

TUOLUMNE COUNTY
BEHAVIORAL HEALTH DEPARTMENT

Cultural Competence Plan Annual Update
FY 17-19

2017/2019

Tuolumne County Behavioral Health
Competence Plan Update

Cultural Competency Plan Requirements

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Criteria Reference

- ✓ **Criterion 1: Commitment to Cultural Competence**

- ✓ **Criterion 2: Updated Assessment of Service Needs**

- ✓ **Criterion 3: Strategies and efforts for reducing racial, ethnic, cultural, and linguistic Mental Health disparities**

- ✓ **Criterion 4: Client / family member / community committee: Integration within BHS**

- ✓ **Criterion 5: Culturally Competent Training Activities**

- ✓ **Criterion 6: County's commitment to growing a multicultural workforce**

- ✓ **Criterion 7: County's Language Capacity**

- ✓ **Criterion 8: Adaptation of Services**

Overview of Tuolumne County

Tuolumne County is located in the central Sierra Nevada, with major rivers to the north and south. The Sierra Nevada range forms the border on the east, with the county flowing into the great central valley in the west. The diverse terrain includes the Columbia and Railtown 1897 State Historic Parks, Bureau of Land Management lands, American Indian Rancherias and much of the Stanislaus National Forest and Yosemite National Park. According to the U.S. Census Bureau, the county has a total area of 2,274 square miles (5,891 km²), of which 2,235 square miles (5,790 km²) is land and 39 square miles (101 km²), or 1.71%, is water. The elevation ranges from 300 feet to more than 12,000 feet. Federal, state, and local governments own most of the land (77%) in Tuolumne.

Tuolumne County has a population of 53,804. According to the US Census, demographics for Tuolumne County have shifted only slightly from 2016 to 2018. Tuolumne County is predominately Caucasian representing 80% of its population. The second highest reported ethnicity for Tuolumne is Hispanic at 13%. Tuolumne County has a large older adult population with 26% of the population being 65 or older, the state of California is at 14% for this age group as seen in the table below.

	Tuolumne County CY 2016	Tuolumne County CY 2018	California CY 2016	California CY 2018
White	80.4%	79.8%	37.7%	36.8%
Hispanic	12.2%	12.7%	38.9	39.3%
Two or more races	3.5%	3.6%	3.8%	3.9%
Black	2.1%	2.0%	6.5%	6.5%
American Indian	2.2%	2.3%	1.7%	1.6%
Asian	1.3%	1.4%	14.8%	15.3%
Pacific Islander	0.2%	0.3%	0.5%	0.5%
Over 65 Years Old	24.7%	26.2%	13.6%	14.3%
Veterans	10%	11.04%	4.5%	4/8%
Live below Poverty line	14.5%	12.5%	14.3%	12.8%
Per Capita Income	\$27,054	\$31,570	\$30,318	\$31,570

Tuolumne County Behavioral Health Department Mission Statement and Commitment to Cultural Competence: *Our mission is to provide respectful, culturally sensitive, and strength based behavioral health services which provide wellness, self-sufficiency, and recovery from mental illness and/or addiction.*

Demonstrating Cultural and Linguist Competence

In the FY 16-17 Cultural Competence Update there were three areas that were identified that were revealed as areas of concerns:

- Homeless
- Transitional Age Youth (16-24)
- Veterans

Feedback was gathered through surveys, meetings, and focus groups. Input was contributed by Tuolumne County Mental Health Advisory Board, Enrichment Center staff and peers, staff, Tuolumne County Superintendent of Schools, individual district school staff and counselors, California Highway Patrol, Tuolumne County Probation Department, and community agencies such as Amador Tuolumne Community Action Agency, Center for a Non-Violent Community, and Catholic Charities.

These three areas of concerns were also identified in our three-year plan and became a heightened focus for the agency. As an agency we responded to the needs identified by both the agency and the community.

Homeless

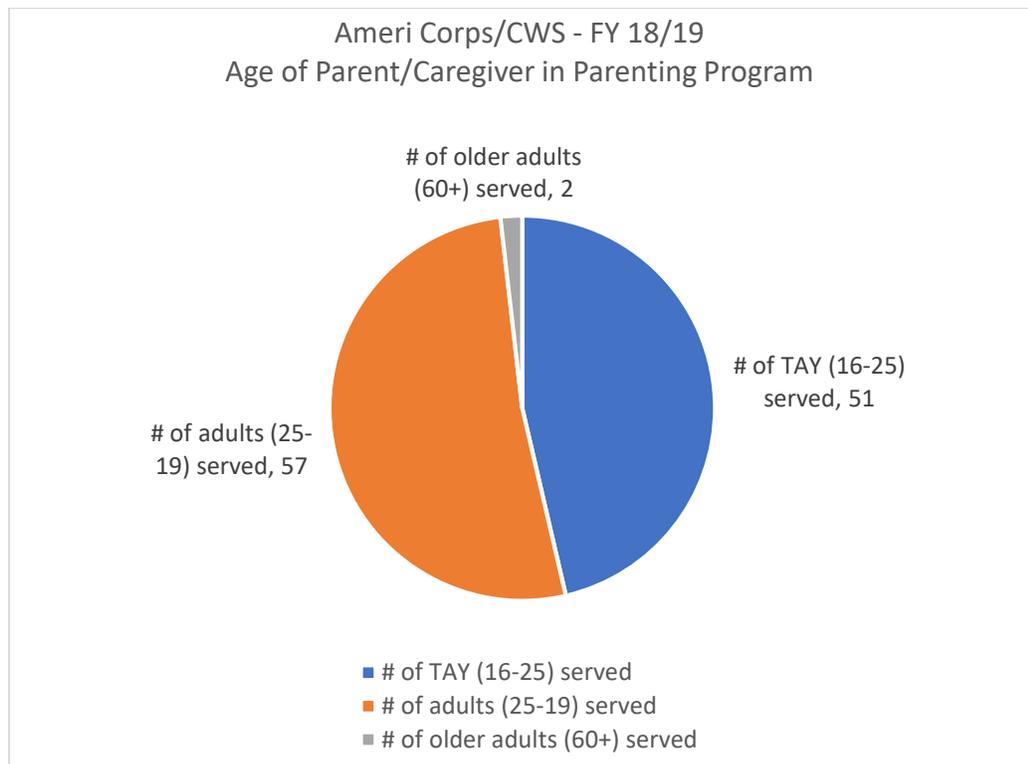
- New Program - Tuolumne County Behavioral Health (TCBH) received a grant through SB 82 for a new Mobile Response Team. The mobile response team is comprised of one Behavioral Health worker and two part time Peer Specialist who collaborate with local law enforcement to redirect emergency mental health crisis calls. In addition, they perform outreach to homeless individuals and at-risk youth are for potential referrals to resources and/or Tuolumne County Behavioral Health Services while providing brief case management.
- Whole Health Services – Smile Keepers is an oral health service at the Tuolumne County Enrichment Center through a MHSA grant. The program is free to participants and has grown in popularity with individuals returning regularly. Individuals are referred to a dentist as appropriate and encouraged to maintain their oral health. In FY 17/18, Smile Keepers data showed 250 clients received dental education and dental supplies in group settings. Furthermore, 52 clients received either dental cleanings, oral hygiene instructions, or emergency care that included follow up. In FY 18/19, Smile Keepers reported a total of 404 encounters that included group patient education, emergency dental visits, dental cleanings, or exam visits. Smile Keepers also provided at least 18 education events at the Enrichment Center for community members during this time. From those that were served at these events, 49 individuals identified themselves as homeless and 11 as veterans. In 2019, Smile Keepers successfully applied for a grant from the Sonora Area Foundation to fund the addition of nine service days for a two-year period; currently, Smile Keepers offers dental services and oral health education at the Enrichment Center for two mornings each month.
- Homeless Drop In – The Lambert Drop in Center for Homeless is supported through MHSA funds and serves as a homeless drop in center for community members. The Lambert Center celebrated their 20th Anniversary in early 2019. During FY 17-18, the Lambert Center had a total of 6,080 visits and served 617 unduplicated clients. In FY 18-19, the Lambert Center had a total of 4,918 visits and served 555 unduplicated clients. The Lambert Center conducted training and educational presentations on homeless culture and resources in Tuolumne County to the Community Cultural Collaborative in

January 2019. This training was essential in bringing cultural awareness to the Collaborative.

Transitional Age Youth

- In 2018, a clinician was co-located at Child Welfare Services with a primary focus on Katie A and Presumptive Transfer. The population served is the most at-risk youth. Offered through this clinician is a rapid assessment process for incoming children that fit the criteria for ongoing specialty mental health, ICC, and IHBS services.
- In 2018, a Program Specialist was hired to focus on outreach and prevention efforts for youth ages 12-25. The Program Specialist currently helps to oversee an ongoing peer program with the county titled Empowering Peers Inspiring Communities, it is known as EPIC. EPIC currently has a youth from every high school in the county participating in the program and have an ongoing meeting once a month to focus on outreach efforts.
- In FY 17-19, large efforts were made to recruit for youth dedicated staff members. Through the state mandates of Network Adequacy, Tuolumne County Behavioral Health had an opportunity to understand staff needs within the agency through client age demographics. Recruitments began for four positions during 2018 that would be dedicated to serving the youth: two full time Clinicians, one Behavioral Health worker for FSP, and one Nurse.
- Tuolumne County currently has several youth focused prevention efforts ongoing throughout the agency.
 - First Five's Social Emotional Learning Foundations Program instructs and coaches teaching staff on strategies to support the healthy social and emotional development of preschool children by creating a positive and supportive classroom environment. A sampling of strategies taught includes: using positive attention, developing routines, implementing transition cues, social stories, and teaching problem solving skills. In FY 17/18, 35 teaching staff at 11 preschool sites participated in the learning and coaching program. The staff received 70 hours of direct coaching support on implementing learned strategies. Program involvement was noticeably higher than in FY 16/17, when only 8 teachers from 4 preschool sites participated.
 - The Jamestown Family Resource Center (JFRC), as part of the Jamestown School District in Tuolumne County, continued to provide trauma-informed and resiliency building training to educators, administrators, and classified staff in the Jamestown School District from 2017 to 2019. Between 2017 and 2019, 82 school staff completed the trauma-informed trainings. Of those staff who completed the trainings, over 80% report that they find the trainings helpful in improving the classroom environment.

- Two Prevention and Early Intervention (PEI) contractors, The Infant Child Enrichment Center (ICES) and Ameri Corp (working through Tuolumne County Child Welfare Services), continued to provide parenting education to parents and caregivers in Tuolumne County from 2017-2019. In FY 18/19, 167 individuals attended ICES’s parent education classes and workshops, a 246% increase as compared to 67 in FY 16/17. Ten classes or class series were offered in FY 17/18 and thirteen in FY 18/19.
- Ameri Corps grew its Nurturing Parenting Education Program almost two-fold in FY 18/19 as compared to FY 17/18. In FY 18/19, the program served 110 parents and caregivers with 85 of those receiving at least 8 hours of parenting education and 76 parents/caregivers going on to graduate from the Nurturing Parenting Program. Of those who graduated, 83% improved in 3 or more constructs on the Adult Adolescent Parenting Inventory.



- Center for a Non-Violent Community (CNVC), a PEI contractor, continues to work primarily with elementary, middle school, and high school students to build resiliency by facilitating workshops on topics such as sexual harassment awareness, bullying prevention, healthy communication, self-esteem, respect, conflict resolution, and empathy building. In FY 17/18, CNVC’s resiliency workshops reached 525 students and 18 teachers; in FY 18/19, the program reached 690 students and 30 teachers. This was a 31% increase in students and a 67% increase in teachers.

- Tuolumne County Behavioral Health has offered trainings for staff regarding transitional age youth:
 - Columbia Community College on-site training – October 2017
 - Alateen Education Presentation, Culture of Tuolumne – August 2017
 - Minor Consent Training – January 2018

Veterans

- During FY 17-19, Tuolumne County Behavioral Health had the opportunity to bring on two Veterans as staff members. One veteran was hired as a Program Specialist for MHSA and another in the Substance Use Disorder program. This was an opportunity for Behavioral Health to expand our Cultural Competency as a staff, respond to community needs, and connect directly with clients.
- In January of 2018, Behavioral Health had an All Staff training led by the Veterans Service Officer. This training expanded on current knowledge of Veterans in our community and explored Tuolumne County Veterans culture specifically.
- In March 2017, Nina D. Schoffel from Vietnam Veterans of America presented to the Community Cultural Collaborative.
 - Nina was well received and very informative on PTSD for Veterans and their family members, because of this she will return for further education in May 2019.

Meeting Cultural and Linguist Competence

Tuolumne County continues to strive for Cultural Competency through ongoing efforts agency wide. These efforts can be seen in various trainings, client experience focused meetings, hiring of more diverse and demographic focused staff, improving policies and procedures, and improving processes that enhance client experience.

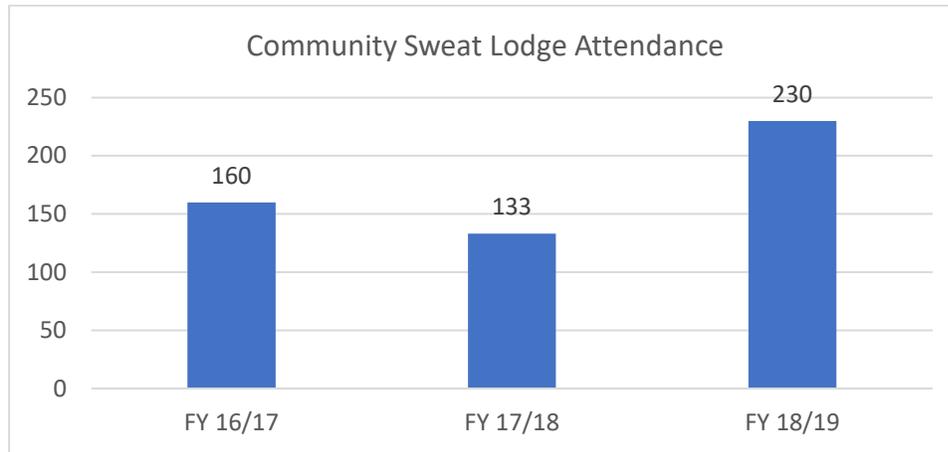
TCBH has had an opportunity to receive input/feedback about any cultural or linguistic issues that might arise. This is due to staff and client/family participation in regular meetings of the Community Cultural Collaborative, the Quality Improvement Council, the Tuolumne County Behavioral Health Advisory Board, and MHSA Planning. As these communication methods have developed and matured, honest feedback has become welcomed and expected. This has allowed for trust to build for the participants.

In FY's 17-19, policy updates and new staff contributed to an agency wide increase in cultural competency. Detailed below are the updated efforts:

- Policy and procedure updates to reflect standards for monitoring and service delivery of Cultural Competency:

- Quality Improvement Program Policy Final – Approved January 2019
- CANS and PSC 35 Policy – Final Approved January 2019
- Beneficiary Grievance, Appeal, and State Fair Hearing Policy – Final Approved October 2018
- EPSDT and TBS Notifications – Final Approved January 2018
- Katie A. Program Services Policy – Final Approved February 2019
- Access to Behavioral Health Policy Final Approved January 2019
- Staffing
 - Hired full time Spanish bilingual Clinician
 - Co-located one full time Clinician at Probation to increase outreach and services to probation and jail population
 - Hired one Program Specialist to focus in youth, aged 12-25, prevention and outreach
 - Co-located one full time Clinician to Child Welfare Service to increase outreach and services
- Agency Efforts
 - Monitoring Efforts – TCBH has enhanced monitoring of ongoing trainings for Cultural Competency across the agency. A collaboration of MHSA, Administration, and Quality Improvement have now established a completely refreshed training monitoring tool that will track all hours of training and subject matter.
 - Quality Improvement Council moved days, times, and location in 2018. The Council was moved to the Enrichment Center at Behavioral Health. It was found that the highest traffic times were Monday, Wednesday, and Friday between 9am and noon. The meeting was then moved to every third Monday from 10-11am at the Enrichment Center. This move was to meet the community where they were at and gain more diverse and client centered feedback on current initiatives.
 - Tri-County Cultural Collaborative – Meeting was established with Amador, Calaveras, and Tuolumne County to discuss Cultural Competency needs for small, rural counties. The collaborative was successful in having a Tri-County training where all three counties came together.

- Tuolumne County's dedicated Ethnic Services Coordinator was able to attend a three-day Cultural Competency Summit in Riverside, CA. This opportunity allowed for increased training and knowledge to be brought back to Tuolumne County. As a result, one of the speakers from the Summit was scheduled to come present in Tuolumne County. This was done through the help of the Tri-County Cultural Committee.
- Current PEI Contracts are in place for outreach to both the Latino and Native American communities.
 - The Amador-Tuolumne Community Action Agency's (ATCAA) Promotores de Salud (Promoters of Health) program has been providing outreach to the Latino/Hispanic community in Tuolumne County since 2014. The program trains and mentors Spanish-speaking community members to be promoters of health and behavioral health to the Latino/Hispanic communities. ATCAA's Promotores de Salud have created a recognized presence in community, with steady or gradually increasing numbers of contacts in the community. The number of direct services (in-home visits and group attendance) to community members dropped 3% from FY 16/17 (153 services) to 17/18 (148 services), but then grew 32% in FY 18/19 (195 services). The Promotores de Salud staff offers language and other support services in Spanish to other agencies in the county. In FY 16/17, they presented to eight agencies to educate them on the various services they provide. As a result, from 2017 to 2019 there were 19 requests from other agencies for assistance.
 - Tuolumne County's second largest non-white ethnic population is Native American, this population makes up 2.3% of the county population of 54,539 individuals per the US Census Bureau as of July 1, 2018. In calendar year (CY) 2017, 1.1% of the Medi-Cal enrollees in Tuolumne County, a total of 160 individuals, identified as Native American. The Tuolumne Me Wuk Indian Health Center (TMWIHC) has been providing outreach to the Native American community as well as the general public in Tuolumne County since 2010. In the past few years, TMWIHC has been promoting physical and behavioral health in the community by hosting events, groups and educational activities on Native American healing traditions such as sweat lodge ceremonies, drumming, and healing circles, art and culture to youth, as well as support to incarcerated Native Americans. From FY 2016-17 to FY 2018-19, TMWIHC hosted an average of 12 sweat lodge ceremonies each year, reaching an average of 174 individuals annually. For FY 17/18, TMWIHC reported that the feedback on the sweat ceremonies was positive; participants stated that they felt more connected to a spiritual component that tied them to their community and culture. Attendance at the sweat lodge ceremonies increased by 73% from FY 17/18 to FY 18/19.



- Trainings that have been offered at TCBH:

Trainings	Date
Welcome Promotores - Hispanic and Latino Outreach	7/13/2016
HART and SOAR - Older Adult Outreach	7/27/2016
Victim Witness	9/14/2016
Tribal TANF and Veteran's Day presentation	11/9/2016
Alateen Programs & Changes to Walk In	12/14/2016
Veteran's Administration Support and Service	1/11/2017
Patient Rights, Problem Resolution Process, Advance Directives and Beneficiary Protection	2/8/2017
Law and Ethics for Health Care Providers	2/28/2017
Sparrow Project - Older Adult Counseling	3/8/2017
Diversity in the LGBTQ Community	3/24/2017
Infant Child Enrichment Services <i>Raising of America</i>	4/26/2017
Culture of the Client and Family	5/24/2017
Peer Outreach and Stigma Reeducation	6/14/2017
APS and CWS Mandated Reporter training	6/14/2017
Suboxone Treatment for Opiate Addiction	7/12/2017
Tuolumne Narcotics Team (TNT)	7/26/2017
Trauma Informed School and ACES	8/9/2017
SafeTalk	8/17/2017
Alateen	8/23/2017
Suicide Awareness and Prevention	9/27/2017
Suicide and Hope	9/29/2017
Eating Disorders	10/11/2017
Columbia College MH Counseling Services	10/25/2017
Mind Matters--Autism specialists from Amador County	11/8/2017

Child Welfare Services	11/22/2017
Substance Use Disorder Team	12/13/2017
Veteran Service Officer VSO's office	1/10/2018
Patient's Rights, Problem Resolution and Beneficiary Protection	1/24/2018
ATCAA Housing Program and the Homeless PIT Count	3/14/2018
Mental Health Disparities and Tobacco	4/25/2018
Culture of the Client/Culture of the Family	5/9/2018
CWS/APS Mandated Reporter Training	5/23/2018
CLAS Standards	6/5/2018
Center for Non-Violent Community "Visions and Voices"	6/13/2018
LGBTQ Awareness, Sensitivity & Competency	6/21/2018
All-Staff: Promotores de Salud	7/22/2018
All-Staff: Center for Non-Violent Community and Older Adult Catholic Charities	7/25/2018
All-Staff: Benefits & Resources: Jason T & Linda N.	8/8/2018
Opioid Awareness Conference	8/16/2018
All-Staff: Suicide Prevention: Martha & Bob	9/12/2018
Safe Talk	10/16/2018
ASIST	4/4/2019
All-Staff: Culture of the Client/Family (NAMI)	4/17/2019
ASIST	6/6/2019
Elder Empowerment Conference	6/12/2019
ASIST	11/1/2019

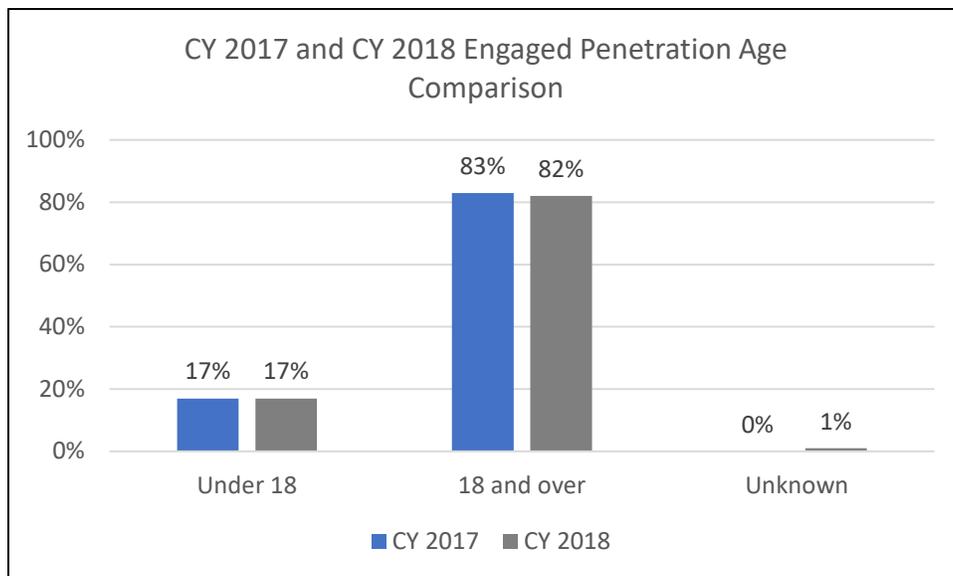
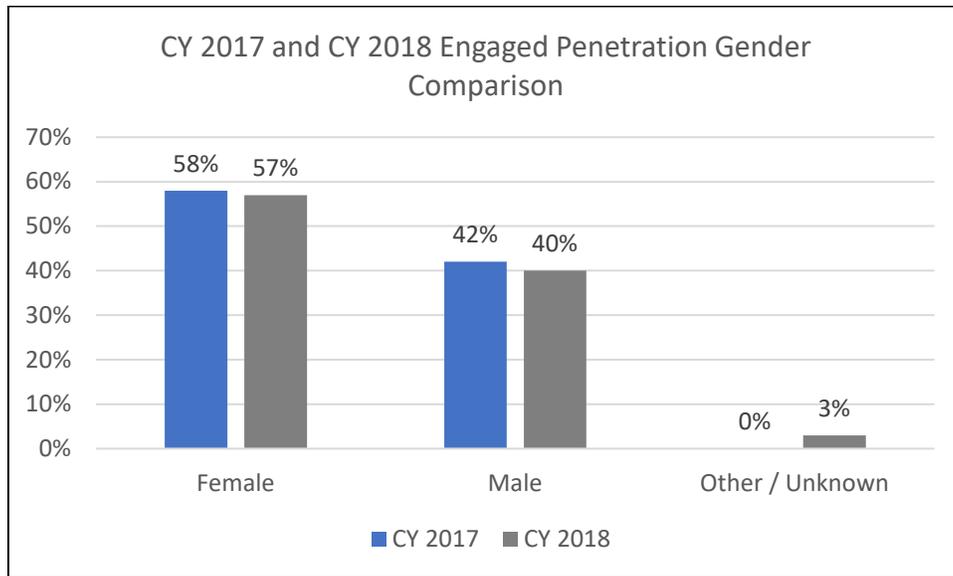
Data and Analysis

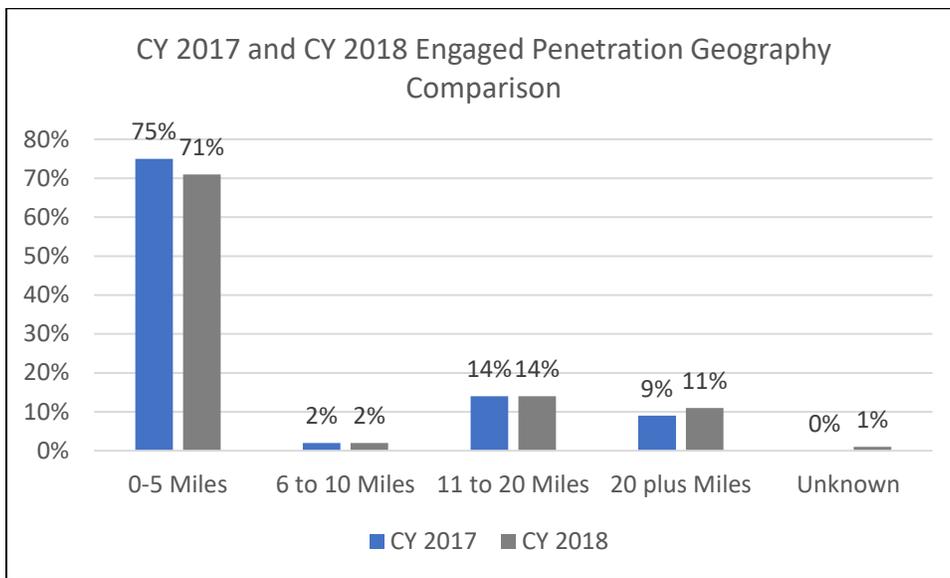
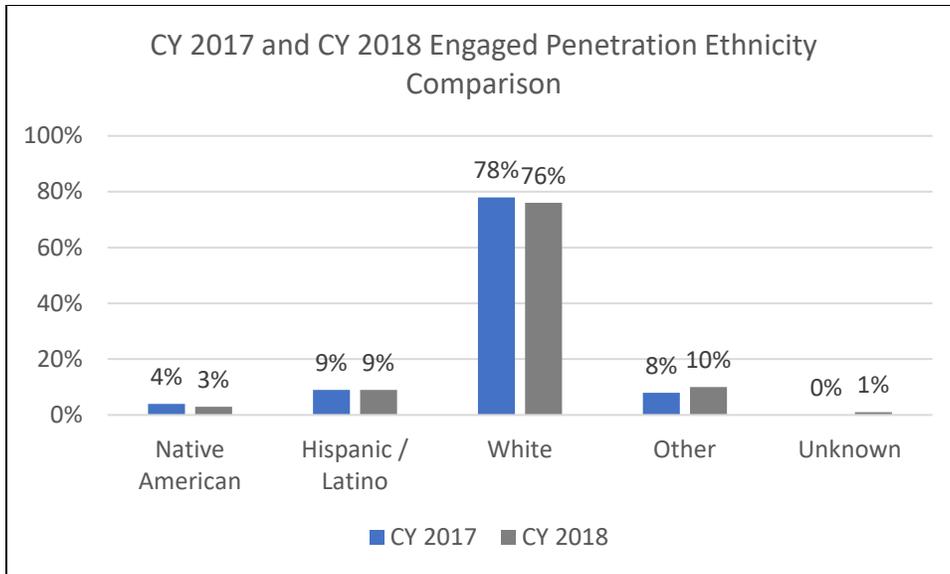
In order to ensure that the TCBH Department continues to provide cultural and linguistically appropriate services, the department collects and maintains accurate and reliable demographic data. The department also utilizes Penetration Rate and Claims Data to evaluate needed improvements. The county measures and monitors activities/strategies for reducing disparities in the following ways:

- Regular review of utilization data to note changes in penetration and utilization rates.
- Monitoring of Incidents and Grievances for service disparities by race, ethnicity and culture.
- Monitoring of satisfaction survey results as they relate to any disparate treatment by race, ethnicity and culture.
- Monitoring of crisis and inpatient data to note trends across all cultural parameters.
- Use of outcome measures to track consumer progress taking into consideration race, ethnicity, and cultural data.

- Sponsoring and monitoring staff attendance at cultural competency trainings to ensure that all staff has opportunities to learn about cultural competency regardless of position or job classification.

TCBH annually completes a dashboard to represent penetration rates that reflect all clients served. This data is reviewed annually by the Quality Management Committee, Quality Improvement Council, and annual auditors. TCBH also reviews demographics of beneficiaries who received five services or more from TCBH, Engaged Penetration.





In addition to penetration rates data is pulled yearly that focused on the Katie A. population. It is important to understand the age ranges of the at-risk youth that are actively being seen within the agency. Due to low numbers within age groups some data was retracted from the table below.

Katie A Breakdown by Age		
Age Group	Count CY 2017	Count CY 2018
Ages 0-5	*	*
Ages 6-17	18	12
Ages 18-21	*	*
Total	26	19

Data is gathered around high risk clients on a quarterly basis. This data is presented to ensure that there are no disparities within our system. Breaking the data down by demographics allows the agency to see at a glance year over year how we are serving our community and where improvements can be made. This data is present on a quarterly basis to team members, stakeholders, and annual auditors.

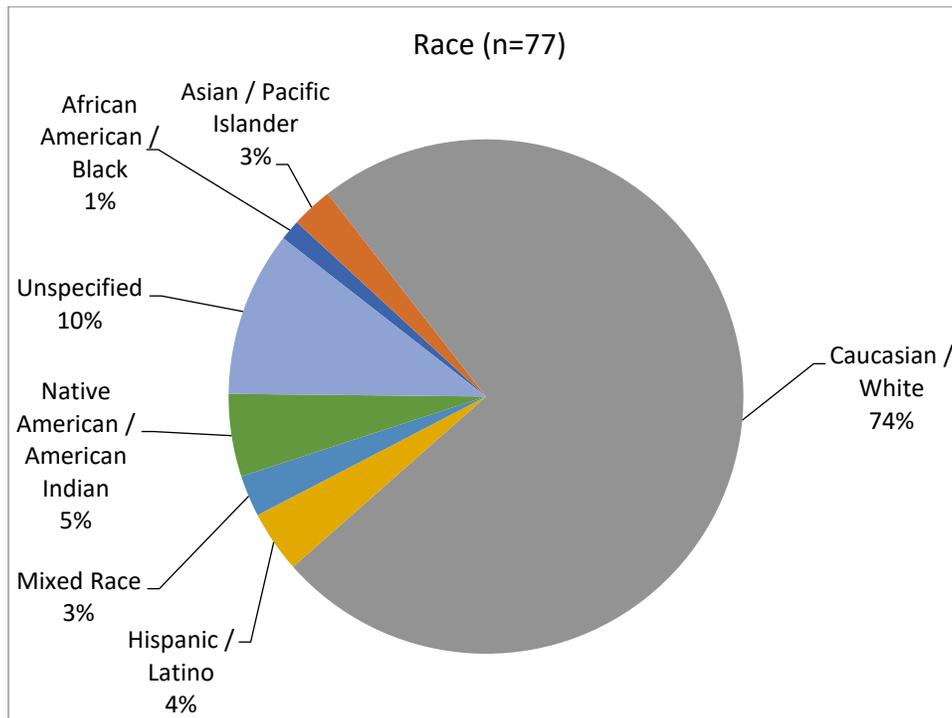
CY 2018 Re-Hospitalization Populations Breakdown by Gender Duplicated Client Counts (n=33)		
	30-day Re-Hospitalization	Re-Hospitalized over 30 days
Female	53%	50%
Male	47%	50%

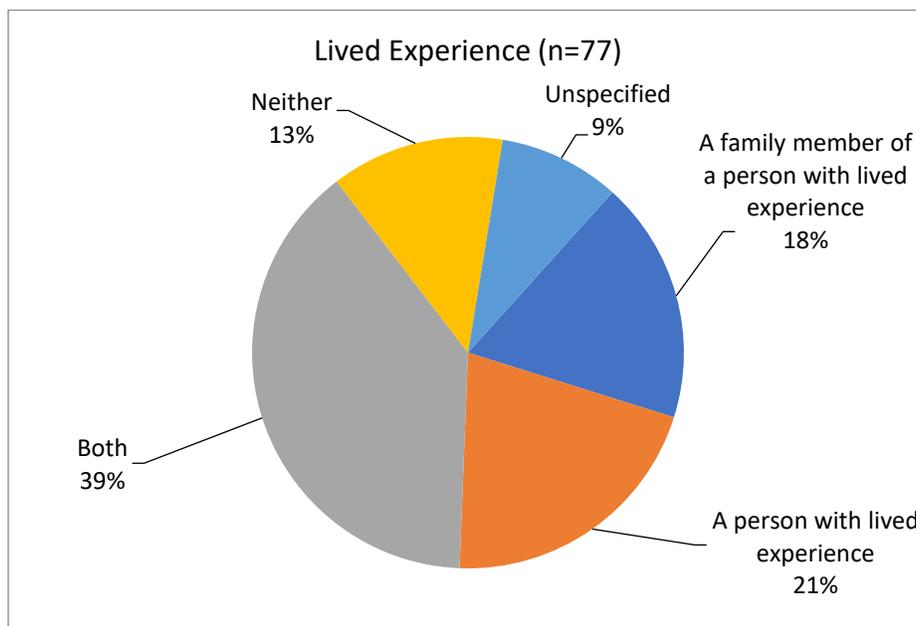
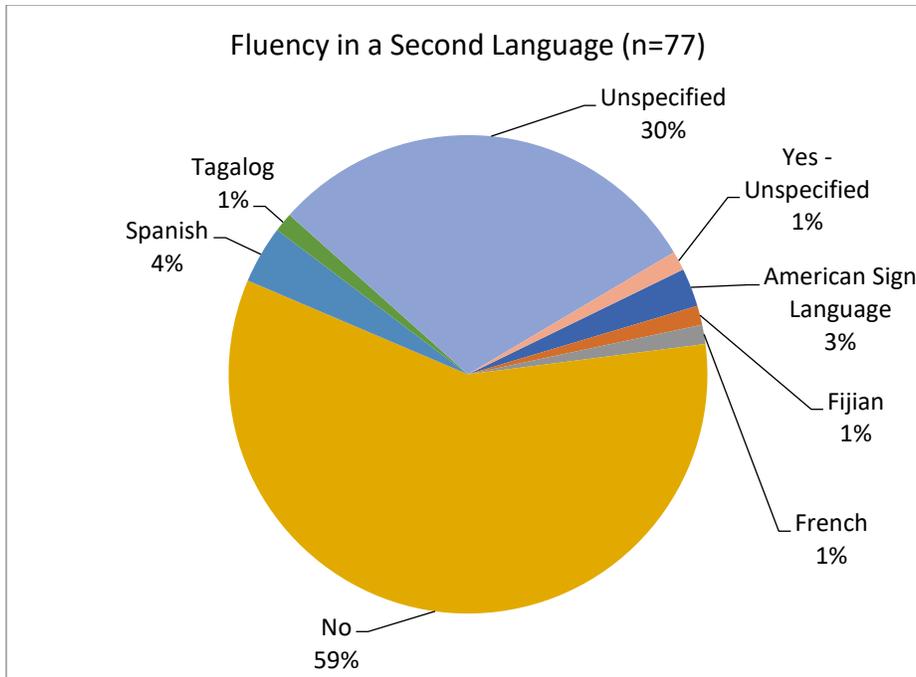
CY 2018 Re-Hospitalization Populations Breakdown by Ethnicity Duplicated Client Counts (n=33)		
	30-day Re-Hospitalization	Re-Hospitalized over 30 days
White	80%	83%
Hispanic	0%	6%
Native American	13%	11%
Unknown	7%	0%

CY 2018 Re-Hospitalization Populations Breakdown by Age Duplicated Client Counts (n=33)		
	30-day Re-Hospitalization	Re-Hospitalized over 30 days
Adult	93%	78%
Children	7%	22%

CY 2018 Re-Hospitalization Populations Breakdown by Geography Duplicated Client Counts (n=33)		
	30-day Re-Hospitalization	Re-Hospitalized over 30 days
0- 5 miles	67%	72%
6-10 miles	0%	0%
11-20 miles	13%	22%
20 + miles	20%	6%
Unknown	0%	0%

In addition to analyzing the client and community data, staff demographics are reviewed to understand TCBHs alignment with those that are served. Outcome data allows TCBH to understand whether disparities exist within services. Analyzing the demographics of the staff allows TCBH to see whether staffing is aligned with both the community and client demographics. TCBH staff engage in a survey that offers this type of analysis. Not only does TCBH demographics of staff align with the demographics of the community and those served, the data below shows that most staff have either both lived experience or are a family member of person with lived experience.





Goals and Objectives

TCBH staff are committed to constantly improving services and agency standards to meet the need of culturally diverse individuals seeking and receiving services. Several goals and priority areas were identified in the original plan. As updates continue, TCBH has the opportunity to review the data through county demographics, current efforts, community priorities, clients served demographics, policy and procedures, and offered trainings. In correlation with the

original plan, community input, and reflection on past and ongoing efforts TCBH is able to identify priority areas for the coming year.

In 2019, the Ethnic Services Coordinator, MHSA Coordinator, Department Director, and Quality Improvement met to review Cultural Competency within TCBH. The following goals were created as a result of the data gathered and are ultimately a reflection of the original plan, previous updates, community input, and current data trends. These goals will be prioritized over the next year as well as previously stated goals and efforts to continue Tuolumne County's goal of providing culturally competent services.

Goal 1 – Provide culturally and linguistically appropriate services to improve access and staff awareness for Latino and Native American's.

- Objective 1 PEI - Continue outreach and prevention efforts to these communities within Tuolumne County. They are the second and third largest identified population within the client demographics.
- Objective 2 Training – Cultural Competency and client experience trainings are necessary for staff to be able to serve our community through a culturally sensitive lens.

Goal 2 – To deliver behavioral health services in collaboration with other community organizations for children and youth.

- Objective 1 Community Outreach – Penetration rates for youth is much lower than adults. Establishing outreach for this age group to better serve them and understand their current needs. Establishing a meeting with school counselors, School of Superintends, and other youth serving agencies will allow a better understand of client needs.
- Objective 2 Staffing – Expanding services to meet clients where they are at may be necessary to improve penetration rates. Establishing both the mobile crisis unit and a clinician to assist on site at school campuses could improve client outreach and services.

Goal 3 – To create a work atmosphere where dignity and respect is encouraged and model through service delivery and structure for the older adult population.

- Objective 1 Trainings – Identify trainings for all staff that will give insight to the older adult culture and client experience in Tuolumne County. The update shows that improvement in this area is necessary for large older adult population in the county. Agency wide training will improve client services to this population.
- Objective 2 Staffing – As we currently have youth dedicated staff members, continuing to establish a dedicated system of care within the agency that can focus on the needs of this population

Goal 4 – To enhance monitoring and evaluate the impact of services for Dual Diagnosis

- Objective 1 Trainings - As identified in the original plan there is a need to focus on dual diagnosis clients. Through this update and previous updates, it has been identified that improvements can be made that will focus on the dual diagnosis population. Additional

training for staff on how to assess and serve clients with dual diagnosis will improve client services for this population.

- Objective 2 – To implement ASAM training for all clinical staff across the agency. To allow a more integrated care setting for ongoing planned services and allow for improved monitoring of SUD clients.