



# TUOLUMNE COUNTY BEHAVIORAL HEALTH DEPARTMENT

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Cultural Competence Plan Annual  
Update FY 19-20

**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 km<sup>2</sup>), of which 2,235 square miles (5,790 km<sup>2</sup>) is land and 39 square miles (101 km<sup>2</sup>), 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 2018 to 2019. 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 2018	Tuolumne County CY 2019	California CY 2018	California CY 2019
White	79.80%	79.70%	36.80%	36.50%
Hispanic	12.70%	12.70%	39.30%	39.40%
Two or more races	3.60%	3.60%	3.90%	4.00%
Black	2.00%	2.00%	6.50%	650.00%
American Indian	2.30%	2.30%	1.60%	1.60%
Asian	1.40%	1.50%	15.30%	15.50%
Pacific Islander	0.30%	0.30%	0.50%	0.50%
Over 65 Years Old	26.20%	27.00%	14.30%	14.80%
Veterans	11.04%	9.60%	4.80%	4.10%
Live below Poverty line	12.50%	12.50%	12.80%	11.80%
Per Capita Income	\$31,570	\$33,685	\$31,570	\$35,021

**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.

**Goals and Objectives Review**

Tuolumne County Behavioral Health (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 was able to identify priority areas for the last fiscal 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 were prioritized over the 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 substance use disorder (SUD) clients.

### Tuolumne County Behavioral Health Goals and Objectives Activities

Throughout the fiscal year TCBH ensured that ongoing efforts were made to address each goal and object that was set for the fiscal year. As the fiscal year began several plans were made throughout the agency for trainings, outreach and community collaborations. Several of these planned efforts were able to come to fruition prior to the beginning of calendar year 2020. As the first quarter of 2020 ended, a shift in outreach efforts was necessary with the onset of the COVID-19 pandemic.

TCBH was able to partially address all goals and objectives, but barriers became a large factor as social distancing standards were required. This impacted community efforts, meetings, trainings and school attendance. TCBH was able to quickly shift to meet the ongoing needs of clients and was required to reassess continued cultural competency efforts.

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 ACTIVITIES

- TCBH currently contracts with the Amador-Tuolumne Community Action Agency (ATCAA) to provide Latino outreach through the Promotores de Salud Program. This program provides Latino American Outreach and Engagement services by working directly with the community. Through these efforts the Spanish-speaking Hispanic/Latino residents of Tuolumne County are more informed regarding mental health issues and resources. The program is set to specifically provide warm hand-off referrals to TCBH once engagement has been established with a client in need. Promotores assist clients with health insurance questions and help to attend the first visit if requested. Highlights from the programs work include:
  - 23 informational presentations on the Promotores de Salud reached 302 community members
  - 46 individuals in home contacts were provided
  - 42 referrals were made to medical professionals or support groups
  - 2 warm hand off referrals were provided, and assistance was given to 44 individuals
- TCBH focused on both prevention and access efforts. It was recognized that access was also one area that needed to be addressed to ensure Native American and Latino populations were able to access services at the same rate as other populations. Quality Management took the opportunity to review current penetration rates for Native Americans and Latinos. The first piece of data reviewed was the most recent Census data to understand what percent of our county's total population was represented by these two races. The Native American population was 2.3% and the Latino population was 12.7%. When the internally produced penetration rates were reviewed, they were compared to the Census rates to ensure penetration/access rates were in line with current populations. By the third quarter of CY 2020 the penetration rate for the Native American population was 3%, showing TCBH had a higher penetration rate for Native Americans when compared to county demographics. When comparing the Latino population to Latino's served, the penetration rate for those who received one or more service was 7%. When reviewing the engaged population, those receiving 5 or more services, the penetration rate increased to 9%. There was less than a three percent difference from the county demographics to the engaged clients served population. When these penetration rates are viewed, the census data must consistently be reviewed to ensure comparing appropriate penetration rates. The demographic of the county is extremely important to consider when looking at engagement and access rates of clients. These data points were necessary for TCBH to understand that current access rates are in line with what would be expected of the population.
- 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.

OBJECTIVE ACTIVITIES

- Staff trainings were an essential part of ensuring that action was taken towards this goal. TCBH set up several trainings that were mandatory for all staff to attend.
  - On September 18, 2020, Carlos Gesidorff provided an onsite cultural learning opportunity for all TCBH staff. Mr. Gesidorff currently lives on the Tuolumne Reservation and is a voting tribal member of the Tuolumne Band of Me Wuk Indians. He is the Me Wuk Language Program Manager for the Education Department and heads the language program, teaching both adults and children. Carlos presented on tribal history, traditions, culture and current tribal practices.
  - On October 22, 2019, an onsite cultural competency training presentation was provided by Frank Canizales, Tribal Social Services Director. Mr. Canizales shared his personal experiences and history with the group. Frank was accompanied by Maggie Steele, a native from Sacramento, who performed native songs and narratives related to their culture and beliefs. This important cultural presentation was impactful in several ways. Frank's personal experience with our building's history created an emotional moment for him which he was able to articulate to the group. His personal experiences, which span several decades, were very different than those experienced by younger generations. Frank's willingness to be transparent about those experiences and his feelings during the turmoil of the 60's was extremely enlightening, as well as his knowledge of growing up as a Tuolumne County Native American born in the 40's. An 8-minute video of Frank's grandmother was also shared with the group. The breadth of generational experiences showcased at this cultural competency presentation was valued and appreciated.
  - On December 2, 2019, Dr. Bryant T. Marks Sr., presented to all TCBH staff at an offsite training on Implicit Bias. Dr. Marks is the Founding Director and Lead Trainer of The National Training Institute on Race and Equity (NTIRE) and a professor in the Department of Psychology at Morehouse College. Minister, researcher, trainer, and award-winning educator, Dr. Marks has provided diversity, equity, and inclusion training for almost 20 years. Dr. Marks has provided implicit bias training to over 2,000 Police Chiefs and executives via a series of briefings at the White House in 2016, and several thousand patrol officers in local police departments including the entire Los Angeles Police Department. He has also provided training related to diversity and implicit bias to individuals in education (K-12 and higher education), philanthropy, non-profits, local and federal government, and several other sectors. He serves on several national boards and is a highly sought-after speaker and trainer. Learning objectives for this training ranged from understanding what implicit bias looks like and how it is measured to identifying ways cultural awareness may help increase positive interaction.



- On December 2, 2019, Stephanie Beaver, presented to all TCBH staff at an offsite training. Stephanie is a member of the Hoopa Valley Tribe. Stephanie was born and raised on the Hoopa Valley Indian Reservation in Hoopa, CA. Currently, she is completing her Doctorate in Education, Educational Leadership, at CSU Stanislaus. Stephanie is proud to be a product of the California Community College. Ms. Beaver teaches Life Skills, for Higher Education at Columbia College and is a consultant for the Tuolumne Me-Wuk Tribal Social Services Department. While in schools she participated in the EOP&S program and Student Government. She also participated in TRiO Upward Bound at Humboldt State, and the American Indian Science & Engineering Society programs at the University of North Carolina, Chapel Hill, and the university of Iowa.
- In March 2020, an In Service was scheduled as a follow up to Dr. Marks Implicit Bias training. It was discussed in the weekly management meeting that in order to keep the conversation alive around the topic and material shared that a follow up training had to be scheduled. A training was created and focused on the different types of implicit bias and how the actions of implicit bias can be seen within TCBH. It was clear that the training needed to focus on TCBH. Since staff had already received an overview, there was a need to discuss how implicit bias affects individuals in the workplace. The training was mandatory for all staff and they were able to choose from one of four dates set throughout the month of March. The first training was completed, but with the onset of COVID social distancing orders were put in place. Immediately large process shifts took place for the agency and the remaining trainings were cancelled. Due to COVID the remaining trainings were not able to be completed or rescheduled due to lack of technology available for staff to attend virtually.

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

- Objective 1 Community Outreach – Penetration rates for youth are 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 understanding of client needs.

#### OBJECTIVE ACTIVITES

- Outreach and collaboration with schools has been a priority throughout this year. Several efforts have been made for TCBH to not only have a larger presence in the schools, but to be at the table for larger discussions regarding youth services. The Director and Clinical Manager now attend an ongoing meeting that consists of a representative from all school districts, school counselors, School of Superintendents, and several others that are key to youth and school systems. This meeting has allowed for increased collaboration between TCBH and the

school system. Communication on what each school district is doing, who is available, and how TCBH can enhance current processes for increased partnership has taken place. The Clinical Manager has revisited the referral form for schools because of these meetings. This form was reviewed in the Business Administrative Meeting (BAM) for edits.

- TCBH also conducted outreach efforts with schools and the students through organized events. In October 2019 School of Superintendents brought to Tuolumne County the Drug Store Project. This was a comprehensive middle school drug prevention program designed to educate youth through live action, in person role play. The TCBH Clinical Manager participated in the planning of the full day event that consisted of several community partners and hundreds of Tuolumne County youth. For the day of the event TCBH launch a Behavioral Health Worker, several Substance Use Clinicians and a Program Specialists to participate in the event with the community and youth. Through this participation, TCBH was able to better understand schools' current needs for mental health (MH) and SUD services with youth, while collaborating with youth servicing agencies.
  - In FY 19-20 TCBH participated in a youth outreach program that consistent of a youth representative from every high school in the county titled Empower Youth, Inspire the Community (EPIC). EPIC is a program that collaborates with the School of Superintendents, Public Health, ATCAA and Center for Non-Violent Communities. This year long program enhanced TCBH's outreach to youth and collaboration with the agencies that are actively serving the youth. This improved communication to allow TCBH to understand the current needs of the youth in our community. This program launched TCBH into additional prevention efforts through Tuolumne County schools such as, Club Live.
- 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.

#### OBJECTIVE ACTIVITES

- TCBH also launched two clinicians to be present at two schools on a weekly basis. Once a week a clinician is located at Curtis Creek Elementary and available to meet with students. In addition, our full-time children's clinician is now at Tuolumne County's alternative education high school, Cassina High, on a weekly basis. Prior to the COVID such down of schools, the clinicians were able to see eighteen students in the schools in the fall semester alone. These efforts have shifted during COVID, but there is the intention of continuing them once social distancing standards have changed.
- To increase TCBH's response to the schools and youth in the county, the SB 82 Mobile Triage team has been on campus for Tuolumne County schools responding as needed. They have severed several of the high schools and are on call to respond to school sites throughout the week. This increased presence has improved not only care and services provided to youth, but increased coordination

with the schools. Prior to the COVID closure of schools, SB 82 was able to see almost thirty students in schools during the fall semester. These efforts have shifted during COVID, but there is the intention of continuing once their social distancing standards are changed. SB 82 is still currently available for schools as needed.

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

- Objective 1 Trainings – Identify trainings for 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 ACTIVITIES

- During FY 19-20 the Outreach and Engagement services with Catholic Charities for the older adult population was updated. The contract was updated to reflect a new work plan that would provide education on stigma reduction, suicide prevention and grief management for the 55 and older population. In addition, the work plan consists of providing groups for this population on grief, isolation and older adult specific needs. During this update it was discussed that a training from Catholic Charities would benefit staff in addressing the specific needs and culture of the older adult population. The training would be mandatory for all staff and would be held on site at TCBH. Planning began but the training was not able to take place prior to the end of the fiscal year. The training has not yet been revisited due to the onset of COVID.
- Objective 2 Staffing – As TCBH currently has youth dedicated staff members, continuing to establish a dedicated system of care within the agency that focuses on the needs of this population.

#### OBJECTIVE ACTIVITIES

- Outpatient Services teams began to develop including clinicians and case managers that were specific to certain age ranges. In the beginning of the fiscal year there were three teams: one for youth, adults and older adults. Each team had one to two dedicated clinicians, some clinicians serving more than one age group, and one case manager. It was clear as teams developed that each age group had different needs and a different culture. Teams met several times a week to do planning around clients, age range needs and address any current barriers. The system began to develop and after several staff changes were made. The Supervisor of the teams separated with TCBH and the teams were moved to the oversight of the Clinical Manager until November 2019. In addition, during 2020 one of the case managers and one of the youths serving clinicians separated from TCBH. With so many staffing changes in these units, the teams were not able to continue working in the same manner.

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 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 ACTIVITIES

- In FY 19-20 it was decided through Quality Management and the stakeholder process that the Clinical Performance Improvement Project (PIP) would focus on the dual diagnosis population. After being a problem discussed through the supervisory and administrative staff, concerns over low rates of dual diagnosis were heightened by diagnostics again becoming a recommendation for TCBH following the EQRO audit review of CY 2019. Although dual diagnostics rates for counties similar in size and demographics to Tuolumne are comparable, TCBH identified that there was still room for improvement. This is shown through running diagnostic reports and comparing them to expected rates. The project would focus on increasing clinician’s ability to diagnosis and treat dual diagnosis clients and increase the overall dual diagnostic rate in TCBH. The idea was approved through Quality Management and through the stakeholder feedback process through the Quality Improvement Council. The project has only begun and will continue to develop through FY 20-21.
- One initiative currently being tracked through the PIP is the shift to having a single assessment that will be completed for both the mental health and substance abuse programs. Currently TCBH has two separate assessments and the intention is to create better access and assessments for all clients, allowing Clinicians conducting an assessment to assess for both mental health and substance use. This would mean additional training for staff to ensure that they could properly diagnosis substance use disorders during assessments. In addition, it would also ensure that clinicians could more effectively refer dual diagnosis clients, allowing all treatment needs to be addressed and improving the overall quality of care for this population. The discussion with clinicians around how to improve the assessment will begin in FY 20-21.
- Objective 2 – To implement an ASAM training for clinical staff across the agency. To allow a more integrated care setting for ongoing planned services and allow for improved monitoring of SUD clients.

OBJECTIVE ACTIVITIES

- IN FY 19-20 the ASAM became a key tool and the process of educating all staff on substance use allowing the dual diagnosis population to be better served through both systems of care began. The ASAM is a SUD level of care tool. Through the training, staff will learn how to better identify clients that have both

mental health and substance use treatment needs. The staff will also learn how to conduct the multidimension assessment that explores individual risks and needs, as well as strengths, skills and resources. The ASAM helps clinicians to match levels of care for intensity of treatment services for substance use. By the end of FY 19-20 the SUD staff that were responsible for assessments were training on both the ASAM A and the more extended ASAM B. Not all staff in both MH and SUD completed the training before the end of the fiscal year so implementation of the training for the remaining SUD and MH staff would take place in FY 20-21.

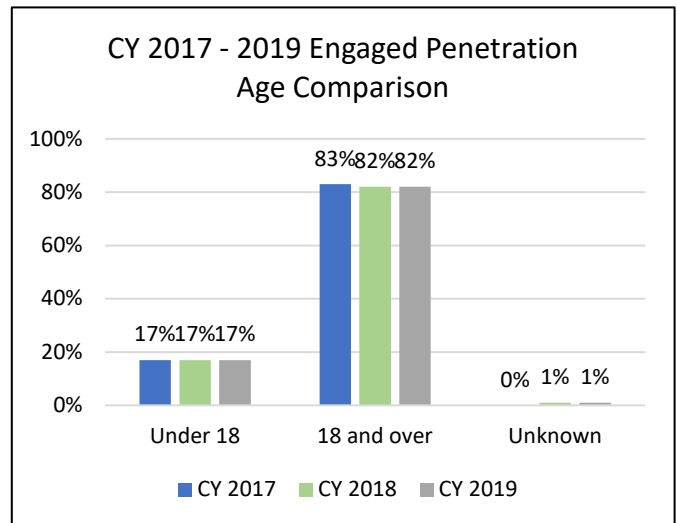
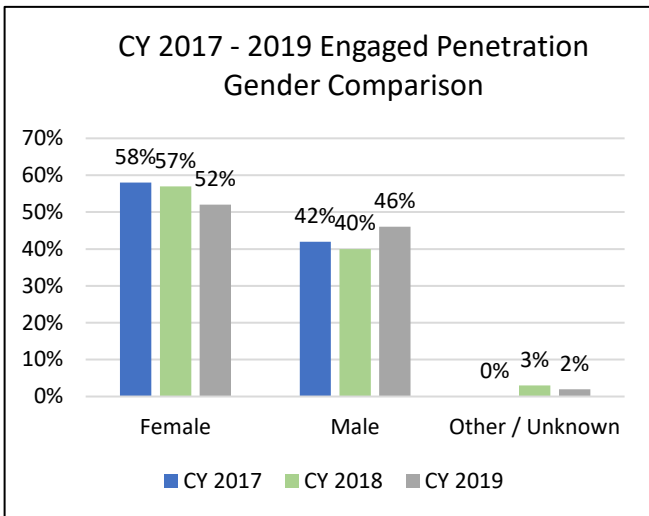
### Additional Efforts Towards Cultural and Linguistic Competence

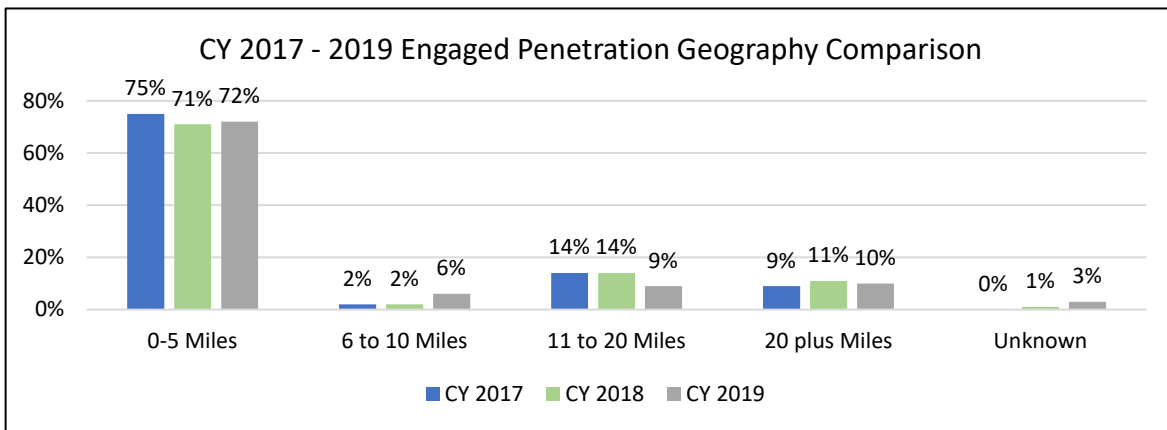
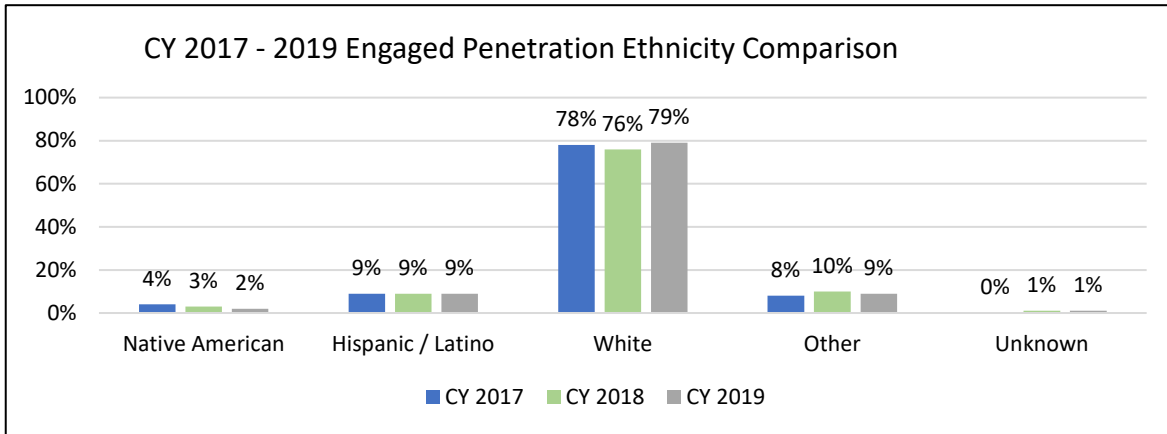
TCBH is committed to ensuring that cultural competence efforts are ongoing throughout the agency. Aside from set goals each year the MHP has activities to increase cultural and linguistic competence throughout the agency. There were several additional cultural competency efforts that took place over the last fiscal year.

- Cultural Competency added to the Quality Assurance Performance Improvement Plan (QAPI)
  - During Quality Management Committee goals for the upcoming QAPI were discussed. It was established that goals for the year should reflect collective agency efforts that can be implemented in all programs of TCBH. This year one of the six identified areas of concern was cultural competency. There were four identified goals that were established for this area. These goals were reviewed and approved by the Quality Improvement Council. This council allows for confirmation that TCBH goals and efforts are inclusive of consumer and stakeholder feedback. Once finalized, the goals were posted online for the community to review. These goals are tracked through the Quality Management Committee. It was important to TCBH that cultural competency efforts be ongoing throughout all agency programs and processes; this was accomplished by added the following goals into the plan:
    - Update CCP to have more focused goals highlighting baseline measurements for each goal.
    - Update the work plan monitoring tool with clear objectives to measure the impact of each activity.
    - Define the CCCs role within the TCBH system to ensure outcomes for the CCP.
    - Investigate low penetration of minority communities. After identifying barriers, implement necessary solutions.
- Quarterly Review of Data
  - In order to ensure that the TCBH 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 disparities in 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 those with Engaged Penetration, beneficiaries who received five or more services.





In addition to penetration rates, data is pulled yearly that focuses 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 2018	Count CY 2019
Ages 0-5	*	*
Ages 6-17	12	16
Ages 18-21	*	*
<b>Total</b>	<b>19</b>	<b>19</b>

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 briefly 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 2019 Re-Hospitalization Populations Breakdown by Age Duplicated Client Counts		
	30-day Re-Hospitalization (n=25)	Re-Hospitalized over 30 days (n=12)
Adult	92%	17%
Children	8%	83%

CY 2019 Re-Hospitalization Populations Breakdown by Gender Duplicated Client Counts		
	30-day Re-Hospitalization (n=25)	Re-Hospitalized over 30 days (n=12)
Female	40%	42%
Male	60%	58%

CY 2019 Re-Hospitalization Populations Breakdown by Ethnicity Duplicated Client Counts		
	30-day Re-Hospitalization (n=25)	Re-Hospitalized over 30 days (n=12)
White	80%	100%
Hispanic	8%	0%
Native American	0%	0%
Unknown	12%	0%

CY 2019 Re-Hospitalization Populations Breakdown by Geography Duplicated Client Counts		
	30-day Re-Hospitalization (n=25)	Re-Hospitalized over 30 days (n=12)
0- 5 miles	76%	83%
6-10 miles	0%	0%
11-20 miles	8%	17%
20 + miles	8%	0%
Unknown	8%	0%



## Updated Assessment of Current Activities and Needs

A full review of the current initiatives toward each objective was completed. Each activity was considered in how it related to both the objective and the goal. After the review was complete, there was consideration around whether the goal had been accomplished through the performed activities. In addition, what types of changes or follow up actions needed to take place for the upcoming year. In the review it was stated the first two goals had been met through the activities. However, in the second objective of the first goal one of the trainings was unable to be completed due to COVID. At the time there was not a way to move trainings virtually due to lack of staff training and technology for the use of a virtual platform. As a result of this conversation a new goal would need to be set for the following year to ensure that cultural competency efforts could continue even through social distancing. This need was not isolated to only trainings, but also meetings that are crucial in the ongoing planning of the agency's cultural competency plan. The last two goals were reviewed, and it was decided that more work was necessary before considering these items completed. Since some action had been taken toward the goals, the objectives would shift to reflect this. There was a lot of work still to be done for the older adult population and objectives would change to reflect more measurable goals. For the dual diagnosis population efforts were made, but not completed for the set objectives and there was a need for continued goals around this population.

Additional efforts and current data were also reviewed. These items were reviewed to assess current trends and clients served. It is essential to assess the current data to ensure that all populations are served, receiving quality care and can receive services through a culturally competent lens. The data was reviewed and compared to the previous years to consider any new trends that may have appeared. Though there were variations in the data, there were no significant changes from the previous years.

## FY 20-21 Goals and Objectives

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

- Objective 1 Trainings – Identify two 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 the large older adult population in the county. Agency wide training will improve client services to this population.

- Objective 2 Staffing – Identify one new strategy to better serve the older adult population with Outpatient Services.

Goal 2 – 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 the current and previous updates, it has been identified that improvements can be made that will focus on the dual diagnosis population. Implementing a new single assessment for both mental health and substance use assuring clients can receive one access to care assessment, minimizing barriers 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.

Goal 3 – There is a new identified need to adapt training and meeting to reflect new essential shift from in person to online based platforms to ensure cultural competency efforts remain in place.

- Objective 1 Trainings – Due to COVID several trainings have been cancelled without rescheduling because of the inability to meet in large groups. To ensure continued cultural competency trainings remain ongoing it is necessary to move two trainings from in person to a virtual platform.
- Objective 2 – Cultural competency meetings had been halted due COVID 19. The Cultural Collaborative meeting is essential in moving forward the goals and objectives of the cultural competency plan were going unmet. This meeting needs to be moved to a virtual platform in order to adhere to current social distancing standards and guarantee continued efforts of cultural and linguistic competency with client, family and community input.