

Amador County Behavioral Health Department POLICIES & PROCEDURES MANUAL	Number 1-304
Section: General	Language Line Policy
Date: 08-12-2005	
Supersedes:	
Approved By: <i>Melissa C. M. Lasu</i>	Title: <i>Director</i>

<b>POLICY</b>	<p>It is the policy of Amador County Behavioral Health (ACBH) to maintain a contract with Language Line Services to ensure that clients are able to effectively provide staff with clear information on what services they need, understand ACBH's response to treatment options, which is essential to the provision of quality client care. ACBH will accommodate persons who have Limited English Proficiency (LEP) by using bilingual staff if available. If bilingual staff is not available, the Language Line Interpreter Services will be used.</p> <p><b>PURPOSE</b> is to comply with CCR, Title 9, Chapter 11, Sections 1810.405(d) and 180.410(d)(1), and California Mental Health Plan Contract, Exhibit A, Attachment 1, Section A.</p>
<b>PROCEDURE</b>	<p><u>Walk In Clients</u></p> <ol style="list-style-type: none"> <li><u>Clients will indicate to the receptionist what language they speak by using the Language Identification cards or poster.</u></li> <li><u>The receptionist will call the Language Line and give our ID code, organization name and personal code. The Day Crisis worker will also be called to come get the client.</u></li> <li><u>Once the interpreter is on the phone, the receptionist will transfer the call to the Day Crisis worker's office with the client present and the interpreter will work with the client and therapist to determine what services are needed.</u></li> <li><u>If a client walks in to the clinic and is deaf, we will offer them access to a computer or paper to communicate their needs. Once an appointment is made, an interpreter will be scheduled to attend as well.</u></li> </ol> <p><u>Phone:</u></p> <ol style="list-style-type: none"> <li><u>When receiving a call ask "What language do you speak?"</u></li> <li><u>Follow step 1 &amp; 2 from Language Line Quick Reference Guide. In Step 2, press 1 for Spanish, Press 2 for other or if you don't know.</u></li> <li><u>Follow Steps 3 through 6 on the Quick Reference Guide. In Step 6 ask the interpreter to ask the following questions:</u></li> </ol>

	<ol style="list-style-type: none"> <li>1. <u>Ask to help ascertain language/linguistic requirements to communicate, if needed.</u></li> <li>2. <u>Ask "Is there an emergency, crisis or urgent condition?"</u></li> <li>3. <u>If an appointment is needed, give interpreter questions to ask for Triage. If it is a crisis, ask the interpreter to ask client to come in or report to the Emergency Room.</u></li> <li>4. <u>Ask the interpreter to ask client if they have any further questions.</u></li> </ol> <p><u>For deaf or hearing impaired clients, the California Telephone Access Program will be used (CTAP)</u></p>
<b>REFERENCE</b>	
<b>FORMS</b>	

Amador County Behavioral Health Department POLICIES & PROCEDURES MANUAL	Number 1-300
Section: General	Access Policy
Date: 01/19/2022	
Supersedes: 05/01/2014, 08/31/2017, 10/27/17, 7/16/2018, 06/09/2020	
Approved By: <i>Mel Cill, LCSW</i>	Title: <i>BH Director</i>

<b>POLICY</b>	<p>It is the policy of Amador County Behavioral Health (ACBH) to maintain a comprehensive Access policy to ensure that culturally and linguistically competent services are available to its Medi-Cal beneficiaries. It is the policy of ACBH to ensure the following beneficiary rights:</p> <ul style="list-style-type: none"> <li>• The right to receive information in accordance with CFR, Title 42, Section 438.10 that specifies all enrollment notices, informational materials, and instructional materials relating to enrollees and potential enrollees are provided in a manner and format they may be easily understood.</li> <li>• The right to be treated with respect and with due consideration for his/her dignity and privacy.</li> <li>• The right to receive information on available treatment options and alternatives, presented in a manner appropriate to the beneficiary's condition and ability to understand.</li> <li>• The right to participate in decisions regarding his or her health care, including the right to refuse treatment.</li> <li>• The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, and convenience, or retaliation, as specified in federal regulations on the use of restraints and seclusion</li> <li>• The right to request and receive a copy of his/her medical records, and to request that they be amended or corrected, as specified in CFR, Title 45, Sections 164.524 (access to protected health information (PHI)) and 164.526 (amending PHI)</li> <li>• The right to be furnished health care services in accordance with CFR, Title 42, Sections 438.206-210</li> <li>• Adult beneficiaries are informed of their right under the law of State of California to make decisions concerning health care, including the right to accept or refuse treatment and the right to formulate, at the individuals option, advance directives</li> <li>• The right to free language assistance services</li> </ul>
<b>PROCEDURE</b>	<p><u>Access</u> Beneficiaries may contact ACBH through a statewide, toll-free telephone number, which is available 24 hours a day, 7 days per week with language capability in all languages spoken by beneficiaries of the county, even though Amador County does not have a threshold language. This number provides information to beneficiaries about:</p>

- How to access specialty mental health services.
- Services needed to treat a beneficiary's urgent condition, and
- How to use the beneficiary problem resolution and fair hearing processes

This number is (888) 310-6555. The line is answered by ACBH staff during business hours 8:00 AM to 5:00 PM

During after-hours, holidays and weekends, the same number is answered by a subcontractor. This service provides live person telephone crisis support intervention and counseling, connects beneficiaries to services needed to treat a beneficiary's urgent condition, provides information on how to access specialty mental health services and provides information on how to use the beneficiary problem resolution process.

Upon request and when first receiving a Specialty Mental Health Service, ACBH provides Medi-Cal beneficiaries with a Provider Directory and a Beneficiary Handbook. The Provider Directory and the Handbook may be requested 24 hours a day, 7 days per week and are available in English and Spanish.

Both are available on the ACBH website and are available in alternative formats such as large font. Large font formats will be no smaller than 18 point font. The Handbook is also available in audio. A sign stating the availability of alternative formats of the Handbook is posted in the ACBH lobby in both English and Spanish.

Beneficiaries who need translation and/or interpretation services are informed that they are offered by ACBH at no cost. This is posted in the lobby as well as in the Handbook in both English and Spanish. ACBH does not expect beneficiaries to provide translation or interpretation services. After being informed of availability of free services, beneficiaries may choose to use a family member or a friend as a translator or interpreter. ACBH does not allow use of minor children family members as translators or interpreters. Translation is the rendering of a written text from one language (source language) into another language (target language). Interpretation is the immediate rendering of oral language from the source language into the target language.

Personal correspondence between ACBH and the beneficiary is drafted in the preferred language identified by the beneficiary during Intake. During Intake, treatment staff explain all forms and documents to ensure complete comprehension and to clarify any questions or respond to any concerns.

ACBH monitors the need for additional cultural/linguistic services. Beneficiaries check the appropriate ethnicity box at Intake and cultural considerations are made during the case assignment process. If a beneficiary

requests culture-specific providers, every attempt is made to fulfill that request. Beneficiaries are given the opportunity to request a change of provider.

A list of bilingual clinical staff is posted in the ACBH lobby in English and Spanish, as well as the information for the Language Line service in all languages, which ACBH contracts with to provide translation or interpretation as needed.

ACBH has a contract or an agreement for use of staff who are linguistically proficient in Spanish. The provider will translate and interpret services for beneficiaries as needed at the request of ACBH. Once items are translated, ACBH will have the Promotores contractor review to ensure materials are accurately translated for language and culture.

ACBH has a contract or an agreement for services to the hearing impaired to provide interpreters for deaf or hearing impaired beneficiaries. The California Telephone Access Program (CTAP) is available to provide adequate TTY/TDD or Telecommunications Relay Services in linguistic capability, to deaf or hearing impaired beneficiaries. If it is noticed that the caller has trouble speaking, the procedure is to get the name, address and phone number of the caller and to call California Relay Services at (866) 988-4288, have them call the beneficiary and conference the call back to the 24/7 line in order to provide information on how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met, provide information on services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes.

All translation/interpretation needs are documented in client progress notes. Contracts with hospitals and other points of contact include language that requires interpretive services to be provided to ACBH clients by contractors.

All written materials for potential enrollees must include taglines in the prevalent non-English languages in the State, as well as large print, explaining the availability of written translations or oral interpretation to understand the information provided and the toll-free telephone number of ACBH. Large print means printed in a font size no smaller than 18 point. Written materials are provided to beneficiaries and include the Beneficiary Handbook, Provider Directory, Appeal and Grievance Notices and Denial and Termination Notices. They are to be drafted at the 6<sup>th</sup> grade reading level to be easily understood, use a font size of no smaller than 12 point font and are available in alternative formats such as audio, large font and translated or interpreted into non-English languages. The translated materials are to be translated by certified translation services and tested to ensure accuracy of translated materials in terms of both language and culture and will be compared to match the English versions.

	<p>ACBH may provide transportation assistance to and from necessary treatment-related appointments for beneficiaries who live in geographic areas unserved by the public transportation system. Transportation is provided to beneficiaries who have no other transportation resource available to them.</p> <p>A written log is maintained of all initial requests for Specialty Mental Health Services from Medi-Cal beneficiaries who contact the clinic by phone, by writing or in person. This log contains the name of the beneficiary, the date of the request and the initial disposition of the request. Every attempt will be made to specify if the person is Medi-Cal eligible. When possible, the phone number of person calling will be recorded in the log.</p> <p>In order to assess ongoing procedural compliance and quality of services provided, ACBH periodically reviews contacts with beneficiaries who require language assistance and/or request culture-specific services to determine the types and frequency of contacts, the language used, the nature of the services provided, and outcomes. In addition, ACBH conducts test calls both during and after hours and solicits input from program partners and stakeholders to determine where ACBH can improve access for all individuals and researches new technologies for aiding accessibility.</p>
<b>REFERENCE</b>	California Code of Regulations, Title 9, Chapter 11, Section 1810.405(d) and Section 1810.410(e) (1) and (2)
<b>FORMS</b>	

Amador County Behavioral Health Department POLICIES & PROCEDURES MANUAL	Number 3-101
Section: Compliance	Provider Network Enrollment, Retention and Referral Criteria
Date: August 25, 2008	
Supersedes:	
Approved By: <i>Melissa C. Jell, LCSW</i>	Title: Director

<b>POLICY</b>	<p>It is the policy of Amador County Behavioral Health Department (ACBHD) to add individual, group and/or organization network providers if they enhance the capability of the department to provide for the specialty mental health service needs of Medi-Cal beneficiaries.</p> <p>In all cases, providers being considered for addition to the network will be required to meet all credentialing criteria.</p>
<b>PROCEDURE</b>	<p>Once there is an identified need for new providers based on Medi-Cal enrollment, clinical or geographic need, ACBHD will identify and recruit providers who meet requirements. Need will be based on the following:</p> <ol style="list-style-type: none"> <li>1. Anticipated Medi-Cal enrollment</li> <li>2. Geographic access, considering distance and travel time, and the means of transportation ordinarily used by the beneficiary</li> <li>3. Availability of existing providers to take referrals based on utilization of service</li> <li>4. The number of providers who are not accepting new beneficiaries</li> <li>5. The numbers and types of providers required</li> <li>6. Physical access for clients with disabilities</li> <li>7. Language capacity</li> <li>8. Clinical expertise in needed specialty areas</li> <li>9. Cultural Competence</li> <li>10. Ethnicity</li> <li>11. Other specific requests of the client</li> </ol> <p>Providers must be credentialed and approved by ACBHD prior to acceptance into the network. Providers will receive written notice whether they are approved or not approved for acceptance. If not approved, ACBHD will provide reason for a decision not to contract.</p> <p><b>CREDENTIALING and RE-CREDENTIALING REQUIREMENTS:</b></p> <ol style="list-style-type: none"> <li>1. Providers shall be licensed to practice psychotherapy</li> <li>2. Providers shall maintain a safe facility</li> <li>3. Providers shall store and dispense medications according to state and federal standards</li> <li>4. Providers shall maintain client records in a manner that meets state and federal standards</li> <li>5. Providers shall meet the quality standards as required by DMH</li> </ol>

6. Providers shall be willing to provide access to client records for clinical and financial audits within the guidelines of state and federal standards for confidentiality
7. Providers shall be in good standing with the appropriate licensing board
8. Providers shall have not been, or have staff that have been, identified as excluded/suspended from the eligible provider lists of federal or state agencies
9. Providers shall have a head of service that is available during regular business hours and meets California Code of Regulations Title 9, Section 622-630 requirements

Referrals to network providers will be made according to the criteria set forth below:

1. Geographic ease of access for the client to the provider's office location
2. Specialty needs of the client
3. Client request
4. Provider's responsiveness to ACBHD's needs as demonstrated by their willingness to take referrals
5. The timeliness and quality of the provider's required documentation

Provider satisfaction will be measured every two years and steps taken to improve provider satisfaction as part of ACBHD's Quality Improvement Work Plan.

Providers will only be retained if the following conditions are met:

1. They meet State standards for timely access to care and services, taking into account the urgency of need for services;
2. They offer hours of operation that are no less than the hours of operation offered to commercial beneficiaries or comparable to Medicaid fee-for-service, if the provider serves only Medicaid beneficiaries;
3. Services are available 24/7 when medically necessary;
4. Mechanisms have been established to ensure compliance.

Providers will be regularly monitored to determine compliance. Corrective action will be taken if there is failure to comply. If the provider is terminated, ACBHD will notify all clients of the terminated provider within 15 days of the termination notice to the provider.

ACBHD will not discriminate against providers that serve high-risk populations or specialize in conditions that require costly treatment. Providers will not be excluded solely because of the practitioner's type of license or certification. ACBHD will not employ or contract with providers excluded from participation in federal health care programs.



	<p>ACBHD will oversee and be accountable for any functions and responsibilities that are delegated to any subcontractor, and the subcontractor's abilities to perform the activities to be delegated. If activities are delegated a written agreement will exist that specifies the activities and report responsibilities delegated to the subcontractor and will provide for revocation of the agreement or other sanctions if the subcontractor's performance is inadequate. The agreement will also provide for monitoring of the subcontractor's performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards. The agreement will also provide for corrective action when deficiencies or areas for improvement are identified.</p>
<b>REFERENCE</b>	<p>CFR, Title 42, Sections 1128, 438.206, 438.214 and 438.230, CCR, Title 9, Sections 1810.345 and 1810.405, DMH Contract, Exhibit A, Attachment 1, and Exhibit E, G</p>
<b>FORMS</b>	

Amador County Behavioral Health Department POLICIES & PROCEDURES MANUAL	Number 1-203
Section: General	Accessibility of Services for Substance Use Disorder Service
Date: 5/7/18	
Supersedes: 9-8-09	
Approved By: <i>Melissa C. Hill, LCSW</i>	Title: Behavioral Health Director

<b>POLICY</b>	Amador County Behavioral Health (ACBH) wants to ensure that substance use disorder prevention, treatment and recovery programs are accessible for all community members, including persons with disabilities, to the fullest extent possible.
<b>PROCEDURE</b>	<p>ACBH shall make reasonable efforts to ensure substance use disorder prevention and treatment services are available to all persons with mobility, communication, or cognitive impairments in accordance with the following Federal regulations regarding Accessibility of Services:</p> <ul style="list-style-type: none"> <li>➤ Americans with Disabilities Act (ADA) (e.g. Title III of the ADA, 28 Code of Federal Regulations (CFR) Part 36 regarding access)</li> <li>➤ Section 504 of the Rehabilitation Act of 1973</li> <li>➤ 45 CFR, Part 84, Non-discrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance</li> <li>➤ Executive Order 13166 (67 Federal Regulation 41455) to improve access to federal services for those with limited English proficiency</li> <li>➤ Title 24, California Code of Regulations (CCR), Part 2, Activities Receiving Federal Financial Assistance</li> <li>➤ Unruh Civil Rights Act California Civil Code (CCC) Sections 51 through 51.3 and all applicable laws related to services and access to services for Persons with Disabilities (PWD)</li> </ul> <p>ACBH will complete a checklist for accessibility on a yearly basis for the purpose of self-identifying the accessibility problems in our program facility in order to meet our obligation under the above mentioned Federal regulations regarding Accessibility of Services.</p>
<b>REFERENCE</b>	State-County Contract Exhibit A, Attachment 1, Part 1, Section 3, B, 2, f & g
<b>FORMS</b>	Checklist for Accessibility

# **ATTACHMENT 'C'**

**FY23/24 Cultural Competency Objectives**

## MHSA/CULTURAL COMPETENCY STEERING COMMITTEE

### FY 23/24 Cultural Competency Objectives

**Spanish-Speaking, Hispanic & Latino populations in Amador County:** According to Department of Health Care calculations, Spanish is not considered a threshold language in Amador County. However, the need to focus on the underserved Spanish-speaking, Hispanic and Latino populations in Amador County is still prevalent. Therefore, Amador County Behavioral Health and the MHSA/Cultural Competency Steering Committee has made the commitment to prioritize Spanish-Speaking, Hispanic & Latino populations through data and strategies identified below:

#### ***Data & Currently Implemented Strategies:***

- According to U.S. Census Data recorded in 2022, Hispanics and Latinos make up 16% of Amador County's population. This is a 1.5% increase from 2020.
- In FY 22/23, Amador County Behavioral Health (ACBH) served 179 Hispanic and Latino consumers. This is an increase from FY 21/22, when ACBH served 149 individuals. Seventy-nine identified as male and 100 identified as female. Of the 179 consumers served, eleven received services in Spanish.
- ACBH has two Spanish speaking staff who provide therapeutic services, a full-time Spanish speaking Medical Assistant, extra help Spanish speaking Medical Assistant and a part-time, Spanish-speaking psychiatrist.
- MHSA-funded programs served 671 Hispanic and Latino individuals in FY 22/23.
- Nexus Youth & Family Services Promotores de Salud Program continue to provide Wellness Workshops, suicide prevention training, individual assistance and resource support to the Hispanic, Latino and/or Spanish speaking community living in Amador County. In FY 22/23, 98 community members participated in Promotores de Salud program services.
- According to Amador County Unified School District (ACUSD) and Amador County Office of Education (ACOE) representatives, approximately 350 students are considered 'ESL'. Of those 350, approximately 300 are Spanish speaking. ACUSD/ACOE currently employees liaisons to provide support to ESL students and their families. The ACUSD/ACOE liaisons are also represented at the Latino Engagement Committee.
- The Latino Engagement Committee, which meets quarterly, has remained consistent. This reflects the shift in community culture and awareness to address needs in culturally appropriate ways. Participants include ACBH, ACUSD/ACOE (Adult Education, ESL Liaisons, and Foster Youth

Liaisons), First 5 Amador, Cal VOICES, Nexus Youth & Family Services, Amador County Library and more.

***Strategies to Implement & Continue for FY 23/24:***

- The Amador County Library has hired a Literacy Coordinator who is overseeing ESL and other learning programs including citizenship education. Continue to collaborate with the Library in order to stay apprised of available programs and resources that can support Hispanic, Latino and/or Spanish speaking individuals and families living in Amador County.
- The California Care Force, held in March 2023 at the Amador County Fairgrounds offered medical, dental and vision services free of charge. Several Spanish speaking individuals, along with their families attended and were provided services, along with interpretation from the Nexus Promotoras de Salud. Events like this provide opportunities for collaboration in the Spanish-speaking community (i.e. Hispanic & Latino focused community events, etc.). Efforts to identify opportunities that provide outreach with an emphasis on mental health and wellbeing will continue as a strategy to engage the Hispanic, Latino and/or Spanish speaking community throughout FY 23/24. Ideas that have been discussed to implement this type of outreach and engagement include training for the Promotores de Salud or other Spanish-speaking members of the community, including ACBH staff. Other previously identified strategies included increased outreach to males, local vintners and reinstating the Hispanic Health Fair. In May 2022, the Promotores de Salud, Amador County Behavioral Health (ACBH) and First 5 Amador partnered to host a small-scale Hispanic Health & Resource Fair in Jackson. Approximately 30 people attended and it was considered successful since it was the first event of its kind held in over five years.
- Focus on targeted outreach and working with Hispanic/Latino males.
- Target outreach to local vintners and other businesses that employ primarily Hispanic & Latino workers.
- Amador SPEAKS (Amador County's Suicide Prevention Coalition) continues to receive information in Spanish and disseminates to appropriate community partners as a form of outreach to the Spanish-speaking community living in Amador County.
- Continue quarterly Latino Engagement Committee Meetings to discuss challenges, barriers, successes and solutions. (The Latino Engagement Committee Meeting has been held regularly since FY 2016/17). Utilizing the Latino Engagement Committee allows for increased collaboration amongst Amador County partners serving the Hispanic/Latino population.

- ACBH has transitioned to a new electronic health record and will need to revise the way it monitors services provided in Spanish. ACBH will use this transitional period to determine what reports will provide the necessary data to track Spanish speaking services and how many Hispanic, Latino and Spanish-speaking clients they serve.
- Amador County Behavioral Health will continue to ensure all informing documents are provided in English and Spanish. ACBH and contracted staff will assist ACBH in ensuring the forms are translated so that Spanish-speaking consumers understand them.
- Certified Translators and Interpreters are scarce in Amador County. Due to funding and extensive travel requirements, certification was not easy to obtain in the past. However, due to COVID-19 and the shift to virtual platforms, certification opportunities seemed to become more available. However, with the onset of virtual learning and certification opportunities, barriers to becoming certified both in oral and written translation only seemed to increase. First, the curriculum is very intense and targeted to medical providers. Secondly, the hourly requirements to become certified are burdensome for a small, rural county. Additionally, there is no behavioral health interpreter certification program. All programs, curriculum and requirements are targeted for 'medical' interpretation. Due to these barriers, ACBH looked for another source in order to measure language competence. Alta Language Services provides competence tests for over a hundred different languages and is able to conduct tests either by phone or in-person which is helpful to a small, rural, community. ACBH employees are offered to participate in the Alta Language tests and are paid a differential for bilingual pay, once deemed competent. The Promotores de Salud are also offered the testing opportunities. This is a vital step toward being able to determine competency of providers in serving the Spanish-speaking community in culturally and linguistically appropriate ways.
- Continue to provide funding and support to the Promotores de Salud, which operates through Nexus Youth & Family Services, using MHSA funds. The Promotores provide and promote access and engagement among the Spanish speaking community and act as cultural brokers to the Hispanic, Latino and/or Spanish-speaking community.

**Native American Engagement:** Amador County is home to three federally recognized tribes, which include the Lone Band of Miwok Indians, Jackson Rancheria Band of Miwok Indians and the Buena Vista Rancheria of Me-Wuk Indians. Native Americans have contributed greatly to Amador County's heritage and continued growth. However, engaging Native communities has proven challenging. Continued

efforts are underway to work towards promoting trust and engagement with Amador's Native community and strategies to put those efforts into action are listed here:

- **Identify and work with cultural brokers:** ACBH works with Tribal TANF and Foothill Indian Education Alliance (FIEA) as cultural brokers. Tribal TANF and FIEA have been instrumental in connecting ACBH with the Native community. As a result of the partnership between Tribal TANF and FIEA, an informal relationship between ACBH and the Lone Band of Miwok Indians has been established.
- **Education, Training and Opportunities to Collaborate:** All ACBH educational opportunities are offered to Tribal TANF, FIEA and other Native partners either as a participant or as a training host. This partnership has had much success. Additionally, ACBH uses Tribal TANF, FIEA and the Lone Band of Miwok Indians as a resource to educate their staff. Examples of how this has worked in the past include land acknowledgments provided by the local Tribal TANF office or an Lone Band of Miwok Indians tribal member, to open an ACBH monthly all staff meetings as well as providing resource folders for new and existing employees which include the services and support Tribal TANF has available to offer Native Americans in Amador County. In February 2022, Tribal TANF and ACBH were asked to present on the informal partnership the two have developed to a group of rural communities as a part of a Learning Exchange Cohort. This event was Part II of a series on Engaging Tribal Representatives in Child Abuse Prevention Planning and was an opportunity to show other communities that non-traditional partnerships have the ability to impact much change. In Fall 2023, a Native American Cultural Awareness Workshop will be provided to community partners, including law enforcement agencies, the local school district, local medical professionals and more.

In the past, collaboration has occurred when Tribal TANF provided input and feedback regarding the development of the Native American resource materials produced by CalMHSA statewide PEI campaign, and have hosted several workshops pertaining to mental health and suicide prevention. Other informal partnerships and collaborations, such as this, have been sought out using the MHSA/Cultural Competency Steering Committee meeting where it has been discussed that others who are working with local Native communities are experiencing that there is currently a higher need of support and that more in-depth outreach and engagement would be beneficial to the local Native community members. Other feedback includes that more awareness and education needs to occur so that

providers and staff – throughout the county and in varying organizations and agencies, have the cultural competency to serve Natives in appropriate ways.

Other activities and opportunities to collaborate will include distributing Native American resources and materials to community partners in order to do outreach to tribal populations. The lack of Native specific outreach materials around behavioral health topics has been identified as a need to address. Opportunities to collaborate with cultural brokers to create and distribute resource materials will be pursued in FY23/24. Other opportunities for outreach and engagement to Native communities within Amador will be pursued, as they are made available in order to build trusting relationships to promote access and engagement in services. Two of the three federally recognized tribes operate casinos in Amador County. Targeted outreach to those entities provide opportunities to be included in employee health fairs and to build relationships with those employed and working within tribal communities. Another opportunity for outreach that will be pursued in FY23/24 is the annual Chaw'se cultural event held at Indian Grinding Rock in Volcano, CA. Although this event is specific to the Native community and culture, ACBH will work with cultural brokers to determine how best to collaborate to show meaningful support of local Native cultural events.

- **Native American Round Table:** Prior to COVID-19, ACBH met regularly with Native American organizations and representatives, using bi-annual or quarterly Native American Round Table meetings. Native American Round Table meetings aim to increase engagement with Native communities in Amador County. The meetings consist of tribal leaders, tribal providers and other community organizations serving Native individuals and families. The group discusses barriers and assists in providing solutions to problems specific or more fluent in the native community. Prior to 2023, the group had not met since Fall 2019. In February 2023, the group reconvened and has met quarterly ever since. This rejuvenated engagement with Native partners has enlightened ACBH in new and emerging needs the Native community are facing and how ACBH and other providers can provide culturally appropriate services in order to address these needs.
- **Isolated Rural Communities:** 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 MHSA 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. Although most outreach to isolated rural communities has resumed to outreach and service delivery models implemented prior to the COVID-19 pandemic, combining pre-pandemic and pandemic modalities have been instrumental in meeting an array of needs. Efforts will continue to bring information, support and referrals to individuals and families living in isolated parts of Amador County utilizing the following strategies:

- Participate in, host or co-host, when appropriate, community resource fairs held in isolated areas of the community.
- Utilize food distribution sites in the upcountry area to provide information on behavioral health wellness and support. This includes Payless IGA Market (Pioneer), the Veterans Hall (Buckhorn), and utilizing the food banks mobile truck, once it is fully operational. The same concept can be applied for other activities in outlying geographical areas of the county.
- Outreach to churches in the community and utilize them as a resource to identify what they need and how ACBH can offer assistance. There is a Faith Based Task Force that is utilized as a venue for this outreach and there is a Church Directory located on Amador County's website.
- Identifying and utilizing already formed partnerships can offer an efficient way to provide outreach also. For example, First 5 Amador hosts activities throughout the community. Using this opportunity to offer materials or in-person staff to provide discussion and context is an efficient way to 'meet people where they are at' in their communities where they are more comfortable and familiar with the setting. Additionally, the Amador Senior Center has now opened all congregate dining sites in Plymouth, Lone and Buckhorn. Discussions are underway regarding other congregate sites in other isolated areas. This is a great opportunity to provide outreach to individuals and families living in isolated rural areas of the community by attending the lunches and providing outreach and/or materials.
- Continue outreach via email / electronic distribution and Network of Care. ACBH maintains an outreach list (listserv) of approximately 500 (+/-) which receives information twice weekly of community events, announcements and resources. Additionally, MHSA and other pertinent ACBH information is provided via this listserv. The listserv reaches individual community members, organizations, local and state government agencies, the local hospital and affiliates (Sutter Amador), medical providers, Amador County Unified School District (ACUSD) teachers, administrators, employees and youth, faith based organizations and

more. Distributing information using this listserv provides information across the county to an array of people who may encounter someone who is isolated and/or living in a rural pocket of Amador. The listserv assists in creating a more aware and informed community so services and supports can be offered when the need arises. The information sent in the community email is also posted to Amador's Network of Care site. The Network of Care site is unique to Amador County and has five sections that include: Community Announcements, Mental Health Services Act (MHSA), Amador SPEAKS (Suicide Prevention Coalition), Amador County Behavioral Health Advisory Board (ACBHAB), Resilient Amador (Amador County's Trauma-Informed Care coalition) and the Mental Health Student Services Act (MHSSA). Network of Care is updated weekly and is accessible 24/7 from any device that connects to the internet.

- Contracts with community-based organizations provide outreach and engagement services to rural communities including River Pines, Camanche, Pine Grove, Buckhorn/Upper Pioneer and Plymouth areas. During the COVID-19 pandemic, outreach was augmented to meet health and safety guidelines. Now that community-based partners are back to in-person activities, some aspects of virtual and curbside approaches remain in order to meet everyone's need and expand engagement opportunities. Other opportunities such as evening support groups and Saturday events in isolated areas have been initiated as well. Rotating resources and bringing activities to where people already are is helpful to increase engagement and education about what is available county-wide.
- In March 2023, a free community health clinic called California Care Force was held in Amador County. The clinic offered free dental, medical and vision services to anyone who attended. Not only were professional services offered but a resource fair with available community services and supports was also provided for attendees. The event provided 168 dental services, 133 vision services and 141 medical services. A Spanish speaking community health worker (Promotora) was there to offer translation services, if necessary as well. The event was a great opportunity to bring free comprehensive medical services to Amador County while also providing outreach in a rural area.
- Transportation continues to be a barrier for those living in Amador County. ACBH is now sitting on the Social Services Transit Advisory Committee (SSTAC) for the Amador County Transportation Commission in order to provide input that helps provide isolated community members easier access to transportation so they can engage with wellness support. Since

ACBH has participated on the SSTAC, expanded routes to isolated areas have been implemented.

- Strategies to increase knowledge and education of behavioral health services to communities that historically have not been engaged and identified as isolated will continue to progress in FY 23/24 using the MHSA/Cultural Competency Steering Committee.
- **Veterans:** Veterans make up 11% of Amador County’s population, however, ACBH does not fund any Veteran-specific program. Although the programs funded under ACBH and the MHSA include and serve Veterans, no Veteran specific program is provided. The MHSA/Cultural Competency Steering Committee has brainstormed strategies to engage with Veterans groups and services, despite not having a funded program.
  - ACBH will continue to identify and collaborate with veterans organizations to educate county employees and other community members on the services they provide. This includes, but is not limited to, the Veterans Services Officer (VSO), Victory Village, the Department of Veterans Affairs (VA) and the Mobile Vet Center.
  - ACBH has established new relationships with Veteran partners while sustaining existing partnerships and will continue this work through collaboration including behavioral outreach, housing and other support.
  - Outreach and education efforts will continue to be identified using Veteran partners input and the MHSA/Cultural Competency Steering Committee meeting.
  - Increase outreach efforts through a Veterans Resource Fair and using local media to advertise resources and supports specific to Veterans. Other ideas proposed by the MHSA/Cultural Competency Steering Committee include a Veterans-specific community meal where Veterans are able to gather and socially interact, expanding the use of the Mobile Vet Center in Amador and more in-depth engagement with Hospice of Amador and Calaveras Counties.
  - Continue outreach efforts such as attending and actively participating in the monthly ACT Collaborative and other Veteran specific forums. The ACT Collaborative is an open forum promoting the exchange of information and resources for the care of our military, veterans and families. Interested service providers, veteran organizations and community programs that provide support for active duty military, veterans, wounded warriors and military families are encouraged to attend. The ACT Veterans Collaborative includes Amador, Calaveras, El Dorado and Tuolumne Counties. The meeting provides networking and

information to facilitate our working together. Amador County Behavioral Health presents at the ACT Collaborative annually.

- Pursue additional funding (e.g. grants, stipends or other financial awards) that would support veteran mental health programs in Amador County.
- **Unhoused/Homeless:** Amador County is home to approximately 200 (+/-) unhoused/homeless individuals and families. In an effort to understand the unhoused population in Amador County, ACBH is continuing efforts to educate themselves about homeless systems, gain knowledge of homeless resources, provide outreach and offer access to services for unhoused community members while also pursuing funding that promotes affordable housing for consumers.
  - **Central Sierra Continuum of Care/CSCoC CA-526:** The Central Sierra Continuum of Care (CSCoC) serves as the Continuum of Care (CoC) for the counties of Amador, Calaveras, Mariposa and Tuolumne in California's Central Sierra foothill region. CSCoC seeks to prevent, reduce, and end homelessness through effective and coordinated community-wide efforts and services. The purpose of the CSCoC is to coordinate and plan services and initiatives surrounding homelessness. The CSCoC is also responsible for obtaining federal and state funding for local programs. ACBH actively participates, along with the Amador County Department of Social Services (DSS), in the CSCoC as a Governing Board member. Due to the fact that ACBH and DSS have separate housing initiatives and funding, moving forward in FY23/24, ACBH and DSS plan to separate their combined role in the CSCoC and become two separate Governing Board members.
  - **Homeless Task Force:** The Homeless Task Force meets monthly to address homelessness and lack of affordable housing. ACBH attends this meeting regularly with active participation in order to assist in meeting the behavioral health needs of the unhoused and those at-risk of homelessness living in Amador County.
  - **HART:** Homeless Amador React Team is under the supervision of the Amador County Sheriff's Office and the purpose is to work with the unhoused population and offer resources, support and reunification. HART has engaged with ACBH and continues to work collaboratively with numerous county and non-profit agencies to ensure the team is educated on what services and supports are available for the unhoused living in Amador County. For the past three years, members of the HART team have participated in the three-day CIT (Crisis Intervention Training), which is specific to law enforcement and their

- interactions with the mentally ill. ACBH and the ACSO, as well as HART will continue to work together to support the unhoused community and their access to behavioral health care.
- **City of Jackson:** The City of Jackson (City) sees the impact of the unhoused population more than any other jurisdiction countywide. As a result, the City hired an outreach worker dedicated to engaging the unhoused community. Most recently, an additional part-time outreach worker has also been hired. The outreach workers build trust and provides access to services and supports to assist the unhoused in obtaining transitional, sober or permanent housing. The City's outreach workers collaborates with ACBH Mobile Support Team on an ongoing basis as well as provides resources to ACBH on what services and supports are available to the unhoused living in Amador County. The outreach workers have offered and provided support in ensuring belongings are kept safe while unhoused individuals attend appointments and seek supports necessary to their wellbeing. The grant that was obtained by the City of Jackson to purchase and operate mobile showers has been instrumental for the unhoused community members on an ongoing basis. When the showers are being used, ACBH Mobile Support Team provides outreach to ensure that unhoused community members are aware that services and support is available. The City of Jackson outreach workers have also attended the aforementioned CIT training in order to be able to maximize their skills in interacting with unhoused community members who also are experiencing mental health challenges. The City of Jackson and ACBH will continue to collaborate to meet the behavioral health needs of the unhoused community members they serve.
  - **Sutter Amador Hospital:** The MHSA/Cultural Competency Steering Committee has suggested that outreach to Sutter Amador Hospital occur to discuss the services that are provided to the unhoused community and how discharge planning works for unhoused patients who need ongoing care. Suggestions included reaching out to the hospitals social workers to discuss how access to local behavioral health care can be supported as a part of the discharge planning process in order to support engagement in services. Additional collaboration has been initiated by the hospital and local law enforcement, which includes ACBH in engaging in a quarterly Mental Health Round Table meeting to discuss areas of need, including unhoused community members who experience mental health challenges and interact with local medical and law enforcement entities.

- **Managed Care Plans (MCP's):** The Medi-Cal managed care plans (MCP's), under Cal-AIM and other funding sources, have initiated several programs to address housing and homelessness. The Housing and Homelessness Incentive Program (H-HIP) and Enhanced Case Management (ECM) are just two of the many programs being offered to those who participate in MCP's. ACBH is actively engaged with the assigned MCP's through various coalitions, committees, and quarterly meetings with the MCP's themselves. Housing is a critical component to health and using these programs as a way to engage MCP's in order to address housing and homelessness in a more meaningful way will assist Amador County's efforts and build relationships and rapport with the MCP's so that individuals who are seeking health coverage have more access to services.
- **Funding:** Funding is prioritized to address homelessness and housing. More detailed descriptions of each funding stream and/or program can be found in the MHSa Three-Year Plan and Expenditure Report for FY23/24 through FY25/26 which is located at: <https://amador.networkofcare.org/mh/content.aspx?id=1387>
  - **MHSa Supportive Housing Program** is a comprehensive solution to serving ACBH clients who have housing needs.
  - **No Place Like Home (NPLH)** is a program that promotes the development of permanent supportive housing for persons experiencing homelessness, chronic homelessness or who are at risk of chronic homelessness, and who also have a serious mental health condition. ACBH has located an affordable housing development sponsor, Danco, who has obtained site control of a property to implement No Place Like Home in Amador County. Danco and ACBH were authorized to apply for NPLH funds in November 2021 and proposed a 46 unit project on the site, with 22 units dedicated to those who have mental illness. In September 2022, Danco and ACBH were officially awarded the NPLH grant funds in the amount of approximately \$8 million dollars. It is anticipated that NPLH units will be available for lease in 2025.
- **Other Activities:**
  - ACBH participates in the Homeless Task Force Outreach Subcommittee meetings and activities and most recently attended the two-day, in-person Homeless Resource Fair.
  - ACBH, among other funded and non-funded partners, participates in providing outreach, engagement and services to the unhoused population and those who may be at-risk of homelessness living in Amador County on an ongoing basis, utilizing the partnerships with the HART and City of Jackson.
- **Single, Working and Commuting Parents:** The purpose of this objective is to ensure that the unique needs of single, working and commuting parents are recognized when developing programs, scheduling events and educational opportunities. Program development and other scheduled

activities should be done so in a way that single, working and commuting parents, including those with restricted schedules, are able to participate. Providing childcare and transportation will also increase access and participation. Over the past year, ACBH has worked with community providers to offer evenings and after-school workshops that provide opportunities and activities to increase engagement, education and awareness around mental health for children and adults. ACBH and community partners are working towards viable solutions to meet the needs of their single, working and commuting parent families to address this unique population. Some strategies that are currently being implemented are:

- Technology Library: Both First 5 Amador and Nexus Youth & Family Services have technological devices (tablets) that can be checked out for use in order to access virtual learning opportunities.
- First 5 Amador has implemented Family Engagement Kits so the family can do an activity while learning together. There is something in the kit for each member of the household.
- 'Mom Me' Time, a monthly evening support group for Mom's provides peer support, facilitated by a licensed therapist.

Other strategies that have been discussed is how to create more access to evening workshops and creativity around outreach and programming in order to engage this population on a deeper level.

- **LGBTQ+:** ACBH has made continual efforts to engage the LGBTQ+ community while also ensuring that affirming practices are incorporated into service delivery by offering education, training and internal discussion. The MHSA/Cultural Competency Committee has also identified strategies that will further evolve the efforts to engage and promote access to services within the LGBTQ+ community and they are listed here:

- Cultural Humility training was offered to ACBH staff and community members on June 29<sup>th</sup>. This provided an array of education to address LGBTQ+ definitions, challenges and barriers to treatment. It also provided education around creating affirming environments and safe spaces in order to build trust and promote engagement in services. Additional training will also be provided utilizing ACBH staff meetings and other forums.

The MHSA Programs Coordinator/Ethnic Services Manager is a member of the California Behavioral Health Directors Association (CBHDA) LGBTQ+ PRIDE Workgroup, which aims to bring 'best practices' on training and service delivery to counties (see last bullet for more information).

- Continue to contract with Cal VOICES to provide support groups, activities and one-on-one peer support to the LGBTQ+ community.
- Continue efforts to maintain and improve compliance with Prevention and Early Intervention (PEI) reporting requirements which emphasize Sexual Orientation and Gender Identity (SO/GI) data collection practices. This data will help providers within Amador County know who they are serving and assist in developing services and supports that meet their needs.
- LGBTQ+ Round Table Meeting: The LGBTQ+ Round Table has met consistently, every month, since March 2022. The group serves as Amador County's forum to discuss and elevate the LGBTQ+ voice. The group has established a mission/vision statement and has accomplished the following since its inception:
  - Articles were written for the Amador Ledger Dispatch telling the stories of notable LGBTQ+ individuals in June 2022 and June 2023. These articles were so impactful that the Amador Ledger Dispatch painted their icon, which is an acorn, in rainbow for the month of June in both 2022 and 2023 and also interviewed a local LGBTQ+ man for a testimonial experience for LGBTQ+ life in Amador County.
  - The Amador County Sheriff attends meetings to discuss safety, specific to LGBTQ+ community members and events.
  - The group has had guest speakers from Sutter Amador Hospital, Anthem Blue Cross MCP, Amador County Library and other rural LGBTQ+ groups.
  - The group is currently piloting a monthly dinner social, focused on LGBTQ+ seniors.
  - The group assisted in planning for the LGBTQ+ Community Picnic held in June at Sierra Wind Wellness and Recovery Center.
  - The group continues efforts to advocate for underserved groups and bringing to light observances through community action.
- Identify and engage in opportunities that allow for further engagement in a formalized way with the LGBTQ+ population in Amador County. Amador Arts Council hosts an annual art exhibit, Safe Space. This past year, ACBH and Amador Arts partnered, utilizing the LGBTQ+ Round Table to provide support for the Safe Space art exhibit and offer resources to the LGBTQ+ community. Safe Space focused on LGBTQ+ history in rural areas and ACBH supported the event by providing resources specific to behavioral health and the impact on the LGBTQ+ community. The #Out4MentalHealth task force and statewide organizers have



provided training to leadership staff and assisted county leaders throughout Amador, Calaveras and Tuolumne in understanding exactly what LGBTQ+ individuals face living in rural areas, especially when it comes to accessing behavioral health care. Additional opportunities like these will continued to be pursued throughout FY23/24.

- Continue participation in statewide initiatives that support LGBTQ+ communities. The MHSAs Programs Coordinator actively participates as a co-chair on the California Behavioral Health Directors Association (CBHDA) LGBTQ+ PRIDE Workgroup. The workgroup consists of a small group of county ethnic services managers and/or MHSAs Coordinators, county Behavioral Health Directors and peers who discuss available resources, training, legislative and other related efforts that will bring transformational change to the public mental health system pertaining to the LGBTQ+ population.
- **Older Adults:** Individuals aged 65+ constitute 28% of Amador County’s population. Historically, older adults have been identified as a population that needs more services and supports as unique challenges present themselves as aging occurs. Risk factors to older adults living in Amador include isolation, transportation and access to care—all of which can be detrimental to one’s social emotional health. The MHSAs/Cultural Competency Steering Committee has identified strategies to address isolation and increase access to services and supports, which are listed here:
  - Amador Senior Center and ACBH continue to collaborate through a formal partnership that promotes nutrition, fitness and a Senior Peer Visitor program. Senior Peer Visitors go to the homes of isolated older adults to spend time and talk while Foothill Fitness has sites in various isolated areas of the county to promote active aging and social connectedness. Amador Senior Center provides nutrition services that are now offered in-person, daily, in Jackson and at congregate dining sites located throughout isolated areas of the county throughout the week. Additionally, home delivered meals are provided daily to seniors who are connected with the Meals on Wheels program. This has provided opportunities for the senior center staff to connect with seniors in a positive way, throughout the community, building rapport and offering assistance, when needed. The home delivery program includes an in-home assessment to ensure that the senior is safe both physically and mentally, and as a result, access and linkage to supports are offered when the need arises. ACBH also partners with the Amador Senior Center, informally, to provide outreach during their in-person dining hours. Although this has not been re-initiated since the onset of

- COVID 19, materials and outreach kits have been provided to the Amador Senior Center to distribute to older adults using different mechanisms.
- Commission on Aging is a formal body focused on the wellbeing of older adults in Amador County. This meeting serves as an opportunity to discuss and learn more about older adults. This forum provides ACBH to offer behavioral health updates and information and to learn more about issues specific to the 60+ population. ACBH is now in its third year as a member-at-large on the Commission on Aging and is committed to bringing behavioral health information, awareness and discussion to the attention of the older adult community.
  - The Resource Connection Grandparents Program is another formal partnership with ACBH that promotes the mental health and wellbeing of grandparents raising grandchildren. Through monthly Grandparent Café's, grandparents find support in one another's experiences and learn more about what resources are available to them and their grandchildren. Workshops are provided quarterly and cover an array of topics such as trauma, how to obtain guardianship and other pertinent topics. Respite care is also funded through this partnership, which allows grandparents the ability to still work or attend appointments without having to worry about locating or the financial burden of childcare.
  - Other organizations within the county are pursuing support of older adults in different forms. One organization is providing the Friends, Family, Neighbor program, which aims to support the caregivers of youth (which are often grandparents) by providing monetary stipends and activity kits. Another organization provides a weekly 'Senior Social' lunch at the Upcountry Community Center in Pine Grove. The lunch is provided, with the assistance of the Amador Senior Center and the Interfaith Food Bank, and provides opportunities for seniors to socialize and stay connected to their community.
  - **Foster Youth:** ACBH will continue work with community partners, including the school district to create strategies that include: training, case management, early identification of mental health diagnoses, co-occurring disorders, etc. to provide more support to this population. Community partners offer programming that support foster youth as well:
    - The Family Urgent Response System (FURS) program is now fully implemented in Amador County. FURS is a statewide program, provided through Nexus Youth & Family Services that offers immediate, 24/7 in-home or field based support to prevent a crisis from becoming an emergency or urgent situation. Trained staff are on call to respond and the program aims to

provide immediate assistance and then follow up and case management support to support the foster youth and family.

- Individual Development Account (IDA) is a program offered through ATCAA that allows foster youth the opportunity to learn about budgeting, saving, banking and more. Participating Foster Youth are offered individual support and guidance through a range of activities and classes as they build their plan for achieving their individualized goals. The goal of the program is to provide education and support to stabilize and secure their future as they transition into young adulthood.
- Resource Family Socials are held monthly for resource families (formerly known as foster families) supporting foster youth. The purpose is to allow resource families to learn about community programs, ask questions and gather together as a supportive network.
- Opportunities for ACBH and other community partner agencies to participate in Court Appointed Special Advocates (CASA) training in order to learn more about how CASA supports foster youth and their wellbeing will be a strategy to pursue in FY23/24.
- ACBH will also continue its work with the Department of Health Care Services and locally with the Department of Social Services to collaborate when working with child welfare in order to comply with regulation and improve quality of care for foster youth.
- **Discussion:** The bullet points, listed below, were discussed during the annual Cultural Competency Objectives Review, however, were not added to the objectives list. The items listed below will remain as topics for further input and discussion throughout FY23/24:
  - **COVID-19 and Mental Health Impact**
  - **Emergency Disaster Response**
  - **Dual Dx (developmental disabilities and mental illness)**
  - **Law Enforcement/First Responder Mental Health Support**
  - **Transitions**
    - **Transition from Pre-Kindergarten to Kindergarten**
    - **Transitional Age Youth (TAY) – 18 to 24 year olds**
    - **Youth Transitions (e.g. graduation high school students support, etc.)**

### **FY 23/24 Ongoing Cultural Competence and Linguistic Activities:**

- ACBH staff will continue to participate in the following Cultural Competence Committees:
  - California Behavioral Health Directors Association (CBHDA) Cultural Competence and Social Justice Committee and various work groups, including the CBHDA LGBTQ+ PRIDE Workgroup. These committees, which include all of California's counties, meet monthly to address challenges at the state level and how local communities can address them and find solutions.
  - Central Region Cultural Competence/Ethnic Services Managers monthly meetings
  - MHSAs/Cultural Competency Steering Committee
  - Amador County Behavioral Health Advisory Board Meeting
  - Latino Engagement Committee
  - Native American Round Table
  - LGBTQ+ Round Table Meeting
  - Any other committee that is identified as having a need that relates to promoting cultural competency within the public behavioral health system.
- Utilizing a blend of MHSAs and other allocated funds, outreach events and campaigns will be coordinated to target underserved populations, or populations who are living in isolated rural areas of the community, in order to provide education regarding mental health and community resources.
- Continue to use toolkits, posters and other promotional materials to reduce stigma, particularly in isolated rural communities.
- Continue to identify and utilize other avenues of 'getting the word out' —radio, e-mail, etc. ACBH has renewed its two bus ads for another year.
- ACBH Leadership continues to support cultural competence trainings for staff and the community on an ongoing basis. ACBH Leadership and the MHSAs Programs Coordinator/Ethnic Services Manager meet monthly and discuss cultural competence efforts.
- ACBH Staff are offered training/education/information regularly. The ACBH monthly All Staff meetings have presenters that represent different populations and the services/supports they can provide. Additionally, ACBH staff receives a monthly awareness newsletter that includes information on the topics and how they connect to behavioral health.
- Continue to work with local domestic violence organizations to provide education and training to ACBH staff, community partners and community members. The ACBH Director now participates on the Domestic Violence Council, which meets quarterly.

- Suicide prevention and awareness, education and outreach will be the responsibility of Amador SPEAKS, the suicide prevention coalition.

**Cultural Competence Training:**

***Future & Potential FY23/24 Trainings:***

- CIT Training for Law Enforcement/First Responders & ACBH (annual)
- De-escalation Training (annual)
- Native American Cultural Awareness Workshop
- Mental Health First Aid (MHFA)
- safeTALK / ASIST
- Veterans & Mental Health Training
- LGBTQ+ Cultural Competence Training
- Trauma-Informed Care
- Cultural Competency
- Domestic Violence/Abuse & Behavioral Health
- Continue to identify cultural competence trainings utilizing the MHSA/Cultural Competency Steering Committee meeting and the community program planning process.

# **ATTACHMENT 'D'**

**Capacity Overview, Analysis of Mental Health Needs &  
Workforce Needs Assessment**

# Capacity Overview, Analysis of Mental Health Needs & Workforce Needs Assessment

## Introduction & County Snapshot

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 Miwok 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.

### 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](http://www.census.gov/quickfacts).

\*\* [Population Reports - Office of Research \(ca.gov\)](#)

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

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

**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 MHS 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/parole.
- 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 MHS 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% of Amador County's residents are Medi-Cal recipients. Amador County Behavioral Health provides services to approximately 10% of Medi-Cal recipients. This is nearly half of all Medi-Cal recipients in the entire county.
- 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.



## Capacity Overview, Analysis of Mental Health Needs

Amador County Behavioral Health (ACBH) uses several methods to assess its capacity to provide services on an ongoing basis. Through ongoing capacity assessments, ACBH is better poised to understand mental health needs across programs, identifying service gaps and creating strategies to address unmet mental health needs. ACBH utilizes contract monitoring tools, data from the electronic health record, the Community Program Planning Process (CPPP) and other data elements which are highlighted in the Cultural Competence Plan Updates to assess for capacity and address mental health needs year-round.

Data from the electronic health record was extracted to show the number of clients served through crisis, outpatient mental health, outpatient substance use and jail services for FY 22/23. The data tables below provide the age, gender, race, ethnicity, and language of all who received services through ACBH during FY 22/23.

<b>Age</b>	
Youth (0-15)	230
Transitional Age Youth (TAY) (16-24)	163
Adults (25-59)	815
Older Adults (60+)	181

<b>Gender</b>	
Male	645
Female	715
<i>The electronic health record only collects information for male and female. No other gender identity options are available.</i>	

<b>Ethnicity</b>	
Not Hispanic or Latino	973
Mexican	113
Cuban	1
Puerto Rico	3
Other Hispanic/Latino	62
Unknown	212

<b>Race</b>	
Alaskan Native	3
Asian/Other	6
Black/African American	18
Chinese	1
Filipino	4
Japanese	1
Korean	1
Mien	1
Native American	30
Other	114
Pacific Islander/Other	2
Unknown/Not Reported	217
White/Caucasian	961



<b>Language</b>	
<i>The electronic health record could not create a report that shows preferred language. As a result, only the number of clients who received services in English and Spanish are documented here. No clients were reported to needing an interpreter.</i>	
English	1,281
Spanish	12
Interpreter Needed	None

All MHSA-funded programs are required to submit data using monitoring tools provided by ACBH. Data from the MHSA-funded contractors/programs was extracted to show the number of individuals served through the MHSA in FY 22/23. The data tables below provide the age, gender, race, ethnicity, and language of all who received services through the MHSA during FY 22/23. Please note this data does not include MHSA –funded programs that enter data into our electronic health record (e.g. FSP, Mobile Support, etc.).

<b>Age</b>	
Youth (0-12)	922
Teens (13-17)	1,045
Transitional Age Youth (TAY) (18-24)	121
Adults (25-59)	1,649
Older Adults (60+)	3,500

<b>Gender</b>	
Male	210
Female	449
Self-Identify	17

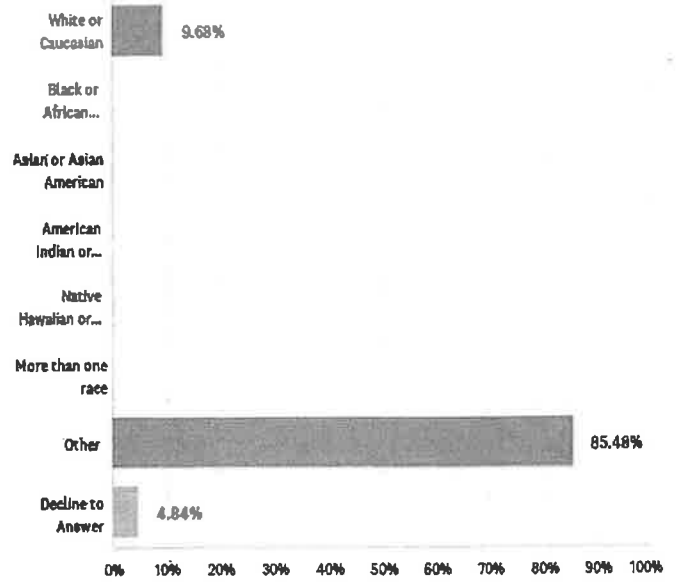
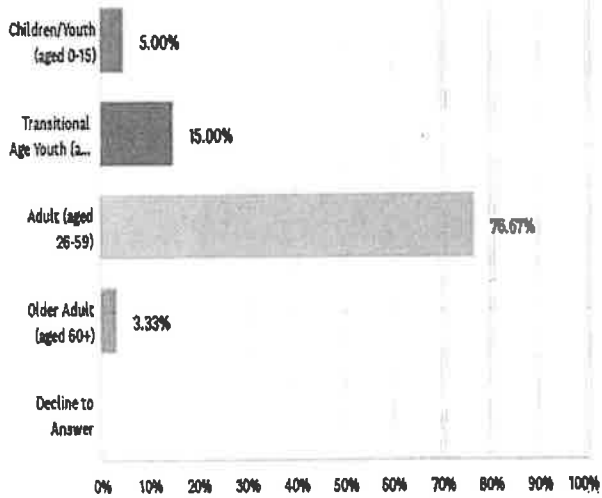
<b>Race &amp; Ethnicity</b>	
Alaskan Native	---
Asian/Pacific Islander	129
Black/African American	59
Chinese	---
Filipino	---
Japanese	---
Korean	---
Mien	---
Native American	178
Other/Unknown	500
Pacific Islander/Other	---
Multiple Races & Ethnicity	175
White/Caucasion	5,496
Hispanic/Latino	671

<b>Language</b>	
English	7,057
Spanish	172
Sign Language	None

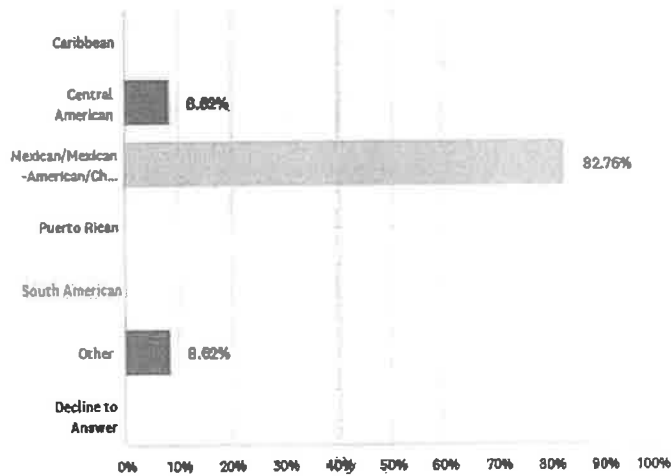
Additional data, under Prevention & Early Intervention regulations is collected via demographic surveys. These surveys ask more specific questions about race, ethnicity, gender identity, sexual orientation and pronouns. The demographic survey is voluntary and 62 were completed between 7/1/22 and 6/30/23. Some results may be duplicated from other MHSA data collected in the above tables, however, here is the information collected in FY 22/23:

Q3 What is your race?

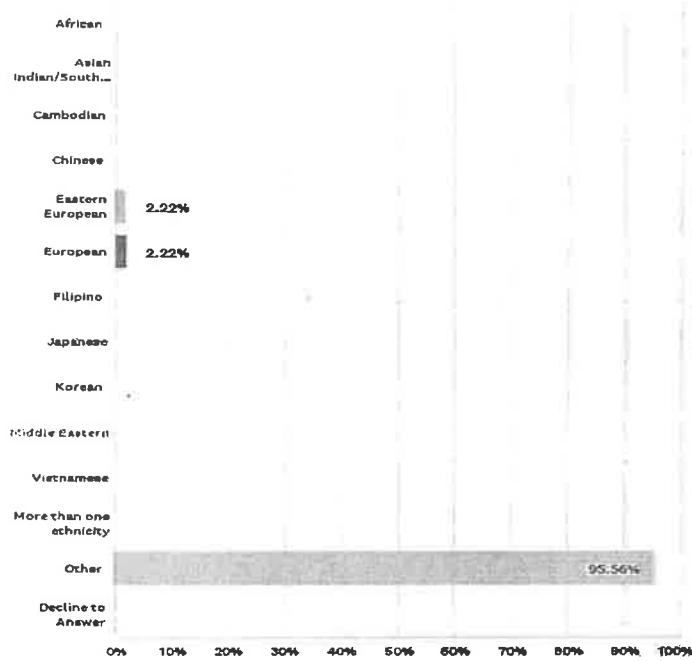
Q2 What age group are you in?



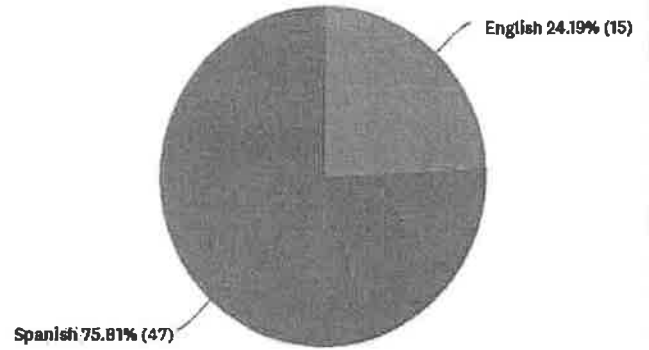
Q4 What is your ethnicity? If you are Hispanic or Latino, please specify:



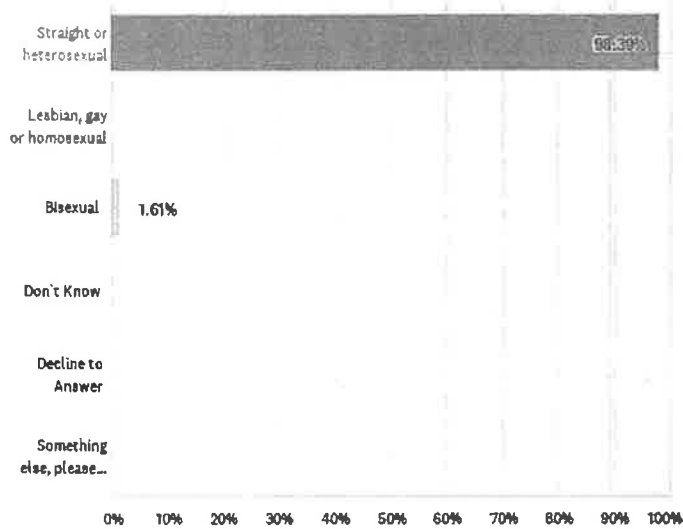
Q5 If you are non-Hispanic or non-Latino, what is your ethnicity?



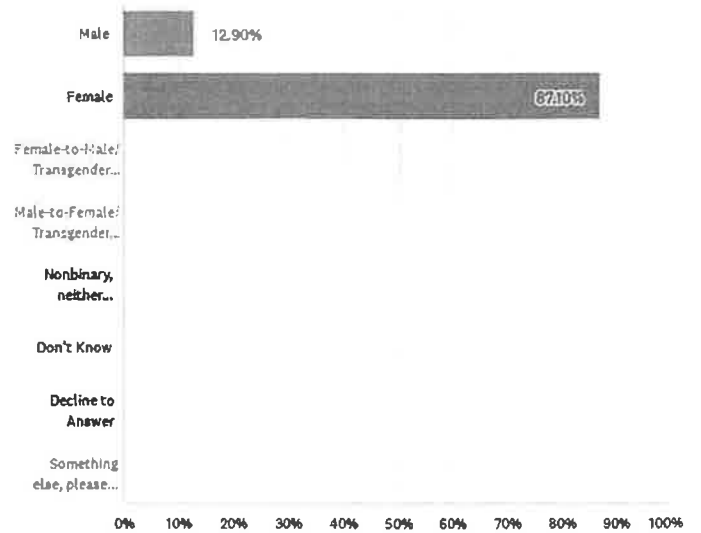
Q6 What is your primary language?



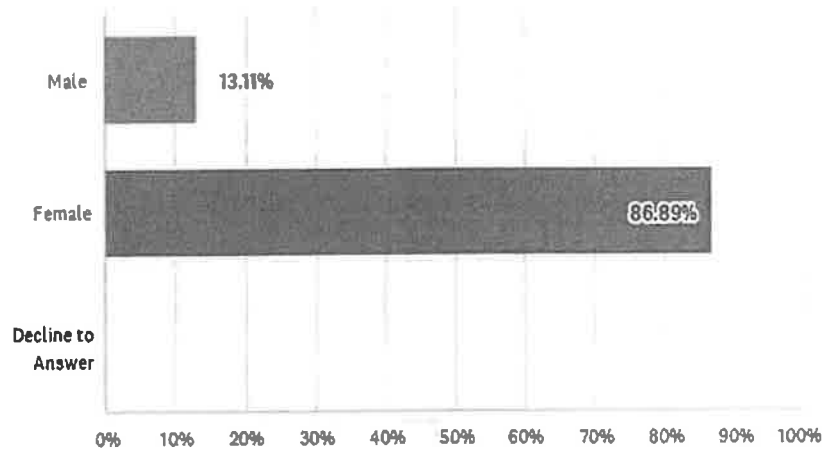
Q7 Do you think of yourself as:



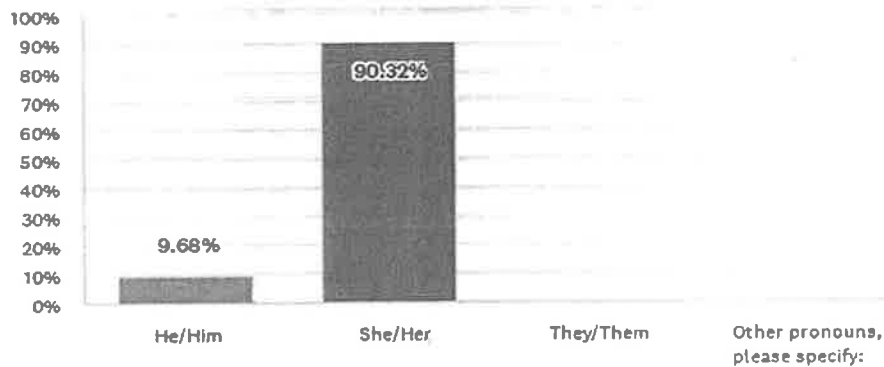
Q8 Do you think of yourself as:



### Q9 What sex were you assigned at birth on your original birth certificate?



### Q11 What pronouns do you use?



The data specific to ACBH electronic health record shows that ACBH served approximately 1,300 individuals in FY 22/23 with the majority of them being adult females and 13% of the individuals served were Hispanic/Latino.

The data specific to the MHSa data shows that MHSa-funded programs served approximately 7,200 individuals in FY 22/23 with the majority of them being older adults, female and 10% of the individuals served were Hispanic/Latino.

When comparing the data between ACBH and MHSa-funded community based programs, it is apparent that older adults tend to seek community resources that support their behavioral health prior to seeking treatment. It appears that youth and teens are also more apt to participate in community based programs

as the numbers of youth and teens reached through MHS-funded programs are significantly higher than those participating in treatment at ACBH. There are many reasons for this, mainly stigma and access to private/commercial and Medicare providers.

When looking at the race and ethnicity data both ACBH and MHS-funded programs are proportionately aligned. When analyzing this data it was noted that the race and ethnicity categories within the ACBH EHR are different than the MHS data collection tools, which will need to be addressed to ensure they align with the most inclusive and specific categories so that appropriate identification of what racial and ethnic populations are being served in Amador County can be ascertained.

In addition to the information extracted from the EHR and MHS programs, data from the 2022 Cultural Competence Plan Update indicated the following:

**General Population**

In 2021, the population was estimated at approximately 41,259 residents, which includes a state prison. Excluding the state prison, the county’s population is 37,381, which has increased by 4% 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 six years.

Veterans make up approximately 11% of the county’s population. The poverty rate is 10% and the percentage of persons with a disability under the age of 65 is 12%. As of June 2022, the unemployment rate is 3.8%, which greatly improved from June 2021 when the unemployment rate sat at 7%.

Gender*	Amador County Population	% of Population
Male	20,560	55%
Female	16,821	45%
*Gender calculations are based off the populations of 37,381, which excludes the state prison population.		

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

**Medi-Cal Population Service Needs**

According to data provided by Kingsview Information Technology (ACBH EHR vendor) for FY 22/23, 9,110 residents in Amador County are eligible for Medi-Cal coverage. This is an 18% increase from FY 21/22. Of the 9,110, ACBH served 900 beneficiaries, which represents a 22% penetration rate. The Medi-Cal eligible number for FY 22/23 increased exponentially, as expected due to COVID-19 related factors, economic decline and a lack of resources to meet basic needs. The two tables below are penetration reports provided by Kingsview Information Technology and are analyzed by ACBH.

The data below assists ACBH in assessing the Medi-Cal Population Service Needs and focuses on age group. Due to the significant increase in Amador County residents who are eligible for Medi-Cal coverage and the increased number of beneficiaries served by ACBH, all age groups will be monitored throughout FY 22/23 to effectively meet their service needs. Identifying age groups who are showing drastic changes in accessing services is important for understanding the population we are serving and in targeting outreach and engagement efforts.