Sutter Yuba Behavioral Health

Cultural Competence Plan Annual Report/Update 2025

SUTTER-YUBA BEHAVIORAL HEALTH

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County Mental Health system commitment to cultural competence

Sutter-Yuba Behavioral Health (SYBH) provides services to individuals and families who are experiencing severe or ongoing mental health and/or substance use disorders. SYBH procedures and practices strive to reflect the department's ongoing commitment to providing services that recognize and value the racial, ethnic, and cultural diversity within the county's mental health system and communities it serves. The department has embarked on a journey to build a strong foundation for recognizing and honoring the unique backgrounds, perspectives, and experiences represented in all aspects of program design and implementation.
SYBH recognizes that the people within our community have varied backgrounds and experiences that shape their perspectives and interactions. An individual's beliefs, values, and communication styles influence both how they are understood and how they navigate the world around them.

SYBH is committed to ensuring that all residents of Sutter and Yuba counties have fair and consistent access to services. The organization establishes goals and objectives centered on ongoing quality improvement, fostering a respectful and supportive environment, and maintaining standards that promote effective and inclusive practices across policies, procedures, service delivery, staff and contractor training, community outreach, and education. In addition, SYBH remains dedicated to efforts that reduce stigma and support overall community well-being.
SYBH's organizational mission statement, policies, procedures, and work culture demonstrates a commitment to cultural competency. SYBH's mission statement acknowledges that services must be client-centered, culturally sensitive, integrated, and that there is a commitment to… "Safeguarding the physical, emotional and social well-being…of those we serve." These are values of cultural competence. SYBH has made sure that the mission statement has been translated into the threshold languages of Spanish, Punjabi as well as Hmong another prominent language in the community. This activity demonstrates that commitment to cultural and linguistic competence is more than words. At SYBH, it is action. SYBH is embedded within three of the five service branches in Health and Human Services. The Health and Human Services Mission statement includes verbiage that demonstrates the commitment to cultural competency.
The whole client-centered mission statement ensures commitment to client needs being met, including cultural, linguistic, and ethnic needs alongside the array of other needs that ensure that all aspects of a client's well-being are met.

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

Punjabi:

ਸਟਰ ਕਾਊਂਟੀ ਹੈਲਥ ਅਤੇ ਹਿਊਮਨ ਸਰਵਿਸਿਜ਼ ਵਿਭਾਗ ਸਾਡੀ ਕਮਿਊਨਿਟੀ ਲਈ ਸਿਹਤ, ਸੁਰੱਖਿਆ, ਆਰਥਿਕ ਸਥਿਰਤਾ ਅਤੇ ਜੀਵਨ ਦੀ ਗੁਣਵੱਤਾ ਨੂੰ ਉਤਸ਼ਾਹਿਤ ਕਰਦਾ ਹੈ।

Hmong:

Lub Chaw Haujlwm Saib Xyuas Kev Noj Qab Haus Huv thiab Kev Pab Tib Neeg ntawm Sutter County txhawb nqa kev noj qab haus huv, kev nyab xeeb, kev ruaj khov hauv kev khwv nyiaj txiag, thiab kev zoo siab ntawm lub neej rau peb zej zog

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

With respect to policies and procedures, Sutter County addresses matters related to nondiscrimination and equitable employment practices within its Personnel Rules and Regulations. The following agency policies and procedures guide SYBH in delivering services that are appropriate and responsive to the population it serves:
01-02 (Mental Health Advisory Board); 01-003 (Substance Abuse Advisory Board); 01-006 (Mental Health Plan Values); 05-005 (Client Cultural and Linguistic Competency Training); 11- 002 (Access Brochure and Description of Services); 11-005 (Accessing Interpreters for Non- English Speaking or Limited Proficient (LEP) Individuals); 11-006 (Language Line); 11-007 (Distribution of Mental Health Information in Threshold Languages); 11-008 (Hearing and Visually Impaired Individuals); 11-009 (Mental Health Plan Providers); 11-011 (Request for Culturally Specific Provider); 11-012 ((Informing Materials); 11-031 (Wellness and Recovery Program Description); 11-046 (BEST Program Description); 11-047 (Hmong Outreach Program Description). See the Appendix for policies and procedures.

SYBH's commitment to ensuring cultural competence is embedded and sustained through policies and procedures. Through implemented policies and procedures, we have built a culture of ensuring services and written materials are available in our threshold languages of Spanish and Punjabi, 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 by providing services effectively in cross cultural situations. SYBH continues to focus on improving data systems and pursue data-informed planning to move SYBH from compliance to excellence and continuous quality improvement.

A description of practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with mental health disparities, including recognition and value of racial, ethnic, cultural and linguistic diversity within the system

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

Transition Age Youth (TAY): this program services youth ages 16 through 25 who may be homeless, or at risk of homelessness, aging out of the foster care system, or the juvenile probation system, gang-involved or at risk of gang involvement, high risk of self-harming behaviors or youth whose cultural identity places them in underserved populations within the community. The TAY program goals are to partner with youth and supportive person(s) to improve the overall quality of life for the youth, as well as reducing negative psychiatric symptoms, reducing incarcerations, hospitalizations, and homelessness. The program hopes to empower youth in successfully transitioning to adulthood, living healthy and safely in a setting of the youth's choosing while engaging in meaningful activities 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 community. The Ethnic Outreach Services are comprised of two outreach centers that are open to the general public. The Hmong Outreach Center, located in Yuba County and the Latino Outreach Center, located in Sutter County. Services offered in these outreach centers include individual therapy, group, and individual rehabilitation services, case management, linkage to other adult services such as medication support or substance use disorder treatment, and linkage to community resources and supports. Clients receive assistance accessing the entire array of services offered by the Health and Human Services system in an effort to reduce contributing factors to poor mental health conditions. The Hmong Outreach Center also provides the IMPACT youth program designed to educate, raise awareness, and decrease mental health stigma and discrimination and support Hmong youth who may be experiencing mental health issues. In FY24-25 the Latino Outreach Center served 157 individuals, and the Hmong Outreach Center served 52 individuals.

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

"Wellness and Recovery" is an adult outpatient program providing educational, skill-building and wellness-enhancing support to a population of area residents referred to the program by SYBH therapists and counselors. W & R's staff of Medi-Cal Certified Peer Support Specialists offers a variety of weekly support groups in the 1965 Live Oak Blvd location as well as regional outings and holiday and other occasion events. Participants may also create a Wellness Recovery Action Plan (WRAP), a process to support participants in identifying the tools that keep them well and creating action plans to put them into practice in everyday life. The program also partners with Sutter County schools to provide an onsite Adult Education and Work Activity Center. Altogether, these programs help participants work toward their social, occupational, and educational goals.

Tri-County Diversity: Tri-County Diversity's goal is to provide social opportunities, peer support, and education to the gay, lesbian, bisexual, transgender, and intersex members of Yuba, Sutter, and Colusa Counties, along with straight allies, supporters, and the general public. 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.

Asian Indian Population: SYBH offers cultural competency training, with annual course assignments to ensure contracted and county staff deliver culturally sensitive and appropriate care. Also, in-person and live webinar sessions are available throughout the year. Healthcare access for inclusion for the Healthcare Worker, Introduction to Cultural Variations in Behavioral Health, and SYBH Cultural and Linguistic Competency. Translation services support all client communications, and staff recruitment emphasizes linguistic and cultural representation.

Black or African American: Sutter County HHS works with a culture guide within the African American community who has extensive experience in culture competency issues. She provides leadership and consultation to the HHS Connections collaborative, to help the committee determine and prioritize goals and objectives that are meaningful to the community it serves.

Hispanic, Latino, or Spanish Origin: SYBH offers cultural competency training, with annual course assignments to ensure contracted and county staff deliver culturally sensitive and appropriate care. Also, in-person and live webinar sessions are available throughout the year. Healthcare access for inclusion for the Healthcare Worker, Introduction to Cultural Variations in Behavioral Health, and SYBH Cultural and Linguistic Competency. Translation services support client communications, staff recruitment prioritizes cultural representation, and consultation with the Latino Outreach Center enhances service delivery.

Hmong: SYBH offers cultural competency training, with annual course assignments to ensure contracted and county staff deliver culturally sensitive and appropriate care. Also, in-person and live webinar sessions are available throughout the year. Healthcare access for inclusion for the Healthcare Worker, Introduction to Cultural Variations in Behavioral Health, and SYBH Cultural and Linguistic Competency. Translation services support all 25 / 25 client communications, and staff recruitment emphasizes linguistic and cultural representation.

SYBH leadership has made data-driven planning a key organizational priority. The agency is actively developing new systems, including data dashboards, to ensure accurate and reliable data collection that supports informed decision-making and improved outcomes for all populations served. In Spring 2023, SYBH initiated the transition to a more data-capable Electronic Health Record (EHR) system to facilitate more efficient access to service data for the populations served. The development of the dashboards has proven to be both complex and time intensive. SYBH, in collaboration with its vendor, Kings View, has encountered challenges in producing fully reliable dashboards, which has affected the agency's ability to conduct comprehensive data reviews and analyses. Despite these challenges, SYBH and Kings View remain committed to completing and refining the dashboards to ensure accuracy, reliability, and usability. Strengthening data accessibility remains a priority for the Mental Health Plan (MHP), as timely and efficient access to data will enhance SYBH's capacity to identify trends, address issues proactively, and improve overall service quality.

SYBH leadership, including the Health and Human Services (HHS) Director and Branch Directors, have prioritized the Cultural Competency Committee and ensure staff are provided dedicated time to attend and actively participate in committee activities. The Ethnic Services Manager (ESM) collaborated with the Administration Team to develop a budget for the committee, which includes funding for training opportunities for key committee members.

The committee focuses on providing ongoing practical training designed to enhance staff knowledge, communication, and service delivery to individuals from varied backgrounds. Additionally, the committee serves as a forum for staff to discuss, reflect upon, and integrate concepts introduced during Cultural Competency trainings into daily practice. These activities support compliance with CCR Title 9, Section 1810.410, ensuring that services are delivered in a manner that is responsive to the needs of the populations served.

A narrative description addressing the county's current relationship with, engagement with, and involvement of, racial, ethnic, cultural, and linguistically diverse clients, family members, advisory committees, local mental health boards and commissions, and community organizations in the mental health system's planning process for services

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

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

- Sutter-Yuba Homeless Consortium
- Sutter County Domestic Violence/Child Abuse Prevention Council

SYBH incorporates cultural competence requirements into all provider contracts, including provisions for annual reporting on cultural competence activities, staff training, and linguistic and cultural humility. Cultural competence principles are integrated across all services, whether delivered directly by SYBH or through contracted providers. The Cultural Competence Plan serves as the guiding framework for these practices, ensuring consistency and accountability throughout the organization.

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

HHS leadership has prioritized cultural competency and established the HHS Connections Collaborative, which focuses on HHS policies, outreach, and staff training to ensure these activities effectively serve the needs of the community. The HHS Director has engaged a "cultural broker" from the African American community, who brings private-sector experience and provides leadership and consultation to help the collaborative identify and prioritize meaningful goals and objectives.

The collaborative is supported by three subcommittees:

- **Training Subcommittee:** Develops and delivers cultural competency training for HHS staff.
- **Policies & Procedures Subcommittee:** Reviews and develops HHS policies to ensure they are responsive to the needs of the community.
- **Outreach & Engagement Subcommittee:** Creates outreach and educational materials to improve community access to HHS services.

In addition, SYBH partners with the Connecting Cultures Collaborative, a community initiative focused on fostering understanding and connection among diverse cultural groups within the community.

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

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

SYBH has identified the Quality Assurance Staff Analyst as the Cultural Competence/Ethnic Service Manager. The CC/ESM reports directly to the Quality Assurance Manager who reports directly to the Behavioral Health Director who reports directly to the Sutter County HHS Director. The responsibilities and roles of the CC/ESM are as follows:

- Regular participation in the Cultural Competency, Equity, and Social Justice Committee (CCESJC), a subcommittee of the California Behavioral Directors Association (CBHDA)
- Coordinates and facilities the SYBH Cultural Competency Committee
- Assigs and tracks cultural competency training to SYBH staff and tracks cultural competency trainings provider to contracted staff.
- Ensures regular testing of the access line in threshold languages and other prominent languages.
- Coordinates the SYBH Quality Improvement (QIC) and reports to the QIC on the cultural competency committee activities and recommendations.
- Advocates for services that meet the needs of the unique and unserved/underserved population.
- Regular participation in the Central Region ESM monthly meetings
- Ensuring demographic data is available and utilized for data analysis.
- Attend 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 open to all but are specifically funded services designed to be responsive to culturally diverse groups. These programs also provide outreach to their target populations:

- Hmong Outreach Center
- Latino Outreach Center
- Tri-County Diversity
- Connecting Cultures Collaborative

SYBH has also developed a budget for the SYBH Cultural Competency Committee that includes a budget for staff training needs in the area of cultural competency and cultural humility.

The following programs also provide outreach to their target populations:

- Prevention and Early Intervention Programs and Activities
- Wellness and Recovery
- Transitional-Aged Youth
- Supportive Housing Services
- Outpatient Substance Use Disorder Services

SYBH utilizes funds to provide financial incentives for linguistically competent providers as well as the African American "Cultural Broker" who facilitates the Connecting Cultures Collaborative.

SYBH also contracts with the language line solutions LLC to provide interpreter and translation services and to provide alternative communication devices and materials when linguistically competent providers are not available.

Criterion 2 Updated Assessment of Service 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 2024 United States Census data, Sutter County holds an estimated population of 97,948, and Yuba County holds an estimated population of 85,722. The total population of the combined counties are 183,670. The majority of the population lives within the major cities of the Counties, Yuba City, Live Oak, Marysville, and the unincorporated areas of Olivehurst, Linda and Plumas Lake. The rest of the population is spread into agricultural land and the foothills. Yuba County is also the home of the 23,000-acre Beale Air Force Base, the census data population estimates include current military and veterans. Veterans make up 9.2 percent of the population in Yuba County and 5.7 percent of the population in Sutter County.

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 and Punjabi are designated as threshold languages due to the large Spanish and Punjabi speaking populations in Sutter and Yuba Counties. Though the Hmong language does not meet the level of threshold languages, SYBH has many clients who speak this language, and the department works hard to have bi-cultural staff who speak Hmong.

Individuals who self-identified as White (not Hispanic or Latino) comprise 40% of Sutter County's population and 49% of Yuba County's population followed by Hispanic or Latino, Asian, multi-races, African American/Black, American Indian/Alaska Native, and a small percentage who identifies as Native Hawaiian/Other Pacific Islander.

Figure 2.1 Yuba County Population by Race and Ethnicity, 2024

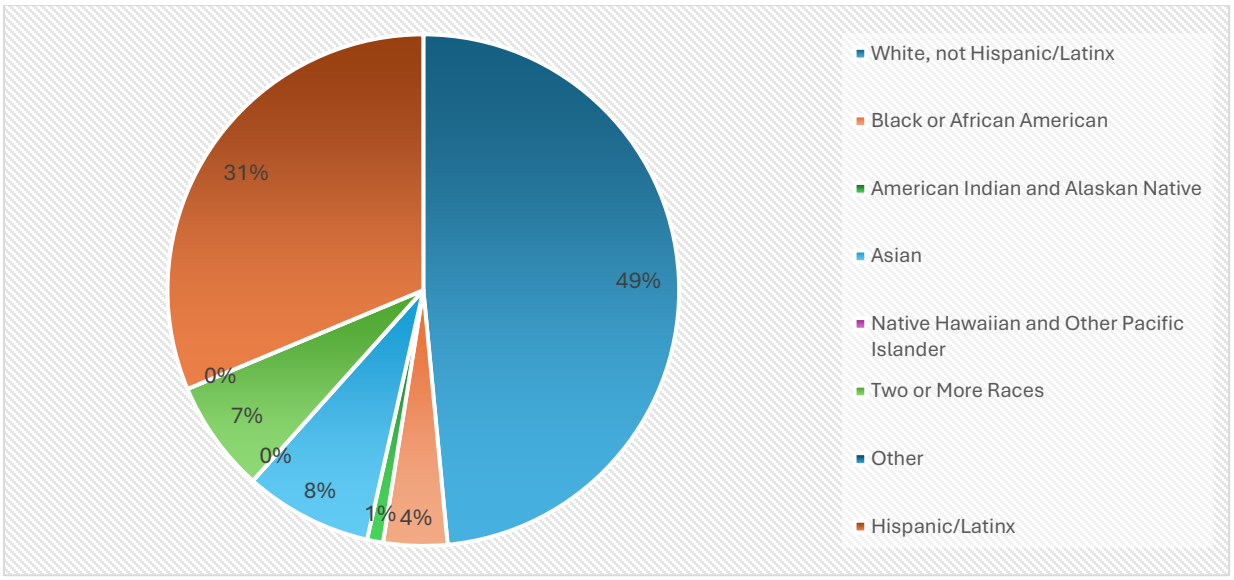
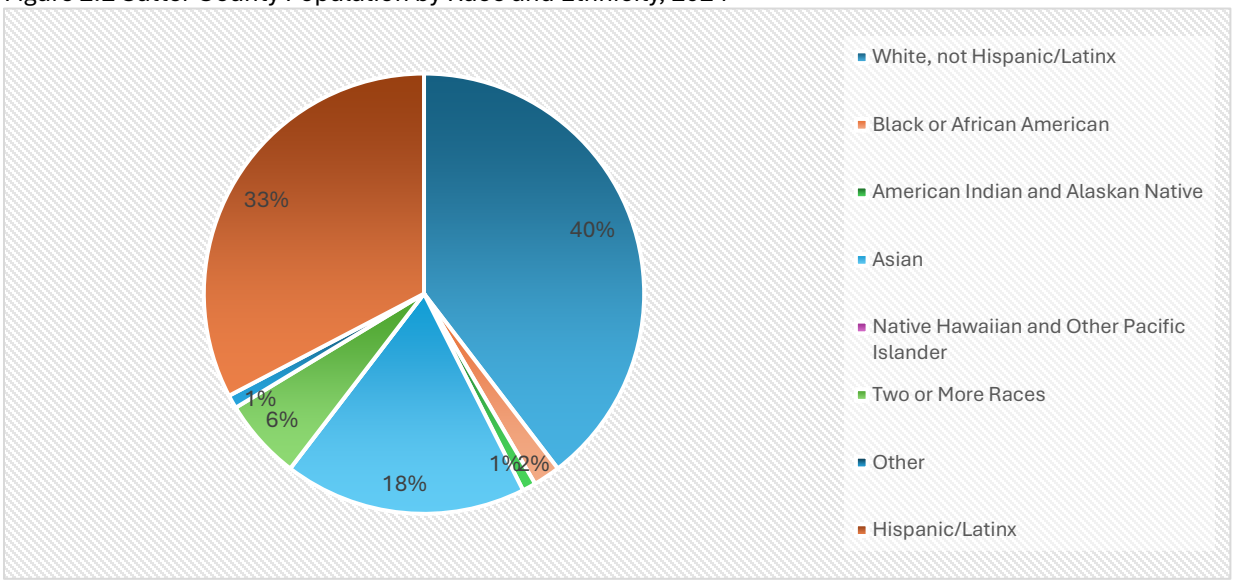


Figure 2.2 Sutter County Population by Race and Ethnicity, 2024



The age and sex distribution in Sutter and Yuba Counties according to the 2024 United States Census is presented in Tables 2.1-2.2

Table 2.1Sutter and Yuba County Population Data by Sex, 2024

Sex Assigned at Birth	Estimate	Percent
Male	90,733	49%
Female	92,937	51%
Total Population	**183,670**	**100%**

Table 2.2 Sutter and Yuba County Population Data by Age, 2024

Age	Estimate	Percent
Under 18 years	46,653	24%
18-64 years	109,222	59%
65+ years	27,795	17%
Total Population	**183,670**	**100%**

Table 2.3 Sutter and Yuba County Homelessness data, 2024 – State of California Accountability

Total Population	183,670	
People Experiencing Homelessness	928	0.5% of the total population
People who are unsheltered	682	73% of the homeless population
Total Year-Round Beds	899	6.2% decrease since 2023

MEDI-CAL Population Service Needs

In FY 2024-2025 SYBH served a total of 3,275 unduplicated Medi-Cal Members. In tables 2.4-2.9 you can see the demographics of the Medi-Cal members served and an analysis of members served and population data and/or Medi-Cal eligible data.

Narrative Analysis of Gender Distribution Among SYBH Medi-Cal Members Compared to the General Population

An examination of gender distribution in Sutter and Yuba Counties was conducted to compare the demographic characteristics of the general population with those of SYBH Medi-Cal members served. This analysis provides insight into whether Medi-Cal behavioral health services reflect the gender makeup of the broader community and highlights important considerations related to demographic categorization and data representation.

Table 2.4 SYBH Medi-Cal Members by Gender, 2025

Gender	Number of Members Served	Percentage
Female	1,688	52%
Male	1,556	48%
Other (includes other, decline to State, not available, Transgender, non-binary, gender non-conforming, /gender queer	31	0%
Total Served	**3,275**	**100%**

The general population data for 2024 indicates that females represent 51% of residents across the two counties, while males account for 49%. A similar pattern is observed within the SYBH Medi-Cal member population, where females comprise 52% of the 3,275 members served in 2025. This close alignment suggests that, with respect to gender, SYBH Medi-Cal members mirror the overall demographic trend of the region, with a slightly higher proportion of females accessing or utilizing behavioral health services.

It is important to note that the two datasets rely on different methods of categorizing gender. The general population data in Table 2.1 identifies individuals based on sex assigned at birth (male/female), while the SYBH Medi-Cal dataset in Table 2.4 uses a broader gender identity framework that includes female, male, and "other." The "other" category captures transgender, non-binary, gender non-conforming, and gender queer individuals, totaling 31 members. Although this represents a small portion of the overall Medi-Cal population, its inclusion reflects a more inclusive and updated approach to gender data collection. These differences in categorization should be considered when interpreting gender-related trends or disparities.

While the datasets represent different years (2024 population data versus 2025 Medi-Cal membership), an approximate comparison indicates that Medi-Cal members account for 1.78% of the total estimated population of Sutter and Yuba Counties. This penetration rate illustrates that the Medi-Cal member dataset represents a relatively small, distinct subset of the overall community—those who qualify for and receive behavioral health services under Medi-Cal. As such, the findings offer a focused view into the demographics of residents engaged services offered by SYBH, rather than the broader population.

Overall, the gender distribution of SYBH Medi-Cal members aligns closely with the gender makeup of the general population, suggesting equitable representation across male and female groups. The inclusion of a gender-diverse category in the SYBH Medi-Cal members served dataset provides important visibility into individuals who may have unique behavioral health needs. Differences in gender classification methods and the relatively small proportion of county residents represented in the Medi-Cal dataset should be taken into account when interpreting demographic trends and service utilization patterns.

Narrative Analysis of Age Distribution Among SYBH Medi-Cal Members Compared to the General Population

An analysis of age distribution in Sutter and Yuba Counties was conducted to compare the demographic profile of the general population with that of SYBH Medi-Cal members served. The purpose of this comparison is to identify representation patterns across age groups and assess whether specific populations are proportionately reflected in behavioral health service utilization.

Table 2.5 SYBH Medi-Cal Members by Age, 2025

Age	Number of Members Served	Percentage
Under 18 years	840	26%
18-59 years	1,987	60%
60+ years	448	14%
Total Served	**3,275**	**100%**

According to Table 2.5, the total estimated population of 183,670 residents is predominantly composed of working-age adults. Individuals aged 18–64 represent the largest share of the

population at 59% (109,222 people). Youth under the age of 18 account for 24% (46,653 people), while seniors aged 65 and older comprise 17% (27,795 people). This distribution reflects a typical demographic structure, with a strong majority in the working-age bracket and smaller, though significant, proportions of youth and older adults.

Table 2.6 displays the age breakdown of the 3,275 Medi-Cal members served by SYBH. Similar to the general population, adults constitute the majority of Medi-Cal users, with 60% (1,987 members) falling within the 18–59 age category. Youth under 18 represent 26% (840 members), and seniors aged 60 and older comprise 14% (448 members). Overall, the distribution of Medi-Cal members served by SYBH by age aligns closely with that of the county population.

A key factor in interpreting the data is the variation in how age groups are defined across the two datasets. The general population categorizes working-age adults as 18–64 and seniors as 65+, while the Medi-Cal members served dataset defines adults as 18–59 and seniors as 60+. As a result, individuals aged 60–64 are counted as working-age in the population data but classified as seniors in the Medi-Cal data. This discrepancy introduces limitations when making direct comparisons, particularly for the senior age group, and should be taken into account when interpreting representation patterns.

Despite differences in age brackets, the comparative analysis shows that youth and adults are slightly more represented in the Medi-Cal member population than in the general county population. As shown in the table below, youth represent 26% of Medi-Cal members compared to 24% of the population, while adults account for 60% of Medi-Cal members compared to 59% of the population. Conversely, seniors appear modestly under-represented in-service utilization, comprising 14% of Medi-Cal members but 17% of the general population.

These patterns suggest that children, youth, and adults are slightly more likely to access or be represented in Medi-Cal behavioral health services, while older adults may be accessing services at lower rates relative to their share of the population. This may reflect differences in behavioral health needs, service availability, awareness, or eligibility trends among older adults.

Narrative Analysis of Race and Ethnicity Distribution for SYBH Medi-Cal Members Compared to the Sutter–Yuba County Population

An analysis of race and ethnicity among SYBH Medi-Cal members served in 2025 was compared with the demographic distribution of the general Sutter–Yuba County population in 2024. The comparison highlights both areas of proportional alignment and notable disparities in service utilization across racial and ethnic groups.

Table 2.6 SYBH Medi-Cal Members by Race and Ethnicity 2025

Age	Number of Members Served	Percentage
White, not Hispanic/Latinx	1560	48%
Hispanic/Latinx	891	27%
Black/African American	209	6%
Asian Indian	79	2%
Hmong	66	2%
Native American/Alaskan Native	74	2%
Asian (includes Amerasian, Cambodian, Chinese, Filipino, Vietnamese, Japanese, Laotian, Korean,	68	2%
Hawaiian Native or Other Pacific Islander	8	0.2%
Multi-Racial	47	1%
Declined to State	273	8%
Total	3,275	100%

Overall, White (not Hispanic/Latinx) members constitute the largest proportion of individuals served (48%), which is slightly higher than their representation in the county population (44%). Hispanic/Latinx individuals account for 27% of Medi-Cal members served, compared to 32% of the county population, indicating a modest underrepresentation, though still relatively aligned with community demographics.

Several groups appear to be accessing services at a higher rate than expected based on their proportion of the population. Black/African American members represent 6% of those served, which is approximately double their 3% representation in the county. Similarly, Native American/Alaska Native individuals make up 2% of SYBH Medi-Cal members but account for only 0.7% of the overall population. These patterns may reflect higher behavioral health needs within these communities, successful outreach efforts, or fewer barriers to enrollment and service engagement.

In contrast, Asian populations are significantly under-represented in service utilization. When combining Asian Indian and other Asian subgroups, Asian members represent approximately 6% of the Medi-Cal population, compared to 13% of the county's population. This disparity suggests potential barriers to access, including cultural stigma, language needs, or limited awareness of behavioral health services. Multi-Racial individuals also appear underrepresented, making up only 1% of those served despite representing 6% of the county population.

Additionally, 8% of SYBH Medi-Cal members declined to state their race or ethnicity, compared to only 0.3% in the county dataset. This high rate of undisclosed information may impact the

accuracy of demographic analysis and underscores the importance of consistent and culturally sensitive demographic data collection practices.

In summary, the comparative analysis reveals that while some racial and ethnic groups are accessing services proportionate to or above their presence in the community, others—particularly Asian and Multi-Racial populations—are under-represented. These findings highlight opportunities for targeted community outreach, culturally responsive engagement strategies, and improved data collection to ensure equitable access to behavioral health services across all demographic groups.

Narrative Analysis of Preferred Language of SYBH Medi-Cal Members Served Compared to the Sutter–Yuba County Medi-Cal Member Population

This analysis determines the Threshold Standard Languages (TSLs) for mandated language services for Medi-Cal beneficiaries in Yuba and Sutter Counties. The primary qualifying criterion in both counties is the 5% rule, which is significantly lower than the absolute count of 3,000 speakers.

Table 2.7 SYBH Medi-Cal Members by Preferred Language 2025

Language	Number of Members Served	Percentage
English	2,822	86%
Hmong	60	2%
Punjabi	37	1%
Spanish	127	4%
Unknown-Not Reported	229	7%
Total	**3,275**	**100%**

Table 2.8 Sutter Yuba County Threshold Languages 2025

County	Total Medi-Cal Eligibles	5% Threshold	Threshold Standard Languages
Yuba	32,472	1,624 members	English, Spanish
Sutter	42,186	2,109 members	English, Spanish, Punjabi

The findings confirm the legal requirement for comprehensive language access, including the translation of vital documents and the provision of oral interpreter services, primarily for Spanish in both counties and Punjabi in Sutter County. Continued monitoring of the Hmong-speaking population in Yuba County is also warranted due to historical TSL status.

A language is designated as a Threshold Standard Language in a county if the population of Medi-Cal beneficiaries who speak that language meets one of two criteria:

1. Absolute Count: 3,000 individuals per language; OR
2. Percentage of Population: 5% of the total Medi-Cal Population in that county.

The 5% rule is the active criterion in both counties due to the relatively high enrollment rate of the population in Medi-Cal (approximately 40% in both counties).

Since the calculated 5% count is substantially lower than the 3,000-person absolute count, the TSL designation for these counties is primarily driven by meeting or exceeding the county-specific 5% threshold.

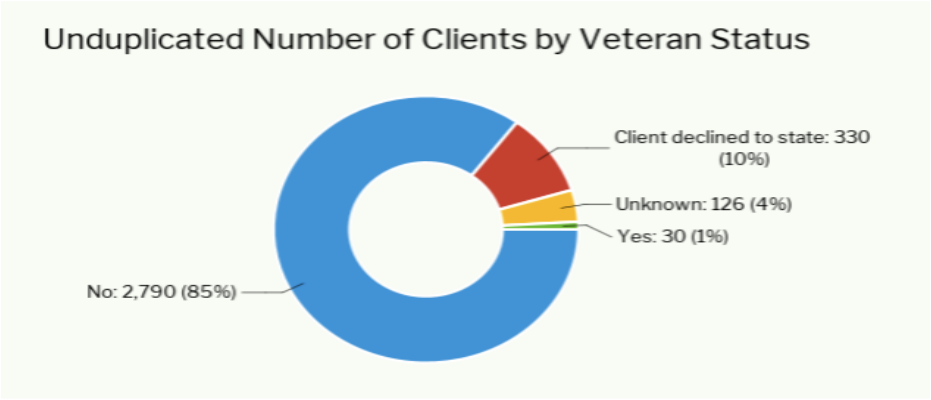
Analysis of SYBH Member Language Data

- Spanish (127 members / 4%): While the percentage is below the 5% threshold *for the SYBH plan alone*, the absolute count of 127 members requires robust language support. Furthermore, Spanish is a mandated Threshold Standard Language for both Yuba and Sutter Counties' entire Medi-Cal population, meaning all required Spanish-language services (translation of vital documents, interpreters) must still be provided to this group.
- Hmong (60 members / 2%): The Hmong population is the second-largest non-English language group served by SYBH. This number is significant and directly supports the finding in Section III that the Hmong population is a key group requiring focused linguistic and cultural competency, especially given its historical TSL status in Yuba County.
- Punjabi (37 members / 1%): Despite Punjabi being a TSL for Sutter County, the number of Punjabi-speaking members served by SYBH is relatively low (37). This suggests one of two possibilities that should be investigated: 1) the Punjabi community has a lower utilization rate of specialty behavioral health services, or 2) the current system is not adequately capturing the need or reaching this specific language community. SYBH must still ensure full TSL compliance for Punjabi as mandated by the county-level TSL designation.

Narrative Analysis of Veteran Status of SYBH Medi-Cal Members Served Compared to the Sutter–Yuba County General Population

The data comparing the veteran status of Medi-Cal members served by Sutter-Yuba Behavioral Health (SYBH) with the overall general veteran population in Yuba and Sutter Counties reveals a significant underrepresentation of veterans utilizing SYBH's services. This comparative analysis highlights a potential gap in service penetration and access for this specific demographic.

Figure 2.3 SYBH Medi-Cal Members by Veterans Status



SYBH data is based on 2025 reporting for 3,276 members. General population data is for Yuba and Sutter Counties as provided. The most striking observation is the profound difference between the

veteran representation in the general population of the service area and the veteran penetration in the SYBH Medi-Cal member caseload.

- General Veteran Population: Veterans make up a notable portion of the general population: 9.2% in Yuba County and 5.7% in Sutter County.
- SYBH Veteran Caseload: Conversely, veterans account for only 1% of the total Medi-Cal members served by SYBH.

This disparity suggests that local veterans, who may qualify for Medi-Cal due to low income or disability, are not accessing SYBH's specialized mental and behavioral health services at a rate commensurate with their presence in the community. This low penetration rate raises questions about accessibility, awareness, and potential barriers to care for the veteran community.

Several factors may contribute to the low utilization rate of 1% at SYBH:

- VA Services Utilization: Many veterans, particularly those with service-connected conditions, are eligible for and may primarily rely on Department of Veterans Affairs (VA) healthcare for their mental health needs.[1] The Yuba-Sutter region is relatively rural, and veterans in rural areas sometimes face unique challenges in accessing intensive mental health care, but they may still opt for the VA system over county-level services.
- Stigma: Veterans often face a high degree of stigma associated with seeking mental health care, a barrier that may direct them toward military-affiliated or less-public services or result in them forgoing care altogether.
- Medi-Cal Eligibility vs. VA: Veterans who *are* Medi-Cal members may not have service-connected mental health needs that qualify them for full VA benefits, or they may be dual-eligible. The low number suggests that, even among low-income veterans, SYBH is not a primary source of care.
- Data Quality: The high percentage of members who "Declined to State" or whose status is "Unknown" (a combined 14% of the SYBH caseload) suggests a potential data limitation. Some of these individuals may, in fact, be veterans, which could slightly increase the actual percentage, but it is unlikely to close the gap significantly.

The 1% veteran representation strongly indicates a need for targeted efforts to reach and serve this population. The higher percentage of veterans in Yuba County (9.2%) versus Sutter County (5.7%) suggests that outreach efforts should consider the different geographic concentrations and needs within the service area. Given that California veterans, in general, are known to have high rates of unmet mental health needs and higher rates of suicidal ideation compared to non-veterans, improving access to local resources is critical.

Narrative Analysis of Living Arrangements of SYBH Medi-Cal Members Served Compared to the Sutter–Yuba County General Population Homeless Individuals

This analysis compares the overall scale of homelessness in Yuba and Sutter Counties, using Point-in-Time (PIT) count data from the State of California Accountability website (Table 2.3), with the living arrangement data of Medi-Cal members served by Sutter-Yuba Behavioral Health

(SYBH)(Table 2.9). The comparison highlights the significant overlap between chronic homelessness and the population needing intensive behavioral health services.

Table 2.9 SYBH Medi-Cal Members by Living Arrangement 2025

Living Arrangement	Number of Members Served	Percentage
House or Apartment	2,461	75%
Homeless	302	9%
House or Apt w/supervision	112	3%
House or Apt w/Support	30	1%
Supported Housing	14	0.4%
Correctional Facility - Adult	11	0.3%
Correctional Facility - Minor	5	0.1%
Foster Home/Group Home - Child	69	2%
Other (includes Board and Care SRI-Hotel, Motel, Rooming House, MH Rehab Center, Residential Treatment Center – Elderly, Residential Treatment Center – Child, IMD, Sobor Living	90	3%
Unknown/Not Reported	181	6%
Total	**3,275**	**100%**

The SYBH data indicates that 9% (302 members) of their Medi-Cal caseload are identified as homeless or unsheltered.

- This 9% represents a highly vulnerable segment of the population actively engaged in the public behavioral health system.
- While this percentage might seem small relative to the general population, it is crucial to recognize that these individuals have a diagnosed behavioral health need *and* a severe housing crisis, placing them among those with the highest need for integrated services (housing, mental health, and substance use treatment).

The SYBH caseload of 302 homeless members is a subset of the total homeless population in the bi-county region, which was counted at 928 individuals in the 2024 Point in Time (PIT) Count.

- Assuming that a significant portion of the total homeless population has an underlying mental illness or substance use disorder, SYBH is likely serving less than 33% of the region's homeless individuals.
- This suggests a substantial number of homeless individuals with behavioral health issues are either:
    - Not yet engaged with SYBH.
    - Not eligible for specialty mental health services (SMHS) under Medi-Cal, or

- Receiving services through other providers (e.g., Federally Qualified Health Centers/Primary Care, non-Medi-Cal funded programs).

The low penetration rate of 33% highlights the gap in engagement between the Coordinated Entry System for homelessness and SYBH.

Beyond the 9% identified as directly homeless, the SYBH data shows a significant portion of members living in unstable or institutional arrangements:

- Institutional Settings (10%): This is the largest non-stable group (331 members) The 10% in Board & Care, Residential Care, or Supported Living are technically "housed" but are highly dependent on structured, non-independent living environments.
- Temporary/Unknown/Other (6%): This non-stable group (181 members) is a critical indicator of housing precarity. Many in this category are likely "doubled-up" with friends/family, staying in hotels/motels, or other temporary situation-living arrangements that often lead to literal homelessness.

The most urgent finding is the 73% unsheltered rate. Nationally and even statewide, this is considered an extremely high proportion.

- California Context: While California generally has a high unsheltered rate, a majority of homeless individuals in the Yuba/Sutter area are literally sleeping outside or in vehicles, confirming a severe structural failure in the local safety net.
- Implication for Behavioral Health: Unsheltered homelessness is directly linked to higher rates of severe and persistent mental illness, chronic health conditions, and substance use disorders. The environment (exposure, violence, lack of hygiene) dramatically exacerbates behavioral health conditions. For SYBH, this means that the 73% are the most complex, difficult-to-engage, and high-cost clients.

The data shows there are 899 total year-round beds available for a population of 928 people experiencing homelessness (PEH). While the number of beds is *close* to the number of PEH (a 97% coverage ratio), the 73% unsheltered rate tells a different story.

- The Mismatch: If 682 people are unsheltered, it means either the shelter beds are not available for immediate entry (e.g., long waitlists, lack of case management, beds used for transitional/permanent housing) OR the beds are inaccessible to the most high-need individuals (e.g., due to restrictive shelter rules, inability to bring partners/pets, or psychological trauma from congregate settings).
- Capacity Decrease: The 6.2% decrease in year-round beds since 2023 is a major concern. Any reduction in capacity puts immediate strain on service providers. For SYBH, fewer shelter beds translate directly to a higher caseload of unsheltered members, requiring more intensive, resource-draining field outreach rather than facility-based treatment.

SYBH is a key partner in the Sutter-Yuba Homeless Consortium and the Coordinated Entry System (CES).

- Engagement Challenge: With 73% unsheltered, SYBH's clinical staff (psychiatrists, clinicians, case managers) must deploy significant effort in street-level engagement and

motivational interviewing to build trust and persuade individuals to accept treatment and housing. This creates a challenge for SYBH compounded by the high mobility and safety concerns of the unsheltered.
- Need for Permanent Supportive Housing (PSH): The data validates the urgent need for Permanent Supportive Housing (PSH), a model designed for the chronically homeless with disabling conditions like severe mental illness. PSH offers housing first, combined with voluntary, intensive SYBH services. Traditional shelters are not an effective treatment setting for the majority of the unsheltered 73%.

The data highlights a crisis of unsheltered homelessness in the Yuba/Sutter area that profoundly impacts the operating environment of SYBH. The high unsheltered rate (73%) and decreasing bed capacity (6.2%) mean SYBH's strategy must emphasize:

1. Field-Based/Outreach-Intensive Care: Prioritizing resources for mobile outreach teams that can meet clients where they are (encampments, vehicles).
2. Housing Navigation Focus: Partnering closely with the CoC to rapidly move people into PSH or non-congregate interim housing options like tiny homes, as traditional shelter is demonstrably not meeting the needs of the unsheltered 73%.

This severe housing instability means that the primary goal of SYBH for this segment of the population must be housing and harm reduction before traditional clinical stabilization can occur.

The SYBH Medi-Cal member data reveals a high degree of housing precarity among the individuals served, underscoring that housing stability is a core barrier to mental health recovery in the Yuba and Sutter counties.

The most significant finding is that 9% (302 members) of the SYBH Medi-Cal caseload is actively homeless.

- This rate is substantially higher than the 0.5% of the general Yuba/Sutter population identified as homeless in the PIT Count. This confirms that Specialty Mental Health Services (SMHS) are disproportionately required by the region's homeless population.
- SYBH Penetration: The 302 homeless SYBH members represent a major portion of the region's total identified homeless population of 830. This means approximately 36% of all identified homeless individuals in Yuba/Sutter are engaged with SYBH. This level of engagement reflects a targeted effort to enroll the highest-need street-homeless individuals.

Beyond the 9% who are literally homeless, a large segment of the caseload lives in non-independent or unstable settings:

- Supported and Supervised Housing (4.4%): The 14 members in Supported Housing and 142 members in supervised apartments are "housed," but their residence is entirely dependent on continuous support services due to their disabling behavioral health conditions. These members occupy the limited Permanent Supportive Housing (PSH) capacity, such as the dedicated units at New Haven Court and Cedar Lane. This indicates SYBH is using its limited resources to maintain stability for its most complex clients.

- "Other" and Institutional Settings (3%): The 90 members in "Other" settings (including Board and Care, Hotel/Motel, Residential Treatment, etc.) are in transitional or temporary housing. They are one step removed from homelessness and represent a high-risk group for future housing loss.
- The Total Instability: Summing the Homeless (9%), the Institutional/Supported (4.4%), and the Other/Temporary (3%), approximately 16.4% of the SYBH caseload is living in a setting that is either homeless, institutional, temporary, or service-dependent.

The data mandates a continued and deepened "Housing First" approach:

- Focus on FSP: The high homeless and supported-living rates validate the need for intensive, field-based services like Full-Service Partnerships (FSP), which combine clinical treatment with aggressive housing placement and retention support.
- Need for PSH Expansion: Local reports note the existence of PSH units like New Haven Court and Cedar Lane, but the 302 homeless members and the additional 156 members in service-dependent housing (4.4%) far outstrip the known dedicated capacity for mental health clients. To move the 9% out of homelessness, the region needs a significant increase in PSH, interim housing, and affordable rental assistance that is prioritized for SYBH clients.

It is important to note that 75% of SYBH members are in a House or Apartment without supervision or formal support. This represents the population who, despite significant behavioral health challenges, are successfully maintaining independent living, likely benefiting from outpatient treatment and community support offered by SYBH.

The SYBH data highlights an admirable level of engagement with the area's homeless population, successfully enrolling over one-third of the total identified homeless individuals. However, the 9% homeless rate within the SYBH caseload, combined with the other indicators of housing instability, confirms that housing is the most significant social determinant of health and recovery for the individuals served. The ability of SYBH to improve long-term outcomes for its clients is directly tied to the areas' capacity to create and make accessible more Permanent Supportive Housing resources.

The presence of SYBH members in correctional facilities—11 adults (0.3%) and 5 minors (0.1%), while a small percentage of the total caseload, represents a critical and high-cost intersection of behavioral health, the justice system, and the housing crisis. This population is essential to examine because correctional facilities have become de facto mental health providers for individuals who lacked adequate community support, particularly housing.

The most significant factor is the overrepresentation of serious mental illness within the incarcerated population. Statewide data shows that over half of inmates in California county jails face mental health issues, with the proportion steadily rising.

- Individuals with severe mental illness (SMI) are more likely to be arrested, often due to behaviors symptomatic of their illness, especially when they are homeless and unhoused. The jail becomes a site of crisis stabilization instead of a community clinic or Psychiatric Health Facility (PHF).

- For SYBH, the 16 members in correctional facilities are almost certainly among the most complex clients, requiring continuous care coordination to prevent their mental health from deteriorating further in custody.

The correctional population and the homeless population are deeply intertwined, creating a revolving door that burdens both the jail and SYBH:

- Incarceration ⟶ Homelessness: Release from jail or prison often strips individuals of any existing housing or social supports, making them highly vulnerable to immediate homelessness. Without housing, the risk of relapse, decompensation of mental illness, and re-arrest (recidivism) is extremely high.
- Homelessness ⟶ Incarceration: As established by the previous data, 9% of the SYBH caseload is homeless. This group is disproportionately represented when related to quality-of-life offenses (e.g., trespassing, public nuisance, camping), completing the cycle. The jail is often the only stable shelter available, a phenomenon known as the "criminalization of homelessness."

The main goal for SYBH in this area is to ensure a smooth transition back to the community, which must include housing.

- Justice-Involved Reentry Initiative: SYBH has been approved to deliver targeted Medi-Cal services to people returning from incarceration. This state initiative provides crucial pre-release services, including physical and behavioral health consultations and care transition plans—in the 90 days before release.
- Housing is the Key: For the SYBH members in custody, effective discharge planning must include linkage to housing resources, especially Permanent Supportive Housing (PSH), to break the cycle of homelessness and incarceration. SYBH collaborates with the local Continuum of Care (CoC) to identify housing placements, but capacity remains a major barrier.

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

Yuba County is considered a low-income county. Approximately 14.9 percent of people in Yuba County meet or fall below the federal poverty line, compared to 12.2 percent of the State of CA (US Census Bureau 2023). Sutter County has approximately 14.1 percent of persons who meet or fall below the federal poverty line, compared to the National average of 11.1 percent. The lower-socio-economic status of many of the Yuba Sutter counties residents is often generational and many families are burdened with other social and economic problems that appear at higher rates in lower-income households: unemployment, financial instability, food insecurity, mental health issues, and substance abuse and dependence. Yuba County's current unemployment rate is 7.6% and Sutter Counties' unemployment rate is 6.9% both higher than the State average of 5.8% (Federal Reserve Economic Data).

The low-income population that does not have Medi-Cal consists primarily of three subgroups:

1. Undocumented Immigrants: Historically, a large portion of low-income undocumented adults were excluded from full-scope Medi-Cal, regardless of how far below 200% FPL they were. *Note: California has made significant progress in 2024 to extend full-scope Medi-Cal*

to all income-eligible residents regardless of immigration status, dramatically shrinking this gap population. However, future changes are being implemented. Starting in January 2026, adults who are not considered to have a "satisfactory immigration status" will no longer be able to enroll in full-scope Medi-Cal

2. Individuals Above the Medi-Cal Threshold: Those whose income is too high for Medi-Cal (e.g., above 138% FPL for non-disabled adults) but below 200% FPL. These individuals typically rely on Covered California (the state's marketplace) with subsidies.
3. Low-Income Uninsured: Those who are eligible for Medi-Cal or Covered California but are not enrolled. This is the highest risk group. Sutter County has an uninsured rate of 6.0% and Yuba Counties rate is 6.4%. The rates are similar or slightly higher than the State average of 6.4% which is much lower than the National Average of 7.9%. The uninsured rate for non-elderly adults (19-64) is likely higher in the Sutter Yuba area than the regional average due to lower median income and reliance on service/agriculture industry jobs with limited employer-sponsored insurance. In California this is the group most affected by the FPL gap.

The service utilization pattern of the low-income, non-Medi-Cal population in Sutter and Yuba counties is defined by a flight from cost-prohibitive routine care toward costly crisis-driven services, creating a severe public health problem and placing an unsustainable burden on local emergency and justice systems.

The population segment defined as having income up to 200% of the Federal Poverty Level (FPL) but not enrolled in Medi-Cal exhibits a distinct and concerning pattern of healthcare utilization in Sutter and Yuba counties. This pattern is characterized by low use of essential preventive care and a high, inappropriate reliance on costly emergency services, ultimately signaling system inefficiency and poor health outcomes for this vulnerable group.

1. Low Utilization of Preventive and Primary Care

For the low-income, non-Medi-Cal population, the utilization of Preventive and Primary Care is markedly Low. The primary barrier is financial: even for those enrolled in Covered California (the state's subsidized marketplace), the cost of unsubsidized care or high deductibles often leads individuals to delay or entirely forgo routine medical care. This local pattern mirrors the national trend, where uninsured low-income individuals are demonstrably less likely to access preventive care or maintain a consistent, usual source of medical support. This lack of early intervention ensures that manageable health conditions often progress to acute stages.

2. High Reliance on the Emergency Department (ED)

As a direct consequence of inadequate primary care access, reliance on the Emergency Department (ED) for non-urgent care is High. For many in this group, the ED becomes the de facto primary care provider for acute or emergency situations for conditions, such as poorly managed chronic diabetes or hypertension, that could have been effectively controlled in a primary care setting. This utilization is highly inefficient and expensive, cementing the ED's role as the "safety net of the safety net" for the uninsured both locally and nationally. This reliance drains resources and fails to address the underlying issues of chronic disease management.

3. Severe Disparity in Behavioral Health (BH) Access
The most critical service disparity exists in Behavioral Health (BH) Access. Medi-Cal enrollees in Sutter and Yuba counties benefit from comprehensive, intensive services provided by Sutter-Yuba Behavioral Health (SYBH), including Full-Service Partnership (FSP). However, those without Medi-Cal coverage face massive, often insurmountable cost barriers to accessing the same care. This results in untreated severe mental illness within the low-income population, which is a key driver for increased justice system involvement and homelessness. In California, Medi-Cal is the primary funder for the behavioral health safety net, meaning exclusion from Medi-Cal translates directly to exclusion from necessary, life-stabilizing mental health treatment.

The burden of care for the 200% FPL Minus Medi-Cal population falls disproportionately on a few key safety-net providers in the region:

- Community Health Centers/Federally Qualified Health Centers (FQHCs): These clinics are mandated to serve all patients regardless of ability to pay, using a sliding fee scale based on FPL. They are the most vital resource for this gap population in Sutter and Yuba counties.
- County Indigent Care Programs: Historically, counties have maintained a safety net for indigent (very poor, uninsured) residents, though this funding has been reduced with the expansion of Medi-Cal.
- Hospital Uncompensated Care: Local hospitals must absorb the costs of emergency care for the uninsured, which strains the entire local healthcare system.

The analysis points to a low-income population in Sutter and Yuba counties that is similarly or slightly more vulnerable than the California average, primarily due to lower median incomes and higher poverty rates compared to the state's urban centers.

BHSA Community Service and Supports (CSS) population assessment and service needs

Sutter and Yuba counties' combined land mass of over 1200 square miles consists largely of rural agricultural land making agriculture a driving force in the economy. In addition to agriculture, the health and education fields make up a large portion of the workforce and economy.
The Suter and Yuba communities are ethnically and culturally diverse, and include people of several different backgrounds including Caucasian, African American, Lano, Chinese, Laotian (Hmong), and Asian Indian among others. 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, we have many clients who speak these languages and work to have bi-cultural staff who speak these languages. Suter and Yuba counties' diversity is also reflected in the Asian Indian population. Suter County has one of the largest Asian Indian communities in the United States for a county of its size.

Table 3.1 Population Data from MHSA Plan

Age Group	**% of Total**	**Race**	**% of Total**	**Gender**	**% of Total**	**Language spoken**	**% of Total**	**Threshold (Y/N)**
0-15 yrs.	20.40	White	63.85	Female	49.57	English	65.47	
16-25 yrs.	13.1	Black or African American	2.74	Male	50.43	Spanish	18.39	
26-59 yrs.	45.75	Asian	11.78			Vietnamese	2.74	
60 & older	20.70	Native Hawaiian or another Pacific Islander	.49			Cantonese		
Military Status	**% of Total**	American Indian or Alaska Native	1.42			Mandarin		
		Other	7.16			Tagalog	.03	
Veteran	5.83	More than one race	9.07			Cambodian		
Active Duty						Hmong	6.12	
Civilian		**Ethnicity**	**% of Total**			Russian		
		Hispanic	30.72			Farsi		
		Non-Hispanic	69.28			Arabic	.01	
						Other	7.24	

Table 3.2 Unserved/Underserved Population data from MHSA Plan

Unserved Populations	**Underserved Populations**
1142	Hispanic/Latino
121	Punjabi
71	Hmong
234	African American

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

Suter-Yuba Behavioral Health is dedicated to an integrated service model for clients and families

with a focus on unserved, underserved and inappropriately served populations. The Mental Health Services Act (MHSA) Community Services and Supports (CSS) programs provide a wide array of client and family driven mental health services and systems. Community Services and Supports focus on community collaboration, cultural competence, wellness, recovery, and resilience.

Of the individuals seen by SYBH in FY 22/23, 49.57% identified as female, 50.43% as male, and less than 1% as Other or not reported. Additionally, 63.85% identified as White, 18.39% Latino, 2.74% African American, 12.27% Asian/Pacific Islander, 1.42% Native American, 9.07% identifying as two or more ethnicities, 7.16% as Other, and 3.49% not reporting. Notably, we are low in our contacts with the Latino population.

In FY 22/23, SYBH served 4,547unique individuals, approximately 2.5% of the population of both Suter and Yuba counties for that fiscal year. Per the National Institute of Mental health (NIMH), prevalence rates for individuals esmated to live with severe and persistent behavioral health conditions are 5.6%. Given the national data, SYBH is not serving all the population with persistent behavioral health conditions. It is unknown if those not served through SYBH are seeking treatment elsewhere, are privately insured or are seeking treatment at all. For the population of Suter and Yuba counties, this percentage is equivalent to 10,148 individuals based on the population data for 2020. With the increasing need for services that offer a higher level of care, there has been a shift to move more resources to higher levels of treatment such as full-service partnerships.

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

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

health therapy, social service needs, serve as a resource to connect the families to housing supports, and coordinates a treatment plan that may include other influential figures who may impact the child and family's personal life.

Data continues to be challenging, however, efforts to improve data collection are taking place. Processes are being developed to monitor outcomes. Scores from the Child and Adolescent Needs and Strengths (CANS) and The Level of Care Utilization System (LOCUS) assessment tools are utilized to identify client needs. A Medical Necessity/Program Recommendation procedure has been developed to streamline services. Several data points have been identified and monitored such as demographics served, triage appointments, CANS and LOCUS scores. Although data is being monitored with the CANS and LOCUS scores, a standardized method has not been established on how to analyze and evaluate this data. Further development is needed and currently in progress as to how to utilize the results of these assessment tools to measure the performance of programs. Further development will also allow staff analysts in SYBH will be able to monitor data points and indicators for various outcomes such as average length of stay, client success, decrease of symptomology, and clients' needs, to be served by child-serving systems.

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

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

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

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

Table 3.3 Language Data from MHSA Plan

Language Spoken	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served	Veteran	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served
English	100	48	39	Yes			
Spanish	15	37	29	No			
Vietnamese	0			Declined to Answer			
Cantonese	0			Unknown	100	100	100
Mandarin	0						
Tagalog	1	.03	.08				
Cambodian	0						
Hmong	4	.58	.14				
Russian	0	.02	0				
Farsi	0						
Arabic	0						
Other	5	14.37	31.78				

Table 3.4 Threshold languages from MHSA Plan

Threshold Language	% of Service Providers
Spanish	15%

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

We consistently recruit for bilingual staff to increase our effectiveness with our bilingual and monolingual populations.

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

Table 3.5 Race and Ethnicity Data from MHSA Plan

Ethnicity	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served	Race	% of Direct Service Providers	% of Total Population Needing Services	% of Total Population Currently Being Served
Hispanic		36	22	White		11.8	8.1
Non-Hispanic		64	78	African American or Black		14.2	9.3
More than one Ethnicity				Asian		11	8.2
Unknown	100			Native Hawaiian or Other Pacific Islander		15.1	7.1
				Alaska Native or Native American		15.1	7.1
				Other		7	5.1
				More Than One Race			
				Unknown	100	25.8	55.1

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

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

Nonprofits are a key component of a county behavioral health delivery system as they can be nimbler than counties, when reacting to barriers.

Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI Priority Populations

Prevention and Early Intervention (PEI) utilizes the Community Program Planning and Local Review Process to identify the PEI priority populations. The MHSA team hosted five additional stakeholder forums or focus groups, one of which was conducted in Hmong and English, and one conducted in Spanish and English. MHSA Stakeholder Forum participants were advised on current SYBH MHSA programs, planning and development, the Mental Health Services Act and Community Program Planning Process and future and legislative changes. Flyers publicizing the MHSA stakeholder forums were posted at the location of each forum. Flyers were also shared at existing mental health services support groups and meetings. Informational emails were sent to the staff at each location and verbally communicated to partners and consumers.

PEI PRIORITY AREA(S):

- Childhood Trauma Prevention and Early Intervention Early Psychosis and Mood Disorder Detection and Intervention
- Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Program
- Culturally Competent and Linguistically Appropriate Prevention and Intervention
- Strategies Targeting the Mental Health Needs of Older Adults
- Early Identification Programming of Mental Health Symptoms and Disorders

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

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

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

Identified unserved/underserved target populations (with disparities in the Medi-Cal Population, Community Services Support, Workforce Education and Training, and Prevention and Early Intervention

Medi-Cal Population

- Asian Population
- Homeless
- Veterans

Community Services Support

- Homeless
- Forensic
- Involved in Social Services System
- Unserved/Underserved
- Veterans
- Hispanic/Latinx Community
- Hmong Community
- Black/African American Communities
- 2SLGBTQ+ Community
- Native American Community
- Asian Community
- Pacific Islander Community

Workforce, Education, and Training

- None Identified

Prevention and Early Intervention

- Child and Youth (0-15 years)
- Transitional Age Youth (16-25 years)
- Comptonville
- 2SLGBTQ+ Community

Target populations with disparities identified in Medi-Cal and all MHSA components
Identified strategies/objectives/timelines/Measuring-Monitoring

Medi-Cal Population

Table 3.6 Children and Adult Services Strategies/Objectives/Actions/Measuring-Monitoring from MHSA Plan

Performance Goal	Intended Outcome	Data Source
Reduce therapy wait time	Therapy services will be provided in a timely manner.	Dashboards
Stabilize symptoms	Transition consumers to a lower level of care thereby improving capacity for new consumers	Dashboards, LOCUS/MORS
Improve timeliness of services	Treatment begins sooner	ASA/CSI

Community Services Support

Table 3.7 Hmong Outreach Center Strategies/Objectives/Actions/Measuring-Monitoring from MHSA Plan

Performance Goal	Intended Outcome	Data Source
Continue to implement HOC Participant Satisfaction Survey to assess client satisfaction and needs with current clinical services	At least 50% of the participants will report that they "strongly agree" or "agree" on at least 50% of the 12 questions assessing for satisfaction on survey.	Hmong Outreach Center Participant Survey
Conduct at least 4 outreaches in the community to inform about HOC services	Give out info to at least 100 Hmong community members to increase awareness about HOC and mental health services	Sign in sheets at outreach events
Post at least weekly to HOC Facebook page	Reach at least an average of 25% of 252 current followers with posts.	Performance Dashboard on HOC Facebook page
Engage and retain clients in direct services	Maintain unduplicated # served in direct clinical services at, at least 40.	Data analysis on EHR
Implement at least 1 wellness activity/gathering at the HOC (ie. Open House event)	At least 50% of participants will report increased knowledge and comfort with coming to the HOC for future needs.	Survey and data analysis of those in attendance
Partner with at least 1 outside organization/entity to reach different segments of the Hmong population	Reach at least 15 community members who has little to no knowledge about HOC to increase awareness about HOC and mental health services	Sign in sheets with question assessing their awareness

Table 3.8 Latino Outreach Center Strategies/Objectives/Actions/Measuring-Monitoring from MHSA Plan

Performance Goal	Intended Outcome	Data Source
Increase mental health services	Reduce number of people on the wait list for mental health services by increasing number of services such as individual therapy, rehab sessions, case management, collateral support and groups.	Excel Sheet/ Credible wait list
Increase groups offered at The Latino Outreach Center	Provide therapeutic, skills building and culturally sensitive groups such as parent-support group to address acculturation issues, men's psychoeducation group to increase education and awareness of mental health issues in the Latino/x community, therapeutic groups to address issues with depression and anxiety, and coping skills building as well as social, communication and independent living skills for children and adolescents served at the center.	Excel sheet/ flyers to promote services/Credible documentation
Increase Outreach Services & Develop Outreach materials	Ensure the Sutter-Yuba Latino/x population is aware of the services provided by The Latino Outreach Center and how to access them as well as to help reduce stigma within the community.	Dates and times of outreach events, participants sign-in sheet, list of places brochures have been distributed to.

Table 3.9 Hope FSP Strategies/Objectives/Actions/Measuring-Monitoring from MHSA Plan

Performance Goal	Intended Outcome	Data Source
To participate in the Third Sector FSP program	To Increase the quality and consistency in FSP services provided to clients	Proof of participation in services and changes in program as evidenced by policies and procedures.

Table 3.10 Shine FSP Strategies/Objectives/Actions/Measuring-Monitoring from MHSA Plan

Performance Goal	Intended Outcome	Data Source
Continue progress made in reducing the time between referral and initial face to face to below 15 days or less.	Meet the performance goal at least 90% of the time.	Data will be measured by referral date and intake date from FY 23/24 and FY 24/25
Increase staff training to support Client's decrease of substance use.	Each staff will attend at least 1 additional annual training in harm reduction, motivational interviewing, or another EBP to support client's decrease in substance use	Data will be collected in Relias
Participate in Third Sector FSP Collaboratives and Evaluation INN Project	Increased effectiveness of FSP programs and understanding of FSP and outcomes amongst staff members	Third Sector Evaluation Data

Table 3.11 LPS-FSP Strategies/Objectives/Actions/Measuring-Monitoring from MHSA Plan

Performance Goal	Intended Outcome	Data Source
To participate in the Third Sector FSP program	To increase the quality and consistency in FSP services provided to clients.	Proof of participation in services and changes in program as evidenced by policies and procedures.
Collaborate with Sutter and Yuba Public Guardians to successfully implement new FSP program.	To provide quality FSP services to LPS conserved clients in Sutter and Yuba Counties.	Program Policy and Procedures Meeting Minutes Feedback from clients and PG's.

Table 3.12 Transition Age Youth-FSP Strategies/Objectives/Actions/Measuring-Monitoring from MHSA Plan

Performance Goal	Intended Outcome	Data Source
MORS Rating of 6 or higher	Development of meaningful roles	MORS Data Dashboard
CANS reduction of Actionable Needs and increase in strengths	Reduce needs in domains of: Life Functioning, Risk Behaviors, Behavioral and Emotional	CANS Data Dashboard

3.13 Youth for Change – FSP Strategies/Objectives/Actions/Measuring-Monitoring from MHSA plan

Performance Goal	Intended Outcome	Data Source
Increase in Identifiable Strengths in FSP participants	70% increase in identifiable strengths	CANS Core 50
Decrease in Behavioral and Emotional Needs	65% decrease in Behavioral and Emotional Needs	CANS Core 50
Participate in Third Sector FSP Collaboratives and Evaluation INN project	Increased effectiveness of FSP programs and understanding of FSP and outcomes amongst staff members	Third Sector Evaluation Data

Workforce, Education, and Training Strategies/Objectives/Actions/Measuring-Monitoring from MHSA Plan

- **Promote job retention**
  1. SYBH participated in Round 2 of the Central Region partnership for Loan repayment and Hiring Incentives. In Round 2 $20,000.00 in Loan Repayment awards to two Licensed Clinical Social Workers holding Supervisory clinical roles.
  2. A loan repayment hiring incentive utilizing WET funding form CalMHSA was approved by the Board to be offered on new positions that fit the hard to retain criteria. The loan repayment is for 12 months of continuous services in hopes of drawing in new applicants to understaffed positions.
- **Addressing workforce shortages and deficits**
  1. SYBH has partnered with CalMHSA and Palo Alto University to offer Project Cultivate, a master's degree program to current SYBH staff. One staff member is enrolled in Cohort 1, that began in August 2023 and SBH expects additional staff in Cohort 2. This program

will prepare and educate current California county employees to earn mental health counseling degrees for Palo Alto University.

- Education and Training
  1. SYBH plans to provide training to staff in order to increase the quality of services they provide and to increase their sense of competence and job satisfaction. The training topics will cover a variety of areas including effective leadership and supervision, customer service, prevention of provider fatigue, evidence-based clinical modalities, trauma informed services, and additional training identified through program planning and evaluation, as well as feedback from all levels of staff.

Table 3.14 Prevention and Early Intervention Strategies/Objectives/Actions/Measuring-Monitoring from MHSP Plan

Problem/Community Need	Activities
Decrease in school attendance and declining grades.	Girls Circle and The Council
Violent behavior and substance abuse by students	Girls Circle, The Council, Bullying Prevention, PREP
Isolation and depression	Girl's Circle, The Council, Unity Circle, PREP
Low self-esteem, low social skills	Girl's Circle, The Council, Unity Circle, PREP

Problem/Community Need	Activities
Isolation, depression	Yellow Ribbon, Safe TALK, SOS, ASIST. Reducing stigma around asking for help.
Suicidal ideation	Yellow Ribbon, Safe TALK, SOS, ASIST.
Difficult thoughts	Yellow Ribbon, Safe TALK, SOS, ASIST. Tools to deal with and manage difficult thoughts.
Lack of knowledge regarding suicide, risk factors and signs.	Yellow Ribbon, Safe TALK, SOS, ASIST. Educating participants on signs that someone is in need of help, risk factors and reducing stigma. Bridging Hope.

Problem/Community Need	Activities
Stigma discrimination against those who have mental illness causes people to not reach out for help when they need it.	All outreach, including Each Mind Matters and Promotores, is meant to educate the community about mental health to reduce stigma and discrimination.
Lack of understanding symptoms and ability to identify early signs and symptoms of mental illness.	Listen Nonjudgmentally. Give reassurance and information. Encourage appropriate professional help. Encourage self-help and other support groups. MHFA/YMHFA is meant to educate the community and give them tools to identify early signs of mental illness and the next steps that should be taken.
Unique risk factors and warning signs of mental health problems in Adolescents and Adults	Increased mental health awareness. Increased knowledge of early signs of mental illness. Initiate timely referrals to mental health and substance abuse resources available in the community
Mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorders	MHFA/YMHFA is meant to educate the community and give them tools to identify early signs of mental illness and the next steps that should be taken.

Problem/Community Need	Activities
Substance use and untreated mental health issues in the unhoused communities.	HEaRT team members involvement of treatment initiation and discharge planning for clients in treatment.
Barriers that the unhoused population have when trying to engage in services.	Continuous outreach to members of the unhoused community. Continue to develop effective working relationships with county law enforcement so there is consistent combined outreach with HEaRT team and law enforcement.

Problem/Community Need	Activities
Students at risk of school failure.	Sustaining youth engagement. Providing a variety of mentoring and recreational activities.
Unserved/underserved youth facing social isolation and depression.	Movie nights, young adult socials, craft clubs and game nights to increase social interaction and engagement.
Youth and young adults facing high rates of low self-esteem and suicide.	Peer support socials, Monthly socials, and a monthly virtual event.
Unserved/underserved populations with no or low access to information and resources.	Resource and Information Center, website, info lines, hotlines, emails, social media, and outreach events.

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 group that address cultural issues and has participation from cultural groups, that are reflective of the community.

The SYBH Cultural Competence Committee (CCC) is responsible for integrating within the SYBH Mental Health System. The CCC is facilitated by the Quality Assurance Staff Analyst who is also the Ethnic Service Manager (ESM). The position has been filled since October 2022 and the CCC meetings have been meeting monthly and are working on a committee structure that will 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 Health and Human Services Director has made the CCC a priority and has developed a similar committee that includes all branches of Sutter County HHS as well as encouraging participation from the Behavioral Health Director and all HHS Branch Directors. The CCC is working on integrating the community by forming relationships with key community members that represent various cultural groups in the community as well as recruiting clients to participate and provide feedback to the CCC. The ESM also attends the community meeting Creating Cultures Collaborative to assist in reaching the needs of the various cultures in the area.

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

Table 4.1 CCC Goals and Objectives

Goals	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	1a) Increase accessibility to services in the threshold languages and other prominent languages 1b) Increase the number of test calls completed in a language other than English 1c) Ensure 100% of informing materials and client-facing materials are translated into Threshold languages 1d) Develop a training for Interpreters and for	1a) Develop a rotation schedule for interpreters 1a) provide language line training materials 1a) Create a space for Interpreters to meet and share best practices 1b) Develop monthly test call rotation list to include multiple languages 1c) Utilize current translation procedures and develop rotating schedule	1a) Outlook calendar of Spanish interpreters 1a) Order training materials and dispense to staff 1a) provide a quarterly check-in for interpreters 1b) Rotation Schedule	1a) An outlook calendar has been created and is maintained by Reception Staff. Training Materials LLS Inc. were ordered and disseminated to staff. A quarterly check-in meeting was established for interpreters to meet and share ideas and resources with each other. A rotation schedule for test calls was created and a Spanish test call was completed monthly and a Punjabi and Hmong test call made

	working with interpreters	1d) Essentials of Interpreting and Working with Interpreters were developed	1c) Translator Schedule 1d) Training and list of attendees	quarterly. A schedule of translators was created and maintained, we are also utilizing the LLS to translate materials. The two training courses were created, however due to staff shortages they will not be offered through SYBH staff and SYBH will need to find outside trainers or training. SYBH is currently training interpreters through an on-line platform.
2) To prepare and sustain a workforce that fosters a work environment of inclusiveness and cultural humility through professional growth opportunities and equitable practices	2a) Increase the number of staff participating in culture training 2b) Increase the # of staff participating in one hour or more of CC trainings 2c) Increase the number of staff participating in an Interpreters Training 2d) Increase the number of training courses offered that relate to the population served by SYBH	2a) Provide an annual client culture training 2b) Assign appropriate training to each staff member through Relias 2c) Provide a training on Working with Interpreters and Essential Skills for Interpreters 2d) Develop or acquire training that relates to populations served by SYBH	2a) Log all training provided and attendance 2b) Collect and log training hours for each staff member 2c) Collect and log training and attendance 2d) Develop a log of training offered each year and log participants	See table 5.1
3)To use best practices and data informed strategies to proactively address the shifting demographics and cultural needs of the behavioral health system services area	3a) Monitor grievances and appeals by race/ethnicity and preferred language for trends and opportunities for improvement 3b) Increase Hispanic Penetration Rate by 1%	3a) log all grievances and respond appropriately 3b) Complete one new outreach event to the Hispanic Population	3a) monitor and analyze grievances and appeals by race/ethnicity and preferred language. 3b) Monitor penetration rates	3a) SYBH monitors all grievances and appeal, currently the majority of complaints are made by white and/or English speakers. 3b) Penetration rates have not been monitored due to the inability of the plan to obtain them. They are working with their EHR vendor so they can access them quarterly.
4) To deliver timely, culturally informed, trauma informed, Evidence-based services that meet	4a) Reduce stigma and promote access to underserved subpopulations	4a) Conduct quarterly outreach events at SYBH cultural centers	4a) Analyze penetration data for Latino and Hmong populations	Penetration Rates have been unavailable. SYBH is working with their EHR vendor Kingsview to obtain the penetration rates and

Behavioral Health clients' needs.				hope to have access to the during the next fiscal year.
5) To measure and evaluate all practices to ensure effectiveness and timely modifications are for continuance quality improvement	5a) Ensure all intervention and strategies include evaluation and outcome measures 5b) Ensure that SYBH services are culturally and linguistically appropriate	5a) Review goals and objectives in CCC meeting to develop evaluation and outcome measures 5b) Annually conduct Medi-Cal Beneficiary Satisfaction Survey	5a) Table of goals and objectives evaluations and outcome measurements 5b) Analyze satisfaction surveys and update goals and objectives as needed	SYBH has not yet started this goal.

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 training 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 staff completed a total of 470.75 hours of Cultural Competency training. During this year SYBH implemented the training schedule below:

Table 5.1 Cultural Competency Training Plan

Relias Trainings				
Assigned to:	**Name of Training**	**Assign on:**	**Due Date**	**Number of Attendees**
All Staff	Creating a Culture of Respect	2/6/2025	06/30/2025	14
All Staff	Understanding Privilege	2/6/2025	06/30/2025	112
All Staff	Accessing Interpreters for non-English speaking or LEP individuals	2/6/2025	6/30/2025	208
Youth and Family Services Direct Service Staff	Working with LGBTQ+ Children and Youth	2/6/2025	6/30/2025	
Adults Services – Direct Service Staff	Introduction to Cultural Variation in Behavioral Health for Paraprofessionals	2/6/2025	6/30/2025	24
Supervisors/Managers	Cultural Competence for Supervisors	2/6/2025	6/30/2025	2
Interpreters	Interpreter Training Module	Annual	Annual	16
SUDS/PEI – Direct Service Staff	Improving Behavioral Health Equity: People Who Are LGBQ+	2/6/2025	6/30/2025	9
New Staff/Onboarding	DEI For the Healthcare Employee	Hire date	3 months	7
New Staff/Onboarding	Humility and Respect in Healthcare	Hire date	3 months	10
New Staff/Onboarding/All Staff	Cultural Competency/Language Line	Hire date	3 months/Annual for all staff	139
Live Trainings/Panel Discussions				
Assigned to:	**Name of Training/Topic**	**Quarter**	**Date**	
All Staff	Disability Panel of experts and clients experience	2025 Q3	4/24/2025	36

In addition to the above training SYBH offers free cultural competency training courses via the eLearning training platform Relias that can be taken at any time. A tracking system has been developed to ensure that all staff are taking at least one hour of cultural competence training annually, either a live training or through Relias. The cultural competency training requirement

is imbedded in the contracts with developed for SYBH contract agencies and providers. The following is a list of training courses that are currently available through Relias:

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

Improving Behavioral Health Equity: People Who Are LGBTQ+

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

The CCC members are working to continue providing cultural and socially competent training to staff. They will be developing more training throughout the year as training opportunities are needed to ensure staff are receiving adequate exposure to training that represents the demographic population that SYBH serves. Cultural training has also been identified as a goal for preparing and sustaining a workforce that fosters a work environment of fairness and cultural humility through professional growth opportunities and equitable practices. The CCC will also be providing non-academic educational opportunities through the newly developed Jedi Group. The ESM and Quality Assurance teams have identified a vendor to provide the required Transgender Inclusive Care training. However, in light of evolving and conflicting federal and state legal requirements concerning transgender-related care, Sutter County has determined that it is prudent to temporarily suspend the training until further legal clarity is obtained to ensure continued compliance with laws and funding conditions.

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

Recruitment, hiring and retention of 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 play an important role in meeting the needs of clients from various cultural and linguistic backgrounds. SYBH actively recruits for Spanish, Hmong and Punjabi language speaking physicians, nurses, clinicians, counselors, and interns. SYBH offers a bilingual pay differential pending verification of the employee's language or communication skill ability. SYBH utilizes a language test to verify employee's language or communication skill ability. Both the Hmong Outreach Center and the Latino Outreach center is comprised of staff who are bilingual and bicultural.

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

Under the plan, the County will:

- Promote a work environment free from all forms of harassment and discrimination
- Eliminate unnecessary or arbitrary practices that negatively affect applicants and employees
- Increase employee awareness and acceptance of our diversity
- Provide all employees with opportunities for career development and advancement. 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 for fostering and maintaining a work environment that is inclusive, respectful and free from discrimination or harassment; and employees are responsible for knowing and understanding 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 table below depict the Race/Ethnicity/Language Demographics for Sutter Yuba and their contractor staff.

Table 6.1 SYBH Behavioral Health Plan Staff Demographics and Language Data

Race/Ethnicity /Demographic/Language Information							
BHP Positions	**Black/African American**	**Asian American/ Pacific Islander**	**American Indian/ Native American**	**Hispanic/ Latino**	**White/ Caucasian**	**Two or More Races**	**Bi-Lingual Capacity**
Licensed Clinicians	3	16	6	22	30	2	11
Certified Behavioral Health Staff	5	11	2	20	22	1	2
Non-clinical/ Non-certified county BHP staff	1	8	3	18	25	1	18
Contractor staff	4	2	1	17	27	0	17
Totals	**13**	**37**	**12**	**77**	**104**	**4**	**48**

Workforce Education and Training

The goal of the Workforce Education and Training (WET) component of the MHSA plan is to develop a well-trained, culturally competent workforce. In 2019, the Office of Statewide Health Planning and Development (OSHPD), now known as the Department of Health care Access and Information (HCAI) with input from its partner agencies, developed the following mission statement to guide all WET activities in a California Regional 2020-2025 WET Five-Year Plan. California's PMHS will develop and maintain a robust and diverse public mental health workforce capable of addressing mental health disparities by providing treatment, prevention, and early intervention services. Services need to be consumer- and family-driven, equitable, compassionate, culturally, and linguistically appropriate, and gender-responsive, across the lifespan.

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

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

Goals:

1. Develop career pathways for individuals entering and advancing across new and existing PMHS professions.
2. Expand the capacity of postsecondary education to meet the identified PMHS workforce needs.
3. Expand financial incentive programs for the PMHS workforce to equitably meet identified PMHS needs in underrepresented, underserved, unserved, and inappropriately served communities.
4. Expand education and training programs for the current PMHS workforce in competencies that align with the full spectrum of PMHS needs.
5. Increase the retention of the PMHS workforce identified as a high priority.
6. Develop and sustain new and existing collaborations and partnerships to strengthen recruitment, training, education, and retention of the PMHS workforce.

SYBH has participated in the following WET activities:

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

Criterion 7: County Mental Health System Language Capacity

Increasing Bilingual Workforce Capacity

Sutter County recognizes the Department's need for bilingual language skills or specialized communication skills to improve consumer experience and reduce cultural/linguistic disparities. Thus, SYBH continues to implement Sutter County's Personnel Rule 20.0 Bilingual Pay (Appendix 2.0). Bilingual pay is intended to be an incentive for bilingual staff to utilize their skills and for departments to leverage resources. This rule requires verification of language and communication skills either through state certification or certified by Sutter County in the relevant language.

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

SYBH hosts a quarterly meeting or all interpreters to attend where they can share information and best practices and discuss issues around interpreting and develop interventions to overcome any barriers. A sharepoint is being created where staff can share information and resources on a regular basis to increase their interpreting skills. SYBH has implemented an on-line training module for interpreters that they are required to take annually.

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

SYBH accommodates individuals that may be affected by linguistic barriers using bilingual staff and/or free to the member 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 5.0). The spanish interpreters have a rotating calendar so that they know ahead of time when they will be scheduled for interpreting duties. Clients and staff, as a last resort, may also utilize Language Line Solutions for interpretation if there is a language barrier per Policy and Procedure 06-002 (Appendix 1.0). Language Line Solutions provides high-quality phone and video translation services via highly trained and professional linguists in more than 240 languages 24 hours a day, 7 days a week. This resource is a quick, easy way to help provide quality service to our LEP clients and consumers. Instructions on how to use Language Line Solutions and tips for working with telephone interpreters can be found in the Language Line Procedures (Appendix 1.1). New staff orientation includes a review of all policies and procedures and a Language Access training mandatory for all staff upon hire and yearly thereafter, which incorporate instructions on accessing Language Line Solutions.

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

SYBH sites are provided with 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 program

The Wellness and Recovery Center is a Peer led center that offers recovery-oriented groups and individual support to members with serious behavioral health conditions and or substance use disorder conditions. Behavioral health Peer staff, Therapist, 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. Current members of SYBH who are in services, can participate concurrently in Wellness and Recovery.

SYBH participates in the State Medi-Cal Peer Support Specialist Certification Program. All of the Peer Support Specialist at SYBH have been Certified and provide culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural support, and identification of strengths through structured activities designed to set recovery goals and identify steps to reach their goals. Services aim to prevent relapse, empower Medi-Cal members through strength-based coaching, support linkages to community resources, and educate members and their families about their conditions and the process of recovery. Our Certified Peer Support Specialists use personal lived experiences of recovery to assist individuals with their recovery from mental illness or substance use disorder. The charts below show the number of certified Medi-Cal Peer Support Specialists and the demographics of the current certified Medi-Cal Peer Support Specialists.

Table 8.1 SYBH Certified Medi-Cal Support Specialists

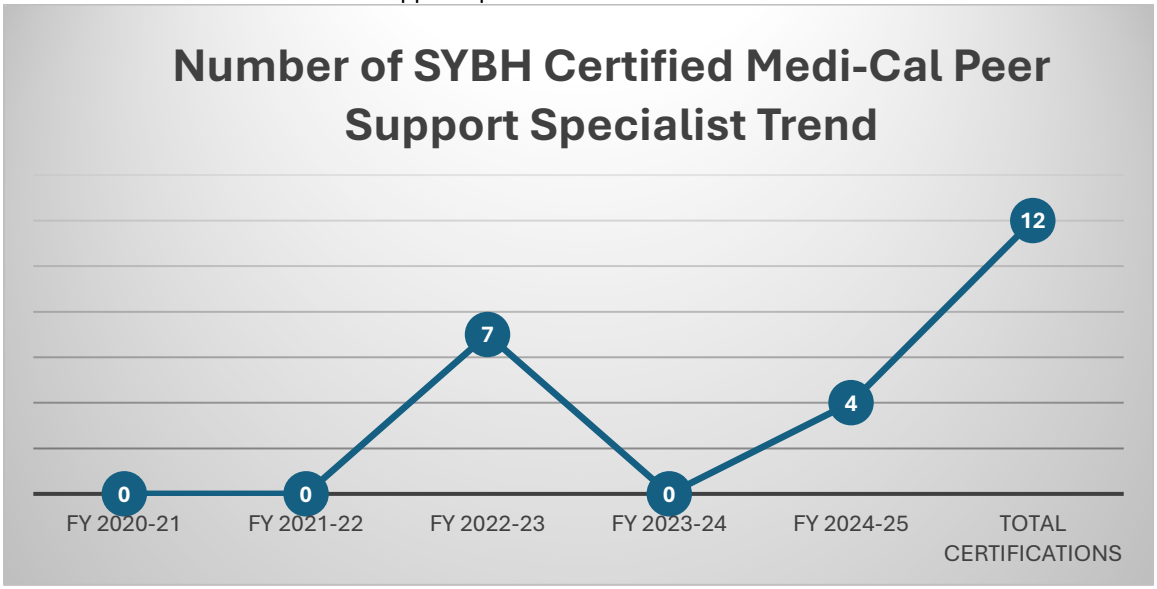
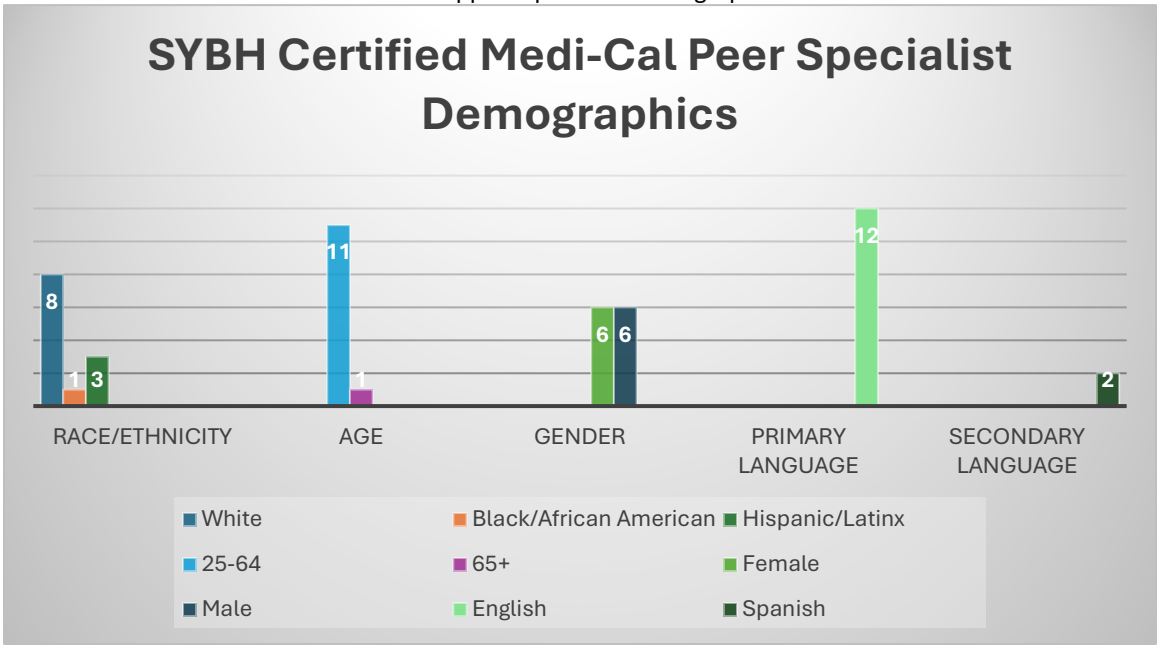


Table 8.2 SYBH Certified Medi-Cal Peer Support Specialist Demographics



Responsiveness of mental health services

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

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

SYBH and their subcontractors have service sites throughout Sutter and Yuba Counties to meet the necessary time and distance standards. Transportation is arranged and provided when necessary. The Hmong Outreach Center is located in the area of Yuba County where a large number of Hmong members reside. The Latino Outreach Center (LOC) is located in Sutter County where a large number of Hispanic/Latinx members reside, and the LOC is also near a low-income housing unit and an FQHC. The SYBH has sites located near other resource agencies such as One-Stop, Public Health and WIC.

Quality of Care: Contract Providers

SYBH incorporates culturally competent care requirements into all subcontractor agreements to ensure providers can deliver culturally responsive mental health services. These contract provisions also ensure subcontractor staff receive the appropriate training and resources necessary to meet the diverse needs of the communities they serve.

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 an interpretation situation.

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

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

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

SYBH utilizes the Consumer Perception Survey results to determine member satisfaction with culturally competent services provided by SYBH or their contractors. During the 2024 Consumer

Perception Survey 94% of youth respondents indicated scored their satisfaction with cultural appropriateness at 3.5+ and 100% of Families of Youth scored their satisfaction with cultural appropriateness at 3.5+. One hundred percent of the Family of Youth, 86 percent of Youth, 94 percent of adult and 86 percent of Older Adult respondents indicated that they received access in their preferred language.

SYBH does not currently measure staff experiences or opinions regarding the organization's ability to value cultural and linguistically competent services. SYBH has drafted survey that will be utilized in the future to measure staff experience.

Appendix