

Amador County Behavioral Health Services

Cultural Competency Plan Update January 2021



INTRODUCTION

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

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

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

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

COUNTY OVERVIEW AND CHALLENGES

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

In 2019, the population was estimated at approximately 38,294 residents, which includes a state prison. Excluding the state prison, the county's population is 34,394. The county's population is older than the state by 13% and approximately 26% of Amador County's population are aged 65 or older. Amador County has a small percentage of 0 to 19-year-olds when compared to the state (18% for Amador County; 26% for California). The county's median age is 50 years, which has remained consistent for the past four years.

Veterans make up approximately 10% of the county's population. The poverty rate is 12% and the percentage of persons with a disability under the age of 65 is 11.5%. In December 2019, the unemployment rate for Amador County sat at 3.6%. As of April 2020, the unemployment rate is 14.3%. It is anticipated that this number will grow higher as the impacts of COVID-19 continue to progress.

According to the 2018 American Community Survey, approximately 14,090 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. HUD Income Limits for Amador County state:

- HUD Income Limits state that a family of four making \$62,950 is Low Income
- HUD Income Limits state that a family of four making \$39,350 is Very Low Income
- HUD Income Limits state that a family of four making \$26,200 is Extremely Low Income

The majority of households in Amador County fall into the 'Very Low Income' or 'Extremely Low Income' range. The median household income for Amador County is \$61,198, which is considered 'Low Income'.

21% of Amador County residents are Medi-Cal recipients.

County Demographics (2019)*:

- 89.6% Caucasian
- 2.7% African American
- 2.3% American Indian/Alaska Native
- 1.7% Asian American
- 0.3% Hawaiian
- 14.5% Hispanic/Latino
- 3.4% Reporting 2 or More Races/Ethnicities
- 27% Over 65 Years Old
- 12% Live Below the Poverty Level
- 3,936 Veterans
- 3,900 Incarcerated (approx.)**

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

** <https://www.cdcr.ca.gov/research/wp-content/uploads/sites/174/2019/08/Tpop1d190731.pdf>

County Challenges:

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

- In the 2019 Point-in-Time (PIT) count, 214 people identified as homeless (sheltered and unsheltered count).

- Of the 214, unsheltered adults were counted at 148, unsheltered transitional aged youth (TAY) were counted at 24 and the number of unsheltered youth/children (under age 18) were eight.
- 85 individuals were counted as ‘couch surfers’ and this number is not included in the formal PIT count analysis discussed above.
- According to the Amador County Housing Study completed in June 2020, there is a shortage of 3,743 units that are affordable to Low Income households. This is significant given that the majority of residents fall into the ‘Low Income’ category in Amador County.
- Homeless individuals and families were considered to be in the highest needs of mental health services and supports for the second year in a row, according to the FY20-21 through FY22-23 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 was listed in some of the primary barriers to mental health treatment within the county for the third year in a row. Transportation issues are continuously identified as barriers and creates 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.
- 21% of Amador County’s residents are Medi-Cal recipients. Amador County Behavioral Health provides services to approximately 9% 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. Insurance eligibility was listed as one 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.
- Homeless, Individuals/Families Living in Poverty, Youth and Veterans are underserved and have very limited resources to access in Amador County. According to the FY20/21 through FY22/23 Community Program Planning results, these vulnerable populations were ranked as the most in need of mental health services and supports. This is due to the limited resources available to these populations within the county limits.

CRITERION 1—COMMITMENT TO CULTURAL COMPETENCE

1. County Behavioral Health System Commitment to Cultural Competence

Amador County Behavioral Health Services recognizes the value of racial, ethnic, cultural, and linguistic diversity within its entire system. ACBHS has incorporated these values into the planning and development processes through different avenues within the agency.

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

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

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

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

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

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

NOTE: A comprehensive list of strategies are detailed in the above-mentioned FY 20/21 Cultural Competency Objectives. The details below only address a sample of what ACBHS does regularly to demonstrate community outreach and engagement to our locally underserved populations.

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

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

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

DHCS has notified Amador County that Spanish is no longer a threshold language. However, efforts to outreach and provide access to the Spanish-speaking population in Amador County will continue utilizing strategies identified in the FY20/21 Cultural Competence Objectives mentioned above and attached to this Cultural Competency Plan Update. The Latino Engagement Committee meets quarterly and consists of ACBHS staff, the Promotores de Salud, Adult Education through the Amador County Unified School District and any other interested individual concerned about the engagement to the Hispanic and Latino and/or Spanish speaking population in Amador County. This robust committee reviews data from contractors and ACBHS. The committee also discusses challenges, solutions and talks about what is going well. The Promotores and the volunteer partners within their network act as cultural brokers and have the trust from the Spanish-speaking population as well as those individuals and families who are deeply embedded in the Hispanic/Latino culture.

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

In 2017, outreach to Tribal TANF to assist in coordinating a ‘round table’ meeting occurred and now ACBHS meets regularly with Native American organizations and representatives, using bi-annual or quarterly Native American Round Table meetings. Native American Round Table meetings aim to increase engagement with Native communities in Amador County. The meetings consist of tribal leaders, tribal providers and other community organizations serving Native individuals and families. The group discusses barriers and assists in providing solutions to problems specific or more fluent in the native community. Due to COVID-19, the Native American Round Table meeting was only held once in FY19/20. Discussions are underway of pursuing a virtual Round Table in FY20/21.

Community Announcements is a twice weekly email that includes information on local resources, services and supports. The current listserv for Community Announcements is at 492 individuals who represent themselves as community members, organizations, agencies, medical providers, school district staff, tribal organizations/entities and more. All information issued on Community Announcements is posted to ACBHS’s Network of Care website. California Tribal TANF Partnership newsletters are posted monthly, along with the Elder Food Distribution

Amador TANF coordinates. This facilitates regular communication between ACBHS and tribal partners.

Isolated rural areas and the people that live in those geographic locales continue to be a priority for the Cultural Competency Committee, especially with the onset of the COVID-19 pandemic. Rural communities are prevalent in Amador County and each are unique in nature due to geographic locations. These communities are often isolated, affecting stigma, levels of immediate support, and the ability to access services. Isolated Rural Communities, identified as underserved in the county's MHSAs plans and Annual Updates for many years, are 'hard to serve' for many reasons. Prolonged isolation creates barriers to trust and entering into new communities or services can be very difficult. Not only does prolonged isolation create more barriers to treatment, but it also is a risk factor for the development of increased symptoms for behavioral health issues. Due to the COVID-19 pandemic, many of those living in rural areas are more isolated now, more than ever. Working from home, distance learning, unemployment, health conditions and other factors have increased isolation in Amador County, which also increases risk for behavioral health challenges.

Through a formal partnership with Nexus Youth and Family Services (Nexus), targeted outreach to isolated individuals and families as a result of the COVID-19 pandemic has increased greatly. Because a system was in place that could adapt services to meet the population's needs, the transition from in-person to COVID compliant service delivery was seamless.

Due to the closure of all three Family Resource Centers located in Pine Grove, Camanche and Lone, drive-thru, curbside services are available and being accessed. For those who are unable to access these services, home deliveries can be arranged. Home delivery services for food, resources and other wellness supports are being accessed by over 160 individuals. Virtual services and workshops are offered, using an array of platforms such as YouTube, Zoom, Facebook and HIPAA-compliant systems when appropriate. Due to COVID-19, client needs escalated and Nexus staff responded to multiple crisis concerns. In addition to offering ongoing remote support services, Nexus staff conducted 69 emergency client contacts in FY19/20 and were able to provide essential items and assistance following the guidelines and recommendations issued by Amador County Public Health. Without this intervention, many of the emergency contacts could have escalated to severe behavioral health concerns. It is imperative to maintain systems that have trust within the sub-cultures of Amador's isolated rural communities in order to address situations when they arise and appropriately intervene.

Other populations continue to be priorities for the Cultural Competence Committee. Those identified include Veterans, Homeless, Foster Youth, LGBTQ, and Older Adults. To meet the needs of the individuals and families within these underserved populations, ACBHS, through the Mental Health Services Act, does extensive community outreach using a combination of Community Services and Supports as well as Prevention and Early Intervention funding. Although some of the programs are listed within the context of this Cultural Competency Plan

Update, the entire list of providers and programs as well as the specific methods of outreach and service provision are included in the FY 20/21 through FY 22/23 Mental Health Services Act Three-Year Plan and can be found on Amador's Network of Care site by following this link: [MHSA Three-Year Plan](#)

Lessons Learned: Several lessons have been learned regarding cultural competence in ACBHS outreach efforts, however, the primary theme is that there is far greater need than there are resources. Veterans are a historically underserved group in Amador County and as a result, many go without access to treatment that is readily available to them due to transportation, proximity to the VA and other deterrents. The MHSAs fund many programs that serve Veterans, however no funding is targeted specifically to Veterans program. In order to increase behavioral health services to Veterans and their families, relationships with the Veterans Services Officer and other non-profit Veteran organizations are maintained so that access to services is attainable for any Veteran who comes into contact with ACBHS. Additionally, when available, grant funds are pursued in order to create systems of care that support Veterans and their unique behavioral health needs.

LGBTQ support is specifically funded through the MHSAs, however, more community response is warranted. Prior to the pandemic, it was identified that the LGBTQ community had active efforts to engage with each other, however, they were often working in silos with no real knowledge of what was available for individuals across the life span. Due to the increased community interest, ACBHS connected with members of the LGBTQ community to schedule a group meeting. In April 2020 a LGBTQ Round Table meeting was scheduled and community members, school staff, medical providers, older adults, the arts community and more were invited to attend. The purpose of the meeting was to listen to the needs LGBTQ community members face, what is currently being done to address those needs and then a solution focused discussion for the future and next steps. The interest in this effort was great. Unfortunately, the meeting was cancelled due to COVID-19. However, recent interest in rescheduling this effort virtually is being discussed and will be pursued in the upcoming year.

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

ACBHS utilizes the MHSAs/Cultural Competency Steering Committee to ensure that cultural competence is woven throughout the agency's planning and implementation process. The committee is representative of the culture and population that ACBHS serves; over half of the body are consumers and/or family members. Other committee members are peers, Native American, LGBTQ, and Older Adults and/or represent isolated rural communities. Committee

members also represent community partner agencies and other key stakeholders in the community.

The MHSA/Cultural Competency Steering Committee meets bi-monthly and each agenda has a standing item regarding Cultural Competency. This agenda item provides updates on the outreach and engagement of underserved cultural populations and on various engagement efforts such as the Latino Engagement Committee or Native American Round Table meetings. Discussion and input regarding the Cultural Competency Objectives and the County's Cultural Competency Plan also occur during this dedicated time.

During the MHSA Community Program Planning Process, surveys are distributed to the community. The surveys are returned via paper, electronically or directly entered through Survey Monkey. At the end of the Community Program Planning Process, the surveys are analyzed and discussed at the MHSA/Cultural Competency Steering Committee meetings to ensure that the group is fully included in the planning process. Furthermore, surveys responded to in Spanish are discussed (and translated) during the quarterly Latino Engagement Committee meeting.

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

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

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

Lessons Learned: The Community Program Planning Process revealed that although community outreach and awareness of programs, services and supports has increased, individuals, whether

they are currently participating in programs or not, are not aware of other programs/services that may benefit them. This is most likely related to two things: 1. Service providers/community based organizations are not referring to each other and 2. Outreach needs to be done more creatively in order to increase awareness of services and supports available to the community. The first will be addressed through the annual MHSA Stakeholder Workshop to encourage service providers within community based organizations to refer program participants to services that they may benefit from. The second will be addressed through the MHSA/Cultural Competency Steering Committee meeting and in monthly check-ins with staff who are responsible for behavioral health outreach.

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

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

Second, local training is provided to staff and the community. These training sessions are provided at monthly staff meetings, the MHSA/Cultural Competency Steering Committee, the ACBHAB, or at special events. Prior to COVID-19, community partners such as NAMI Amador used their monthly meeting for training and education purposes and would bring in speakers/presenters to describe different mental health conditions or to educate the community on newly available resources. The Family Resource Center's (FRCs), through Nexus, provide monthly Wellness Workshops, which focus on providing education around behavioral health issues in all populations. Mental Health First Aid and Youth Mental Health First Aid is also offered, upon request. Other agencies provide trainings, workshops and educational sessions on trauma-informed care and perinatal mood and anxiety disorders. Community training, usually funded by MHSA, or other community partner, is provided at no cost to the community. Examples of recent community and staff trainings included a Cultural Competency Training, Crisis Intervention Training (CIT), Military Culture training, Trauma-Focused CBT, and LGBTQ+ Affirming Practices Training. Trainings focused on implicit bias, trauma-informed care, domestic violence and behavioral health and more will be pursued in FY20/21.

Other training opportunities that arise for specific populations are offered to those partners utilizing MHSA funds. For example, in 2019, a Spanish two-day suicide prevention train the trainer event took place in Monterey County. The El Rotafolio training was designed by California Mental Health Services Authority to support suicide prevention for Spanish speaking communities across California. Two Promotores were trained and they provide the training to the Spanish-speaking community throughout the fiscal year.

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

Lessons Learned: ACBHS has found it very difficult to train staff in cultural competence without affecting service delivery. After brainstorming ways to use time more effectively, the QI/Leadership Committee decided to use the first part of every monthly staff meeting to have an outside presenter come and speak to all staff. Various community organizations come into the staff meetings on a monthly basis to discuss the unique needs of the populations they serve, the services they can provide and how it ties to Behavioral Health. The presenter usually explains how they provide services and how to make referrals. Due to COVID-19, no in-person staffing meetings are being held, however, presenters are still scheduled and information is provided electronically to staff. This has been an effective way to educate staff on the various resources for our underserved populations without adversely impacting service delivery to our consumers.

Due to the increased awareness of social injustice, much new interest in Cultural Competency efforts has been ignited. As a result, the MHSA Programs Coordinator continues to participate in the Central Region Cultural Competency Coordinators monthly calls, but also the statewide Cultural Competence and Social Justice Committee meetings facilitated by the California Behavioral Health Directors Association (CBHDA). Additionally, Amador participates in the monthly LGBTQ+ Pride workgroup also facilitated through CBHDA. Participation in these workgroups provides a learning environment and offers solutions to challenges more rural and conservative counties face when acknowledging and implementing work around cultural competence and social justice. In rural communities like Amador, this is especially challenging and the aforementioned workgroups and committees assist in guiding efforts in appropriate ways.

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

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

- d. Identify county technical assistance needs.

More guidance from the state is required in order to prioritize and continue cultural competency efforts at the local level. DHCS has not focused on this topic and as a result, the guidelines are severely outdated. Cultural Competency Coordinators/Ethnic Services Managers are writing plans and implementing practices based on regulations from 2010. As a small county, it is very hard to give precedence to this work when it is not prioritized at the state level. Due to the current cultural competence and social justice issues facing the systems we work in, it is imperative that the state prioritize this work so that inequities can be adequately addressed.

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

The Cultural Competence/Ethnic Services Manager at ACBHS is the Mental Health Services Act Programs Coordinator. The MHSA Coordinator has direct access to the ACBHS Director through

the use of regular check-in meetings and bi-weekly Quality Improvement/Leadership Team meetings.

The responsibilities of the CC/ESM are to incorporate cultural competence practices at every level within ACBHS and ACBHS provider networks. The CC/ESM is to use stakeholder input to identify cultural competence objectives and goals that include the county's racial, ethnic, cultural, and linguistic populations. The CC/ESM is also responsible for providing this information to the ACBHS QI and Leadership teams to promote cohesive inclusion of all cultural and linguistically appropriate access and service delivery within all levels of the organization. The CC/ESM will work closely with QI to ensure that policies, procedures, access, service delivery and trainings are all culturally sensitive and appropriate.

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

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

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

Other than dedicated resources for interpreter services, ACBHS does not have a specific budget for cultural competence activities. However, ACBHS does utilize MHSA funds to promote and achieve cultural and linguistic goals throughout the county.

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

I. General Population

In 2019, the population was estimated at approximately 38,294 residents, which includes a state prison. Excluding the state prison, the county's population is 34,394. The county's population is older than the state by 13% and approximately 26% of Amador County's population are aged 65 or older. Amador County has a small percentage of 0 to 19-year-olds when compared to the state (18% for Amador County; 26% for California). The county's median age is 50 years, which has remained consistent for the past four years.

Veterans make up approximately 10% of the county's population. The poverty rate is 9.7% and the percentage of persons with a disability under the age of 65 is 11.5%. In December 2019, the unemployment rate for Amador County sat at 3.6%. As of September 2020, the unemployment rate is 8.6%. It is anticipated that this number will grow higher as the impacts of COVID-19 continue to progress.

Gender*	Amador County Population	% of Population
Male	18,573	54%

Female	15,821		46%
<i>*Gender calculations are based off of the populations of 34,394 which excludes the state prison population.</i>			
Race/Ethnicity**	Amador County Population	Mule Creek State Prison (MCSP)	% of Population (includes Amador & MCSP)
White/Caucasian	32,857	1,454	89.6%
Hispanic/Latino	4,231	1,322	14.5%
American Indian/Alaska Native	881	N/A	2.3%
African American	110	924	2.7%
Asian	651	N/A	1.7%
Multi-race (2 or more races/ethnicities)	1,302	N/A	3.4%
<i>**Race/Ethnicity calculations are based off the total county population of 38,294, which includes the state prison. ACBHS has worked with the CDCR to obtain demographic data in order to extract information from our population datasets. As you can see above, data for certain populations was obtained and extracted out. Other race/ethnicity data that was not able to be obtained is listed as N/A. These calculations are not to scale.</i>			

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

2. Medi-Cal Population Service Needs

According to data provided by Kingsview Information Technology (ACBHS EHR vendor) for FY 19/20, 7,096 residents in Amador County were eligible for Medi-Cal coverage. Of the 7,096, ACBHS served 773 beneficiaries, which represents a 10.9% penetration rate. FY 19/20 reflects a slight increase in the penetration rate due to the fact that there were less Medi-Cal eligibles. The Medi-Cal eligible number is expected to increase in FY20/21 due to COVID-19 related factors. The two tables below are penetration reports provided by Kingsview Information Technology and are analyzed by ACBHS.

The data below assists ACBHS in assessing the Medi-Cal Population Service Needs and focuses on age group. The highlighted age groups will be monitored throughout FY20/21 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 FY18/19 to FY19/20 Data
00 - 05	777	25	28	3.2	Decrease in eligible; increase in #'s served & penetration rate increase by 0.6
06 - 11	711	74	78	10.4	Decrease in eligible, increase in #'s served & penetration rate increase by 3.7.
12 - 17	688	111	129	16.1	Decrease in eligible, #'s served & penetration rate remained the same.
18 - 20	269	17	25	6.3	Decrease in eligible, #'s served significantly lower (58 to 25), penetration rate decreased by 2.9.
21 - 24	310	45	55	14.5	Decrease in eligible, #'s served significantly lower (179 to 55), penetration rate increased 3.1.
25 - 34	1022	136	193	13.6	Decrease in eligible, slight increase in #'s served & slight increase in penetration rate (1.2)
35 - 44	877	115	174	13.1	Decrease in eligible, #'s served & penetration rate remained the same.
45 - 54	748	111	151	14.8	Decrease in eligible, #'s served & penetration rate remained about the same.
55 - 64	996	114	151	11.4	Decrease in eligible, #'s served & penetration rate remained the same.
65+	718	25	61	3.5	Increase in eligible, #'s served significantly lower (151 to 61), penetration rate about the same.
Total	7,096	773	1,045	10.9	

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 ACBHS 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.

Ethnicity	MMEF Eligibles	SDMC Clients Served	MH Clients Served	Penetration Rate (%)	Analysis from FY18/19 to FY19/20 Data
Alaskan Native or American Indian	146	27	29	18.5	Slight decrease in eligibles, #'s served approx. the same, increase in penetration rate from 13.8 to 18.5 (most likely due to lower total eligibles than last year)
Asian or Pacific Islander	85	9	12	10.6	Slight decrease in eligibles, #'s served approx. the same, increase in penetration rate from 8.6 to 10.6 (most likely due to lower total eligibles than last year)
Black or African American	57	12	12	21.1	Slight decrease in eligibles, #'s served approx. the same, increase in penetration rate from 18.5 to 21.1 (most likely due to lower total eligibles than last year)
Hispanic	888	104	125	11.7	Decrease in eligibles, increase in #'s served, increase in penetration rate from 8.9 to 11.7 (most likely due to increase #'s served)

Other	38	11	15	28.9	Decrease in eligibles, increase in #'s served, increase in penetration rate from 10.9 to 28.9 (most likely due to lower total eligibles)
Unknown	685	20	89	2.9	# of eligibles, #'s served and penetration rate approximately same.
White	5,194	590	763	11.4	Decrease in eligibles, #'s served approx. same, penetration rate is the same.
Total	7,093	773	1,045	10.9	

3. Poverty Service Needs

As of 2019, California had a poverty rate of 18.2% and Amador County’s poverty rate was 9.7%. Although Amador County has a lower than statewide average for poverty, the culture of poverty is still very present countywide. In 2019, 11.5% of residents in Amador County, aged 65 or younger, have a disability, which is a 1% increase from the previous year. Housing options are very slim with more affordable housing in the outlying areas of the county. 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 64, which is significantly less than the statewide number of 239. Approximately 21% of Amador County residents are Medi-Cal recipients.

According to the 2018 American Community Survey, approximately 14,090 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. HUD Income Limits for Amador County state:

- HUD Income Limits state that a family of four making \$62,950 is Low Income
- HUD Income Limits state that a family of four making \$39,350 is Very Low Income
- HUD Income Limits state that a family of four making \$26,200 is Extremely Low Income

The majority of households in Amador County fall into the ‘Very Low Income’ or ‘Extremely Low Income’ range. The median household income for Amador County is \$61,198, which is considered ‘Low Income’. Furthermore, due to the COVID-19 pandemic, Amador County’s unemployment rate has increased from 3.1% in September 2019 to 8.6% in September 2020.

It is anticipated that the poverty rate in Amador will continue to grow as the effects of COVID-19 continue to present themselves. As a result, public and private service organizations will need to be prepared to adjust service provision as an influx of human service needs, at the local level, increases.

4. MHS Community Services and Supports (CSS) population assessment and service

needs: Please refer to the FY20-21 through FY22-23 MHS Three-Year Plan which can be accessed here: [MHS Three-Year Plan](#)

5. MHSa Prevention and Early Intervention Plan: The process used to identify the PEI priority populations: Please refer to the FY20-21 through FY22-23 MHSa Three-Year Plan which can be accessed here: [MHSa Three-Year Plan](#)

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

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

Data, as highlighted in the Updated Assessment of Service Needs in Criterion 2, provides guidance on what disparities currently exist and where work is needed to prevent disparities from increasing or occurring at all (i.e. prevention). Data used to determine disparities comes from the EQRO, DHCS audits, ACBHS EHR, MHSa data and other outside sources including but not limited to the Employment Development Department, Healthy Kids Survey, community-based needs assessments and the U.S. Census Bureau.

Using data sets, strategies can be developed to address disparities at the local level. Specifically, DHCS has stated that Spanish is no longer a threshold language in Amador County. However local data shows Hispanics/Latinos are the second largest demographic group living in the County. Although not required by the state, programs that provide services and supports directly to the Spanish-speaking and Hispanic/Latino community are funded through the MHSa and quarterly Latino Engagement Committee meetings provide a space to discuss the population’s needs and solutions to address them.

Data also shows that due to the COVID-19 pandemic, the unemployment rate in Amador County has increased by 5.5% over the course of a one-year time period and is expected to increase as the effects of the pandemic unfold. Additional stressors to poverty include the lack of affordable housing, transportation and more. Other data listed in Criterion 2 supports that major shifts in the county’s poverty culture are underway and human services providers need to be prepared as increased Medi-Cal enrollees and service systems targeted towards those beneficiaries will see an influx. Discussions on how to strategize for capacity and more, will be held in the MHSa/Cultural Competency Steering Committee meeting and the QI/Leadership Committee meetings.

Local data from the county’s EHR also shows a significant decrease in serving Transitional Age Youth and Older Adults from FY18/19 to FY19/20. Many factors can be attributed to this such as stigma, access to services (e.g. lack of Medi-Care providers, insurance eligibility, transportation), and COVID-19. According to the Census 2020 California Hard-to-Count Fact Sheet for Amador County, 21% of occupied housing units did not have access to broadband internet. Due to COVID-19, nearly all services are now provided virtually. Without access to internet, access to critical care is lost. These barriers increase disparities not only among age groups but also among different racial and ethnic groups within these age groups and are

prioritized for discussion at the MHSA/Cultural Competency Steering Committee and QI/Leadership Committee meetings. ACBHS is also conducting outreach to service providers who serve Transitional Age Youth and Older Adults to discuss targeted engagement strategies.

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

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

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

The Mental Health Services Act/Culturally Competence Steering Committee (steering committee) meets bi-monthly on the first Thursday of every other month. The steering committee addresses issues, participates in cultural groups reflective of the community and is the driving force of all program planning that occurs within the ACBHS systems of care. Attendees include consumers, family members, community partners and stakeholders. All cultural competence objectives, training and activities are approved through the steering committee. All consumers, family members, community members and community partners who are interested in the county behavioral health system or the MHSA, are highly encouraged to participate in the MHSA/Cultural Competency Steering Committee meeting and are always welcome to join.

Prior to COVID-19, the MHSA Coordinator attended the monthly members meeting at Sierra Wind Wellness and Recovery Center to give updates, ask for input and listen to the needs of the members as well as their family members. Since March 2020, the monthly members meetings have ceased, however, the Sierra Wind Wellness and Recovery Center Program Director is gathering input and feedback from members on a monthly basis and providing that information to ACBHS.

CRITERION 5—CULTURALLY COMPETENT TRAINING ACTIVITIES

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

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

The table below reflects all training, including Cultural Competence Training, offered to the community and ACBHS staff for FY 19/20 and FY 20/21 (year-to-date):

FY 19/20 & FY 20/21 (YTD) Training List

Date:	Training Name:	# of Attendees:	Who Attended:
September 12, 2019	Resilient Amador-Trauma Informed Care Training	13 (approx.)	ACBHS Staff, Community Partners
September 25, 2019	Solution Focused Therapy	11 (approx..)	ACBHS Staff
October 9-10, 2019	Trauma Focused CBT	2	ACBHS Staff
October 30, 2019	Strengths Based Treatment Training	18 (approx..)	ACBHS Staff
November 4-6, 2019	Crisis Intervention Training (CIT)	100 (approx.)	ACBHS Staff, Law Enforcement/First Responders
November 13, 2019	Resilient Amador-Trauma Informed Care Training	12	ACBHS Staff, Community Partners
November 14, 2019	MHSA Stakeholder Workshop	11	MHSA funded partners
December 2, 2019	Implicit Bias & Cultural Awareness	50 (+/-)	ACBHS Staff, Community Partners, Community Members, CBO's
January 6, 2020	Case Management Training	6	ACBHS Staff
January 15, 2020	MHSA Workshop	15	ACBHS Staff
January 27, 2020	Case Management & Clinician Training	20 (approx.)	ACBHS Staff
February 4, 2020	Military Culture Training	17	ACBHS Staff, Community Partners, Community Members, CBO's
March 24, 2020	Cultural Competence Training	100	ACBHS Staff, Community Partners, Community Members, CBO's, School District Staff
May 28-30, 2020	International Trauma Conference	14	ACBHS Direct Service Staff
June 22-26, 2020	Trauma Informed Care & Housing	6	ACBHS Case Managers/PSC's
June 26, 2020	MORS	20	ACBHS Staff
Ongoing	Active Shooter Training	All Amador County Staff	ACBHS Staff, County Staff

Ongoing	Question, Persuade & Refer (QPR)	59	ACBHS Staff, CBO's, Community Partners, Community Members
Ongoing	safeTALK	25 (approx.)	ACBHS Staff, CBO's Community Partners, Community Members
Ongoing (at least 1x per quarter)	Mental Health First Aid & Youth Mental Health First Aid (offered in English & Spanish)		Community Members
Annual	Relias Online Trainings		ACBHS Staff & Contract Providers
FY20/21 Training, Year-to-Date			
August 11 & 12, 2020	Beyond Homelessness Virtual Symposium	3	MHSA Coordinator, Mobile Support Team
August 11, 2020	LGBTQ+ Affirming Practices Training	25 (approx.)	ACBHS Staff, CBO's, Community Partners, Community Members
August 17, 2020	Trauma Focused CBT	1	ACBHS Clinician
August 18, 2020	Sexual Orientation & Gender Identity Training (SO/GI)	20 (approx.)	ACBHS Staff, CBO's, Community Partners, Community Members
Aug. – Sept. 2020	MHSA Boot Camp Series	2	MHSA Coordinator, Peer PSC
August—Sept. 2020	Eliminating Inequities in Behavioral Health	2	MHSA Coordinator, BH Director
Oct. 14, 2020	Resilient Amador-Trauma Informed Care Training to The Grandparents Program	4	Community Partners
November 2, 2020	Resilience Rising-Trauma Conference	1	Peer PSC
November 3, 2020	Resilient Amador-Trauma Informed Care Training to WIC Staff	6	Community Partners
Dec. 14 & 15, 2020	The Body Keeps the Score-Trauma Healing	3	ACBHS Clinicians
Ongoing	Question, Persuade & Refer (QPR)	45	ACBHS Staff, CBO's, Community Partners, Community Members, ACUSD
Annual	Relias Online Trainings		ACBHS Staff & Contract Providers
Scheduled:			
January 2021	Law & Ethics	TBD	TBD
January 2021	MHSA Staff Workshop	TBD	TBD
January 2021	Roles of Culture and Collaboration in Preventing Suicide and Substance Misuse in Indigenous Communities	TBD	TBD

Due to COVID-19, staff meetings have been held via email. Each staff member must sign a document indicating that they have read and understood all staff meeting materials. All Staff Meetings are held monthly and the following in-service trainings/materials have been provided at our monthly meetings:

FY 19/20 Staff Meeting Presentation Schedule

Month	Presenter
July 25th	Common Ground Senior Services—Kathi Toepel
Aug. 22nd	Children’s Services – Suzanne Ballen DIDN’T SHOW—SICK
Sept. 26th	Public Health – Anna Shrode & Christian Tucker
Oct. 24th	Employment Services—Maggie Wright
Nov. 21st	Adult Protective Services/IHSS/Child Protective Services – Aditra Miller
Dec 2019	No Presentation
Jan. 2020	Victory Village – Larry Nunez
Feb. 2020	California Health & Wellness/Logisticare-Vernell Shaw III
March 2020	Cal VOICES (Sierra Wind, Patient Rights, Labyrinth, LGBTQ) – Katrina Ozier <i>Email</i>
April 2020	Operation Care-Anna Garcia <i>Email</i>
May 2020	SSA Disability; Timothy Fairbanks, Social Security Disability Representative <i>Email</i>
June 2020	Larry Nunez, Victory Village, Veterans Services Organization <i>Email</i>

FY 20/21 Staff Meeting Presentation Schedule

Month	Presenter
July 23rd	Tribal TANF <i>Email</i>
Aug. 27 th	Amador Senior Center <i>Email</i>
Sept. 24th	ZOOM Tips <i>Email</i>
Oct. 22 nd	First 5 Amador <i>Email</i>
Nov. 19 th	Amador College Connect <i>Email</i>
Dec 2019	No Presentation
Jan. 28th	Bethany Ford—Eligibility, Amador Social Services Department
Feb. 25th	Melissa Thompson—Problem Gambling Specialist
March 25th	
April 22 nd	
May 27th	
June 24th	

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

Furthermore, MHSA has several formal partnerships and training is provided by those community based service providers on an ongoing basis. Those trainings include El Rotafolio, a suicide prevention training targeted toward Spanish-speaking populations as well as monthly educational workshops.

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

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

The Workforce Needs Assessment in the FY 20/21 through FY 22/23 MHPA Three-Year Plan details ACBHS efforts to recruiting and retaining a workforce that is reflective of the community it serves. The document can be accessed by following this link: [MHPA Three-Year Plan](#) Other recruitment and retention activities include the following:

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

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

Solutions to the retention of workforce within ACBHS are being addressed through the Central Region Partnership for Workforce, Education and Training. The Central Region is working with OSHPD to provide loan repayment programs for clinical staff. ACBHS is actively involved in these efforts and will begin offering this option to its workforce when available in early 2021.

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

CRITERION 7—LANGUAGE CAPACITY

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

- ACBHS has a 24 hour phone line that has linguistic capability in all languages and for the deaf and hard-of-hearing
- ACBHS has a contract with the Alameda Crisis Line, which has linguistic capability in all languages to provide services regarding access and if necessary, connect callers to crisis services
- During business hours, if consumers need services in language other than Spanish, the language line is accessed. Annual training for ACBHS staff is provided for use of the Language Line
- Throughout the department, information is posted and provided in both English and Spanish
- All informing materials, including the intake packet and medication consents are provided in both English and Spanish
- Bulletins regarding the availability of interpreter services and the language line are posted throughout the ACBHS lobby
- ACBHS currently has two bilingual treatment staff (one clinician and one part-time psychiatrist)
- The Promotores de Salud provide interpretation services for crisis and non-crisis services
- Cultural and linguistic demographic data is gathered and reviewed quarterly through QI and MHSa evaluation processes

CRITERION 8—ADAPTATION OF SERVICES

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

Due to COVID-19, all service provision whether directly through ACBHS or a formal partnership (contract provider) has been augmented in order to adapt to health guidelines as well as community and client needs. This has been a difficult balance to strike as individuals have endured much hardship and are in need of increased services and supports while community members and service providers are responding to their needs in an evolving new way of service provision.

Although services have been adapted to meet ongoing COVID-19 health and safety guidelines, no stop in service provision has been experienced. ACBHS partners have continued to effectively provide supports, just in different ways:

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

Sierra Wind is committed to providing services that are reflective of the underserved populations in Amador County. The staff is currently comprised of those who identify within the LGBTQ community, Veterans, active NA/AA members, Native American and Spanish-speaking employees. Sierra Wind serves the majority of the sub-populations identified in the Cultural Competency Objectives year after year and is a safe haven for those who need additional supports or do not receive any support from the public behavioral health systems. Due to COVID-19, all groups are now offered virtually. The center is open to a limited number of individuals who need to access to computers, phone or other necessary access & linkage services. The daily meal is now provided as a pick-up sack lunch and other resources are provided, upon request.

- NAMI Education and Support Groups provide outreach, engagement, and education for ACBHS and their clients as well as education and support to the community in the form of 4 support groups: Family Support, Family to Family, Peer to Peer, and Connections Recovery. Prior to COVID-19, NAMI utilized their monthly meeting to provide in-service trainings on a variety of topics and resources within Amador County to populations that otherwise would not know the services exist. NAMI also provided a Family to Family class as well as a Peer to Peer class. In order to connect with its large membership and to not lose contact, the Family Support Group is currently conducted via Zoom and Connections is being done via phone check-in with trained Connections facilitators. NAMI Amador is essential to providing outreach through education and awareness to populations that ACBHS otherwise would not reach. Although COVID-19 has placed some restrictions on NAMI's ability to provide the full spectrum of education and support, participant surveys reflect that member's needs are being met and the extra support is appreciated. Additional support from NAMI Amador comes from their legislative advocacy. Two NAMI members are very involved in advocating for legislature that supports mental health systems and access to mental health care. This information has been very helpful to ACBHS and the community to learn more about how legislation effects the service provision at the local level.
- Outreach and Engagement Services through prevention and early intervention funding are currently being provided by Nexus Youth and Family Services and include the following:
 - Outreach and Engagement to isolated rural communities (explained in detail in MHSA Three Year Plan) provides monthly wellness workshops with topics based off of community need response, quarterly suicide prevention and mental health

trainings and ongoing daily use of community center resources to engage individuals and families in isolated, rural communities throughout the county.

- Parent Child Interaction Therapy (PCIT) is designed to improve family functioning, resiliency, and cohesion as parents receive one-on-one coaching in “real time” to acquire skills and tools to improve the quality of the parent-child relationship.
- Aggression Replacement Therapy (ART) is provided to help increase resiliency in children and teens and to develop a skill set for responding to challenging situations with social learning and cognitive behavioral strategies.
- Project SUCCESS is based on the Project SUCCESS model, a SAMHSA-recommended, research-based approach that uses interventions proven effective in reducing risk factors and enhancing protective factors. Current components include:
 - Prevention Education Series: An eight-session Alcohol, Tobacco, and Other Drug prevention program conducted by the Project SUCCESS Counselor (**funded through the ACBHS Substance Abuse Program**).
 - Mental Health First Aid for Youth: a 12-hour course to help youth and those who work with youth to better understand and respond to mental illness (**funded through PEI**).
 - Individual and Group Counseling: Project SUCCESS Counselors conduct time limited individual sessions and/or group counseling at school to students following participation in the Prevention Education Series and an individual assessment (**offered through the Building Blocks of Resiliency Aggression Replacement Training**).
 - Referral & Coordination of Services: Students and parents who require treatment, more intensive counseling, or other services are provided support and referred to appropriate agencies or practitioners in the community by their Project SUCCESS counselors (**funded through PEI**).
- The Promotores de Salud is a Latino Peer-to-Peer program that utilizes Spanish-speaking Hispanic/Latino community members to reach out to other historically underserved Spanish-speaking Hispanic/Latino and linguistically isolated community members. The goal of this program is to promote mental health, overall wellness, and ultimately increase access to services. Promotoras conduct educational presentations and outreach activities and help overcome barriers such as transportation, culture, language, stigma, and mistrust.

All services have been adapted to meet COVID-19 health and safety guidelines. Nexus Youth and Family Services provided ACBHS with an Interim Service Plan in March 2020 detailing how virtual and in-person services will be provided during the pandemic.

- ACBHS contracts with the Amador County Senior Center to expand the scope and/or outreach of their efforts to support the mental health and wellbeing of isolated older adults. ACBHS currently provides marketing funds to advertise and stipends to expand a Senior Peer Program serving Amador County. The marketing funds for the Senior Peer

program are intended to advertise services, solicit new volunteers, and to provide training for existing volunteers. Services have been adapted due to the COVID-19 pandemic and all volunteers are now doing their peer services via phone. This has been successful and a very good bi-directional approach to meeting isolated seniors needs.

In order to adapt services to continue to meet the needs of actively aging seniors, MHSA funds have been used to expand localized programs in different geographic areas of the county. Utilizing PEI funds, MHSA supports the Amador Senior Centers efforts in targeting seniors who wish to be active but lack transportation and live in geographically challenged areas. Through the Foothill Fitness program, seniors are able to connect socially in localized communities, to promote an active lifestyle and improve quality of life. Due to COVID-19, Foothill Fitness is taking safety precautions for the health of its participants with some groups being offered on Zoom and others remaining inactive until it safe to resume classes.

The goal of the Senior Nutrition Program is to connect older adults socially in localized communities, to promote healthy eating and improve quality of life. The program provides older adults the opportunity to enhance their social network, improve emotional, mental and physical health through socialization and healthy meal habits, and to remove barriers to isolation. Again, due to the COVID-19 pandemic, in-person meals have been suspended until further notice. Drive-thru meal service has been very successful with over 1,000 meals being provided each month. It was noted during the pandemic that some seniors were not accessing the drive-thru meal service and meal delivery was a necessary means to provide food to isolated seniors. Transporting meals for delivery service within the Jackson city limits has been a successful way of providing outreach to seniors daily. Although seniors are unable to gather and socially connect, the staff is providing a social connection and are able to identify when someone is struggling or needs additional supports.

- CalVOICES, utilizing MHSA PEI funds, provide Labyrinth stress reduction services as a method for outreach and engagement in isolated, rural parts of Amador County and to the underserved communities living in these regions; ultimately increasing knowledge and understanding pertaining to mental health and improving timely access to Behavioral Health services. These services have been augmented due to COVID-19 and are offered using a hybrid of weekly virtual Labyrinth groups and in-person Labyrinth walks outdoors. CalVOICES also continues its monthly LGBTQ support groups for TAY, adult, older adults and family members; thereby increasing natural supports for LGBTQ communities in Amador County while also improving access to timely behavioral health services as needed. These groups are also being provided virtually at this time, although one-on-one peer support is available upon request.
- Due to AB114, programs were launched that focus on Community Outreach and Engagement, Suicide Prevention and a school-based mental health partnership called the School Based Mental Health Strategies Workgroup. Details of each program are

listed in the MHSA Three-Year Plan hyperlinked throughout this document. It should be noted that the Community Outreach and Engagement has been extremely successful and serves as a resource for many individuals and community based organizations. Community outreach also provide materials and presentations throughout Amador County and has increased awareness since its inception. Suicide Prevention activities have come to fruition with the implementation of QPR trainings, safeTALK trainings, and a Suicide Prevention Coalition called Amador SPEAKS. Increased advertising for suicide awareness has included an ad on a local bus and localized post cards with resources and supports.

Through the School Based Mental Health Strategies Workgroup, collaboration with the Amador County Unified School District and Amador County Office of Education to develop mental health strategies for students in the school setting has been ongoing. Most recently a Student Assistance Program, ASPIRE was implemented to effectively meet the needs of Amador County students and their families. Additionally, work group meetings with School Counselors to monitor program implementation and to discuss a mental health-screening tool has also been underway. The workgroup has determined that due to a lack of resources and a need for a more comprehensive community support model to address student mental health, especially in the midst of COVID-19. Investigation is underway to possibly pursue MHSA Innovations funds for this purpose.

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

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

SUBSTANCE USE SERVICES DATA

The Amador County Behavioral Health Department provides oversight regarding Substance Use Disorder Services (SUDS) and cultural competence. As stated in the introductory section at the beginning of this document, most (if not all) training and policies regarding Cultural Competence include the SUDS department. Although this Cultural Competency Plan does not specifically highlight the services provided by the SUDS providers, the information below shows how many individuals have been served throughout FY19/20 and FY20/21 year-to-date and the training requirements for SUDS providers within the ACBHS system of care.

In FY19/20, the SUDS program served 132 individuals. From 7/1/20 through 12/4/20, the SUDS program served 61 individuals.

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

Amador County Substance Use Disorder staff are required to receive Title 22 training on an annual basis. The last Title 22 training was attended on November 17, 2020. The following SUDS staff were able to attend: Amy Hixson, Margie Soracco, Melissa Thompson and Christy Hobgood. Neal Troiano will attend an 'in-house' training in January 2021.

Our Problem Gambling Counselor, Melissa Thompson, has completed the Studies in Gambling Addiction Certificate program and will be continuing on in order to obtain a certification of ICGC I (state exam) and ICOGS (co-occurring accomplished through work/intern hours). Melissa has also received her Certified Addiction Treatment Intern certification from The Addiction Counselor Certification Board of California (CAADE's ACCBC).

For further information specific to SUDS cultural competence, capacity and training, please contact Stephanie Hess at (209) 223-6308 or Amy Hixson at (209) 223-6548.

CONCLUSION

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

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

If you should have any questions regarding this plan or the culturally sensitive activities woven throughout the ACBHS systems, please contact Stephanie Hess at (209) 223-6308 or shess@amadorgov.org.