



**INNOVATIVE PROJECT PLAN
RECOMMENDED TEMPLATE**

COMPLETE APPLICATION CHECKLIST	
<p>Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:</p>	
<p><input type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.</p>	
<p><input type="checkbox"/> Local Mental Health Board approval</p>	<p>Approval Date: _____</p>
<p><input type="checkbox"/> Completed 30 day public comment period</p>	<p>Comment Period: _____</p>
<p><input type="checkbox"/> BOS approval date</p>	<p>Approval Date: _____</p>
<p>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____</p>	
<p><i>Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i></p>	
<p>Desired Presentation Date for Commission: _____</p>	
<p><i>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all</u> requirements have been met.</i></p>	

County Name: Amador

Date submitted:

Posted for Public Comment on June 19th. Public Hearing scheduled for July 19th at 3:30 p.m. during the Amador County Behavioral Health Advisory Board meeting located at:

Health & Human Services
Conference Room A
10877 Conductor Blvd.
Sutter Creek, CA 95685

Project Title: Workforce Recruitment & Retention Strategies

Total amount requested: \$1,995,129

Duration of project: 5 Years (7/1/23 through 6/30/2028)

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population

- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- Increases access to mental health services to underserved groups
- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

The Need

Recruitment and retention for the behavioral health workforce is a national, state and local challenge. Although efforts are being made to address workforce shortages, many of the initiatives fall short or do not include considerations for small rural counties like Amador.

Current efforts at the federal and state level target workforce recruitment and retention using scholarship, loan repayment and 'pipeline' programs, all of which are very helpful, to some degree. But in small rural areas, the current workforce recruitment and retention efforts do not meet our workforce needs.

Due to the impact the workforce shortage has on the clients that ACBH serves, stakeholders have been asked to prioritize strategies that promote the mental health of Amador County residents. During the Community Program Planning Process, we have asked this question for several years and each year that this question has been asked, stakeholders identified *'Recruit and retain high quality behavioral health staff'* as one of the top three strategies to implement in Amador.

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 25 full time employees, one part time employee and 2 extra help crisis workers. ACBH also supervises the Behavioral Health Rehabilitation Specialist, an Amador County Probation Department employee funded by AB109.

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. Continued recruitment for extra help crisis counselor positions is ongoing. Currently, there are 2 Extra Help Crisis Workers that assist with after-hours crisis coverage. Although there is ongoing recruitment for the extra help crisis worker positions, it has proven unsuccessful, negatively impacting ACBH clinical staff and the amount of additional hours they are required to work. 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.

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.

A review of data from the past three years shows the following:

When clinicians leave the workforce, their position remains vacant an average of 2 months. The majority of clinicians who have left employment with ACBH worked for the department less than two years. As it currently stands, only three out of six clinicians have worked for ACBH over two years.

Even though at one point, the department was able to fund seven Extra Help Crisis Counselor positions, consolidation has occurred for budgetary purposes due to the fact that this position has been extremely difficult to recruit for. Recently, the rest of the extra help crisis counselor positions were consolidated to create a full-time crisis counselor position to provide additional crisis support in order to alleviate the amount of on-call hours the regular clinicians are required to cover and client cancellations due to other clinicians being pulled away from their schedule due to walk in crisis clients. This position was filled for about seven months, and then the staff applied for an open clinician position. This position is currently vacant.

60% of ACBH employee turnover is in the Clinician or Crisis Counselor positions.

ACBH employs two full-time Personal Services Coordinator (PSC) positions and one Extra Help PSC position. When a PSC leaves their position, it remains vacant for an average of 2 ½ months.

Currently, two full-time PSC positions are filled. One of the full-time PSC positions was only recently filled and it took over 6 months to hire for the position. The Extra Help PSC is currently vacant. The average length of employment for the PSC position is two years, with the exception of the Extra Help PSC, which was recently vacated, who had been employed for nearly four years.

ACBH also employs two Peer PSC's. When those positions have become vacant they have taken an average of nearly 3 months to fill.

Since 2019, ACBH has hired 24 direct service staff, which includes clinicians, crisis counselors, crisis coordinators, extra help crisis counselors, PSC's and Peer PSC's.

Unique Considerations

Crisis Work

Crisis work negatively impacts clinical workforce retention, however, being in a small, rural community, with one team of providers, it is necessary for continuity of care. When a clinician responds to Sutter Amador Hospital for a 5150 hold, the client is assessed and appropriate care is provided. After the client is released from the acute care facility or returns home after developing a safety plan, they are followed up with by the ACBH Mobile Support Team and/or peer worker to ensure continued stability, while providing access and linkage to identified treatment and resources. If the client is hospitalized on a 5150 hold, the ACBH clinical provider (usually the crisis coordinator) works with the facility to arrange for transportation and schedules appointments with ACBH to prevent future crisis.

Regarding the jail, it is imperative that when inmates are released, that they receive the support they need immediately. Since ACBH is the direct service provider for therapy and psychiatric medication for Amador County Jail, inmates are already aware of the services available to them when they are released and there is no discontinuation of medication services due to the fact that the psychiatrist at ACBH is also the psychiatrist working in the jail setting.

Crisis work is constant and requires that a mental health professional is on standby 24/7 to respond appropriately to mental health crisis. ACBH clinical team providers work in the clinic 40 hours per week, providing treatment and care coordination. Additionally, they are required to work 'on-call' after hour shifts overnight, weekends and holidays. Although there is overtime and standby pay involved with this work, sometimes that isn't enough to retain the workforce doing this intense work, day in and day out. Student loan repayment programs, recently offered through a regional county partnership with the Department of Health Care Access and Information (HCAI), offered loan repayment in turn for a two year service commitment for clinical staff. This was a promising program which would offer an incentive to providers to retain their employment with ACBH. However, one of the five applicants to the program has left employment at ACBH prior to obtaining approval and entering into the service commitment agreement and another left employment within six months of entering into the loan repayment program agreement.

Amador County recently became a National Health Services Corporation certified site, through the Health Resources and Services Administration (HRSA), however, only certain programs are available for behavioral health professionals and not all providers are able to access the benefits provided.

Access to Higher Education

Amador County is not home to any higher education campuses. There are no junior colleges, trade schools or four-year universities/colleges in Amador, Calaveras or Alpine counties. The nearest junior college, located in Folsom is a 45 minute drive from Jackson, located in the middle of Amador County. This drive could be more or less depending on which part of the county one would be commuting from. The nearest college, Sacramento State University is located 58 minutes away. Again, this drive could be longer or shorter depending on which part of the county one is coming from. Access to online education is an option, however, Amador is a very rural and remote area. With most of the population living in unincorporated areas of the county, internet service is difficult to obtain and when obtained, can be very unreliable.

Aside from distance, transportation and access to reliable online support, the main barrier to accessing higher education is financial. The cost is overwhelming to most who have pursued it and although there are scholarship and pipeline programs, unless the entire cost of tuition is covered, many are deterred by the financial impact it could potentially have on themselves and/or family. Scholarship and pipeline programs are great concepts, however on their own, very hard to solicit in a small, rural area such as Amador County.

Housing

Amador is rural and remote and has a severe housing shortage, along with a lack of affordable housing. Retention among clinical providers that already live in the community tend to be higher than those who have to commute nearly an hour daily and after hours. Rentals are incredibly difficult to locate. A recent search showed that two rentals were available in Amador County and the average monthly rate was \$1,845. Purchasing a home is an option, however, the market is extremely competitive at this time and without strong offers, sellers will move on to the next buyer. Additionally, many are unable to afford housing at the current rates due to the fact that wages are not increasing at the same rate of housing costs. Commutes and housing costs compound challenges to recruiting and retaining mental health providers and for these reasons, ACBH has lost clinical employees over the past two years and are at risk of losing more. None of the current efforts at the federal or state level is working to address this crisis that working people face.

Staff Morale

Due to the small nature of ACBH, more is done with less. The demands for services have increased, however, the number of providers has not. Needless to say, the staff work very hard day in and day out, to serve the clients and serve them well. Sometimes, due to the workloads and spikes in crisis, staff start to feel underappreciated and morale can get low. COVID-19 limitations have made it difficult to do team-building or appreciation activities, making it challenging to address staff morale and positive workplace culture. Again, none of the current efforts at the federal or state levels are addressing supportive work environments, which is critical in the health and human services field we work in.

Turnover rates at ACBH continue to pose adverse effects on the clients served. During the Community Program Planning Process, stakeholders have mentioned several times that the provider turnover rate negatively impacts their ability to benefit from treatment. As mentioned before, federal and state efforts are appreciated, but ACBH needs more robust options to recruit and retain its delicate workforce needs.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

Current programs and efforts to support workforce recruitment and retention are very much appreciated, however, the majority of them simply do not work for small, rural and remote counties, such as Amador. The 'Unique Considerations' listed above, play a critical role in ACBH's ability to recruit and retain qualified behavioral health staff and negatively impact the capability to provide services to clients and provide them well.

In order to implement this proposed project, ACBH would first develop a core Innovations (INN) Team to carry out planning and implementation throughout the duration of the proposed project. The INN Team would develop surveys, focus groups and/or other mechanisms to solicit staff/stakeholder feedback and prioritize strategies as stated below. Based off the initial feedback received, the INN Team would develop an Implementation Timeline that details specific strategies to be implemented and when.

Below are some innovative solutions that ACBH is proposing to pilot during this proposed project. After initial feedback is received, these potential solutions would be prioritized and implemented according to the aforementioned Implementation Timeline.

Crisis:

To address the ongoing challenges crisis coverage brings to the workforce, ACBH proposes the following:

Increase Crisis Standby Pay:

Currently ACBH crisis standby pay is \$4 per hour. This pilot would increase the crisis standby pay to \$6 per hour. Increasing standby pay would show appreciation for the 'on-call' work provided and that it is valued. It would also aim to retain current staffing patterns while enticing others to accept positions that require on-call crisis work.

Shift Differential Pay for Crisis Coverage during off-hours, holidays and weekends:

Off-hours, holidays and weekend hours are extremely difficult to provide coverage for. Offering a shift differential would incentivize staff to accept taking crisis coverage during those hours.

Stipends:

Provide stipends for crisis workers based off an annual scale, in turn for a service commitment, new and current employees. For example, if an individual comes into the workforce and commits to five years of service, on year one, they will receive a \$1,500 stipend. Year two, they would receive a \$3,000 stipend, and the amount would increase to a total of \$7,500 over five years.

Access to Higher Education:**Implement an Internal Scholarship Program:**

Create an internal scholarship program for staff to apply for in order to support their pursuit of higher education. The scholarship will be flexible and could be expended on books, transportation costs, supplies, and more. This would require a service commitment.

MHSA Scholarship Program through Amador College Connect:

Work with the MHSA Scholarship Program that is already in effect to expand funding for students who wish to pursue a four-year degree in the behavioral health field. This would require a service commitment.

Housing:**Home Loan Assistance:**

Investigate creating a program that would assist ACBH employees in putting a down payment on a home located in the Amador County area, in turn for a service commitment.

Relocation Assistance:

Investigate creating a program that provides relocation assistance to staff members in turn for a service commitment. Examples of relocation assistance include rental assistance, assisting with moving costs, and more.

Staff Morale:

Create a series of programs that aim to provide staff appreciation, team building and self-care. Activities would occur monthly or quarterly and be planned in advance so that staff could schedule accordingly to participate.

General Recruitment & Retention Programs:**Loan Repayment Program:**

ACBH would create an internal loan repayment program for all employees to participate in. This would require a service commitment, and after the service commitment is fulfilled, payment would be made directly to the lender.

Registration and/or Licensing Fees and Renewal Payment Program:

As an incentive to stay employed at ACBH, a program would be created that would pay for costs associated with licensing for all licensed, registered or certified employees.

Testing Costs & Preparation:

ACBH would like to implement a program that assists unlicensed or registered providers with testing costs and preparation for their licensure. There would be no service commitment in connection with incentive.

Continuing Education Units:

As an incentive to stay employed at ACBH, a program/policy would be created that would pay for CEU's for staff that needed them to support their license, registration and/or certifications.

Career Development:

Research shows that best practices in employee retention point to investing in career advancement and career development pathways. If approved for this proposed project, ACBH plans to do the following:

Career Pathways:

ACBH would like to do an analysis on its current staffing pattern and determine where advancement opportunities can be incorporated. This would help current staff know that there is room for promotion within ACBH and assist with recruitment efforts.

Professional Development:

ACBH will create a formal training plan to target each employee's professional development goals, as it relates to working in the public mental health system of care.

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- B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

The proposed project's general requirement will be to apply a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system.

- C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

Extensive research was conducted (see below) and pointed to the fact that the current offerings to recruit and retain the public mental health workforce are not sufficient. A review of the model corporations utilize to retain their work force was conducted as well to determine if the same approach could be used in the public behavioral health system.

The finding was that the public mental health system tends to be more recruitment driven and not retention driven. The incentives (sign-on bonuses, etc.) attract candidates, however, retaining them is challenging. It was determined that this will take more than just loan repayment programs and financial incentives to address. It requires a complete overhaul of how workforce recruitment and retention efforts are implemented throughout the entire

system and requires a more in-depth approach to truly meet the key components that play critical roles in retaining employees.

Supporting the workforce in the hiring process and throughout their tenure is a best practice strategy supported by research and used globally by corporations. This approach takes it past financial incentives to include creating positive work environments, supporting staff in their current job duties and taking interest in professional development goals as well as creating pathways for career advancement within the organization so employees have promotional opportunities and don't feel 'stuck'.

Corporations who have adopted these best practices prioritize the health and wellness of their workforce by encompassing a model that truly provides for them in their employment. As a result, they see increased employee retention and satisfaction rates.

- D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

The estimated number of individuals expected to be served annually is approximately 35. This number includes the entire Amador County Behavioral Health department. ACBH arrived at this number because although not all employees will participate in every 'offering', they will be receiving the benefit of the positive workplace and other morale-building efforts mentioned above.

Consequently, the entire ACBH clientele will also be served by this program because their quality of services will be improved. If we are able to retain our workforce through this proposed project, the quality of mental health services will increase.

- E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The population to be served are the employees of ACBH. They range in age from transitional aged youth to older adults. Their demographic data is also diverse, in fact, it is more diverse than the population they serve. Languages used to communicate will be primarily English and Spanish, if preferred.

RESEARCH ON INN COMPONENT

- A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

ACBH contacted three other counties to determine if they have existing programs or approaches similar to the proposed project. Fresno, Calaveras and Mono counties all have loan repayment programs and other types of smaller incentives, but nothing compared to what the proposed project would be providing.

Conversations with Sutter Amador Hospital also occurred to determine if there are best practices they are utilizing to recruit professionals that ACBH could adopt. Other than loan repayment and scholarship incentives, they are not providing any other support to recruit or retain workforce outside of the norm.

ACBH is proposing a model that encompasses recruitment incentives and develops ongoing support for employees to encourage retention. The proposed model creates a menu of options for employees so that they feel supported in their professional development but also their personal life as well. Research shows that unless an employer provides support that encourages work and life balance, retention is near impossible. This model will strive to support assistance with lifestyle, positive work environment, professional development and career advancement pathways, thus creating a new system that prioritizes employees at all levels of employment. No other program, other than what is being utilized by larger employers outside of the public mental health system, is able to provide all components required to truly support their workforce in a comprehensive way.

- B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

Efforts made to investigate existing models or approaches close to what ACBHS is proposing were diligently made. The efforts include discussions with other counties, scientific research, and an analysis into corporations that have high retention rates.

Discussions with Other Counties:

First, contact was made with Calaveras, Mono and Fresno counties regarding their recruitment and retention activities. Calaveras County reported that they do not have a workforce retention and/or recruitment program other than their participation with the Mental Health Loan Assumption Program/Student Loan Repayment Program through the California Department of Health Care Access and Information (HCAI). Calaveras County reported that even the loan repayment program wasn't succeeding in retention efforts.

Amador County is in a similar situation as Calaveras. No 'program' is in place that supports workforce recruitment and retention, however, efforts at the state level are being pursued through the HCAI loan repayment program. Although this is a benefit to offer employees, it is not enough to retain them. Within six months of the first round of loan repayment awards to ACBH staff, one employee has already resigned. Calaveras expressed the same challenges. While loan repayment options are rewarding to staff, offering it as a standalone incentive, is just not sufficient to retain qualified employees in rural settings.

Secondly, Fresno County, which is a much larger county, with more funding and staff offered the following:

- Residence Stipends: This is specific to medical interns and provides a monthly payment for students who are placed within their system of care.
Amador does not have medical interns.
- National Health Services Corporation (NHSC): Fresno is an NHSC certified site to support scholarships and loan repayment programs to medical (doctor's and RN's) as well as behavioral health professionals, in turn for service commitments to NHSC site certified organizations.
Amador County was recently NHSC site certified in 2022. This is a robust program, however, will only assist a small portion of our workforce.
- Hybrid Work Schedule: Fresno offers alternative work schedules and administrative staff are able to work remotely.
Amador County offers alternative work schedules and flexible working hours to all employees.
- Relias: Fresno offers online learning that includes CEU's and CMU's for all staff.
Amador offers the full Relias Learning program to all staff, with CEU's and CMU's.
- Loan Repayment Program for Psychiatrists: This is a specific loan program Fresno offers to psychiatrists working in their system of care.
Amador offers their loan repayment program through HCAI to psychiatrists as well and they have not participated.
- HCAI Central Region Partnership: Through the HCAI Central Region Partnership, Fresno is offering loan repayment programs and pipeline development programs.
Amador is participating in these efforts, specifically to loan repayment program.
- Bilingual Skilled Positions: Fresno is also offering incentives for bilingual positions.
Amador offers differential pay for bilingual staff.
- Paid Internships: Fresno allows staff to utilize their work within their system of care as a part of their internship through their education.
Amador allows students to use their work as their internships and make accommodations for employees to ensure all aspects of the internship requirements are met (e.g. supervision, type of services provided, etc.)

Fresno offers a robust menu of options to ensure all parts of their workforce are supported in retention efforts. Some programs Fresno offers do not apply to Amador's smaller workforce and system of care, however, when it is applicable, Amador has explored the same options as their larger counterpart. Even with the NHSC, hybrid and flexible work schedule, training programs, internship and bilingual pay differential, Amador is still struggling to meet its rural workforce needs. Although Amador is a smaller county, ACBH is currently doing all it can to address this ongoing challenge.

Finally, Mono County is larger in geographical size, smaller in population, yet extremely rural and vast. They struggle as an isolated county to recruit and retain a workforce that meets their unique needs as well. Here is a snapshot of what they provide in their retention and workforce activities:

- HCAI Loan Repayment Program: Mono offers their loan repayment program, managed through the central region partnership, to all behavioral health employees. Everyone is eligible because in their isolated, rural communities, every position is difficult to fill. They offer up to \$10,000 per year and up to \$60,000 total.

Amador provides the same incentive and divided the total amount by the number of applicants.

- Internal Loan Repayment Program: Mono uses a portion of their Workforce, Education & Training funds to support an internal loan repayment program in return for a service commitment.

Once the loan repayment cycle through HCAI has expired and if it is successful in retention, ACBH would consider this option to build something internally for all staff.

- Mono allows all staff to use their regular working hours to study for their licensure and certification exams and to take the exam itself. This includes mental health, substance use and peers.

Amador does allow staff to use their regular working hours to study for licensure and certification exams as well.

- In order to create a career pathway for Personal Services Coordinators and Peers, Mono has created a Behavioral Health Services Coordinator position that has three levels (I/II/III) and this provides non-educated staff an opportunity to advance in their career. One unique component of this position is that they are a part of the on-call team for case management support.

Amador has not considered creating a new position, however, it is currently exploring leveraging the use of peers in order to alleviate the duties of the on-call crisis staff.

Mono County is very similar to Amador in their offerings to recruit and retain their workforce. Although Amador has not quite implemented some of the offerings Mono has, ongoing investigation into what is feasible to address local needs is underway and will be implemented as appropriate.

After reviewing other counties efforts, they are no more robust than what Amador has already implemented or is working towards implementing. No other county is doing anything that isn't already considered a best practice or meets their specific workforce needs. Thus, supporting the notion that an Innovations project such as this one is necessary to implement and try new practices/approaches that support recruitment and retention in rural and remote settings.

Scientific Research:

Secondly, research into workforce recruitment and retention best practices was conducted. The International Journal of Advance Research in Computer Science and Management Studies published a research article, 'Review Paper – Study on Employee Retention and Commitment'. The objective of the review paper was to identify the best practices and methods used across industries to help enhance commitment and employee retention. A comprehensive examination of twenty different factors that contribute to recruitment and retention was done and highlighted the following:

The reasons for low turnover which employees have mentioned are work experience, career development, independence, etc. All these motives of employees help organizations to align HR practices accordingly and help them with employee retention (Brigitte Kroon and Charissa Freese 2013). Also employees must be able to see a clear career path in the organization, only then they will stay for long (Gaurav Bagga 2013). (Mehta, Kurbetti, & Dhankhar, 2014)

Career opportunities have the strongest impact on employee commitment while the impact of financial rewards is less. Ways recommended for reducing employee attrition are career development, considered to be one of the most important factors. Providing great career development opportunities makes the employees to stay in the company for long and at the same time enhances their loyalty to the firm. Also creating a positive social work environment and adding content to the jobs and tasks to be done by the employees enhances employee satisfaction and commitment (Meganck, 2007). (Mehta, Kurbetti, & Dhankhar, 2014)

Career development opportunities are not something that is considered when developing internal recruitment and retention strategies at the national, state or local level. None of the aforementioned efforts include any internal career advancement pathways, only 'college to county' pipeline programs. Currently at ACBH, if a Clinician is hired, they only receive a different classification if they are unlicensed at the time of hire and become licensed during their tenure. Additionally, there are no pathways to advance for Personal Services Coordinators unless they return to school to become a clinician. This could be playing a factor into the low retention rate experienced by clinical/direct service staff. With career development being considered as one of the most important factors when it comes to employee retention, this is a gap that ACBH will seek to address in this Innovations project.

In addition to career development, other factors identified within the research were:

Various reasons cited regarding employees decision to stay were organizational culture, support from peers and superiors, growth opportunities, issues related to compensation, employee engagement activities, training and development, positive work environment and good working conditions (Satyawadi, Joshi, & Shadman, 2011) (Mehta, Kurbetti, & Dhankhar, 2014)

This research also alluded to the importance of communication between leadership and the workforce regarding their needs. Instead of continuing to develop programs that are not addressing the full spectrum of the issue, the research continues to state:

Further it is suggested that HR managers should take into account what employees' value in the organization as that would lead to a better retention policy which can be accomplished through open communication process and negotiation. They should contribute as a strategic partner... (Mehta, Kurbetti, & Dhankhar, 2014)

The research is encouraging organizations to work towards career development pathways, training, and creating positive and supportive work environments that foster communication and engaging employees as partners in developing programs to retain them. However, then, why at the national, state and local level are none of the research-based suggestions being pursued? Instead, continuous investment in loan repayment programs and onboarding incentives are offered, which is enticing at the time of hire, but not enough to encourage the workforce to stay.

ACBH's proposed project will engage the workforce as key strategic partners prior to implementing strategies to encourage their retention.

The Journal of Rural Health published a research paper titled 'Factors in Recruiting and Retaining Health Professionals for Rural Practice' and concluded that although financial incentives work well for recruitment efforts, retention efforts require a different approach.

"We conclude from this study that a number of factors are associated with recruitment and/or retention of health professionals to rural areas. Successful recruitment is supported by loan forgiveness programs, rural training programs and practicum experiences, as well as competitive salaries and professional opportunities. Retention efforts must focus on the provision of economic incentives, such as earnings potential and promotion opportunity, professional development, and community appeal." (Zina M. Daniels, Betsy J. VanLeit, Betty J. Skipper, PhD, & Robert L. Rhyne, 2007)

The research provides more robust approaches that aren't necessarily being considered in a collective way. Individual counties or entities may be applying some of these concepts to meet their workforce needs, however, they are not considered 'best practices' in the behavioral health field, most likely, because they have not yet been implemented.

This Innovations project would aim to incorporate best practices such as career development and engaging the workforce in a meaningful way to seek out protocols that would work in retention efforts to meet our staffing needs.

Corporate Analysis:

Some of America's largest corporations have taken the research provided above and put it to practice.

Lowe's Companies (Lowe's) is one of the top retailers to work for in the United States. On average, employees at Lowe's Companies stay with the company for 4.1 years. This retention rate is double that of Amador County's.

Lowe's offers a variety of positions in retail, merchandising, technology, customer support, supply chain and more. They promote growth within the company and offer a variety of programs to 'grow your own' workforce. They offer a 10-week internship program for students, MBA's and recent graduates in all fields they offer (sales, finance, merchandising, marketing, etc.). They also offer training on diversity and inclusion and partner with organizations to support all employees through a diversity, equity and inclusion lens. In addition they offer, 'tracks to trades', which is a career pipeline program where employees are paid while they learn a 'trade'. All the while they provide a complete and comprehensive benefits package. The focus on Veterans and active military members is exemplary and they provide extensive training and education for all positions through Lowe's U (University).

Another retail company, Starbucks, has a 60% employee turnover rate. Other national chain retailers have between 150% and 400% employee turnover rate. Starbucks is in the top 30% of similar sized companies in its ability to retain quality employees. 41% of

employees would not leave Starbucks if they were offered a job for more money while 66% are excited to go to work each day.

This is because employee engagement and retention is at the forefront of Starbucks hiring policies and procedures. Starbucks offers free coffee, competitive pay, bonuses, ongoing training and professional development as well as many other perks for both part time and full time employees. The benefits packages are unique and tailored to meet all employees' needs with discounted stock options, an expanded parental leave program which also provides up to \$10,000 in family expansion support. Education is also offered to eligible employees by covering 100% of tuition at Arizona State University in pursuit of a Bachelor's Degree. Starbucks not only provides free product and a 30% discount on store products, but employees are also appreciated through rewards programs, affiliate discounts and other free subscriptions.

They provide a culture of inclusion, creating opportunities for all. They work in the communities they operate in and always strive to have ethical and environmentally friendly standards. They also offer a wide variety of employment opportunities from retail, corporate (accounting, technology, design, administrative support and more), as well as culinary program. Employees feel supported and have career pathways that encourage them to grow.

Both corporations are not perfect, but they prioritize retention by creating career pathways that encourage all employees to grow and pursue higher positions within the organization. As a result, corporate models are proving more successful in retention of employees than the public behavioral health system of care.

Public behavioral health systems of care are not addressing career pathways, supportive work culture and training as retention efforts even though research supports it. Additionally, the research based practices and approaches have been successful in other non-mental health settings, such as globally recognized corporations. It is evident that the public behavioral health system has prioritized recruitment efforts through loan repayment incentives, however, when it comes to the retention component, more needs to be done. Adopting practices that are research based and proven to work in non-mental health settings is critical to meet the unique workforce needs of rural behavioral health systems of care.

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

- A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

The learning goals listed below have been prioritized because they will help us understand if the development of the proposed project model is working and assist in determining when and how adjustments and adaptations need to be made.

Learning Goal #1:

Will ACBH be able to increase the length of time clinical and PSC positions are retained?

Learning Goal #2:

Will ACBH be able to meet unique workforce needs through the implementation of this project?

Learning Goal #3:

Will ACBH be able to improve and/or maintain staff morale as a result of the increased support through staff appreciation and self-care activities?

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The learning goals relate to the key elements/approaches that are adapted because of how they are evaluated (see Evaluation Plan below).

Furthermore, the learning goals are clear, direct and manageable to measure. The premise of the proposed project is that the development and implementation of a comprehensive recruitment and retention model will increase retention rates, provide more engagement with staff regarding what their needs are and how ACBH can support them in meeting those needs, and increase staff morale to create a positive work environment.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

<p>Learning Goal #1: Will ACBH be able to increase the length of time clinical and PSC positions are retained?</p>	<p>Evaluation: Baseline data shows that the majority of clinical staff work for ACBH less than two years. Personal Services Coordinators (PSC's) average length of employment is two years. The goal would be to increase the length of time from two years to three years or more for clinical and PSC positions during the Innovation period.</p>
<p>Learning Goal #2: Will ACBH be able to meet unique workforce needs through the implementation of this project?</p>	<p>Evaluation: This will be measured through staff surveys and internal analytical data, which includes measuring participation. This will also be measured by developing more robust communication pipelines between staff and leadership so that</p>

	<p>staff goals can be supported through professional development and other components developed through this model.</p> <p>Innovations meetings will be held regularly and include key staff members evaluating the proposed project. This will ensure each component of the model is reviewed and properly evaluated on an ongoing basis.</p> <p>By analyzing staff feedback ACBH will be able to determine what is working and what isn't, as well as what should be sustained and what shouldn't. It also provides an opportunity to find out why certain options are being pursued and others aren't –an opportunity to learn and have the flexibility to make changes that meet our unique workforce needs.</p>
<p>Learning Goal #3: Will ACBH staff be able to improve and/or maintain staff morale as a result of the increased support through staff appreciation and self-care activities?</p>	<p>Evaluation: This will be measured through staff surveys and through the communication pipelines that will be developed as a component of this proposed project.</p> <p>Surveys will be conducted at the onset of the program and for each survey thereafter, a question will be included that specifically asks about morale and feeling supported in the workplace.</p> <p>Innovations meetings will also be held regularly and include key staff members evaluating the proposed project to ensure that feedback they receive is being documented. This will provide flexibility to make changes in the event efforts are not working as originally intended.</p> <p>These evaluation measures will provide ACBH the information it needs to determine if staff are feeling appreciated and supported in the work they do, which will lead to improved morale.</p>

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

The County does not plan to contract out the INN project or project evaluation.

COMMUNITY PROGRAM PLANNING

ACBH utilizes a mixed model when conducting its Community Program Planning Process (CPPP) each year. A survey is distributed throughout the county and is available in online and paper formats. It is also translated to Spanish by our community partner organization in an effort to include the Spanish speaking community's voice. Focus groups are also conducted throughout the CPPP time period and reach various communities and groups in order to solicit diverse responses. The entire CPPP process also requires targeted outreach to solicit responses from the following groups: Veterans, Older Adults, Spanish speaking community members, Native Americans, LGBTQ+, Consumers, Family Members, ACBH Staff (including substance use), Social Service Providers, Community Based Organizations, Amador County Unified School District, Amador County Office of Education, Medical Providers, Sutter Amador Hospital, local law enforcement agencies including but not limited to the Amador County Sheriff's Department and Probation, organizations that support those with Developmental Disabilities and childcare providers and supporting organizations/agencies. The information provided throughout this process is utilized all year long to support MHSA and departmental planning efforts.

In Amador County's FY 2020-2023 MHSA Three-Year Plan CPPP, an overwhelming response to open-ended questions related to the workforce, lack of providers and retention of providers. Some of the comments included the following statements:

"NOT ENOUGH PROVIDERS- CONTRACT WITH MORE PROVIDERS IMMEDIATELY. You must contract with more providers so there can be more services, in more places, for more clients, with quicker appointment times. There are more people who need help than you can serve, you must work to increase capacity immediately by enticing providers to serve clients in Amador County."

"More provider options for medi-cal"

"Behavioral health needs to address not only "clients" but the health of service providers, organizations/agencies offering the services, leadership, the community at large, and all of our systems."

As a result of the feedback received, ACBH included a question in the next year's CPPP that asked about strategies to improve behavioral health services. Specifically, the question asked:

What are the top three most important strategies to promote the mental health of Amador County residents?

Out of twelve options to choose from, respondents were asked to choose their top three. In FY 21/22, the option, 'Recruit and retain high quality behavioral health staff' was in the top three choices, overall. The same question was posed in FY 22/23, producing the same result as the year prior.

Stakeholders have continued to identify for three years now that recruitment and retention of behavioral health staff should be prioritized as a top strategy to improve and promote the mental health of Amador County residents.

Discussions about workforce are ongoing during the Amador County Behavioral Health Advisory Board (ACBHAB) meetings. Education about reasons why it is so difficult to retain mental health professionals and solutions for trying to overcome those challenges are a point of discussion not only with the ACBHAB, but with community partners as well.

The proposed project will be posted for 30 days, discussed at the Mental Health Services Act/Cultural Competency Steering Committee, Latino Engagement Committee, Native American Round Table meeting and the LGBTQ+ Workgroup meeting in order to ensure all underserved groups are involved in this proposed project's public comment period. Additionally, the public hearing will be advertised using targeted outreach to the groups listed above, local media and email communication.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

A) Community Collaboration

Community collaboration within Amador County is very strong. Furthermore, workforce challenges have been experienced by every single organization and agency within county lines. This is a very hot topic at community meetings and in one-on-one conversations with other community partners and agencies. The community will be engaged in this project and its efforts in the following ways:

- Community meetings will provide forums where updates about this project will be provided and discussed. This will not only offer opportunities for our community partners to learn more about the project, but to also offer insight around implementation challenges that arise.
- MHSA/Cultural Competency Steering Committee meets bi-monthly and a standing agenda item specific to Innovations projects is always discussed. This meeting is open to the public, and key stakeholders attend as well. During this time, ACBH will provide updates, challenges and successes around the proposed project so that bidirectional learning can occur.
- Amador County Behavioral Health Advisory Board meetings provide an opportunity to also update the board and other attendees, which are also critical stakeholders, on the proposed project.
- Shared learning will be a key component of this proposed project. If methods are introduced through the model and are successful, meetings with community groups and organizations that are facing workforce challenges will be scheduled to discuss opportunities for them to utilize best practices created as a result of the project. To take this a step further, ACBH may host a workshop on this

proposed project that highlights successes, lessons learned and share best practices as well in order to truly support shared learning across the community.

B) Cultural Competency

Cultural Competency is prioritized at all levels within the ACBH system of care and will continue to be prioritized throughout the implementation of this proposed project. All programs are developed in an effort to be able to provide culturally and linguistically appropriate services, with providers who are culturally competent in an array of areas specific to LGBTQ+, Veterans, Hispanic and Latino, Native Americans and more. The workforce at ACBH tends to be more diverse than the population served, and, as a result, this provides the opportunity for flexibility when specific situations arise that require culturally appropriate care. For example, ACBH employs four Spanish-speaking employees.

When ACBH is unable to provide cultural and linguistically appropriate services, partnerships have been built with community partners to assist ACBH providers in ensuring the consumer is receiving the most appropriate care to meet their needs. For example, if a Spanish speaking individual comes into crisis during after hours, our Promotores de Salud provide translation services to ensure the individual is able to receive an appropriate level of care.

Cultural Competency training is also provided annually to ACBH staff and is required to be completed by all MHSA-funded contract providers. Ongoing training is provided upon request and is offered continuously so that staff and community partners are able to meet the cultural and linguistic needs of any individual and/or family seeking mental health treatment. In addition to training, ACBH issues monthly newsletters to all staff. These newsletters provide deeper dives into the respective month's observances. For example, February is Black History Month, June is PRIDE, etc. This provides staff with snippets of information, along with resources to learn more.

ACBH also updates and completes a robust Cultural Competence Plan, annually. It highlights the objectives and strategies to address Cultural Competence and ensure it is infused into all aspects of the ACBH system of care. You can find that plan by going here: [Cultural Competency Plan 2022](#)

C) Client-Driven

This proposed project is completely client driven because of the negative impacts the ACBH workforce challenges has had on consumers of behavioral health services. In summary, this is what has been reported directly by clients in support of this proposed project:

- Clients receiving services at ACBH provided feedback over the course of three CPPP processes that recruiting and retaining behavioral health staff is a top priority.

- Their comments and feedback continue to advocate for more therapists, psychiatrists and better retention of mental health staff.
- When there are a lack of providers, clients quality of care suffers because they have longer wait times to access services.
- Mental health treatment is negatively impacted when there is a high rate of turnover among providers. Clients engage, build rapport and then have to start over. This is not conducive to quality care.

In addition, to the above, ACBH protocols require that the client, in collaboration with their mental health provider, develop treatment goals and a plan to meet those goals, together. Clients participate in all aspects of their treatment and are partners, not patients, in their mental health care.

This proposed project aims to support clients and their needs, in an effort to retain staff and provide quality mental health treatment to support clients in meeting their treatment goals. Going above and beyond, and trying all that ACBH can to improve the workforce challenges it faces, is a directive from the clients being served and will be woven into all aspects of the proposed project.

D) Family-Driven

Families have also advocated for several years now for recruitment and retention of behavioral health providers. Families providing support to the children and adults receiving services at ACBH are also negatively impacted by high turnover rates within the workforce. This is extremely challenging as a caregiver or a family member to bear witness to.

It is ACBH protocol to provide support to families and caregivers through community based partnerships such as the National Alliance for the Mentally Ill (NAMI) Amador. NAMI Amador provides family support through support groups and Family-to-Family courses that provide education about being a family member or caregiver of someone with a mental illness as well as support and tips for how to manage that role. Additionally, ACBH offers collateral support for client's family members and caregivers, as well as information on other community based resources such as wellness workshops.

In essence, this proposed project is a directive by families and caregivers, just as much as it is a directive from the clients ACBH serves. Families and caregivers are incorporated into all levels of service ACBH provides to its clients and as result, they are negatively impacted with workforce challenges as well. If the proposed project is successful, family and caregivers will also see a positive change because clients will be receiving more consistent care.

E) Wellness, Recovery, and Resilience-Focused

This proposed project focuses on the wellness, recovery and resiliency of the clients ACBH serves, but also shifts it to expand this focus to the individuals providing the services.

ACBH protocol provides for a recovery model of care, not a medical model. ACBH understands that in order to achieve wellness, recovery oriented principles that are focused on client strengths need to be applied. As the client moves forward in treatment, with support, they find their resilience and overcome their challenges. The focus on the clients and their wellness is a top priority, however, this proposed project would expand ACBH protocol to include the same supports for the workforce.

Research shows that a supportive and positive work environment retains employees. If ACBH took the wellness, recovery and resilience-focused model and applied it to the support they provide to their workforce, perhaps better outcomes in retention rates would be received. The proposed project provides just that – a wellness support model for staff that could include a variety of things that help them recover from the intense work they do daily with clients and focus on the strengths they do have in order to build employee resilience.

F) Integrated Service Experience for Clients and Families

ACBH strives to provide an integrated service experience for clients and families/caregivers. However, this doesn't always happen when turnover occurs and the agency is short staffed. In fact, it negatively impacts the service experience because there are longer durations between appointments, longer wait times to access services altogether and non-urgent needs could take longer to attend to.

This proposed project will help to alleviate the negative impacts caused by high turnover rates and improve the service experience for clients and families.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

The project evaluation is culturally competent because ACBH prioritizes cultural competence throughout its entire system of care. It is infused through training, policies, procedures and an active cultural competence plan. Furthermore, monthly activities are initiated that ensure education, training and support is available so that all staff are able to not only provide services, but interact with each other in culturally sensitive ways.

The staff person overseeing the project evaluation is both the MHS Programs Coordinator and the Ethnic Services Manager (ESM). This provides a unique opportunity to ensure that the project design, implementation and evaluation is done using a lens of cultural sensitivity. If challenges arise in ensuring the project evaluation is being conducted in a culturally competent way, the ESM has access to resources, support and expert guidance to assist and develop strategies to ensure that cultural sensitivity is achieved.

The MHSA Programs Coordinator has direct access to all of the stakeholders involved in the behavioral health system of care and engages with them regularly. Bi-monthly MHSA/Cultural Competency Steering Committees are held where key stakeholders gather to discuss MHSA and Cultural Competency initiatives. Innovations has a standing agenda item and this group will be used to discuss the proposed project in its entirety. This will ensure key stakeholders are engaged and have the opportunity to provide meaningful feedback throughout the course of the proposed project.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

Through the evaluation process, the County will be able to determine what components of the model are successful and which ones are not. In the last year of evaluation, the INN Team will meet to analyze data and determine what components were most successful in recruitment and retention efforts over the course of the project.

Between Community Services and Supports (CSS), and Workforce, Education & Training (WET) funding, it is anticipated that successful components of the proposed project will continue without utilizing INN funds following project completion.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

Since ACBH serves individuals with serious mental illness, the workforce will be providing direct services to these individuals and families. The plan to protect continuity of care for these individuals upon project completion is to do due diligence and carry forward the successful components of the proposed project so that workforce continues to be retained, which provides for a continuity of care for the clients being served. Not only will continuity of care be preserved as a result of the sustainability of the project, but the quality of services will increase because the workforce will be supported in more meaningful ways.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

- A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

Information about the proposed project will be primarily disseminated through key stakeholder groups such as the Mental Health Services Act (MHSA)/Cultural Competency Steering Committee and the Amador County Behavioral Health Advisory Board meetings. Both the MHSA/Cultural Competency Steering Committee and the Amador County Behavioral Health Advisory Board meet regularly, every other month, and have standing agenda items for Innovations Projects. During these meetings, updates on the proposed project will be provided and open discussion will be held in order to promote ongoing communication between stakeholders.

ACBH also disseminates information to stakeholders through the Community Announcements email distribution. This is a twice weekly email that contains resources, information, notices and more. ACBH uses this to provide outreach to the larger community. Approximately 500 individuals, community members, agencies, organizations and more are included in this widespread distribution.

Additionally, one-on-one discussions occur regarding proposed projects and other MHSA-related items regularly. ACBH also cross-pollinates by mentioning this type of innovative work at other workgroup meetings and committees (Amador SPEAKS, Children & Families Program Committee, LGBTQ+ Round Table, etc.) that are attended regularly.

Furthermore, information about the proposed project, such as the approved project model and the annual evaluation reports will be posted to Amador’s Network of Care Website, under the MHSA banner.

B) **KEYWORDS** for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

- ‘Rural Behavioral Health Workforce’
- ‘Workforce Retention’
- ‘Staff Morale’
- ‘Recruitment and Retention’
- ‘Retention Strategies’

TIMELINE

A) Specify the expected start date and end date of your INN Project

The proposed project will start July 1, 2023, ending on June 30, 2028.

B) Specify the total timeframe (duration) of the INN Project

The proposed project will have a total timeframe of five years.

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Year	Key Activities	Deliverables
FY 2023-24	Develop core INN Team to carry out planning,	Team members identified and meetings commence.

	<p>implementation and evaluation.</p> <p>INN Team develops mechanisms to solicit stakeholder/staff feedback on priorities for recruitment and retention efforts.</p> <p>INN Team develops evaluation plan based off the Implementation Timeline developed.</p> <p>Project Implementation</p>	<p>Collects data based off of surveys, focus groups and other mechanisms developed in order to gain feedback.</p> <p>Implementation Timeline developed which includes details of implementation for each specific strategy.</p> <p>Evaluation Plan developed which includes data collection instruments, administration schedule & infrastructure</p> <p>Collect baseline data</p> <p>If necessary, initiate contracts and MOU's to implement proposed project strategies</p> <p>MHSA Annual Update Evaluation Report</p>
FY 2024-25	<p>Project implementation, regular INN Team review of project implementation which includes data review, lessons learned and adjustments needed to project</p>	<p>Data collection and reporting for review at stakeholder meetings and within the workgroup</p> <p>Ongoing review and updates to Implementation Plan, in order to ensure strategies are effective and that new strategies are appropriately implemented.</p> <p>MHSA Annual Update Evaluation Report – which includes lessons learned and changes made as a result of the learning</p>
FY 2025-26	<p>Continued project implementation</p>	<p>Data collection and reporting for review at stakeholder meetings and within the workgroup</p> <p>Ongoing review and updates to Implementation Plan, in order to ensure strategies are effective and that new</p>

		<p>strategies are appropriately implemented.</p> <p>MHSA Annual Update Evaluation Report – which includes lessons learned and changes made as a result of the learning</p>
FY 2026-27	Continued project implementation	<p>Data collection and reporting for review at stakeholder meetings and within the workgroup</p> <p>Ongoing review and updates to Implementation Plan, in order to ensure strategies are effective and that new strategies are appropriately implemented.</p> <p>MHSA Three Year Plan Evaluation Report – which includes lessons learned and changes made as a result of the learning</p>
FY 2027-28	Continued project implementation and sustainability transition	<p>Data collection and quarterly reports for review at stakeholder meetings and within the workgroup</p> <p>Sustainability plan development to continue successful strategies implemented by the project using MHSA funds and other internal resources.</p> <p>Development of Sustainability Transition Plan</p> <p>MHSA Annual Update Evaluation Report – which includes lessons learned and changes made as a result of the learning.</p>

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

- A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)

- B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

BUDGET NARRATIVE

Amador County's Workforce Recruitment & Retention Strategies Innovation Project will offer a menu of options to address employee burnout, turnover, retention and professional development.

Due to the ongoing crisis coverage challenges, this project will increase standby pay by \$2/hour and also offer a shift differential of 10% for the clinicians called out after hours. The total budgeted for standby increase over the five year period is \$305,012 and shift differential equates to \$244,579. In addition, a retention stipend would be offered to each crisis response staff on an annual basis (\$1500 per year cumulative), this is budgeted for a five year total of \$645,525.

To address career development, higher education costs and pipeline fill - Amador County would like to use this funding to implement an internal scholarship program and supplement an existing college scholarship program. The internal scholarship program would offer \$1,500 annually to each SUD Counselor, Case Manager and Medical Assistant to continue their education. This would require a service commitment, with the end goal being increasing licensed staff pool. The existing college scholarship would be increased by an additional \$5,000 per year. Amador County would also create an internal loan repayment program of \$2,500 annually, with service commitment. The budgeted expenditures for these programs are \$82,500 for internal scholarship, \$25,000 for supplementing existing scholarship and \$187,500 for staff loan repayment.

Amador County has a housing shortage and to assist staff, home loan down payment assistance would be offered of \$2,500 per year of service commitment. For those staff members relocating to Amador County, \$2,500 in one time funds would be offered. \$37,500 is the total budget for housing options.

Many of the careers in behavioral health require licensing fees, testing, and continuing education. Amador County would offer all employees \$100 per year for required registration and licensing, \$500 every other year for testing costs and \$1,000 maximum annually for successful completion of CEU's. The total five year budget for these continuing costs is \$101,250.

Lastly, to address all staff morale - \$1,000 per quarter would be budgeted to create a series of programs to offer team building or self-care activities. Total budgeted would be \$20,000.

Administration and evaluation of this project is budgeted at \$346,263.

**Please note that this is a maximum budget amount. Activities implemented will be prioritized based on staff/stakeholder feedback.*

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*

EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
1.	Salaries	\$142,497	\$190,505	\$238,762	\$287,280	\$336,072	\$1,195,116
2.	Direct Costs	\$85,750	\$85,750	\$85,750	\$85,750	\$85,750	\$428,750
3.	Indirect Costs	\$48,982	\$59,064	\$69,198	\$79,386	\$89,633	\$346,263
4.	Total Personnel Costs						\$ 1,970,129
	OPERATING COSTS*						
5.	Direct Costs						
6.	Indirect Costs						
7.	Total Operating Costs						\$
	NON-RECURRING COSTS (equipment, technology)						
8.							
9.							
10.	Total non-recurring costs						\$
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
11.	Direct Costs	\$5000	\$5000	\$5000	\$5000	\$5000	\$25,000
12.	Indirect Costs						
13.	Total Consultant Costs						\$25,000
	OTHER EXPENDITURES (please explain in budget narrative)						
14.							
15.							
16.	Total Other Expenditures						\$
	BUDGET TOTALS						
	Personnel (total of line 1)						\$1,195,116
	Direct Costs (add lines 2, 5, and 11 from above)						\$453,750
	Indirect Costs (add lines 3, 6, and 12 from above)						\$346,263
	Non-recurring costs (total of line 10)						\$
	Other Expenditures (total of line 16)						\$
	TOTAL INNOVATION BUDGET						\$1,995,129

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

ADMINISTRATION:

		FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
A.	Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:						
1.	Innovative MHSAs Funds	\$262,229	\$320,319	\$378,710	\$437,416	\$496,455	1,895,129
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	Total Proposed Administration						\$1,895,129

EVALUATION:

		FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:						
1.	Innovative MHSAs Funds	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$100,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	Total Proposed Evaluation						\$100,000

TOTALS:

		FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:						
1.	Innovative MHSAs Funds*	\$282,229	\$340,319	\$398,710	\$457,416	\$516,455	\$1,995,129
2.	Federal Financial Participation						\$
3.	1991 Realignment						\$
4.	Behavioral Health Subaccount						\$
5.	Other funding**						\$
6.	Total Proposed Expenditures						\$1,995,129

* INN MHSAs funds reflected in total of line C1 should equal the INN amount County is requesting

** If “other funding” is included, please explain within budget narrative.