

Amador County Behavioral Health

Cultural Competence Plan Update December 2023



INTRODUCTION

Over the past five years, Amador County Behavioral Health (ACBH) and Amador County's efforts to bring cultural awareness and competency to individuals and families throughout the community have been significant. Through lessons learned and adapting services to meet the needs of those who have racial, ethnic, linguistic and/or other cultural considerations, the department is growing in its efforts to ensure that all have access to care that appropriately meets their needs.

The community has more awareness of different underserved populations living in Amador County and committees/work groups have been created to serve those populations. Through community planning and building relationships with cultural brokers, ongoing adaptation of service provision is occurring in order to meet the behavioral health needs of all Amador County residents. Through awareness, training and strategic efforts, cultural competence and humility will continue as a priority.

ACBH includes both the Mental Health Plan and Substance Use Disorder Services (SUDS) under its umbrella of services. The mission of Amador County Behavioral Health is to promote the quality of life for individuals, families and the community by providing services that improve health and functioning.

The vision of ACBH is to see Amador County community members thriving in a welcoming, safe and healthy environment.

COUNTY OVERVIEW AND CHALLENGES

Amador County is located in the beautiful Sierra Nevada Mountains of California. Amador County is a small, rural county located 45 miles southeast of Sacramento in the western Sierra Nevada. Amador County covers 595 square miles with elevation ranging from 200 to more than 9000 feet. The region is often referred to as part of the "Mother lode" based on its 19th century gold rush history. Amador County is home to three federally recognized tribes—the Lone Band of Miwok Indians, the Buena Vista Band of Me-Wuk Indians, and the Jackson Rancheria Band of Miwuk Indians, all of which have contributed greatly to Amador's history and growth. The county is characterized by quaint historic towns and vineyards. Jackson is the county seat and the main commercial center. Other towns include Pioneer, Lone, Volcano, Amador City, Sutter Creek, Fiddletown, Plymouth, Drytown, Pine Grove, Martell and River Pines.

In 2022, the population was estimated at approximately 41,412 residents, which includes a state prison. Excluding the state prison, the county's population is 37,565, which has increased by nearly 5% since 2019. The county's population is older than the state by 13% and approximately 28% of Amador County's population are aged 65 or older. Amador County has a small percentage of 0 to 18-year-olds when compared to the state (15% for Amador County;

22% for California). The county's median age is 50 years, which has remained consistent for the past several years.

Veterans make up approximately 11% of the county's population. The poverty rate is 11% and the percentage of persons with a disability under the age of 65 is 10%. As of June 2023, the unemployment rate is 4.8%, which slightly increased from June 2022 when the employment rate sat at 3.8%.

According to the 2021 U.S. Census QuickFacts, approximately 15,394 households live in Amador County. In 2021, the median household income was \$69,955. The 2021 HUD Income Limits for Amador County state:

- HUD Income Limits state that a family of four making \$62,300 is Low Income
- HUD Income Limits state that a family of four making \$38,950 is Very Low Income
- HUD Income Limits state that a family of four making \$26,500 is Extremely Low Income

As of 2021, the median household income was only \$7,655 away from what would be considered Low Income.

24% of Amador County residents are Medi-Cal recipients.

10% of households speak a language other than English at home.

County Demographics (2022)*:

- 89% Caucasian
- 3% African American
- 2.2% American Indian/Alaska Native
- 2% Asian American
- 0.4% Hawaiian and Other Pacific Islander
- 16% Hispanic/Latino
- 3.8% Reporting 2 or More Races/Ethnicities
- 28% Over 65 Years Old
- 11% Live Below the Poverty Level
- 3,797 Veterans
- 3,800 Incarcerated (approx.)**

*Data taken from the www.census.gov/quickfacts.

** [Population Reports - Office of Research \(ca.gov\)](https://www.ca.gov)

County Challenges:

Limited housing opportunities for lower-income households have also led to increased homelessness in Amador

- In the 2022 Point-in-Time (PIT) count, 184 people identified as homeless (sheltered and unsheltered count).

- In the 2023 Point-in-Time (PIT) count, 33 people identified as homeless (sheltered count only). Of the 33, sheltered adults were counted at 16, sheltered transitional aged youth (TAY) were counted at 6 and the number of unsheltered youth/children (under age 18) were 9. Older adults aged 65+ were counted at 2.
- 5 Veterans were included in the 2023 Sheltered PIT. 16 were unsheltered Veterans and 6 were sheltered. 1 was considered chronically homeless Veteran.
- During the 2023 MHSA Community Program Planning process, it was revealed that 20% of respondents who are Unhoused, Displaced or living in a Temporary Housing Situation, stated they were a victim of domestic violence and/or sexual assault, while 20% stated they were on probation/parolee.
- Those who are Displaced or living in a Temporary Housing Situation were considered to be in the second highest need of mental health services and supports, according to the 2023 MHSA Community Program Planning survey.
- Transportation continues to be a challenge for Amador County residents. Although improvements have been made in creating more unique transportation opportunities for individuals and families, transportation issues are listed in some of the primary barriers to mental health treatment and are continuously identified as barriers, creating challenges for residents in remote and isolated areas of the county.
- The small, rural and vast landscape of Amador County increases the potential for stigma and creates delays in seeking mental health services.
- According to the most recent data from the California Department of Public Health (CDPH), during 2012-2021, Amador County had the second highest suicide rate in the State of California. Also during the period of 2012-2021, Amador County was ranked as the highest for self-harm.
- 24% or approximately 9,000 of Amador County's residents are Medi-Cal recipients. Amador County Behavioral Health provides services to approximately 10% or approximately 900 of those Medi-Cal recipients.
- Due to the significant lack of mental health providers in Amador County, residents are deterred from seeking mental health treatment and/or are forced to receive services out-of-county. Lack of providers and insurance eligibility were listed as two of the top three reasons that individuals and families in Amador County do not seek mental health treatment. Not only is there a lack of providers, but there is also a lack of providers who are paneled with insurance companies and Medicare, leaving nearly 80% of county residents without adequate access to mental health treatment.

CRITERION 1—COMMITMENT TO CULTURAL COMPETENCE

1. County Behavioral Health System Commitment to Cultural Competence

Amador County Behavioral Health recognizes the value of racial, ethnic, cultural, and linguistic diversity within its entire system. ACBH has incorporated these values into the planning and development processes using different strategies within the organization and in the community.

ACBH maintains an active Cultural Competency Steering Committee. The MHSA Programs Coordinator currently leads the MHSA/Cultural Competency Steering Committee, which meets

bi-monthly. The MHSA Coordinator ensures that the entire agency (both the MHP and the SUDS) are represented in the committee's activities. Additionally, the MHSA Coordinator also is an active participant at the departments QI/Leadership Committee and provides feedback from the Cultural Competency committee as well as offers guidance and information to ensure that cultural competence is included agency-wide in the development, planning and maintenance of all behavioral health programs. ACBH maintains a Cultural Competence Policy, which provides guidelines and procedures to provide accountability to this commitment. This policy is included here as **Attachment A**.

ACBH maintains several policies to ensure beneficiaries receive services in their preferred language. **Attachment B** includes the Language Line Policy and the Access Policy for Amador County Behavioral Health. Also included in Attachment B is the Provider Network Enrollment, Retention and Referral Criteria policy, which requires ACBH to recruit providers that meet a variety of requirements, including cultural competence. The Accessibility of Services for Substance Use Disorder Services policy is also included in Attachment B.

Each year the Cultural Competency Committee meets to review its objectives from the previous year and to identify any changes and goals for the next year. **Attachment C** is a comprehensive summary of what was determined to be Amador's objectives and goals for the current fiscal year.

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

- a. A description, not to exceed two pages, of practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with mental health disparities; including recognition and value of racial, ethnic, cultural, and linguistic diversity within the system. That may include the solicitation of diverse input to local mental health planning processes and services development.

NOTE: A comprehensive list of strategies are detailed in the above-mentioned FY 23/24 Cultural Competency Objectives. The details below only address a sample of what ACBH does regularly to demonstrate community outreach and engagement to our locally underserved populations.

Amador County reflects less diversity than the larger counties or even neighboring counties in the Sacramento and San Joaquin regions. However, Amador recognizes the importance of creating systems, which include and target all cultural, ethnic and socio-economic groups.

As stated in the dialogue above, Amador County solicits input annually from the Cultural Competency Committee to identify needs and develop goals and objectives that target the underserved ethnic populations in the community. In addition to identifying ethnic populations, the Cultural Competency Committee also focuses on sub-populations in isolated rural areas as

well as countywide. Since Amador County is not an ethnically diverse community, other identified populations allow the County to focus on other areas of culture that need to be addressed such as poverty, homelessness, Native Americans, Veterans, LGBTQ+, Older Adults and Foster Youth.

DHCS has notified Amador County that Spanish is no longer a threshold language. However, efforts to outreach and provide access to the Hispanic, Latino and Spanish-speaking population in Amador County will continue utilizing strategies identified in the aforementioned FY 23/24 Cultural Competence Objectives, which are also attached to this Cultural Competency Plan Update. The Latino Engagement Committee has met quarterly for several years and consists of ACBH staff, the Promotores de Salud, Adult Education and others through the Amador County Unified School District, the Amador County Library and any other interested individual concerned about the engagement to the Hispanic and Latino and/or Spanish speaking population in Amador County. This robust committee reviews data from contractors and ACBH. The committee also discusses challenges, solutions and talks about what is going well. The Promotores and the volunteer partners within their network act as cultural brokers and have the trust from the Spanish-speaking population as well as those individuals and families who are deeply embedded in the Hispanic/Latino culture.

Amador County is home to three federally recognized tribes—the Lone Band of Miwok Indians, the Buena Vista Band of Me-Wuk Indians, and the Jackson Rancheria Band of Miwuk Indians. Although the County now has two casinos, one through the Jackson Rancheria and the other through the Buena Vista Band of Me-Wuk Indians, as well as very active tribes in local surrounding areas, the Native Americans have long been an underserved population in Amador County.

For several years, ACBH partnered with cultural broker, Tribal TANF to implement and coordinate 'Round Table' meetings. The Round Table meetings allowed for ACBH to meet regularly with Native American organizations and representatives and aimed to increase engagement with Native communities in Amador County. The meetings consisted of tribal leaders, tribal providers and other community organizations serving Native individuals and families. The group discussed barriers and assisted in providing solutions to problems specific or more fluent in the native community. Due to COVID-19, the Native American Round Table meetings ceased, however, in February 2023, they were re-instated and have occurred quarterly ever since.

In addition to the Native Round Table meetings, ACBH continues to identify and partner with local organizations and agencies focused on serving Native American and tribal populations. Recently, ACBH has developed a partnership with the Foothill Indian Education Alliance (FIEA). FIEA focuses on advocacy and support for Native youth and their families as they work through the public school system. They offer an array of supportive services including tutoring and

cultural awareness activities to assist the school system in understanding cultural considerations when engaging with Native students and their families. Furthermore, FIEA has met with ACBH monthly to support ongoing dialogue around Native students, their families, gaps in various systems and to discuss how ACBH can continue to support this population through educational workshops, and resource sharing.

Stakeholder feedback continues to represent the need for an LGBTQ+ specific space where discussions can occur that uplifted the challenges LGBTQ+ people living in Amador County experience. In March 2022, ACBH initiated an LGBTQ+ Round Table meeting (modeled after the aforementioned strategy used with the Native community). The group met virtually and continues to meet monthly. The purpose is to identify unmet needs, learn more about the community and what services and supports are available to LGBTQ+ youth, adults and older adults. The group has been productive in brainstorming ideas and ways to educate the community about LGBTQ+ people and for the LGBTQ+ community to learn more about existing resources and support. Most recently, the group has started hosting a monthly social at the Amador Senior Center and in June, they helped coordinate the Safe Space art exhibit in partnership with Amador Arts as well as a Pride Picnic. More detailed information about the ongoing efforts of the LGBTQ+ Round Table group are included in Attachment C.

Community Announcements is a twice-weekly email that includes information on local resources, services and supports. The current listserv for Community Announcements is at approximately 500 email addresses, which are individuals who represent themselves as community members, organizations, agencies, medical providers, school district staff, tribal organizations/entities and more. All information issued on Community Announcements is posted to ACBH's Network of Care website.

Isolated rural areas and the people that live in those geographic locales continue to be a priority for the Cultural Competency Committee. Rural communities are prevalent in Amador County and each are unique in nature due to geographic locations. These communities are often isolated, affecting stigma, levels of immediate support, and the ability to access services. Isolated Rural Communities, identified as underserved in the county's MHSAs plans and Annual Updates for many years, are 'hard to serve' for many reasons. Prolonged isolation creates barriers to trust and entering into new communities or services can be very difficult. Not only does prolonged isolation create more barriers to treatment, but it also is a risk factor for the development of increased symptoms for behavioral health issues. Strategies to address these unique needs have been developed and aim to increase efforts that support awareness, information, access and referrals to programs for individuals and families living in isolated areas of Amador County. These strategies, along with examples of how they are implemented are embedded in the FY23/24 Cultural Competency Objectives, which are included in this plan as Attachment C.

Other populations continue to be priorities for the Cultural Competence Committee. Those identified include Veterans, Homeless/Unhoused, Foster Youth and Older Adults. To meet the needs of the individuals and families within these underserved populations, ACBH, through the Mental Health Services Act, does extensive community outreach using a combination of Community Services and Supports as well as Prevention and Early Intervention funding. Although some of the programs are listed within the context of this Cultural Competency Plan Update, the entire list of providers and programs as well as the specific methods of outreach and service provision are included in the FY 2023 - 2026 Mental Health Services Three Year Plan. The Plan can be found on Amador's Network of Care site by following this link: [MHSA Three Year Plan](#)

Lessons Learned: Several lessons have been learned regarding cultural competence in ACBH outreach efforts, however, the primary theme is that there is far greater need than there are resources. Veterans are a historically underserved group in Amador County and as a result, many go without access to treatment that is readily available to them due to transportation, proximity to the U.S. Department of Veterans Affairs (VA) and other deterrents. The MHSA funds many programs that serve Veterans, however no funding is targeted specifically to a Veterans program. In order to increase behavioral health services to Veterans and their families, relationships with the Veterans Services Officer, the VA and other non-profit Veteran organizations are maintained so that access to services is attainable for any Veteran who comes into contact with ACBH. Additionally, when available, grant funds are pursued in order to create systems of care that support Veterans and their unique behavioral health needs. Additionally, when working with any population, ACBH has learned that trust is a main component. Without the trust of the community you intend to serve, the efforts being put forth, although well-intended, will fail.

- b. A narrative description, not to exceed two pages, addressing the county's current relationship with, engagement with, and involvement of, racial, ethnic, cultural, and linguistically diverse clients, family members, advisory committees, local mental health boards and commissions, and community organizations in the mental health system's planning process for services.

ACBH utilizes the MHSA/Cultural Competency Steering Committee to ensure that cultural competence is woven throughout the agency's planning and implementation process. The committee is representative of the culture and population that ACBH serves; over half of the body are consumers and/or family members. Other committee members are peers, Native American, LGBTQ+, and Older Adults and/or represent isolated rural communities. Committee members also represent community partner agencies and other key stakeholders in the community.

The MHSA/Cultural Competency Steering Committee meets bi-monthly and each agenda has a standing item regarding Cultural Competency. This agenda item provides updates on the outreach and engagement of underserved cultural populations and on various engagement

efforts such as the Latino Engagement Committee, LGBTQ+ Round Table Meetings and the Native American Round Table meetings. Discussion and input regarding the Cultural Competency Objectives and the County's Cultural Competency Plan also occur during this dedicated time.

During the MHS Community Program Planning Process, surveys are distributed to the community. The surveys are administered via paper or electronically. At the end of the Community Program Planning Process (CPPP), the surveys are analyzed and discussed at the MHS/Cultural Competency Steering Committee meetings to ensure that the group is fully included in the planning process. Furthermore, surveys responded to in Spanish are discussed (and translated) during the quarterly Latino Engagement Committee meeting. Feedback provided through the CPPP is also discussed and vetted in the LGBTQ+ Round Table meetings.

Using the MHS/Cultural Competency Committee and the MHS Community Program Planning Process has been an effective strategy for ACBH to identify unmet cultural and linguistic needs. During past fiscal years, the focus has been on increasing access and engagement for the Spanish-Speaking population, increased services and competency for the LGBTQ+ population, isolated rural communities and other underserved populations as identified in the annual Cultural Competency Objectives mentioned above. More recently, the committee's focus has been on creating access to all underserved populations and focusing on maintaining the trust-based relationships developed as a part of this work.

For example, during the annual community program planning process as well as any other time stakeholder feedback is necessary, ACBH outreaches to the local Promotores to make sure the survey is translated to Spanish and that they provide it to Spanish-speaking individuals. Additionally, targeted outreach to the Native American population is conducted using the Tribal TANF-Amador office as a cultural broker to facilitate distribution of the surveys to their community. Targeted outreach also occurs with local Veterans organizations, the LGBTQ+ Round Table, and other social services agencies to ensure that the planning process is inclusive of all racial, ethnic and linguistically diverse groups in Amador County.

Amador County Behavioral Health also works very closely with the Amador County Behavioral Health Advisory Board (ACBHAB). This Board is representative of the ACBH consumer population; approximately 50% are clients/family members, several are older adults, and most live in isolated rural communities. The ACBHAB meets bi-monthly and standing agenda items include a Behavioral Health report, which cover cultural competency efforts around outreach and engagement of underserved populations. The ACBHAB and public attendees (many of whom represent local racial, ethnic, and cultural groups) have the opportunity to engage the department regarding ACBH programming and progress toward measurable objectives, such as increasing access toward the underserved.

Lessons Learned: The Community Program Planning Process has been instrumental in identifying what cultural, racial, ethnic and linguistic barriers exist and solutions to address them. For example, the demographic data provided in the community survey allows ACBH to ensure that all racial and ethnic groups are represented in a way that aligns with the county's demographic makeup. By reviewing this data, ACBH is able to assess who is not included and make adjustments to ensure that inclusion is prioritized in the future.

- c. A narrative, not to exceed two pages, discussing how the county is working on skills development and strengthening of community organizations involved in providing essential services.

Amador County Behavioral Health utilizes several methods of training and development to assist staff, contractors, and community partners to strengthen their skills in order to provide services in culturally appropriate ways. First, the department utilizes the Relias online learning management system. This program offers over 400 courses at no charge to staff and contractors. A passing test is required before participants can get credit for the course. All staff are required to take several designated courses in cultural competency.

Second, local training is provided to staff and the community. These training sessions are provided at monthly staff meetings, the MHSA/Cultural Competency Steering Committee, the ACBHAB, or at special events. Community partners such as NAMI Amador use their monthly meeting for training and education purposes, bringing in speakers/presenters to describe different mental health conditions or to educate the community on newly available resources. The Family Resource Center's (FRCs), through Nexus, provide monthly Wellness Workshops, which focus on providing education around behavioral health issues in all populations. Mental Health First Aid and Question, Persuade, Refer (QPR) suicide gatekeeper training are all available upon request. Other agencies provide trainings, workshops and educational sessions on trauma-informed care and perinatal mood and anxiety disorders. Community training, usually funded by MHSA, or other community partner, is provided at no cost to the community. Examples of recent community and staff trainings include the De-escalation Training, Crisis Intervention Training (CIT) and Cultural Humility Training. Currently, ACBH is participating in the year-long Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Statewide Equity Learning Collaborative. The purpose of the ICCTM Learning Collaborative is to address health inequities in access and utilization of quality mental health services. The training series focuses on the racial, ethnic, and economic inequities that occur in underserved communities, which have been exacerbated by the ongoing COVID 19 pandemic. Five ACBH employees, including the Behavioral Health Director, the Quality Improvement/Utilization Review Coordinator, MHSA Programs Coordinator and Peer Personal Services Coordinators are all participating in the ICCTM.

Other training opportunities that arise for specific populations are offered to those partners/service providers utilizing MHSA funds. These opportunities provide partners/service providers insight into strategies that will assist them in the work they do within our smaller, rural community. In the past, specific training for those serving the Spanish Speaking and/or Hispanic and Latino populations has been provided as well as to other underserved populations as identified in the Cultural Competency Objectives.

Finally, training at larger cultural competency conferences is provided to staff and the community either through local MHSA-funding or in collaboration with regional or statewide MHSA partnerships.

Lessons Learned: Over the past few years, topics such as social justice, equity and cultural competence have been put into the spotlight throughout the United States. Amador is a

smaller, rural county that lacks a history of prioritizing equity work and providing culturally competent approaches to the services we provide within ACBH and county-wide. ACBH leadership and the Amador County Ethnic Services Manager (ESM) has begun to work on prioritizing equity and cultural awareness by developing strategies within the agency to help build and grow staff's knowledge and education around these topics. The ACBH Director and the ESM meet monthly to discuss current initiatives, ideas, and to develop a plan for the next three months. Due to the ongoing collaboration between the ACBH Director and ESM, a monthly awareness newsletter is sent to staff for educational and informational purposes.

Most recently, the ACBH Director and ESM have engaged the assistance of Dr. Joyce Chu, who co-leads the Multicultural Suicide and Ethnic Minority Mental Health Research Groups at Palo Alto University, and is also Director of the Diversity and Community Mental Health (DCMH) emphasis which trains future psychologists to work with underserved populations in the public mental health sector. Dr. Chu provided support in completing a needs assessment regarding current cultural competence efforts and what can be done to improve these initiatives within Amador County Behavioral Health's entire system of care. The needs assessment was incorporated into the Community Program Planning Process and was presented to the MHS Cultural Competency Steering Committee in July 2023. The report titled, Amador Culture & Diversity Evaluation Report, was extremely helpful in developing a baseline of where Amador County stands in this work and provided suggestions for how to improve moving forward. The Amador Culture & Diversity Evaluation Report can be accessed here:

[Amador Culture & Diversity Evaluation Report](#)

The completion of this report is monumental for ACBH because it provides an in-depth landscape of how culture and diversity efforts are being implemented and provides strategies to move forward that are actionable and community based.

Share lessons learned on efforts made on the items A, B, and C above.

(Please see the 'Lessons Learned' sections in items A, B, and C above.)

d. Identify county technical assistance needs.

Updated Cultural Competence Plan (CCP) requirements are pending and this will surely be an adjustment for most counties, no matter their size. Technical Assistance would be appreciated as new plan guidance and implementation is formalized through DHCS. Specifically towards, plan development and strategizing effective and efficient ways to evaluate the CCP's goals.

3. *Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural and linguistic competence*

The Cultural Competence/Ethnic Services Manager at ACBH is the Mental Health Services Act Programs Coordinator. The MHS Coordinator has direct access to the ACBH Director through the use of scheduled monthly check-in meetings, monthly Quality Improvement/Leadership Team meetings and collaboration on an array of ongoing cultural competence efforts.

The responsibilities of the CC/ESM are to incorporate cultural competence practices at every level within ACBH and ACBH provider networks. The CC/ESM is to use stakeholder input to identify cultural competence objectives and goals that include the county's racial, ethnic, cultural, and linguistic populations. The CC/ESM is also responsible for providing this information to the ACBH QI and Leadership teams to promote cohesive inclusion of all cultural and linguistically appropriate access and service delivery within all levels of the organization. The CC/ESM works closely with QI to ensure that policies, procedures, access, service delivery and trainings are all culturally sensitive and appropriate. More recently added responsibilities of the CC/ESM include distributing a monthly awareness newsletter to staff and sending information that promotes awareness and education to both staff and providers so that the workforce is equipped to deliver services that are culturally responsive and appropriate.

It is also the responsibility of the CC/ESM to maintain and update the Cultural Competency Plan on an annual basis.

4. *Identify budget resources targeted for culturally and linguistically competent activities.*

ACBH has a dedicated budget to ensure adequate interpreter resources are available for language assistance needs for all consumers and family members, including for the deaf and/or those who are hearing impaired.

Other than dedicated resources for interpreter services, ACBH does not have a specific budget for cultural competence activities. However, ACBH does utilize MHSA funds to promote specific outreach to identified underserved communities, including but not limited to the LGBTQ+, Hispanic/Latino and/or Spanish-speaking communities in Amador County.

CRITERION 2—COUNTY MENTAL HEALTH SYSTEM UPDATED ASSESSMENT OF SERVICE NEEDS

1. General Population

In 2022, the population was estimated at approximately 41,412 residents, which includes a state prison. Excluding the state prison, the county's population is 37,565, which has increased by nearly 5% since 2019. The county's population is older than the state by 13% and approximately 28% of Amador County's population are aged 65 or older. Amador County has a small percentage of 0 to 18-year-olds when compared to the state (15% for Amador County; 22% for California). The county's median age is 50 years, which has remained consistent for the past several years.

Veterans make up approximately 11% of the county's population. The poverty rate is 11% and the percentage of persons with a disability under the age of 65 is 10%. As of June 2023, the unemployment rate is 4.8%, which slightly increased from June 2022 when the employment rate sat at 3.8%.

Gender*	Amador County Population	% of Population
Male	22,570	54%
Female	18,842	46%
*Gender calculations are based off the total population of 41,412, which includes the state prison population.		

Age Group	Percent of Population
0-5	4%
0-18	15%
65 +	28%

2. **Medi-Cal Population Service Needs**

ACBH has recently transitioned to a new electronic health record, thus the reporting that was made available to assess the Medi-Cal Population Service Needs is not yet available for FY22/23 and as a result, this service needs assessment will not be as in-depth as previous years.

However, data is still made available via the Department of Health Care Services (DHCS) and this, along with locally derived information, will be utilized to assess the Medi-Cal Populations Service Needs section for this year's updated Cultural Competence Plan.

According to data provided by DHCS, as of July 2023, 10,232 residents in Amador County are eligible for Medi-Cal coverage. This is a 12% increase from FY 22/23. Of the 10,232, ACBH served 1,300 beneficiaries, which represents approximately 13% of the total population receiving Medi-Cal benefits. The Medi-Cal eligible number for July 2023 has continued to increase, as expected due to COVID-19 related factors, economic decline and a lack of resources to meet basic needs.

The number of residents who are eligible for Medi-Cal coverage in Amador County is at an all-time high. As the data shows, only 13% of all eligible Medi-Cal beneficiaries are receiving behavioral health services. This points to the fact that more outreach and engagement needs to occur within isolated rural communities and underserved groups to determine what barriers exist to behavioral health care and wellness services, and work together to find solutions.

3. **Poverty Service Needs**

As of 2022, 12.2% of Californian's are living in poverty. 11.1% of Amador County residents are living in poverty. Although Amador County has a lower than statewide average for poverty, the culture of poverty is still very present countywide. In 2022, 12.2% of residents in Amador County, aged 65 or younger, have a disability, which is a 2% increase from 2021. Housing options are now non-existent. The rural landscape, combined with the geography of affordable housing within the County, creates access barriers to basic social services and creates risks for isolation. The population per square mile in Amador County is 68, which is significantly less than the statewide number of 254. Approximately 27% of Amador County residents are Medi-

Cal recipients. Additionally, in Amador County, 90% of Medi-Cal recipients are also receiving CalFresh benefits.

According to the most recent U.S. Census Bureau QuickFacts, approximately 15,394 households live in Amador County. This is nearly half of the entire county's population. According to the Amador County Housing Study, completed in June 2020, there are more households earning \$25,000-\$49,999 than any other income category in the County. The 2022 HUD Income Limits for Amador County state:

- HUD Income Limits state that a family of four making \$69,300 is Low Income
- HUD Income Limits state that a family of four making \$43,300 is Very Low Income
- HUD Income Limits state that a family of four making \$27,750 is Extremely Low Income

The majority of households in Amador County fall into the 'Very Low Income' or 'Extremely Low Income' range. The median household income for Amador County is \$86,600.

It is anticipated that the cost of living in Amador County will continue to increase and the poverty rate in Amador will continue to grow. As anticipated in last year's Poverty Service Needs Assessment, Medi-Cal eligibles have already increased, the poverty rate has remained steady and as a result, public and private service organizations are starting to reach capacity as an influx of human service needs, at the local level, increases.

4. *MHSA Community Services and Supports (CSS) population assessment and service needs:* Please refer to the MHSA Three Year Plan for FY23-26 which can be accessed here: [MHSA Three Year Plan](#)

5. *MHSA Prevention and Early Intervention Plan: The process used to identify the PEI priority populations:* Please refer to the MHSA Three Year Plan for FY23-26 which can be accessed here: [MHSA Three Year Plan](#)

CRITERION 3—STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

ACBH uses different methods to identify and strategize in its efforts to reduce racial, ethnic, cultural and linguistic mental health disparities.

Data provides guidance on what disparities currently exist and where work is needed to prevent disparities from increasing or occurring at all (i.e. prevention). Data used to determine disparities comes from the EQRO, DHCS audits, ACBH EHR, MHSA data and other outside sources including but not limited to the Employment Development Department, Healthy Kids Survey, community-based needs assessments and the U.S. Census Bureau.

Using data sets, strategies can be developed to address disparities at the local level. Specifically, DHCS has stated that Spanish is no longer a threshold language in Amador County. However,

local data shows Hispanics/Latinos are the second largest demographic group living in the County. Although not required by the state, programs that provide services and supports directly to the Spanish-speaking and Hispanic/Latino community are funded through the MHSA and quarterly Latino Engagement Committee meetings provide a space to discuss the population's needs and solutions to address them.

Data provided in Criterion 2 as well as annual reports such as the Capacity Overview, Mental Health Needs & Workforce Needs Assessment, which is attached here as **Attachment D**, supports that major shifts in the county's poverty culture are underway and human services providers need to be prepared as increased Medi-Cal enrollees and service systems targeted towards those beneficiaries will see an influx.

Due to the increasing needs amongst service populations, it is critical to understand that disparities will continue to be revealed through data. Thus, data will continue to be monitored so strategies can be discussed, developed and implemented using the MHSA/Cultural Competency Steering Committee and other stakeholder meetings.

Current strategies to engage populations in order to address racial, ethnic, cultural and linguistic disparities have been successful in the past and efforts to maintain and improve in the work that has been done are ongoing. These include:

- Latino Engagement Committee
- Native American Engagement / Round Table Meetings
- Active efforts to address homelessness and those at-risk of homelessness
- LGBTQ+ Engagement and Training
- LGBTQ+ Round Table Meetings
- Cultural Competence Training Plan, conducted annually, with an array of training opportunities offered, based off of community-driven needs
- ACBH participation in statewide, regional and local cultural competence committees focusing on social justice, cultural awareness and shared learning for solutions to address disparities in behavioral health systems of care
- Ongoing discussions at community meetings and coalitions regarding needs that address those who are socioeconomically impacted and underserved.

CRITERION 4—CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

The Mental Health Services Act/Culturally Competence Steering Committee (steering committee) meets bi-monthly on the first Thursday of every other month. The steering committee addresses issues, participates in cultural groups reflective of the community and is the driving force of all program planning that occurs within the ACBH systems of care.

Attendees include consumers, family members, community partners and stakeholders. All cultural competence objectives, training and activities are approved through the steering committee. All consumers, family members, community members and community partners

who are interested in the county behavioral health system or the MHSA, are highly encouraged to participate in the MHSA/Cultural Competency Steering Committee meeting and are always welcome to join.

The MHSA Coordinator, Peer Support Specialists or both, attend the monthly members meeting at Sierra Wind Wellness and Recovery Center to give updates, ask for input and listen to the needs of the members as well as their family members.

The MHSA Coordinator, Peer Support Specialists or both, meet regularly with family members and peers through NAMI Amador or the Amador County Behavioral Health Advisory Board in order to discuss barriers, solicit input and develop strategies to address unmet needs.

CRITERION 5—CULTURALLY COMPETENT TRAINING ACTIVITIES

ACBH is committed to embedding cultural competence and awareness into all training activities within the agency and to the community. Training activities are coordinated annually and offered based off state requirements, staff and community input and population-focused needs.

ACBH also utilizes the Relias online learning management system. This program offers over 400 courses to staff and contractors. A passing test is required before participants can get credit for the course. All staff and some contractors are required to take several designated courses in cultural competency annually.

The table below reflects all training, including Cultural Competence Training, offered to the community and ACBH staff for FY 22/23 and FY 23/24 (year-to-date):

FY 22/23 Training

Date	Training Type/Title	# Attended	Who Attended:
July 2022	WRAP Refresher Training	1	Peer PSC
8/24/2022	California 5150 Law: Involuntary Emergency Psychiatric Holds	11	ACBH Clinicians
8/29-9/2/22	WRAP Facilitator Training	1	Peer PSC
9/20/22	The Right to Heal: Centering Mental Health Multi-Racial Equity in California	2	MHSA Coordinator/ESM & Peer PSC
9/27/22	De-escalation Training	6	ACBH Staff
9/28/22	Be Sensitive Be Brave: Infusing culture and diversity into suicide prevention efforts	2	MHSA Coordinator & ACBH Clinician
October 2022	Doors to Wellbeing: How DEI Initiatives Can Be Leveraged to Advance Peers	1	Peer PSC
10/18/2022	Messaging Equity and Justice for Better Health – Part 1	1	MHSA Programs Coordinator

November 2022	Doors to Wellbeing: Peer Internship Program	1	Peer PSC
11/1-11/3	Crisis Intervention Training	30 (approx.)	ACBH Staff, Law Enforcement/First Responders
11/10/22	Oppositional, Defiant & Disruptive Children and Adolescents: Non-medication Approaches to the Most Challenging Behaviors	4	ACBH Clinicians
12/2/22	Basic Life Support (BLS) Provider Training	1	ACBH Medical Assistant
12/7/22	De-escalation Training	8	ACBH Staff
1/8/2023	Anti-Harassment Training for Supervisors & Managers	1	Psychiatrist
1/12/2023	Stigma Roundtable Series	1	MHSA Programs Coordinator
1/12/2023	Mandated Reporter Training	1	ACBH Admin Staff
1/31/2023	Staff Resilience: Skills for boosting well-being and reducing workplace fatigue	2	PSC & Peer PSC
2/1/2023	California Reducing Disparities Project: A Closer Look at The Work, The Data and The Improvements to Health Equity	1	MHSA Coordinator/ESM
2/27/2023	<i>Autism Spectrum Disorder and Intellectual Disabilities</i>	2	MHSA Coordinator/ESM & PSC
March 2023	<i>CANS Training</i>	Approx. 5	ACBH Staff
3/21/23	<i>Poverty Awareness Experiential Workshop</i>	5	MHSA Coordinator/ESM, CBO's, ACUSD
3/24/23	<i>Supervision of Peer Workers Training</i>	1	ACBH Director
4/4/2023	<i>Community Program Planning Process</i>	1	MHSA Coordinator/ESM
4/5/2023	<i>Law & Ethics</i>	50	ACBH Staff, AC Public Health, Social Services
5/8/2023	Supervision of Peer Workers Training	1	Clinician III
5/19/2023	Law & Ethics	1	ACBH Clinician
6/15/2023	The Multilayers of Loss & Grief That Impact Us and Our Clients	1	MHSA Coordinator/ESM
6/29/2023	Cultural Humility Training	35	ACBH Staff, CBO's, Community Partners, Community Members
Ongoing	Question, Persuade & Refer (QPR)	48	ACBH Staff, CBO's, Community Partners, Community Members, ACUSD
Annual	Relias Online Trainings		ACBH Staff & Contract Providers

FY 23/24 Training (Year-to-Date)			
Date	Training Type/Title	# Attended	Who Attended:
7/20/2023	Talk Saves Lives Training	20	Community Members, ACBH Staff, Amador SPEAKS
10/3-10/5/23	Crisis Intervention Training (CIT)	30 (approx.)	ACBH Staff, Law Enforcement/First Responders
10/17/2023	Parenting Traumatized Infants & Toddlers: Myths vs. Facts for 0-5	1	ACBH Clinician
10/24/2023	De-escalation Training	30 (approx.)	ACBH Staff, Public Health Staff, Social Services Staff, Nexus YFS, and Sierra Wind/Cal VOICES
11/8/2023	Native American Cultural Awareness Workshop	44	ACBH Staff, CBO's, Community Partners, Community Members, ACUSD/ACOE, Superior Court, City Council Members
11/17/2023	Trauma, Parenting & Challenging Behaviors	1	ACBH Clinician
11/29/2023	Healing Interpersonal & Racial Trauma: Integrating Racial Socialization into TF-CBT for Black Youth & Families	1	ACBH Clinician
Ongoing	Mental Health First Aid (MHFA)	15	ACBH Staff, CBO's Community Partners, Community Members, County Staff
Ongoing	Question, Persuade & Refer (QPR)	50	ACBH Staff, CBO's, Community Partners, Community Members, ACUSD
Annual	Relias Online Trainings		ACBH Staff & Contract Providers

All Staff Meetings are held monthly and the following in-service trainings have been provided at our monthly meetings:

FY 22/23 Staff Meeting Presentation Schedule

Month	Presenter
July 28 th	Modivcare – Jared Martin, Anthem Managed Care M-Cal & Casey Dalrymple, Modivcare casey.dalrymple@modivcare.com Jared.Martin@anthem.com
Aug. 25 th	Cassandra Meredith, MSW, LCSW, BCD Suicide Prevention Community Engagement and Partnership Coordinator VA Northern California Healthcare System Cassandra.Meredith@va.gov
Sept. 22 nd	The Resource Connection – Sheri Noble: SNoble@trcac.org ; Karen Frazier: KFrazier@trcac.org ; Misty Pegueros: mpegueros@trcac.org
Oct. 27 th	First 5 Amador – nina@first5amador.com Nina Machado

Nov. 17 th	Land Acknowledgment—Native American Heritage Month/Tribal TANF -- jguerra@cttp.net VMRC START Program – Anthony Angeles; Anthony.Angeles@yai.org
Dec. 2022	NO PRESENTER—CHRISTMAS MEETING
Jan. 26 th	Victim Witness—Amy Drake adrake@amadorgov.org
Feb. 23 rd	Mother Lode Job Training – Sarina Miller scastle@mljt.org
March 23 rd	DRAIL -- Liliana Altamirano; laltamirano@drail.org
April 27 th	CASA Court Appointed Special Advocates -- Child Abuse Prevention Month Jorge Espiritu CASA Volunteer Coordinator jespiritu@nexusyfs.org
May 25 th	ATCAA -- pporto@atcaa.org
June 22 nd	Cal VOICES – Keith Person, kpersons@calvoices.org

FY 23/24 Staff Meeting Presentation Schedule (Year-to-Date)

Month	Presenter
July 27 th	Amador County Library – Kathryn Olson ksolson@amadorgov.org
Aug. 31 st	Nexus Youth & Family Services – Lori Halvorson: lhalvorson@nexusyfs.org Stephen Hartmann: shartmann@nexusyfs.org
Sept. 28 th	Amador Transit – April Miller april@amadortransit.com
Oct. 26 th	Meghan O’Keefe, Amador Arts & #Out 4 Mental Health meghan.amadorarts@gmail.com
Nov. 16 th	St. Vincent de Paul – John Murphy - jmurphy0729@aol.com
Dec. 2023	NO PRESENTER—CHRISTMAS MEETING
Jan. 25 th	
Feb. 22 nd	
March 28 th	
April 25 th	
May 23 rd	
June 27 th	

Training for ACBH staff and community organizations will continue to be provided with training needs being identified using the community program planning process as well as the MHSA/Cultural Competency Steering Committee meeting.

Furthermore, MHSAs has several formal partnerships and training is provided by those community based service providers on an ongoing basis. Those trainings include ongoing Wellness Workshops on an array of topics relevant to the community culture and wellness, as well as utilizing monthly meetings to provide educational presentations to the general public.

In addition to training, increasing cultural awareness for staff has been a focus over the past several years. In May 2021, ACBH initiated a monthly Cultural Awareness Newsletter that highlights observances, campaigns and different events/celebrations occurring throughout the month. This newsletter aims to provide education and resources while increasing staff awareness and understanding of different cultures, observances and why they occur. The newsletter also provides a behavioral health approach in that for many topics relating to culture, different barriers exist regarding behavioral health treatment. Most importantly, the newsletter serves as a reminder that ACBH prioritizes cultural awareness and humility within its entire system of care and dedicated staff is present to act as a resource to support the work being done in culturally appropriate ways.

**CRITERION 6—COUNTY’S COMMITMENT TO A GROWING MULTICULTURAL WORKFORCE:
HIRING AND RETAINING CULTURAL AND LINGUISTICALLY COMPETENT STAFF**

ACBH strives to hire and retain a multicultural workforce that is reflective of the community it serves.

The Workforce Needs Assessment is attached to this Cultural Competence Plan Update as **Attachment D** and details ACBH efforts to recruiting and retaining a workforce that is reflective of the community it serves. Other recruitment and retention activities include the following:

ACBH has collaborated with Amador College Connect to provide scholarship and internship opportunities for Amador County residents who have lived experience and wish to pursue a career in the human services fields. Amador College Connect (aka ACCF) currently partners with Coastline Community College, Foothill College, Allan Hancock Community College, Shasta College (Interactive TV courses), Columbia College and Arizona State University to offer Amador County residents certificate, associate and bachelor degree programs, completely online. One of the programs Coastline offers is an 18-unit Human Services certificate. This is the ideal entry-level certificate to begin employment with ACBH, typically as a Personal Service Coordinator. To support consumers, family members, and anyone who would like to work in public mental health, ACBH partners with Amador College Connect to promote this certificate and to provide additional supports as needed. Amador College Connect promotes community involvement of its scholarship recipients through cohorts where the MHSA students meet monthly and have presenters from community organizations, businesses and other service agencies in order to learn and build upon their academic skills. At least ten Human Services Scholarship participants are now employed with MHSA or behavioral health community collaborating agencies. Part of the 18-unit Human Services certificate noted above also requires an internship. ACBH will continue to partner with Amador College Connect to facilitate these internships as well, either within the department, or with another community partner.

ACBH continues to offer Masters in Social Work and Marriage and Family Therapist Interns opportunities to earn their hours toward licensure within the department. Students needing practicum hours to graduate are also extended opportunities for needed experience as capacity allows. Supervision is included with employment at Amador County Behavioral Health.

Solutions to the retention of workforce within ACBH are being addressed through the Central Region Partnership for Workforce, Education and Training. The Central Region is working with the Department of Health Care Access and Information (HCAI), formerly known as OSHPD, to provide loan repayment programs for 'hard to retain/recruit' staff, as identified by ACBH. ACBH has offered the loan repayment program to its eligible workforce, in turn for a two-year service commitment. Remaining funds are being allocated toward retention bonuses for direct service staff, including crisis workers.

ACBH has also received form approval for an Innovations project titled 'Workforce Recruitment & Retention Strategies'. The project is a concerted effort to recruit and retain a behavioral health workforce, allowing ACBH to create a menu of flexible options for various members of the workforce to participate in, with a service commitment obligation. The goal is to start project implementation in January 2024.

Recently, ACBH became a National Health Services Corp (NHSC) certified site. This has benefits not only to ACBH as an employer, but to the employee as well. Employees, if eligible, are able to apply for loan repayment programs, scholarships and more through the Health Resources and Services Administration (HRSA). All HRSA/NHSC awards require a service commitment from the employee, which will assist ACBH in retention efforts. This will also assist ACBH in recruitment efforts as the NHSC and HRSA sites allow for expanded recruitment postings, which allow more individuals to view job openings at ACBH. This is beneficial to both the employee and ACBH for many reasons and will continue to allow ACBH to seek out a diverse workforce from a wider pool of applicants.

ACBH does provide ongoing training for staff and addresses staff requests for specific trainings on a regular basis. Additionally, staff are allowed, and encouraged, to expand the scope of service in which they specialize using methods that work for them on an individual basis as long as there is no negative impacts to service delivery.

CRITERION 7—LANGUAGE CAPACITY

ACBH is dedicated to providing linguistically appropriate services to all consumers. Amador County does not currently have a threshold language.

- ACBH has a 24 hour phone line that has linguistic capability in all languages and for the deaf and hard-of-hearing
- ACBH has a contract with the Alameda Crisis Line, which has linguistic capability in all languages to provide services regarding access and if necessary, connect callers to crisis services
- During business hours, if consumers need services in language other than Spanish, the language line is accessed. Annual training for ACBH staff is provided for use of the Language Line
- Throughout the department, information is posted and provided in both English and Spanish

- All informing materials, including the intake packet and medication consents are provided in both English and Spanish
- Bulletins regarding the availability of interpreter services and the language line are posted throughout the ACBH lobby
- ACBH currently has five bilingual treatment staff (two clinician's, one extra help crisis worker, one medical assistant and one part-time psychiatrist)
- The Promotores de Salud provide interpretation services for crisis and non-crisis services
- Cultural and linguistic demographic data is gathered and reviewed quarterly through QI and MHSa evaluation processes

CRITERION 8—ADAPTATION OF SERVICES

ACBH is dedicated to providing services in appropriate and accessible ways. ACBH recognizes that due to cultural and/or other socio-economic barriers that exist within Amador County, utilizing the public behavioral health system may not be a viable option for some consumers and their family members. ACBH, through formal partnerships with community-based organizations, has historically adapted services to meet the specific needs of the community.

Due to COVID-19, all service provision whether directly through ACBH or a formal partnership (contract provider) was augmented in order to adapt to health guidelines as well as community and client needs. This was challenging, however, it also provided opportunities to serve the community in a variety of different ways in order to meet their specific needs. Prior to COVID, if an individual or family member was sick, or didn't have transportation to an appointment, the scheduled appointment was just cancelled and rescheduled. Now, the ability to pivot to a virtual platform or telephone appointment has increased the ability to reduce cancellations and maintain consistency with mental health treatment and wellness support.

ACBH partners have continued to effectively provide supports in the following ways:

- Sierra Wind Wellness and Recovery Center is a peer-led self-help center offering advocacy, support, benefits acquisition, culturally diverse support groups, training, and patient's rights advocacy. Sierra Wind provides weekly support groups, daily meals, linkage & navigation of services, and volunteer opportunities for all of its clients.

Sierra Wind is committed to providing services that are reflective of the underserved populations in Amador County. The staff is currently comprised of those who identify within the LGBTQ+ community, Veterans, active NA/AA members, Native American and Spanish-speaking employees. Sierra Wind serves the majority of the sub-populations identified in the Cultural Competency Objectives year after year and is a safe haven for those who need additional supports or do not receive any support from the public behavioral health system. All groups and services are now offered in-person and offered virtually, when appropriate.

- NAMI Education and Support Groups provide outreach, engagement, and education for ACBH and their clients as well as education and support to the community in the form of 4 support groups: Family Support, Family to Family, Peer to Peer, and Connections Recovery. NAMI utilizes their monthly meeting to provide in-service trainings on a variety of topics and resources within Amador County to populations that otherwise would not know the services exist. NAMI also provides a Family to Family class as well as a Peer to Peer class. During the initial onset of the COVID-19 pandemic, groups were provided via Zoom and weekly Connections was done via phone check-in with trained Connections facilitators. NAMI Amador is essential to providing outreach through education and awareness to populations that ACBH otherwise would not reach. Although transitioning back to in-person services has been challenging and impacted NAMI's ability to provide the full spectrum of education and support, participant surveys continue to reflect that member's needs are being met and the extra support is appreciated.
- Outreach and Engagement Services through prevention and early intervention funding are currently being provided by Nexus Youth and Family Services and include the following:
 - Outreach and Engagement to isolated rural communities (explained in detail in MHSA Three Year Plan and Annual Updates) provides monthly wellness workshops with topics based off of community need response, quarterly suicide prevention and mental health trainings and ongoing daily use of community center resources to engage individuals and families in isolated, rural communities throughout the county.
 - Parent Child Interaction Therapy (PCIT) is designed to improve family functioning, resiliency, and cohesion as parents receive one-on-one coaching in "real time" to acquire skills and tools to improve the quality of the parent-child relationship. Due to the increased need for PCIT, an augmentation of the program has been developed, titled PC Cares. The UC Davis PCIT Training Center is currently training Nexus non-clinical staff in the PC Cares model, which provides the skills necessary to improve the quality of the parent-child relationship, without the clinical support. This augmentation is beneficial because many families referred to PCIT may not need the level of intervention the traditional PCIT model provides. With PC Cares, clinical staff can focus on the PCIT model while less severe cases can participate using the PC Cares model, both having successful outcomes for families.
 - Aggression Replacement Therapy (ART) is provided to help increase resiliency in children and teens and to develop a skill set for responding to challenging situations with social learning and cognitive behavioral strategies.
 - Project SUCCESS is based on the Project SUCCESS model, a SAMHSA-recommended, research-based approach that uses interventions proven

effective in reducing risk factors and enhancing protective factors. Current components include:

- Prevention Education Series: An eight-session Alcohol, Tobacco, and Other Drug prevention program conducted by the Project SUCCESS Counselor (**funded through the ACBH Substance Abuse Program**).
 - School Climate Campaigns to increase positive school culture and climate
 - Individual and Group Counseling: Project SUCCESS Counselors conduct time limited individual sessions and/or group counseling at school to students following participation in the Prevention Education Series and an individual assessment (**offered through the Building Blocks of Resiliency Aggression Replacement Training**).
 - Referral & Coordination of Services: Students and parents who require treatment, more intensive counseling, or other services are provided support and referred to appropriate agencies or practitioners in the community by their Project SUCCESS counselors (**funded through PEI**).
- The Promotores de Salud is a Latino Peer-to-Peer program that utilizes Spanish-speaking Hispanic/Latino community members to reach out to other historically underserved Spanish-speaking Hispanic/Latino and linguistically isolated community members. The goal of this program is to promote mental health, overall wellness, and ultimately increase access to services. Promotoras conduct educational presentations and outreach activities and help overcome barriers such as transportation, culture, language, stigma, and mistrust.
- ACBH contracts with the Amador County Senior Center to expand the scope and/or outreach of their efforts to support the mental health and wellbeing of isolated older adults. ACBH currently provides marketing funds to advertise and stipends to expand a Senior Peer Visitors Program serving Amador County. The marketing funds for the Senior Peer Visitors Program are intended to advertise services, solicit new volunteers, and to provide training for existing volunteers. Services were adapted due to the COVID-19 pandemic and have now transitioned back to a hybrid model, based off the volunteer and client's preference. Whether the service is provided in-person or via phone, it has been successful and a very good bi-directional approach to meeting isolated seniors needs.

In order to adapt services to continue to meet the needs of actively aging seniors, MHSA funds have been used to expand localized programs in different geographic areas of the county. Utilizing PEI funds, MHSA supports the Amador Senior Centers efforts in targeting seniors who wish to be active but lack transportation and live in geographically challenged areas. Through the Foothill Fitness program, seniors are able to connect socially in localized communities, to promote an active lifestyle and improve quality of life.

The goal of the Senior Nutrition Program is to connect older adults socially in localized communities, to promote healthy eating and improve quality of life. The program provides older adults the opportunity to enhance their social network, improve

emotional, mental and physical health through socialization and healthy meal habits, and to remove barriers to isolation. Now that COVID restrictions have been lifted, congregate sites have opened in isolated areas of the county. Congregate meals are offered in Lone, Plymouth, Pine Grove and Buckhorn every week. The Amador Senior Center provides lunch's to-go or dine-in at their location in Jackson, five days a week. In addition to the Senior Nutrition Program, the Amador Senior Center is also providing home-delivered meals to seniors living throughout Amador County. Home delivered meals is a necessary means to provide food to isolated seniors, while also connecting them to resources to support their wellness and reduce isolation.

- Cal VOICES, utilizing MHSAs PEI funds, provide Labyrinth stress reduction services as a method for outreach and engagement in isolated, rural parts of Amador County and to the underserved communities living in these regions; ultimately increasing knowledge and understanding pertaining to mental health and improving timely access to Behavioral Health services. These services are provided through in-person Labyrinth groups and in-person Labyrinth walks outdoors. Additionally, there is a Mobile Labyrinth that can be taken to various locations throughout the county, which is beneficial to providing mindfulness and wellness support in non-traditional settings. Cal VOICES also continues its monthly LGBTQ+ support groups for TAY, adult, older adults and family members; thereby increasing natural supports for LGBTQ+ communities in Amador County while also improving access to timely behavioral health services as needed. One-on-one peer support is available upon request.
- Due to AB114, programs were launched that focus on Community Outreach and Engagement, Suicide Prevention and a school-based mental health partnership called the School Based Mental Health Strategies Workgroup. Details of each program are listed in the MHSAs Three Year Plan hyperlinked throughout this document. It should be noted that Community Outreach and Engagement has been extremely successful and serves as a resource for many individuals and community based organizations. Community outreach also provide outreach materials and presentations throughout Amador County and has increased awareness around mental health. Suicide Prevention activities have come to fruition with the implementation of QPR trainings, safeTALK trainings, and a Suicide Prevention Coalition called Amador SPEAKS (Suicide Prevention, Education, Awareness, Knowledge, Support). Increased advertising for suicide awareness has included an ad on a local bus and localized post cards with resources and supports. In addition, an annual art exhibit, Heart of Hope, was created that focuses on suicide awareness, prevention and the perseverance of those who experience mental health challenges. The Heart of Hope event has now transformed to a community gathering with mental health resources, art, food and music.
- Over the past year, the School Based Mental Health Strategies Workgroup, was able to pursue several initiatives to support youth and student mental health. Efforts include completing the second grant year of the Mental Health Student Services Act (MHSSA) through the Mental Health Services Oversight and Accountability Commission

(MHSOAC). The MHSSA provides direct mental health services and supports to students within the school sites. Additionally, the second year of the innovations project, which created a comprehensive community support model to address student mental health, utilizing a community-based approach, was successfully completed and the evaluation report can be found in the Three Year Plan which is hyperlinked throughout this document.

More programs that target children, older adults and the general population of Amador County, as well as evaluation data, are detailed in the MHSA Three Year Plan, which is hyperlinked throughout this document.

Ongoing quality assurance of all cultural competence activities included in this plan are reviewed quarterly. Review of all MHSA contract providers and follow up, as appropriate, is conducted quarterly. Furthermore, it is stated in each MHSA-funded contract that cultural competent services will be provided and that the contractor must provide evidence of cultural competence training, annually. Evidence of contractor's ability to provide culturally competent behavioral health services and support is monitored through participant feedback, quarterly reports and other regulatory data sets.

SUBSTANCE USE SERVICES DATA

In FY22/23, the SUDS program served 97 individuals not counting the client assessments, which did not meet for medical necessity. From 7/1/23 through 12/22/23, the SUDS program served 54 individuals.

Regarding training for SUD Staff: A total of 50 hours of continuing education is required every two years for most CCAPP credentials. These hours must include a minimum of 40 continuing education hours, of which six must be in ethics. Continuing education hours must be earned through a CCAPP approved provider with a current provider number. 10 hours may be earned in "professional development" (professional development hours PDHs). PDHs do not have to be earned through CCAPP providers. The 50 hour requirement can be met with all CEH education, or any combination of hours, as long as the PDH portion is not more than 10 hours.

ACBH SUD staff have also received ongoing consultation and direction from the SUD Medical Director. The team meets every Tuesday afternoon to discuss cases and approve level of care.

For further information specific to SUDS cultural competence, capacity and training, please contact Amy Hixson at (209) 223-6548.

CONCLUSION

It is of utmost importance to ACBH to include cultural competence and awareness into all programs, policies and practices within the mental health services and substance use divisions of the agency.

Through lessons learned and ongoing outreach and engagement to the underserved populations, ACBH will continue to provide services through the agency and its contract providers that meet the cultural and linguistic needs throughout the Amador County.

If you should have any questions regarding this plan or the culturally appropriate activities woven throughout the ACBH systems of care, please contact Amador County Behavioral Health at (209) 223-6412.

ATTACHMENT 'A'
CULTURAL COMPETENCE POLICY

Amador County Behavioral Health Department POLICIES & PROCEDURES MANUAL	Number 6-305
Section: Mental Health Services Act	Cultural Competence Policy
Date: 12/13/2021	
Supersedes: 9/25/2017, 11/18/2019	
Approved by: <i>M. C. LCSW</i>	Title: ACBHS Director

POLICY	<p>It is the policy of Amador County Behavioral Health Services (ACBHS) to maintain a Cultural Competence Policy that promotes cultural awareness, humility and competence into all levels of service and programming throughout the department and countywide.</p> <p>The Cultural Competence Policy includes three elements:</p> <ul style="list-style-type: none"> • Cultural Competence Committee • Cultural Competence Plan • Cultural Competence Training
PROCEDURE	<p>Cultural Competence Committee: The MHSA/Cultural Competency Steering Committee serves as the cultural competence committee and meets bi-monthly on the first Thursday of the month. The committee is reflective of the underserved and ethnic/racial populations of Amador County.</p> <p>This committee is responsible for identifying underserved ethnic and socio-economic populations and sub-populations and developing goals and objectives to create access and engagement for behavioral health services. This committee also reviews the Cultural Competence Objectives annually, as well as the Cultural Competence Plan and training objectives for the year.</p> <p>Cultural Competence is a standing item for the agenda of this meeting.</p> <p>Cultural Competence Plan: It is the responsibility of the MHSA Programs Coordinator to complete a Cultural Competence Plan annually. The plan will adhere to and comply with all regulations provided by the Department of Health Care Services (DHCS) and any other oversight agency. The Cultural Competence Plan will include the goals, objectives and strategies developed in the MHSA/Cultural Competency Steering Committee and be reviewed by the committee prior to completion.</p> <p>After review by the MHSA/Cultural Competency Steering Committee, the plan will be completed. After completion, the plan will be sent to the Department of Health Care Services, MHSUDS, Quality Assurance Section in accordance with CCPR standards set forth in Title 9, Section 1810.410. The plan will be posted onto the Amador County Behavioral Health Services website as well as Amador's Network of Care MHSA webpage. The plan</p>

	<p>will also be disseminated utilizing the e-mail distribution list as stated in the Community Information and Education Policy. Additionally, a hard copy of the plan can be requested by contacting the front desk at the ACBHS lobby.</p> <p>Cultural Competence Training: ACBHS, utilizing the MHSA Programs Coordinator, will maintain a current Cultural Competence Training Plan and incorporate this plan into the annual Cultural Competence Plan. Training for cultural awareness and sensitivity is prioritized using the feedback received from the Community Program Planning Process, community meetings and the MHSA/Cultural Competency Steering Committee meetings. The ACBHS QI/Leadership Committee and the MHSA/Cultural Competency Steering Committee review the training plan on a regular basis.</p> <p>It is the responsibility of the MHSA Coordinator to coordinate annual cultural competence training for ACBHS staff and the community.</p> <p>At least one cultural competence training is provided to the community annually. Training topics are prioritized using the feedback received from the community program planning process, community meetings and the MHSA/Cultural Competency Steering Committee meetings.</p> <p>ACBHS also offers training through the Relias online learning management system. This program offers over 400 courses to staff and contractors. A passing test is required before participants can get credit for the course. All staff and key contractors are required to take several designated courses in cultural competency annually.</p> <p>ACBHS staff is provided with an in-service training monthly during the departmental All-Staff Meeting. The in-service training provides education about community-based programs that target underserved populations and isolated rural areas of Amador County. These monthly trainings and/or presentations provide education for staff about the culture of Amador County and teaches how to connect consumers to needed resources. Providing this type of monthly training is also a mechanism for ACBHS to invite the community in to meet the staff and gain familiarity with the department.</p> <p>Other, local in-person and/or virtual training is provided to staff and the community. These training sessions are provided at the MHSA/Cultural Competency Steering Committee, the Amador County Behavioral Health Advisory Board, or at special events hosted by contractors.</p>
REFERENCE	Title 9, Section 1810.410
FORMS	N/A

ATTACHMENT 'B'
POLICIES & PROCEDURES