEDORES PARA LOS CONSUMIDORES DE SUTTER-YUBA BEHAVIORAL HEALTH

*Esta lista de proveedores contiene los nombres de todos los proveedores dentro de nuestra red. Deberá acudir a Sutter-Yuba Behavioral Health para recibir los servicios.

Horario: Los Servicios de Salud de Comportamiento Ambulatorio están disponibles lunes, martes, jueves y viernes de 8am-5 pm y miércoles 8am-8pm

*El Equipo de Acceso Libre le ayudará a iniciar los servicios. La información de contacto se encuentra en esta lista.

*El condado cuenta con servicio psiquiátrico de emergencia (PES, por sus iniciales en inglés). PES puede ayudar a cualquier persona durante una crisis. PES está abierto las 24 horas del día, 7 días de la semana. El número de teléfono es (530)673-8255, o llame gratis al teléfono 1-888-923-3800.

*El teléfono para textos (TTY) es para personas que sufren de trastornos auditivos. Escriba o llame al 1-800-735-2929.

*Podemos proporcionarle esta lista con letras grandes. Podemos proveerle una versión electrónica.

*Puede solicitar que un miembro del personal le lea la lista.

<u>Programa Open Access</u>	<u>No de teléfono</u>	<u>Horario de la clínica de acceso libre</u>	<u>Ubicación</u>
Servicios para adultos	(530) 822-7200 Sin cargos 1-888-923-3800	Lunes, Martes, Miércoles y Jueves de 8:00 a.m. - 2:00 p.m.	1965 Live Oak Blvd. Yuba City, Ca. 95991
Servicios Para Niños Los padres de familia o tutores legales pueden esperar que este proceso demore entre 1 y 2 horas. Por favor traiga la tarjeta de aseguranza de los niños, la identificación de usted y prueba de tutela.	(530) 822-7513 Sin cargos 1-888-923-3800	Lunes y Jueves 8:00 am-10:00 am por cita	1445 Veteran's Memorial Circle, Ste. B Yuba City, CA 95993
Latino Outreach Center	(530) 674-1885 Teléfono sin cargos 1-888-923-3800	Jueves de 9:00 a.m.-12:00 p.m.	545 Garden Hwy, Suite B Yuba City, Ca. 95991

Este Manual de Listado de Proveedores y Beneficiarios se le puede proporcionar en un plazo de cinco días hábiles y está disponible en formato de comunicación alternativo, como fuente grande, braille o formato electrónico. Si desea ayuda para leer el material, póngase en contacto con:

Sutter-Yuba Behavioral Health llamando al 530-822-7200 o al 888-923-3800.

Como navegar la lista de proveedores del departamento de salud y Bienestar de Sutter-Yuba.....Pagina 1
 Servicios de salud mental especializados.....Pagina 2-3
 Aviso de Asistencia Linguistica.....Paginas 4-6
 Lista de proveedores para los consumidores de Sutter-Yuba Behavioral Health.....Paginas 7-38

Como navegar la lista de proveedores del departamento de salud y Bienestar de Sutter-Yuba.

Esta lista está disponible para toda/os los beneficiarios de Medi-cal de los condados de Sutter-Yuba en Inglés y Español. Usted puede encontrar esta lista en las siguientes páginas de web: https://www.suttercounty.org/doc/government/depts/hs/mh/hs_behavioral_health.

Asistencia en traducción en otros lenguajes están disponible a petición.

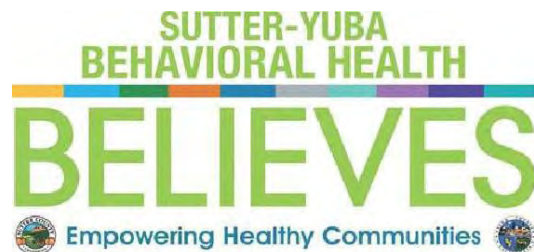
Abreviaciones para saber:

Tipos de Licenciaturas y Credenciales:

ACSW-Trabajador Clínico Asociado
AMFT-Terapeuta de familia y Matrimonios
CADC-Consejero certificado de Adicciones
IC-Consejero de intervención
LAADC-Consejero avanzado de adicciones
LCSW-Terapeuta Clínico de matrimonio y familia
LMFT-Terapeuta con licencia de familia y matrimonio
LPT-Técnico Psiquiátrico con licencia
LVN-Enfermero/a vocacional con licencia
MD-Doctor Medico
MHRS-Especialista en rehabilitación de Salud Mental
PSYD-Licencia en Psicólogo
RADT-Técnico registrado de alcohol y drogas
RN-Enfermero/a registrado/a
RC-Clinico en rehabilitación

Servicios especializados

CBT- Terapia de comportamiento cognoscitiva
CFT- Equipo de la familia y el niño
DBT- Terapia de comportamiento dialéctica
EMDR- Desensibilización y reprocesamiento
Terapia familiar funcional
Tratamiento de menores en agresión sexual
Lesbianas, gay, bisexual, transgénico, queer, e indeciso
Terapia de interacción padre-hijo
Jóvenes en edad de transición
Centrada en el trauma terapia cognitiva de conducta
Un envolvente es un proceso centrado en familia para ayudar a los niños y las familias acceder a cosas que necesitan, como alojamiento, actividades, etc...



Preguntas frecuentemente preguntadas (FAQS)

P: ¿Puedo yo contactar a cualquier proveedor de esta lista?

R: Usted deberá ser evaluada por el departamento de Salud y Bienestar de Sutter-Yuba para determinar si usted llena el criterio antes de ser referida a un proveedor en la lista.

P: ¿Que tan actualizada esta la lista?

R: Esta lista de proveedores es actualizada y una nueva versión es puesta en el sitio de internet de Sutter-Yuba cada 30 días.

P: ¿Si no puedo leer o entender la lista de proveedores, quien me puede ayudar o asistirme en entender la lista?

R: Usted puede llamar al departamento de Bienestar y Salud de Sutter-Yuba al 530-822-7200 o llamar gratis al 888-923-3800 y un miembro del personal la atenderá.

Contactos Importantes:

Sutter-Yuba Behavioral Health:

(530) 822-7200 or toll free (888) 923-3800

24 Hour Psychiatric Emergency Services (Crisis):

(530) 673-8255 or toll free (888) 923-3800

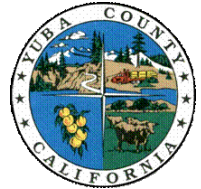
Compliance Reporting Hotline:

(530) 822-7408

National Suicide Prevention Lifeline:

1-(800) 273-8255

"Los servicios pueden ser prestados por un proveedor individual, o un equipo de proveedores, que está trabajando bajo la dirección de un profesional con licencia que opera dentro de su ámbito de práctica. Solo los proveedores de servicios de salud mental con licencia, renunciados o registrados y los proveedores de servicios de trastorno por uso de sustancias con licencia se enumeran en el directorio de proveedores del Plan."



SERVICIOS DE SALUD MENTAL ESPECIALIZADOS:

Evaluación: una actividad de servicio diseñada para evaluar el estado actual de salud mental, emocional o de conducta de un beneficiario.

Plan de desarrollo: una actividad de servicios que consisten en la elaboración de plan del cliente, aprobación del plan del cliente y monitoreo del progreso en calidad de beneficiario relacionadas con el plan del cliente. Los planes del cliente (también conocidos como como plan de tratamiento) es una unidad de servicios que se basan en la evaluación.

Colateral: una actividad de servicio importante proveída como apoyo en la vida de una persona con el propósito de satisfacer las necesidades del beneficiario en términos de lograr los objetivos del plan de cliente.

Terapia individual: una actividad de servicio entregada a un beneficiario individual con una intervención terapéutica que se centra principalmente en la reducción de los síntomas como un medio para mejorar el deterioro funcional. Esto puede incluir terapia de la familia.

Terapia de grupo: una actividad de servicio entregado a un grupo de beneficiarios con una intervención terapéutica que se centra principalmente en la reducción de los síntomas como un medio para mejorar el deterioro funcional.

Rehabilitación individual: una actividad de servicio que incluye, pero no se limita a la ayuda en mejorar, mantener, o restaurar las habilidades funcionales en del beneficiario, habilidades para la vida diaria, habilidades sociales y de diversión, preparación y habilidades de higiene personal, habilidades de preparación de nutrición, y recursos de apoyo; y/o medicamentos. Grupo de rehabilitación: una actividad de servicio que incluye, pero no se limita a la ayuda en mejorar, mantener, o restaurar un grupo de habilidades funcionales de los beneficiarios, habilidades para la vida diaria, habilidades sociales y de recreo, preparación de habilidades de higiene personal, habilidades de preparación de nutrición y recursos de apoyo; y/o educación de medicamentos.

También pueden ofrecer los siguientes servicios. Por favor hable con su terapeuta acerca de estos servicios:

Intervención en crisis: una inmediata respuesta de emergencia que pretende ayudar al cliente a hacer frente a una crisis (por ejemplo, El cliente representa un peligro para sí mismo o a otros, evento que potencialmente altere la vida del cliente; reacción severa que está por encima de la base normal del cliente, etc.) que se requiere más tiempo necesario que una visita programada regularmente.

Manejo de medicamentos: prescripción, administración, dispensación y seguimiento de medicamentos psiquiátricos o productos biológicos que son necesarias para aliviar los síntomas de la enfermedad mental. Estas actividades de servicio pueden incluir, pero no se limitan a la evaluación de la necesidad de medicación; evaluación de la efectividad clínica y efectos secundarios; la obtención del consentimiento informado; instrucción en el uso, los riesgos y beneficios y alternativas de medicación; y apoyo colateral en el plan de desarrollo.

Mantenimiento de casos: una actividad de servicio que asiste a un beneficiario para acceder a servicios médicos, educativos, sociales, pre-vocacional, vocacional, rehabilitación u otros servicios comunitarios. Las actividades de servicio pueden incluir, pero no se limitan a, comunicación, coordinación y derivación; monitoreo de la prestación de servicios para garantizar el acceso de beneficiarios y el sistema de entrega de servicio; seguimiento del progreso del beneficiario; servicios de notificación de citas; y plan de desarrollo.

Servicios de comportamiento terapéutico (TBS): una intervención de tratamiento ambulatorio intensivo, individualizado, uno a uno, a corto plazo, para clientes hasta los 21 años de edad con trastornos emocionales graves (SED) que están experimentando una crisis de transición o de la vida estresante que pone al individuo en riesgo de poner al cliente fuera de su hogar o están en riesgo de una emergencia psiquiátrica.

Todos los servicios mencionados arriba son reembolsable por el programa del Estado de California Medi-Cal

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ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

1-888-923-3800 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

(رقم هاتف الصم والبكم: 1-800-735-2929).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-888-923-3800 (TTY: 1-800-735-2929) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-923-3800 (TTY: 1-800-735-2929).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន៖ រសើរនិងជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយមននកភាសា រោយមិនគិតថ្លៃ
គឺអាចមានសំរាប់អរ អុើនក។ ចូរ 1-888-923-3800 (TTY: 1-800-735-2929)។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,
ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-923-3800 (TTY: 1-800-735-2929).

Appendix 6.0



SYBH Certified Interpreter List

Sutter-Yuba Behavioral Health
 Certified Interpreters
Consumer Use Only

Contract Provider Interpreter:

Deafness:

NorCal Center for Deafness and Hard of Hearing	1-916-349-7525 – Call this number to schedule an interpreter 1-800-504-3309 – Emergency After Hours/Weekend Number
Communication Department	1-916-349-7578 - Fax
4708 Roseville Road, Suite 111 North Highlands, CA 95660	1-916-349-7611 TTY

In-House Interpreters:

English California Relay System (CRS) TTY, 711 or 1-800-735-2922 (Voice to TTY)
Spanish (CRS) TTY – 1-800-855-3000 Voice to TTY)
Language Line Service: Routine (Dial 9 and then 1-800 -874-9426 (ID #201692) Refer to Policy 11-006 for Instructions
Language Line Service: Emergency – Dial 9 and then 1-800-523-1786 (Refer to Policy 11-006 for Instructions

Name	Position	Program/Location	Shift	Phone
HMONG				
Chai Thao, LCSW	Mental Health Therapist	Adult Services	D	822-7200
Choua Yang, LCSW	Mental Health Therapist	Hmong Outreach Center	D	749-7200
Mai Kia Xiong	Mental Health Worker	Hmong Outreach Center	D	749-2746
Mai Vang, LCSW	Mental Health Therapist	Hmong Outreach Center	D	749-2746
Houa “Patty” Her	Intervention Counselor	Hmong Outreach Center	D	749-2746
Paul Moua	Intervention Counselor	Adult Services	D	822-7200
SPANISH				
Adrian Rodriguez, LCSW	Mental Health Therapist	YC CalWorks Children’s Services	D	749-6883
Alejandro “Alex” Barela, ACSW	Mental Health Therapist	Latino Outreach Center	D	674-1885
Cecilia Esparza	Mental Health Worker	Latino Outreach Center	D	674-7885
Cynthia Martinez	Resource Specialist	Community Svcs PEI	D	674-1885
Cole Evans	Intervention Counselor	Adult Services	D	822-7200
Diane Tinoco	Mental Health Worker	Latino Outreach Center	D	674-1885
Edith Flores-Gonzalez	Medical Clerk	Adult Reception	D	530-822-7200
Estela Ramos (Baiza), LCSW	Mental Health Therapist	Youth Services	D/S	822-7200



Sutter-Yuba Behavioral Health
 Certified Interpreters
Consumer Use Only

Eva Campos	Mental Health Worker	Inpatient	D/S	822-7200
Erika Estrada	Office Assistant	Medical Records	D	822-7200
Gina Duran, ACSW	Therapist/Forensics	Juvenile Hall	D	741-6371
Janet Amaya, LCSW	Mental Health Therapist	Children's Services	D	822-7478
Lupe Gonzales	Intervention Counselor	Adult Services	D	822-7200
Maria Dominguez, ACSW	Mental Health Therapist	Latino Outreach Center	D	674-1885
Marlen Hernandez, ACSW	Mental Health Therapist	Latino Outreach Center	D	674-1885
Marta Villasenor	Intervention Counselor	Adult Services	D	822-7320
Monica Carranza	Intervention Counselor	Adult Services	D	822-4371
Rocio Rosas, LCSW	Mental Health Therapist	Quality Assurance	D	822-7200
Rodolfo "Rudy" Rodriguez, CADC	Resource Specialist/ PEI	MHSA/PEI	D	674-1885
PUNJABI				
Jasvir Kaur	Intervention Counselor	Children's Services	D	822-7478
Parminder Heer	Crisis Counselor	PES	D	822-7200
Raj Rai	Office Assistant	Medical Records	D	822-7200
Rupi Dail	Resource Specialist/ Housing	MHSA	D	822-7200
Sonya Rai, LCSW	Mental Health Therapist	Adult Services	D	822-7200
Sukhwinder "Sue" Sandhu	Account Clerk	Business Office	D	822-7200
LAOTIAN				
Paul Moua	Intervention Counselor	Adult Services	D	822-7200
THAI				
Paul Moua	Intervention Counselor	Adult Services	D	822-7200

Shift:
 D=Day
 S=Swing
 N=Night/Noc

Appendix 7.0

Cultural and Linguistic Competency Training Policy

SUTTER-YUBA BI-COUNTY MENTAL HEALTH SERVICES	POLICY AND PROCEDURES		#05-005
	PROGRAM: All Agency and Mental Health Plan		
	FUNCTIONAL AREA: Quality Improvement and Utilization Review		
	SUBJECT: Cultural and Linguistic Competency Training		
	CONTACT PERSON:  _____ Quality Assurance Officer		APPROVED BY:  _____ Mental Health Director
ORIGINAL DATE 8-27-02		REVISED DATE 10-21-15	

POLICY: It is the policy of Sutter-Yuba Mental Health Services (SYMHS) that all SYMHS clients will be assured of quality mental health services regardless of their language, linguistic ability, culture, acculturation levels, social and economic standing. Staff education and training are crucial to ensuring culturally and linguistically appropriate services.

PROCEDURE:

1. Implement training and supervision strategies to address identified needs to enhance cultural competencies.
2. Conduct cultural competency training for staff at least once a year.
3. Conduct annual training on Client Culture that includes a client's personal experiences inclusive of racial, ethnic, cultural, and relevant small county cultural communities. The training must include, for children, adolescents and transition age youth, the parent's and/or caretaker's, personal experiences with the following:
 - Family focused treatment;
 - Navigating multiple agency services; and
 - Resiliency
4. Staff will follow the cultural competence training requirements set forth in SYMHS' Cultural Competence Plan.

REFERENCES:


- CCR, title 9, chapter 11, section 1810.410 (a)-(e)
<http://ccr.oal.ca.gov/linkedslice/default.asp?SP=CCR-1000&Action=Welcome>
- DMH Information Notice No. 10-02, Enclosure, Pages 16 & 22
<http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice10-2.pdf>
- DMH Information Notice 10-17, Enclosure, Pages 13 & 17
<http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice10-17.pdf>
- MHP Contract, Exhibit A, Attachment (on file)

REVISION HISTORY:

- 8-27-02; 10-12-02; 8-1-08; 3-9-10; 10-27-11; 10-21-15

Appendix 8.0

Request for Cultural Specific Provider Policy

SUTTER-YUBA BI-COUNTY MENTAL HEALTH SERVICES	POLICY AND PROCEDURE		#11-011
	PROGRAMS: All Agency and Mental Health Plan		
	FUNCTIONAL AREA: Access/Service Delivery		
	SUBJECT: Request for Culturally Specific Provider		
	CONTACT PERSON:	APPROVED BY:	
			
Quality Assurance Officer	Mental Health Director		
ORIGINAL DATE	REVISED DATE		
10-17-01	7-28-15		

POLICY: It is the policy of Sutter-Yuba Mental Health Services' (SYMHS) Mental Health Plan (MHP) to meet the cultural needs of individuals accessing or receiving mental health services. SYMHS will make accommodations to meet individual preferences to address cultural specific needs.

PROCEDURE:

1. SYMHS maintains a database identifying cultural specific specialties of its providers.
2. Upon request individuals can access information as to provider specialties and competencies in serving cultural needs.
3. If a change of therapist is requested, the individual can identify the reason for change is due to cultural needs. The individual will then be offered a listing of providers with their cultural specialties.
4. At time of complaint or grievance involving cultural concerns/unmet needs the individual will be offered the listing of providers with cultural specialty.
5. SYMHS will make any other reasonable accommodation to insure appropriate alternatives to address individual preference for cultural and linguistic services.
6. SYMHS will maintain an environment that promotes diversity within the staff and the consumers the agency serves.
7. Cultural specific trainings will occur on a regular basis to promote understanding and cultural competence.

REFERENCES:

- Title 42, CFR, Section 438.10(f)(6)(i) and 438.206(a) http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title42/42cfr438_main_02.tpl



- Title 9, CCR, Section 1810.410 "Cultural and Linguistic Requirements"
<http://ccr.oal.ca.gov/linkedslice/default.asp?SP=CCR-1000&Action=Welcome>
- DMH Information Notice No. 10-02, Enclosure, Page 24
http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice10-2_Enclosure1.pdf
- DMH Information Notice No. 10-17, Enclosure, Page 18
http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice10-17_Enclosure1.pdf
- CMS/DHCS, section 1915(b) Waiver
[http://www.dhcs.ca.gov/services/MH/Documents/1915\(b\)Waiver%20Draft%20%20A-D%20%2006%2030%202013.pdf](http://www.dhcs.ca.gov/services/MH/Documents/1915(b)Waiver%20Draft%20%20A-D%20%2006%2030%202013.pdf)
- MHP Contract Exhibit A, Attachment I (Available in the office of the Mental Health Director)

REVISION HISTORY:

- 10-17-01; 8-22-02; 9-5-08; 7-28-15

Appendix 9.0

Distribution of Mental Health Information in Threshold Languages

SUTTER-YUBA BI-COUNTY MENTAL HEALTH SERVICES	POLICY AND PROCEDURE		#11-007
	PROGRAMS: All Agency and Mental Health Plan		
	FUNCTIONAL AREA: Access/Service Delivery		
	SUBJECT: Distribution of Mental Health Information in Threshold Languages		
	CONTACT PERSON:		APPROVED BY:
 Deputy Director – Clinical Services		 Mental Health Director	
ORIGINAL DATE 9-00		REVISED DATE 7-28-15	

POLICY: It is the policy of Sutter-Yuba Mental Health Services' (SYMHS) Mental Health Plan (MHP) to have the written materials in threshold languages available to consumers and to ensure that these materials are appropriately distributed and utilized by all SYMHS staff and contract providers. These materials will be initially translated in the identified threshold language, then in other languages as needed and in the formats necessary to assist the beneficiaries with visual impairments.

SYMHS strives to provide both culturally and linguistically appropriate written materials and to meet the needs of the visually and hearing impaired consumers and their families by taking into consideration their input and feedback.

PROCEDURE:

A. Distribution of Written Materials :

1. Written materials will be available at various points of access at SYMHS.
2. Relevant written materials will be distributed to consumers and/or their families during various phases of treatment.
3. Written materials will be available in centrally located waiting areas. Consumers and/or their families can access these written materials during normal business hours.
 - Informing materials will be given in threshold language(s) at intake, upon request and if any major changes occur.
 - Beneficiary problem resolution, grievance and fair hearing materials will be available in threshold language(s) at all access points and will be mailed upon request.
 - Beneficiary satisfactions surveys will be given to clients in threshold language(s) at all survey sites.
 - Confidentiality and release of information forms, informed consent for medication, service orientation for clients and mental health education materials will be available at provider sites in threshold language(s).

B. Utilization of Written Materials:

1. Upon request by consumers and/or their families who cannot read the written materials, SYMHS will assign a member of staff to read and explain these materials in the consumer's preferred language. Some materials will also be available in large print.
2. Limited English Proficient (LEP) individuals will be informed in a language they understand, that they have right to free language assistance services.
 - Signs will be posted in the waiting rooms stating "Limited English Proficient (LEP) Individuals" have the right to free language assistance services.
3. Written materials will be utilized as part of a treatment process.
4. Input or feedback received will be forwarded to Quality Improvement and the Cultural Competency Committee for review and/or updates as necessary.
5. Surveys of written materials will help the MHP assess the usefulness and availability of these materials. Changes will be made as necessary.
6. Continuous efforts will be made to develop creative means of communicating SYMHS materials (e.g. via video, audio, graphics, etc.).
7. Written responses will be in the person's primary language.
8. At least 75 percent (75%) of Medi-Cal clients responding to consumer satisfaction surveys shall indicate that they had access to written information in their primary language.

REFERENCES:

- Title 9, CCR, Sections 1810.410(a), and (d)(3), 1810.360(c)(1),(2),(3) and 1850.205(c)(1)(A); <http://ccr.oal.ca.gov/linkedslice/default.asp?SP=CCR-1000&Action=Welcome>
- DMH Information Notice 02-03, Enclosure Pages 14-15
http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice02-03_Enclosure.pdf
- DMH Information Notice 97-06, Attachment 4, item # 4.
<http://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice97-06not.pdf>
- MHP Contract with the DMH, Section V; (available in the Mental Health Director's Office)

REVISION HISTORY:

- 9-00; 8-26-02; 09-05-08; 7-28-15

Appendix 10.0

Nondiscrimination in Services (ADA Compliance)

SUTTER-YUBA BEHAVIORAL HEALTH	POLICY AND PROCEDURE		#08-040
	PROGRAM: All Agency		
	FUNCTIONAL AREA: Ethical, Legal & Mandated Reporting		
	SUBJECT: Nondiscrimination in Services (ADA Compliance)		
	CONTACT PERSON:	APPROVED BY:	
 _____ Quality Assurance Officer	 _____ Behavioral Health Director		
ORIGINAL DATE 3-1-18	REVISED DATE		

POLICY: It is the policy of Sutter-Yuba Behavioral Health (SYBH) to ensure that all programs and services comply with “**Nondiscrimination in Services**” pursuant to the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act and Sutter County Resolution No. 15-75 as referenced below. SYBH does not condone nor will tolerate discrimination based on disability.

PROCEDURE:

Nondiscrimination in Services

1. All SYBH program staff shall comply with the laws of the State of California and shall not unlawfully discriminate in the provision of services because of race, color, creed, national origin, sex, age, or physical or mental disability as provided by state and federal law and in accordance with Title VI of the Civil Rights Act of 1964 [42 USC 2000(d)]; Age Discrimination Act of 1975 (42 USC 6101); Rehabilitation Act of 1973 (29 USC 794); Education Amendments of 1972 (20 USC 1681); Americans with Disabilities Act of 1990 (42 USC 12101); Title 45, CFR, Part 84; provisions of the Fair Employment and Housing Act (Government Code Section 12900 et seq.); and regulations promulgated there under California Code of Regulations (CCR), Title 2, Division 4-1, Chapter 5, Subchapter 1, Article 1, Section 11000 et seq; Government Code, Title 2, Division 3, Article 9.5, commencing with Section 11135; and CCR, Title 9, Division 4, Chapter 6, commencing with Section 10800.

2. For the purpose of this policy and procedure, discrimination on the basis of race, color, creed, national origin, sex, age, or physical or mental disability includes, but is not limited to, the following: denying an otherwise eligible individual any service or providing a benefit which is different, or is provided in a different manner or at a different time, from that provided to others under this contract; subjecting any otherwise eligible individual to segregation or separate treatment in any matter related to the receipt of any service; restricting an otherwise eligible individual in any way in the enjoyment of an advantage or privilege enjoyed by others receiving any service or benefit; and/or treating any individual differently from others in determining whether

such individual satisfied any admission, enrollment, eligibility, membership, or other requirement or condition which individuals must meet to be provided any service or benefit.

Cultural Competency:

SYBH will demonstrate continuing responsiveness to, understanding of, and respect for the individual's culture and language and shall accommodate the hearing and visually impaired as required by law. Any materials and forms available to the individual shall be linguistically appropriate. SYBH shall make every effort to serve the special populations in the Bi-County area.

Grievances:

Complaints alleging any action prohibited by the US Department of Justice regulations implementing Title II of the American with Disabilities Act should be addressed to the appropriate ADA Coordinator as referenced in Resolution 15-075.

Sutter County nor SYBH will not retaliate against complainant for filing a complaint and will not willingly permit retaliation by its officials and/or employees.

REFERENCES:

- Sutter County Board of Supervisor Resolution #15-075
- Americans with Disabilities Act (ADA), title VI of the Civil Rights Act
<http://www.eeoc.gov/laws/statutes/titlevii.cfm>
- Title VI of the Civil Rights Act of 1964 [42 USC 2000(d)]
<http://www.justice.gov/crt/about/cor/coord/titlevi.php>
- Age Discrimination Act of 1975 (42 USC 6101)
<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/tanf/crrequirementsage.html>

REVISION HISTORY:

- None

Appendix 11.0



TDD-TTY User Instructions

INSTRUCTIONS FOR USE OF TDD-TTY MACHINE FOR TDD USER TO BE LINKED WITH A VOICE USER

1. Plug phone cord into **Analog** outlet.
2. Plug power cord into outlet.
3. Turn on machine
4. TDD user (client) presses **Ctrl-1**, then press **Return**
5. TDD user (client) presses **9-1-800-735-2929** to be linked with California Relay Services then presses **Return** (**Note: there is no fee for this service**)
6. When California Relay Services answers it will show on screen of machine.
7. TDD user (client) then can type message (see sample below).

Sample conversation

Caller A HI, THIS IS JOHN, CAN I ASK WHO IS CALLING? GA

Caller B HI JOHN, ITS ME FRED, I AM WONDERING WHERE YOU ARE, ITS GETTING LATE TO GO OUT TO THE PUB GA

Caller A HI FRED, SORRY I DONT THINK I CAN GO GA

Caller B WHY CANT YOU GO? GA

Caller A MY WIFE IS NOT FEELING WELL AND I HAVE NO BABYSITTER FOR MY KIDS! GA

Caller B AWWWW DARN. I WANTED YOU THERE. OH WELL WHAT CAN YOU DO ? GA

Caller A I KNOW.. I GOTTA GO. THE KIDS NEED ME. SEE YOU AROUND! BYE FOR NOW SK

Caller B OK NO WORRIES SEE YOU SOON! BYE BYE SK GA

Caller A SKSK (THE PARTY HAS HUNG UP)

Sample Text Relay call

Caller A TXD DIALING.. TXD RING... TXD OPERATOR CONNECTED.. EXPLAINING TEXT RELAY SERVICE. PLEASE WAIT.... HI THIS IS JOHN GA

Caller B HI JOHN ITS ME FRED. I AM WONDERING WHAT YOU ARE DOING TONIGHT? GA

Caller A HI FRED. I AM THINKING OF HAVING A POKER NIGHT AT MINE, WHAT DO YOU THINK? GA

Caller B GOOD IDEA, I'LL CALL A FEW MATES TO COME ROUND AND HAVE A GOOD GAME GA

Caller A OK SEE YOU AT 7PM. BYE BYE SK GA

Caller B OK SEE YOU AT 7PM BYE BYE SKSKSKSK GA

Caller A THANK YOU FOR USING TEXT RELAY SERVICE. GOODBYE

Note: TTYs use only [capital letters](#) except when there are computer screens.