

Amador County Behavioral Health Services

Cultural Competency Plan Update December 2021



INTRODUCTION

Over the past three 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.

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

COUNTY OVERVIEW AND CHALLENGES

Amador County is located in the beautiful Sierra Nevada Mountains of California. Amador County is a small, rural county located 45 miles southeast of Sacramento in the western Sierra Nevada. Amador County covers 595 square miles with elevation ranging from 200 to more than 9000 feet. The region is often referred to as part of the "Mother lode" based on its 19th century gold rush history. Amador County is home to three federally recognized tribes—the Lone Band of Miwok Indians, the Buena Vista Band of Me-Wuk Indians, and the Jackson Rancheria Band of 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 39,752 residents, which includes a state prison. Excluding the state prison, the county's population is 35,852. The county's population is older than the state by 13% and approximately 28% of Amador County's population are aged 65 or older. Amador County has a small percentage of 0 to 19-year-olds when compared to the state (19% for Amador County; 29% for California). The county's median age is 50 years, which has remained consistent for the past five years.

Veterans make up approximately 11% of the county's population. The poverty rate is 10% and the percentage of persons with a disability under the age of 65 is 13%. As of June 2021, the unemployment rate is 7%, which greatly improved from June 2020 when the unemployment rate sat at 12%.

According to the 2019 American Community Survey, approximately 14,594 households live in Amador County. This is nearly half of the entire county's population. According to the Amador County Housing Study, completed in June 2020, there are more households earning \$25,000-\$49,999 than any other income category in the County. The 2021 HUD Income Limits for Amador County state:

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

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 \$77,900. 22% 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
- 28% Over 65 Years Old
- 10% 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/174/2021/06/2021-Q1-MCSP-SB601.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.
- Due to the COVID-19 pandemic, the 2021 Point-In-Time (PIT) count was a sheltered homeless count and identified 23 households and 37 individuals as unhoused, but sheltered for the night.
- Of the 37 sheltered homeless, 11 were under age 18, 8 were Veterans and 4 identified as having a mental illness.
- Homeless individuals and families were considered to be in the highest needs of mental health services and supports for the third year in a row, according to the 2021 MHSA Community Program Planning survey.
- Transportation continues to be a challenge for Amador County residents. Although improvements have been made in creating more unique transportation opportunities for individuals and families, transportation was listed in some of the primary barriers to mental health treatment within the county for the fourth 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.
- 22% 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 and Individuals/Families Living in Poverty are underserved and have very limited resources to access in Amador County. According to the FY21/22 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. ACBH has incorporated these values into the planning and development processes using different strategies within the organization and in the community.

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

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

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

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

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

NOTE: A comprehensive list of strategies are detailed in the above-mentioned FY 21/22 Cultural Competency Objectives. The details below only address a sample of what ACBH does regularly to demonstrate community outreach and engagement to our locally underserved populations.

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

As stated in the dialogue above, Amador County solicits input annually from the Cultural Competency Committee to identify needs and develop goals and objectives that target the underserved ethnic populations in the community. In addition to identifying ethnic populations, the Cultural Competency Committee also focuses on sub-populations in isolated rural areas as well as countywide. Since Amador County is not an ethnically diverse community, other identified populations allow the County to focus on other areas of culture that need to be addressed such as poverty, homelessness, Veterans, LGBTQ+, Older Adults and Foster Youth.

DHCS has notified Amador County that Spanish is no longer a threshold language. However, efforts to outreach and provide access to the Hispanic, Latino and Spanish-speaking population in Amador County will continue utilizing strategies identified in the FY 21/22 Cultural Competence Objectives mentioned above and attached to this Cultural Competency Plan Update. The Latino Engagement Committee has met quarterly for several years and consists of ACBH staff, the Promotores de Salud, Adult Education 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. As a result, several Native American Round Table meetings occurred through October 2019. The Round Table meetings allowed for ACBH meet regularly with Native American organizations and representatives. Native American Round Table meetings aimed to increase engagement with Native communities in Amador County. The meetings consisted of tribal leaders, tribal providers and other community organizations serving Native individuals and families. The group discussed barriers and assisted in providing solutions to problems specific or more fluent in the native community. Due to COVID-19, the Native American Round Table meeting has not been

held since October 2019. Discussions are underway of pursuing a virtual Round Table but have proven unsuccessful thus far. However, although the COVID-19 pandemic has impacted the Native American Round Table meetings, it has not impacted ACBH relationship with their cultural broker, Tribal TANF. Tribal TANF has spoken at ACBH monthly all staff meetings, have attended community-based meetings, hosted by ACBH and recently provided a land acknowledgement for ACBH staff during Native American Heritage Month. Continued efforts will occur to maintain and improve engagement with the native community throughout FY 21/22.

Community Announcements is a twice-weekly email that includes information on local resources, services and supports. The current listserv for Community Announcements is at approximately 500 email addresses, which are individuals who represent themselves as community members, organizations, agencies, medical providers, school district staff, tribal organizations/entities and more. All information issued on Community Announcements is posted to ACBH's Network of Care website. California Tribal TANF Partnership newsletters are posted monthly, along with the Elder Food Distribution Amador TANF coordinates. This facilitates regular communication between ACBH 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 now, during 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. Strategies to address these unique needs have been developed and aim to increase efforts that support awareness, information, access and referrals to programs for individuals and families living in isolated areas of Amador County. These strategies, with detailed examples of how they are implemented are embedded in the FY 21-22 Cultural Competency Objectives included in this plan as Attachment C.

Other populations continue to be priorities for the Cultural Competence Committee. Those identified include Veterans, Homeless/Unhoused, Foster Youth, 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 21/22 Mental Health Services Act Annual Update. The Annual Update can be found on Amador's Network of Care site by following this link: [MHSAs Annual Update](#)

Lessons Learned: Several lessons have been learned regarding cultural competence in ACBH outreach efforts, however, the primary theme is that there is far greater need than there are resources. Veterans are a historically underserved group in Amador County and as a result, many go without access to treatment that is readily available to them due to transportation, proximity to the VA and other deterrents. The MHSAs funds 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 ACBH. 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, ACBH 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 is being discussed and tentative plans to schedule this in Winter/Early Spring 2022 have been made.

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

ACBH utilizes the 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 ACBH serves; over half of the body are consumers and/or family members. Other committee members are peers, Native

American, LGBTQ+, and Older Adults and/or represent isolated rural communities. Committee members also represent community partner agencies and other key stakeholders in the community.

The MHS/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 MHS 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 MHS/Cultural Competency Steering Committee meetings to ensure that the group is fully included in the planning process. Furthermore, surveys responded to in Spanish are discussed (and translated) during the quarterly Latino Engagement Committee meeting.

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

For example, during the annual community program planning process as well as any other time stakeholder feedback is necessary, ACBH outreaches to the local Promotores to make sure the survey is translated to Spanish and that they provide it to Spanish-speaking individuals. Additionally, targeted outreach to the Native American population is conducted using the Tribal TANF-Amador office as a cultural broker to facilitate distribution of the surveys to their community. Targeted outreach also occurs with local Veterans organizations 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 ACBH consumer population; approximately 50% are clients/family members, several are older adults, and most live in isolated rural communities. The ACBHAB meets bi-monthly and standing agenda items include a Behavioral Health report, which cover cultural competency efforts around outreach and engagement of underserved populations. The ACBHAB and public attendees (many of whom represent local racial, ethnic, and cultural groups) have the opportunity to engage the department regarding ACBH programming and progress toward measurable objectives, such as increasing access toward the underserved.

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

During the Community Program Planning Process conducted in Spring 2021, a community survey issued, asked who has the highest need for mental health services and supports. All populations were included that are identified in the Cultural Competency Objectives, except for tribal communities. This oversight not only contradicts the work to build trust and access within the Native community, but also is detrimental because the information is inaccurate.

Prioritizing engagement with the tribal communities living and contributing to Amador County is lost, if we do not capture the needs. This oversight will be addressed in the next Community Program Planning Process and targeted outreach to the Native community will commence to ensure the Native voice is represented in this process.

- 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 culturally appropriate ways. First, the department utilizes the Relias online learning management system. This program offers over 400 courses at no charge to staff and contractors. A passing test is required before participants can get credit for the course. All staff are required to take several designated courses in cultural competency.

Second, local training is provided to staff and the community. These training sessions are provided at monthly staff meetings, the MHSA/Cultural Competency Steering Committee, the ACBHAB, or at special events. Community partners such as NAMI Amador use their monthly meeting for training and education purposes, bringing in speakers/presenters to describe different mental health conditions or to educate the community on newly available resources. The Family Resource Center's (FRCs), through Nexus, provide monthly Wellness Workshops, which focus on providing education around behavioral health issues in all populations. Mental Health First Aid and 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 include the Health Equity Summit, Implicit Bias Training, Crisis Intervention Training (CIT) and a Maternal Mental Health Workshop Series. Trainings focused on Veteran mental health, trauma-informed care, cultural competence/equity and more will be pursued in FY21/22.

Other training opportunities that arise for specific populations are offered to those partners/service providers utilizing MHSA funds. These opportunities provide partners/service providers insight into strategies that will assist them in the work they do within our smaller,

rural community. In the past, specific training for those serving the Spanish Speaking and/or Hispanic and Latino populations has been provided as well as to other underserved populations as identified in the Cultural Competency Objectives, reviewed and updated annually.

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

Lessons Learned: Over the past two years, topics such as social justice, equity and cultural competence have been put into the spotlight throughout the United States. Amador is a smaller, rural county, that lacks a history of prioritizing equity work and providing culturally competent approaches to the services we provide within ACBH and county-wide. Due to the active role of CBHDA putting this work at the forefront of county behavioral health systems, ACBH leadership and the Amador County Ethnic Services Manager (ESM) has begun to work on prioritizing equity and cultural awareness by developing strategies within the agency to help build and grow staff's knowledge and education around these topics. The ACBH Director and the ESM meet quarterly to discuss current initiatives, ideas, and to develop a plan for the next three months. As a result, a monthly awareness newsletter has been distributed to all ACBH staff since May 2021. Additionally, a Cultural Competency BINGO game was done in Spring 2021 to educate staff on terms and other aspects of Cultural Competence, what that means and how it is used in the work and services provided. Additionally, the ESM discussed their role at an All Staff Meeting and requested that staff who have questions, want to learn more or just want to discuss these topics, to please reach out. This has been very helpful in showing staff that ACBH leadership is aware that this work needs to be discussed on an ongoing basis as different needs for different communities come up. The active support of ACBH leadership in cultural competence and equity work within the behavioral health system of care has enhanced the support provided to the Ethnic Services Manager so that the ESM is better equipped to act as resource in this work.

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 ACBH is the Mental Health Services Act Programs Coordinator. The MHSA Coordinator has direct access to the ACBH Director through the use of regular check-in meetings, bi-weekly Quality Improvement/Leadership Team meetings and quarterly reviews focused specifically on cultural competence efforts.

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

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

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

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

Other than dedicated resources for interpreter services, ACBH does not have a specific budget for cultural competence activities. However, ACBH does utilize MHSA funds to promote 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 39,752 residents, which includes a state prison. Excluding the state prison, the county's population is 35,852. The county's population is older than the state by 13% and approximately 28% of Amador County's population are aged 65 or older. Amador County has a small percentage of 0 to 19-year-olds when compared to the state (19% for Amador County; 29% for California). The county's median age is 50 years, which has remained consistent for the past five years.

Veterans make up approximately 11% of the county’s population. The poverty rate is 10% and the percentage of persons with a disability under the age of 65 is 13%. As of June 2021, the unemployment rate is 7%, which greatly improved from June 2020 when the unemployment rate sat at 12%.

Gender*	Amador County Population		% of Population
Male	19,360		54%
Female	16,492		46%
<i>*Gender calculations are based off the populations of 35,852, which excludes the state prison population.</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 (ACBH EHR vendor) for FY 21/22, 7,748 residents in Amador County were eligible for Medi-Cal coverage. Of the 7,748, ACBH served 767 beneficiaries, which represents a 9.9% penetration rate. The Medi-Cal eligible number for FY 21/22 increased, as expected 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 ACBH in assessing the Medi-Cal Population Service Needs and focuses on age group. The highlighted age groups will be monitored throughout FY 21/22 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	818	25	26	3.1	Increase in eligible; no increase in #'s served & penetration rate decrease by 0.1
06 - 11	756	74	77	9.8	Increase in eligible, no increase in #'s served & penetration rate decrease by 0.6.
12 - 17	741	106	121	14.3	Increase in eligible, #'s served decreased & penetration rate decreased by 1.8.
18 - 20	315	40	48	12.7	Increase in eligible, #'s served significantly higher (17 to 40), penetration rate increased by 6.4.
21 - 24	317	42	57	13.2	# of eligible, #' served remained same, penetration rate decreased 1.3.

25 - 34	1,143	149	192	13	Increase in eligible, slight increase in #'s served & slight decrease in penetration rate (0.6)
35 - 44	994	118	175	11.9	Increase in eligible, #'s served remained the same, penetration rate decreased 1.2.
45 - 54	794	85	111	10.7	Increase in eligible, decrease in #'s served & penetration rate decreased by over 4%.
55 - 64	1,072	110	141	10.3	Increase in eligible, #'s served remained same & penetration rate decreased.
65+	795	20	54	2.5	Increase in eligible, #'s served remained same, penetration rate decreased by 1.
Total	7,745	769	1,002	9.9	

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

Ethnicity	MMEF Eligibles	SDMC Clients Served	MH Clients Served	Penetration Rate (%)	Analysis from FY 19/20 to FY20/21 Data
Alaskan Native or American Indian	145	27	31	18.6	No significant change
Asian or Pacific Islander	88	14	16	15.9	Slight increase in eligible and #'s served. Increase in penetration rate from 10.6 to 15.9
Black or African American	70	13	15	18.6	Slight increase in eligibles, #'s served approx. the same, decrease in penetration rate from 21.1 to 18.6
Hispanic	1,004	105	121	10.5	Increase in eligible, #'s served remained the same, decrease in penetration rate from 11.7 to 10.5 (most likely due to increase # of eligibles)
Other	44	7	7	15.9	Increase in eligibles, decrease in #'s served, decrease in penetration rate from 28.9 to 15.9 (most likely due to increase # of eligible and decrease in #'s served)
Unknown	747	13	75	1.7	Increase in # of eligibles, decrease in #'s served, and decrease in penetration rate (most likely due to increase # of eligible and decrease in #'s served)
White	5,645	590	737	10.5	Increase in # of eligibles, #'s served approx. same, penetration rate decreased from 11.4 to 10.5 (most likely due to increase in # of eligible and decrease in #'s served)
Total	7,743	769	1,002	9.9	

3. Poverty Service Needs

As of 2021, 11.5% of Californian's are living in poverty. 10.3% of Amador County residents are living in poverty. Although Amador County has a lower than statewide average for poverty, the culture of poverty is still very present countywide. In 2021, 12.6% of residents in Amador County, aged 65 or younger, have a disability, which is a 1% increase from the previous year. Housing options are now non-existent. The rural landscape, combined with the geography of affordable housing within the County, creates access barriers to basic social services and creates risks for isolation. The population per square mile in Amador County is 64, which is significantly less than the statewide number of 239. Approximately 21% of Amador County residents are Medi-Cal recipients.

According to the most recent U.S. Census Bureau QuickFacts, approximately 14,594 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 \$62,300 is Low Income
- HUD Income Limits state that a family of four making \$38,950 is Very Low Income
- HUD Income Limits state that a family of four making \$26,500 is Extremely Low Income

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 \$62,772, barely considered 'Low Income'.

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

4. MHSA Community Services and Supports (CSS) population assessment and service needs: Please refer to the MHSA Annual Update and Expenditure Plan for FY21-22 which can be accessed here: [MHSA Annual Update](#)

5. MHSA Prevention and Early Intervention Plan: The process used to identify the PEI priority populations: Please refer to the MHSA Annual Update and Expenditure Plan for FY 21-22 which can be accessed here: [MHSA Annual Update](#)

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

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

Data, 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, ACBH EHR, MHSA data and other outside sources including but not limited to the Employment Development Department, Healthy Kids Survey, community-based needs assessments and the U.S. Census Bureau.

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

The 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. Over the past year, the Medi-Cal Managed Care Plan, Anthem Blue Cross has seen an increase in beneficiaries of over 430. Medi-cal eligible counts for FY 20/21 increased by nearly 700 new beneficiaries. 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 continued decrease in serving youth aged 12-17 from FY19/20 to FY20/21. The most significant impact occurred among adults aged 45-54. The data from the county's EHR showed that not only did a significant decrease in #'s served but also a penetration rate decrease of 4%. This is significant, as the middle-aged population tends to have higher rates of suicide. Other factors can be attributed to this such as stigma, access to services (e.g. lack of Medi-Cal providers, insurance eligibility, transportation), and COVID-19. 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. ACBH is also conducting outreach to service providers who serve youth and middle-aged populations 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
- ACBH participation in statewide, regional and local cultural competence committees focusing on social justice, cultural awareness and shared learning for solutions to address disparities in behavioral health systems of care

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

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

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

CRITERION 5—CULTURALLY COMPETENT TRAINING ACTIVITIES

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

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

The table below reflects all training, including Cultural Competence Training, offered to the community and ACBH staff for FY 20/21 and FY 21/22 (year-to-date):

FY 20/21 & FY 21/22 (YTD) Training List

FY 20/21 Training			
August 11 & 12, 2020	Beyond Homelessness Virtual Symposium	3	MHSA Coordinator, Mobile Support Team
August 11, 2020	LGBTQ+ Affirming Practices Training	25 (approx.)	ACBH Staff, CBO's, Community Partners, Community Members
August 17, 2020	Trauma Focused CBT	1	ACBH Clinician
August 18, 2020	Sexual Orientation & Gender Identity Training (SO/GI)	20 (approx.)	ACBH 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	ACBH Clinicians
January 5, 2021	MHSA Stakeholder Workshops	15 (approx.)	MHSA-funded partners
January 13, 2021	MHSA Staff Workshops	6	ACBH Staff
January 27, 2021	Law & Ethics	30	ACBH Staff
February 8, 2021	Racial Disparities & Health Inequities at Every Stage of COVID-19	1	MHSA Programs Coordinator
February 10, 2021	MHSA Staff Workshops	12	ACBH Staff
February 11, 2021	David Woods Bartley, TedX Speaker	12	ACBH Staff
February 18, 2021	David Woods Bartley, TedX Speaker	25	Community partners, CBO's, Community
May 26-29, 2021	International Trauma Conference	5	ACBH Direct Services Staff
May to June 2021	DSM-5 Training	10 (approx.)	ACBH Staff
Ongoing	Question, Persuade & Refer (QPR)	45	ACBH Staff, CBO's, Community Partners, Community Members, ACUSD
Annual	Relias Online Trainings		ACBH Staff & Contract Providers
FY 21/22 Training			
July 22, 2021	Implicit Bias Training	54	ACBH Staff, Community
October 25-27, 2021	Crisis Intervention Training (CIT)	100 (approx.)	ACBH Staff, Law Enforcement/First Responders

October – November 2021	Maternal Mental Health Workshop Series	20 (approx.)	ACBH Staff, Medical Providers, Community Partners, Community Members
December 8, 2021	Fetal Alcohol Spectrum Disorder Training	1	ACBH Clinician/Staff
Ongoing	Question, Persuade & Refer (QPR)	TBD @ FY End	ACBH Staff, CBO's, Community Partners, Community Members, ACUSD, Medical Community, Faith Based Community
Annual	Relias Online Trainings		ACBH Staff & Contract Providers

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

FY 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	Amy Hixson—Narcan Training
April 22 nd	Tracy Carlton, First 5 Amador, Resilient Amador
May 27th	Melissa Cranfill, Director BH—Building Reopening & COVID
June 24th	Terry Sanders, Veterans Services Officer (VSO)

FY 21/22 Staff Meeting Presentation Schedule

Month	Presenter
July 22 nd	Nexus Promotores de Salud/M-Cal Navigator – Ivonne Isaac & Team
Aug. 26 th	Tribal TANF--Joni Drake & Lisa Martin
Sept. 23 rd	Mother Lode Job Training – Sarina Miller
Oct. 28 th	Amador Senior Center – Chris Kalton
Nov. 18 th	Candice Hann, Motherlode Educational Opportunity Center (MEOC) & Land Acknowledgement presented by TANF
Dec. 2021	NO PRESENTER—CHRISTMAS MEETING
Jan. 27 th	Area 12 Agency on Aging, Jean Jones jjones@area12.org
Feb. 24 th	
March 24 th	
April 28 nd	

May 26 th	
June 23 rd	

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

Furthermore, 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

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

The Workforce Needs Assessment in the MHSA Annual Update and Expenditure Report for FY 21/22 details ACBH efforts to recruiting and retaining a workforce that is reflective of the community it serves. The document can be accessed by following this link: [MHSA Annual Update](#). Other recruitment and retention activities include the following:

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

ACBH continues to offer Masters in Social Work and Marriage and Family Therapist Interns opportunities to earn their hours toward licensure within the department. Students needing

practicum hours to graduate are also extended opportunities for needed experience as capacity allows. Supervision is included with employment at Amador County Behavioral Health.

Solutions to the retention of workforce within ACBH are being addressed through the Central Region Partnership for Workforce, Education and Training. The Central Region is working with the Department of Health Care Access and Information (HCAI), formerly known as OSHPD, to provide loan repayment programs for 'hard to retain/recruit' staff, as identified by ACBH. ACBH will begin offering the loan repayment program to its eligible workforce, when available, in early 2022.

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

CRITERION 7—LANGUAGE CAPACITY

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

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

CRITERION 8—ADAPTATION OF SERVICES

ACBH is dedicated to providing services in appropriate and accessible ways. ACBH recognizes that due to cultural and/or other socio-economic barriers that exist within Amador County, utilizing the public behavioral health system may not be a viable option for some consumers

and their family members. ACBH, through formal partnerships with community-based organizations, has historically adapted services to meet the specific needs of the community.

Due to COVID-19, all service provision whether directly through ACBH or a formal partnership (contract provider) was augmented in order to adapt to health guidelines as well as community and client needs. This 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, there was never any stop in service delivery.

Despite COVID-19, ACBH partners have continued to effectively provide supports in the following ways:

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

Sierra Wind is committed to providing services that are reflective of the underserved populations in Amador County. The staff is currently comprised of those who identify within the LGBTQ+ community, Veterans, active NA/AA members, Native American and Spanish-speaking employees. Sierra Wind serves the majority of the sub-populations identified in the Cultural Competency Objectives year after year and is a safe haven for those who need additional supports or do not receive any support from the public behavioral health systems. Due to COVID-19, all groups are now offered both in-person and virtually.

- NAMI Education and Support Groups provide outreach, engagement, and education for ACBH and their clients as well as education and support to the community in the form of 4 support groups: Family Support, Family to Family, Peer to Peer, and Connections Recovery. NAMI utilizes their monthly meeting to provide in-service trainings on a variety of topics and resources within Amador County to populations that otherwise would not know the services exist. NAMI also provides a Family to Family class as well as a Peer to Peer class. During the initial onset of the COVID-19 pandemic, groups were provided via Zoom and weekly Connections was done via phone check-in with trained Connections facilitators. NAMI Amador is essential to providing outreach through education and awareness to populations that ACBH otherwise would not reach. Although 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 ACBH 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 and Annual Update) 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 ACBH 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.

- ACBH contracts with the Amador County Senior Center to expand the scope and/or outreach of their efforts to support the mental health and wellbeing of isolated older adults. ACBH currently provides marketing funds to advertise and stipends to expand a Senior Peer 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. Whether the service is provided in-person or via phone, it has been successful and a very good bi-directional approach to meeting isolated seniors needs.

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

The goal of the Senior Nutrition Program is to connect older adults socially in localized communities, to promote healthy eating and improve quality of life. The program provides older adults the opportunity to enhance their social network, improve emotional, mental and physical health through socialization and healthy meal habits, and to remove barriers to isolation. 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. Due to the successful approach of the home delivery program, it has now been expanded to include lone and lower parts of Pine Grove. Although seniors are unable to gather and socially connect, the staff and volunteers are providing a social connection and are able to identify when someone is struggling or needs additional supports.

- Cal VOICES, 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. Cal VOICES also continues its monthly LGBTQ+ support groups for TAY, adult, older adults and family members; thereby increasing natural supports for LGBTQ+ communities in Amador County while also improving access to timely behavioral health services as needed. One-on-one peer support is available upon request.

- Due to AB114, programs were launched that focus on Community Outreach and Engagement, Suicide Prevention and a school-based mental health partnership called the School Based Mental Health Strategies Workgroup. Details of each program are listed in the MHSA Annual Update 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 (Suicide Prevention, Education, Awareness, Knowledge, Support). Increased advertising for suicide awareness has included an ad on a local bus and localized post cards with resources and supports.
- Over the past year, the School Based Mental Health Strategies Workgroup, was able to pursue several initiatives to support youth and student mental health. Efforts include securing the Mental Health Student Services Act (MHSSA) Grant through the Mental Health Services Oversight and Accountability Commission (MHSOAC) to provide direct mental health services and supports to students within the school sites. The second is an innovations project that will create a comprehensive community support model to address student mental health, utilizing a community-based approach. The third and final endeavor is a one-year grant, awarded to Public Health and then provided to Amador County Behavioral Health to support the mental health needs of school staff and students as the transition to full time, in-person learning occurs.

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

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

SUBSTANCE USE SERVICES DATA

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 FY 20/21 and FY 21/22 year-to-date and the training requirements for SUDS providers within the ACBH system of care.

In FY20/21, the SUDS program served 114 individuals. From 7/1/21 through 12/21/21, the SUDS program served 64 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 December 7, 2021. The following SUDS staff were able to attend: Amy Hixson, Margie Soracco, Neal Troiano and Dr. Aguello. Angie Grau, Megan Hodson and Karen Vaughn also attended.

ACBH SUD staff have also received training from the SUD Medical Director. The following training was offered during FY 21/22: Stages of Change, Motivational Interviewing and Referral process training occurred on September 10, 2021. Trauma Informed Care occurred on November 8, 2021.

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

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

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