ATTACHMENT 'A'

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

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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 Ione 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, Ione, 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.
** 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 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% 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 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.

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

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

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

Race	
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/Caucasion	961

Language	
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.	
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.).

Age	
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

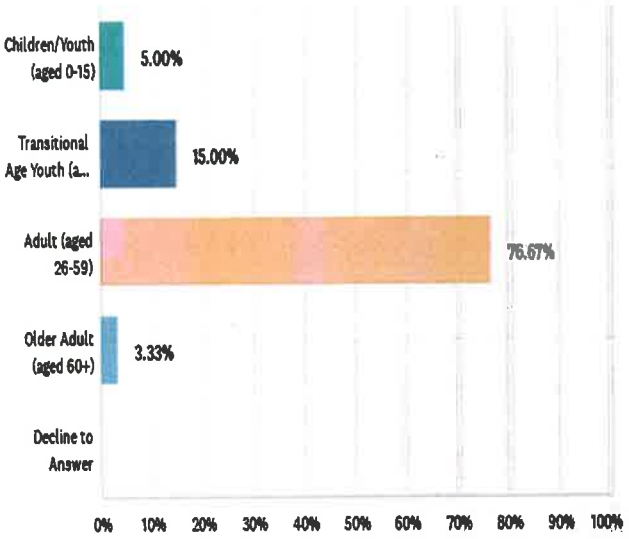
Gender	
Male	210
Female	449
Self-Identify	17

Race & Ethnicity	
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

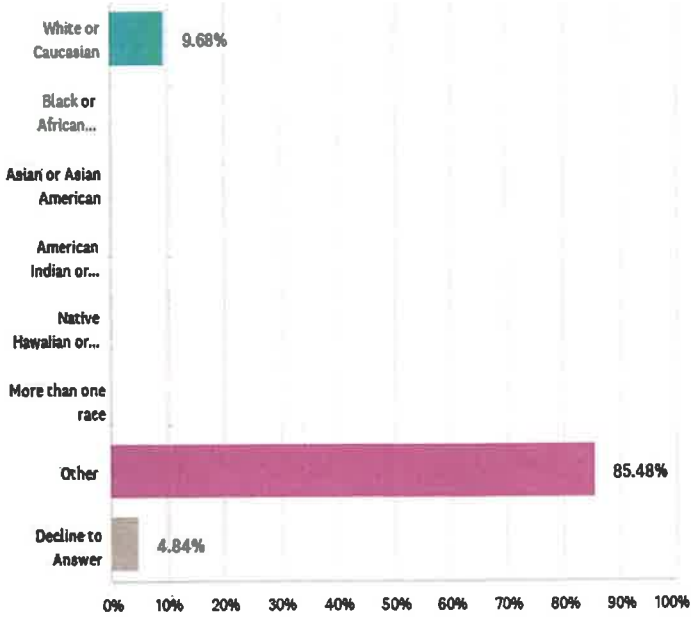
Language	
English	7,057
Spanish	172
Sign Language	None

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:

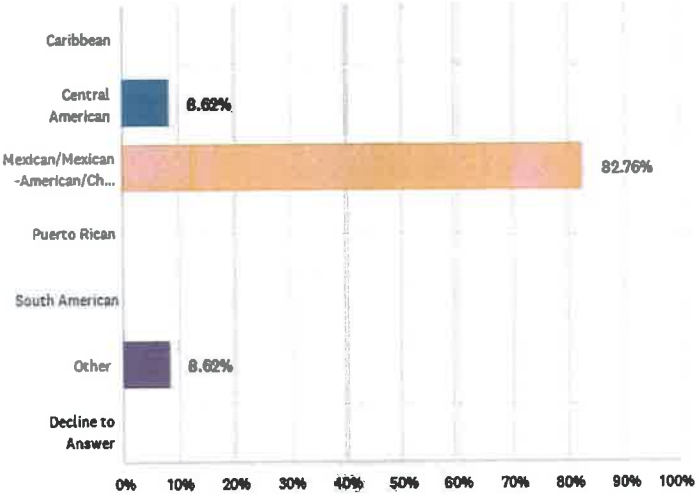
Q2 What age group are you in?



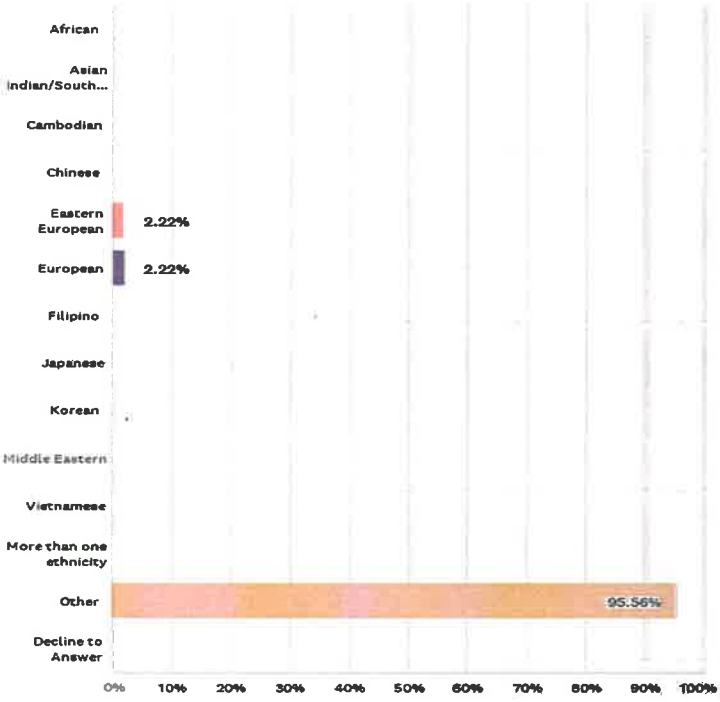
Q3 What is your race?



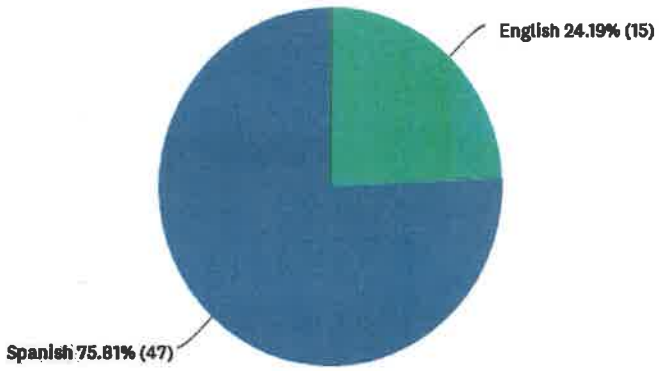
Q4 What is your ethnicity? If you are Hispanic or Latino, please specify:



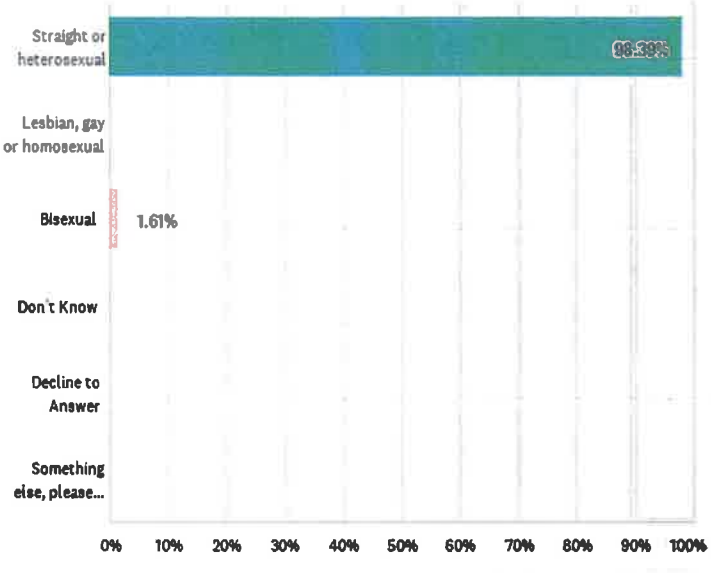
Q5 If you are non-Hispanic or non-Latino, what is your ethnicity?



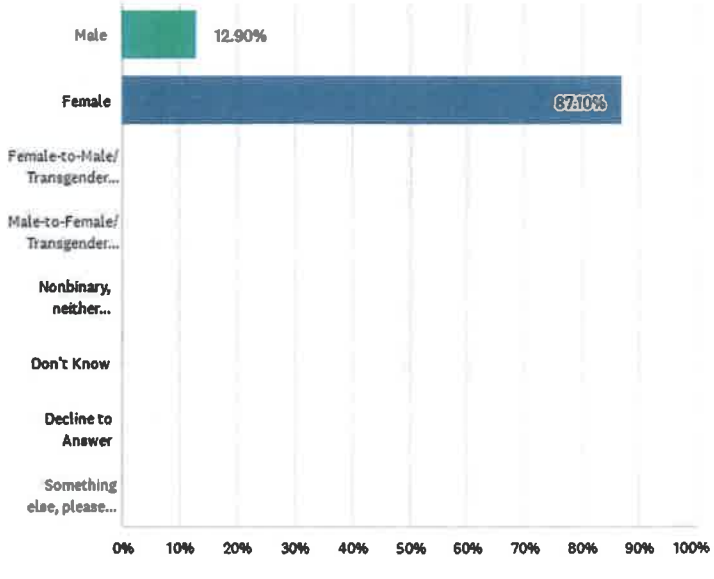
Q6 What is your primary language?



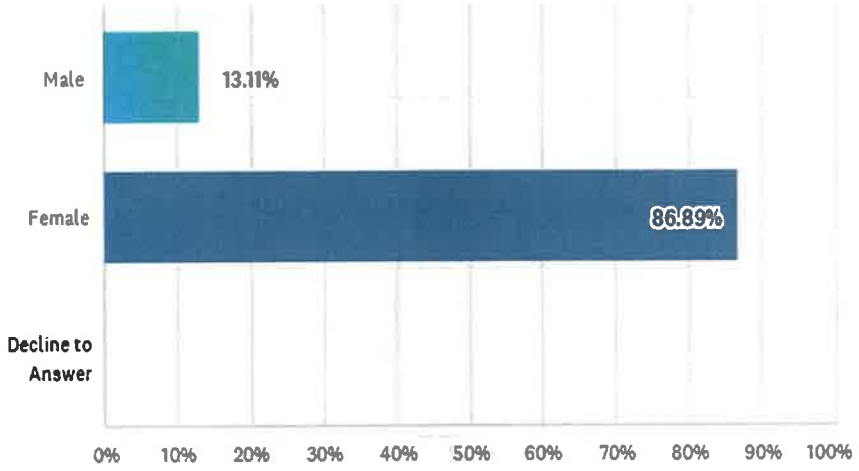
Q7 Do you think of yourself as:



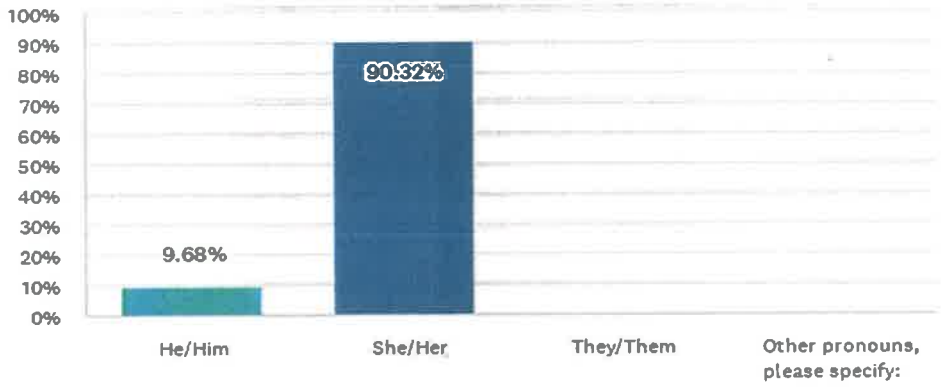
Q8 Do you think of yourself as:



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 MHSA-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 MHSA-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 MHSA 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 MHSA 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.

Age	MMEF Eligibles	SDMC Clients Served	MH Clients Served	Penetration Rate (%)	Analysis from FY21/22 to FY22/23 Data
00 - 05	896	11	11	8%	Increase in eligible; significant decrease in #'s served & penetration rate increased
06 - 11	890	31	32	22%	Increase in eligible, significant decrease in #'s served & penetration rate increased.
12 - 17	881	47	48	22%	Increase in eligible, #'s served decreased & penetration rate increased.
18 - 20	371	12	19	44%	Increase in eligible, #'s served decreased, penetration rate increased.
21 - 24	404	15	23	26%	# of eligible increased, #' served remained same, penetration rate increased.
25 - 34	1,281	69	100	24%	Increase in # eligible, decrease in #'s served, increase in penetration rate
35 - 44	1,254	70	101	19%	Increase in eligible, #'s served decreased, penetration rate increased.
45 - 54	913	50	62	15%	Increase in # eligible, decrease in #'s served & penetration rate increased.
55 - 64	1,231	63	80	38%	Increase in # eligible, #'s served decreased & penetration rate increased.
65+	987	18	38	31%	Increase in eligible, #'s served decreased, penetration rate increased.
Total	**9,108**	**386**	**514**	**9.9**	**22.1%**

The data reported below is analyzed to determine trends in serving ethnic populations from year to year. Although the penetration rates for each ethnic and racial population ACBH serves are high, when you analyze the #'s served, there is some work to be done in ensuring that each racial/ethnic group are targeted for outreach to support engagement and culturally responsive services. In fact, after analyzing the data listed below the number of those eligible for each ethnic group has increased, however, the number of individuals served have not. Again, this points to the work that needs to be done regarding outreach to specific populations.

Ethnicity	MMEF Eligibles	SDMC Clients Served	MH Clients Served	Penetration Rate (%)	Analysis from FY 21/22 to FY 22/23 Data
Alaskan Native or American Indian	175	11	13	24.5%	Increase in #eligible and decrease in #'s served. Increase in penetration rate.
Asian or Pacific Islander	103	5	5	24%	Increase in # eligible and decrease in #'s served. Increase in penetration rate from 15.9 to 24%.
Black or African American	78	4	5	2.2%	Slight increase in # eligible, #'s served decreased significantly as did the penetration rate. Penetration rate decreased from 18.6 to 2.2%.
Hispanic	1,224	63	78	22%	Increase in # eligible, #'s served decreased, increase in penetration rate from 10.5 to 22% (most likely due to increase # of eligible)
Other	72	4	5	0	Increase in # eligible, decrease in #'s served, decrease in penetration rate from 15.9 to 0 (most likely due to increase # of eligible and decrease in #'s served)
Unknown	1,057	16	53	113%	Increase in # eligible, decrease in #'s served, and increase in penetration rate (most likely due to increase # of eligible and decrease in #'s served)
White	6,400	283	355	22%	Increase in # eligible, #'s served decreased, penetration rate increased from 10.5 to 22% (most likely due to increase in # of eligible and decrease in #'s served)
Total	**9,109**	**386**	**514**	**22%**	

Poverty Service Needs

As of 2021, 12.3% of Californians are living in poverty. 11% 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. For the past two years, 10% of residents in Amador County, aged 65 or younger, have a disability. 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 24% of Amador County residents are Medi-Cal recipients.

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. 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.

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 increased by 1.3% since last year and as a result, public and private service organizations will need to continue to poise themselves to adjust service provision as an influx of human service needs, at the local level, increases.**

Another method ACBH utilizes to assess for the needs of the unserved, underserved/inappropriately served and fully served residents of Amador County is the development of the annual Cultural Competency Objectives. Annually, during the MHSA/Cultural Competency Steering Committee, Cultural Competency Objectives are developed and implemented in order to identify those who are unserved or underserved/inappropriately served while also detailing strategies that are to be implemented over the course of the following year. The populations and strategies identified in the FY22/23 Cultural Competency Objectives focus on:

- Spanish-Speaking, Hispanic & Latino Populations in Amador County
- Native American Engagement
- Isolated Rural Communities
- Veterans
- Unhoused/Homeless
- Single, Working and Commuting Parents
- LGBTQ+
- Older Adults
- Foster Youth

The Cultural Competency Objectives, can be viewed in detail, by going here:
FY 22/23 Cultural Competency Objectives

The complete Cultural Competence Plan Update, can be viewed by going here:
Cultural Competency Plan Update 2022 Prt. 1
Cultural Competency Plan Update 2022 Prt. 2

During spring 2023, a comprehensive community program planning process took place for this current Three Year Plan (FY 23/24 through FY 25/26). During this CPPP, ACBH solicited technical assistance to also conduct a cultural needs assessment at the same time. Technical assistance was provided by Dr. Joyce Chu of Community Connections Psychological Associates, Inc. who developed questions for both the community survey and to be used in focus group settings. The data collected was provided to Dr. Chu who then provided a comprehensive analysis. Dr. Chu compiled the findings and recommendations and provided ACBH a 'Culture and Diversity Evaluation Report' which was presented during the July 2023 MHSA/Cultural Competency Steering Committee meeting. Recommendations for how ACBH can better serve its racially and ethnically diverse, underserved and LGBTQ+ populations included the following:

- **Recommendation #1:** Increase support for staff, resources and community organizations to lead diversity efforts that serve the mental health needs of the ethnic minority and LGBTQ+ residents of Amador County
- **Recommendation #2** -- Outreach & Engagement: Facilitate increased outreach to cultural communities through:
    - Utilizing approaches such as cultural community partnership and bringing services to where isolated cultural communities may reside.
    - Outreach efforts should aim to decrease stigma, educate about behavioral health and advertise available services.
- **Recommendation #3** – Prevention & Outreach: Consider outreach efforts via community helper trainings.
- **Recommendation #4** – Outreach & Engagement: Focus on culturally innovative ways to link and engage underserved cultural communities with behavioral health services.
- **Recommendation #5 and #6:** Culturally Attuned Services
    - Explore ways to make Amador County services more culturally attuned throughout its services and programs through efforts such as:
        - Diversity training
        - Land acknowledgements
        - Gender identity inclusion
        - Integration of cultural considerations into behavioral health services
    - Continue a commitment to offering services and materials in non-English languages like Spanish.
- **Recommendation #7** -- Increase Support for Diversity Work:
    - Educate the general population about the presence of underserved and/or isolated cultural subgroups within Amador County *and*
    - Educate the general population about existing efforts to serve those cultural communities.
- **Recommendation #8** – Raise awareness and provide data about specific cultural communities in need, along with messaging about a need for help from the community:
    - Consider providing information about equity in provision of funding compared to representation in the population and representation of any disproportionate needs.
- **Recommendation #9** – Community members may perceive marginalized age and socioeconomic factors as cultural groups with the highest need. As a result, they may benefit from additional education about racial, ethnic minority, LGBTQ+ and/or non-English speaking groups who may have elevated needs as well.
- **Recommendation #10**—Directly address racism within organizations in the community and educate the general community about racial misconceptions.

The full evaluation report can be accessed here: Amador Culture and Diversity Evaluation Report

The data and accompanying analysis compiled from the Cultural Competence Plan Update as well as the Culture and Diversity Evaluation Report provides insight into what appropriately served communities do not necessarily see or acknowledge exists in Amador County.

As stated above, the data is showing that the demographics of the county changing. As a result, ACBH needs to incorporate the recommendations from the Culture and Diversity Evaluation Report when developing strategies for culture and equity work. The annual review of the Cultural Competency Objectives will be held in September 2023 at the MHSA/Cultural Competency Steering Committee meeting and the stakeholder group is prepared to address the recommendations and include them as strategies in this year's annual review.

As predicted in the 2022 Cultural Competence Plan update, human services needs are increasing and all organizations that service individuals and families are experiencing higher needs with no access to additional resources. Community providers, along with organizations and agencies are working together to offer a safety net of support for those who need it the most, however, continued efforts to expand staff and fiscal capacity will be necessary in order to meet the increasing demands.

When addressing capacity challenges to meet the needs of Amador County residents, ACBH utilizes its Community Program Planning Process (CPPP). The CPPP plays a critical role in identifying unmet needs in the overall continuum of care.

Key findings from the most recent Community Program Planning Process (Spring 2023) revealed:

- **There is a severe lack of providers to serve the individuals and families that have private/commercial insurance and Medicare.** The top three barriers preventing Amador County residents from seeking mental health services were lack of providers, not sure where to go for help and insurance eligibility.
    - A secondary question inquired further about the lack of providers asking 'If you selected lack of providers, or long wait times, please specify what insurance you have.' 53% of respondents stated 'Private/Commercial Insurance' while 20% stated 'Medicare'.
- **There is a significant need to recruit and retain behavioral health providers**. When asked what are the top three strategies to address the mental health of Amador County's residents, respondents stated 'Increase awareness of mental health programs and services, recruit and retain behavioral health providers and where possible, meet basic needs like housing, rental assistance and food assistance.'
    - Comments further pointed to the lack of workforce available to support those with private/commercial insurance and Medicare, stating:
        - "Providers for people with insurance."
        - "Cannot receive services if not on Medi-Cal."

The data compiled from the CPPP assists ACBH in understanding where the gaps lie in service provision. As stated above, Amador County is seeing an influx of service demands, especially among those with private/commercial insurance and Medicare. Unfortunately, there is a severe workforce shortage among providers who panel with private/commercial and Medicare insurance companies and as a result, access to care is very difficult to navigate. ACBH employs a peer who assists clients and community members in locating primary care and behavioral health providers that take private/commercial insurance and Medicare in order to facilitate successful access to health and behavioral services.

ACBH Workforce Needs Assessment

Amador County Behavioral Health Services:
Amador County Behavioral Health (ACBH) is a fully integrated system of care that provides outpatient mental health and substance use treatment. When fully staffed, ACBH employs the Full Time Equivalency (FTE) of: 6 Clinicians, 2 Crisis Counselors, 1 Crisis Coordinator, 1/2 FTE (2-part time) Extra-Help Crisis Counselors, 2 Personal Service Coordinators, 2 Peer Personal Services Coordinators, 2 Substance Abuse Counselors, 1.5 FTE (1-full time and 1-part time) Psychiatrists, 1 Medical Assistant, 4 Supervisors/ Managers/Administrators, 6 Support Personnel, 1 Mental Health Services Act Programs Coordinator and 1 QI/UR Coordinator I. Amador County Behavioral Health also supervises the Behavioral Health Rehabilitation Specialist, funded through Amador County Probation Department, using AB109 funds.

Some things to note about the ACBH Workforce:

- The Amador County Behavioral Health Director not only oversees the supervisors/managers/administrators, but also supervises the clinicians, crisis coordinators and counselors, the MHSA Programs Coordinator as well as the Mobile Support Team, which includes a Peer Personal Services Coordinator. Additional support in assisting with the supervision to unlicensed clinical staff is provided on an ongoing basis.
- The Clinician III supervises the Personal Services Coordinators and one Peer Personal Services Coordinator, while also providing supervision to unlicensed clinical staff. This position carries a caseload and assists with other direct services and supports.

Currently, one of the support personnel positions titled Finance Assistant I/II and one Crisis Counselor position are vacant. Active recruitment is ongoing for both.

Ongoing staffing turnover in an array of positions create challenges and continue to occur within the ACBH workforce. ACBH staff is strategically hired and each position is unique and valuable to the overall system of care. When one staff member leaves the team, it has a significant impact on how the system operates, which trickles down to the client and the care provided. However, solutions to assist ACBH in expanding its workforce are underway.

In FY23/24, ACBH plans to recruit for two additional Personal Services Coordinator positions which will help alleviate caseloads for clinicians and the two employed PSC's alike. Last fiscal year, the additional full-time Crisis Counselor was added to assist with after-hours and daytime crisis coverage.

Crisis coverage is a continued challenge for Amador County Behavioral Health. In addition to full time outpatient behavioral health services, ACBH is mandated to see those who are in crisis and is the service provider who responds to Sutter Amador Hospital for 5150 evaluations and other mental health related needs on a 24/7 basis. Due to the lack of crisis workers providing services after hours, all of ACBH clinical staff are on-call after hours, weekends and holidays. Currently, there are 2 Extra Help Crisis Workers that assist with after-hours crisis coverage. As stated above, ACBH has been investigating solutions to alleviate the impact crisis work has on its clinical staff, and is currently recruiting another full time Crisis Counselor who works a consistent, yet, after-hours shift. ACBH clinical staff are also required to provide in-person, walk-in crisis services during regular business hours, as well as phone support.

ACBH clinical and psychiatric staff provide mental health services at the Amador County Jail as well. Clinical staff provide safety cell evaluations and weekly mental health consults/visits with inmates. The ACBH Psychiatrist provides weekly medical services to jail inmates either via telehealth or in person.

When fully staffed, with no vacancies, ACBH is able to meet timeliness standards more efficiently and provide quality client care. As the department experiences ongoing staffing shortages, efforts will be made to address timeliness and staff turnover as the needs arise.

Demographically speaking, the workforce employed through ACBH is similar to the county it serves, if not more diverse. Representation from all racial and ethnic backgrounds within Amador County are reflected in its workforce. Ongoing cultural needs are assessed through community-based partnerships that include the Latino Engagement Committee and Native American Round Table meetings. Amador County has a culture of poverty and has many, small, isolated rural communities as well as an increasing rate of LGBTQ+, homeless and Veteran residents. In order to assess the needs of these special populations ACBH utilizes its partnerships through outreach and engagement efforts. These populations are asked to participate in the community program planning process on an annual basis and are invited to attend stakeholder meetings to address their unmet mental health needs. ACBH also employs two full-time peers with lived experience who are instrumental in representing the community's needs regarding the workforce through a different perspective.

According to the Department of Health Care Services (DHCS), Amador County Behavioral Health does not have a threshold language. However, ACBH is fully aware that Amador County is home to many Spanish-speaking individuals and families and staffs two full time Spanish-speaking clinicians, one full time Spanish-speaking Medical Assistant, and one part-time Spanish-speaking psychiatrist. Informing materials and intake documents are all provided in Spanish. The Spanish-speaking community is also represented in the community program planning process and results are brought back to them through the quarterly Latino Engagement Committee meetings.

ACBH strives to provide a demographically similar workforce to those who access services and supports. ACBH will continue to monitor efforts to ensure that cultural, racial and ethnically appropriate treatment options are provided to most effectively meet the mental health needs of the population it serves.

Substance Use Disorder Services (SUDS)

Although this plan is specific to Mental Health Services Act and the mental health services provided by Amador County Behavioral Health, SUDS is under the ACBH umbrella of services as a result, a brief update on the services provided by the SUDS department is provided in this plan. Additionally, recent changes to the Mental Health Services Act (MHSA) allows for the use of MHSA funds to fund services for those who have co-occurring mental health and substance use disorder diagnoses, without having to be enrolled in a MHSA Full Service Partnership (FSP) program.

At this time, ACBH employs 1 SUDS Program Manager and 2 full time SUDS counselors. Outpatient services are provided in group and individual sessions. One full time SUDS counselor has resigned and active recruitment is underway to fill the position.

As stated above, Probation funds a Rehabilitation Specialist for AB109 program participants who is located in ACBH.

Although the Rehabilitation Specialist is included as a part of the SUDS team, once ACBH started billing under Drug Medi-Cal (DMC), the SUDS team lost the ability to use the Rehabilitation Specialist as a provider due to funding restrictions, which are detailed below.

In FY20/21, ACBH fully implemented DMC. DMC provides services to Medi-Cal beneficiaries at no cost to them, which has removed barriers and created more access to treatment. Although DMC has been a positive change to Amador County Medi-Cal beneficiaries, it has hindered the department by restricting flexibility when it comes to service provision. ACBH now has a designated medical director and groups will be limited to a certain number of participants or a co-facilitator will be required. At this time, ACBH does not have enough SUDS counselors to co-facilitate groups. Administrative tasks and tracking requires more time of the SUDS Program Manager and the QI/UR Coordinator I positions due to increased reporting requirements and policy under the DMC contract. Additionally, the increased

administration also impacts the role and duties of the Behavioral Health Director, Deputy Director, Compliance Officer and the fiscal team.

Community Based Mental Health:

Amador County lacks the supply of mental health professionals that provide treatment to the mild-to-moderate population and those with private insurance. Continued community assessments identify that the 'Lack of Providers' and 'Lack of Insurance Eligibility' as two of the primary barriers to accessing mental health treatment among Amador County residents.

Currently, Amador County Behavioral Health is host to the only psychiatrists in the county. ACBH services are limited in that they may only serve the indigent and Medi-Cal population who are diagnosed with and suffering from severe mental illness. Currently 24% of the total population (excluding the prison) are Medi-Cal recipients. Amador County currently treats a little less than half of the total Medi-Cal beneficiaries, about 10%. Although some mental health therapists do provide services in Amador County, the remaining county population, the majority of residents, have to seek psychiatry services outside of the county. The mild to moderate population and those who have private insurance drive out of county and sometimes, long distances to access mental health care. Additionally, there is a shortage of Medicare providers in Amador County. The most recent Community Program Planning Process reflected that the lack of Medicare providers who offer mental health services is quite challenging for individuals. Medicare recipients are having to seek services outside of the county as well. Transportation barriers continue to be primary reasons Amador County residents do not access mental health care. It is difficult to access care when transportation is an issue and the further the travel, the more difficult accessing treatment can be.

The COVID-19 pandemic did address access issues through the widespread use of telehealth and mental health based apps that provide wellness services. Although there is expanded ways to access mental health services and supports, broadband/connectivity challenges exist county-wide and knowledge on how to connect to broadband has been shown to be a barrier to accessing internet-based care.

In order to address this issue efforts are being made by the Behavioral Health Advisory Board to look to medical partners to bring these services to Amador County. ACBH advocates for expanded services to the populations they are not mandated to serve and will continue to work with partner agencies, organizations and private providers to increase the community provider network for professional mental health services and supports.

Summary:

The county currently has a staffing shortage to treat those with mild to moderate mental illness. Amador County also faces a severe lack of mental health professionals to serve those who have private insurance or Medicare. In addition, due to stressors typical to a rural environment (isolation, lack of resources, limited transportation), the need for additional crisis support continues to escalate, along with case management to assist clients to access existing resources, such as housing or other healthcare needs.

Overall, ACBH's current staffing, as well as its dedication to hiring diverse and bilingual staff that are reflective of the community it serves, is a strength that has improved client outcomes and increased capacity to serve the most vulnerable within Amador County. ACBH monitors its workforce regularly to ensure the needs of consumers are being met in the most efficient manner possible. ACBH will continue to advocate for services to the mild to moderate population and those who are privately insured and not available to access services within the county.

Conclusion

Currently, ACBH has the capacity to provide services within the agency and through the MHSA to individuals and families in Amador County who are unserved, underserved/inappropriately served and currently being served. Demographically, the county's racial and ethnic makeup is shifting, however, the capacity to serve individuals and families of all racial and ethnic minorities has been maintained. ACBH will continue to monitor this to insure that providers and programs are equipped to provide services in culturally and linguistically appropriate ways.

There is a workforce shortage, specifically among providers that accept private/commercial and Medicare insurance coverages. ACBH will continue to advocate for those who are not Medi-Cal eligible to receive access to services and supports by providing provider lists, collaborating with other behavioral health organizations and more.

There is an increased service demand for social and behavioral health services. However, despite this increased demand, ACBH will continue to monitor capacity as well as mental health needs to insure ACBH and its MHSA-funded programs maintain their ability to provide quality behavioral health services both in the agency and throughout community.