

# **Tulare County Health and Human Services Agency**

## Mental Health and Substance Use Treatment Services **CULTURAL COMPETENCE PLAN**



### **FY 2023/2024 REVIEW AND UPDATE**

**FINAL**  
December 19, 2023

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# Tulare County Mental Health and Substance Use Treatment CULTURAL COMPETENCE PLAN FY 2023/2024 Review and Update

## Overview

The Tulare County Health and Human Services Agency (TCHHSA) is committed to promoting and strengthening our culturally-responsive services to meet the needs of individuals served, as well as supporting our workforce to achieve positive outcomes. As a component of TCHHSA, the Tulare County Mental Health Branch (TCMH) provides leadership to the development and implementation of the Cultural Competence Plan (CCP). In FY 2023/24, the CCP will also include services delivered to persons with substance use disorders and the substance use treatment programs that deliver services to these individuals.

In 2010, Tulare County Health and Human Services Agency's developed a comprehensive Cultural Competence Plan (CCP) utilizing the criteria established by the California Department of Mental Health (now Department of Health Care Services-DHCS) to assist counties to develop county-specific Cultural Competence Plans. This plan includes data and information from available resources to highlight significant program/system changes and improvements.

Despite the challenges of COVID, TCMH has adapted and continues to serve the community and continue to improve cultural competence. Telehealth, virtual meetings and trainings are now a part of our everyday operations to support safe and easy access to services and trainings for staff.

## Commitment to Cultural Competence and Health Equity

### *Vision, Mission, and Values*

Cultural and Linguistic Competence is an integral part of TCHHSA's day-to-day management and public initiative. This commitment is achieved through a variety of training/educational sessions, policy development, community engagement and assessment, on-going collaborative involvement with diverse community members, individuals served, their family members, and stakeholders identified by community needs assessments.

TCHHSA's vision, mission, and values also play a strong part in demonstrating commitment to health equity.

- **Vision:** Healthy children and adults, supportive families, thriving communities.
- **Mission:** Dedicated to protecting and strengthening the well-being of the community through development of effective policies, practices, and services delivered in a culturally and linguistically competent manner.
- **Core Values:** TCHHSA supports services and policies that are collaborative, community-driven, and evidence-based. TCHHSA promotes service delivery that is culturally competent, respectful, and a model of excellence. TCHHSA supports a work

environment that demonstrates diversity, equity, inclusion, belonging, integrity, accountability, teamwork, mutual respect, staff development, and recognition.

As the TCHHSA moves towards a “whole person care” model, the Agency’s emphasis on cultural and linguistic competency, and health equity, will help ensure that all individuals and their families receive exemplary services that are accessible and timely.

### ***Cultural Competence and Health Equity Policies and Procedures***

As part of the TCHHSA commitment to cultural competence, policies and procedures have been created to address Cultural Competence and health equity. The TCHHSA Policy and Procedure Committee, in collaboration with the Cultural Competence Committee, helped update the Cultural Competence Standards policy language. The policy was written to reflect current community needs and practices.

TCHHSA Cultural Competence and Health Equity policies and procedures include:

- Cultural Competence Standards
- Language and Interpreter Services
- MH and SUD Cultural Competence Committee Responsibilities
- Community Planning Process
- Non-Discrimination
- Relias eLearning System
- Timely Access
- Transition Age Youth (TAY)

### ***Cultural Competence Committee***

The TCHHSA Cultural Competence Committee (CCC) is led by the Ethnic Services Coordinator and is comprised of advocates, mental health and substance use treatment persons served, families, community cultural brokers, mental health and substance use treatment providers, and community members.

- CCC Membership – The CCC reflects the diversity of individuals and their family members as well as the population of Tulare County. It includes TCHHSA administration, clinicians, and line-level staff. Current members include TCHHSA Administration; TCHHSA clinical staff; The Source LGBT+ Center; Owens Valley Career Development Center (Native American); Visalia Wellness Center (peers); adult service providers; children service providers; substance use treatment providers; Turning Point of Central California; Visalia Unified School Districts; and New Life Ministries of Tulare County (African American faith-based).
- CCC Activities and Successes – The CCC meets monthly to plan, organize, and address CCC goals; discuss and implement trainings; and review and evaluate data reports collected by the TCHHSA. The CCC also identifies and discusses outreach and engagement efforts that are reflective of the community including, but not limited to, cultural events, conferences, and other outreach opportunities. The CCC reviews and interprets relevant policies and legislation related to cultural competence. Results and activities are reported to the Quality Improvement Committee (QIC) on a regular basis,

which collaborates with the CCC to ensure culturally-responsive services throughout the TCHHSA programs. The CCC has achieved success in the following areas:

- Improved cultural competence in mental health and/or substance use treatment services (e.g., through interpreter training) among staff, specifically in knowledge and attitudes.
- Increased outreach and engagement efforts among diverse population groups (e.g., Hispanic/Latino, Native American, African American, and the LGBTQ+ community).
- Implemented policies and procedures relating to accessibility of services pertaining to individuals' primary language (e.g., language lines).

➤ CCC Integration within the TCHHSA System – The communication within different levels of TCHHSA and the community/target populations are organized in multiple ways. Cultural Competence is a fixed topic in many committees and board agendas. Committees all consist of a variety of members: clinical staff, administrative staff, community agencies, former and current persons served, family members, etc. These individuals help to communicate information back to their organizations or communities. Below are examples of committees and boards in TCHHSA:

- Quality Improvement Committee
- Adult System Improvement Council
- Substance Use Disorder Workgroup
- Children's System Improvement Council
- Mental Health and Substance Use Treatment Cultural Competence Committee
- Wellness and Recovery Committee
- Documentation Committee
- Utilization Review Committee
- Title 42/Compliance Committee
- Medication Monitoring
- Policy and Procedure/Mental Health Information Management Committee
- Mobile Crisis
- Bridge Housing Workgroups
- Mental Health Board (includes SUD services)

In addition, TCHHSA utilizes many avenues of communication that are available within the community. Social media, newspapers, magazine articles, advertisements, radio advertisements in English and Spanish, public service announcements, and emails are available in both community threshold languages, English and Spanish. A peer-produced newsletter, The Trestle, also communicates wellness and recovery activities available throughout the County and features success stories of individuals receiving mental health and/or substance use treatment.

➤ CCC System Goals

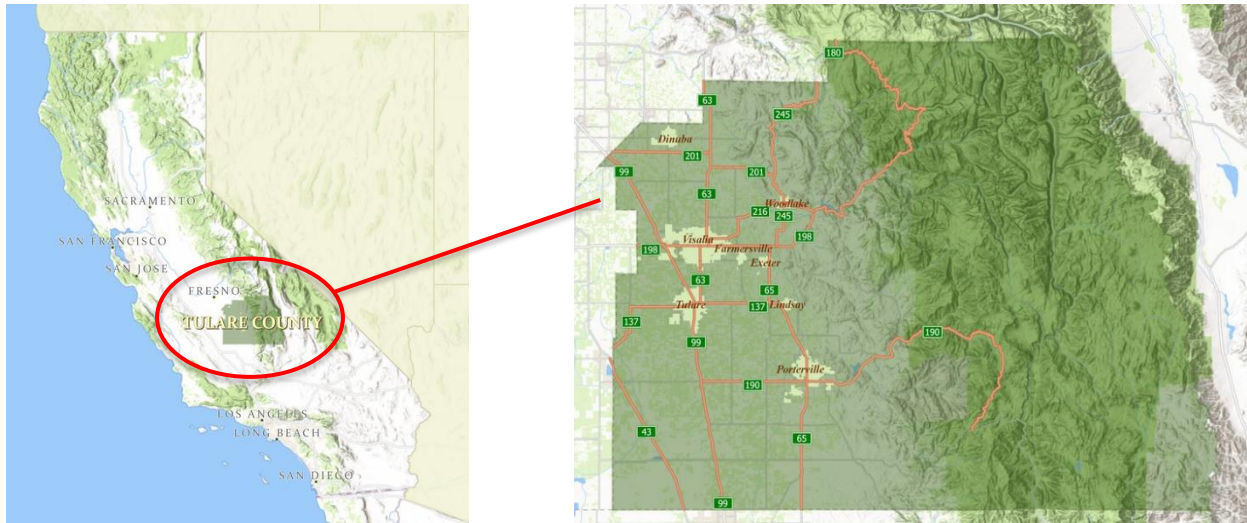
1. To provide timely access to culturally- and linguistically-appropriate, integrated, behavioral health services to improve access for persons from various race/ethnicity groups; across all ages; veterans and their families; individuals who are Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ+); intersex; asexual/agender; Two-Spirit (2S); persons released from jail and their families; and other diverse cultures.
2. To create a system of care where individuals who receive services and staff experience cultural humility, dignity, and respect.
3. To deliver innovative, evidence-based, trauma-informed, wellness and recovery-based, culturally-relevant behavioral health services in collaboration with other community organizations and co-locate services whenever possible, including diverse community settings (e.g., schools, organizational providers, senior centers, churches, and other community locations) to promote health and wellness.
4. To develop outreach and education activities focused on disseminating information about behavioral health services for groups and organizations including those that serve culturally diverse groups within the community. This will include, but not be limited to, persons from various race and ethnicity cultures; persons who are monolingual other than English; all age groups; LGBTQ+; and families.
5. To collect and produce accurate and reliable demographic, service-level, and outcome data to understand and evaluate the impact of services on health equity, cost-effectiveness, and outcomes.

# Diversity Assessment of County Population and Persons Served

## *Tulare County General Description*

Tulare County is centrally located in the southern region of California’s San Joaquin Valley between and Los Angeles and San Francisco. The County includes an expansive area of 4,839 square miles, including eight cities and many unincorporated rural communities.

**Figure 1**  
*County Maps*



## *County Demographics*

Figure 2 shows the most up-to-date United States Census data (2020) reported Tulare County’s population of 473,117. For age, 24.7% of the population is children ages 0-15; 15.3% of the population is Transition Age Youth (TAY) ages 16-25; 42.8% are adults ages 26-59; and 17.2% are ages 60 and older. Tulare County’s older adult population continues to increase each year.

For race/ethnicity, the majority of persons in Tulare County is Hispanic or Latino (65.5%). White/Caucasians represent 26.4%, and the remainder of the populations represent less than 10% of the county. However, Tulare County is also home to many cultural groups that speak other languages and dialects not identified by the Census Bureau. Twenty-three percent (23%) of Tulare county’s residents are foreign born, many bringing their native language to Tulare County with them. For example, Tulare County is home to a large group of persons of the Mixteco-speaking region in Mexico; Asian Pacific Islanders including Southeast Asians (Hmong, Laotian, and Lahu). These groups speak in their native languages and bring their unique cultural norms, traditions, and values to all areas across Tulare County, especially the rural communities. Some of these individuals may not be represented in the data for the 2020 Census.

Tulare County has two threshold languages, English and Spanish. The Census Bureau estimates that 47% of the adult population of Tulare County speaks Spanish at home.

**Figure 2**  
***Tulare County Residents***  
**by Age, Race/Ethnicity, and Gender**

(Source: 2020 Census)

	<b>Tulare County Population 2020 Census</b>	
<b>Age Distribution</b>	<b>Number</b>	<b>Percent</b>
<b>0 - 15 years</b>	117,016	24.7%
<b>16 - 25 years</b>	72,254	15.3%
<b>26 - 59 years</b>	202,600	42.8%
<b>60+ years</b>	81,247	17.2%
<b>Total</b>	<b>473,117</b>	<b>100.0%</b>
<b>Race/Ethnicity Distribution</b>	<b>Number</b>	<b>Percent</b>
<b>Black</b>	5,332	1.1%
<b>American Indian/ Alaskan Native</b>	3,458	0.7%
<b>Asian/ Pacific Islander</b>	16,508	3.5%
<b>White</b>	125,022	26.4%
<b>Hispanic/ Latino</b>	309,895	65.5%
<b>Other/ Unknown</b>	12,902	2.7%
<b>Total</b>	<b>473,117</b>	<b>100.0%</b>
<b>Gender Distribution</b>	<b>Number</b>	<b>Percent</b>
<b>Male</b>	234,710	49.6%
<b>Female</b>	238,407	50.4%
<b>Total</b>	<b>473,117</b>	<b>100.0%</b>

***Access to Mental Health Services***

Figure 3 shows the County population data by demographics and the total number of persons who received mental health services in FY 2022/23. This data is also shown by demographic category, which provides a comparison with the general population. In addition to the general population data and number of persons receiving mental health services, a penetration rate was calculated, which shows the percentage of persons in the population that received mental health services in FY 2022/23. This data helps one to understand disparities across the different demographic categories. This data is shown by age, race/ethnicity, and gender.

There were a total of 13,370 individuals who received one or more mental health services in FY 2022/23.

**Age:** Of the 13,370 individuals, there were 5,639 children ages 0-15 served (42.2%); 2,941 Transition Age Youth (TAY) ages 16-25 served (22%); 4,092 adults ages 26-59 served (30.6%); and 698 individuals ages 60 and older served (5.2%).



**Race/Ethnicity:** Of the 13,370 individuals who received mental health services, there were 8,619 individuals who identified as Latino/Hispanic (64.5%) and 3,515 individual who identified as White/Caucasian (26.3%). All other race/ethnicity groups combined represented less than 10% of the persons served.

**Primary Language:** Of the 13,370 individuals who received mental health services, there were 1,354 that reported a primary language of Spanish (10.1%). The majority of individuals (85.3%) reported a primary language of English (N=11,405). Individuals with primary languages other than Spanish and English represent a small number of individuals (4.6%).

**Gender:** Of the of 13,370 individuals who received one or more mental health services, there were 7,056 individual who identified as female (52.8%) and 6,313 who identified as male 47.2%). The number of individual who identified as a gender classified as other/unknown was represented by one (1) person. In FY 2023/24, TCBH will identify opportunities to improve the collection of sexual orientation and gender identity (SOGI) data in the new Electronic Health Record (EHR) system (SmartCare) to improve reporting and client care.

**Total Penetration Rates:** Figure 3 also shows the penetration rate calculated for each of these demographic categories. This information helps to compare access to services across the cultural groups. Penetration rates are calculated by dividing the number of individuals who received mental health services by the total population. For example, across all individuals (13,370) and the total county population (473,117), the calculated penetration rate is 2.8%.

**Penetration Rates – Age:** The penetration rate for children and TAY was 4.1%. Adults ages 26-59 had a penetration rate of 2.0% and older adults ages 60 + had a penetration rate of 0.9%.

**Penetration Rates – Race/Ethnicity:** The penetration rate for persons who identify as Latino/Hispanic was 2.8% and the penetration rate for persons who identify as White/Caucasian was also 2.8%. The penetration rate data for other race/ethnicity groups had small numbers of individuals in the county so there is a large variability in the data across the cultural groups.

**Penetration Rates – Gender:** Individuals who identified as female had a higher mental health penetration rate (3.0%) compared to individuals who identified as male (2.7%). There was only one (1) person who report “other” gender. There is a need to develop strategies to improve data on other gender groups.

**Penetration Rates – Language:** Primary language data is not available for the total county population, so penetration rate data is not available for language.

**Figure 3**  
***Tulare County Mental Health Persons Served and Penetration Rates***  
**by Age, Race/Ethnicity, Language, and Gender**  
(Population Source: 2020 Census)

	Tulare County Population 2020 Census		All Mental Health Individuals FY 2022/23		Mental Health Penetration Rate FY 2022/23
<b>Age Distribution</b>					
<b>0 - 15 years</b>	117,016	24.7%	5,639	42.2%	5,639 / 117,016 = 4.8%
<b>16 - 25 years</b>	72,254	15.3%	2,941	22.0%	2,941 / 72,254 = 4.1%
<b>26 - 59 years</b>	202,600	42.8%	4,092	30.6%	4,092 / 202,600 = 2.0%
<b>60+ years</b>	81,247	17.2%	698	5.2%	698 / 81,247 = 0.9%
<b>Total</b>	<b>473,117</b>	<b>100.0%</b>	<b>13,370</b>	<b>100.0%</b>	<b>13,370 / 473,117 = 2.8%</b>
<b>Race/Ethnicity Distribution</b>					
<b>Black</b>	5,332	1.1%	440	3.3%	440 / 5,332 = 8.3%
<b>American Indian/ Alaskan Native</b>	3,458	0.7%	151	1.1%	151 / 3,458 = 4.4%
<b>Asian/ Pacific Islander</b>	16,508	3.5%	263	2.0%	263 / 16,508 = 1.6%
<b>White</b>	125,022	26.4%	3,515	26.3%	3,515 / 125,022 = 2.8%
<b>Hispanic/ Latino</b>	309,895	65.5%	8,619	64.5%	8,619 / 309,895 = 2.8%
<b>Other/ Unknown</b>	12,902	2.7%	382	2.9%	382 / 12,902 = 3.0%
<b>Total</b>	<b>473,117</b>	<b>100.0%</b>	<b>13,370</b>	<b>100.0%</b>	<b>13,370 / 473,117 = 2.8%</b>
<b>Language Distribution</b>					
<b>English</b>	-	-	11,405	85.3%	-
<b>Spanish</b>	-	-	1,354	10.1%	-
<b>Other/ Unknown</b>	-	-	611	4.6%	-
<b>Total</b>	-	-	<b>13,370</b>	<b>100.0%</b>	-
<b>Gender Distribution</b>					
<b>Male</b>	234,710	49.6%	6,313	47.2%	6,313 / 234,710 = 2.7%
<b>Female</b>	238,407	50.4%	7,056	52.8%	7,056 / 238,407 = 3.0%
<b>Other/ Unknown</b>	-	-	1	0.0%	-
<b>Total</b>	<b>473,117</b>	<b>100.0%</b>	<b>13,370</b>	<b>100.0%</b>	<b>13,370 / 473,117 = 2.8%</b>

***Penetration Rates for Medi-Cal Mental Health Persons Served and Medi-Cal Services***

In addition to the penetration rates for all mental health individuals out of the county population, it is also important to review the percentage of Medi-Cal members who receive mental health services.

The FY 2022/23 External Quality Review (EQR) report for Tulare County shows the overall Medi-Cal mental health penetration rate for the number of Medi-Cal mental health individuals out of the total Medi-Cal member population was 3.55%. This data shows the percentage of Medi-Cal members who receive Medi-Cal mental health services. Tulare County’s penetration rate of 3.55% was comparable to other counties of similar size. The statewide Medi-Cal penetration rate was 3.85%. Analysis of penetration rates among various races and ethnicities shows a lot of variability. TCMH has a small number of Medi-Cal members who are African American, Asian/Pacific Islander, and Native American. As a result, the Medi-Cal penetration rates for these populations are variable and difficult to analyze.

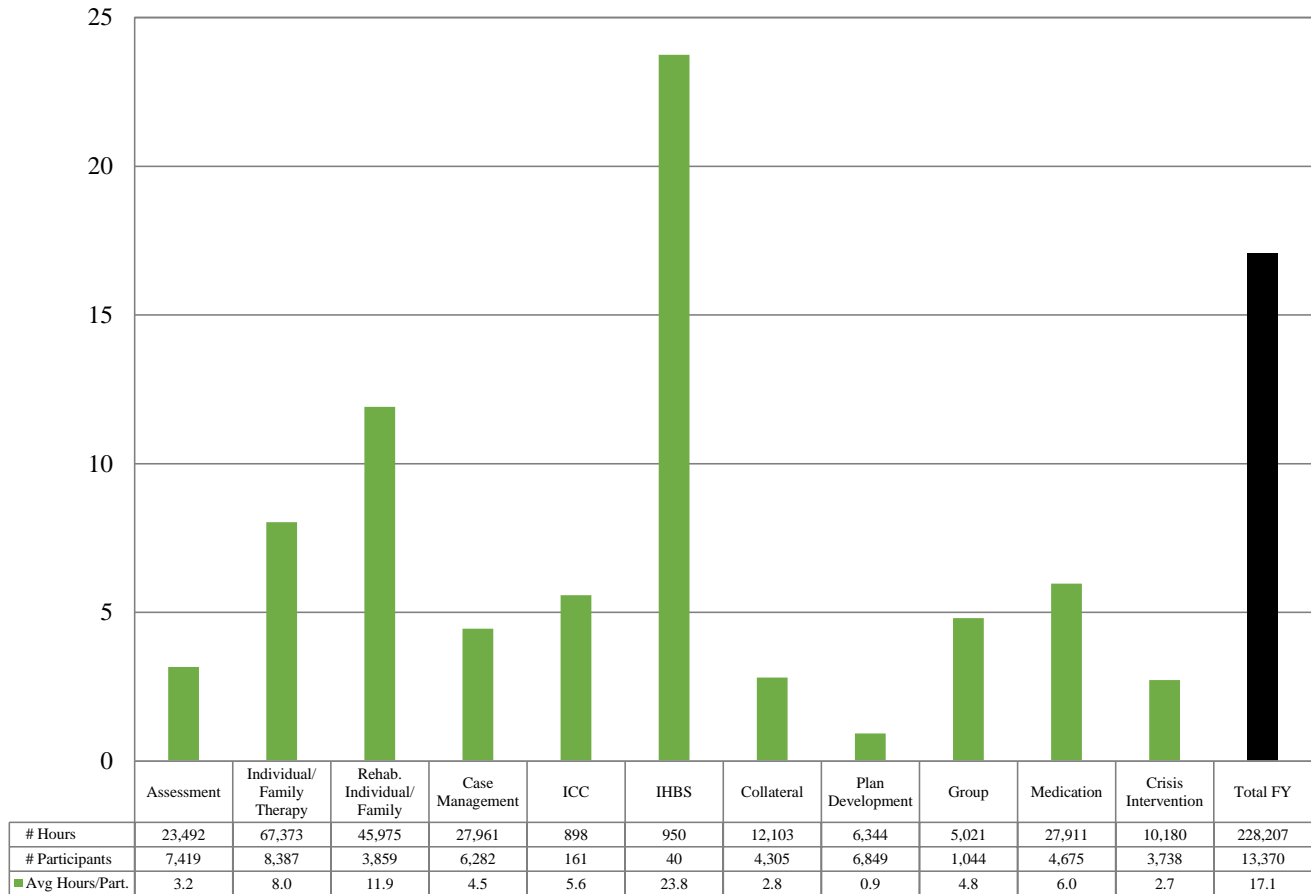
**Figure 4**  
***Medi-Cal Penetration Rates for Tulare County TCMH CY 2021***

	TULARE			SIMILAR	STATEWIDE
	Average Number of Medi-Cal Eligibles	Tulare Medi-Cal Members Served	Tulare Penetration Rate	Similar Size Counties Penetration Rate	Statewide Penetration Rate
<b>TOTAL</b>					
<i>Total</i>	271,012	9,615	3.55%	3.33%	3.85%
<b>AGE GROUP</b>					
0-5	32,080	249	0.78%	0.89%	1.59%
6-17	75,405	4,907	6.51%	3.93%	5.20%
18-20	16,221	588	3.62%	3.42%	4.02%
21-59	128,736	3,706	2.88%	3.75%	4.07%
60 +	18,571	165	0.89%	2.13%	1.77%
<i>Total</i>	271,013	9,615	3.55%	3.33%	3.85%
<b>RACE/ETHNICITY</b>					
White	36,548	2,148	5.88%	-	5.32%
Hispanic/Latino	185,358	5,468	2.95%	-	3.29%
African-American	3,705	214	5.78%	-	6.38%
Asian/Pacific Islander	6,243	142	2.27%	-	1.90%
Native American	1,465	68	4.64%	-	5.58%
Other	37,695	1,575	4.18%	-	3.72%
<i>Total</i>	271,012	9,615	3.55%	3.87%	3.85%

**Mental Health Persons Served across Two Fiscal Years**

Figure 5 shows the mental health services provided in FY 2022/23. There were 13,370 individuals who received one or more outpatient mental health services in FY 2022/23. These individuals received 228,207 hours of services. Across all services, this data calculates into 17.1 hours per person. For individual/family therapy, there were 8,387 individuals who received these services, with 67,373 hours. This data for individuals and family members shows an average of 8 hours per person per year. For crisis services, 3,735 individuals received 10,180 hours. This information calculates into an average of 2.7 hours of crisis intervention services per person, per year.

**Figure 5**  
**Tulare County Mental Health Services**  
**Average Hours per Client, by Service Type**  
 FY 2022/23



Comparing trends in the data across three fiscal years is valuable to help identify any changes in access to services across the years. Three fiscal years of data are available for age, race/ethnicity, gender, and language. Figures 6 through 9 show the demographics for individuals who received mental health services in FY 2020/21, FY 2021/22, and FY 2022/23.

Figure 6 shows there were 12,201 individuals who received one or more mental health services in FY 2020/21, 11,836 individuals in FY 2021/22, and 13,370 individuals who received MH services in FY 2022/23. This data shows an increase in 1,169 persons services across the three years. The decrease in the second year (FY 2021/22) may reflect the impact of COVID-19 on accessing services. Figure 6 also shows the percentage of clients, by age, across the three years. Each age group shows a consistent percentage each year. For example, in FY 2022/23, 41.1% were children ages 0-14; 22.6% were Transition Age Youth (TAY) ages 15-24 (22.6%); 31.3% were adults ages 25-59; and 5% were 60 and older.

**Figure 6**  
***Tulare County Mental Health Persons Served, by Age***  
FY 2020/21 to FY 2022/23

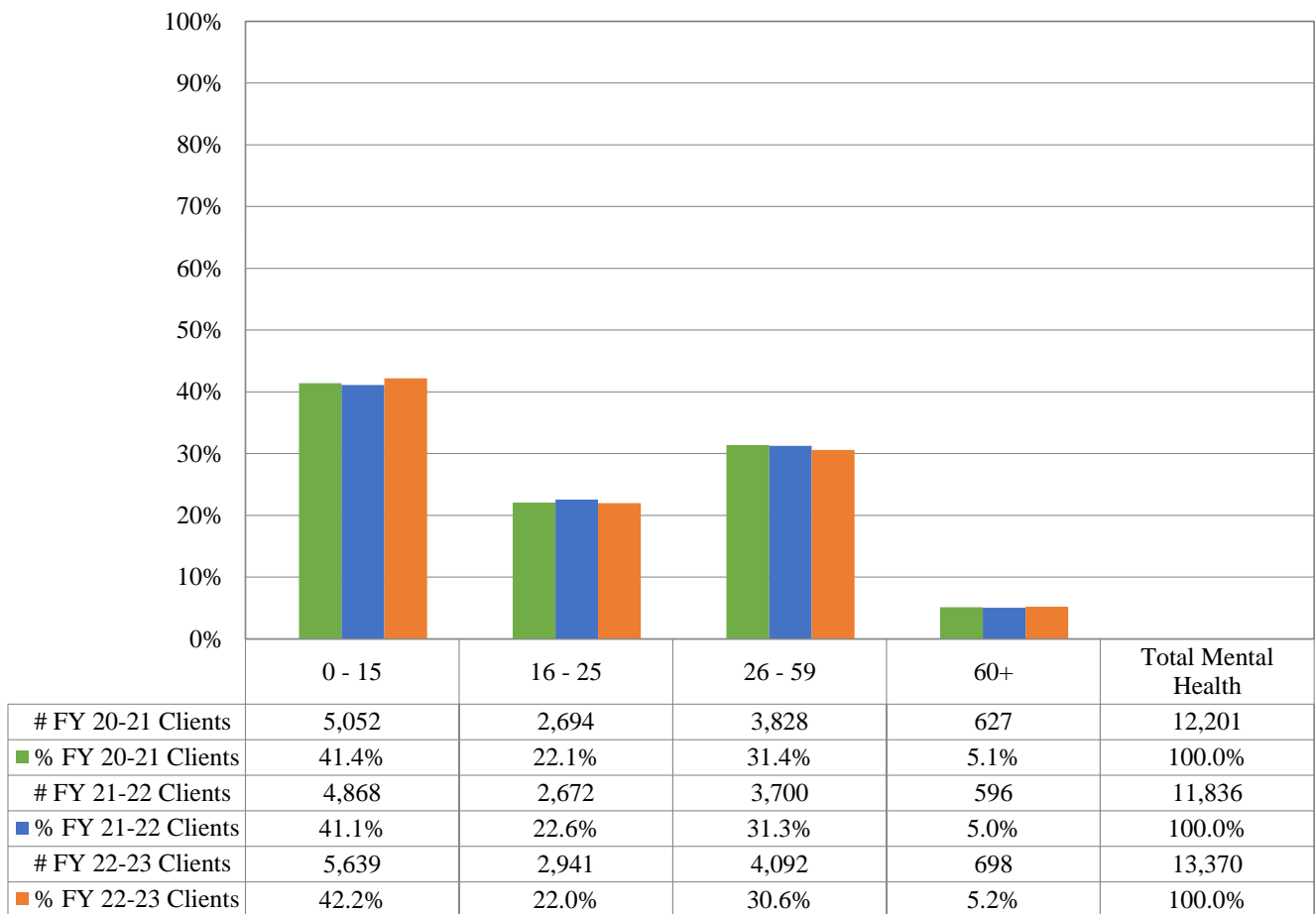


Figure 7 shows the demographics for individuals who received mental health services in FY 2020/21, FY 2021/22, and FY 2022/23 by race/ethnicity. There were 12,201 individuals who received one or more mental health services in FY 2020/21, 11,836 in FY 2021/22, and 13,370 individuals who received MH services in FY 2022/23. This data is an increase of 1,169 persons served across the three years. Of the individuals who received mental health services in FY 2022/23, 26.3% identified as White/Caucasian (3,515), and 64.5% identified as Hispanic (8,619). All other race/ethnicity groups represented a small number of individuals.

The proportion of individuals by race/ethnicity across the three years shows some variability. For example, the percent of persons identifying as Hispanic increased over the three years from 61.5% of all individuals identified as Hispanic in FY 2020/21 to 64.5% in FY 2022/23. For persons identifying as White, the percentage dropped over the three years from 27.6% in FY 2021/22 to 26.3% in FY 2022/23. The other race/ethnicity groups also show some variability across the three years.

**Figure 7**  
***Tulare County Mental Health Persons Served, by Race/Ethnicity***  
**FY 2020/21 to FY 2022/23**

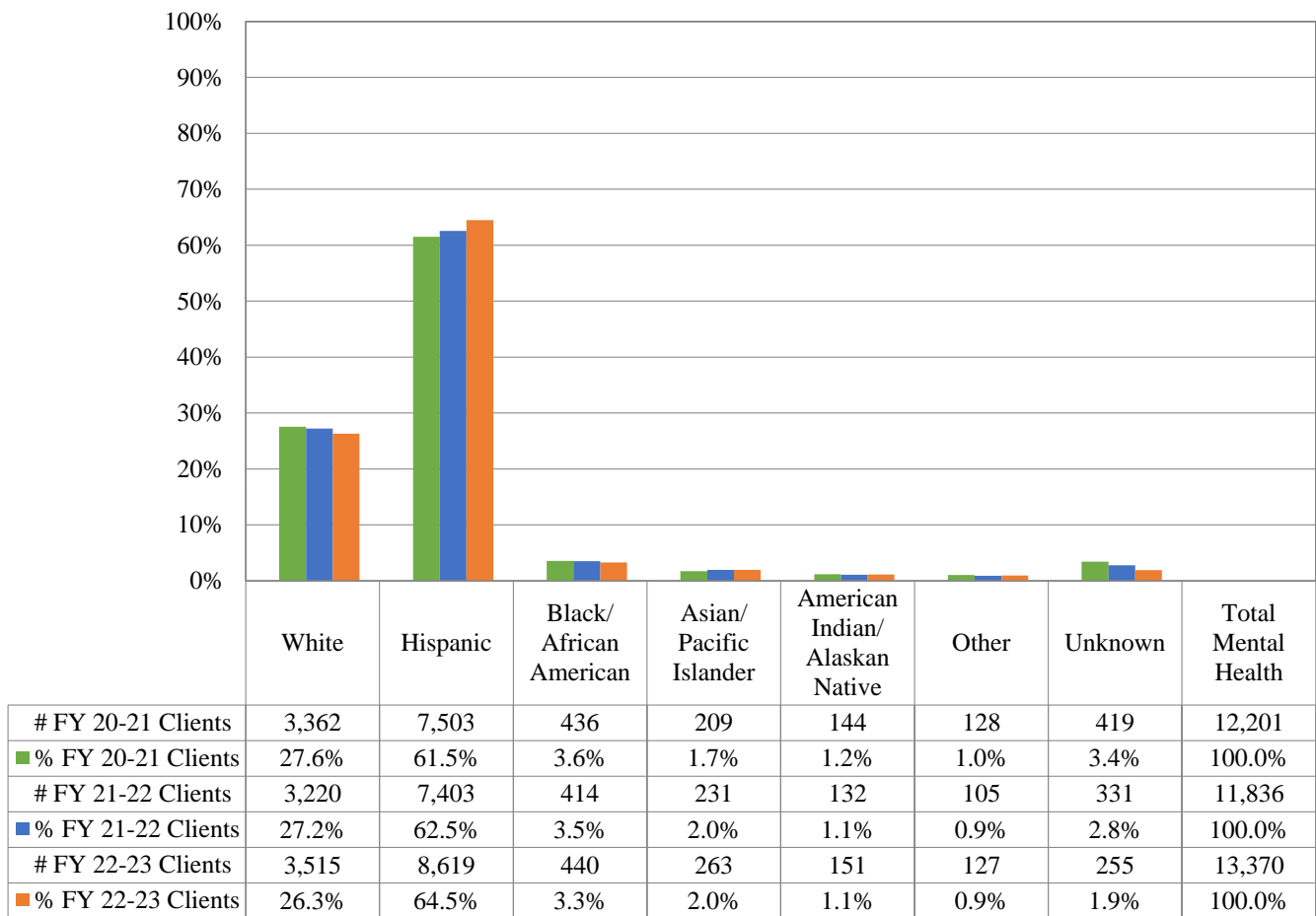


Figure 8 shows the demographics for individuals who received mental health services in FY 2020/21, FY 2021/22, and FY 2022/23, by primary language. This data shows variability in the data across the three fiscal years for language. In FY 2020/21, the Avatar EHR system did not collect language for approximately five (5) months. As a result, 36.8% of individuals have an “unknown” language. This issue was resolved in FY 2021/22, and data shows that only 3.9% had an “unknown” language in FY 2022/23. The correction in the data reported is most significantly reported for persons who speak English. In FY 2020/21, 49.9% show English, while in FY 2022/23, 85.3% show English as a primary language. Analysis of data helps to highlight when there are discrepancies in data reporting and provides an opportunity to improve the quality of data over time. The data collection and reporting improved in FY 2021/22 and FY 2022/23.

**Figure 8**  
***Tulare County Mental Health Persons Served, by Language***  
 FY 2020/21 to FY 2022/23

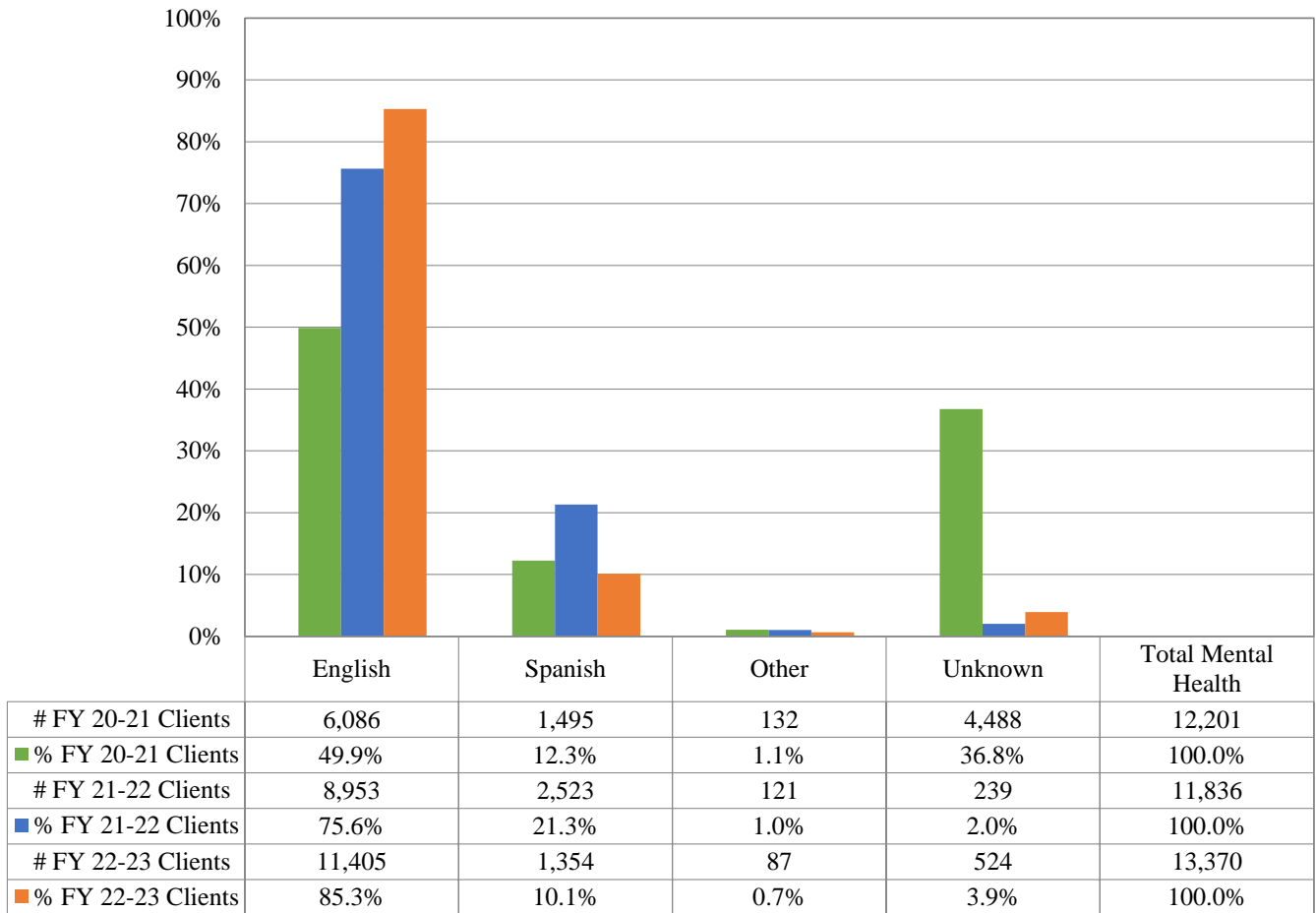
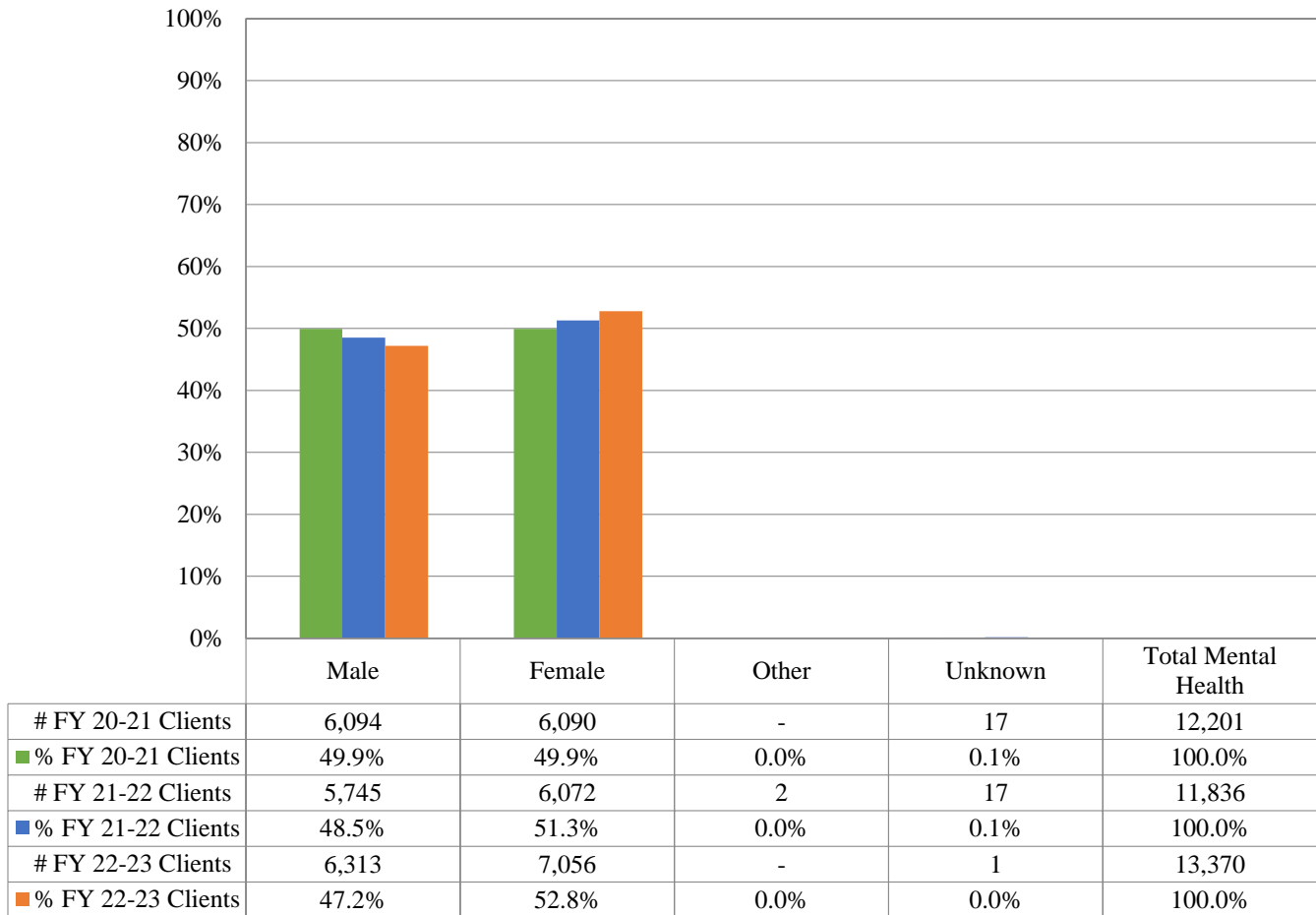


Figure 9 shows the demographics for individuals who received mental health services in FY 2020/21, FY 2021/22, and FY 2022/23, by gender. The proportion of individuals by gender across the three years remained fairly consistent. For example, for persons identifying as female, there was a slight increase in the percentage from 49.9% of all individuals identified as female in FY 2020/21 to 52.8% in FY 2022/23. For persons identifying as male, 49% of all individuals identified as male in FY 2020/21, and 47.2% in FY 2022/23.

**Figure 9**  
***Tulare County Mental Health Persons Served, by Gender***  
 FY 2020/21 to FY 2022/23





***Access to Substance Use Disorder Services***

Figure 10 shows the substance use disorder (SUD) services provided in FY 2022/23. There were 1,285 individuals who received one or more outpatient SUD services in FY 2022/23, and 90% received an Assessment, with an average of 3.1 hours per person. The majority of individuals (65.5%) also received Group Services with an average of 18.2 hours of group services in the year.

**Figure 10**  
***Tulare County Outpatient Substance Use Disorder Services***  
***Average Hours per Client, by Service Type***  
**FY 2022/23**

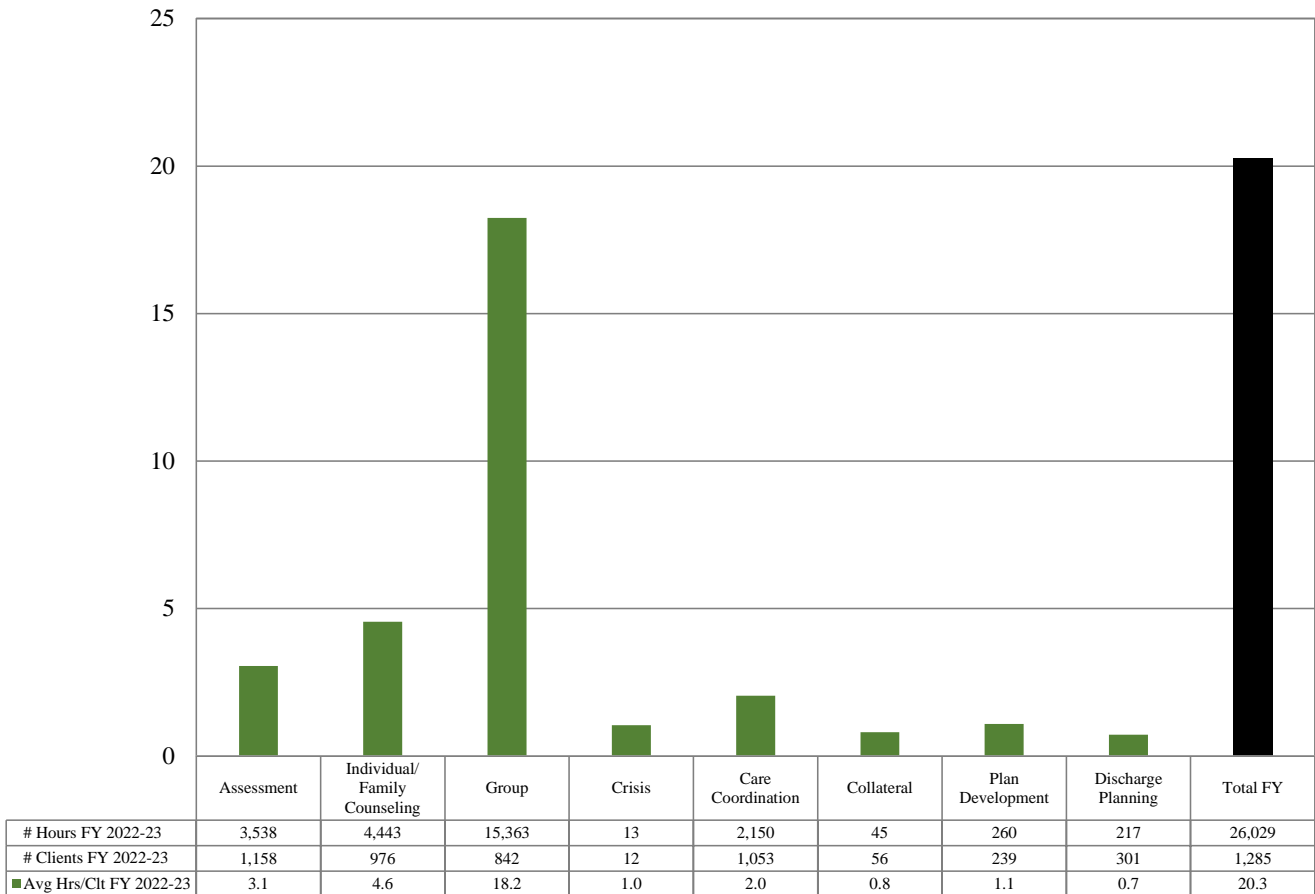


Figure 11 shows the Narcotics Treatment Program (NTP) services that were provided in FY 2022/23. There were 841 individuals who received NTP services in FY 2022/23. Of these individuals, 811 received NTP Dosage Services, with an average of 242.9 contacts in the year. There were 801 individual who received NTP Individual Services, with an average of 10.5 hours per year. This array of services is consistent with the quality standards of NTP services.

NTP services include opioid medication-assisted treatment to those persons addicted to opiates. NTPs also provide detoxification and/or maintenance treatment services, which include medical evaluations and rehabilitative services to help the individual achieve positive outcomes.

**Figure 11**  
***Tulare County NTP Services***  
FY 2022/23

<i>NTP Dosage</i>	
<b>Total # of Contacts</b>	197,029
<b># Clients</b>	811
<b>Avg. Contacts/Client</b>	<b>242.9</b>
<i>NTP Individual Services</i>	
<b>Total Hours</b>	8,371
<b># Clients</b>	801
<b>Avg. Hours/Client</b>	<b>10.5</b>
<b><i>Unduplicated NTP Clients</i></b>	<b>841</b>

Figures 12 through 14 show the demographics for individuals who received substance use disorder (SUD) services in FY 2021/22 and FY 2022/23. There were 1,719 individuals who received one or more SUD services in FY 2021/22 and 1,285 individuals who received SUD services in FY 2022/23. This is a difference of 434 persons across the two years. This may reflect the difference in the data reported over the two years. Data from FY 2021/22 included individuals receiving SUD residential services. However, the data from FY 2022/23 did not include data for those individuals who received residential services, which may explain why there are fewer individuals receiving SUD services in FY 2022/23.

Reviewing the data across the two years, the proportion of individuals ages 0-15 increased from 1.6% to 6.1%. Similarly, there was an increase from 8.9% to 18% for individuals who were Transition Age Youth (TAY) ages 15-24 receiving SUD services. There was a decrease for adults receiving SUD services with 1,320 adults receiving services in FY 2021/22 and 942 in FY 2022/23. Because there was also a decrease in the total number of individuals served, the percentage only decreased from 76.8% to 73.3%. For persons ages 60 and older, there was a decrease in the total served from 219 to 33, across the two years. This also shows a decrease from 12.7% to 2.6%.

The total number of persons who received SUD services decreased from 1,719 to 1,283 across the two years.

**Figure 12**  
***Tulare County Substance Use Disorder Persons Served, by Age***  
 FY 2021/22 to FY 2022/23

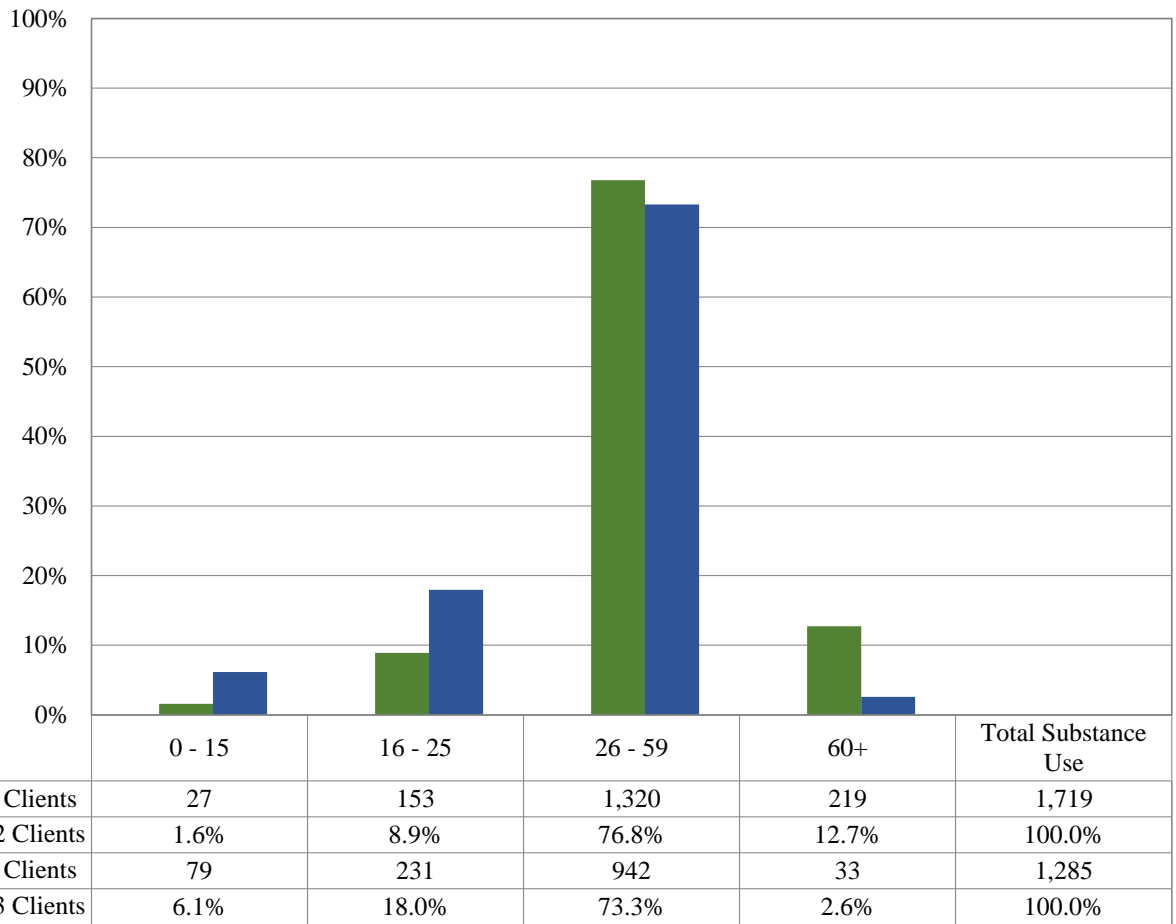


Figure 13 shows the demographics for individuals who received substance use disorder services in FY 2021/22 and FY 2022/23, by race/ethnicity. There were 1,719 individuals who received one or more substance use disorder services in FY 2021/22 and 1,285 in FY 2022/23. Of the individuals who received substance use disorder services in FY 2021/22, there were 38% who identified as White/Caucasian and 37.1% who identified as Hispanic. There was a large percentage of people in the “other” and “unknown” categories in FY 2021/22 (20.5%); but data reporting improved in FY 22/23 with the total number of “unknown” decreasing from 125 (7.3%) to 50 (3.9%).

**Figure 13**  
***Tulare County Substance Use Disorder Persons Served, by Race/Ethnicity***  
 FY 2021/22 to FY 2022/23

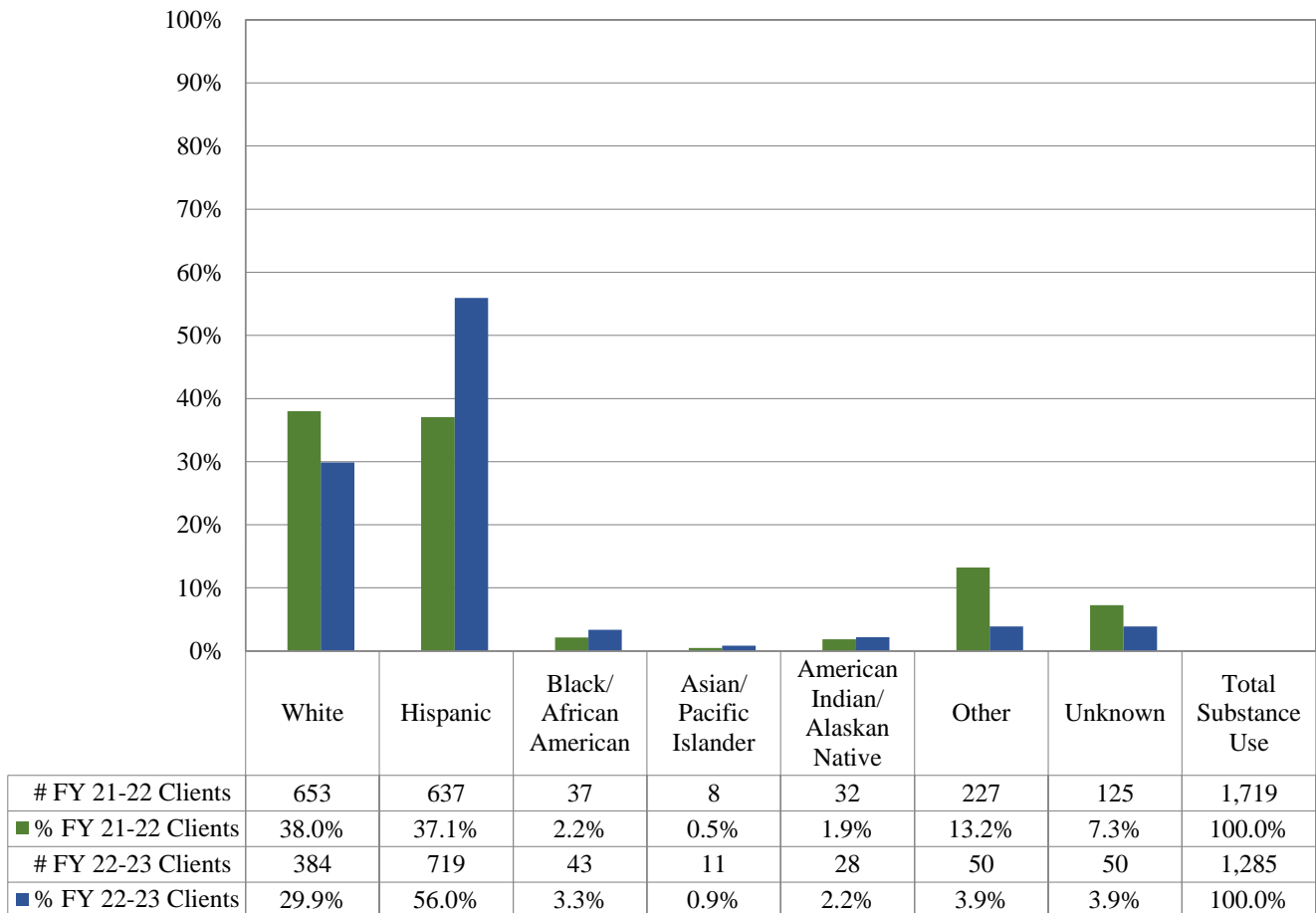
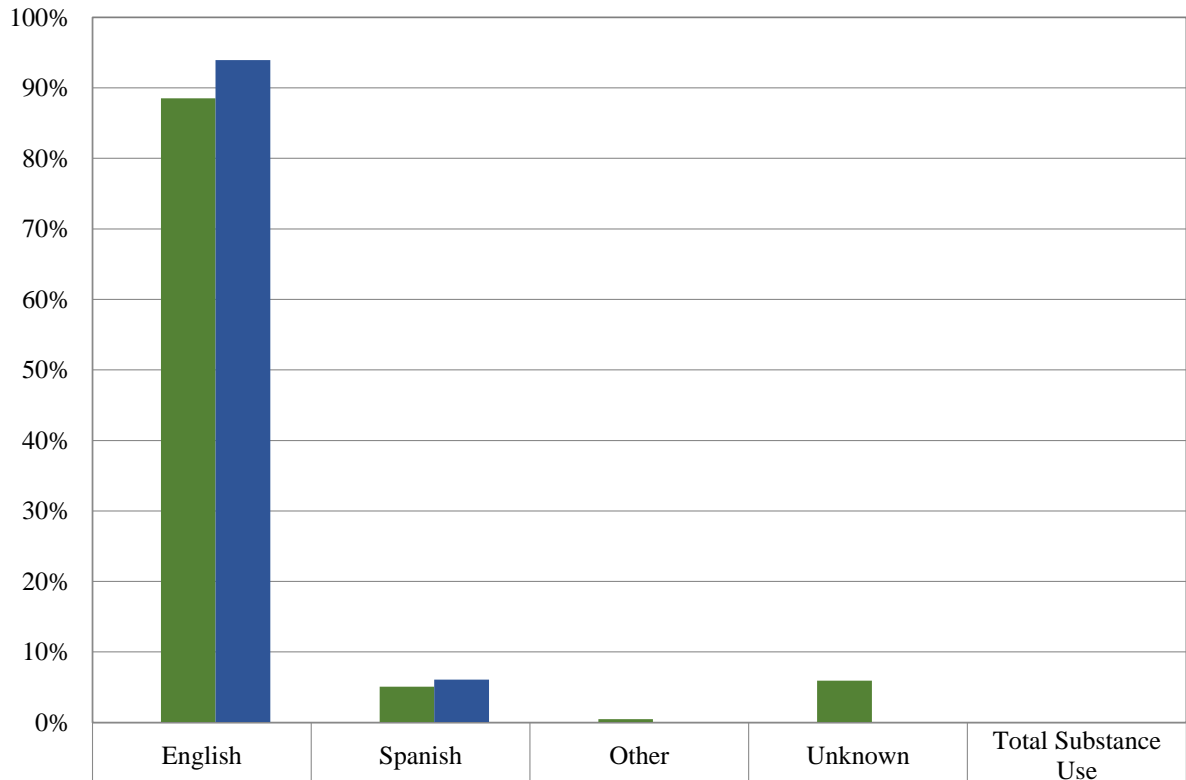


Figure 14 shows the demographics for individuals who received substance use disorder services in FY 2021/22 and FY 2022/23, by primary language. There were 1,719 individuals who received SUD services in FY 2021/22 and 1,285 who received one or more SUD services in FY 2022/23. The data shows that 88.5% of individuals reported English as a primary language in FY 2021/22 and 5.1% reported Spanish. In FY 2022/23, 93.9% of individuals reported English as a primary language and 6.1% reported Spanish. The number of individuals with an unknown language decreased from 5.9% to 0%.

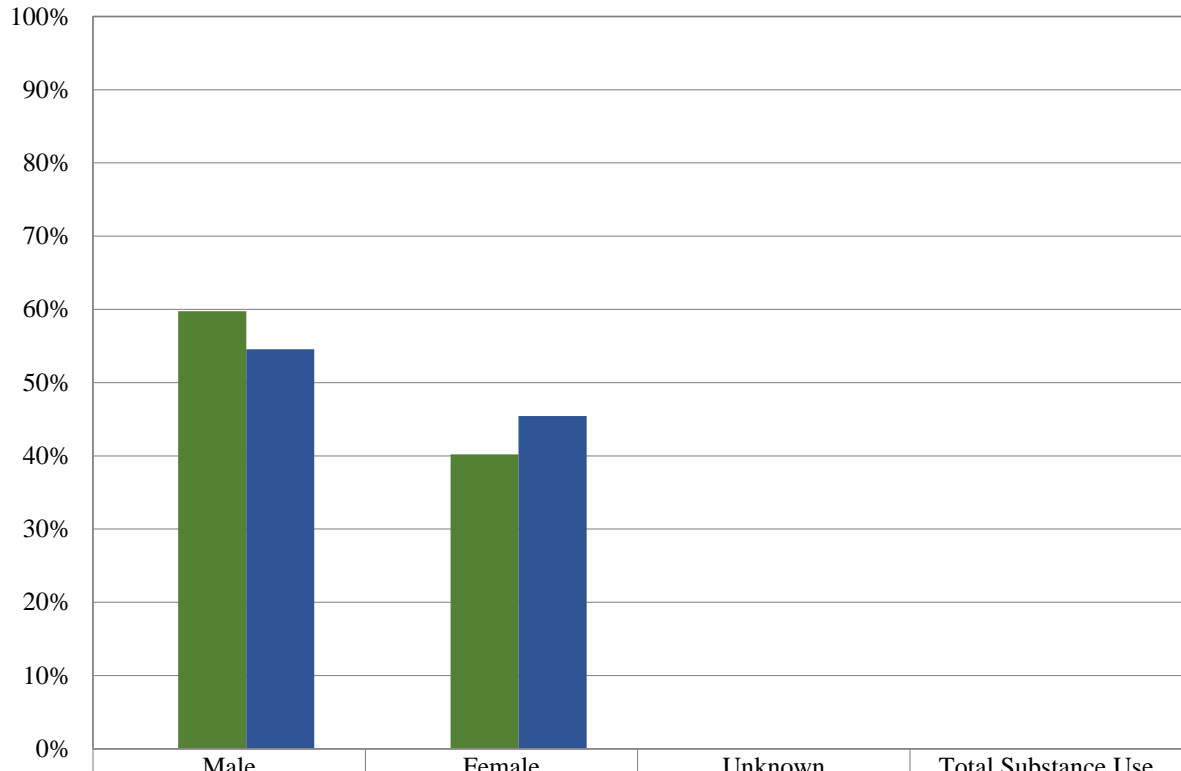
**Figure 14**  
***Tulare County Substance Use Disorder Persons Served, by Language***  
 FY 2021/22 to FY 2022/23



	English	Spanish	Other	Unknown	Total Substance Use
# FY 21-22 Clients	1,522	87	8	102	1,719
■ % FY 21-22 Clients	88.5%	5.1%	0.5%	5.9%	100.0%
# FY 22-23 Clients	1,207	78	-	-	1,285
■ % FY 22-23 Clients	93.9%	6.1%	0.0%	0.0%	100.0%

Figure 15 shows the demographics for individuals who received substance use disorder services in FY 2021/22 and FY 2022/23, by gender. Of the individuals who received substance use disorder services in FY 2021/22, 59.7% of individuals identified as male, and 40.2% of individuals identified as female. In FY 2022/23, 54.6% of individuals identified as male, and 45.4% of individuals identified as female.

**Figure 15**  
***Tulare County Substance Use Disorder Persons Served, by Gender***  
 FY 2021/22 to FY 2022/23



	Male	Female	Unknown	Total Substance Use
# FY 21-22 Clients	1,027	691	1	1,719
■ % FY 21-22 Clients	59.7%	40.2%	0.1%	100.0%
# FY 22-23 Clients	701	584	-	1,285
■ % FY 22-23 Clients	54.6%	45.4%	0.0%	100.0%

## Staff Diversity and Cultural Humility Assessment

In an effort to assess the cultural composition and awareness of its workforce, TCMH asked staff to complete the Staff Cultural Humility Survey in November 2023. A summary of the results is included in this section. The complete results are shown in Appendix A.

NOTE: Not all staff or organizational providers completed the Staff Cultural Humility Survey.

### *Staff Composition and Cultural / Linguistic Diversity*

In November 2023, 76 staff completed the survey. Staff composition and cultural/linguistic diversity was reported as follows:

- Of the 76 staff, 29 were direct service MH clinicians (38%); one (1) was a licensed direct service SUD LPHA (1%); eight (8) were MH case management staff (11%); three (3) were peer support specialists (4%); three (3) were other (non-licensed/certified) direct service staff (4%); 12 were administration/clerical staff who routinely interact with persons served (16%); three (3) were administration/clerical staff who do not routinely interact with persons served (4%); and 17 were management staff (22%).
- There were 70 staff who reported their race/ethnicity: 24 identified as White (34%); 40 as Hispanic/Latino (57%); two (2) as American Indian or Alaska Native (3%); two (2) as Asian (3%); and two (2) as Other (3%).
- There were 48 staff who identified as bilingual (63%) and 32 of those were interpreters as part of their job function (67%).
- There were 74 staff who reported their gender identity: 63 respondents identified as Female (85.1%) and 11 as male (14.9%).
- There were 70 staff who reported their sexual orientation, and 100% identified as heterosexual/straight.
- There were 44 staff who reported having an advanced degree (58%); 11 have a BA/BS degree (14%); six (6) have an AA degree (8%); 12 have a high school diploma or GED (16%); and three (3) reported having other education (4%).
- There were 73 staff who reported their military/service involvement: one (1) respondent reported as a veteran/active military (1%); 12 reported a family member in the military (16%); and 60 reported no military involvement (82%).
- Four (4) respondents reported having a disability out of the 72 staff who answered that survey question (6%).
- There were 47 of the 72 staff who reported they have lived mental health experience (65%) and 52 of the 71 staff who responded are family members of someone with lived mental health experience (73%).

- Seven (7) of the 73 staff who responded have lived experience with substance use (10%); and 36 of the 72 staff who responded are family members of someone with lived experience with substance use (50%).
- According to the survey (N=76), 48 (63.2%) respondents are bilingual, with 46 (60.5%) speaking Spanish, and three (3, 3.9%) speaking other languages (1 staff member speaks 2 languages).
  - Of the 48 bilingual staff, 43 reported that they are proficient in reading and writing Spanish (89.6%); two (2) reported that they are proficient in reading and writing other languages (4.2%); and three (3) reported that they are not proficient in reading and writing other languages (6.3%). One (1) staff member reported that they are proficient in reading and writing two (2) languages.
  - Of the 48 bilingual staff, 32 respondents (66.7%) indicated that they act as a Spanish interpreter as part of their job function; and 66% receive bilingual pay (31/47).

### ***Additional Staff Diversity Information***

- More specific data from SUD staff shows that there are 19 SUD staff across the BH clinics. Of these 19 staff, 12 were male (63.2%) and seven (7) were female (36.8%). Of the 17 SUD staff reporting race/ethnicity, nine (9) were Hispanic (52.9%); five (5) were White/Caucasian (29.4%); two (2) were Native American (11.7%); and one (1) was Asian (5.8%). Of the 19 SUD staff, there were two (2) who spoke primarily Spanish (10.5%) and seven (7) were bilingual (36.8%).

### ***Staff Cultural Humility Survey Results***

To each survey question, the response options included Frequently; Occasionally; Rarely or Never; and Did Not Occur to Me. Noteworthy responses are briefly outlined below; the complete results may be found in Appendix A.

#### **Across all respondents:**

A **higher** percentage of survey respondents reported that they had participated in the following activities:

- *Talked to a colleague about a racial and/or cultural issue (54%).*
- *Read/watched/listened to media about multicultural issues (64%).*
- *Learned something about a racial and/or cultural group other than my own (61%).*

A **lower** percentage of survey respondents reported that they had participated in the following activities:

- *Attended a cultural humility event (3%).*



- *Sought consultation or supervision about multicultural issues (17%).*
- *Talked to a friend/associate about how our racial differences affect our relationship (16%).*

Similarly, a **lower** percentage of staff reported:

- *“I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice.” (Rarely or Never = 20%).*
- *“I attempt to learn a few key words in the client’s primary language (e.g., “Hello, Goodbye, Thank you,” etc.” (Rarely or Never = 11%).*

## **Identification of System Disparities with Strategies for Improvement**

### ➤ *Disparities in Access and Populations of Persons Served*

Analysis of penetration rate data indicates there are disparities between the county population and clients within the Spanish-speaking community; the Asian community; and older adults. While TCMH will continue to outreach to all communities, these populations will be a focus on FY 2023/24 activities.

- ***Strategies for Improvement***

1. Enhance Diversity of CCC Membership

- Recruit additional community members into the CCC. Community resources include, but are not limited to, mental health and/or substance use services and persons with lived experience; disability advocacy; the Asian-American and other cultural populations; programs that serve children and youth including the school systems; unhoused; veterans; and unserved and underserved individuals in the community.

2. Expand Community Outreach Activities

- TCHHSA encourages community participation by hosting and sponsoring community events to engage the MH and SUD community. The goal is to enhance outreach and utilizes marketing activities and positive media opportunities to become more visible in the community. This approach helps reduce the stigma of accessing mental health services and help the community know more about the BH programs. This community engagement will be especially important when implementing the mobile crisis team(s) and CARE Court programs.
  - Engage in outreach with traditionally unserved and/or underserved communities including Asian community events at the temple and other celebrations throughout the year; outreach to the schools, including back-to-school and open house events; faith-based events
  - Provide opportunities for community participation and sharing community voices
  - Hold community meetings using hybrid sessions – in person and virtual; expand meeting strategies for specific communities of interest
    - Meet-and-greet informational sessions
    - Gatherings around cultural days of significance
  - Expand messaging to more people and more communities by utilizing translated materials in more languages, including Southeast Asian languages
  - Continue efforts to provide informing materials to the community – via churches; laundromats; schools; etc.; creating radio ads – Spanish and

English; public service announcements; Facebook – two-minute videos, with a distinct focus on both MH and SUD

- *Community Participation:* TCHHSA sponsors and promotes many community events throughout the County. Many of the events target the hard-to-reach populations within Tulare County and work to reduce stigma related to mental health and substance use treatment services within the community. These opportunities are shared with staff, who are encouraged to attend. The following are examples of community events sponsored by TCHHSA:
  - Farmworker Women’s Conference
  - Univision Health Fair
  - Juneteenth Celebration
  - Black History Month Building Bridges mental health event
  - NAMI Tulare County Walk
  - PRIDE Visalia
  - Rawhide Baseball Mental Health Night
  - Porterville College Mini Conference
  - Tulare County Fair
  - Porterville Cinco de Mayo Parade
  - Project Homeless Connect
  - Community health fairs

### 3. Enhance Language Assistance Services

- Train staff in using the Language Line and interpreter services, to improve access and delivery of culturally responsive services to enhance care for persons served and their families
- TCHHSA contracts annually with the National Latino Behavioral Health Association (NLBHA) to provide a three-day interpreter training for 30 mental health service providers’ (e.g., educators and primary care providers). The goal is to increase provider’s competence and address mental health issues affecting the quality of care for individuals who are Limited English Proficient (LEP). Another goal is to enhance the knowledge and skill set of recovery, resilience and community engagement. The three-day training teaches the proper use, etiquette, and term usage for an effective interpreter session. The training was for providers (clinicians) who utilize an interpreter when delivering clinical services.
- These trainings support TCHHSA, providers, and community partners working with communities where concentrated numbers of monolingual Spanish speaking or LEP individuals do not receive adequate care, due to a lack of bilingual/bicultural staff. The development of staff capacity to address monolingual and/or LEP populations is a critical component to eliminating behavioral health care disparities.

- Utilize the Language Line and mobile devices to connect individuals and professionals face-to-face to audio and video language interpretation. This application provides one-touch access to experienced interpreters in over 140 languages, including American Sign Language (ASL).
  - Continue to provide tablets for use with the Language Line. Providers at both County-operated mental health clinics and Substance Use Disorder service locations have expressed the valuable use of tablets for interpretation of ASL. The video capability allows for the interpreter to accurately work with the client and provider.
  
- *Language Line Usage:* The AT&T Language Line is utilized to interpret for individuals seeking services, when a bilingual staff member that speaks their language is unavailable. In Tulare County, it is typically used for languages other than Spanish or when a Spanish-speaking staff member is unavailable.
  - In FY 2021/22, the Language Line was utilized 1,189 times, as individuals continued to become comfortable with telehealth. In FY 2022/23, there were 1,025 times the Language Line was used, including phone calls to the Access Line, face-to-face appointments and telehealth appointments.
  - Provide informing materials in threshold languages. TCHHSA has Spanish-language translators on-staff to translate documents and correspondence. TCHHSA makes it a priority to have all written informational materials available in both English and Spanish, the two threshold languages in Tulare County. These materials include correspondence with persons served, promotional materials, and the TCHHSA website.

#### 4. Diversify Services to Address Unmet Needs

- TCHHSA relies on a variety of resources to deliver culturally competent services. Many resources are listed in this plan, including the input of individuals through the community planning process and annual satisfaction surveys; the CCC and their recommendations; input from community partners; staff training; the assistance of Human Resources in developing a multicultural workforce; and the mission of ensuring that services are “delivered in a culturally and linguistically competent manner.” In addition, TCHHSA embraces the values and principles of the wellness and recovery model that promote individual and family equity and inclusion. This practice extends to the basic rights of each individual and/or their family member to be treated with dignity and respect, as well as receive person-centered, culturally sensitive services. The wellness and recovery model is utilized throughout TCHHSA, including the clinics, the Visalia Wellness Center, the Porterville Wellness Center, and the housing programs. While none of these programs are racially, ethnically, or culturally specific, TCHHSA strives to ensure that they serve a diverse population and that services are culturally appropriate and inclusive. The following are strategies to help expand services for this next year:

- Adapt service delivery to meet the needs of diverse individuals and individual populations
    - Deliver services in the home or community, when appropriate, to deliver services that promote diversity, equity, inclusion, and belonging (DEIB)
  - Offer services that are relevant to the Gen Z population
    - Utilize different learning environments, like talk through text, to help individuals feel more comfortable to move out of their comfort zone; Discord (chat feature) monitored by an adult/provider, which gives access to peer support in a safe space
  - Learn from C2C and other innovation projects to apply lessons learned for engaging their communities. From Assessment surveys, define what areas in the MH system need improvement to address the barriers specific to the LGBTQ+ community and the African American or Black community. Use results to develop and expand provider training on cultural humility and sensitivity.
    - Regarding LGBTQ+ cultural competency, expand gathering opportunities for families and support persons/systems in an effort to engage those who may be reluctant to participate, or not feel the need, to attend training
  - Improve SOGI data collection. Follow statewide guidelines to collect this data consistently across programs, allowing individuals to self-identify. Train all staff on collecting this data to improve client care
  - Ensure satisfaction with culturally-responsive services by responding to grievances and appeals from persons served in a timely manner
- *Beneficiary Problem Resolution Process:* The TCHHSA program strives to provide excellent services to all individuals receiving mental health and/or substance use services. If an individual or family member is not satisfied with the services being provided, the TCHHSA's designated Problem Resolution Coordinator will work to resolve problems and concerns. All informing materials are provided in both English and Spanish, the two threshold languages. They can be found in the clinic, are mailed with service denial letters, and can be found on the TCHHSA website in both languages:
    - <https://tchhsa.org/eng/index.cfm/mental-health/mental-health-problem-resolution/>
    - If an individual is denied services, a Notice of Adverse Benefit Determination (NOABD) is provided, advising them of the appeals process. The process begins with a simple call to the local Problem Resolution Hotline. In order to be accessible, requests for appeal may be made verbally or in writing. Individuals are then notified of an appointment for re-evaluation in the language they prefer. Individuals who are still not satisfied can also appeal at the State level.
    - The process for grievances in Tulare County is also kept simple and available in both threshold languages. If required, an interpreter or translation service may be requested in a language other than the two

threshold languages. This process is the same for both MH and SUD services.

5. Maintain the MHSA Innovation Project: Connectedness to Community (C2C) after the 5-Year Innovation Funding

- When assessing cultural awareness and sensitivity topics within the MHSA planning process, individuals expressed the importance of feeling respected for their cultural group beliefs and practices (including their interests, attitudes, and outlook on life) and to intentionally include their cultural beliefs in their treatment plans.
- In FY 2020/21, TCMH implemented the Connectedness to Community (C2C) project to bridge the gap in understanding various cultures in the community through education, coaching, and connecting with culturally responsive community leaders. Community and faith-based leaders, as well as cultural brokers, support the goal to expand providers' awareness of each individual's cultural values and informing providers about mental health diagnoses, wellness, and recovery. The goals for C2C are to reduce stigma and discrimination across the community, as well as keeping individuals of various cultural groups enrolled in mental health services. Strategies for C2C include engaging community leaders and cultural brokers, coaching mental health professionals, developing curriculum based on exemplary practices, host trainings in a natural community setting, and identifying areas to help individuals to access services. The Source, a local LGBTQ+ center, and New Life Ministries of Tulare County, a prominent faith-based charity in the local African American community, became partners to provide services to individuals in the community.
  - **The Source LGBTQ+ Center:** Focusing on the LGBTQ+ community, The Source developed the following strategies to identify areas of need, opportunities to build trust with individuals and their families, and provide information on mental health and wellness:
    - **Community Needs Assessment:** The Source developed a Community Needs Assessment for individuals who are LGBTQ+. The data collected from the survey responses was used to develop a wider comprehensive needs assessment and evaluation with stakeholder input. In addition, pre- and post-surveys were developed to obtain information from individuals who are LGBTQ+ who attend The Source's groups. Concurrently, a Clinician Needs Assessment was developed to help The Source gathers information on topics for potential trainings.
    - **Events/Trainings:** The Source has three training modules that are used to organize individual goals for mental health staff and contracted providers. Trainings are being developed, based on community needs assessments, to deliver to County MH providers in 2023.



- The Cultural Competence Committee believes the efforts of this project should continue in order to best utilize these learnings to inform partners and providers to continually improve services. With additional trainings for the LGBTQ+ and African American/ Black communities, the opportunities for increased service engagement for those communities expand. Then, building on those lessons learned and applying them to other communities that are unserved, underserved, or inappropriately served, will allow TCHHSA and the Behavioral Health Branch to improve access to services for the entire county population.

➤ ***Limited Staff Diversity***

Analysis of mental health staff demographics indicate limited staff diversity when compared to the demographics of persons served and the general county population. The county population is 65.5% Hispanic/Latino; persons served who are Hispanic/Latino represent 64.5% of total persons served; and staff who are Hispanic/Latino represent 57% of all staff. This data indicates that TCMH will continue to identify strategies for recruiting, hiring, and retaining bilingual, bicultural Hispanic/Latino staff to align with the proportion of persons who are Hispanic/Latino in the county population.

- ***Strategies for Improvement***

It is a goal to promote and sustain staff demographics that are representative of persons served and the county population.

6. Recruit and Retain Culturally-Diverse Staff

- Collaborate with TCHHSA Human Resource Recruiter Specialist to:
  - Recruit, hire, and retain staff who reflect the communities served
  - Revise interview questions to include experience with diversity, equity, inclusion, and belonging (DEIB)
  - Update recruitment efforts to include an emphasis on diversity, hiring of designated bilingual staff, and hiring Peer Support Specialists for individuals (individuals with lived mental health experience). In addition to hiring Peer Support Specialists (PSS), TCMH also encourages the promotion of PSSs within the system of care.
  - Increase the number of staff who are bilingual and bicultural, whenever possible. This approach will strengthen the service delivery system to meet the needs of diverse communities in Tulare County.
- Increase recruitment and retention efforts for providers in proportion to increases in demand for services
  - Offer a scholarship program to help hire more clinical staff into our programs
  - Continue internship partnership programs to help recruit staff when they are students/interns. (Partners include AT Stills University, Walden University, Fresno Pacific University, Fresno State University,



Campbellsville University, Gurnick Academy of Medical Arts, Kern Community College, Porterville College, National University, Regis College, UMass, Unitek College, and the University of Southern California)

- Continue the loan repayment program
  - Create a strong organizational culture of belonging and support
  - Periodically evaluate staff's experience of organizational belonging and support to promote cultural humility
- Strengthen inclusion by celebrating each other's diverse cultural activities, such as Pride Month; Women's History Month; Earth Day; Juneteenth; Indigenous People's Day and Month; etc., by giving special recognition and appreciation of diverse cultural events
  - *Bilingual Staff:* TCMH continues to work on expanding the mental health workforce and hire individuals who are bilingual and bicultural. Bilingual staff ensure that clients and family members are able to access services and often receive services in their preferred language. This approach helps to create a welcoming mental health system of care that meets the needs of diverse cultures.
  - *Mental Health Peer Staffing:* TCMH continues to work on expanding the workforce to include hiring individuals with lived mental health lived experience and growing a multicultural workforce that reflects the population served. The numbers below indicate the number of individuals with lived mental health experience employed as Peer Support Specialists or Peer Advocates within the System of Care. These do not include the many peers that have been promoted or hired into other positions, such as Clinical Social Worker, Case Manager, Volunteer Coordinator, etc.
    - In FY 2022/23, TCMH employed 39 Peer Support Specialists across the system of care, including clinical, housing, Co-Occurring Disorders, Warm Line, and Wellness and Recovery programs. The Peer Support Specialists are instrumental in ensuring inclusion and equity of persons living with a serious mental illness in our community. They provide representation, break the stigma against mental illness, and act as advocates for persons receiving behavioral health services. Figure 16 shows the number of Peer Support Specialists within each program.

**Figure 16**  
**Number of Peer Support Specialists**  
**by Program**

Program	Number of Peer Support Specialists
Visalia Adult Integrated Clinic	4
Porterville Mental Health Clinic	1
North County One Stop	1
North County Mobile Services	3
Central County One Stop	1
South County Mobile Services	1
South County One Stop	1
Transitional Age Youth (TAY) Housing	1
Lotas St. Permanent Supportive Housing	1
Porterville Wellness Center	6
Visalia Wellness Center	5
Tulare County Warm Line	10
CVRS Co-Occurring Disorder Program	3
My Voice Media Center	1
<b>TOTAL</b>	<b>39</b>

With the implementation of SB803, many of the Peer Support Specialists have submitted applications for Peer Certification. Peers working in all of the above programs have applied through both the Initial Certification process and the Grandfathering process. In addition, there is an effort to add PSS to the crisis continuum of care within Tulare County’s services. At the time of writing, the number to be included will be determined by the contracted vendor.

➤ ***Limitations in Staff Cultural Humility***

Analysis of the Staff Cultural Humility Survey results indicate that there is a need to offer more trainings to continually strengthen staff’s cultural awareness and skills in delivering culturally-sensitive services with humility. This includes providing training on implicit bias and strategies for developing skills to increase awareness of how to understand your own behavior to help create a welcomes and safe environment for persons from different cultures.

- ***Strategies for Improvement***

7. Provide Education and Training to Staff, Persons Served, and System Stakeholders

- The results of the surveys emphasize that there is an opportunity to provide additional training for staff that supports increased cultural awareness; an understanding of implicit bias; and how to create a safe environment to promote staff to discuss cultural differences. This strategy includes training to develop approaches to promote humility, equity, and inclusion for staff and clients and

meeting language and communication needs. Relevant training topics include how to identify appropriate strategies to provide feedback if staff observe another staff member exhibiting behaviors that show cultural insensitivity or prejudice. Other training could include the effective use of an interpreter by English-speaking staff as well as how to be an effective interpreter to help build strong communication between the staff and the client. A training plan each year outlines a schedule for providing cultural and linguistic competency training for new hires and existing staff, to continually strengthen our system of care.

- Provide training for TCHHSA staff related to HIPAA, confidentiality, and compliance, with an emphasis on cultural diversity, utilizing the Relias e-Learning Management System (RLMS), which tracks certification and monitors participant activity
  - Organize, participate in, and facilitate trainings/events through state, regional, and local collaborations, and partnerships
  - Expand training opportunities to former and current individuals, family members, their caregivers, cultural brokers, and substance use providers, interested community members, educators, and staff and leaders in the fields of mental health and/or substance use treatment
  - Identify key staff to attend state and regional training, such as attendance at the Latino Conference, generational trauma, and intergenerational trauma which impacts people of color, the impoverished, the marginalized, and members of the LGBTQ+
  - Promote individuals with lived experience to become certified as Peer Counselors
- Training opportunities for staff have been conducted through various learning platforms. Staff attend cultural responsiveness training sessions conducive to diverse learning styles, including Relias, an online training tool used to track and monitor learner success. Training is required for all staff within the Tulare County Behavioral Health Plan staff, including both County and community service provider staff. Additional trainings in community settings are also provided, through interaction with cultural brokers and/or Mental Health and Substance Use Treatment Cultural Champions.
  - *Annual Online Trainings:* TCHHSA provides access to the Relias eLearning Management System to all County staff and contracted providers and their staff. Some trainings are required on an annual basis, some are assigned by a supervisor, and others are elective courses. Through this training system, many providers can earn Continuing Education (CE) units. Due to COVID-19, the use of online trainings has increased, which allows more employees to participate in various trainings offered.
    - Online training annual requirements:
      - Cultural Competence
      - The Role of the Behavioral Health Interpreter
      - The Multicultural Process of Change

- Elective Cultural Humility and Health Equity Trainings Available Online (optional courses provided):
  - Infusion of Culturally Responsive Practices
  - Basic Communication and Conflict Management Skills
  - Working Effectively with Gender and Sexual Minorities
  - Advocacy and Multicultural Care
  - Bridging the Diversity Gap
  - Building a Multicultural Care Environment
  - Cultural Awareness and the Older Adult
  - Understanding Unconscious Bias
  - Your Role in Workplace Diversity
  - Behavioral Health Services and the LGBTQ+ Community
  - Cultural Competence and Sensitivity in the LGBTQ+ Community
  - A Culture-Centered Approach to Recovery
  - Using Communication Strategies to Bridge Cultural Divides
  
- *New Hire Trainings:* New staff within TCMH are also provided with training both in-person and through Relias eLearning. Topics include, but are not limited to, cultural sensitivity, diversity, interpreter training, and other topics related to cultural responsiveness. These trainings are also updated on an annual basis.

**Figure 17**  
***FY 2023/2024 Planned Training Events***

<b>Training Title</b>	<b>Planned Dates</b>	<b>Target Audience</b>	<b>Training Topic</b>	<b>Trainer</b>
Mental Health/ Substance Use Interpreter Training	Scheduled for February 2024	Mental health / substance use treatment Providers	How to translate mental health and substance use terms into other languages and communicate using the preferred etiquette of different cultures.	National Latino Behavioral Health Association
Provider Interpreter Training	November 2023, March 2024	Mental health / substance use providers	How to effectively utilize interpretation services, how to translate mental health / substance use terms into other languages and communicate using the preferred etiquette of different cultures.	National Latino Behavioral Health Association
LGBTQ+ Training	Spring 2024	Mental Health / Substance Use Providers	Training on SOGI, cultural competency, required PEI data, and the legalities of law and reporting requirements.	The Source LGBTQ+ Center and Out for Mental Health

<b>Training Title</b>	<b>Planned Dates</b>	<b>Target Audience</b>	<b>Training Topic</b>	<b>Trainer</b>
Building Trust within the African American Community	Spring 2024	Mental health /substance use providers	Training staff on keeping African-American individual engaged in services.	New Life Ministries of Tulare County
Farmworker Women's Conference	November 2024	Monolingual Spanish Speakers	TCMH collaborates annually to assist with outreach to and engagement with the farmworker community.	United Women's Organization

## **Appendix A: Staff Diversity Assessment – Full Survey Results**

**Tulare County Health and Human Services Agency  
Staff and Org. Provider Cultural Humility Survey**

2023

All Respondents

Frequently Occasionall  
Rarely or Never Did Not Occur to Me

I examine my own cultural background and biases (race, culture, sexual orientation) and how they may influence my behavior toward others. (N=76)

I continue to learn about the different cultures of our clients and family members in order to improve the delivery of Behavioral Health services. (N=76)

I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs. (N=76)

I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice. (N=76)

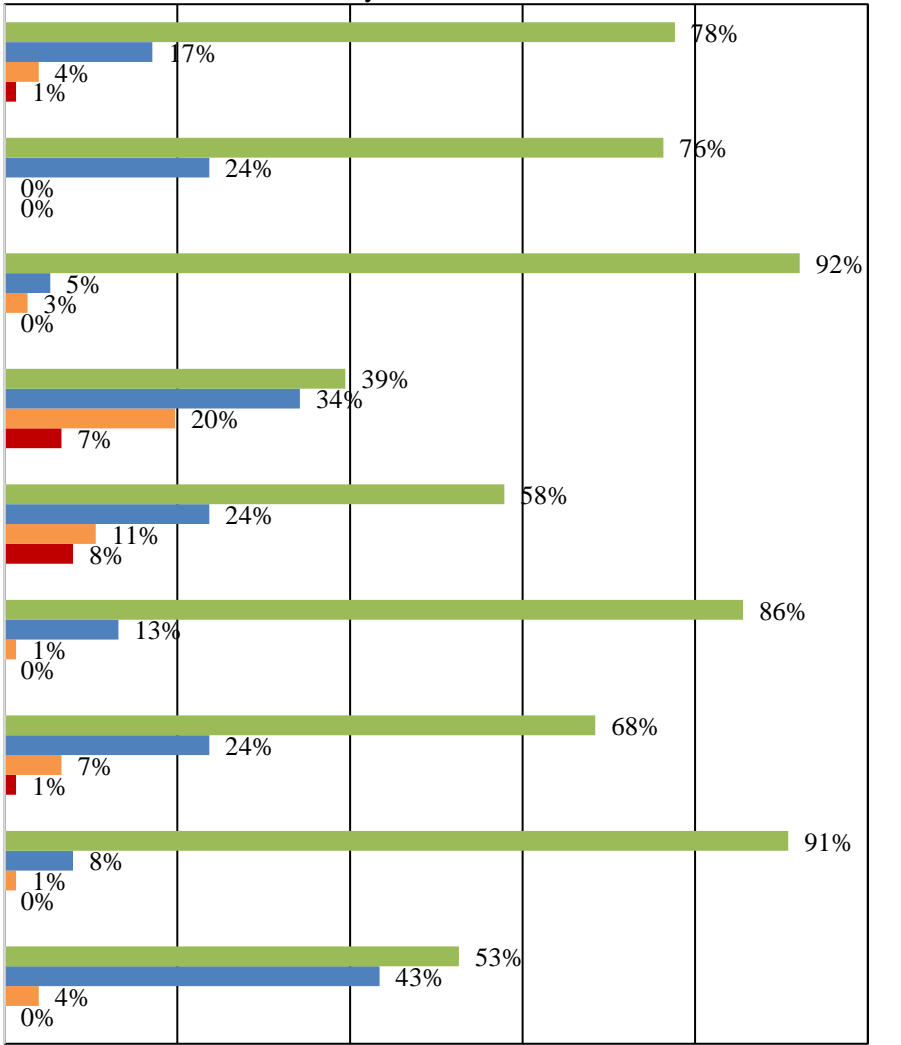
I attempt to learn a few key words in the client’s primary language (e.g., “Hello, Goodbye, Thank you,” etc.) (N=76)

I recognize that family may be defined differently by different cultures. (N=76)

I utilize materials (brochures; flyers; newsletters; posters; etc.) that are written in a manner that can be easily understood by clients and family members. (N=76)

I recognize that gender roles in families may vary across different cultures. (N=76)

I participate in trainings to learn how to best meet the needs of clients and family members from diverse cultures. (N=76)



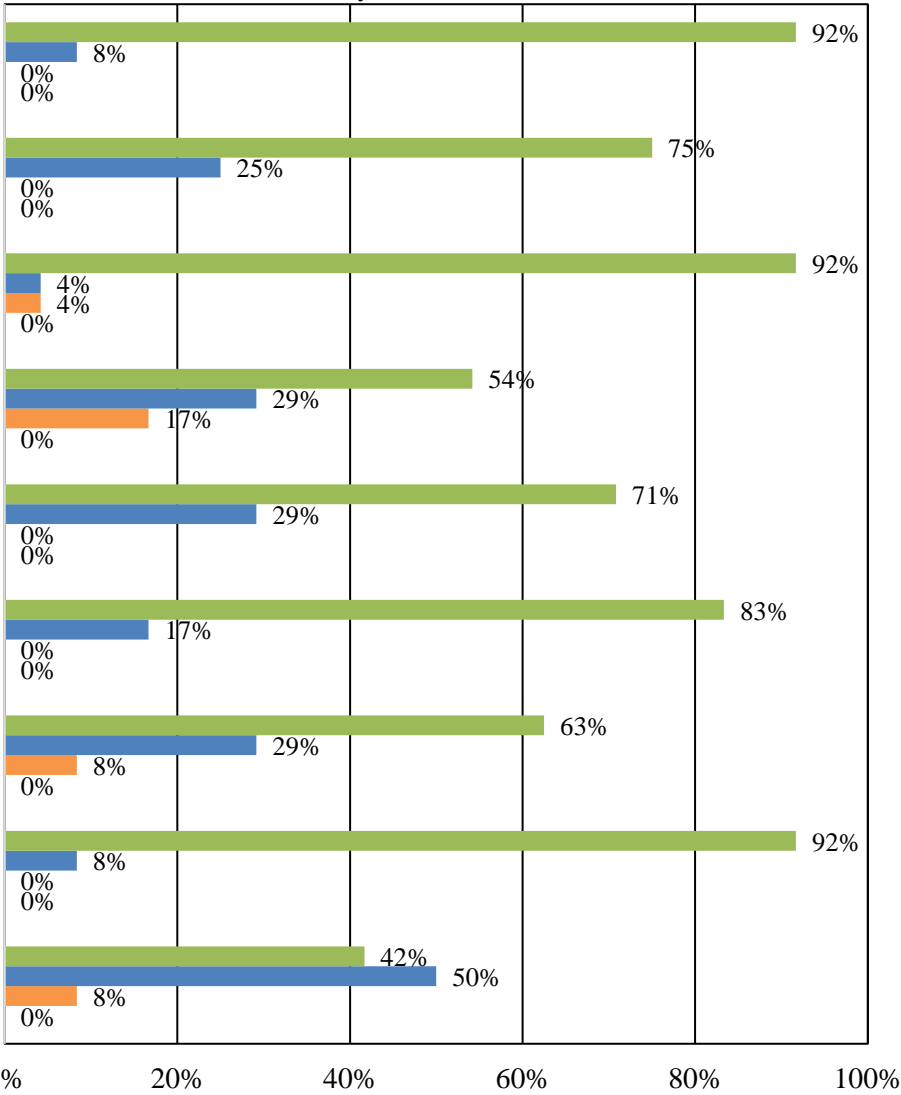
0% 20% 40% 60% 80% 100%

**Tulare County Health and Human Services Agency**  
**Staff and Org. Provider Cultural Humility Survey**  
 2023

**White Respondents**

■ Frequently  
■ Occasionally  
■ Rarely or Never  
■ Did Not Occur to Me

- I examine my own cultural background and biases (race, culture, sexual orientation) and how they may influence my behavior toward others. (N=24)
- I continue to learn about the different cultures of our clients and family members in order to improve the delivery of Behavioral Health services. (N=24)
- I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs. (N=24)
- I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice. (N=24)
- I attempt to learn a few key words in the client’s primary language (e.g., “Hello, Goodbye, Thank you,” etc.) (N=24)
- I recognize that family may be defined differently by different cultures. (N=24)
- I utilize materials (brochures; flyers; newsletters; posters; etc.) that are written in a manner that can be easily understood by clients and family members. (N=24)
- I recognize that gender roles in families may vary across different cultures. (N=24)
- I participate in trainings to learn how to best meet the needs of clients and family members from diverse cultures. (N=24)



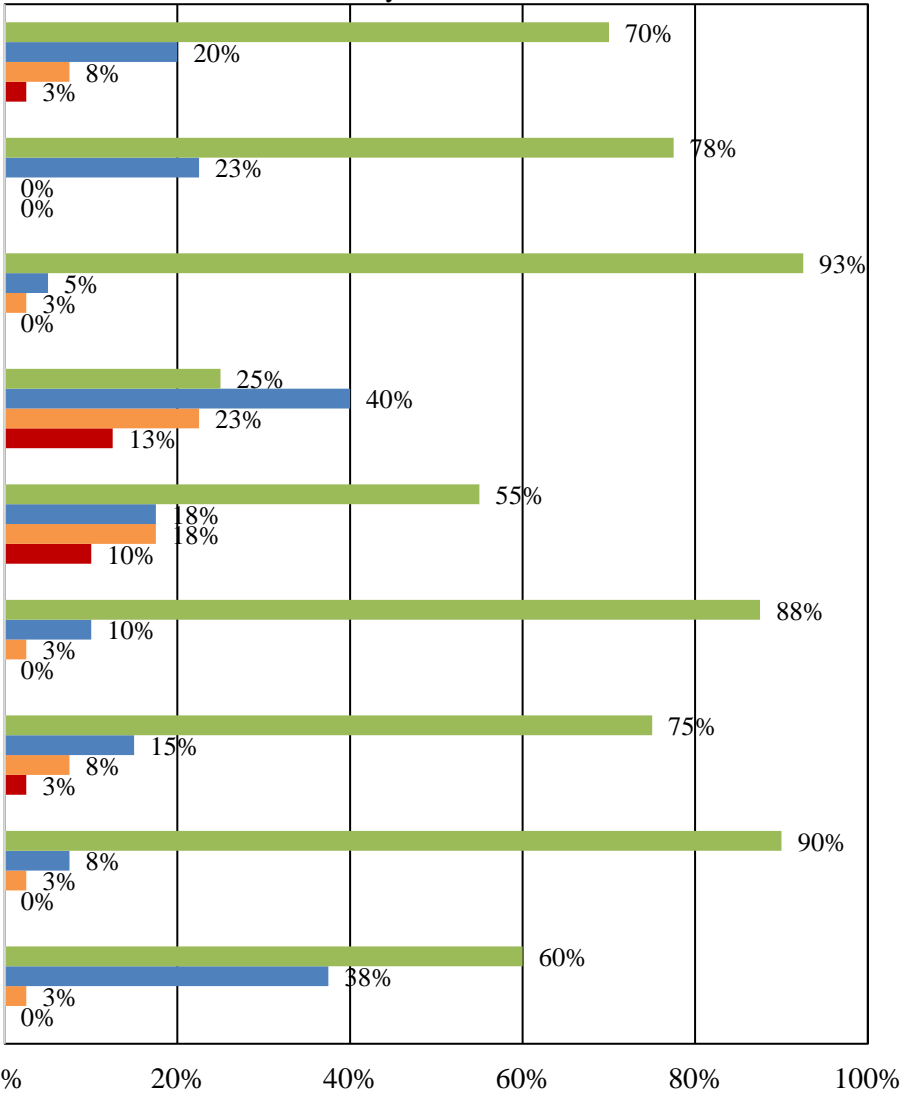


**Tulare County Health and Human Services Agency**  
**Staff and Org. Provider Cultural Humility Survey**  
 2023

*Hispanic/Latino Respondents*

■ Frequently      ■ Occasionally  
 ■ Rarely or Never      ■ Did Not Occur to Me

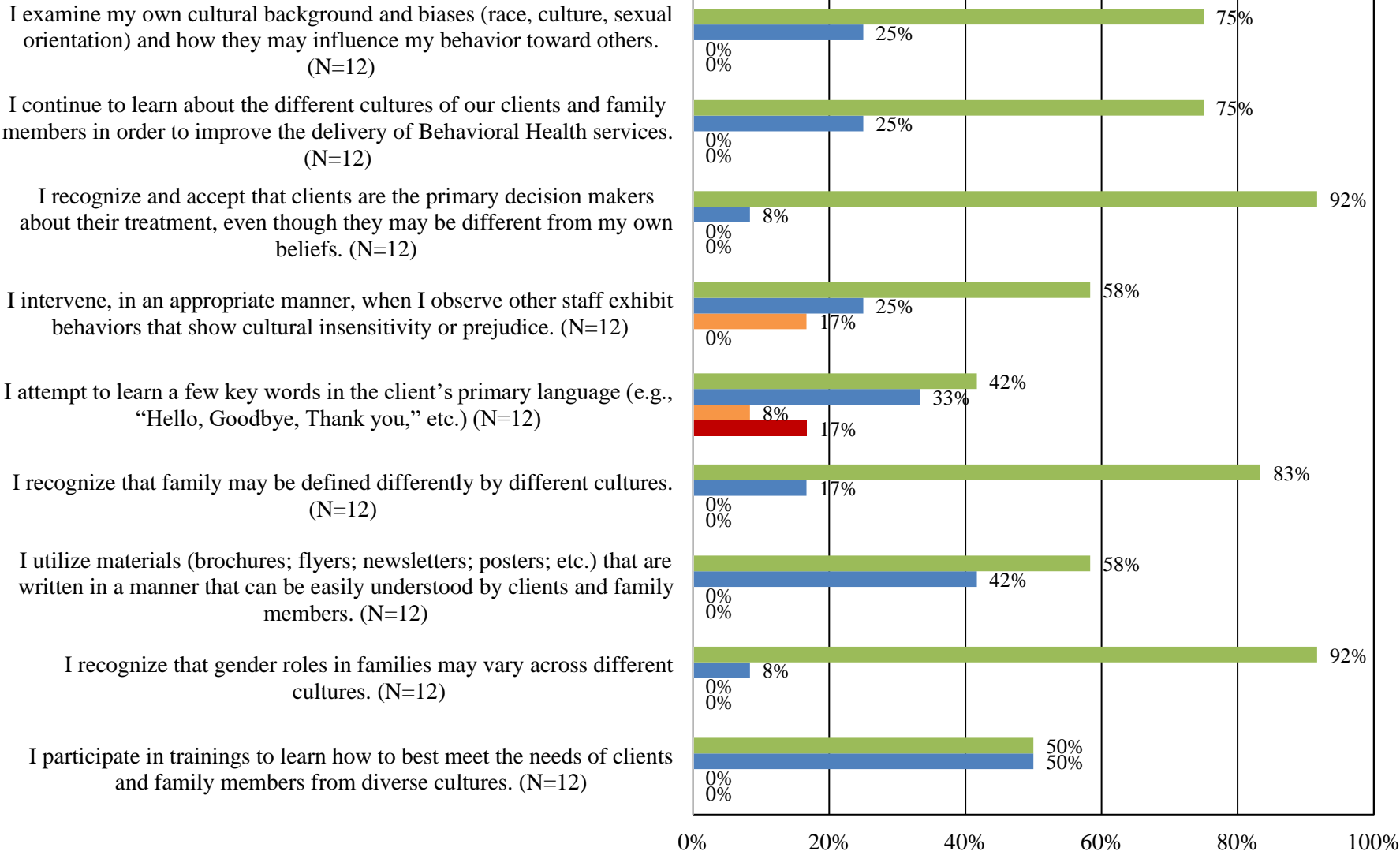
- I examine my own cultural background and biases (race, culture, sexual orientation) and how they may influence my behavior toward others. (N=40)
- I continue to learn about the different cultures of our clients and family members in order to improve the delivery of Behavioral Health services. (N=40)
- I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs. (N=40)
- I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice. (N=40)
- I attempt to learn a few key words in the client’s primary language (e.g., “Hello, Goodbye, Thank you,” etc.) (N=40)
- I recognize that family may be defined differently by different cultures. (N=40)
- I utilize materials (brochures; flyers; newsletters; posters; etc.) that are written in a manner that can be easily understood by clients and family members. (N=40)
- I recognize that gender roles in families may vary across different cultures. (N=40)
- I participate in trainings to learn how to best meet the needs of clients and family members from diverse cultures. (N=40)



**Tulare County Health and Human Services Agency**  
**Staff and Org. Provider Cultural Humility Survey**  
 2023

*All Other Ethnicity Respondents*

■ Frequently  
■ Occasionally  
■ Rarely or Never  
■ Did Not Occur to Me



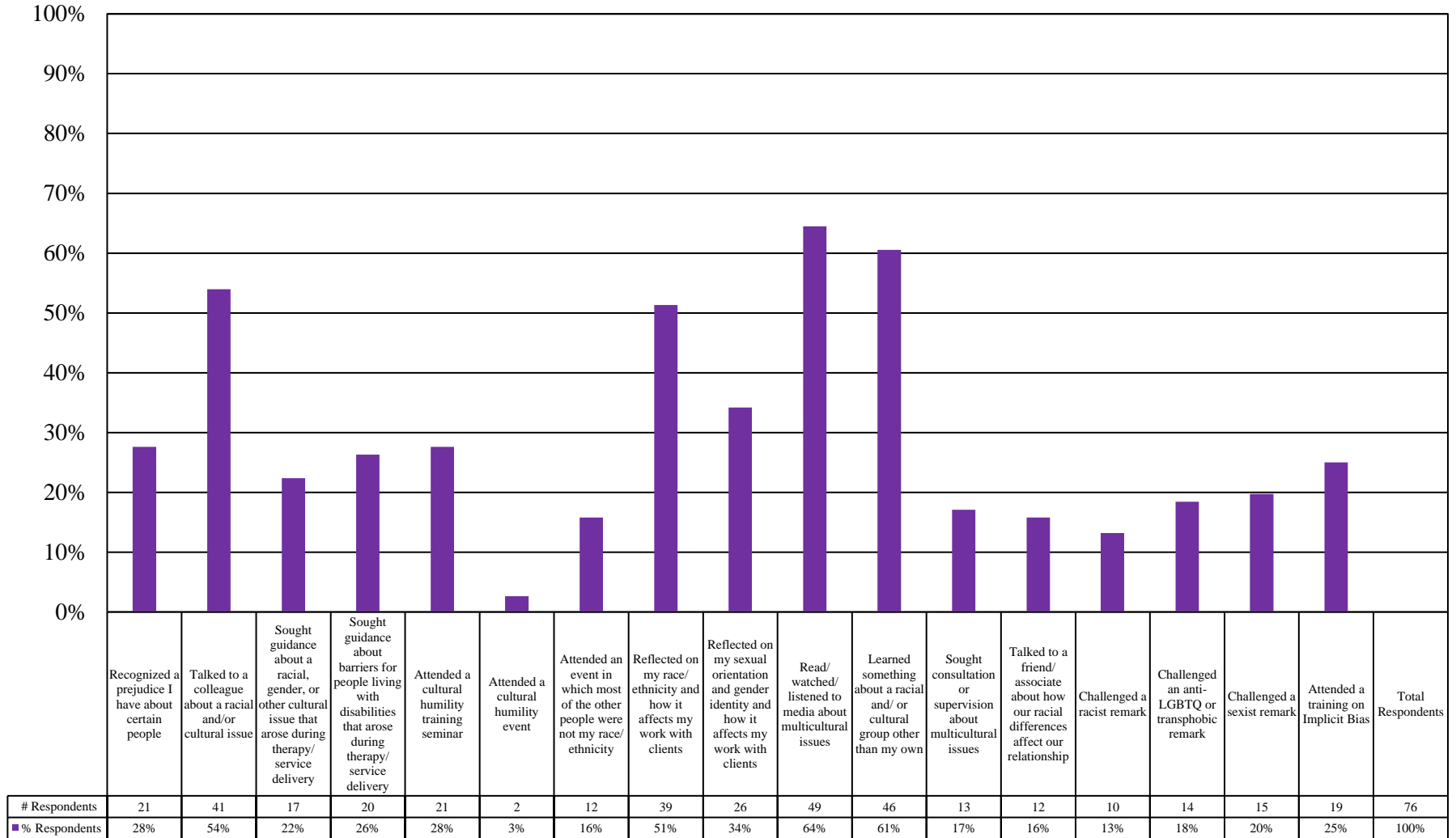
**Tulare County Health and Human Services Agency  
Staff and Org. Provider Cultural Humility Survey**

2023

*Participation in Professional Development Activities (Past Six Months)*

**All Respondents (N=76)**

*(Respondents may choose multiple answers.)*



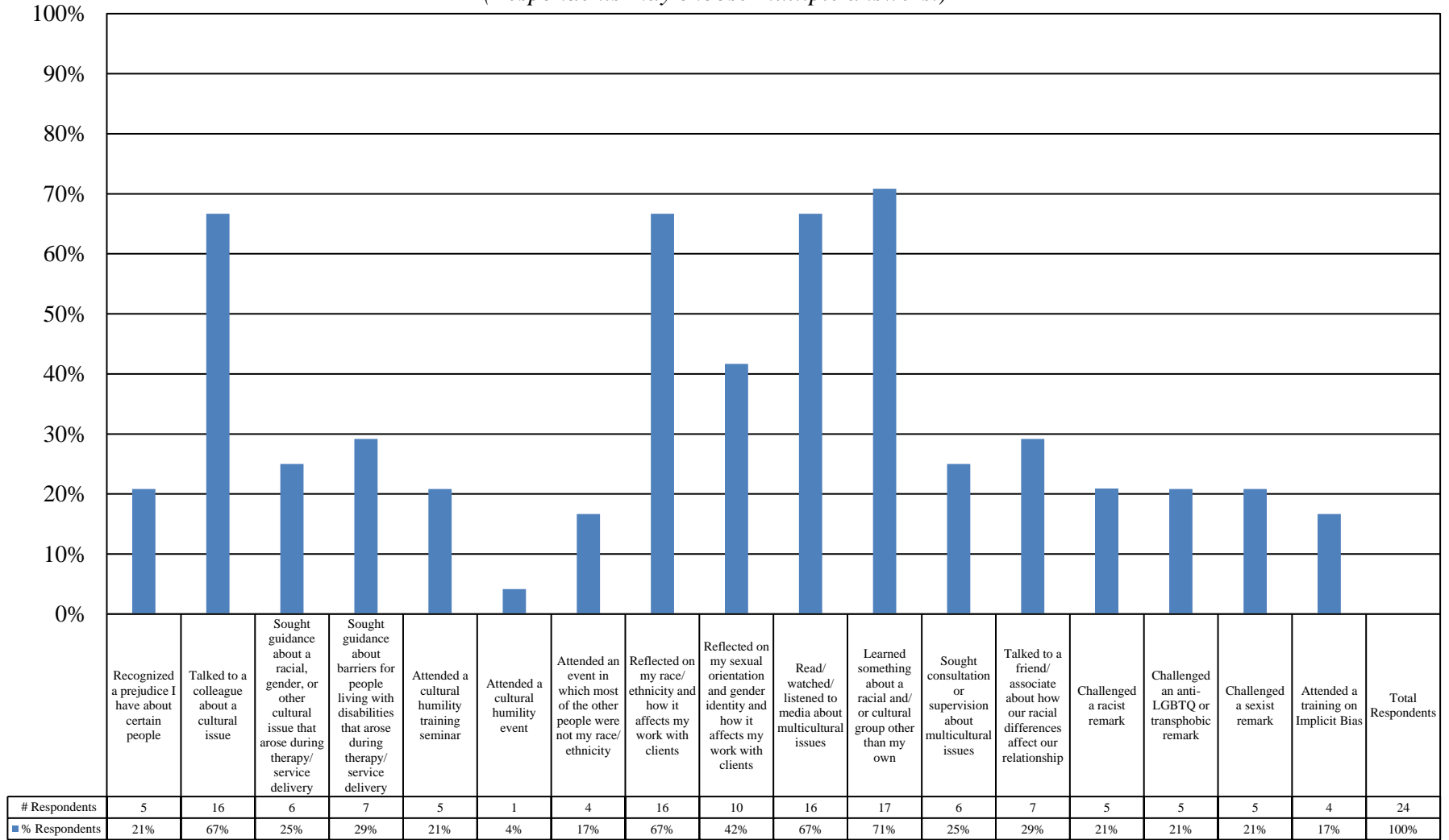
**Tulare County Health and Human Services Agency  
Staff and Org. Provider Cultural Humility Survey**

2023

*Participation in Professional Development Activities (Past Six Months)*

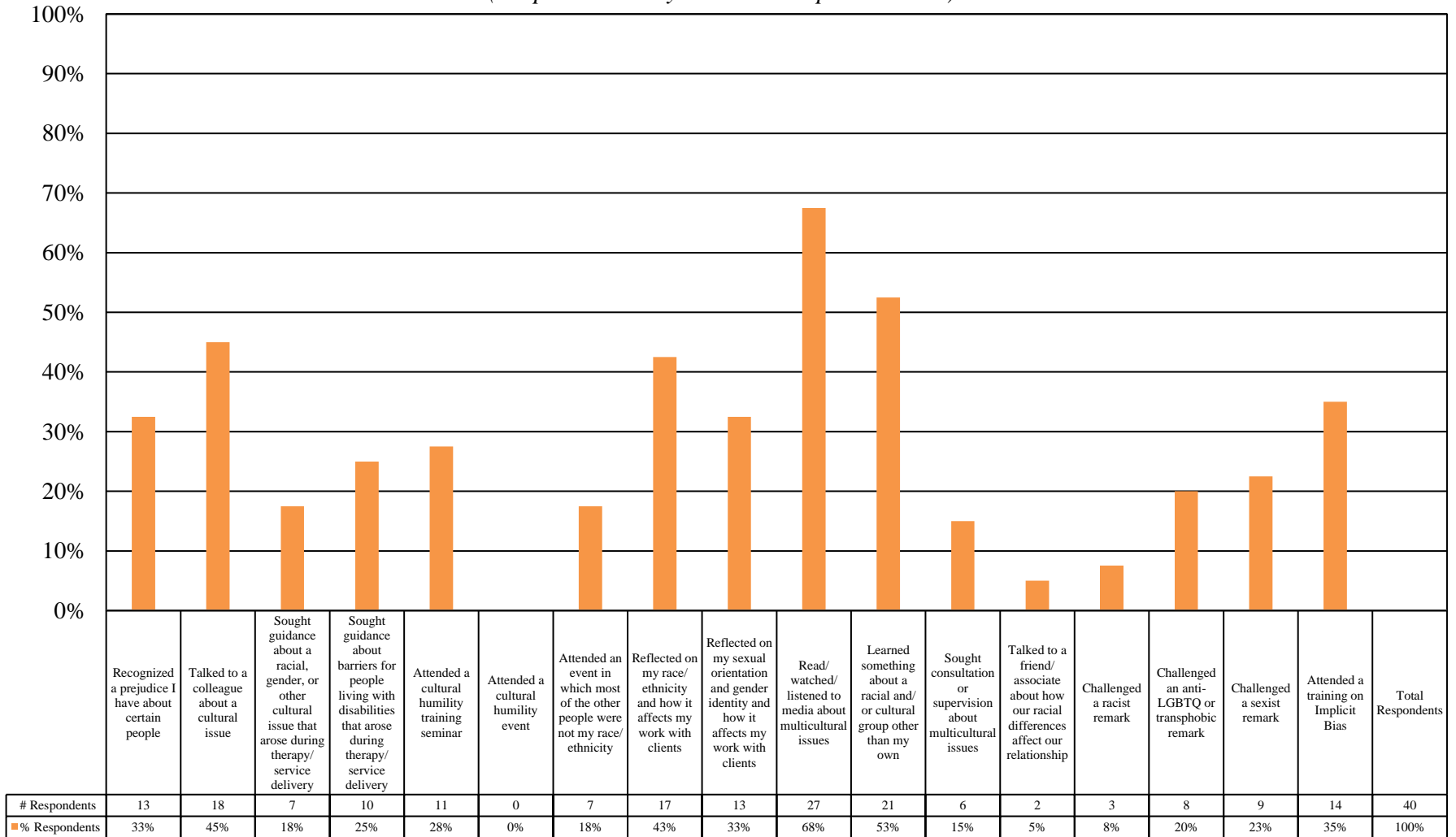
**White Respondents (N=24)**

*(Respondents may choose multiple answers.)*



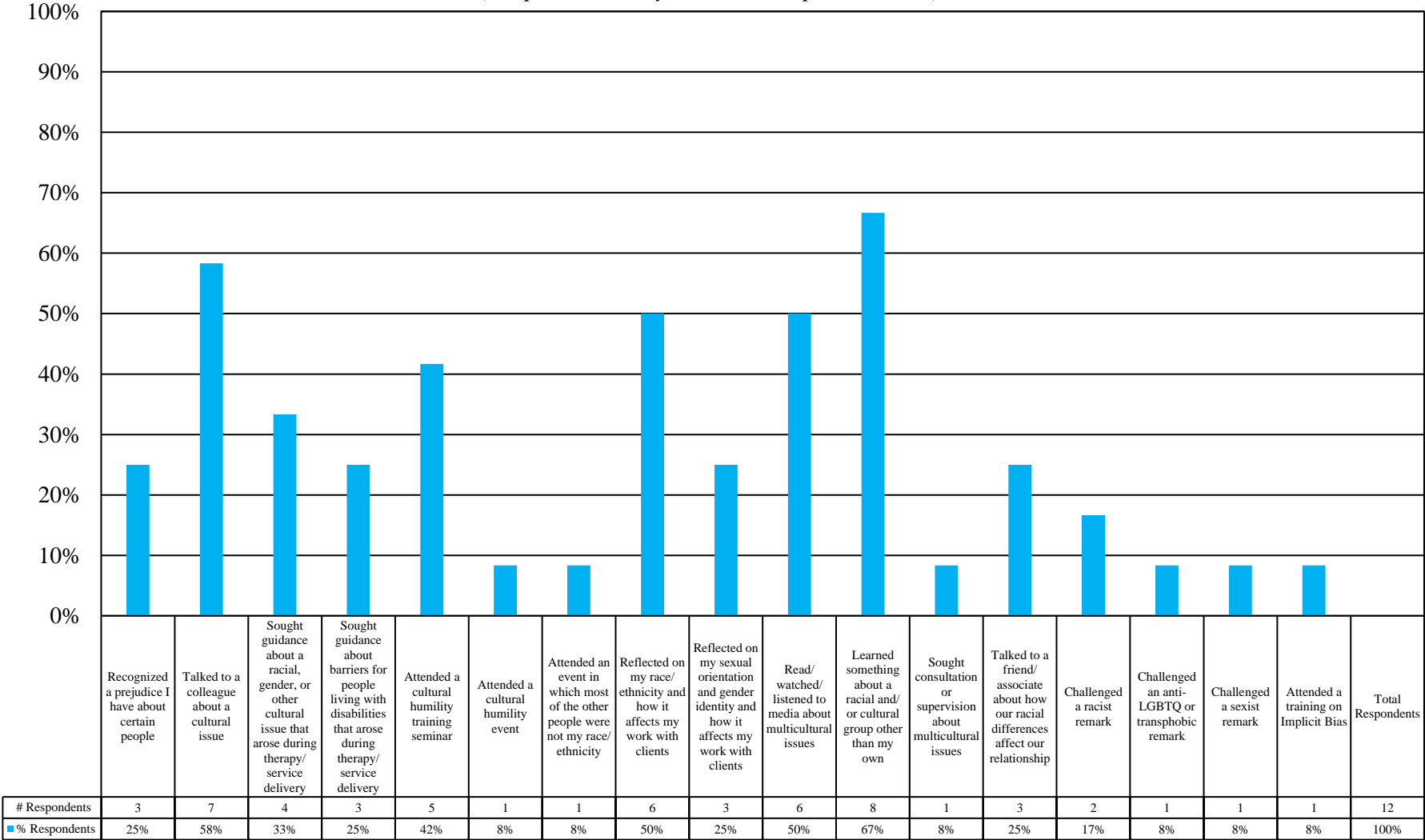
**Tulare County Health and Human Services Agency**  
**Staff and Org. Provider Cultural Humility Survey**  
 2023

*Participation in Professional Development Activities (Past Six Months)*  
**Hispanic/Latino Respondents (N=40)**  
 (Respondents may choose multiple answers.)



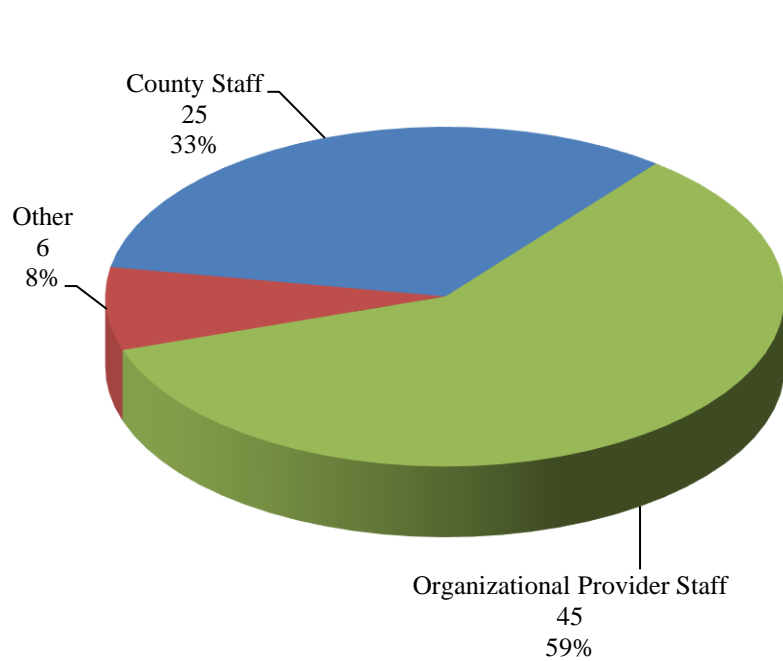
**Tulare County Health and Human Services Agency**  
**Staff and Org. Provider Cultural Humility Survey**  
 2023

*Participation in Professional Development Activities (Past Six Months)*  
**All Other Ethnicity Respondents (N=12)**  
 (Respondents may choose multiple answers.)

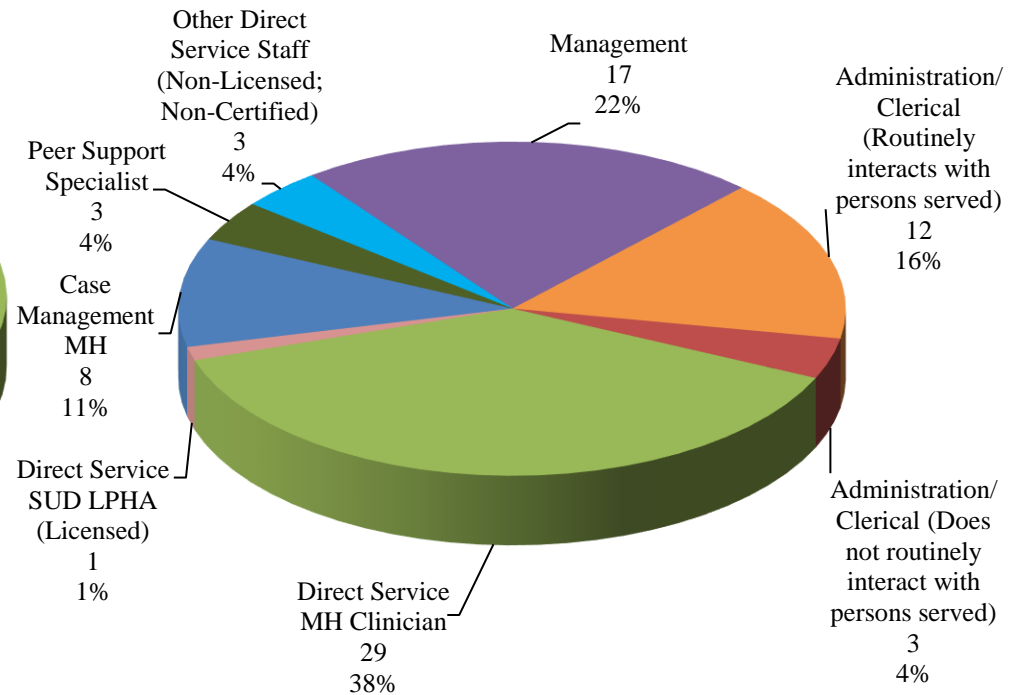


**Tulare County Health and Human Services Agency  
Staff and Org. Provider Cultural Humility Survey  
2023**

**Employment Status (N=76)**

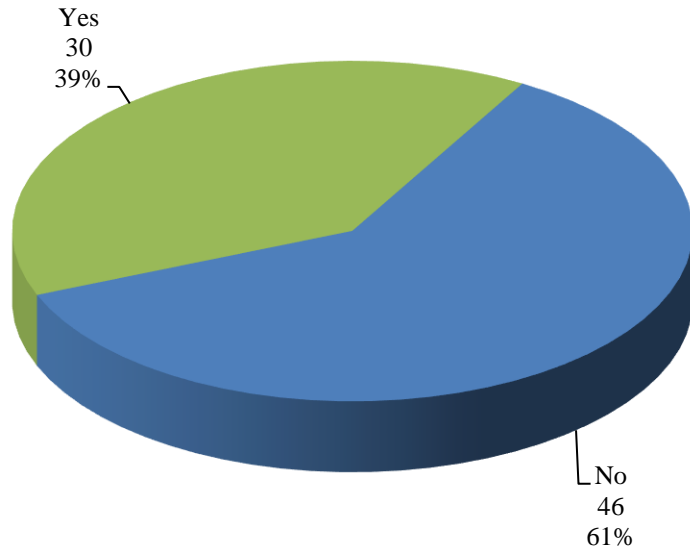


**Primary Job Function (N=76)**

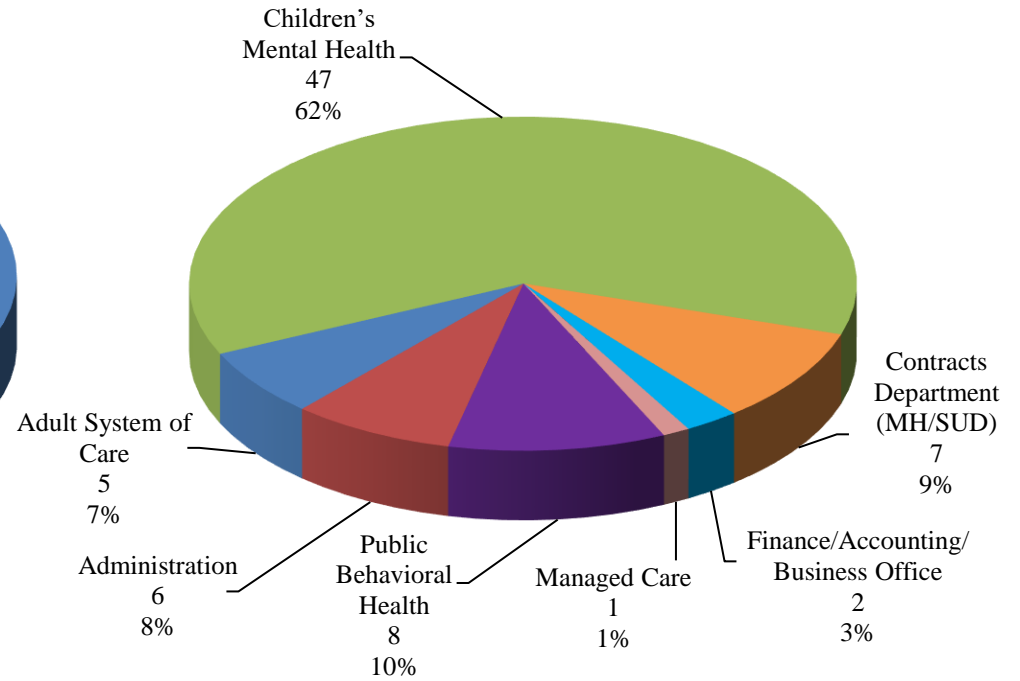


**Tulare County Health and Human Services Agency**  
**Staff and Org. Provider Cultural Humility Survey**  
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*Are you currently in a Supervisory position? (N=76)*



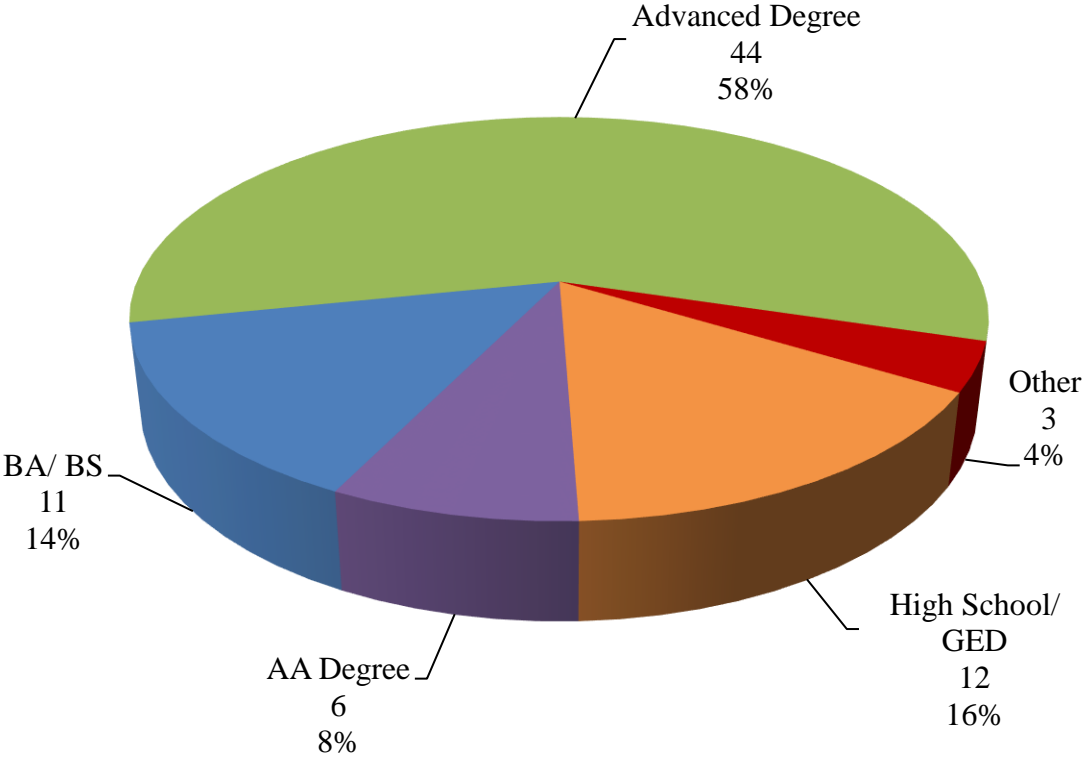
*Job Division (N=76)*





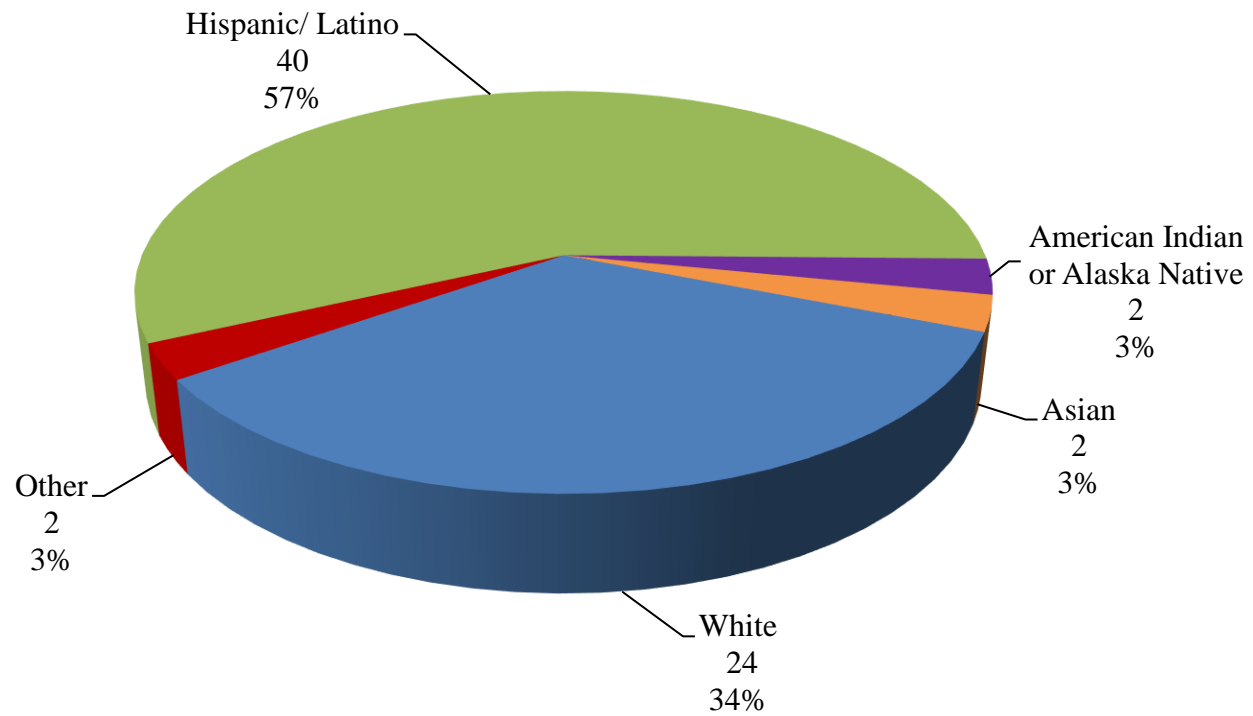
**Tulare County Health and Human Services Agency**  
***Staff and Org. Provider Cultural Humility Survey***  
2023

*What is the highest level of education you have completed? (N=76)*



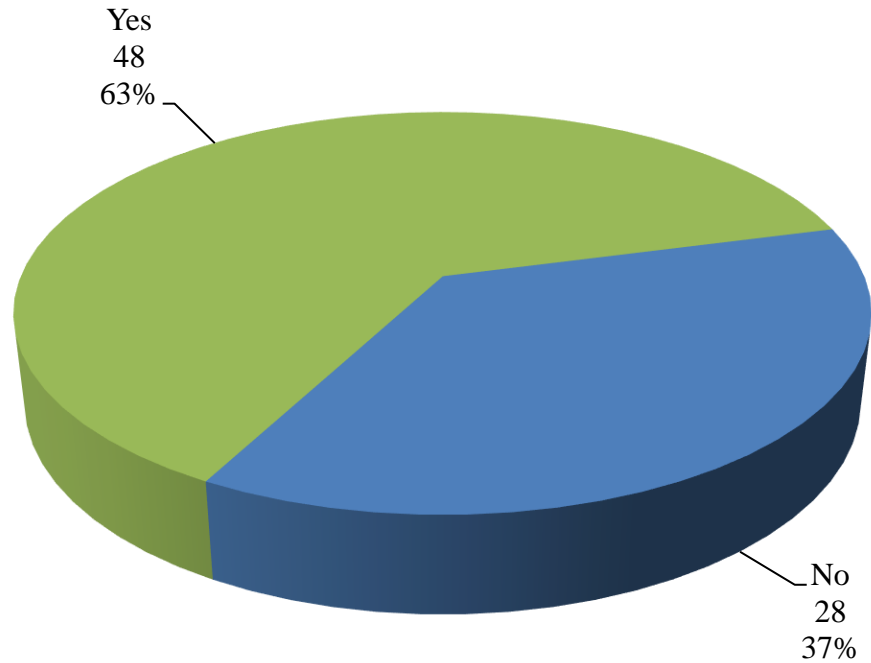
**Tulare County Health and Human Services Agency**  
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*Race/Ethnicity (N=70)*



**Tulare County Health and Human Services Agency**  
***Staff and Org. Provider Cultural Humility Survey***  
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***Do you consider yourself Bilingual? (N=76)***

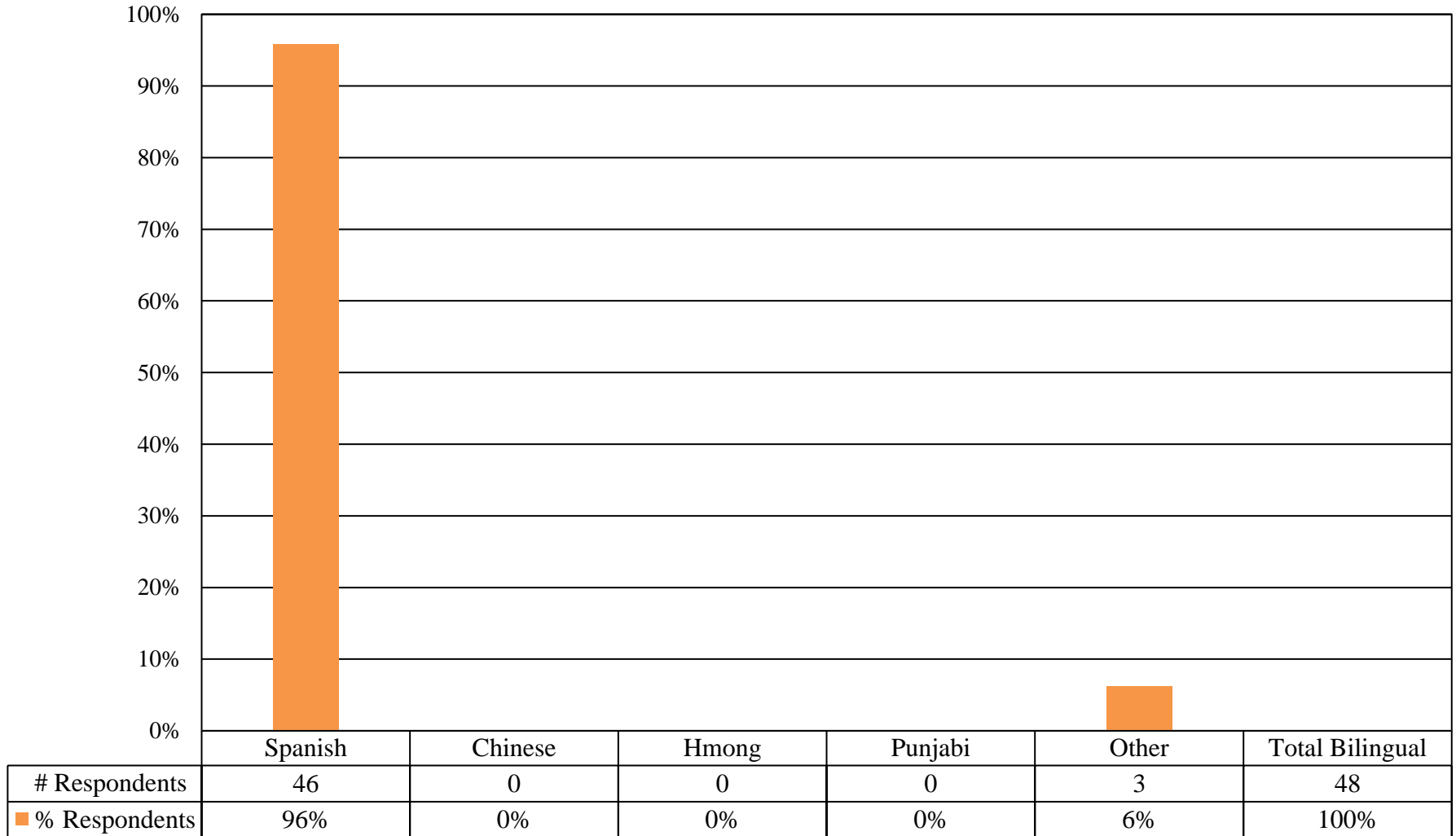


**Tulare County Health and Human Services Agency  
Staff and Org. Provider Cultural Humility Survey**

2023

*If Bilingual, which language(s) do you speak? (N=48)*

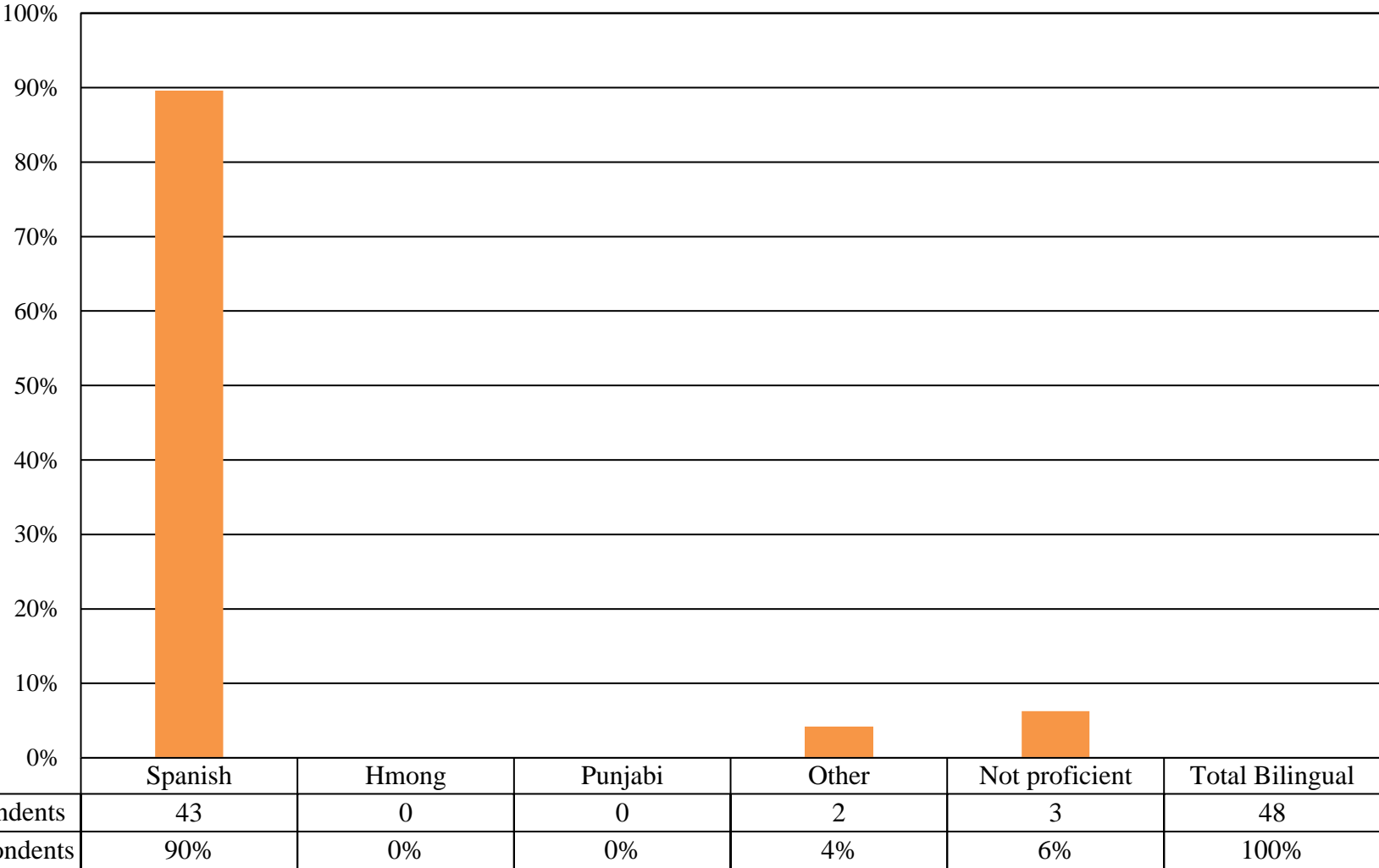
*(Respondents may choose multiple answers.)*



**Tulare County Health and Human Services Agency  
 Staff and Org. Provider Cultural Humility Survey**

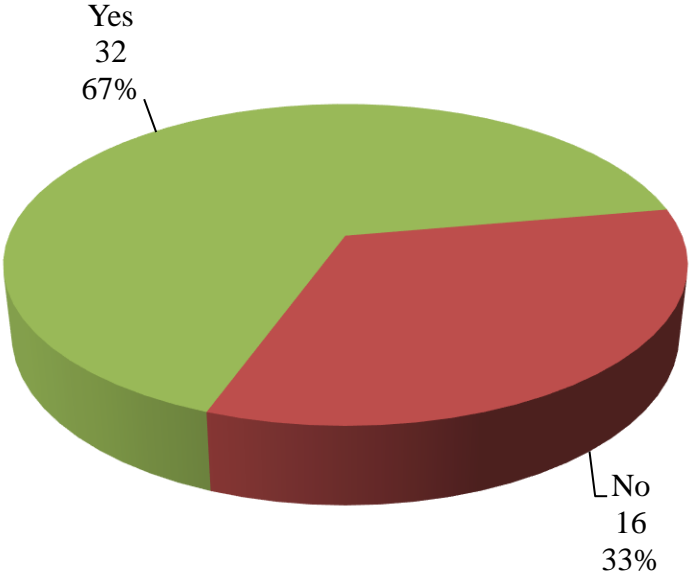
2023

*If Bilingual, which language(s) are you proficient in reading and writing? (N=48)  
 (Respondents may choose multiple answers.)*

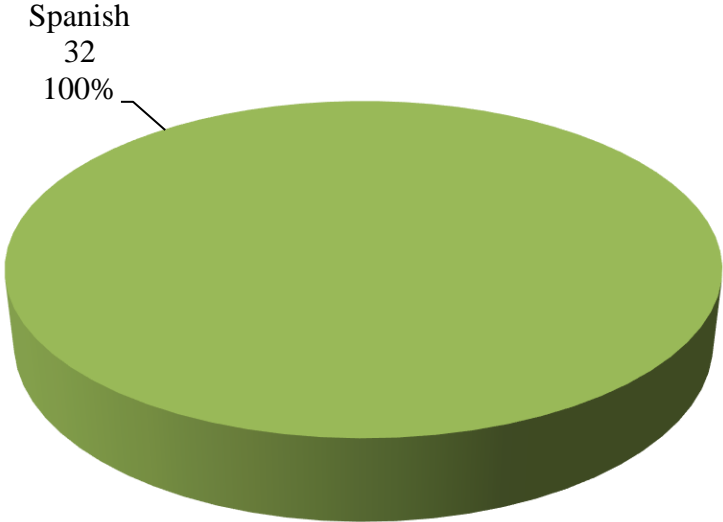


**Tulare County Health and Human Services Agency**  
*Staff and Org. Provider Cultural Humility Survey*  
2023

*Do you act as an Interpreter as part of your Job Function? (N=48)*

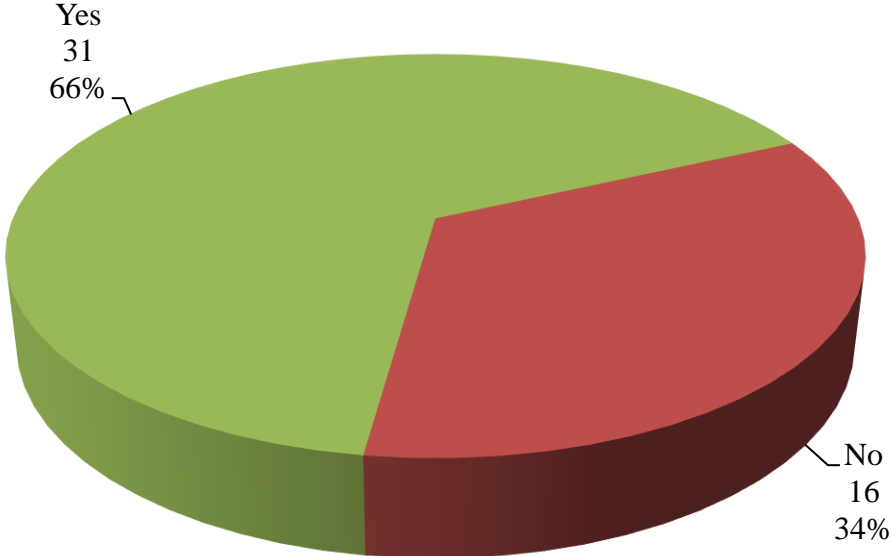


*If you act as an Interpreter, which languages do you interpret? (N=32)*



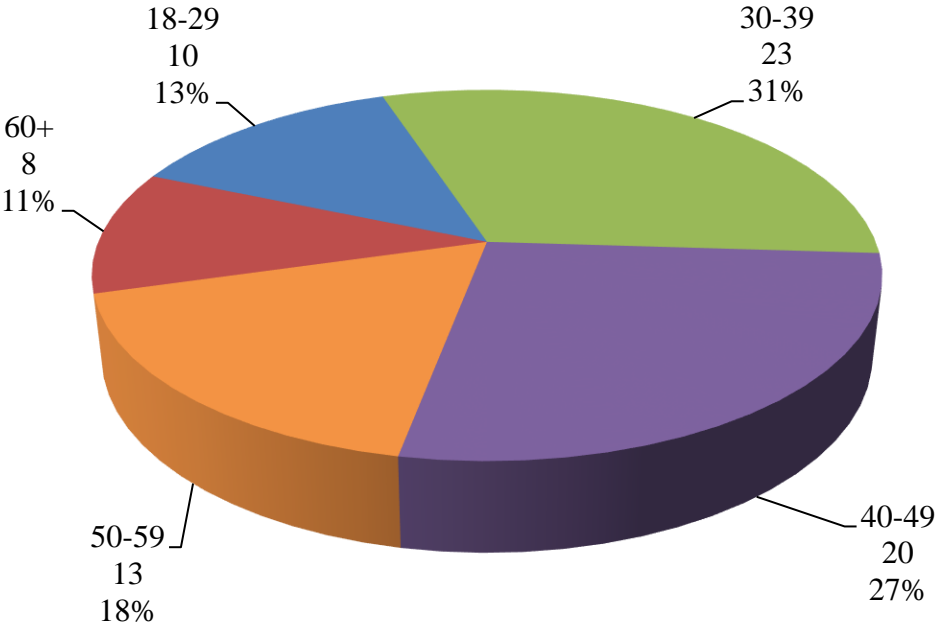
**Tulare County Health and Human Services Agency**  
*Staff and Org. Provider Cultural Humility Survey*  
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*Do you receive bilingual pay? (N=47)*



**Tulare County Health and Human Services Agency**  
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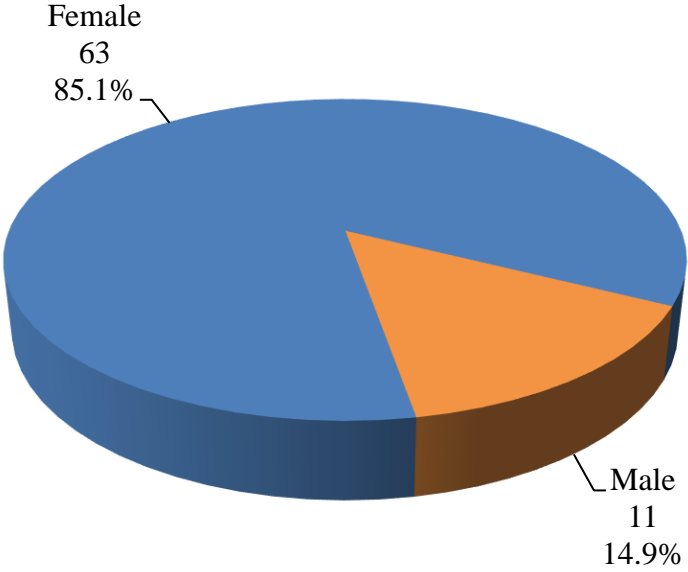
*Age (N=74)*



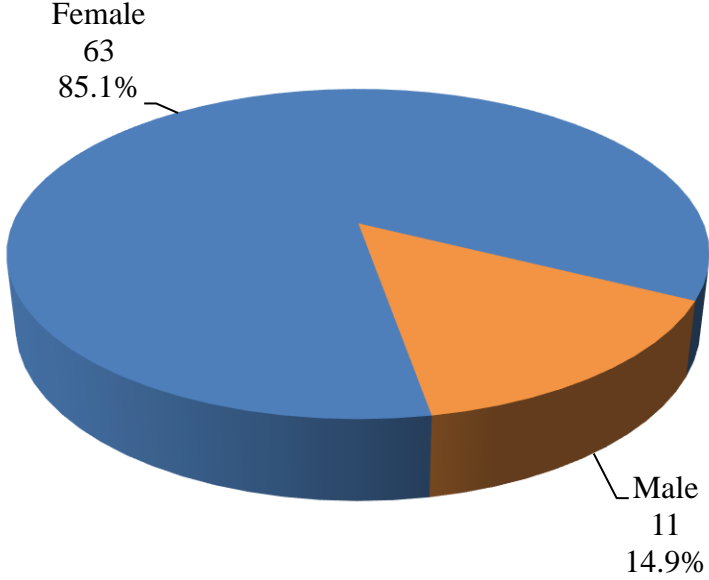


**Tulare County Health and Human Services Agency**  
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***Sex Assigned at Birth (N=74)***

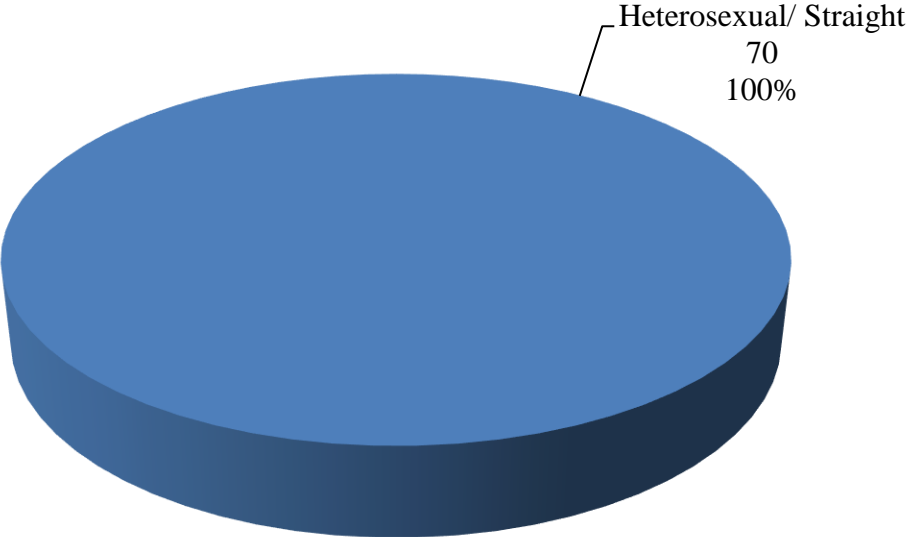


***Current Gender Identity (N=74)***



**Tulare County Health and Human Services Agency**  
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*Sexual Orientation (N=70)*

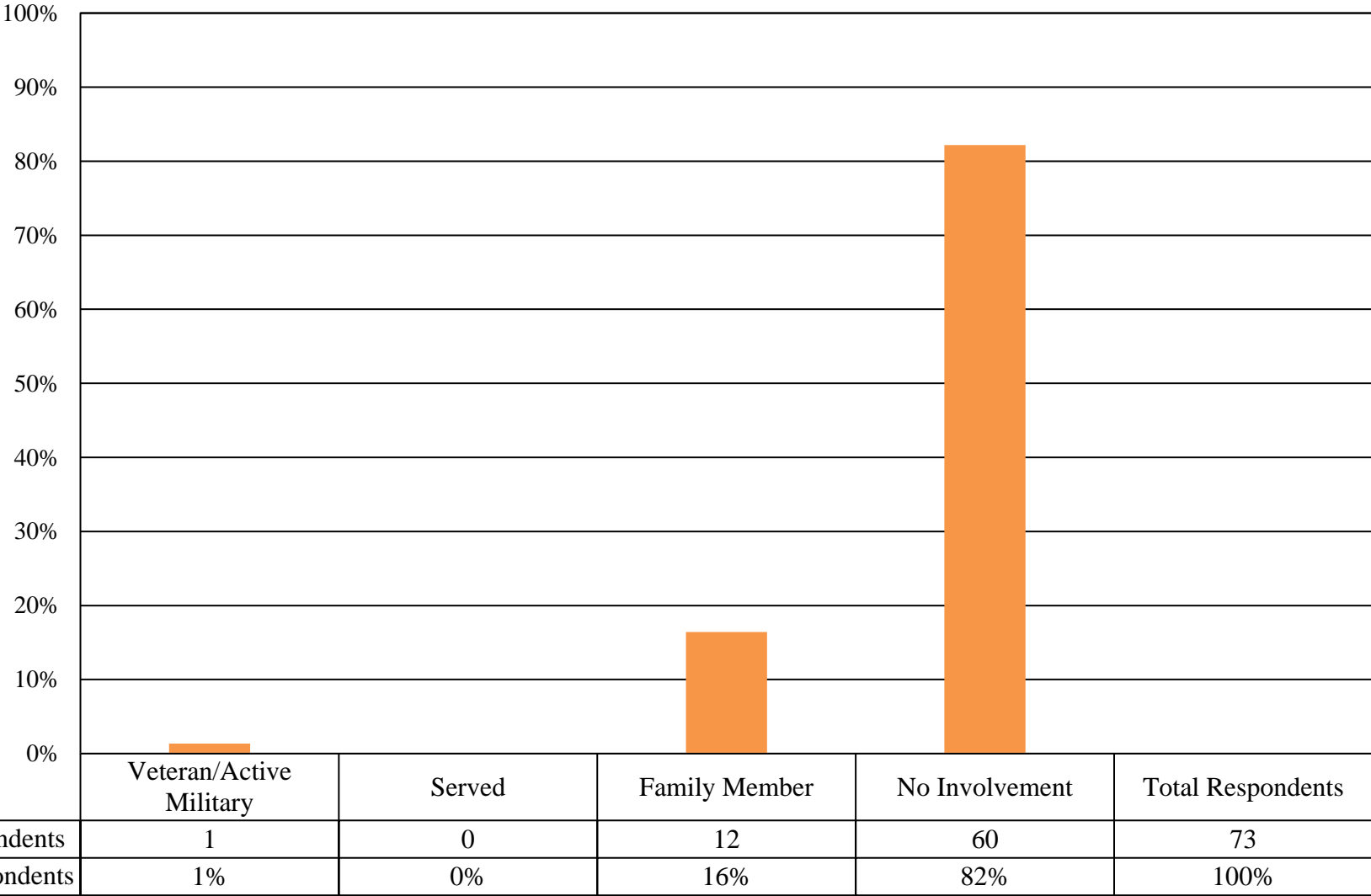


**Tulare County Health and Human Services Agency  
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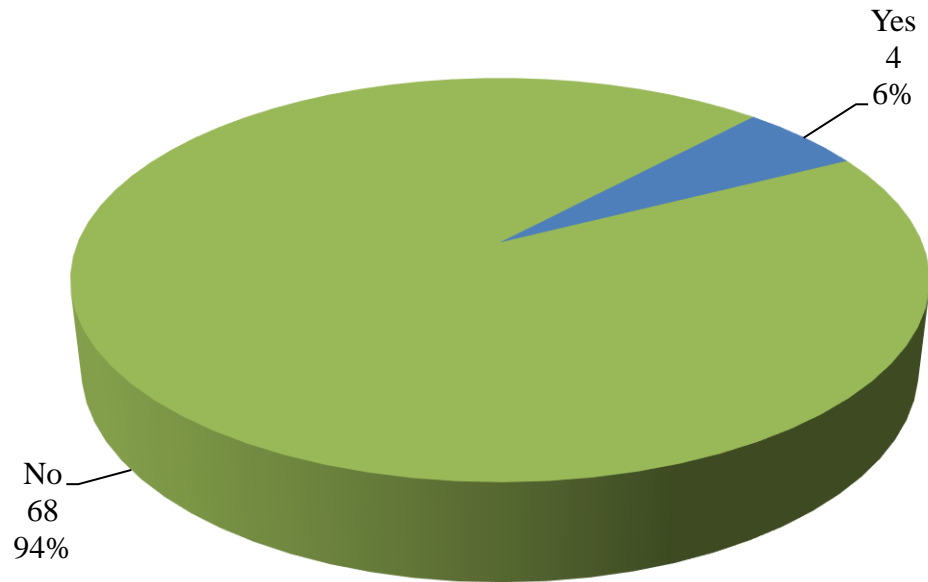
*Military/Service Involvement (N=73)*

*(Respondents may choose multiple answers.)*



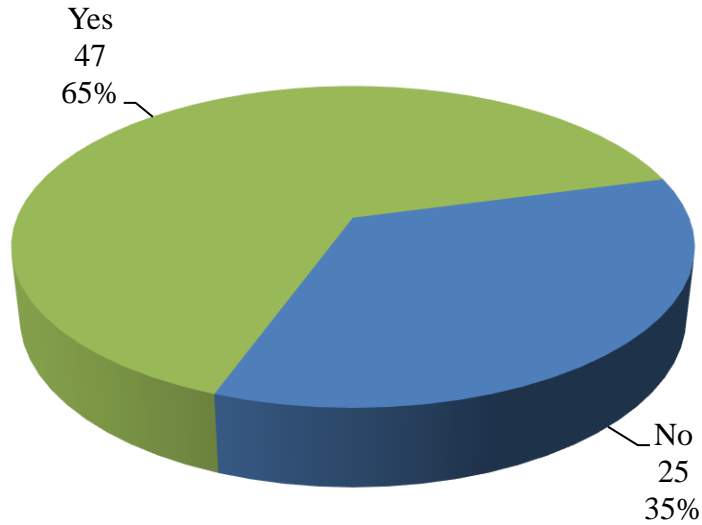
**Tulare County Health and Human Services Agency**  
***Staff and Org. Provider Cultural Humility Survey***  
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*Do you have a disability? (N=72)*

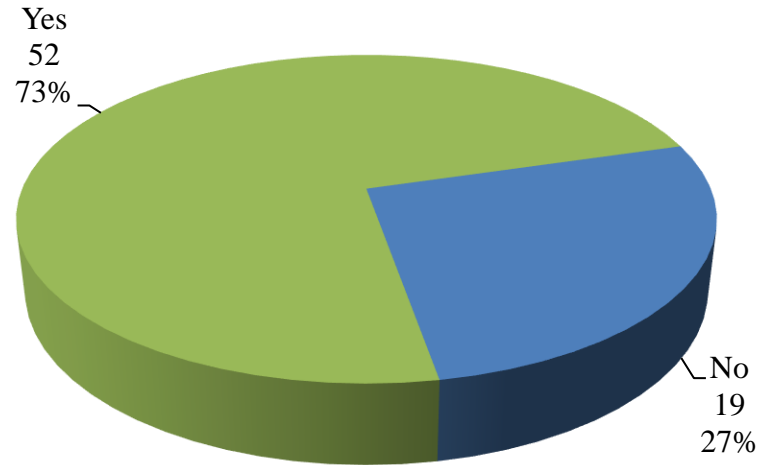


**Tulare County Health and Human Services Agency**  
***Staff and Org. Provider Cultural Humility Survey***  
2023

***Do you consider yourself to be a person with lived Mental Health experience? (N=72)***

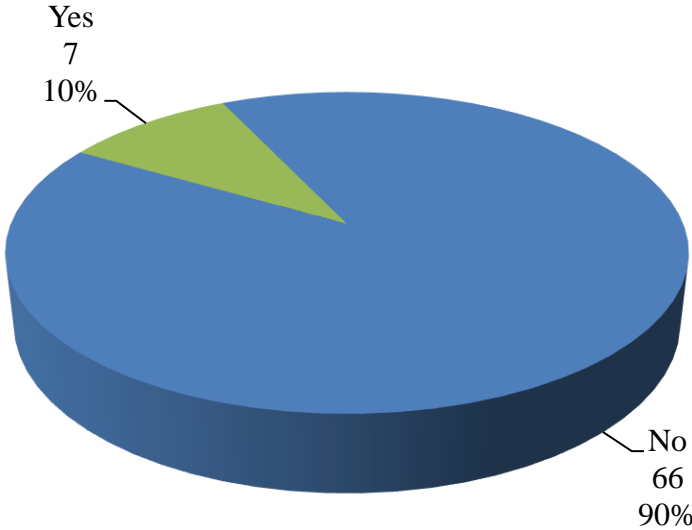


***Are you a Family Member of a person with lived Mental Health experience? (N=71)***



**Tulare County Health and Human Services Agency**  
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*Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=73)*



*Are you a Family Member of a person with lived Substance Use Disorder experience? (N=72)*

