INTRODUCTION

Under DHCS requirements, this plan is called a ‘Cultural Competency Plan’, however, after receiving stakeholder and community input, Amador County Behavioral Health Services has determined that the name for its county plan will be “Cultural Sensitivity Plan”.

ACBHS includes both the Mental Health Plan and the Substance Abuse Program 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. The county is characterized by quaint historic towns and vineyards. Jackson is the county seat and the main commercial center. Other towns include Pioneer, Volcano, Amador City, Sutter Creek, Fiddletown, Plymouth, Drytown, Pine Grove, Martell and River Pines.

In 2017, the population was estimated at approximately 38,626 residents, which includes a state prison. The county’s population is older than the state. Percentage-wise, compared to the state, its 0 to 4-year-old and teenage populations are small, and percent of 65 years old and older is large, making up 27% of county residents. The county’s median age is 50 years.

County Demographics (2017)*:

- 89.8% Caucasian
- 2.5% African American
- 2.3% American Indian/Alaska Native
- 1.7% Asian American
- 0.3% Hawaiian
- 14.1% Hispanic/Latino
- 3.4% Reporting 2 or More Races/Ethnicities
- 27% Over 65 Years Old
- 11% Live Below the Poverty Level
- 4,150 Veterans
- 4,149 Incarcerated (approx.)**

*Data taken from the www.census.gov/quickfacts.
**https://www.cdcr.ca.gov/Reports_Research/Offender_Information_Services_Branch/WeeklyWed/TPOP1A/TPOP1Ad180905.pdf
County Challenges:

- **Limited housing opportunities for lower-income households have also led to increased homelessness in Amador**
  - In 2018, a sheltered count was conducted that showed 22 households and 48 people were homeless but sheltered in an emergency, transitional (motel, hotel) or safe haven. An unsheltered count was not done in 2018, making that data unavailable.
  - Counts from 2017 resulted in 115 people counted as homeless.
- Remote areas face transportation challenges, leading to increased isolation for families and older adults in Amador County. Additionally, Amador County offers no weekend transit. Although improvements have been made in recent years, 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.
- Due to the significant lack of primary care physicians in Amador County, residents are deferred from seeking medical care and/or are forced to receive medical services out-of-county.
- Factors that negatively affect low-income residents in Amador County include lack of affordable housing, food insecurity, and access to local medical and dental providers.

**CRITERION 1—COMMITMENT TO CULTURAL COMPETENCE**

1. **County Mental 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 insures that the entire agency (both the MHP and the Substance Abuse Program) 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 sensitivity 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, which include cultural competence.
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** reflects the Cultural Competency Objectives for FY 15/16, FY 16/17 and FY 17/18. Below is a list of what was determined to be Amador’s objectives and goals for the current fiscal year. Each year an update will be included in ACBHS Cultural Sensitivity Plan.

**FY 18/19 Cultural Competency Objectives**

- Focus on under-served Spanish-Speaking/Latino population. Spanish is currently the only non-English threshold language in Amador County.

**FY18/19 Update:** Over the past year, ACBHS has continued to sustain engagement with the Spanish-Speaking/Latino population.
  - Continue to identify opportunities for collaboration in the Spanish-speaking community (i.e. Latino community events, etc.) to provide outreach with an emphasis on mental health and wellbeing.
  - Continue quarterly Latino Engagement Committee Meetings to discuss challenges, barriers, successes and solutions.
  - Continue to utilize Promotores to promote access and engagement among the Spanish-speaking community. Over the past year, Promotores have assisted behavioral health staff in communicating effectively with consumers and family members so that seamless access to mental health services and supports is provided. The Promotores have offered their services after-hours to engage with Spanish-speaking consumers and families in the event crisis is occurring whether over the phone, in-person or at the Emergency Department.
  - The Promotores have a robust women’s group in the isolated and rural area of Camanche that meets weekly. A mental health clinician from ACBHS visits the group on an as-needed basis to provide support and education around any concerns or questions the group may have.
  - ACBHS currently employs a full time Spanish speaking LMFT who provides ongoing therapy to ACBHS clients as well as after-hours crisis services. ACBHS also employs a part time, face to face Spanish speaking Psychiatrist who is on site one day per week.
  - Continue to utilize the Promotores de Salud as cultural brokers in the Spanish-speaking community.
- Amador County Behavioral Health will ensure all documents distributed are provided in English and Spanish. The Promotores will insure the forms are translated so that Spanish-speaking consumers understand them.

- Identify certification opportunities for translators and interpreters in Amador County. ACBHS should be using certified translators and interpreters. In June 2018, ACBHS sent two Promotores to the two-day National Latino Behavioral Health Association Mental Health Interpreter Training. After this training, the Promotores reported that they will start identifying certification opportunities and will bring information around this to discuss at the quarterly Latino Engagement Committee Meeting.

- **Suicide Prevention:** Suicide Prevention countywide needs to be addressed—there are currently no active suicide prevention specific programs offered in the county. Suicide prevention is weaved into other curriculum for school-based programs and other MHSA funded activities, but no dedicated suicide prevention program is intact at this time.

  **FY18/19 Update:** Suicide concerns among all populations in Amador County are rising. The suicide rate in Amador County is 3rd highest in the State of California. Suicide Prevention continues as an objective for FY18/19. Not only will Suicide Prevention be a standing agenda item in the MHSA/Cultural Competency Steering Committee meeting, but a subcommittee or ‘task force’ is also looking to be formed using community members and other stakeholder input.

  Suicide Prevention remains at the forefront in Amador County. Progress has been made regarding efforts around suicide prevention:

  1. ACBHS was notified that MHSA funds reverted and the use of those funds went through a community program planning process. At that time, stakeholders in the community identified that reverted funds will be used for suicide prevention and awareness purposes. These plans were incorporated into the MHSA Three Year Reversion Expenditure Plan and approved by the Board of Supervisors on May 22, 2018.

  2. Amador County is now a participating member in CalMHSA. As a result, regular dialogue between ACBHS and suicidereventable.org and Each Mind Matters has been occurring. This technical assistance and guidance has been extremely helpful. Sandra Black with suicidereventable.org is assisting ACBHS with Suicide Prevention activities and technical assistance around the gun stop project and creating barriers to lethal means.

  3. Recently released data shows that Amador County has the third highest suicide rate in the state of California. Capital Public Radio is investigating and plans to have a piece around
Amador County and rural suicide release during Suicide Prevention Awareness Week. The presence of Capital Public Radio has sparked interest in the subject matter and allowed for the community to have dialogue around how to continue to move forward in reducing stigma and bringing forth education around this issue.

4. A subcommittee for Suicide Prevention awareness, education and prevention will be created this year. The first priority will be to collaborate for Suicide Prevention Awareness Week/Month in September. After Suicide Prevention Awareness Week, the subcommittee will determine its course and plans for it to morph into a ‘task force’ or ‘coalition’ are underway.

5. Other activities this year include:
   - Community Awareness Events (one per quarter)
   - QPR (Question, Persuade & Refer) gatekeeper training
   - Suicide Prevention Trainings (safeTALK and/or ASIST)
   - Community Awareness Campaign
   - Wellness Days

• Native American Engagement Meetings—ACBHS is working with tribal organizations and other native community partners to engage with the Native American population within Amador County. Through the use of the meetings, ACBHS would like to brainstorm ways to provide services to the native community in culturally sensitive manners.

**FY18/19 Update:** For the past year, Native American Round Table meetings have occurred on a regular basis 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.

ACBHS continues to work with Tribal TANF as a cultural broker. The LifeWorks self-empowerment workshop has been an effective way to engage with the native community and to educate around mental health in a non-stigmatizing way. LifeWorks was created and is taught by a mental health peer advocate. The Each Mind Matters campaign was also able to reproduce NATIVE buttons that are in lime green. These were distributed to Tribal TANF to disseminate into the community.

ACBHS also continues a contract with the MACT Health Board, Inc. for the Circle of Wellness Innovations project under the MHSA. This project is a pilot that will provide maternal mental health services to pregnant women and their families.
ACBHS peer staff participated in the Jackson Rancheria Employee Benefit Fair in October 2017. Over 500 people accessed the mental health booth which provided educational materials and mental health resources in the community. ACBHS peer staff will participate again in September 2018. Other plans for the upcoming year include engaging with different tribal organizations to hold a community event highlighting Billy Mills.

- Focus on the socio-economically-impacted and/or Isolated Rural Communities. Rural cultures and their associated subcultures within Amador County are each unique. Communities are often isolated, affecting stigma, levels of immediate support, and the ability to access services. This group has long been identified as underserved in the county’s MHSA plans and Annual Updates.

**FY18/19 Update:** In the MHSA Three Year Reversion Expenditure Plan, campaigns to provide outreach and access to isolated rural communities is underway. To be specific, the community awareness campaign, along with the Wellness Days events will target communities that historically have not been engaged (i.e. upcountry, River Pines area, etc.)

- Sub-populations, along with their objectives for this upcoming year, of the Isolated Rural Community group include:
  
  - Veterans: *Continue to collaborate with veterans organizations to educate ACBH staff and other community members on the services they provide.* Contact veterans groups (including VSO) and identify opportunities where mental health outreach can be provided countywide.

  **Update for FY18/19:** The MHSA Programs Coordinator serves on the Veterans sub-committee for the Central Sierra Continuum of Care, which focuses on housing in the four county foothill region (Amador, Calaveras, Tuolumne and Mariposa). ACBHS is working with this sub-committee and Victory Village, a local non-profit Veterans organization, to create referral form that captures all services a Veteran may need. ACBHS also provided a Military Culture Training in February 2018 that was offered to community members and staff. ACBHS also provided outreach at the Homeless Resource Fair, which was organized by Victory Village. Additional focus on Veteran’s suicide prevention and promotion of a Veteran’s crisis line.

  - Homeless: *Continue to collaborate with partner agencies in identifying homeless needs countywide.* **Update for FY 18/19:** Currently, ACBHS holds a lease for a four-plex in Ione that is subletted out for ACBHS clients who are homeless and/or participate in other ACBHS programs. Additionally, MHSA Housing dollars continue to be used for emergency housing, time-limited rental assistance and move-in costs. The No Place Like Home Technical
Assistance funds in the amount of $75,000 have been awarded to Amador County. No Place Like Home is on the November ballot and if approved, will provide competitive and non-competitive funding to counties to provide permanent supportive housing options with services and supports for the mentally ill. ACBHS is working closely with the Foothill Housing Coalition to brainstorm ways to utilize these funds in a collaborative way. ACBHS also attends the Homeless Steering Committee, which meets monthly and is facilitated by a county Supervisor. ACBHS also provided outreach at the Homeless Resource Fair in early May.

- Single Parents: Insuring events or trainings can be easily accessed by single parents and those with restricted schedules. Provide childcare and transportation. **Update for FY18/19:** ACBHS worked with community providers in our network to offer evenings and after-school workshops, opportunities and activities to increase engagement, education and awareness around mental health for children and as adults.

- LGBTQ: Continue to provide community training around this topic for all community partners. Work with LGBTQ providers to identify opportunities for mental health outreach and engagements. **Update for FY18/19:** ACBHS currently contracts with NorCal MHA to provide support groups to the LGBTQ community. These groups are ongoing and held monthly. An activity-based LGBTQ monthly group is ongoing in Amador County and sponsored through MHSA. This group is now peer-led. The peer is providing communication with ACBHS regarding its activities and engagement strategies. Additional LGBTQ needs that have been identified target LGBTQ youth and women.

- Older Adults: Attend Isolated Senior and Commission on Aging meetings to collaborate on outreach efforts. Senior Emergency Preparedness trainings and toolkits. Collaborate with senior organizations (Meals on Wheels, Amador Senior Center, Foothill Fitness, etc.) for suggestions on maximizing efforts. **Update for FY18/19:** The MHSA Coordinator attends the Commission on Aging & Isolated Seniors meetings every month to provide behavioral health updates and information and to learn more about issues specific to the 60+ population. ACBHS also funds the Senior Peer Visitor Program through the Amador Senior Center, which targets older adults who isolate or are lonely. Increased outreach to the Amador Senior Center has been conducted this past year by having wellness tables in the lobby during lunch hours. In the MHSA Three Year Reversion and Expenditure Plan, Seniors were identified as
one of the target populations to provide outreach to utilizing Wellness Days and other community awareness campaigns.

- Middle-Aged Men: Data around death by suicide directly correlates with middle-aged males. This is a new population for FY18/19. Efforts will increase to target this population regarding suicide prevention awareness and education. Plans that include education to family members and support people will be provided countywide. Other possible outreach activities include gunlock distribution and creating materials that this population will identify with. ACBHS will continue to work with community partners to identify opportunities that will allow for expanded and intensive outreach strategies.

- Foster Youth: This is a new population for FY18/19 and an increasingly underserved population within the community. ACBHS will work with community partners, including the school district to create strategies (training, case management, early identification of mental health diagnoses, co-occurring disorders, etc.) to provide more support to this population.

- MHSA reversion funds will assist in creating and identifying events or campaigns that target underserved populations in order to provide outreach and education regarding mental health and community resources. The Underserved Populations are identified as (listed in a non-prioritized order):
  - Single Parents
  - Older Adults
  - Veterans
  - LGBTQ
  - Spanish-speaking
  - Native Americans
  - Foster Youth
  - Middle-Aged Men

- Ongoing Cultural Competence and Linguistic Activities:
  - Continue to use Each Mind Matters (EMM) toolkits, posters and other promotional materials to reduce stigma, particularly in isolated rural communities.
  - Continue to identify and utilize other avenues of ‘getting the word out’ —radio, e-mail, etc. ACBHS has just obtained a bus ad for one year starting August 1.
  - Through MHSA reversion, resources can be created for parents of young children experiencing mental health challenges.
• ACBHS Supervisors continue to support cultural competence trainings for staff and the community on an ongoing basis.
• ACBHS Staff to attend free, community workshops that community partners provide.
• Incorporating awareness of cultural competence components by having presentations at the ACBHS Staff Meetings.
• Through MHSA reversion, develop a calendar that identifies community events throughout the year. Assign community partners to each event in order to provide outreach and awareness of mental health and well-being throughout the community. This will help all of us collaborate and ‘share the load’ in our work and efforts.
• Suicide Prevention and Awareness outreach will be incorporated into community awareness campaigns and Wellness Days. Additionally, four events per year (one each quarter) will be dedicated to Suicide Prevention and Awareness (i.e. fun runs, speakers panels, etc.) Another component of outreach will include gunlock distribution strategies.
• Education around Suicide: Provide community and county staff with tools to address and ‘Know The Signs’ of suicide by implementing trainings and workshops. Question, Persuade & Refer is one training that will be used this next year along with Mental Health First Aid and Youth Mental Health First Aid trainings. Providing education to family members and other support people will also be included in these efforts.

Cultural Competence Training:

Provided in FY17/18:

• “Bridges Out of Poverty” was provided in September 2017 to address socio-economic impacts of poverty in isolated rural areas and countywide.
• Military Culture Training was provided in February 2018
• Billy Mills came to present for ACBHS staff and ACBHS youth who are being served in February 2018
• Ongoing training for ACBHS utilizing the monthly All-Staff meeting

Future Cultural Competence Training in FY18/19:

• Suicide Prevention Education and Trainings
• Cultural Humility Training
• Secondary Trauma Training
o Bridges Out of Poverty: Discussed possibility of bringing this back to the community. With the increased homeless population, this may be a topic of interest to more community members and leadership at the county level.

o Billy Mills is going to come back to do a larger event in collaboration with the Native Community. ACBHS will work with Tribal TANF, the lone Band of Miwok Indians and other tribal organizations to coordinate this community event.

o Ongoing Mental Health First Aid and Youth Mental Health First Aid Training

o Ongoing training for ACBHS utilizing the monthly All-Staff meeting

o Continue to identify cultural competence trainings utilizing the MHSA/Cultural Competency Steering Committee meeting.

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.

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, sub-populations allow the County to focus on other areas of culture that need to be addressed such as poverty, homelessness and other special populations such as Veterans, LGBTQ, Older Adults and Single Parents.

The threshold language in Amador County is Spanish. It was reported in EQRO data from 2012 that Amador’s penetration rate among the Spanish-speaking population was very low. At that time, ACBHS outreached to the local Promotores de Salud program to create the Latino Engagement Committee. The Latino Engagement Committee meets quarterly and consists of ACBHS staff, the Promotores de Salud 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 Bank of Mi-Wuk Indians. Although the County has a casino through the Jackson Rancheria and very active tribes in local surrounding areas, the Native Americans have long been an underserved population in Amador County. Engagement on behalf of Amador County Behavioral Health Services into the culture that the Natives live within the County had been non-existent until Summer 2017 when ACBHS reached out to Tribal TANF to move forward in efforts to engage this population in culturally appropriate ways. Tribal TANF facilitated the creation of quarterly Native American Engagement meetings that include representatives from Tribal TANF-Amador Office, Tribal TANF-Regional Office, MACT Health Board, Inc. (the local Indian Healthcare Clinic), ACBHS Mental Health and Substance Use Disorder staff, and local tribal members. Over the past year, the group has grown to include Native American organizations such as Kene Me Wu Family Healing Center, the California Indian Manpower Consortium, local law enforcement and many more. The meetings focus is to create trust between tribal organizations, the families and individuals they serve and county services. The Native American Engagement meeting participants are very open to listening and serves as a safe place to assist ACBHS in understanding what barriers the culture faces and how partnering effectively can help alleviate stigma and increase access to behavioral health care to the Native Americans living in Amador County. As a direct result from this engagement, the ACBHS Peer Personal Services Coordinator is now facilitating workshops at the Tribal TANF-Amador site as well as coordinating suicide prevention, Mental Health First Aid and other trainings to the Native American populations Tribal TANF serves.

Isolated rural areas and the sub-populations that live in those geographic locales continue to be a priority for the Cultural Competency Committee. Through a formal partnership with Nexus Youth and Family Services (Nexus), the County has been able to target these individuals and families in a unique way. Nexus operates three family resource centers throughout Amador County. The Family Resource Centers (FRCs) offer access to programs, services, and events that strengthen the community and enhance the quality of life of Amador County residents. Family Advocates are available at each FRC to provide case management services and help community member’s access resources to support personal growth, mental health stability, wellness, and resiliency. Workshops include Mental Health First Aid and Educate, Equip, & Support: Building Hope for Parents. Other wellness workshops provided on a monthly basis, include a variety of topics such as ‘Seasonal Affective Disorder’ and ‘Childhood Anxiety’. The FRCs include the
Upcountry Community Center in Pine Grove, the Camanche Lake Community Center in Ione/Camanche, and the Ione Family Resource Center at in downtown Ione. The FRCs are located in areas with unique cultures and sub-populations. The FRCs strive to provide services that come from the communities they are located in. The Upcountry Community Center has a high population of older adults. These community members created a ‘Senior Social’, which is a weekly social gathering of seniors in the community. The participants assist each other with transportation and create a network of friendships in their local community. The Camanche Lake Community Center had an influx of young, Spanish-speaking mothers who have now created a weekly women’s group. The group discusses a range of topics from post-partum depression to healthy lifestyles. The family-oriented and middle-aged community surrounding the Ione Family Resource Center identified a need for a gathering that promoted healthy minds but incorporated exercise as well. Thus, an ongoing yoga group began.

Additionally, Nexus also participates in the monthly food distribution in the town River Pines, which is located on the very northeast side of Amador County. Nexus offers a counselor as well as community and behavioral health resources to individuals and families.

In order to expand specialty mental health services to consumers who may live in these isolated rural communities, a new ‘Coping and Communication Skills’ group has been started in Ione and in Buckhorn (upper Pioneer). The creation of this group was to provide ACBHS consumers services in their communities in settings that normalize mental health treatment and engage the client in a unique way by removing barriers that prevent them from accessing the clinic. The group in Ione is held at the Family Resource Center in Ione (mentioned above) and the Upcountry group is held at the Veterans Hall in upper Pioneer.

In the community planning process for the FY15/16 MHSA Annual Update, respondents reported that services provided to the LGBTQ community were severely lacking. Using the MHSA/Cultural Competency Steering Committee as well as various community input, ACBHS formalized a partnership with NorCal MHA to provide bi-weekly LGBTQ groups, utilizing a peer with lived experience and who identifies as LGBTQ to facilitate the meetings. The peer also provides one-on-one support to individuals and families in the LGBTQ community. This has been a highly successful way to engage this sub-population. Additionally, the creation of an activity-based LGBTQ monthly gathering was recently approved by stakeholders and formalized as a County program in the FY17/18-19/20 MHSA Three Year Plan and Expenditure Report. The activity-based group is now ran by a peer who once was a group participant but has now found the ability to lead the group in its future social gatherings.

The sub-populations continue to be priorities for the Cultural Competence Committee. Those identified include Veterans, Homeless, Middle-Aged Men, Foster Youth, LGBTQ, Older Adults and Single Parents. To meet the needs of the individuals and families within these sub-populations, ACBHS, through the Mental Health Services Act, does extensive community
outreach using a combination of Community Supports and Services as well as Prevention and Early Intervention funding. Although some of the programs were listed in this section, the entire list of providers and programs as well as the specific methods of outreach are included in the FY 18/19 Mental Health Services Act Annual Update and Expenditure Report is included here as Attachment D.

**Lessons Learned:** Several lessons have been learned regarding cultural sensitivity in ACBHS outreach efforts. First, the engagement with the Native American community should have happened sooner. It was not until a DHCS audit through the Substance Use Disorder System identified a severe lack of engagement between the departments outreach efforts to the Native community. As a result, ACBHS initiated internal measures to fix this issue and has had success in remedying this deficiency; however, it should not have taken a DHCS auditor to initiate action in this area. Mechanisms are currently being developed that will allow the department to look at various internal and external data to identify where engagement is lacking and to prevent this from happening again.

At the food distribution in River Pines, Nexus staff noticed that the literature and information on the resource table was continuously going untouched. River Pines is a very isolated, small community in the northeast region of Amador County. Due to the small and intimate nature of the geographic area it was determined that individuals and families may be interested in materials on the resource table, but were not willing to be seen actually taking any of the information. In order to provide a solution to this issue and ensure outreach materials are reaching those who need them the most, Nexus came up with the idea of the ‘grab bag’. The ‘grab bag’ is a small plastic bag that contains behavioral health resource information, community resource information and some fun goodies such as pencils, magnets, bottled water, etc. The ‘grab bag’ is given to ALL individuals/families who come to the food distribution. At this time, the ‘grab bag’ appears to be an effective method to get information out to those who may need it the most.

The LGBTQ bi-weekly group and one-on-support has been a success, providing many individuals and families with guidance and resources. However, it became apparent that this one program could not meet the diverse needs of this sub-population which ranges in age from 15 (or younger) to 60+. Therefore, a monthly, activity-based group was created to engage isolated members of the LGBTQ community in a unique way. Previously, a case manager (or Personal Services Coordinator) organized the activity and arranged transportation, if necessary, for behavioral health participants. The purpose of the group is to decrease isolation and encourage socialization by using activities as a way to engage with others. Effective July 1, 2018, the vision to have this become a peer-led group was fulfilled. Although the group is now peer-led, challenges in engaging the LGBTQ community in Amador County still remain. Some of these challenges include fear, stigma of being ‘outed’ and logistical barriers such as transportation and lack of funding. These challenges and barriers are addressed on an ongoing basis to find
sustainable solutions in promoting healthy social and interactive activities for LGBTQ residents of Amador County. By promoting two programs that target the different needs and interests of the entire LGBTQ population; ACBHS is able to play a larger role in engaging the community while reducing the stigma this population faces at the same time.

Over the past year the homeless population has become increasingly more visible in Amador County and throughout the state. As a result, many initiatives at the local and state levels are being implemented to create solutions for the homeless. Due to the increased need of housing for those who suffer from mental health challenges, ACBHS sits on the Amador County Homeless Task Force, the CA-526 Continuum of Care as well as the Foothill Housing Coalition. However, although much improvement has been made to the ACBHS Housing Program it was learned during the most recent Community Program Planning Process that the efforts being put forth are not sufficient. The results of the CPP included the following regarding the homeless:

- 18% felt MHSA-funded programs were doing Good or Excellent in serving the Homeless and 47% felt MHSA was doing Fair or Poor in this category. Last year’s survey indicated that 48% of respondents felt that MHSA was doing Good or Excellent in this category. This year’s survey results show that this is the second-lowest Poor/Fair score.

Therefore, it became apparent that participating in local meetings is not actionable and more needs to be done and is required on behalf of ACBHS to assist in housing the mentally ill residents of Amador County. In October 2018, ACBHS was awarded the Homeless Mentally Ill Outreach and Treatment (HMIOT) allocation of $100,000 to provide outreach and treatment to homeless mentally ill residents of Amador County. It is anticipated that the funding will be sent to ACBHS in January 2019 and plans to engage the homeless population will be created employing the Mobile Support Team to provide outreach, engagement, treatment and access to other services and supports. The MHSA Programs Coordinator is also exploring the No Place Like Home (NPLH) initiative. More information regarding housing can be found in Attachment D. Additionally, ACBHS participated at the Homeless Resource Fair held in late April 2018. The purpose of the fair was to connect the homeless to supports and create trust between services and the homeless population. In addition to the above efforts, ACBHS also attends the quarterly Faith Based Task Force housing meeting. This group works on ways to develop connections between the faith community and serving the homeless in appropriate ways. Recently, the faith community has requested training on the homeless culture. The opportunity to provide this specialized training is currently being explored. It is hopeful that obtaining program funding that assist in housing those who suffer from mental health challenges will provide some permanent and viable solutions for our homeless mentally ill population in Amador County.

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 MHSA/Cultural Competency Steering Committee to ensure that cultural sensitivity 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 item usually focuses on the outreach and engagement of an underserved cultural population, such as the Latino Community, Native Americans, older adults, LGBTQ, Veterans or isolated rural communities. However, it also serves as a time for the department to report-out on various engagement efforts such as the Latino Engagement or Native American Engagement Committees as well as gather input on objectives and the County’s Cultural Competency Plan. 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, and isolated rural communities and sub-populations as identified in the annual Cultural Competency Objectives listed above. More recently, the committee’s focus has been on the culture of poverty in the community, increasing access and reducing stigma within the Native American population and Suicide Prevention.

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 MHSA report and 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.

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 insure that the planning process is inclusive of all racial, ethnic and linguistically diverse groups in Amador County.

**Lessons Learned:** Historically, attendance at the MHSA/Cultural Competency Committee Meeting has been minimal. The meeting is crucial in gaining stakeholder feedback and guidance regarding the way MHSA and other departmental activities are carried out in the County. After investigation, ACBHS determined that there was a general lack of education
around the purpose of the committee and who is welcome to attend. The MHSA Programs Coordinator provided outreach to all contract providers and went to various commissions and local meetings to provide education around the importance of the meeting and how they can each play a role in the program planning that takes place with MHSA and ACBHS as a whole. Outreach to the local, peer-ran wellness center and other organizations went underway in efforts to engage the consumer voice. In addition to ‘pounding the pavement’, ACBHS also included a description of what the committee is about in the meeting flyer and posts the meeting dates for the entire year so that individuals, organizations, etc. can calendar the meeting in advance. Minutes from the previous meeting, as well as the current meeting agendas are sent to the entire MHSA, ACBhab and ACBHS staff e-mail distribution list to inform the community of the topics and discussions that occurred at each meeting. The meeting announcements, agendas and minutes are now posted on Amador County’s Network of Care website. The efforts were successful and not only has the committee seen an increase in attendance in general, but many new stakeholders are now at the table. One unexpected outcome of this lesson is that as a result of the widespread outreach, representatives from all ethnic and sub-populations in Amador County are coming to the meeting and allowing their voice to be heard, giving vital input to the program planning process.

The community program planning process is not working as intended with regards to the fact that it is not a meaningful process. Stakeholders are completing the survey and do not understand what it means and how the information will be used. For this upcoming year, engaging stakeholders in a meaningful way will be the priority. This will mean the community program planning process will take longer. Strategies will include holding focus groups and one-on-one interviews that will engage consumers, community based organizations, other local providers and key stakeholders in the process where it is more than a paper survey but a conversation regarding the state of mental health services and supports. One recent example of why meaningful stakeholder engagement is important: Only 1% of Spanish-speaking respondents participated in the community program planning survey this fiscal year. In FY17/18, 9% had participated in the effort. When ACBHS inquired about this with the Promotores it was implied that there is a lack of trust and Spanish-speaking individuals were fearful of what was going to happen with the information they did provide. ACBHS did a poor job of educating the Promotores in engaging in conversations around the survey and encouraging meaningful answers so that their responses prompt real change in their communities. This is a lesson learned and the approach of how ACBHS obtains stakeholder feedback will change for the next phase of community program planning.

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 in-person 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. NAMI Amador uses their monthly meeting for training and education purposes and usually brings in expert speakers to describe different mental health conditions or to educate the community on newly available resources. The FRCs (through Nexus) provide monthly Wellness Workshops, which focus on providing education around behavioral health issues in all populations. Mental Health First Aid is also offered on a quarterly basis County-wide and all new ACBHS staff are required to attend. 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 a military culture training and a suicide awareness training, Question, Persuade & Refer (QPR). A Cultural Competency Training and an Implicit Bias workshop are scheduled for 2019.

Third, 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 sensitivity 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. There is always time for Q&A and the presenter distributes materials throughout the agency. 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.

Another lesson learned is that Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) has been a very successful way to teach mental health basics countywide. In 2017 the need for more suicide prevention training among staff and community partners became quite apparent through verbal and stakeholder feedback. In September 2018, Applied Suicide Intervention Skills Training (ASIST) was offered to exclusively to ACBHS staff members. Two of the staff members who attended ASIST went on to become safeTALK certified. safeTALK is a suicide alertness training which will be provided to the community and targeted sub-groups (e.g. faith based organizations). QPR was also implemented for staff and the community in October 2018. To date, three QPR workshops have been provided and more are scheduled. The QPR trainer is able to go to organizations and businesses to provide a targeted training as well.
as providing ongoing workshops to the community. QPR is currently scheduled in early 2019 for NAMI Amador members and in December 2018 for the local Tribal TANF office.

The regional partnership coordinated through CIBHS ended on June 30, 2018. However, CBHDA/CIBHS has provided much support to county efforts toward Cultural Competency. In March 2018, a Cultural Competency Boot Camp was provided in Folsom, CA for county Ethnic Services Managers. The boot camp provided much needed information and collaboration in finding solutions to barriers that prevent consumers from accessing services (staff training, linguistic barriers, isolation, etc.) Additionally, the MHSA Programs Coordinator has actively participated in the Central Region Cultural Competency Coordinators monthly call and bi-monthly in-person meetings, which provide insight, and updates for training, writing state and local plans and incorporating cultural competence at every level agency-wide and throughout the community.

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 top level.

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 Health and Human Services Agency director as well as the ACBHS Director through the use of weekly check-in meetings and bi-weekly Quality Improvement/Leadership Team meetings.

The responsibilities of the CC/ESM are to incorporate cultural sensitivity 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 dedicated interpreter budgets 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 2017, the population was estimated at approximately 38,626 residents, which includes a state prison. The county’s population is older than the state. Percentage-wise, compared to the state, its 0 to 4-year-old and teenage populations are small, and percent of 65 years old and older is large, making up 27% of county residents. Veterans consist of 10% of the County population. The county’s median age is 50 years.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Amador County Population</th>
<th>% of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>20,858</td>
<td>54%</td>
</tr>
<tr>
<td>Female</td>
<td>17,768</td>
<td>46%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>Amador County Population</td>
<td>% of Population</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>30,051</td>
<td>77.8%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>5,446</td>
<td>14.1%</td>
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<tr>
<td>American Indian/Alaska Native</td>
<td>888</td>
<td>2.3%</td>
</tr>
<tr>
<td>African American</td>
<td>965</td>
<td>2.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>656</td>
<td>1.7%</td>
</tr>
<tr>
<td>Multi-race (2 or more races/ethnicities)</td>
<td>1,313</td>
<td>3.4%</td>
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<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent of Population</th>
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<tbody>
<tr>
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<td>4.1%</td>
</tr>
<tr>
<td>0-18</td>
<td>15.2%</td>
</tr>
<tr>
<td>65+</td>
<td>26.6%</td>
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According to data provided by Kingsview Information Technology for FY17/18, 7,711 residents in Amador County were eligible for Medi-Cal coverage. Of the 7,711, ACBHS served 798 beneficiaries, which represents a 10.3% penetration rate.
<table>
<thead>
<tr>
<th></th>
<th>MMEF Eligibles</th>
<th>SDMC Clients Served</th>
<th>MH Clients Served</th>
<th>Penetration Rate (%)</th>
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<tbody>
<tr>
<td>00 - 05</td>
<td>841</td>
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<td>33</td>
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<td>06 - 11</td>
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<td>18 - 20</td>
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<td>49</td>
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<td>21 - 24</td>
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<td>25 - 34</td>
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<td>135</td>
<td>189</td>
<td>11.4</td>
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<td>35 - 44</td>
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<td>120</td>
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<td>13.2</td>
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<td>45 - 54</td>
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<td>172</td>
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<td>677</td>
<td>28</td>
<td>61</td>
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<tr>
<td>Total</td>
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<td>798</td>
<td>1,084</td>
<td>10.3</td>
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</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>MMEF Eligibles</th>
<th>SDMC Clients Served</th>
<th>MH Clients Served</th>
<th>Penetration Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaskan Native or American Indian</td>
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<td>25</td>
<td>30</td>
<td>15.0</td>
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<tr>
<td>Asian or Pacific Islander</td>
<td>93</td>
<td>6</td>
<td>8</td>
<td>6.5</td>
</tr>
<tr>
<td>Black or African American</td>
<td>60</td>
<td>8</td>
<td>8</td>
<td>13.3</td>
</tr>
<tr>
<td>Hispanic</td>
<td>967</td>
<td>99</td>
<td>122</td>
<td>10.2</td>
</tr>
<tr>
<td>Other</td>
<td>49</td>
<td>10</td>
<td>14</td>
<td>20.4</td>
</tr>
<tr>
<td>Unknown</td>
<td>671</td>
<td>32</td>
<td>79</td>
<td>4.8</td>
</tr>
<tr>
<td>White</td>
<td>5702</td>
<td>618</td>
<td>823</td>
<td>10.8</td>
</tr>
<tr>
<td>Total</td>
<td>7,709</td>
<td>798</td>
<td>1,084</td>
<td>10.4</td>
</tr>
</tbody>
</table>

3. **Poverty Service Needs**

In 2017, California had a 13.3% poverty rate and Amador County’s poverty rate sits at 11.3%. Although Amador County has a lower than statewide average for families, children and individuals living in poverty, the culture of poverty is still very present countywide. 12.7% of residents in Amador County, aged 65 or younger, have a disability. 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. In FY17/18 Amador County had 7,711 residents covered by Medi-Cal, which makes up approximately 19% of the county’s total population.*

*Data taken from FY2017/18 Penetration Report provided by the department’s EHR vendor
4. **MHSA Community Services and Supports (CSS) population assessment and service needs:** Please refer to the FY18/19 Mental Health Services Act Annual Update, which is attached to this document as Attachment D.

5. **MHSA Prevention and Early Intervention Plan: The process used to identify the PEI priority populations:** Please refer to the FY18/19 Mental Health Services Act Annual Update, which is attached to this document as Attachment D.

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

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

ACBHS uses EQRO data as well as information provided during the annual DHCS State/County Contract Compliance Review from the SUDS department to determine disparities. The information provided during these reviews allow ACBHS to actively engage communities in cultural and linguistically appropriate ways. In a 2017 DHCS Compliance Review, it was determined that ACBHS should demonstrate more outreach to promote engagement within the Native American community. To address this disparity, ACBHS program staff connected with a local tribal organization to initiate dialogue and meetings to determine what the needs of the Native community are and how they can be addressed in culturally appropriate ways. Continued quarterly meetings continue with the Native American community, with the most recent meeting held on November 16, 2018.

Additionally, in 2013, penetration rate data showed Amador County had a very low penetration rate in the Hispanic/Latino community and among the Spanish-speaking population. To address this disparity, ACBHS used the EQRO data as a foundation to create a non-clinical PIP to increase the penetration rate for the Spanish-speaking population while also aiming to reduce access barriers (cultural and linguistic) and stigma at the same time. ACBHS formalized a partnership with the Promotores de Salud to provide outreach and engagement to the Hispanic/Latino community. Additionally, the Latino Engagement Committee was formed and meets quarterly to address challenges, successes and solutions within the Spanish-speaking community in Amador County. During a review of ACBHS EHR FY17/18 Penetration Report, Amador County's penetration rate among the Hispanic/Latino population is at 10.2% (In 2016, it was 7.34%), which is a 3% increase from 2016 EQRO data. In addition to the increased penetration rate, a weekly women's Hispanic group is ongoing at the Camanche Lake Community Center located in a rural, outlying area within Amador County. These women conduct the group in Spanish and have active participation. During the Latino Engagement Committee meetings it was identified that the women would like to have a Spanish-speaking clinician attend the group once per month or on an as-needed basis to ask questions around different topics or feelings they may have had. Sylvia, a Spanish-speaking therapist at ACBHS
has been communicating with the Promotores to engage with this group and provide them the support they have asked for. Quarterly evaluations are conducted to maintain and/or improve quality assurance. Efforts will continue to sustain engagement with the Spanish-speaking community.

During the community planning process for the FY 16/17 MHSA Annual Update, ACBHS was directed by stakeholders to pursue a formal partnership with the MACT Clinic in Jackson to provide preventative mental health treatment to native and non-native mothers as an Innovations project. The project also includes providing mental health well-checks annually for the children of the pregnancy. The MACT clinics are a tribal consortium that offer services in Mariposa, Amador, Calaveras and Tuolumne counties. Through the formal partnership between ACBHS and the MACT Jackson Clinic, behavioral health services will be provided to natives who may have otherwise not have received treatment. The project is named Circle of Wellness: Mother, Child, Family and aims to reduce stigma among the Native American population while also fostering community collaboration. Annual updates regarding the development of the project will be provided in the Cultural Sensitivity Plan as well as MHSA plans. **Update for FY18/19, this project was not renewed for FY18/19 due to failed contract negotiations. However, stakeholders will be engaged in brainstorming meetings to determine how to move forward in supporting maternal mental health using a different model.**

The community planning process also identified that the LGBTQ community is not being served adequately. In FY16/17, a formal partnership was created using Prevention and Early Intervention funds to have a peer support specialist provide LGBTQ groups and one-on-one support for those who identify as LGBTQ and their families. In FY17/18, stakeholders approved the use of Prevention and Early Intervention funds to provide activity-based LGBTQ groups on a monthly basis. These two programs are evaluated on a quarterly basis for quality assurance purposes. In addition to the one-on-one peer support and bi-monthly groups, a peer-run activity based social group for LGBTQ community members is held once a month. This has been a great asset to the social supports in place to provide socialization in settings outside of a group or in a clinic. The social activities usually occur on a weekend or evening and include bowling, movies or having potluck dinners.

The homeless population continues to be more prominent in Amador County. During the community planning process, a significant amount of respondents identified that MHSA and Behavioral Health is doing a poor job in providing programs that assist the homeless. Due to the increased trend of homelessness, individuals are seeking more services through the county and MHSA community based programs. There is a correlation between chronically homeless and homeless individuals and families and mental illness. To identify ways to address this population, the MHSA Coordinator, Behavioral Health Director and/or a housing case manager represents ACBHS at the following:
Central Sierra Continuum of Care (CSCoC) is made up of Amador, Calaveras, Mariposa and Tuolumne Counties. It meets on a monthly basis to promote a community-wide commitment to the goal of ending homelessness; it provides funding for efforts by nonprofit providers and State and local governments to quickly re-house homeless individuals and families to minimize trauma and dislocation; promotes access to and effective utilization of mainstream programs, and optimizes self-sufficiency among individuals and families experiencing homelessness.

Foothill Housing Coalition- This newly formed coalition is a collaboration of Amador, Calaveras and Tuolumne counties. The tri-county region is alike in its rural nature and face similar challenges. The purpose of the coalition is to identify ways the county Behavioral Health programs can better serve the homeless in the tri-county communities without duplicating efforts. Currently, the coalition is determining ways to collaborate regionally using No Place Like Home Technical Assistance Grant funds.

Amador County Homeless Task Force is facilitated by an Amador County Board of Supervisor and engages the community in developing plans and solutions around homeless individuals and families.

ACBHS presence at the three meetings listed above shows that the department is willing to collaborate as a community and understands the identified needs of the homeless population. Ongoing discussions regarding barriers and challenges are necessary to provide sustainable solutions. No Place Like Home, which is described in detail on page 20 of the FY18/19 MHSA Annual Update (Attachment D) is currently being explored to provide permanent supportive housing to individuals and families who suffer from severe mental illness.

The Mobile Support Team is funded through the Community Services and Supports component of the MHSA. ACBHS utilizes the Mobile Support Team to provide outreach to the homeless population as well as those who may need support for crisis services but are unable or unwilling to come into the department for services. The Mobile Support Team is two-person crew which consists of a Behavioral Health Crisis Services Counselor/Behavioral Health Clinician and a Client Family Advocate who is also a peer with lived experience. Utilizing the clinician, intakes and other clinical services and assessments can be done remotely (in the field). The Client and Family Advocate offers peer-to-peer support and resources. This program, funded through MHSA, has had significant success in Amador County. In early October 2018, Amador County Behavioral Health was awarded the Homeless Mentally Ill Outreach and Treatment funding through DHCS for $100,000. These funds will be used to expand the Mobile Support Team’s efforts in outreaching and building trust to the homeless population in Amador County. During the recent community planning process, it was also identified that ACBHS and MHSA are not doing enough to outreach to the Senior population. Older Adults make up over ¾ of the entire county population and are often located in isolated, rural areas. Through Prevention and Early Intervention funds, the Senior Peer Visitor Program provides outreach to individuals who
are 60+. The Senior Peer Visitors will go to the individual’s home on a regular basis to provide company, a listening ear and/or resources. Those who have participated in the program provide positive feedback. ACBHS is also working more closely with Amador Senior Center and attending the Isolated Seniors and Commission on Aging meetings to assist in identifying needs but also providing solutions to a larger audience county-wide. Amador County Behavioral Health has expanded its presence at the Commission on Aging meeting and is now on the agenda for two standing items: Behavioral Health Update and Suicide Prevention.

For the second year in a row, stakeholders have identified that ACBHS is doing a very poor job at serving those who suffer from or at-risk of mental illness. This has been the most prioritized need for the second year in a row. Although more options on how to better serve this population are being explored, some strategies have been implemented:

- Peer Support Case Managers have been hired as county employees in order to assist with engaging clients to follow through on their treatment protocols. When a client comes in for intake paperwork or for an intake appointment, they are met by a peer employee who offers them additional support (whatever that may be) in their treatment experience. This has been a very huge improvement when it comes to client engagement and follow-through. Additionally, one of the peer case managers provides a self-empowerment workshop to behavioral health clients and community members, which is free of cost. This helps those who have mental health challenges with organization skills and goal setting. Feedback from participants and stakeholders has been extremely positive. Peer Support Case Managers are also providing direct one-on-one short-term case management for consumers who are struggling or in need of some extra support. This has been instrumental in providing a quality of care that supports clients in their recovery and treatment goals.

- The formal implementation of activity-based groups are having a good response from clients. Below is a list of activity-based groups funded through MHSA for severely mentally ill consumers:
  
  - **Art Therapy Groups**: These groups, offered internally at ACBHS, are for clients who have severe mental illness. The group is facilitated by an Amador County Behavioral Health Clinician and its intent is to use the creative process to help people resolve issues, manage their behaviors and feelings, reduce stress and improve self-confidence and awareness. Usually clients are entered into this group as they begin to transition to a lower level of care into the community in their journey of recovery.
  
  - **Wellness, Recovery and Action Plan (WRAP)**: The Wellness Recovery Action Plan® or WRAP®, is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be. WRAP is an 8-week course, facilitated by Amador County’s Peer Personal Services Coordinators. WRAP consists of allowing consumers to discover their own simple, safe wellness tools. It teaches consumers how to identify upsetting events and early warning signs that things have gotten much worse and uses wellness tools and action plans for responding at those times. WRAP also assists consumers with creating a crisis
plan and a post-crisis plan. WRAP is for anyone, any time and supports consumers in being the way they want to be in doing the things they want to do.

- **Community Gardens**: Amador County Behavioral Health utilizes MHSA funds to provide consumers three garden plots that they can use and tend to throughout the year. The purpose of the gardens is to develop and increase social support and social skills while decreasing stress, enhancing self-esteem and creating feelings of achievement. MHSA also funds plants and seedlings associated with the garden plots and monitors the use through Personal Services Coordinators.

- **Socialization Activities**: Various socialization activities provided to consumers throughout the year seek to promote community engagement and enhance social participation. Many individuals who suffer from severe mental health challenges isolate in rural communities due to lack of transportation, stigma and many other barriers. Through the utilization of socialization activities, consumers have the opportunity to develop social skills, utilize coping skills, build trusting relationships and re-engage with their community.

➢ In recent EQRO reviews, it has been documented that ACBHS should provide off-site groups. Due to Amador County’s rural nature and long distance between outlying areas of the County and the clinic, off-site groups would assist in removing barriers such as transportation and access to ongoing treatment. Reports from the EHR were ran to see where the majority of the clients are located. From the data in those reports, it was determined that two off-site groups would be implemented at the Lone Family Resource Center and at the Veterans Hall in Buckhorn (upcountry). On November 21, 2018, the first group was held at the Lone Family Resource Center. On December 7, 2018, the first group is scheduled in Buckhorn. This will continue as a pilot project and if successful, will continue to other outlying areas of Amador County.

ACBHS provides a toll-free telephone number that offers access 24 hours per day, seven days per week, with language capability in all languages. It provides information about how to access specialty mental health services, including the intake process and grievance process. The 24/7 access line also addresses what to do if there is a crisis or urgent condition. Daily reviews of the calls received by the access line are conducted to ensure each call was properly addressed and necessary follow up is provided to the caller.

ACBHS currently has on staff two bilingual (Spanish) treatment staff. One is bilingual MFT who also specializes in perinatal wellness and is an active participant on the Latino Engagement Committee. The second bilingual Spanish speaking staff is a part-time psychiatrist who is at ACBHS once a week. One full-time face-to-face psychiatrist on staff is also bilingual in Hindi and Urdu. ACBHS also has an ASW on staff who is bilingual in Serbian, Croatian and Bosnian languages. Other ACBHS staff specialize in Veterans affairs, EMDR, Native American Services, WRAP and TF-CBT.

**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.

In addition to the steering committee, the MHSA Coordinator attends 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**

ACBHS is committed to embedding cultural sensitivity and awareness into all training activities within the agency and to the community.

For ACBHS staff monthly cultural sensitivity awareness training are provided by various community organizations. ACBHS staff input is sought out using provider team meetings or face-to-face feedback and the MHSA Coordinator organizes an ongoing staff meeting training schedule. The staff meeting schedule for FY 16/17, FY 17/18 and FY18/19 (year-to-date) are included in this plan as Attachment E.

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 key contractors are required to take several designated courses in cultural competency annually.

California Health and Wellness, a medi-cal managed health care company operating within Amador County, has partnered with EnvolveHealth through Cenpatico to provide free provider trainings on an ongoing basis. Monthly webinars are provided and in-person trainings are provided upon request. These trainings offer CEU’s which are also free of cost. At the beginning of each month, the MHSA Programs Coordinator sends out the training link listing all of the available trainings with the registration links. The links go to ACBHS staff and other community providers.

ACBHS staff and community members also attended regular trainings offered through the Central Region Partnership until it ended on June 30, 2018. Over the course of the last two fiscal years, six trainings were provided to ACBHS staff and community members through the Central Region Partnership. Please see the trainings highlighted in the table below. Utilizing WET funds through MHSA, cultural competency trainings are offered to the community at least once annually.
In FY16/17, ACBHS provided two cultural competence trainings. In September 2016, for Suicide Prevention Awareness Week, Christa Thompson, LCSW provided a training discussion for ACBHS staff and community members and/or providers around the topic of suicide awareness and prevention. In January 2017, an all-day LGBTQ training to community providers and ACBHS staff. Attachment F

In FY17/18, a two-day Bridges Out of Poverty Workshop was provided to ACBHS staff and community providers to address the culture of poverty that is very prominent in Amador County. In February 2018, a Military Culture Training was provided to ACBHS staff and community members that focused on clinical implications when providing services to those who are in active or inactive duty. Billy Mills came to Amador County in February 2018 to speak to staff and ACBHS youth. Billy Mills is a Native American Olympic Gold Medalist who has overcome much adversity. His talk included personal stories that promoted resiliency and provided hope, using storytelling to speak about his journey. Attachment G

In addition to the above, the MHSA Programs Coordinator/Cultural Competency Coordinator attends regular webinar trainings on topics related to cultural competence including Working with Interpreters and Translators, Cultural Competency with Seniors and Persons with Disabilities, Cultural Responsiveness to Improve Domestic Violence Services and many more. All webinar opportunities are distributed to ACBHS staff members and community partners in order to increase their education, awareness and skills around all elements of culture. The MHSA Programs Coordinator/Cultural Competency Coordinator also attends the Cultural Competence Summits held annually.

Cultural Competency Trainings and Activities planned for FY18/19 include Cultural Competency, Implicit Bias workshop and working with the Native American tribes to bring Billy Mills back to Amador County for a larger event that is fully inclusive of the Native community.

The table below reflects all Cultural Competence Training offered to the community and ACBHS staff for the past four years (2014-2018):

<table>
<thead>
<tr>
<th>Training Event</th>
<th>Description of Training</th>
<th>How long &amp; often</th>
<th>Attendance by Function</th>
<th>No. of Attendees &amp; Total</th>
<th>Date of Training</th>
<th>Name of Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural Diversity</td>
<td>Working effectively with the culturally diverse individuals</td>
<td>1 hour Annually</td>
<td>Admin/Mgmt Direct Svc, County Direct Svc, Contr. Support Staff</td>
<td>34 Total: 34</td>
<td>2013 2014 2015 2016 2017</td>
<td>Relias Training</td>
</tr>
<tr>
<td>A Culture-Centered Approach</td>
<td>Addresses cultural values of psychosocial</td>
<td>1.25 hours Annually</td>
<td>Admin/Mgmt Direct Svc, County Direct Svc, Contr.</td>
<td>34 Total: 34</td>
<td>2013 2014 2015 2016</td>
<td>Relias Training/CASRA</td>
</tr>
<tr>
<td>Topic</td>
<td>Description</td>
<td>Provider</td>
<td>Hours</td>
<td>Total</td>
<td>Date</td>
<td>Assessment</td>
</tr>
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<tr>
<td>Client/ Patient’s Rights</td>
<td>Standards of ethical and well-informed treatment</td>
<td>Admin/Mgmt Direct Svc, County Direct Svc, Contr. Support Staff</td>
<td>2 hours</td>
<td>34</td>
<td>2013-2017</td>
<td>Relias Training</td>
</tr>
<tr>
<td>Therapeutic Boundaries</td>
<td>Maintaining appropriate &amp; therapeutic client relationships</td>
<td>Admin/Mgmt Direct Svc, County Direct Svc, Contr. Support Staff</td>
<td>1 hour</td>
<td>34</td>
<td>2013-2017</td>
<td>Relias Training</td>
</tr>
<tr>
<td>Workplace Violence</td>
<td>Recognizing and responding to potential violent conditions</td>
<td>Admin/Mgmt Direct Svc, County Direct Svc, Contr. Support Staff</td>
<td>1.5 hours</td>
<td>34</td>
<td>2013-2017</td>
<td>Relias Training</td>
</tr>
<tr>
<td>Co-Occurring Disorders</td>
<td>Overview of common disorders, along with techniques for effective assessment and treatment</td>
<td>Direct Svc, County Direct Svc, Contr.</td>
<td>1 hour</td>
<td>15</td>
<td>2013-2017</td>
<td>Relias Training</td>
</tr>
<tr>
<td>Identifying &amp; Preventing Child Abuse &amp; Neglect</td>
<td>Identification of child abuse &amp; neglect; physical &amp; behavioral warning signs of child maltreatment</td>
<td>Direct Svc, County Direct Svc, Contr.</td>
<td>1 hour</td>
<td>15</td>
<td>2013-2017</td>
<td>Relias Training</td>
</tr>
<tr>
<td>Person-Centered Planning</td>
<td>Distinguish between what is important to and for</td>
<td>Direct Svc, County Direct Svc, Contr.</td>
<td>1 hour</td>
<td>15</td>
<td>2013-2017</td>
<td>Relias Training</td>
</tr>
<tr>
<td>Course</td>
<td>Description</td>
<td>Hours</td>
<td>Authors/Instructors</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sexual Harassment Prevention for CA Supervisors</td>
<td>Effectively respond to sexual harassment as a manager and as an individual</td>
<td>2 hours Bi-Annually</td>
<td>Admin/Mgmt</td>
<td>7 Total: 7 2013 2014 2015 2016 2017</td>
<td>Relias Training</td>
<td></td>
</tr>
<tr>
<td>Supervision &amp; Leadership</td>
<td>Effective techniques for excellence in supervision and leadership</td>
<td>2 Hours Bi-Annually</td>
<td>Admin/Mgmt</td>
<td>7 Total: 7 2013 2014 2015 2016 2017</td>
<td>Relias Training</td>
<td></td>
</tr>
<tr>
<td>Applied Suicide Intervention Skills Training (ASIST)</td>
<td>Risk signs and intervention strategies to assist someone in crisis</td>
<td>1 day Ongoing</td>
<td>Admin/Mgmt Direct Svc, County Direct Svc, Contr. Support Staff Community CBO's/Agencies</td>
<td>45 Total: 45 2013 2014 2015 2016 2017</td>
<td>Melissa Cranfill, LCSW Tammy Gardner, MFT Sylvia Newlun, MFT</td>
<td></td>
</tr>
<tr>
<td>Mental Health First Aid</td>
<td>What to know &amp; how to assist someone experiencing mental</td>
<td>1 day Ongoing</td>
<td>Admin/Mgmt Direct Svc, County Direct Svc, Contr. Support Staff Community CBO's/Agencies</td>
<td>68 Total: 68 2013 2014 2015 2016 2017 2018</td>
<td>Christa Thompson, MSW Nexus Youth and Family Services</td>
<td></td>
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</tr>
<tr>
<td><strong>NAMI: In Our Own Voice</strong></td>
<td>First-person accounts of lived experience with mental illness</td>
<td>2-3 hours Ongoing</td>
<td>Event Community CBO's/Agencies</td>
<td>20-25 Total: 20-25</td>
<td>2014, 2015, 2017</td>
<td>NAMI members</td>
</tr>
<tr>
<td><strong>Training for Interpreters</strong></td>
<td>Certification for Interpreters in the Mental Health Setting</td>
<td>3 Days</td>
<td>Direct Svc, County Direct Svc, Contr. Support Staff Community CBO's/Agencies</td>
<td>22 Total: 22</td>
<td>2014, 2018</td>
<td>Central Region WE&amp;T Partnership</td>
</tr>
<tr>
<td><strong>Training for MH Providers who Use Interpreters</strong></td>
<td>Appropriate use of interpreters by providers in the mental health setting</td>
<td>1 Day</td>
<td>Direct Svc, County Direct Svc, Contr. Support Staff Community CBO's/Agencies</td>
<td>18 Total: 18</td>
<td>2014, 2018</td>
<td>Central Region WE&amp;T Partnership</td>
</tr>
<tr>
<td><strong>Voices: Cultural Perspectives on Mental Health</strong></td>
<td>Video series featuring stories from multi-ethnic groups re: their MH concerns</td>
<td>Quarterly in 2013</td>
<td>Admin/Mgmt Direct Svc, County Direct Svc, Contr. Support Staff Community CBO's/Agencies</td>
<td>16 Total: 16</td>
<td>2013</td>
<td>Video</td>
</tr>
<tr>
<td><strong>Central Region</strong></td>
<td>Regional summit re:</td>
<td>2 days in 2014, Event Admin/Mgmt</td>
<td>3 Total: 3</td>
<td>2014</td>
<td>Central Region WE&amp;T Partnership</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency Summit</td>
<td>best practices &amp; other strategies to address local cultural needs</td>
<td>Direct Svc, Contr. CBO's/Agencies</td>
<td></td>
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</tr>
<tr>
<td>Stigma &amp; Discrimination Reduction Conference</td>
<td>Statewide conference regarding cultural and other impacts on mental health stigma &amp; discrimination</td>
<td>2 days in 2013</td>
<td>Event Admin/Mgmt Direct Svc, Contr. CBO's/Agencies</td>
<td>5</td>
<td>Total: 5</td>
<td>2013</td>
</tr>
<tr>
<td>Each Mind Matters: Rural Perspectives on Mental Health</td>
<td>Community Dialogue event regarding the impact of stigma on rural MH</td>
<td>1 evening in 2014</td>
<td>Event Admin/Mgmt Direct Svc, County Direct Svc, Contr. Support Staff Community CBO's/Agencies</td>
<td>70</td>
<td>2014</td>
<td>ACBHS NAMI</td>
</tr>
<tr>
<td>Serving LGBTQ Populations</td>
<td>Training provided better understanding of core competencies towards reducing LGBTQ disparities in the public mental health system</td>
<td>1 Day</td>
<td>ACBHS Staff</td>
<td>24</td>
<td>2015</td>
<td>NorCal MHA WISE Program</td>
</tr>
<tr>
<td>Suicide Prevention in Rural Counties</td>
<td>Foothill Region Educational Discussion</td>
<td>1 Hour</td>
<td>Event Admin/Mgmt Direct Svc, County Direct Svc, Contr. Support Staff</td>
<td>15</td>
<td>2016</td>
<td>ACBHS County Departments NAMI MHA Stakeholders/Community</td>
</tr>
</tbody>
</table>

32
<table>
<thead>
<tr>
<th>Event Title</th>
<th>Description</th>
<th>Days</th>
<th>CBO's/Agencies</th>
<th>Year</th>
<th>Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Davis Leadership Training</td>
<td>Training for new leaders in the public behavioral health system</td>
<td>1 day a month for 6 months (6 days)</td>
<td>ACBHS Leadership Staff</td>
<td>2</td>
<td>2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Central Region WE&amp;T Partnership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meaningful Use of Data in Public Behavioral Health</td>
<td>An overview and focused look of data generated within and use by public behavioral health systems</td>
<td>2 Days</td>
<td>ACBHS Staff</td>
<td>2</td>
<td>2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Central Region WE&amp;T Partnership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Mental Health First Aid Training for Instructors</td>
<td>Instructor certification training introduces 8-hour course, overviews adult learning styles and teaching strategies, and provides in-depth instruction on implementing and managing the program in diverse communities</td>
<td>5 Days</td>
<td>Nexus Youth and Family Services Staff (contract provider)</td>
<td>2</td>
<td>2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Central Region WE&amp;T Partnership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competence Summit XX</td>
<td>Statewide summit to educate</td>
<td>2 Days</td>
<td>MHSA Programs Coordinator/Culture</td>
<td>1</td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CIBHS/CBHDA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serving LGBTQ Populations</td>
<td>Training provided better understanding of core competencies towards reducing LGBTQ disparities in the public mental health system</td>
<td>1 Day</td>
<td>ACBHS Staff; Community CBO's/Agencies</td>
<td>15</td>
<td>2017</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Bridges Out of Poverty Workshop Day 1</td>
<td>The workshop is a comprehensive approach to understanding poverty using the lens of economic class, providing tools and an overview of concepts.</td>
<td>1 Day</td>
<td>Admin/Mgmt Direct Svc, County Direct Svc, Support Staff Community CBO's/Agencies, individual community members</td>
<td>67</td>
<td>2017</td>
</tr>
<tr>
<td>Bridges Out of Poverty Day 2</td>
<td>Day 2 of the workshop is intended to apply Bridges concepts using</td>
<td>1 Day</td>
<td>Admin/Mgmt Direct Svc, County Direct Svc, Support Staff</td>
<td>44</td>
<td>2017</td>
</tr>
<tr>
<td>Title</td>
<td>Description</td>
<td>Duration</td>
<td>Participants</td>
<td>Year</td>
<td>Speaker/Contact</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
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<td>------------------------------------------------------------------------------</td>
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<td>----------------------------------</td>
</tr>
<tr>
<td>Military Culture Training</td>
<td>Intro to Military Ethos, organization &amp; roles, exploration of stressors and resources of service members and veterans, treatment competencies, resources, and tools for providing behavioral health care to service members and veterans</td>
<td>3 Hours</td>
<td>Admin/Mgmt Direct Svc, County Direct Svc, Support Staff Community CBO's/Agencies, individual community members</td>
<td>2018</td>
<td>Curtis L. Ketsenberg, Captain, Behavioral Health Officer, Northern CA/Sacramento Region, California Military Department</td>
</tr>
<tr>
<td>Billy Mills</td>
<td>Native American U.S. Olympic Gold Medalist and motivational speaker</td>
<td>Two-two hour talking sessions</td>
<td>Admin/Mgmt Direct Svc, County Direct Svc, Support Staff ACBHS consumer youth &amp; CBO youth</td>
<td>No sign-in; approx. 40 attendees</td>
<td>2018 Billy Mills</td>
</tr>
<tr>
<td>ASIST</td>
<td>Risk signs and intervention strategies to assist someone in crisis</td>
<td>2-day</td>
<td>Admin/Mgmt Direct Svc, County Direct Svc, Support Staff</td>
<td>11</td>
<td>2018 Becky Gould, LCSW Virginia Wimmer, LCSW</td>
</tr>
<tr>
<td>Cultural Competence Summit: A Call To Action</td>
<td>Education and strategies to reach diverse populations and provide</td>
<td>2-day</td>
<td>Admin/Mgmt</td>
<td>1</td>
<td>2018 California Institute for Behavioral Health Solutions (CIBHS)</td>
</tr>
<tr>
<td>best practices and frameworks</td>
<td>QPR</td>
<td>Question, Persuade &amp; Refer (QPR) Suicide Prevention Gatekeeper Training</td>
<td>1 hour, ongoing</td>
<td>Admin/Mgmt Direct Svc, County Direct Svc, Support Staff Community CBO’s/Agencies, individual community members</td>
<td>59</td>
</tr>
</tbody>
</table>

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

MHSA has several formal partnerships and training is provided by those community based service providers on an ongoing basis.

**CRITERION 6—COUNTRY’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.

There is a significant staffing shortage concerning the hiring and retention of clinical staff as well as psychiatry as stated in the Workforce Needs Assessment in the FY18/19 MHSA Annual Update, which is attached. (See **Attachment D**).

Due to the limitations of working in an isolated, rural community, not much is offered to staff to encourage ongoing education and training and this results in a lack of retention for Amador County. As stated in the last CCP completed in 2014:

“Occupational shortages and a scarcity of opportunities for existing staff and volunteers to enhance their knowledge and education are exacerbated by the fact that there are no community colleges or universities in Amador County. Students must travel to Stockton, Davis, Sacramento or farther to gain professional and paraprofessional education. This results in a potential drain of human resources as motivated youth leave home for post-secondary study. Once students leave the area for college or graduate school, they are further drawn away from the County by higher wages, attractive internships and residencies, and other amenities. The exodus of talent is not matched by a corresponding influx. One participant in the planning process expressed the following: “When you’re trying to bring people into a
small rural community, you need to offer them more than a job. We may need to take a hard look at what kind of community we provide and what we offer a psychiatrist or a social worker and their family.” Current behavioral health staff also face barriers to extending their credentials and acquiring continuing education credits due to geographic isolation. In addition, low-income consumers, family members and other underserved community members face even more pronounced access-related barriers to education.”

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 and Shasta College (Interactive TV courses) to offer Amador County residents certificate and associate 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 is partnering with Amador College Connect to promote this certificate and to provide additional supports as needed. For FY17/18, Amador College Connect has expanded to offer two basic education courses for human services scholarship recipients to assist in meeting basic educational requirements that will allow students to have easier access to higher education. For FY18/19, Amador College Connect has expanded and is offering bachelor’s degrees online from Arizona State University. As a result, the scholarship opportunities are now allowing students to pursue education up to the Bachelor’s degree level. 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 five Human Services Scholarship participants are now employed with MHSA or behavioral health community collaborating agencies.

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. A roving supervisor has been contracted through the Central Region WET Partnership and visits Amador weekly to support all interns and practicum students. 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, at Sierra Wind, or with another community partner.

Solutions to the retention of workforce within ACBHS are currently undergoing analysis to determine if what ACBHS is currently doing to promote workforce education and training is sufficient. It should be acknowledged that 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 the impact to service delivery remains positive.
CRITERION 7—LANGUAGE CAPACITY
ACBHS is dedicated to providing linguistically appropriate services to all consumers. Spanish is currently the only threshold language in Amador County.

- 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, is adapting services to meet the specific needs of the community.

- 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 and 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 is 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.

- NAMI Education and Support Groups provides outreach, engagement, and education for ACBHS 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 also 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 Amador is essential to providing outreach through education and awareness to populations that ACBHS otherwise would not reach.

- 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 Criterion 1 and in the MHSA Annual Update) provides monthly wellness workshops, quarterly Mental Health First Aid 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 This program 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.

- 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.

- A monthly, activity-based group was created to engage isolated members of the LGBTQ community in a unique way. Each month the group is held in a different location within Amador County. A case manager (or Personal Services Coordinator) organizes the activity and arranges transportation, if necessary, for behavioral health participants. The purpose of the group is to decrease isolation and encourage socialization by using activities as a way to engage with others. The vision is to have this become a peer-led group.

- From 2014-16, Amador County Behavioral Health Services funded an Innovations Project through NorCal Mental Health America. During this time, thousands of residents of Amador County participated in Wellness Day activities, stress reduction support groups and trainings, and demographic data collection activities. These efforts culminated in the recent formation of a new walking labyrinth project aimed at increasing access to timely services and reducing isolation and risk factors for individuals living in rural communities within Amador County. As a result of the strong community engagement and subsequent cessation of the Innovation phase of MHSA funding for this project, NorCal MHA continues these successful efforts through the community labyrinth walks and outreach events through the Prevention and Early Intervention (PEI) component of MHSA. Throughout the past year, three new Labyrinths have been built in Amador County. They are located in Pioneer, Amador City and in Jackson at the Sierra Wind Wellness and Recovery Center. Additionally, NorCal MHA shall continue 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.

- Reversion funding became available through AB114 last fiscal year and as a result, increased mental health strategies as well as outreach and engagement. A community awareness campaign is underway with posters, materials and other de-stigmatizing messages posted throughout the county. Suicide Prevention activities have come to fruition with the implementation of QPR trainings, a Suicide Prevention Coalition and increased advertising for suicide awareness, including two ads on local buses. Reversion funding has also made it possible to collaborate with the Amador County Unified School District and Amador County Office of Education to develop mental health strategies for students in the school setting. Work related to these reversion programs are highlighted in the FY18/19 Mental Health Services Act Annual Update (Attachment D).

More programs that target children, older adults and the general population of Amador County are detailed in the FY18/19 MHSA Annual Update, which is attached to this document (see Attachment D). Also, the evaluation data for all MHSA-funded programs is included in the Annual Update as well.

Ongoing quality assurance of all cultural sensitivity activities included in this plan are reviewed quarterly. Additionally, quarterly meetings are held with all MHSA contract providers to review information and discuss challenges, solutions and successes of programs.

CONCLUSION

It is of utmost importance to ACBHS to include cultural sensitivity 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.
POLICY

It is the policy of Amador County Behavioral Health Services (ACBHS) to maintain a Cultural Competence Policy that promotes cultural sensitivity and awareness into all levels of service and programming throughout the department and countywide.

The Cultural Competence Policy includes three elements:
- Cultural Competence Committee
- Cultural Competence (Sensitivity) Plan
  *Key stakeholders and community members have expressed that Amador County’s Cultural Competence Plan will be called a Cultural Sensitivity Plan to promote awareness as well as sensitivity in both action and practice of behavioral health services.*
- Cultural Competence Training

PROCEDURE

Cultural Competence Committee:

The MHSA/Cultural Competency Steering Committee serves as the cultural competence committee and meets bi-monthly on the first Thursday of each month. The committee is reflective of the underserved and ethnic/racial populations of Amador County.

This committee is responsible for identifying underserved ethnic and socio-economic populations and sub-populations and developing goals and objectives to create access and engagement for behavioral health services. This committee also reviews the Cultural Competence (Sensitivity) Plan and training objectives for the year.

Cultural Competence, Sensitivity, and Awareness is a standing item for the agenda of this meeting.

Cultural Competence (Sensitivity) Plan:

It is the responsibility of the MHSA Programs Coordinator to complete a Cultural Competence (Sensitivity) Plan annually. The plan will adhere to and comply with all regulations provided by the Department of Health Care Services and any other oversight agency. The Cultural Competence (Sensitivity) Plan will include the goals, objectives and strategies developed in the MHSA/Cultural Competency Steering Committee and be reviewed by the committee prior to completion.
After review by the MHSA/Cultural Competency Steering Committee, the plan will be completed. After completion the plan will be sent to the Department of Health Care Services, MHSUDS, Quality Assurance Section in accordance with CCPR standards set forth in Title 9, Section 1810.410. The plan will be posted onto the Amador County Behavioral Health Services and the Network of Care websites. The plan will also be disseminated utilizing the e-mail distribution list as stated in the Community Information and Education Policy. Additionally, a hard copy of the plan can be requested by contacting the front desk at the ACBHS lobby.

Cultural Competence Training:

ACBHS, utilizing the MHSA Programs Coordinator, will maintain a current Cultural Competence Training Plan and incorporate this plan into the annual Cultural Sensitivity Plan. Training for cultural awareness and sensitivity is prioritized using the feedback received from the Community Program Planning Process, community meetings and the MHSA/Cultural Competency Steering Committee meetings. The ACBHS QI/Leadership Committee and the MHSA/Cultural Competency Steering Committee review the training plan on a regular basis.

It is the responsibility of the MHSA Coordinator to coordinate cultural competence training for ACBHS staff and the community.

At least one cultural competence training is provided to the community annually. Training topics are prioritized using the feedback received from the community program planning process, community meetings and the MHSA/Cultural Competency Steering Committee meetings.

ACBHS also offers training through 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 key contractors are required to take several designated courses in cultural competency annually.

ACBHS staff is provided with an in-service training monthly during the departmental All-Staff Meeting. The in-service training provides education about community-based programs that target underserved populations and isolated rural areas of Amador County. These monthly trainings and/or presentations provide education for staff about the culture of Amador County and teaches how to connect consumers to needed resources. Providing this type of monthly training is also a mechanism for ACBHS to invite the community in to meet the staff and gain familiarity with the department.
<table>
<thead>
<tr>
<th>REFERENCE</th>
<th>Other, local in-person training is provided to staff and the community. These training sessions are provided at the MHSA/Cultural Competency Steering Committee, the Amador County Behavioral Health Advisory Board, or at special events hosted by contractors.</th>
</tr>
</thead>
</table>
| FORMS             | FY16/17 Staff Meeting Presentation Schedule  
                   FY17/18 (YTD) Staff Meeting Presentation Schedule  
                   2013-2017 (YTD) Cultural Competence Training Plan |
**Amador County Behavioral Health Department**  
**POLICIES & PROCEDURES MANUAL**

<table>
<thead>
<tr>
<th>Number</th>
<th>Language Line Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-304</td>
<td></td>
</tr>
</tbody>
</table>

**Section:** General  
**Date:** 08-12-2005

**Supersedes:**  
**Approved By:** Madison Title: Director

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**POLICY**

It is the policy of Amador County Behavioral Health (ACBH) to maintain a contract with Language Line Services to ensure that clients are able to effectively provide staff with clear information on what services they need, understand ACBH’s response to treatment options, which is essential to the provision of quality client care. ACBH will accommodate persons who have Limited English Proficiency (LEP) by using bilingual staff if available. If bilingual staff is not available, the Language Line Interpreter Services will be used.

**PURPOSE**

is to comply with CCR, Title 9, Chapter 11, Sections 1810.405(d) and 180.410(d)(1), and California Mental Health Plan Contract, Exhibit A, Attachment 1, Section A.

**PROCEDURE**

**Walk In Clients**

1. Clients will indicate to the receptionist what language they speak by using the Language Identification cards or poster.

2. The receptionist will call the Language Line and give our ID code, organization name and personal code. The Day Crisis worker will also be called to come get the client.

3. Once the interpreter is on the phone, the receptionist will transfer the call to the Day Crisis worker’s office with the client present and the interpreter will work with the client and therapist to determine what services are needed.

4. If a client walks in to the clinic and is deaf, we will offer them access to a computer or paper to communicate their needs. Once an appointment is made, an interpreter will be scheduled to attend as well.

**Phone:**

1. When receiving a call ask “What language do you speak?”
2. Follow step 1 & 2 from Language Line Quick Reference Guide. In Step 2, press 1 for Spanish, Press 2 for other or if you don’t know.
3. Follow Steps 3 through 6 on the Quick Reference Guide. In Step 6 ask the interpreter to ask the following questions:
1. **Ask to help ascertain language/linguistic requirements to communicate, if needed.**
2. **Ask “Is there an emergency, crisis or urgent condition?”**
3. **If an appointment is needed, give interpreter questions to ask for Triage. If it is a crisis, ask the interpreter to ask client to come in or report to the Emergency Room.**
4. **Ask the interpreter to ask client if they have any further questions.**

*For deaf or hearing impaired clients, the California Telephone Access Program will be used (CTAP)*
### POLICY

It is the policy of Amador County Behavioral Health (ACBH) to maintain a comprehensive Access policy to ensure that culturally and linguistically competent services are available to its Medi-Cal beneficiaries. It is the policy of ACBH to ensure the following beneficiary rights:

- The right to receive information in accordance with CFR, Title 42, Section 438.10 that specifies all enrollment notices, informational materials, and instructional materials relating to enrollees and potential enrollees are provided in a manner and format they may be easily understood.
- The right to be treated with respect and with due consideration for his/her dignity and privacy.
- The right to receive information on available treatment options and alternatives, presented in a manner appropriate to the beneficiary’s condition and ability to understand.
- The right to participate in decisions regarding his or her health care, including the right to refuse treatment.
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, and convenience, or retaliation, as specified in federal regulations on the use of restraints and seclusion.
- The right to request and receive a copy of his/her medical records, and to request that they be amended or corrected, as specified in CFR, Title 45, Sections 164.524 (access to protected health information (PHI)) and 164.526 (amending PHI)
- The right to be furnished health care services in accordance with CFR, Title 42, Sections 438.206-210
- Adult beneficiaries are informed of their right under the law of State of California to make decisions concerning health care, including the right to accept or refuse treatment and the right to formulate, at the individuals option, advance directives
- The right to free language assistance services

### PROCEDURE

**Access**

Beneficiaries may contact ACBH through a statewide, toll-free telephone number, which is available 24 hours a day, 7 days per week with language capability in all languages spoken by beneficiaries of the county. The threshold language for Amador County is Spanish. This number provides information to beneficiaries about:

- How to access specialty mental health services, including specialty
mental health services required to assess whether medical necessity criteria are met

- Services needed to treat a beneficiary’s urgent condition, and
- How to use the beneficiary problem resolution and fair hearing processes

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

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

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

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

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

Beneficiaries who do not meet the threshold language criteria are linked to appropriate services. Personal correspondence between ACBH and the beneficiary is drafted in the preferred language identified by the beneficiary during Intake. During Intake, treatment staff explain all forms and documents to ensure complete comprehension and to clarify any questions or respond to any concerns.
ACBH monitors the need for additional cultural/linguistic services. Beneficiaries check the appropriate ethnicity box at Intake and cultural considerations are made during the case assignment process. If a beneficiary requests culture-specific providers, every attempt is made to fulfill that request. Beneficiaries are given the opportunity to request a change of provider.

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

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

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

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

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

ACBH may provide transportation assistance to and from necessary treatment-
related appointments for beneficiaries who live in geographic areas unserved by
the public transportation system. Transportation is provided to beneficiaries
who have no other transportation resource available to them.

A written log is maintained of all initial requests for Specialty Mental Health
Services from Medi-Cal beneficiaries who contact the clinic by phone, by mail
or in person. This log contains the name of the beneficiary, the date of the
request and the initial disposition of the request. Every attempt will be made to
specify if the person is Medi-Cal eligible. When possible, the phone number of
person calling will be recorded in the log.

In order to assess ongoing procedural compliance and quality of services
provided, ACBH periodically reviews contacts with beneficiaries who require
language assistance and/or request culture-specific services to determine the
types and frequency of contacts, the language used, the nature of the services
provided, and outcomes. In addition, ACBH conducts test calls both during
and after hours and solicits input from program partners and stakeholders to
determine where ACBH can improve access for all individuals and researches
new technologies for aiding accessibility.

<table>
<thead>
<tr>
<th>REFERENCE</th>
<th>California Code of Regulations, Title 9, Chapter 11, Section 1810.405(d) and Section 1810.410(e) (1) and (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORMS</td>
<td></td>
</tr>
<tr>
<td>POLICY</td>
<td>It is the policy of Amador County Behavioral Health Department (ACBHD) to add individual, group and/or organization network providers if they enhance the capability of the department to provide for the specialty mental health service needs of Medi-Cal beneficiaries. In all cases, providers being considered for addition to the network will be required to meet all credentialing criteria.</td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td>PROCEDURE</td>
<td>Once there is an identified need for new providers based on Medi-Cal enrollment, clinical or geographic need, ACBHD will identify and recruit providers who meet requirements. Need will be based on the following:</td>
</tr>
<tr>
<td>1.</td>
<td>Anticipated Medi-Cal enrollment</td>
</tr>
<tr>
<td>2.</td>
<td>Geographic access, considering distance and travel time, and the means of transportation ordinarily used by the beneficiary</td>
</tr>
<tr>
<td>3.</td>
<td>Availability of existing providers to take referrals based on utilization of service</td>
</tr>
<tr>
<td>4.</td>
<td>The number of providers who are not accepting new beneficiaries</td>
</tr>
<tr>
<td>5.</td>
<td>The numbers and types of providers required</td>
</tr>
<tr>
<td>6.</td>
<td>Physical access for clients with disabilities</td>
</tr>
<tr>
<td>7.</td>
<td>Language capacity</td>
</tr>
<tr>
<td>8.</td>
<td>Clinical expertise in needed specialty areas</td>
</tr>
<tr>
<td>9.</td>
<td>Cultural Competence</td>
</tr>
<tr>
<td>10.</td>
<td>Ethnicity</td>
</tr>
<tr>
<td>11.</td>
<td>Other specific requests of the client</td>
</tr>
<tr>
<td>Providers must be credentialled and approved by ACBHD prior to acceptance into the network. Providers will receive written notice whether they are approved or not approved for acceptance. If not approved, ACBHD will provide reason for a decision not to contract.</td>
<td></td>
</tr>
<tr>
<td>CREDENTIALING and RECREDENTIALING REQUIREMENTS:</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Providers shall be licensed to practice psychotherapy</td>
</tr>
<tr>
<td>2.</td>
<td>Providers shall maintain a safe facility</td>
</tr>
<tr>
<td>3.</td>
<td>Providers shall store and dispense medications according to state and federal standards</td>
</tr>
<tr>
<td>4.</td>
<td>Providers shall maintain client records in a manner that meets state and federal standards</td>
</tr>
<tr>
<td>5.</td>
<td>Providers shall meet the quality standards as required by DMH</td>
</tr>
</tbody>
</table>
6. Providers shall be willing to provide access to client records for clinical and financial audits within the guidelines of state and federal standards for confidentiality.

7. Providers shall be in good standing with the appropriate licensing board.

8. Providers shall have not been, or have staff that have been, identified as excluded/suspended from the eligible provider lists of federal or state agencies.

9. Providers shall have a head of service that is available during regular business hours and meets California Code of Regulations Title 9, Section 622-630 requirements.

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

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

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

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

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

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

ACBHD will not discriminate against providers that serve high-risk populations or specialize in conditions that require costly treatment. Providers will not be excluded solely because of the practitioner’s type of license or certification.

ACBHD will not employ or contract with providers excluded from participation in federal health care programs.
| **REFERENCE** | CFR, Title 42, Sections 1128, 438.206, 438.214 and 438.230, CCR, Title 9, Sections 1810.345 and 1810.405, DMH Contract, Exhibit A, Attachment 1, and Exhibit E, G |
| **FORMS** |
FY 15/16 Cultural Competency Objectives

- Focus on under-served Spanish-Speaking/Latino population. Spanish is currently the only non-English threshold language in county and the Hispanic/Latino Medi-Cal population has been identified as being under-served (through lower-than-average penetration rates).
  - Sponsor a Latino Wellness Day with an emphasis on mental health and wellbeing.
  - Promote the Suicide Prevention Hotline among the Spanish-Speaking. No calls have been made to the line dedicated to the Latino Community from Amador County.

- Also focus on socio-economically-impacted Isolated Rural Communities. Rural cultures and their associated subcultures within Amador County are each unique. Communities are often isolated, affecting stigma, levels of immediate support, and the ability to access services. This group has long been identified as underserved in the county’s MHSA plans and Annual Updates.

- Sub-populations of the Isolated Rural Community group include:
  - Veterans
  - Homeless
  - Single Parents
  - LGBTQ
  - Older adults
  - First Responders

- Sponsor additional Wellness Days targeting Underserved Populations:
  - Mothers/Single Mothers
  - Older Adults
  - Veterans
  - LGBTQ

- Additional Cultural Competency Needs:
  - Targeted Each Mind Matters (EMM) Posters are needed to reduce stigma, particularly in isolated rural communities.
  - EMM resources also needed for parents of young children experiencing mental health challenges. First 5 may explore EMM’s “Mommy Blogger” concept.
  - “Bridges Out of Poverty” is a possible training program. Stakeholders have supported pursuing this training in 2015/16.
FY 16/17 Cultural Competency Objectives

• Focus on under-served Spanish-Speaking/Latino population. Spanish is currently the only non-English threshold language in county and the Hispanic/Latino Medi-Cal population has been identified as being under-served (through lower-than-average penetration rates).
  o Identify opportunities for collaboration in the Spanish-speaking community (i.e. Latino community events, etc.) to provide outreach with an emphasis on mental health and wellbeing.
  o Amador County Behavioral Health will ensure all documents distributed to clients are provided in English and Spanish. The Promotores will insure the forms are translated so that Spanish-speaking consumers understand them.
  o Promote the Suicide Prevention Hotline among the Spanish-Speaking/Latino population. According to EMM’s campaign data, Amador County has had very few Spanish-speaking calls into the hotline:

<table>
<thead>
<tr>
<th>Year</th>
<th># of Spanish-Speaking Calls to Hotline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2</td>
</tr>
<tr>
<td>2014</td>
<td>3</td>
</tr>
<tr>
<td>2015</td>
<td>2</td>
</tr>
<tr>
<td>2016</td>
<td>0</td>
</tr>
</tbody>
</table>

*It should be noted that this data does not reflect calls that were made on behalf of Hispanic or Latino community members.*

• Also focus on socio-economically-impacted Isolated Rural Communities. Rural cultures and their associated subcultures within Amador County are each unique. Communities are often isolated, affecting stigma, levels of immediate support, and the ability to access services. This group has long been identified as underserved in the county’s MHSA plans and Annual Updates.

• Sub-populations, along with their objectives for this upcoming year, of the Isolated Rural Community group include:
  o Veterans: *Collaborate with Victory Village to educate ACBH staff and other community members on the services they provide. Contact Amador County Veterans Office and identify opportunities where mental health outreach can be provided county-wide.*
  o Homeless: *Continue to collaborate with partnering agencies in identifying homeless needs county-wide.*
- Single Parents: *Insuring events or trainings can be easily accessed by single parents and those with restricted schedules. Provide childcare and transportation.*
- LGBTQ: *Provide community training around this topic for all community partners.*
- Older Adults: *Attend Isolated Senior meetings to collaborate on outreach efforts. Senior Emergency Preparedness trainings and toolkits. Collaborate with Meals on Wheels and the Amador Senior Center for suggestions on maximizing efforts.*
- First Responders: *CAPC is looking at providing a training which will focus on trauma with three components: 1. Learning 2. Self-Care 3. F/U in Smaller, Specific Groups. This could be an opportunity of creating a partnership in this effort.*
- Native Americans: *Attending community events and provide outreach with an emphasis on mental health and wellbeing.*

- Identify events or campaigns that target underserved populations in order to provide outreach and education regarding mental health and community resources. The Underserved Populations are identified as:
  - Mothers/Single Mothers
  - Older Adults
  - Veterans
  - LGBTQ

- Additional Cultural Competency Needs:
  - Targeted Each Mind Matters (EMM) Posters are needed to reduce stigma, particularly in isolated rural communities.
  - Identifying and utilizing other avenues of ‘getting the word out’ —radio, e-mail, etc.
  - EMM resources also needed for parents of young children experiencing mental health challenges. First 5 has been researching and advertising use of online forums.
  - “Bridges Out of Poverty” is a possible training program. Stakeholders have supported pursuing this training in 2016/17.
  - ACBH Supervisors have discussed measuring cultural competence among staff and is looking at ways to do this effectively.
  - ACBH Staff to attend free, community workshops that community partners provide.
  - Utilizing Carla Fry and Becky Gould to bring awareness of cultural competence components by having them present at the ACBH Staff Meetings. Bring other community partners to ACBH Staff Meetings as well to present on the services and resources they provide.
- First 5 attend the Perinatal AOD Group on a quarterly basis to provide education, tips, resources on a variety of topics that target well-being and healthy lifestyles.
- Develop a calendar that identifies community events throughout the year. Assign community partners to each event in order to provide outreach and awareness of mental health and well-being throughout the community. This will help all of us collaborate and ‘share the load’ in our work and efforts.
- Include Suicide Prevention in our outreach efforts. Currently researching suicide rates for Amador County and what age/gender groups should be targeted for increased outreach efforts.
FY 17/18 Cultural Competency Objectives

- Focus on under-served Spanish-Speaking/Latino population. Spanish is currently the only non-English threshold language in county.

FY17/18 Update: Improvement in this area is shown through the higher-than-average penetration rates. At this time, Amador County has shifted its focus to sustain engagement with the Spanish-Speaking/Latino population.

  o Continue to identify opportunities for collaboration in the Spanish-speaking community (i.e. Latino community events, etc.) to provide outreach with an emphasis on mental health and wellbeing.

  o Continue quarterly Latino Engagement Committee Meetings to discuss challenges, barriers, successes and solutions.

  o Utilize the Promotores de Salud as cultural brokers in the Spanish-speaking community.

  o Amador County Behavioral Health will ensure all documents distributed are provided in English and Spanish. The Promotores will insure the forms are translated so that Spanish-speaking consumers understand them.

- Suicide Prevention: Suicide Prevention countywide needs to be addressed—there are currently no active suicide prevention specific programs offered in the county. Suicide prevention is weaved into other curriculum for school-based programs and other MHSA funded activities, but no dedicated suicide prevention program is intact at this time. A huge increase in the schools and suicide concerns is occurring. Suicide in youth has jumped to the third leading cause of death in young people. Suicide is only behind accidental death and homicide for the death of young people. Suicide Prevention is a new objective for FY17/18 and one that will continue to be addressed as a community team at the MHSA/Cultural Competency Steering Committee Meeting.

- Native American Engagement Meetings—ACBHS is working with tribal organizations and other native community partners to engage with the Native American population within Amador County. The AI/AN population continues to grow, however, no active engagement is occurring. Through the use of the meetings, ACBHS would like to brainstorm ways to provide services to the native community in culturally sensitive manners.

  Kene Me Wu is also a resource for Native Americans and provides a domestic violence support group. Kene Me Wu will be coming to ACBHS November staff meeting to discuss the services they provide.
- Focus on the socio-economically-impacted and/or Isolated Rural Communities. Rural cultures and their associated subcultures within Amador County are each unique. Communities are often isolated, affecting stigma, levels of immediate support, and the ability to access services. This group has long been identified as underserved in the county’s MHSA plans and Annual Updates.

- Sub-populations, along with their objectives for this upcoming year, of the Isolated Rural Community group include:

  o Veterans: Continue to collaborate with Victory Village to educate ACBH staff and other community members on the services they provide. Contact Amador County Veterans Office and identify opportunities where mental health outreach can be provided county-wide.

  **Update for FY 17/18:** Victory Village came to an ACBHS All-Staff meeting to present the services and resources they can provide Veterans. Additionally, the MHSA Programs Coordinator and Housing PSC serve on the Veterans sub-committee for the Central Sierra Continuum of Care, which focuses on housing in the four county foothill region (Amador, Calaveras, Tuolumne and Mariposa). Additional focus on Veteran’s suicide prevention and promotion of a Veteran’s crisis line.

  o Homeless: Continue to collaborate with partner agencies in identifying homeless needs countywide. **Update for FY 17/18:** Currently, ACBHS holds a lease for a four-plex in Ione that is subletted out for ACBHS clients who are homeless and/or participate in other ACBHS programs. Additionally, MHSA Housing dollars continue to be used for emergency housing, time-limited rental assistance and move-in costs. On 9/12/17, the Amador County Board of Supervisors approved ACBHS to apply for the No Place Like Home (NPLH) Technical Assistance grant in the amount of $75,000. The fund will be used to conduct a feasibility housing study to do the following a) Determine if NPLH is a viable opportunity for Amador County and b) If NPLH is a viable option, details of logistics will be included. If NPLH is not a viable option, what housing opportunities do exist for permanent supportive or low-income housing in the community?

  o Single Parents: Insuring events or trainings can be easily accessed by single parents and those with restricted schedules. Provide childcare and transportation.

  o LGBTQ: Continue to provide community training around this topic for all community partners. **Update for FY 17/18:** One LGBTQ training was provided to ACBHS staff and community members in January 2017. Community members have requested another training that will be considered for FY17/18. ACBHS contracts with NorCal MHA to provide support
groups to the LGBTQ community. These groups are ongoing and held on the 1st and 3rd Friday of each month. A new program was included in the MHSA Three Year Plan that includes an activity-based LGBTQ monthly group. Additional LGBTQ needs that have been identified target LGBTQ youth.

- Older Adults: Attend Isolated Senior and Commission on Aging meetings to collaborate on outreach efforts. Senior Emergency Preparedness trainings and toolkits. Collaborate with Meals on Wheels and the Amador Senior Center for suggestions on maximizing efforts.

**Update for FY17/18:** The MHSA Coordinator presented at the Commission on Aging meeting in May 2017. Representatives from ACBHS attend both the Commission on Aging and Isolated Seniors meetings regularly. ACBHS also funds the Senior Peer Visitor Program through the Amador Senior Center, which targets older adults who isolate or are lonely.

- First Responders: CAPC is looking at providing a training which will focus on trauma with three components: 1. Learning 2. Self-Care 3. F/U in Smaller, Specific Groups. This could be an opportunity of creating a partnership in this effort.

- Seasonal Workers: Suicide rates among seasonal workers tend to be high. This population only works a few months a year, and tend to have down time in the months they are not working. Through the utilization of outreach and engagement providers, the needs of this population have an opportunity to be identified and addressed.

- Identify events or campaigns that target underserved populations in order to provide outreach and education regarding mental health and community resources. The Underserved Populations are identified as:
  - Mothers/Single Parents
  - Older Adults
  - Veterans
  - LGBTQ
  - Spanish-speaking
  - Native Americans

- **Ongoing Cultural Competence and Linguistic Activities:**
  - Continue to use Each Mind Matters (EMM) toolkits, posters and other promotional materials to reduce stigma, particularly in isolated rural communities.
  - Continue to identify and utilize other avenues of ‘getting the word out’ — radio, e-mail, etc. The bus is a good way to advertise as well.
EMM resources also needed for parents of young children experiencing mental health challenges. First 5 has been researching and advertising use of online forums.

ACBH Supervisors have discussed measuring cultural competence among staff and is looking at ways to do this effectively.

ACBH Staff to attend free, community workshops that community partners provide.

Incorporating awareness of cultural competence components by having presentations at the ACBH Staff Meetings.

First 5 attend the Perinatal AOD Group on a quarterly basis to provide education, tips, resources on a variety of topics that target well-being and healthy lifestyles.

Develop a calendar that identifies community events throughout the year. Assign community partners to each event in order to provide outreach and awareness of mental health and well-being throughout the community. This will help all of us collaborate and ‘share the load’ in our work and efforts.

Include Suicide Prevention in our outreach efforts.

Cultural Competence Training for FY17/18:

- “Bridges Out of Poverty” was provided in September 2017 to address socio-economic impacts of poverty in isolated rural areas and countywide.
- Ongoing training for ACBHS utilizing the monthly All-Staff meeting
- LGBTQ training
- Suicide Prevention

Program Planning Topics:

- SUD & Smoking: Many individuals that suffer from mental health challenges also suffer from a substance use disorder (SUD) and/or smoke. Countywide efforts are currently in place to promote tobacco cessation and to treat co-occurring disorders more efficiently. The community is opening a methadone and suboxone clinic. Wellspace is also coming to the county soon and will have two clinicians. The potential for partnering in the treatment for co-occurring disorders is on the horizon. Need to look at co-occurring prevalence rates that correlate to socio-economic and other underserved populations.

- Individuals and Families Involved in Court and Legal Systems: Young kids in school are disclosing that they have an incarcerated parent. SUD gave an update on the two groups
conducted in the jail. There are grants that are available for case management with clients involved in the court system, we can watch for this in the future because Judge Day seemed to have an interest in this in the past.

- Suicide Prevention Program
ATTACHMENT D
Amador County
Behavioral Health Services
Mental Health Services Act
Annual Update & Expenditure Report

Fiscal Year 2018-2019
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## MHSA County Program Certification

<table>
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<th>County: Amador</th>
<th>Submission: FY 18/19 Annual Update &amp; Expenditure Plan</th>
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<tbody>
<tr>
<td><strong>County Mental Health Director</strong></td>
<td><strong>Project Lead</strong></td>
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<tr>
<td>Name: Melissa Cranfill, LCSW</td>
<td>Name: Stephanie Hess</td>
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<tr>
<td>Telephone Number: 209-223-6335</td>
<td>Telephone Number: 209-223-6308</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:mcranfill@amadorgov.org">mcranfill@amadorgov.org</a></td>
<td>E-mail: <a href="mailto:shess@amadorgov.org">shess@amadorgov.org</a></td>
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County Mental Health Mailing Address:
Amador County Behavioral Health Services
18077 Conductor Blvd., Ste. 300
Sutter Creek, CA 95685

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and non-supplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on ____________, 2018.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Melissa Cranfill, LCSW
Mental Health Director/Designee (PRINT)  Signature  Date
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<thead>
<tr>
<th>County Mental Health Director</th>
<th>County Auditor-Controller</th>
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<tbody>
<tr>
<td>Name: Melissa Cranfill, LCSW</td>
<td>Name:</td>
</tr>
<tr>
<td>Telephone Number: 209-223-6335</td>
<td>Telephone Number:</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:mcranfill@amadorgov.org">mcranfill@amadorgov.org</a></td>
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</tr>
</tbody>
</table>

Counties Mental Health Mailing Address:
Amador County Behavioral Health Services
18077 Conductor Blvd., Ste. 300
Sutter Creek, CA 95685

I hereby certify that the Three-Year Program and Expenditure Plan is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Melissa Cranfill, LCSW
Mental Health Director/Designee (PRINT)  Signature  Date

I hereby certify that for the fiscal year ended June 30, 2016, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

County Auditor-Controller (PRINT)  Signature  Date

*Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)
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. The county is characterized by quaint historic towns and vineyards. Jackson is the county seat and the main commercial center. Other towns include Pioneer, Ione, Volcano, Amador City, Sutter Creek, Fiddletown, Plymouth, Drytown, Pine Grove, Martell and River Pines.

In 2017, the population was estimated at approximately 38,626 residents, which includes a state prison. The county’s population is older than the state. Percentage-wise, compared to the state, its 0 to 4-year-old and teenage populations are small, and percent of 65 years old and older is large, making up 27% of county residents. The county’s median age is 50 years.

**County Demographics (2017)**:
- 89.8% Caucasian
- 2.5% African American
- 2.3% American Indian/Alaska Native
- 1.7% Asian American
- 0.3% Hawaiian
- 14.1% Hispanic/Latino
- 3.4% Reporting 2 or More Races/Ethnicities
- 27% Over 65 Years Old
- 11% Live Below the Poverty Level
- 4,150 Veterans
- 4,149 Incarcerated (approx.)**

*Data taken from the [www.census.gov/quickfacts](http://www.census.gov/quickfacts).
**[https://www.cdc.gov/Reports_Reasearch/Offender_Information_Services_Branch/WeeklyWed/TPPOP1A/TPOP1Ad180905.pdf](https://www.cdc.gov/Reports_Reasearch/Offender_Information_Services_Branch/WeeklyWed/TPPOP1A/TPOP1Ad180905.pdf)

**County Challenges:**
- **Limited housing opportunities for lower-income households have also led to increased homelessness in Amador**
  - In 2018, a sheltered count was conducted that showed 22 households and 48 people were homeless but sheltered in an emergency, transitional (motel, hotel) or safe haven. An unsheltered count was not done in 2018, making that data unavailable.
  - Counts from 2017 resulted in 115 people counted as homeless.
- Remote areas face transportation challenges, leading to increased isolation for families and older adults in Amador County. Additionally, Amador County offers no weekend transit. Although improvements have been made in recent years, 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.
- Due to the significant lack of primary care physicians in Amador County, residents are deterred from seeking medical care and/or are forced to receive medical services out-of-county.
- Factors that negatively affect low-income residents in Amador County include lack of affordable housing, food insecurity, and access to local medical and dental providers.
BACKGROUND

Workforce Needs Assessment
Amador County Behavioral Health Services (ACBHS) currently employs the Full Time Equivalency (FTE) of: 5 Clinicians, 1 Crisis Coordinator, 1 Crisis Counselor, 1.0 FTE (5-part time) Contracted Crisis Workers, 3.5 FTE (3-full time and one part-time) Personal Service Coordinators, 2 Peer Personal Services Coordinators, 2 Substance Abuse Counselors, 1.5 FTE (1-full time and 1-part time) Psychiatrists, 1 Psych Tech, 4 Supervisors/Managers/Administrators, 5 Support Personnel, and 1.5 (1-full time and 1-part time) FTE Transportation Driver.

ACBHS had a change in its staffing structure for FY18/19. The Deputy Director recently left the department. Instead of back filling the Deputy Director position, ACBHS re-structured its staffing to create three new positions in compliance and finance. The department is under new requirements from DHCS and this type of re-structure was necessary in order to effectively comply and meet the requirements of the state. A Compliance Officer, a Compliance Specialist and a Finance and Administrative Supervisor will be recruited for FY18/19. ACBHS currently has one Clinician position vacant and part-time crisis worker positions are also unfilled at this time. Treatment staffing shortages are an ongoing challenge for ACBHS, especially with regard to crisis coverage.

With the passing of the Affordable Care Act and Covered California in 2014, the numbers of individuals with medical coverage increased dramatically. Unfortunately, demand has far outweighed the supply of medical professionals in Amador. ACBHS is mandated to see those in crisis and the seriously mentally ill. The county currently has a staffing shortage to treat those with mild to moderate mental illness. In addition, due to stressors typical to a rural environment (isolation, lack of resources, limited transportation), the need for additional crisis support continues to escalate, along with case management to assist clients to access existing resources, such as housing or other healthcare needs.

Introduction

The Mental Health Services Act
In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which became law on January 1, 2005. The Act imposes a 1% taxation on personal income exceeding $1 million. Over the past 8 years, these funds have transformed, expanded, and enhanced the current mental health system. MHSA has allowed Amador County Behavioral Health Services (ACBHS) to significantly improve services and increase access for previously underserved groups through the creation of community based services and supports, prevention and early intervention programs, workforce, education and training, as well as innovative, new approaches to providing programs to the public.

Plan Purpose
The intent of the MHSA Annual Update and Expenditure Plan is to provide the public a projection regarding each component within MHSA: Community Services and Supports (including Housing programs); Prevention and Early Intervention; Workforce, Education and Training; Innovation Projects; as well as Capital Facilities and Technology. In accordance with MHSA regulations, County Mental Health Departments are also required to submit a program and expenditure plan (program description and budget) and update it on an annual basis, based on the estimates provided by the state and in accordance with established stakeholder engagement and planning requirements (W&I Code, Section 5847).

This plan provides a progress report of ACBHS MHSA activities for the previous fiscal year (FY17/18) as well as an overview of current or proposed MHSA programs planned for the current fiscal year. Proposed program descriptions are detailed on Pages 19 through 37. MHSA program outcomes for FY 17/18 begin on Page 42. Projected expenditures for FY 18/19 can be found on Page 38.

Direction for Public Comment
Behavioral Health Services is pleased to announce the release of Amador County’s Mental Health Services Act Annual Update and Expenditure Report for Fiscal Year 2018-19. This Plan is based on statutory requirements, a review of the community planning over the past several years, and extensive recent stakeholder input.

ACBHS is seeking comment on this Plan during a 30-day public review period between September 18th and October 17th 2018. A copy of the Plan may be found at www.amadornetworkofcare.org and will be available at the Behavioral Health Services front desk. You may also request a copy by contacting Stephanie Hess at 209-223-6308. A Public Hearing regarding this Plan will be held during the Mental Health Board on October 17, 2018, at 3:30 pm at Health and Human Services, 10877 Conductor Blvd., Sutter Creek, Conference Room E.
BACKGROUND

All comments regarding this MHSA Annual Update and Expenditure Report may be directed to Stephanie Hess, Mental Health Services Act Programs Coordinator, via email at shess@amadorgov.org or by calling 209-223-6308 during the 30-day public review period. Thank you for your ongoing interest in the Mental Health Services Act.
COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

Public Comment Period: September 18, 2018 – October 17, 2018
Date of Public Hearing: October 17, 2018

The following is a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Community Program Planning

1. The Community Program Planning (CPP) Process for development of all components included in the Three-Year Plan is described below; included are the methods used to obtain stakeholder input.

   Amador County utilized data obtained from the Mental Health Services Act / Cultural Competency Steering Committee (made up of consumers, family members, community partners, and county staff) to ensure that this Annual Update and Expenditure Plan was an appropriate use of funds. Amador also used previous stakeholder input including:
   - Previous CPP input from the original Community Services and Supports (CSS) 3 Year Plan and the MHSA 3 Year Plan for Fiscal Years 2014-2017
   - Previous CPP input from the FY 16/17 MHSA Annual Update
   - Previous CPP input from MHSA 3 Year Plan for Fiscal Years 2017-2020
   - Monthly and bi-monthly meetings with consumers and family members
   - One-on-one interviews and correspondence with key stakeholders

2. The following stakeholder entities were involved in the Community Program Planning (CPP) Process. (i.e., agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

   Stakeholders involved in recent and previous community program planning includes:
   - The Behavioral Health Advisory Board,
   - Consumers and their Families, including Transitional Age Youth, Adults, & Older Adults, of the Mental Health Services Act / Cultural Competency Steering Committee
   - Targeted Underserved Groups including Latinos, Veterans, Homeless, & LGBTQ
   - Mental health and substance abuse staff of Amador County Behavioral Health (ACBHS)
   - ACBHS Partner Agencies/Organizations, including Substance Abuse Providers
   - Community-based organizations including the Peer-Run Sierra Wind Wellness Center

Local Review Process

3. The methods below were used to circulate, for the purpose of public comment, the Annual Update and Expenditure Plan.

   After this Annual Update was posted for 30-day public review and comment, Amador County utilized the following methods to ensure the posting was thoroughly publicized and available for review:
   - Posted an electronic copy on www.amador.networkofcare.org
   - Provided hard-copies at the Behavioral Health Services front desk for public access
   - Provided electronic copies (and hard copies upon request) to the Mental Health Services Act / Cultural Competency Steering Committee
   - Submitted press release regarding the availability of the Annual Update and Expenditure Plan and date of Public Hearing
   - Publicized availability of the Annual Update and Expenditure Plan at various community Commissions, Boards, and meetings
   - Submitted press release to local news media (KVGC Hometown Radio & Amador Ledger Dispatch) regarding the availability of the Annual Update and Expenditure Plan and date of the Public Hearing
   - Provided hard-copies and public comment at the Behavioral Health Advisory Board regarding availability of the Three Year Plan
   - Provided information to the Behavioral Health Advisory Board and community members at the Public Hearing

   This section may be updated prior to the Public Hearing if any other publicizing other than what is currently listed occurs.

4. The following are any substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update.

   No comments were received during the public review and comment period. The discussion held at the public hearing on October 17, 2018 are documented in the minutes under the ‘Attachment’s section of this plan.
COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

Community Program Planning Results

FY 18/19 Community Planning Process Survey Responses
A 7-page MHSA Annual Update & Expenditure Plan Community Survey for FY18/19 was widely distributed to all stakeholders, along with many others. The purpose of this survey was to determine who is actively participating in the Stakeholder process, what target populations and programs the community feels MHSA funding should be focusing more on, how effective the department is in meeting the essential elements of the Act, and what additional programming is needed, funding permitted. The following represents the 118 responses received from June to July 2018.

Groups Who Responded: A total of 53 responses were received for this question.

3 'Other' responses were received and identified as:
- "Sutter Amador Hospital"
- "Familiar with many of the responses above"
- "Resident"

Gender: 54 responses were received for this question. 9 respondents were male, 45 were female. No respondent identified with other.

Age Groups of Those Who Responded:
54 respondents answered this survey question. No youth aged 13-17 responded to this survey.
COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

Preferred Language of Those Who Responded: 54 respondents answered this survey question. 98% responded that English was their preferred language, with 2% reporting Spanish as their preferred language.

Race/Ethnicity of Those Who Responded:
A total of 53 responses were received for this survey question.

Caucasian/White: 81%
Latino: 6%
Native American: 6%
Asian/Pacific Islander: 4%
African American: 2%
Multiple Races/Ethnicities: 2%
Other/Unknown received no responses.

Cities/Towns of Those Who Responded:
55 people responded to this survey question. Five respondents were 'Other'. Those who responded with 'Other' specified the following geographic locations:
- Volcano
- Sacramento
- Out of County
- Calaveras
- West Point
The following programs that participants were most familiar with survey question had 55 responses.

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<td>Wellness Expo/Fair</td>
<td>52%</td>
</tr>
<tr>
<td>School-Based Mental Health</td>
<td>15%</td>
</tr>
<tr>
<td>Community Garden</td>
<td>24%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>4%</td>
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</tbody>
</table>
COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

Respondents were asked how they felt MHSA programs were doing serving various target populations as a whole. The following are the responses:

- With regards to Children (0-5):
  - Approximately 47% felt MHSA-funded programs were doing Good or Excellent in serving Children (0-5). This is an 8% decrease from last year’s community survey results.
  - 33% were Neutral about how MHSA-funded programs were doing in serving this population (5% decrease when compared to last year’s survey results); and
  - 20% felt that MHSA-funded programs were doing Poor or Fair in serving this population. Last year’s community survey reported that 7% felt MHSA was doing Poor or Fair in serving this population. This year’s survey shows a decrease in improvement of 13%.

- With regards to Youth (6-12):
  - 34% felt MHSA-funded programs were doing Good or Excellent in serving Youth aged 6 to 12. Last year’s results indicated that 43% felt MHSA was doing Good or Excellent in this category.
  - 43% were Neutral about how MHSA-funded programs were doing in serving this population;
  - 24% reported that MHSA-funded programs were doing Fair or Poor when serving this population. Last year’s survey results indicated 17% felt MHSA was doing Fair/Poor in this category.

- With regards to Teens (13-17):
  - 42% felt MHSA-funded programs were doing Good or Excellent. This is the same as last year’s survey results.
  - 35% felt Neutral about how MHSA-funded programs were doing in serving Teens aged 13-17. Last year 40% reported Neutral.
  - 23% felt MHSA-funded programs were doing Fair or Poor in serving this population. Last year’s survey results indicated that only 18% felt MHSA was doing Fair/Poor when serving Teens aged 13-17.

- With regards to Young Adults or Transitional Age Youth (TAY) (18-24):
  - 32% felt that MHSA-funded programs were doing Good or Excellent in serving this population. Last year’s survey results showed that 40% reported MHSA programs were doing Good or Excellent in serving the TAY population. This is an 8% decrease.
  - 43% were Neutral about how MHSA-funded programs were doing in serving the TAY population. This is the same as last year’s survey results; and
  - 24% felt that MHSA-funded programs were doing Fair or Poor in serving this population. Last year’s survey results indicated that on 17% felt MHSA was doing Fair or Poor in serving the TAY population.

- With regards to Adults (25-59):
  - 49% felt that MHSA-funded programs were doing Good or Excellent in serving this population. Last year’s survey results indicated that 58% felt MHSA was doing Good or Excellent in serving this population. This is a 9% decrease from last year’s survey results.
  - 32% were Neutral about how MHSA-funded programs were doing in serving Adults; and
  - 20% reported that MHSA-funded programs were doing Fair or Poor in serving this population. Last year’s survey results indicated that 13% felt MHSA programs were doing Fair/Poor in serving the Adult population. This year’s survey shows a 7% decrease from last year’s results.

- With regards to Older Adults/Seniors (60+):
  - 37% reported that MHSA-funded programs were doing Good or Excellent in serving this population. Last year 57% of respondents stated that MHSA was doing Good or Excellent in serving the Older Adult population. This is a 20% decrease.
  - 31% were Neutral when responding to this question; and
  - 33% reported that MHSA-funded programs were doing Fair or Poor in serving Older Adults. Last year’s survey indicated that only 8% of respondents felt MHSA-funded programs were doing Fair or Poor in serving this population. This is a 25% decrease.
COMMUNITY PROGRAM PLANNING
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- Latinos:
  - 25% felt MHSA-funded programs were doing Good or Excellent in serving the Latino population. *Last year 35% felt MHSA-funded programs were doing Good or Excellent in serving this population. This is a 10% decrease.*
  - 52% felt Neutral (*last year 50% felt Neutral*);
  - 23% felt MHSA-funded programs were doing Poor or Fair in serving the Latino population. *Last year’s survey indicated that only 15% felt MHSA was doing Poor/Fair in serving Latinos. This is an 8% decrease.*

  *Only 2% of survey respondents reported that Spanish was their preferred language. Last year’s survey results indicated that 9% of survey respondents preferred Spanish.*

  *Only 6% of survey respondents reported that they were Latino. Last year’s survey results indicated that 14% of survey respondents were Latino.

- Native Americans:
  - 24% felt MHSA-funded programs were doing Good or Excellent in serving these populations. *Last year’s survey results indicated that 35% felt MHSA-funded programs were doing Good or Excellent in serving the Native population.*
  - 49% were Neutral; and
  - 27% felt MHSA-funded programs were doing Poor or Fair in serving this population. *Last year’s survey results indicated that 14% felt MHSA was doing Poor or Fair in serving the Native American population.*

  *6% of survey respondents reported that they were Native American.

  *Last year’s survey indicated that 3% of respondents were Native American.*

- 60% were Neutral about how MHSA-funded programs were doing in serving other Minority Groups (i.e., Asians, African Americans, etc.) 20% reported that MHSA is doing Good or Excellent in serving other Minority Groups. *Last year’s survey results indicated that over 55% were Neutral and 30% felt MHSA was doing Good or Excellent in this category.*

- Veterans:
  - 44% felt MHSA-funded programs were doing Good or Excellent in serving this population. *Last year’s results were the same at 43%.*
  - 30% were Neutral about how MHSA-funded programs were doing in Veterans; and
  - 26% felt MHSA-funded programs are doing Poor or Fair in serving this population. *Last year’s results indicated 18% felt MHSA was doing Poor or Fair in serving Veterans.*

- 18% felt MHSA-funded programs were doing Good or Excellent in serving the Homeless and 47% felt MHSA was doing Fair or Poor in this category. *Last year’s survey indicated that 48% of respondents felt that MHSA was doing Good or Excellent in this category. This year’s survey results show that this is the second-lowest Poor/Fair score.*

- With regards to LGBTQ, 18% felt MHSA-funded programs were doing Poor or Fair (*last year was 12%*), while 31% indicated that MHSA-funded programs were doing Good or Excellent (*last year was 44%*). 52% responded Neutral.

- With regards to MHSA serving those with serious mental illness, 49% reported that MHSA-funded programs were doing Good or Excellent. However, 48% felt MHSA-funded programs were doing Poor or Fair in serving the those with serious mental illness and those who might be at risk of mental illness (the lowest “Poor” score).

- With regard to MHSA serving those who are at-risk of serious mental illness, 31% reported that MHSA-funded programs were doing Good or Excellent (*last year was 44%*), while 42% indicated that MHSA-funded programs were doing Poor or Fair (*last year was 25%*). 28% responded Neutral.

*Last year’s lowest poor scores were for serving those who are at-risk of and those with serious mental illness. This year’s survey results did not indicate any improvement in these areas and are still the lower poor scores.*
COMMUNITY PROGRAM PLANNING
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Summary: The results in this section show that MHSA-funded programs have not continued to improve in most areas. The survey results show that MHSA-funded programs need improvement in all areas ranging from youth, teens, special populations and homeless/housing. For the second year in a row, it has been identified that MHSA needs to focus on serving those with Serious Mental Illness and those who may be at-risk of Serious Mental Illness. The MHSA/Cultural Competency Steering Committee will focus on how to better serve all populations through MHSA-funded programs throughout the next fiscal year.

Respondents were also asked how they felt Amador County was doing in meeting various essential elements of the Mental Health Services Act. The following are the responses:

- An average of 50% felt that Amador County Behavioral Health is doing Good or Excellent in the following:
  - Client & Family Focused
  - Culturally Competent Staff
  - Recovery-Based Services
  - Welcoming Environment
  - Collaboration with Community
  - Smooth Referrals to & from Other Providers

(Last year's average was 58%)

- 60% felt that the department was doing Good or Excellent in Collaboration with Community.
- 54% felt that the department was Good or Excellent in having offering Recovery-Based Services.
- An average of 6% felt the department was doing 'Poor' in all of the six areas listed above. (Last year's survey results indicated that an average of 4% felt the department was doing 'Poor' in all categories).

The survey asked respondents to give input on the greatest success of the MHSA programs and services in the community. 30 responses were received and are listed below:

- With MHSA money, NAMI has been able to give programs for families and peers and also let the community know who NAMI is and what they do.
- Not sure
- The programs I'm most familiar with currently are the Nami support group, peer-to-peer, family-to-family and connection groups. My family member hasn't lived in the county or used services here for some time. I have had limited contact with other community partners/programs.
- Working well with the community and contractors. Programs that benefit mental illness
- Sierra Wellness
- Talking about it. Didn't happen before
- Provides an opportunity to share without duplication
- Sierra Wind Wellness center has been the best success in the community. They are helpful and have a lot of resources for those in need
- MHSA really does a terrific job embedding their programs into the community. But there is still much work to be done. The good news is that they have a terrific staff of people who are caring and committed to helping others be the best they can be.
- Nami Family to Family is a life saver in the ocean for caregivers dealing with mental illness.
- FSP & Sierra Wind Funding
- Availability for clients and potential clients; out reach: mailings, radio, fairs and community events.
- Funding for Women's Mental Health services for Perinatal Mood and Anxiety Disorder through MHSA projects. It funded a consultant to help develop a strong strategic plan and cohesive collaborative.
- The community awareness campaign was wonderful
- The reduction of stigma. It's the first step in addressing the understanding and concerns around mental health.
- Getting the stakeholders together to help inform and make decisions has been critical to any real difference being made. We don't often see the results of people encountering the Behavioral Health Department, but anecdotal evidence is there for success.
COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

- The ripple effect of the Human Services Scholarships is profound. Families, communities, children all benefit from the positive modeling the students do. We need to reach out to local employers to sponsor career and educational opportunities for men as well.
- The only one that I am aware of is the scholarship money provided to Amador College Connect students.
- More awareness of frequency of mental illness, beginning of stigma reduction. Awareness of overlap of mental illness and substance abuse, MI and inadvertent criminal behavior, MI and poor physical health, MI and homelessness, MI and lack of needed resources. Interest at county level for providing resources, reducing the incidence of homelessness. More targeted and appropriate programs at ACBH.
- My experience with Amador College Connect has opened my eyes to the services and free workshops that I never knew existed.
- For me and my loved one, Nancy Wentling is conducting weekly meetings with those individuals affected by schizophrenia. This diagnosis specific meeting is helping better connect my son with others who understand his disease. Unfortunately the meeting is only open to those on Medi-Cal.
- I would have to say the college classes that are for free.
- Increased awareness of the problem of mental illness, reduced stigma in our small rural community. Bringing community members together around suicide prevention. Greater awareness of the resources available to people with mental illness and their family members. Strong attendance at NAMI Peer to Peer and Family to Family classes, and at NAMI Connection each week.
- Do not know.
- In this past year, MHSA has shown an interest in being more proactive and in the community.
- Services offered to SMI.
- Efforts to share information about community education, events. Efforts to connect those at risk with services.
- Human services certificate
- Providing scholarship opportunities to students who cannot afford education but want to make a difference.
- I think the successful programs are the one's who have been implemented with Stake holders input.

Respondents were also asked to identify issues and/or barriers that prevent people from seeking Mental Health services in Amador County. The following are the responses:

Not sure where to go for help: 62%
There is a stigma around: 72%
Insurance eligibility: 70%
Lack of Transportation: 60%
Services are not provided: 9%
Lack of peer providers: 26%
Other (please specify): 35%

A total of 8 ‘Other’ responses were received. They included the following:
- in person therapist
- Intake can be a bit overwhelming, although necessary
- disconnect of Local Youth providers and school system- needs revisions
- Co-morbid diagnosis of Autism and ID etc... hinder eligibility for services
- White people in this county are very prejudiced against people of color.
- Long waits before being seen and the older Native American that works the front counter, is sometimes very rude and short.
- Lack of professional providers! We travel out of county.
- Hours of operation, Behavioral health issues tend to occur after hours; a single parent needing services trying to provide for the family would be able to obtain help after work hours.

When reviewing the results, as compared to last year, there was no improvement around stigma with an increase of 15% reporting that the stigma around mental health is the number one barrier to seeking mental health services in Amador County.
To ensure MHSA serves those with the greatest need, Amador County stakeholders were asked to identify groups who may have mental illness and should be prioritized with these funds:

- Veterans 90%
- Homeless 84%
- LGBTQ 51%
- Older Acuits 84%
- Isolated Rural Communities 80%
- Individuals/Families Living... 86%
- Latino/ Spanish... 56%
- Single Parents 82%

Ten comments identified other groups who may have a need. The comments are listed below:

- Teenagers. All are important and need to be dealt with.
- Underage children are at risk
- Teenagers
- Adolescents
- Pregnant women and young children. Especially those children exposed to substance abuse, family violence, etc.
- Drug offenders, addicts
- Birth to five population, school aged children, people with disabilities and co-morbid diagnosis
- Everyone is the same unless someone is trying to themselves or others then everyone is treated no different.
- Victims of abuse
- It should not be only "Latino/Spanish speaking." It should be any language that is not English.

Respondents were requested to list any training opportunities to potentially be offered in the community. The survey question received 20 responses (2 stated n/a and were not included), which are listed below:

- Mental Health First Aid
- Mindfulness, Substance Abuse, Attachment
- Suicide Prevention Training
- Mindfulness training, ACES training
- safeTALK
- I would like to see Bridges Out of Poverty (or something similar) offered again. Also, something around engaging hard to reach populations such as middle-age white males. Perhaps something connected to the Man Therapy program.
- The bridges out of poverty had a great concept toward reframing our approach toward dealing with the community we serve. I think it would be really great to include the faith based community and school (administrators and teachers) for this. Probably, it would be a good idea to invite aps, cps, preschool teachers and some non-profit groups like First 5, ATCAA, UCCE, and others who serve those who may be in poverty.
- Tolerance and sensitivity guidance
- More focused on suicide prevention
- Any and all self-improvement classes. So far my favorite by far is LifeWorks.
- Suicide Prevention. I'm already on the list.
- Suicide prevention, behavioral health, substance abuse
- Natural disaster training for imminent trauma for children
- Veteran specific family & peer support
- Community education detailing and connecting the multi-level effects even mild mental illness may have on an individuals or family's life, which a person may not be aware of. Such as relationships, school/job performance, life goals, health, time management, finances.
- Computer and internet classes. Please contact Amador College Connect about them.
- Already aware of them
- Mental Health Education
COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

Workforce, Education and Training funds have reverted back to Amador County Behavioral Health Services in the amount of $155,163 (this amount is subject to change). Respondents were asked in what ways they would like to see WET funds spent in Amador County. 25 respondents answered to this survey question. The responses are listed below:

- Have to get more familiar with programs
- Anything for the needy or mentally ill
- Training peers and family members
- Professional Help
- Help pay for teachers to have all trainings
- Resource connection assistance
- N/A
- Enhance student counselor programs onsite in all schools primarily Jr. High and High School
- More housing opportunities for homeless-mentally ill individuals and homeless elderly
- TxChat, Perinatal AOD, AB-109 AOD
- Infant mental health clinicians to provide services to families w/children 5 and under
- CEU opportunities for local physicians, dentists, etc.
- Additional College Connect Scholarship opportunities for young and middle-aged men who are BH clients who may feel stuck and are wanting to move forward in life. Giving hope and new connections within and outside our community. Perhaps partnering with local services orgs: Lions, Rotary, etc.
- Programs which support women
- Continue community education peer training programs thru college Connect or other organizations, not only MHA
- On the job training programs. Career placement opportunities.
- To have at least one real therapist at the Wellness Center Monday through Friday
- I think you are doing a good job with this
- n/a
- Veteran specific training for practitioners, psychologist services (telehealth), family counseling/support
- Training and partnerships for teens with the business community. Work related internships (short term) for youth unsure of career goals. That opportunity may help direct their vocational or higher education plans and choices. This may also be useful for adults/seniors entering, re-entering the work force. Peer training/support program for youth before heading to vocational school/college, especially those some distance from their home. Like a “survival skills” type opportunity to promote successfully staying in school.
- Free computers and internet access
- More advertisement to people so that they know where they can go for help.
- Shelter/Housing
- Collaboration w/ storm funds and corrections

Although not expected, should MHSA revenue increase in the future, respondents were asked what programs and services they would like Amador County Behavioral Health to consider funding. 27 responses were received. The following are the responses:

- Need for services for children and teenagers
- A schizophrenia support group
- More services for youngster. Lives can be changed and saved through early interventions
- Therapy
- Suicide prevention homelessness support
- More housing, work opportunities
- More of pre 2011 programs and substance abuse
- Continue funding for Sierra Wind Wellness Center. Help for homeless to find housing.
- Mindfulness
- Teenagers group
COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

- Outreach programs such as satellite programs in hard to reach areas of the county due to transportation issues. More outreach to the homeless who are suffering from mental illness and substance abuse issues.
- AOD outreach to the community
- To provide family counseling for families transitioning out of the Child Welfare/Probation System
- A case manager for individuals (moderate to mild) to assist with navigating systems (who person approach)
- Adding an active referral method in the electronic health record system for tobacco cessation or smoking cessation referral to the California Smokers' Helpline (1-800-NO-BUTTS) for clients who are flagged. For those with behavioral or mental health conditions, tobacco use remains the number one, preventable cause of disease and death. This population is twice as likely to smoke as the general population. However, they are equally as motivated and able to quit as the general population, as shown in recent studies. Furthermore, tobacco cessation workshops or monthly support groups could be a helpful addition toward helping smokers quit. Studies show that by quitting smoking, behavioral health clients are more likely to also quit other addictions (drugs, alcohol). Also, since the smoke impacts prescribed drugs substantially, by quitting smoking conditions can be better managed. This is definitely a good use of time and money. Thank you for the opportunity to comment. We appreciate all that Amador Behavioral Health does for the community, Tobacco Reduction Amador County staff.
- Drug avoidance programs for youth Life and career skills training and development for men-peer to peer programs Crisis nursery—drop in/no questions asked.
- Programs which support women
- Supported employment programs for clients in recovery. Supported housing opportunities for more clients.
- Stop Smoking Cigarettes program that is open to all residents, similar to Alcoholics Anonymous.
- If the senior peer visitors do not get a stipend, perhaps they could.
- Mobile help after hours to the homeless population, getting them the proper help/meds.
- Telehealth
- More training / education opportunities for teachers and other school employees to understand mental health for children, supportive methods to use with them, how to interact with parents, how to be aware of personal bias. Increase MH mobile support presence for the current homeless population. For prevention, treatment and/or maintenance.
- More funding to help with basic needs for low income individuals and family.
- Unknown
- A homeless shelter, transitional housing, inpatient program/rehab
- More youth counseling at schools and on campus

Respondents were also provided an opportunity to provide additional comments regarding programs and services offered by MHSA. 9 responses were received:

- n/a
- less money for the wellness center
- n/a
- It is heartwarming to see how far we have come since the inception of MHSA. A thoughtful group of service providers and community members coming together to address challenging issues.
- Doing a great job! Keep it up! Wondering if mid-range restaurants would allow flyers on tables to advertise various programs—monthly change outs to keep fresh. Grocery carts? KVGC?
- Thank you for providing scholarship funds. They have been instrumental in students' success.
- What I have trouble understanding is if the leaders of the NAMI connections group didn't feel safe at the Wellness Center after they've been having the group there for over 3 years. Now they all moved the group to a different location because of safety. Maybe the Wellness Center should have someone from ACBH there to keep things in order because it's not working with their staff.
- n/a
- N/A
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Welfare and Institutions Code Section 5846 states that Counties shall report on the achievement of performance outcomes related to Mental Health Services Act (MHSA) components including Community Services and Supports (CSS), which includes Permanent Supportive Housing, Prevention and Early Intervention (PEI), Innovation (INN), and one-time funds including Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CF/TN). Any changes to these components due to performance or funding should also be reflected in this report. Per Welfare and Institutions Code Section 5847, Counties shall also report on those served (see attached), and submit a budget that represents unspent funds from the current fiscal year and projected expenditures for the next fiscal year (please see the budget on Page 38 for projected expenditures associated with each component of MHSA for Fiscal Year 18/19).

Community Services and Supports (CSS)

Community Services and Supports (CSS) was the first component implemented as part of the Mental Health Services Act (MHSA) plan. CSS services are provided through systems of care that are typically focused on particular age groups (i.e. a Children’s System of Care). In Amador, ACBHS operates as one integrated system of care and combined the Adult Team and Children’s Team to one Provider Team that meets weekly. CSS has three different categories that support the system(s) of care: System Development, Outreach and Engagement, and Full Service Partnerships. A one-time allocation to fund needed Housing for those with serious mental illness is also funded under CSS.

The implementation of MHSA CSS is progressing as planned with significant successes, which include the Mobile Support Team, inclusion of peers as county employees and expansion of therapeutic groups and activities.

System Development and Outreach/Engagement
The CSS General System Development and Outreach/Engagement target population children, youth, transitional age youth, adult, and older adult consumers who are:
- Diagnosed with a serious mental illness or serious emotional/behavioral disorder
- Participating or willing to participate in public mental health services
- Members of underserved populations including isolated Rural residents, Spanish-Speaking, Veterans, and LGBTQ
- Ideally full-scope Medi-Cal recipients (for maximum county reimbursement)
- Not a parolee or incarcerated

Strategies to support and serve these populations include the provision of:
- Outreach and engagement to connect those in need of public mental health services
- Crisis services including intervention/stabilization, family support/education, and other needs
- Clinical services including medication management, individual and group therapy, and skill building
- Case Management including assistance with transportation, medical access, and community integration
- Wellness and recovery groups, and peer support

Full Service Partnerships (FSP)
The Full Service Partner population includes children, youth, transitional age youth, adults and older adults who are determined to be at extremely high risk and:
- Diagnosed with a serious mental illness or serious emotional/behavioral disorder
- Experiencing a recent hospitalization or emergency intervention
- Currently homeless or at risk of homelessness
- Currently participating in public mental health services
- Willing to partner in the program
- Not a parolee or incarcerated

FSP strategies to support and serve these populations include the provision of the strategies above as well as:
- Personal Service Coordination including assistance with housing, transportation, medical access, education/employment opportunities, and social/community integration
- Additional services including Wellness Recovery Action Plan (WRAP) training/development, crisis intervention/stabilization, family support/education, and personal needs assessment
- Funds to cover non-mental health services and supports, which MAY include food, clothes, housing subsidies, utility assistance, cell phones, medical expenses, substance abuse treatment costs, and other expenses
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MHSA Supportive Housing Program
(Formerly known as Permanent Supportive Housing)

Background
Previous Community Planning Surveys have explained that Amador County received $517,348 in MHSA funds to develop Permanent Supportive Housing (this amount includes interest accrued). Since the amount was not sufficient for many small counties to purchase and operate a building for 20 years as required, it was noted that the state is returning these funds (upon request) and allowing counties to use these monies to support other housing initiatives for those with serious mental illness. Viable options were described. Respondents were then asked to provide input regarding how these funds should be expended by rating each option. It was also noted that funds could be used for multiple purposes based on stakeholder feedback. The following represents the responses received, which as shown, were equally distributed:

- Limited-term housing assistance for FSP clients (up to 1 year, extended due to wraparound support)
  - 70% selected “Maybe So” or “Definitely Yes” regarding this option, the lowest rated
- Limited-term housing assistance for non FSP clients (up to 3 months, based on needs assessment)
  - 70% selected “Maybe So” or “Definitely Yes” regarding this option
- Move-in cost assistance for any client (i.e., first and last, security deposit, based on needs assessment)
  - 76% selected “Maybe So” or “Definitely Yes” regarding this option
- Hotel/motel voucher or emergency assistance program for clients who need immediate shelter
  - 80% selected “Maybe So” or “Definitely Yes” regarding this option, the highest rated
- Contract w/ local agency to provide supportive housing program (i.e. agency finds housing, works w/ landlord & client, subsidizes rent)
  - 77% selected “Maybe So” or “Definitely Yes” regarding this option

Based on this stakeholder feedback, Amador County is currently and continues to utilize their MHSA Housing Program funds over the next three years (FY 2015/16 to FY 2018/19) to fund a combination of Emergency Assistance and Move-In Assistance (with funding split 50/50 between the two options), with funding for a case manager to assist with housing acquisition, sustainability, budgeting, and connection to other resources (such as Smart Money classes).

In Summer 2015 a part-time Personal Services Coordinator-Housing was hired to assist in coordinating housing acquisition and provide related case management (i.e. landlord relations, etc.). With the assistance of a housing coordinator, clients and FSP partners are supported in the entire rental process with case management, follow-up and funding. Barriers continue to be very present in Amador County with regards to affordable housing for those on fixed incomes and finding units and available living spaces for clients has been quite challenging. By utilizing the housing coordinator, we are truly able to address challenges on a client-by-client basis using creative methods to house those who are in need.

Ione Master Lease Background & Update
In January 2017, the Amador County Board of Supervisors approved a month-to-month lease with KSK Property Management for a four-plex in Ione. The Ione property has four-two bedroom/one bath units and each unit has a one-car garage/storage space. The cost for all four units is $4,200 per month or $1,050 per unit. These costs include the monthly rent and water fees. The utilities such as gas/electricity and other amenities would be the responsibility of the tenant occupying the unit.

The four-plex offers close proximity to a plethora of vital resources those with mental health challenges need to support recovery and independent daily living. Transportation is easily accessible as Amador Transit has a bus stop located one block away from the units, which provides direct access to the Health and Human Services building. This route also connects to other lines that provide transportation to other areas of Amador County, Sacramento and Calaveras County. A primary care clinic is located less than ¼ mile away from the complex as well—which is easily accessed by walking or utilizing the bus. Additional resources are also located a short walk (or bus ride) away which include, grocery stores, a pharmacy, schools, banks, the police station and a post office.

The MHSA Supportive Housing Program funds support the four-plex lease agreement, which included a $4,200 security deposit and a monthly rental fee of $4,200 per month. In addition to the rent, ACBHS is responsible for the sewer charges on a monthly basis along with gas and electric charges for the laundry unit. The lease agreement is on a month-to month
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basis. As of June 30, 2018, all units were occupied with all but two renters paying their own share of housing expenses. Two units are at full capacity and the other two can accommodate two more renters.

ACBHS developed procedures and policies that clients adhere to when sub-leasing the units. The part-time Personal Services Coordinator-Housing performs the day-to-day operations that managing the units require.

Supportive Housing Program Updates for FY18/19:

Enhancements to the housing program that have occurred over the past year and will continue to be utilized include:
- Revised the Policy and Procedure for the MHSA Housing Program;
- Enhanced the housing referral process and tracking system;
- Mandated and required proof of completion for Smart Money classes as a requirement for all recipients of MHSA Housing funds; and
- Developed protocol that requires sustainability plans to insure clients are able to maintain housing status after funds expire.

In FY 17/18, the MHSA Supportive Housing Program expended a total of $80,211.27 and served approximately 26 individuals. In FY 16/17, the MHSA Housing Program expended a total of $47,806.02 and served approximately 35 individuals. Costs were significantly higher in FY17/18 due to extensive repairs and maintenance costs at the Clay Street four-plex. As stated above, utilizing our enhanced housing referral process along with revising the policies and procedures around the housing program itself has since prevented the need for extensive out-of-pocket repair expenses.

The part-time Personal Services Coordinator-Housing continues to seek relationships with local property owners (landlords) and to locate affordable unit availability. There are times that the MHSA Supportive Housing Program cannot accommodate referrals due to the lack of affordable units in Amador County. The MHSA Programs Coordinator regularly attends the Foothill Housing Coalition, Continuum of Care and Homeless Steering Committee meetings to engage in conversations that provide solutions to the lack of affordable housing and homelessness within Amador County. Funding streams to expand housing options are also being explored in order to meet the barriers that individuals with severe mental illness face when locating and sustaining housing. Two of those funding mechanisms, No Place Like Home (NPLH) and Homeless Mentally Ill Outreach Funding (HMIOT) are briefly described below.

No Place Like Home
On July 1, 2016, Governor Brown signed legislation enacting the No Place Like Home (NPLH) Program to dedicate $2 billion in bond proceeds for the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or are at-risk of chronic homelessness. The bonds are secured through the Mental Health Services Act (MHSA).

Key features of the program include:
- Counties will be eligible applicants (either solely or with a housing development sponsor).
- Funding for permanent supportive housing must utilize low barrier tenant selection practices that prioritize vulnerable populations and offer flexible, voluntary, and individualized supportive services.
- Counties must commit to provide mental health services and help coordinate access to other community-based supportive services.

All counties are granted a $75,000 Technical Assistance grant, if they choose to apply. Small counties will receive a non-competitive minimum allocation of $500,000 for a NPLH program. Other funds can be obtained utilizing a competitive funding application.

Amador County Behavioral Health Services applied for the Technical Assistance grant in the amount of $75,000 in Spring of 2018. No funds have yet to be received. Once funds are received, ACBHS plans to utilize the funds to determine if a NPLH program would be feasible in Amador County. If NPLH program is something Amador County can obtain and sustain, ACBHS will apply for its non-competitive minimum allocation of $500,000 as well as competitive funding to leverage utilization of the housing dollars.
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Homeless Mentally Ill Outreach Funding (HMIOT)
Recently, Senate Bill (SB) 840 passed in the California State legislature. This one-time funding opportunity would provide outreach and treatment to individuals with serious mental illness who are homeless or at risk of becoming homeless. Activities that utilize these funds cannot supplant existing funds and are to be expended no later than June 30, 2020. All counties are eligible to receive this funding and are encouraged to match these funds with local mental health funding as well as federal matching funds, as appropriate. As a result of SB 840, Amador County is eligible to apply for $100,000 and intends to pursue this funding. If approved, ACBHS will utilize stakeholder feedback on how to implement the use of these funds, leveraging other housing dollars to their maximum potential.

CURRENTLY FUNDED PROGRAMS
ACBHS provides core services under CSS, including the Full Service Partnership Program, the Mobile Support Team, community gardens, and art therapy groups for adults and teenagers. The department also contracts with several community partners to provide CSS programs including a Peer-Run Wellness Center and Outreach and Engagement to Families and Consumers.

Below is a description of each CSS program, the average numbers served for FY 2017/18 (as applicable), as well as the projected program costs, estimated unduplicated number of persons to be served, and approximate cost per person.

ACBHS Full Service Partnership Program
The Full Service Partnership program is the cornerstone of the CSS component and must represent at least 50% of CSS funding. This program is provided directly by ACBHS. Additional ACBHS services (staffing, transportation, emergency food or shelter) are also funded by CSS to provide a “safety-net” for those with Serious Mental Illness.

The ACBHS team includes Behavioral Health clinicians, counselors, case managers (or personal service coordinators), transportation drivers, support staff, and a quality improvement/management team. The program’s focus is to provide an integrated system of care, including outreach and support, to children, youth, transitional age youth, adults and older adults seeking or receiving behavioral health care in Amador County. Its focus with the Full Service Partnership program is to provide a team approach to “wrap around” clients and their families. Staff do whatever it takes from a clinical perspective to ensure that consumers can stay in the community and out of costly psychiatric hospitals, incarcerations, group homes, and evictions. The focus is on community integration and contribution.

In FY17/18, the Full Service Partnership Program was modified to enhance its ability to truly target severely mentally ill consumers who have been actively engaged in mental health treatment but still struggling to remove barriers that would promote a recovery in their quality of life. The modification of the program mirrors the statute that requires FSP as a client-driven part of treatment. Any client who participates in the FSP program must agree that they will act as a partner in their treatment and recovery oriented goals. Because of this change in policy, the FSP program saw lower enrollment, but an increased number of positive outcomes. When a client graduates from the FSP program it means they have met their FSP treatment goals as they have defined them. In FY17/18, seven clients graduated from FSP. Currently, twelve clients who meet FSP criteria have agreed to continue their FSP program.

FY 18/19 Projected Annual Cost: $60,000 | Increase in Cost from 17/18: $0 | Average Increase in # Served: 0%
| FY 17/18 # Served: 39 | FY 18/19 Projected # to be Served: 45 | FY 18/19 Estimated Cost per Person: $1,333

ACBHS Mobile Support Team
In previous years, Amador County has documented extensive feedback regarding the need for increased crisis stabilization and support (see previous Annual Updates under Capital Facilities & Technology, proposed Crisis Residential Services). Since it has been determined that a crisis residential program could not be implemented or sustained with existing MHSA funding, ACBHS has worked with stakeholders to identify alternative solutions to meet the needs of those with serious mental illness who are in crisis, de-escalating from a crisis, and/or being discharged from a hospital (either emergency or psychiatric) in order to prevent hospitalization or re-hospitalization (if at all possible).

To address this need, Amador County expanded their General System Development category of funding (under CSS) to include a Mobile Support Team. This team consists of a full-time Crisis Counselor, along with a full-time Peer Personal Services Coordinator. Previously, the team had a contracted Client and Family Advocate through NorCal MHA as a member of the team. As of June 30, 2018, the contract with Mental Health America expired (see page 23 below.) ACBHS was able to recruit for a Peer Personal Services Coordinator and successfully did so. The Mobile Support Team is now fully supported using MHSA and Medi-Cal funding through Amador County Behavioral Health Services. The team is equipped with a 4-wheel drive vehicle and laptop with mobile “hot spot” for field intakes, assessments, and safety plans. In
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addition to Wellness Recovery Action Plans (WRAP), the Peer Personal Services Coordinator is also trained in other specific areas such as domestic violence, anger management and safeTALK to provide more support to individuals and families in the field (i.e., a client’s home).

The Crisis Coordinator will provide information to the Mobile Support Team regarding clients to be contacted by the team. This may include, but is not limited to the following:

- Follow up with clients who are seen in the local emergency room and do not meet the criteria for a 5150 hold, but mobile support services are part of the safety plan;
- Clients being discharged from an acute psychiatric facility;
- Clients that frequently access crisis services.

Other staff members such as Clinicians and Personal Services Coordinators can request Mobile Support to follow up with clients who are at-risk of crisis to assist in maintenance of stabilization for clients.

Goals of the Mobile Support Team include:

- Provide in-home supportive services within 7 days of discharge from an inpatient psychiatric facility;
- Provide supportive services following an evaluation and safety plan to provide additional support to help prevent hospitalization;
- Provide intake assessments in the field as appropriate to reduce barriers to accessing services;
- Provide Wellness Recovery Action Plan (WRAP); and
- Provide information regarding community resources and supports.

The Mobile Support Team will continue to follow up with clients as-needed. At each visit, the team will ensure the individual is promptly assessed for serious mental illness (to be seen by ACBHS) and will schedule first available appointments with a clinician and psychiatrist (and put on a priority list if needed). If needed, the team will also assess for and offer access and linkage to other resources. If the client does not meet criteria for services at ACBHS, the Peer Personal Services Coordinator assists the client and family in accessing services that are most appropriate based on the presented needs.

FY 18/19 Projected Annual Cost: $0.00 (Clinical staffing and Peer Personal Services Coordinator are costs based on expected Medi-Cal reimbursement, which are included in the overall CSS budget on page 38.)

| Increase in Cost from 17/18: $0 | Average Increase in # Served: 32% | FY 17/18 # Served: 91 | FY 18/19 Projected # to be Served: 100 | FY 18/19 Estimated Cost per Person: $0

Mental Health America (MHA) Sierra Wind Wellness Center

Sierra Wind 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, linkage and navigation of services, and volunteer opportunities for all of its clients. Sierra Wind also provides Patient Rights Advocacy and offers as Amador County’s Office of Patient Rights. In previous years, the Patient Rights Advocacy contract was separate from Sierra Wind. This year the funding for Sierra Wind and the Patient Rights Advocate were combined, resulting in a $20,000 increase to this program.

FY 18/19 Projected Annual Cost: $385,000 | Increase in Cost from 17/18: $20,000 | Average Increase in # Served: 267% | FY 17/18 # Served: 1,039 | FY 18/19 Projected # to be Served: 500 | FY 18/19 Estimated Cost per Person: $770

Peer Personal Services Coordinators—NEW PROGRAM FOR FY18/19

MHA Consumer and Family Advocates/Primary Care Liaison—NO LONGER FUNDED

In previous years, Mental Health America, the contractor for Sierra Wind Wellness Center, also provided two Consumer and Family Advocates, who were embedded within ACBHS to provide necessary representation and connections to resources on behalf of public mental health clients. The Advocates attended client meetings and served on policy and program development teams to promote the concept of clients/families as partners in the treatment process. One of the two Advocates also served as our ACBH Primary Care Liaison and coordinated and collaborated with primary care providers in Amador County to help bridge the gap between Primary Care and Behavioral Health services while assisting clients in obtaining primary health care. The other Advocate also served as an essential partner on the Mobile Support Team. On June 30, 2018 the contract between Mental Health America and ACBHS expired. At that time, ACBHS recruited for two Peer Personal Services Coordinators as county employees. One peer was recruited to act as an Outreach Coordinator and Primary Care Liaison. The other peer was recruited to act as a member of the Mobile Support Team. Both peer employees are to provide necessary representation and connections to resources on behalf of public mental health
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clients. The peers are also expected to attended client meetings and serve on policy and program development teams to promote the concept of clients/families as partners in the treatment process.

The two new Peer Personal Services Coordinator positions will be funded using a combination of Medi-Cal revenue and MHSA CSS funds.

FY 18/19 Projected Annual Cost: $190,000 | Increase in Cost from 17/18: $60,000 Increase in cost will be leveraged with Medi-Cal revenue and MHSA funding | Increase in # Served: 107% | FY 17/18 # Served: 352 |
FY 18/19 Projected # to be Served: 300 | FY 18/19 Estimated Cost per Person: $633

NAMI Education & Support Groups
NAMI is the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need. For this project, NAMI provides outreach, engagement, and education for ACBHS 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. In addition to the support groups and courses, NAMI also offers a monthly education and advocacy meeting where guest speakers present to provide education and its guest attendees.

FY 18/19 Projected Annual Cost: $38,000 | Increase in Cost from 17/18: $0 | Average Increase in # Served: 250% |
FY 17/18 # Served: 357 | FY 18/19 Projected # to be Served: 175 | FY 18/19 Estimated Cost per Person: $217

Therapeutic Groups & Activities
A wide array of therapeutic groups and activities are offered utilizing MHSA funds. Below is a description of each:

- **Art Therapy Groups**: These groups, offered internally at ACBHS, are for clients who have severe mental illness. The group is facilitated by an Amador County Behavioral Health Clinician and its intent is to use the creative process to help people resolve issues, manage their behaviors and feelings, reduce stress and improve self-confidence and awareness. Usually clients are entered into this group as they begin to transition to a lower level of care into the community in their journey of recovery.

- **Wellness, Recovery and Action Plan (WRAP)**: The Wellness Recovery Action Plan® or WRAP®, is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be. WRAP is an 8-week course, facilitated by Amador County’s Peer Personal Services Coordinators. WRAP consists of allowing consumers to discover their own simple, safe wellness tools. It teaches consumers how to identify upsetting events and early warning signs that things have gotten much worse and uses wellness tools and action plans for responding at those times. WRAP also assists consumers with creating a crisis plan and a post-crisis plan. WRAP is for anyone, any time and supports consumers in being the way they want to be in doing the things they want to do.

- **Community Gardens**: Amador County Behavioral Health utilizes MHSA funds to provide consumers three garden plots that they can use and tend to throughout the year. The purpose of the gardens is to develop and increase social support and social skills while decreasing stress, enhancing self-esteem and creating feelings of achievement. MHSA also funds plants and seedlings associated with the garden plots and monitors the use through Personal Services Coordinators.

- **Socialization Activities**: Various socialization activities provided to consumers throughout the year seek to promote community engagement and enhance social participation. Many individuals who suffer from severe mental health challenges isolate in rural communities due to lack of transportation, stigma and many other barriers. Through the utilization of socialization activities, consumers have the opportunity to develop social skills, utilize coping skills, build trusting relationships and re-engage with their community.

FY 18/19 Projected Annual Cost: $6,500 | Increase in Cost from 17/18: -- | Average Increase in # Served: -- |
FY 17/18 # Served: -- | FY 18/19 Projected # to be Served: 75 | FY 18/19 Estimated Cost per Person: $87

Prevention and Early Intervention (PEI)
The Prevention and Early Intervention (PEI) component of the MHSA plan focuses on programs for individuals across the life span prior to the onset of a serious emotional/behavioral disorder or mental illness. Prevention includes programs provided prior to a diagnosis for a mental illness. Early Intervention includes programs that improve a mental health problem very early (thus avoiding the need for more extensive treatment) or that prevent a problem from getting worse.
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Regulations were adopted by the Office of Administrative Law in October 2015 that significantly changed PEI reporting requirements. Additional mandates included detailed demographic information and additional programs that required reporting on referral outcomes and other outcome measurements. Concerns around the amount and type of data that was being required of counties to submit to the Mental Health Services Oversight and Accountability Commission (MHSOAC) included that small counties could not accurately report detailed demographic data, specifically by each program without the risk of identifying the participant. Additional concerns were the workload burden on small county MHSA administrators and quality improvement teams and the logistics of creating new systems that would collect the required data. Many discussions to amend the regulations ensued throughout the FY15/16 and FY16/17. Amendments were submitted to the Office of Administrative Law, but not yet adopted when the first report came due. Therefore, since the requirement was still in place for counties to comply with the rigorous regulations, ACBHS complied and submitted their annual PEI report within the required timeframe. However, due to concerns that the report would contain identifying information, it was not shared with stakeholders and only submitted to the MHSOAC utilizing there secure portal.

The proposed amendments to the regulations surrounding Prevention and Early Intervention programming and reporting took effect in July 2018. These amendments expanded the scope of PEI to include Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, Stigma and Discrimination Reduction and Suicide Prevention. Additional reporting requirements include detailed demographic information, specific strategies for programs and regulation around program changes. Small Counties have opt-out avenues created in the regulations and Amador County will be exploring whether or not they will participate in those opt-out options in the Fall of 2018. Additionally, whatever PEI reporting requirements are not met through this Annual Update, a separate PEI report will be submitted to the MHSOAC in order to comply with all mandated reporting.

ACBHS focuses on all populations throughout Amador County for PEI programming purposes:
- Youth & Transition Age Youth
- Children & Families
- Foster Youth
- Adults
- Latino Community
- Native American Community
- Veterans
- LGBTQ
- Older Adults
- Grandparents
- Isolated Rural Areas

AB114-Reversion Programs
During FY17/18, Amador County Behavioral Health was notified that unspent funds in the amount of $174,413 for Prevention and Early Intervention would be reverting back to Amador County from the State. AB 114 provided guidance around the use of the funds and the stakeholder process involved in planning on how to expend the funds. On April 18, 2018 the public hearing regarding the MHSA Reversion and Expenditure Plan was held at the Amador County Behavioral Health Advisory Board meeting. On May 22, 2018 the Amador County Board of Supervisors approved the plan. Below are a list of reversion programs that were created utilizing stakeholder and community input and will be implemented over the next two fiscal years.
Wellness Days:
ACBHS, along with community partner agencies and other organizations will conduct outreach and engagement activities through community-based Wellness Days events. The purpose of Wellness Days is to increase mental health awareness, reduce stigma around mental health and provide an array of resources to the community in one setting. Through collaborative efforts with partnering agencies, Amador County residents will have access to many programs that offer services and supports to those who face mental health challenges directly or indirectly as a family member, co-worker, friend or neighbor. Wellness Day events will also provide activities, information and other resources that promote prevention and early intervention programs for youth and adults in the community.

In an effort to have a consistent message and truly promote widespread outreach, the Wellness Day events will be held on a monthly basis at different locations throughout the community, including isolated rural areas throughout Amador County. Wellness Day events and activities will be advertised to a wide array of community agencies, individuals, and media outlets.

The Amador County Behavioral Health Peer Personal Services Coordinator will be the coordinator for the Wellness Days events. Planning meetings will be held on a regular basis with community partners and other organizations to arrange the calendar/dates, themes and strategies to provide effective outreach to the community. Wellness Day themes will align with the MHSA/Cultural Competency objectives which include events or campaigns that target underserved populations in order to provide outreach and education regarding mental health and community resources. The following are the identified underserved populations in Amador County: single parent families, older adults, Veterans, LGBTQ, Spanish-speaking and Native Americans. Other themes will also include targeting school-aged youth, young families, adults and the homeless.

The reverted funds will support Wellness Days by assuming advertising costs, resource materials, facility fees, food, costs of activities and equipment for booths.

FY 18/19 Projected Annual Cost: $10,000 | FY 18/19 Projected # to be Served: 250 |
FY 18/19 Estimated Cost per Person: $40

Suicide Prevention: Education and Awareness
Amador County does not have a suicide prevention/self-harm awareness campaign dedicated to serving the entire community. Suicide rates are significantly high in rural counties, and Amador is no exception to this statistic. Suicide has touched many residents in Amador County and much interest in community education and awareness around this issue continues to grow. The MHSA/Cultural Competency Steering Committee has recognized this to be a priority and has been discussing ways to implement an education and awareness campaign since March 2017. When planning began for the use of the reverted funds, brainstorming effective ways to do both education and awareness around these topics were discussed at length. Stakeholders concluded that a countywide education campaign utilizing the Question, Persuade and Refer (QPR) model, would be most effective due to its online component. Secondly, sponsoring community events around suicide awareness that target different populations was also highly approved.

Community Education: Stakeholders have approved a community wide training effort using Question, Persuade and Refer (QPR). This is a gatekeeper training that targets a broad range of individuals, such as school staff, students and parents, employers, faith-based and spiritual leaders, community-based service staff, individuals with mental illness and/or substance abuse problems and other community members and natural helpers. Using Question, Persuade and Refer (QPR), community trainers target individuals and groups for training to help recognize and review risk, and intervene to prevent the immediate risk of suicide. Much like CPR, which is an emergency medical intervention, QPR is a mental health emergency intervention that interrupts the crisis and directs the individual to appropriate care. QPR has options to individually train online or participate through in-person trainings. Having more options for training methods creates more accessibility for community members to participate in the
training, which will increase awareness around suicide risk and behaviors. QPR will be administered through utilizing a variety of experienced QPR trainers.

ACBHS is currently training two safeTALK facilitators to provide a more in-depth training option for suicide prevention and awareness. safeTALK is a half-day training in suicide alertness. It helps participants recognize a person with thoughts of suicide and connect them with resources who can help them in choosing to live. The goals and objectives of safeTALK are: to notice and respond to situations where suicide thoughts may be present, recognize that invitations for help are often overlooked, move beyond the common tendency to miss, dismiss, and avoid suicide, apply the TALK steps (Tell, Ask, Listen, Keepsafe) and know community resources and how to connect someone with thoughts of suicide to them for further suicide-safer help.

FY 18/19 Projected Annual Cost: $16,500 | FY 18/19 Projected # to be Served: 250 |
FY 18/19 Estimated Cost per Person: $66

Suicide Awareness Events: Reversion funds will support community-based events to promote suicide prevention awareness. In collaboration with community partners, ACBHS, will be responsible for coordinating four suicide prevention awareness events per year (i.e. one every quarter). The events will target high-risk populations as identified through state and local data. In the recent past older adults, middle-aged men and youth have been targeted audiences for education around suicide prevention and awareness.

In order to engage different audiences, stakeholders have approved sponsoring fun runs, social hours and other gatherings to promote suicide prevention and awareness throughout the community. Events will be held at different geographical locations to reach residents throughout the county. By engaging the community through outreach activities and events, efforts to raise awareness and connect individuals, families and friends to information they need to discuss suicide prevention will destigmatize the topic and allow the community to have open and honest conversations with each other about how mental health affects their lives.

FY 18/19 Projected Annual Cost: $22,000 | FY 18/19 Projected # to be Served: 400 |
FY 18/19 Estimated Cost per Person: $55

Community Awareness Campaign
Stakeholders have concluded that an ongoing presence in the community is necessary to continue to spread mental health awareness and promote stigma reduction. Using the following strategies, ACBHS along with the MHSA/Cultural Competency Steering Committee, will be responsible for implementing a mental health awareness campaign throughout Amador County.

Local Media: To spread awareness around mental health within Amador County, ACBHS will coordinate and work with local media outlets including, but not limited to, KVGC Hometown Radio and the local news media (print and on-line) to run generalized Public Service Announcements’ (PSA) and other material promoting mental health awareness and resources.

Development of Culturally Appropriate Mental Health Awareness Materials: Stakeholders have expressed that creating community-based materials that promote mental health awareness using Amador County residents, programs and illustration would be beneficial for use in local settings. Engaging with a graphic designer to assist in the development of the posters and other items was highly supported. Stakeholders also favored the idea of targeting different cultural populations in these efforts. For example, Spanish-speaking populations, Native Americans, Veterans and Older Adults. Using language and images that are familiar to the community will support efforts for stigma reduction and encourage residents of Amador to start talking openly and honestly about mental health. ACBHS, along with the MHSA/Cultural Competency Steering Committee, will work with a graphic designer to develop materials that can be disseminated throughout the community on an ongoing basis.

Dissemination: ACBHS will coordinate with the Amador County Recreation Agency (ACRA) to participate in the Dissemination program. ACRA will distribute materials to over 85 locations around Amador County. Utilizing this service will assist in insuring that information is reaching to various places throughout the community.
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The materials developed through this community awareness project will be distributed to community partners to post and share within their networks as well.

FY 18/19 Projected Annual Cost: $6,000 | FY 18/19 Projected # to be Served: N/A | FY 18/19 Estimated Cost per Person: $--

School Based Mental Health Early Intervention Strategies
Throughout the community program planning process it was determined that there is a lack of understanding on what systems are currently in place to identify and appropriately treat mental illness for students in the school setting.

In order to assess what areas of need are within the school settings, a collaborative approach is required. ACBHS will be responsible for coordinating a collaborative effort to determine what processes and systems should be in place to identify and treat mental illness in the school settings. ACBHS will work with Amador County Unified School District (ACUSD) and the Amador County Office of Education (ACOE) to review what protocols are currently in effect, what protocols need to be in effect and who is responsible for filling the gaps. After identifying, the areas of need and making determinations on who is responsible to support the mental health interventions, effective system change can occur that will have a lasting impact for students.

Since the Board of Supervisors adopted the reversion plan in May 2018, five meetings occurred between ACUSD/ACOE and ACBHS. Short-term solutions have included the creation of an MOU between the two organizations resulting in implementation of ACBHS clinicians providing services directly at the school sites. Referral sheets and flow charts to assist school counselors and personnel have also been developed and disseminated to the school sites in order to provide students and families’ access and linkage to mental health services and supports. Long-term solutions include the implementation of a universal screening tool as well as employing a navigator to work with students and their families in connecting youth to higher levels of mental health treatment and support. The remaining reversion funds amount to $65,301 and are dedicated to this program.

CURRENTLY FUNDED PROGRAMS
ACBHS is currently funding a host of PEI programs to serve those in the community across all ages and circumstances.

LGBTQ Activity Based Groups
A monthly, activity-based group was created to engage isolated members of the LGBTQ community in a unique way. Each month the group is held in a different location within Amador County. A case manager (or Personal Services Coordinator) organizes the activity and arranges transportation, if necessary, for behavioral health participants. The purpose of the group is to decrease isolation and encourage socialization by using activities as a way to engage with others. The vision is to have this become a peer-led group. Costs of the program are to cover the costs of the monthly activity and ongoing operational costs to advertise the program. Program Update: This group is now peer-led.

Due to ACBHS staffing changes, this group was on hold for a few months until a peer could be identified to take over the duties and tasks required of facilitating this monthly group. A peer was identified in June 2018 and effective July 1, 2018, the group is meeting regularly. Due to the staffing changes and the fact that group did not meet for several months, program outcome information is ideal. Information for FY18/19 will be a complete program year for purposes of evaluation.

FY 18/19 Projected Annual Cost: $2,500 | Increase in Cost from 17/18: $-- | Increase in # Served: - % | FY 17/18 # Served: 6 | FY 18/19 Projected # to be Served: 20 | FY 18/19 Estimated Cost per Person: $125

Labyrinth Stress Reduction Project (The Labyrinth Project) & LGBTQ Support Groups
From 2014-16, Amador County Behavioral Health Services funded an Innovations Project through NorCal Mental Health America. During this time, thousands of residents of Amador County participated in Wellness Day activities, stress reduction support groups and trainings, and demographic data collection activities. These efforts culminated in the recent formation of a new walking labyrinth project aimed at increasing access to timely services and reducing isolation and risk.
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Factors for individuals living in rural communities within Amador County. As a result of the strong community engagement and subsequent cessation of the Innovation phase of MHSA funding for this project, NorCal MHA continues these successful efforts through the community labyrinth walks and outreach events through the Prevention and Early Intervention (PEI) component of MHSA. Throughout the past year, three new Labyrinths have been built in Amador County. They are located in Pioneer, Amador City and in Jackson at the Sierra Wind Wellness and Recovery Center. A mobile labyrinth is employed at community events to spread awareness and education of the mental health benefits labyrinths offer. Additionally, NorCal MHA shall continue 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.

FY 18/19 Projected Annual Cost: $70,000 | Increase in Cost from 17/18: $-- | Increase in # Served: - % | FY 17/18 # Served: 377 | FY 18/19 Projected # to be Served: 200 | FY 18/19 Estimated Cost per Person: $350

Program Note: This program was recently re-awarded through the RFP process. The proposal included an expansion of services under this contract that would include a peer services navigator that would assist consumers in accessing behavioral health services until fully engaged within the Public Mental Health system. This program will begin sometime in Fall 2018 and be included at length in next year’s FY 19/20 MHSA Annual Update.

First 5 Behavioral Consultation
First 5 Amador provides high quality mental health consultation, treatment, and socialization classes, as well as education to child care providers, teachers, families and children in order to reduce the number of youth who are removed from child care setting and to improve family functioning. First 5 Amador provides improved systems by taking the lead in identifying new opportunities or reviewing existing systems to improve early identification and access to services. This past year the Perinatal Wellness Coalition continued to flourish and maintain system changes as well as develop ways to adopt new research and training into current practices countywide. Other newly formed system improvement efforts include the trauma-informed collaborative, Resilient Amador.

First 5 also strengthens relationships and improves access for underserved, underserved and inappropriately served mental health consumers through mental health outreach and education to organizations in Amador County serving children 0–5. These efforts also include family/caregivers and childcare providers. Outreach efforts include providing mental health information as well as referrals and access/linkage to mental health services and supports.

FY 18/19 Projected Annual Cost: $33,000 | Increase in Cost from 17/18: $0 | Increase in # Served: 93% | FY 17/18 # Served: 104 | FY 18/19 Projected # to be Served: 100 | FY 18/19 Estimated Cost per Person: $330

Nexus Family Resource Center Outreach & Engagement
The Outreach and Engagement program through Nexus Youth and Family Services provides outreach and prevention services via their three community centers in Amador County: Ione, Camanche, and Pine Grove. Nexus staff provides outreach/prevention education, and early intervention to isolated rural area consumers by teaching coping mechanisms, providing alternatives to negative or harmful behaviors, and increasing social and emotional support systems. The services provided build wellness and resiliency in individuals who are at risk of or may be experiencing early signs of mental illness.

The Outreach and Engagement program augments the core clinical services of the County by providing outreach, prevention education, engagement, support, liaison and linkage between the community and ACBHS. Family Advocates will work in partnership with County staff to coordinate services that are inclusive and accessible and build a seamless system of support for individuals and their families across varying cultural backgrounds and life stages. Additional services provided through this program include goal oriented case management supportive services and utilization of peer partners to achieve mental health outcomes.

FY 18/19 Projected Annual Cost: $140,000 | Increase in Cost from 17/18: $0 | Increase in # Served: 51% | FY 17/18 # Served: 776 | FY 18/19 Projected # to be Served: 550 | FY 18/19 Estimated Cost per Person: $255

Nexus Building Blocks of Resiliency (PCIT & ART)
The Building Blocks program offers Parent-Child Interaction Therapy (PCIT) to help create stronger and healthier families with positive relationships. 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. The program also offers Aggression Replacement Training (ART) 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. ART is
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offered within the school setting and separate groups are provided at the Nexus Youth and Family Services offices during weekends and evening hours.

FY 18/19 Projected Annual Cost: $40,000 | Increase in Cost from 17/18: $0 | Increase in # Served: 26% | FY 17/18 # Served: 154 | FY 18/19 Projected # to be Served: 140 | FY 18/19 Estimated Cost per Person: $285

Nexus Youth Empowerment Program / Project SUCCESS
This program 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).
- Friend2Friend: Research-proven online learning module that engages youth in a conversation about mental health and drives change in their skills and attitudes toward seeking help for oneself or a friend.
- Where Everybody Belongs (WEB): WEB is a middle school orientation and transition program that welcomes 6th/7th graders and makes them feel comfortable throughout the first year of their middle school experience. WEB also promotes inclusion of all students and creates a positive campus climate.
- 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).

FY 18/19 Projected Annual Cost: $46,000 | Increase in Cost from 17/18: $0 | Avg. Increase in # Served: 53% | Avg. FY 17/18 # Served: 568 | FY 18/19 Projected # to be Served: 400 | FY 18/19 Estimated Cost per Person: $115

Nexus Promotores de Salud
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. The Promotores act as cultural brokers by providing guidance and education to ACBHS, which helps bridge gaps between mental health services and the Spanish-speaking community.

FY 18/19 Projected Annual Cost: $34,000 | Increase in Cost from 17/18: $0 | Average Increase in # Served: 3% | Avg FY 17/18 # Served: 120 | FY 18/19 Projected # to be Served: 125 | FY 18/19 Estimated Cost per Person: $272

The Resource Connection Grandparents Program
This program provides respite care and support for grandparents raising their grandchildren. Grandparents are eligible to receive up to 16 hours of care per month for their grandchildren in a licensed childcare facility. Twelve support groups are offered once a month throughout the year to provide education and support to Grandparents who participate. The program also provides training/workshops four times per year and mails additional resources to all who apply for services.

FY 18/19 Projected Annual Cost: $32,000 | Increase in Cost from 17/18: $0 | Average Increase in # Served: 15% | Avg FY 17/18 # Served: 75 | FY 18/19 Projected # to be Served: 70 | FY 18/19 Estimated Cost per Person: $457

Amador Senior Peer Program (Senior Peer Visitors)
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. The Amador Senior Peer Program provides in-home counseling.
and visiting services to seniors who are isolated, lonely, depressed, in need of help with living transitions, and to their families who are helping them make these transitions. The program provides a safety net of information and services in a county with a growing population of seniors who have no family or helping network. Services help seniors survive changing health and life circumstances with counseling and up-to-date resource information.

FY 18/19 Projected Annual Cost: $12,000 | Increase in Cost from 17/18: $0 | Average Increase in # Served: --% | FY 18/19 # Served: 37 | FY 18/19 Projected # to be Served: 40 | FY 18/19 Estimated Cost per Person: $30

Innovation (INN)

The purpose of the Innovation (INN) component is to learn from a new practice or take an existing practice and try a new approach, to see if it does any (or all) of the following:

- Increase access to mental health services to underserved groups
- Increase the quality of mental health services, including measurable outcomes
- Promote interagency collaboration related to mental health services, supports, or outcomes
- Increase access to mental health services

Programs funded under INN are meant to be time-limited projects. If the program is viable and sustainable through other funding sources, then the county departments have the option to adopt the service and/or practice permanently.

Regulations were adopted by the Office of Administrative Law in October 2015 that significantly changed INN reporting requirements. Additional mandates included detailed demographic information and requirements for annual reports on project status. Concerns around the amount and type of data that was being required of counties to submit to the Mental Health Services Oversight and Accountability Commission (MHSOAC) included that small counties could not accurately report detailed demographic data without the risk of identifying the participant. Additional concerns were the workload burden on small county MHSA administrators and quality improvement teams and the logistics of creating new systems that would collect the required data. Many discussions to amend the regulations ensued throughout the FY15/16 and FY16/17. Amendments were submitted to the Office of Administrative Law, but not yet adopted when the first report came due. Therefore, since the requirement was still in place for counties to comply with the regulations, ACBHS complied and submitted their annual INN report within the required timeframe. However, due to concerns that the report would contain identifying information, it was not shared with stakeholders and only submitted to the MHSOAC utilizing there secure portal.

The proposed amendments to the regulations surrounding Innovations programming and reporting took effect in July 2018. Whatever INN reporting requirements are not met through this Annual Update, a separate INN report will be submitted to the MHSOAC in order to comply with all mandated reporting.

AB114-Reversion

During FY17/18, Amador County Behavioral Health was notified that unspent funds in the amount of $607,196 for Innovations would be reverting back to Amador County from the State. AB 114 provided guidance around the use of the funds and the stakeholder process involved in planning on how to expend the funds. On April 18, 2018 the public hearing regarding the MHSA Reversion and Expenditure Plan was held at the Amador County Behavioral Health Advisory Board meeting. On May 22, 2018 the Amador County Board of Supervisors approved the plan. The plan to expend the reverted funds includes funding the current INN projects, using reverted funds first until expended. The INN funds subject to reversion will be spent by June 30, 2020.

Current Innovations Programs & Updates

The Amador County Board of Supervisors approved ACBHS to pursue two Innovations projects which were included in the FY16/17 MHSA Annual Update and the FY17/18 - FY19/20 MHSA Three Year Plan.

The first project, Circle of Wellness: Mother, Child, Family was a five-year pilot project which would have provided preventative maternal mental health treatment to pregnant mothers of the MACT Clinic. Due to failed contract negotiations,
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Amador County Behavioral Health Services and the MACT Health Board, Inc. will no longer collaborate on this project. Stakeholders will be engaged in the coming months to determine whether to pursue plans for a different maternal mental health project or to identify a different Innovations project all together.

The second project, Co-Occurring Group for Teens which has been named TxChat, is another five-year pilot that will have a mental health clinician and a substance abuse counselor co-facilitate a group for the teenage youth that addresses both mental health and substance abuse at the same time. Both projects promote interagency collaboration related to mental health services, supports, or outcomes and were unanimously approved by the Mental Health Services Oversight and Accountability Commission on May 25, 2017. Also included in the Innovations budgets to allow ACBHS to contract with an organization to provide capacity building, data collection methods and evaluation for this project.

Innovations Project #1: Circle of Wellness: Mother, Child, Family
This Innovations project was a specialized collaborative including a medical clinic trusted and recognized by Native American residents (the MACT clinic), Sutter Health, First 5, ACBHS, Public Health, Tribal TANF and other CBOs. Partners would identify and refer pregnant women to a two-track treatment and support program designed to normalize emotional health services as part of routine OB practice. By adding behavioral health visits to obstetric protocols, Circle of Wellness would have served Amador County Native American mothers and non-Native mothers without a medical home—approximately 25-30 pregnant women and their families annually—delivering a prevention-focused approach to pre- and postnatal medical and mental health treatment in a stigma-free environment.

Below is a recap of activities that were completed and pursued over the first year of this project. The future of this project is unknown at this time due to the contractual issues between ACBHS and the primary provider, MACT. As stated above, stakeholder groups will be engaged to guide and assist ACBHS in moving forward with a maternal mental health project or developing a new Innovations project entirely.

Amador ‘Circle of Wellness: Mother, Child, Family’ Timeline
Year 1 (7/1/17 through 6/30/18)—Planning:
The first year of this project is intended to be a planning year. The planning will be a collaborative effort on behalf of the Innovations Workgroup and the MACT Clinic to create the following:

- Identify a 3rd Party Evaluator to assist in project development and foundational structure (Completed July 2017)
- Develop interventions-algorithm; core components (Was in progress—never completed)
- Develop protocols (referral protocol between agencies/organizations; ROI’s; etc.) (Completed December 2017)
- Develop MOU’s between to formalize interagency collaboration and accountability (Decided to pursue an IRB in August 2017 and this task was determined not necessary as participants will sign a Participation Agreement, required by the IRB process.)
- Identify an IRB sponsor and obtain approval through the IRB process (Was in progress—never completed)
- Identify data collection methods and protocols (Completed May 2018)
- Develop and streamline measurable project goals (Completed September 2018)
- Identify a comparison condition and develop protocols for data collection and incentives (partially completed)
- Start delivering services, utilizing the developed protocols, interventions and data collection methods identified in the planning phase (Never implemented)
- Continuous attendance and ongoing reporting and involvement of stakeholders at the MHSA/Cultural Competency Steering Committee meetings and Amador-Calaveras Perinatal Wellness Coalition meetings (Ongoing)

Year 1 Annual Report:
Changes & Updates to the INN Project:

- It was determined early on in the Innovations workgroup that a comparison condition would be necessary to evaluate this project. The project now has a comparison condition component that will be incorporated into the protocols and implementation of this project. The comparison condition is using the MACT Sonora Clinic’s pregnant patients and administering evaluation instruments. The MACT Sonora clinic will use a clinician outside of the project in order to truly capture the ‘untreated’ mothers. The Innovations workgroup was unable to come up
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with guidelines and incentives around the workgroup. Since the project was never implemented, the comparison condition was never utilized.

- Early in the Innovations workgroup, the question of whether or not the project would need an Institutional Review Board (IRB) sponsor for purposes of protection to the participant and to the organizations/providers involved. After review with stakeholder groups and within the Innovations workgroup itself, it was determined that an IRB is necessary. The project was doing human research on a vulnerable population and the rights and welfare of the participants need protection. Pursuing an IRB also will assist in replicability purposes. Pursuing the IRB has been a challenge and presented project delays due to many reasons. One was locating an IRB sponsor that all providers in this project approved of. This presented delays to the project and in April 2018, an IRB sponsor that met the needs of all partners was identified and was being pursued. IRB submission was planned for November 2018. Since the project was discontinued, the IRB was not pursued.

- Curriculum development played a role in the implementation delay of this project. Agreements around appropriate content for the target audience were difficult to come to. Curriculum modules developed as a product of this project were never approved entirely by the core workgroup nor were they implemented into formal practice.

- If the project reached its second year, the implementation date of 7/1/18 would have been changed to 1/1/19 to reflect the delays in locating an IRB sponsor, curriculum development and other contract/provider relations.

Many tasks in Year 1 were going to be included in Year 2 such as the IRB Submission & Approval and Project Implementation.

FY 17/18 Cost: $173,212 | Avg FY 17/18 # Served: Project Not Implemented |

Innovations Project #2: Co-Occurring Group for Teens
This Innovations project is a treatment group for teens and transition age youth with co-occurring mental health and substance use disorders. By promoting interagency collaboration between divisions of Amador County Behavioral Health, and collaborating with Public Health, Child Welfare, Juvenile Probation, our school district’s Student Attendance Review Board (SARB) and community-based organizations, a referral network will be developed enabling us to serve up to 30 unique teens and TAY per year and to assemble a waiting list that may serve as a comparison condition. The group will be co-facilitated by a SUD counselor and a mental health clinician who are currently developing a treatment curriculum incorporating neuroscientific principles designed to engage and heal traumatized youth. Our evaluation will inform curriculum improvement and document an array of individual, relational, family and system outcomes.

Amador Co-Occurring Group for Teens—Project Timeline

Year 1 (7/1/17 through 6/30/18)—Planning:

The first year of this project is intended to be a planning year. The planning will require interagency collaboration from the AOD and Mental Health teams to create the following:

- Identify an evidence-based practice (EBP) that fits the needs of the project and train staff appropriately to use the EBP;
- Develop a curriculum (if an EBP cannot be identified); (In progress—estimated date of completion is Winter 2018)
- Develop interventions-algorithm, core components (Completed summer 2018)
- Develop protocols (referral protocol) (Completed spring 2018)
- Develop MOU’s between to formalize interagency collaboration and accountability, if necessary (In-progress)
- Identify data collection methods and protocols (Completed summer 2018)
- Develop and streamline measurable project goals (Completed spring 2018)
- Start delivering services, utilizing the developed protocols, interventions and data collection methods identified in the planning phase (Implemented May 2018)
- Continuous attendance and ongoing reporting and involvement of stakeholders at the MHSA/Cultural Competency Steering Committee meetings, Amador County Behavioral Health Advisory Board Meetings and Internal Team Meeting within ACBHS (Ongoing)
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Year 1 Annual Report:
The group was implemented on May 9, 2018. In FY 2017/18, the group served 5 youth who ranged in age from 15-17. One male participant and four female participants attended. All participants identified as Caucasian/White and preferred English as their primary language.

Changes & Updates:
- Instead of identifying an evidence-based practice a curriculum was developed using an array of treatment approaches that include EMDR, CBT, trauma-informed care and other techniques utilizing the experience of the treatment team. The curriculum is acting as a living document. The treatment team meet monthly with a third party evaluator to discuss how the curriculum is being used and what changes should be made in order to make it more effective.
- It was determined early on in the Innovations workgroup that a comparison condition would be necessary to evaluate this project. The project now has a comparison condition component that will be incorporated into the protocols and implementation of this project. The comparison condition was located through Nexus Youth and Family Services programs.
- Implementation of this project was difficult at first. The date of implementation occurred right before the summer break and attendance was light with only two to three participants in each group. The Innovations workgroup came together to brainstorm ways to encourage active participation with data collection protocols in place. Effective September 10, 2018, orientations began the Monday prior to group starting so new participants could meet the treatment team and assessments could be administered. Additionally, a new assessment schedule has been developed that will assist in tracking and maintain a clean evaluation record.
- Outreach to partners utilizing the Juvenile Justice Committee, MDT and the MHSA/Cultural Competency Steering Committee, among others is continuous to spread the word about the program.

Year 2 through 4 (7/1/18 through 6/30/21)—Implement Practice:
The second, third and fourth year of this project will be the actual pilot years of this project where the practices identified and developed in year 1 are implemented.
- Implement practice
- Maintain a comparison condition using developed protocols for data collection and incentives
- The PIP Team meeting will meet bi-weekly to review data, identify challenges, lessons learned and discuss opportunities for improvement or change
- Continuous attendance and ongoing reporting and involvement of stakeholders at the MHSA/Cultural Competency Steering Committee meetings, Amador County Behavioral Health Advisory Board Meetings and Internal Team Meeting within ACBHS
- Annual project evaluations and reviews will be completed and analyzed with the assistance of the 3rd Party Evaluator, The Strategies Center. All evaluations, data, outcome measures, etc. will be delivered to stakeholders on an ongoing, regular basis.

Year 5 (7/1/21 through 6/30/22)—Final Review and Sustainability Plan:
The fifth year will be dedicated to the final review while continuing service delivery as demonstrated in years two through four. During the final year, complete review will be conducted. Successes, lessons learned and other data will be reviewed to determine what elements should be included in the sustainability plan. A comprehensive sustainability plan will be completed which will define what the program will look like moving forward. The Sustainability Plan will include fiscal accountability, maintenance of data collection methods and analysis and ongoing identification of resources and partners necessary to ensure continued success.

Throughout the final year, all stakeholders will continue to be involved in meaningful way. The Final Report and Sustainability Plan will be reviewed by the stakeholders using the avenues (at minimum) listed in 8b above, prior to formal approval and presentation.

FY 18/19 Projected Annual Cost: $154,827 (This cost includes a portion of the AOD staff time and evaluation services. Some Medi-cal reimbursement is anticipated to recoup costs of the services provided.) | Increase in Cost from 17/18: $1,846 | Increase in # Served: --- | FY 17/18 # Served: 5 | FY 18/19 Projected # to be Served: 30 |
### Workforce Education and Training (WET)

The MHSA Workforce Education and Training (WET) component provides funding to remedy the shortage of staff available to address serious mental illness and to promote the employability of consumers. This funding is time limited and must be expended within 10 years (by FY 2017/18). WET is intended to address these five categories:
- Workforce Staffing Support
- Training and Technical Assistance
- Mental Health Career Pathway Programs
- Residency and Internship Programs
- Financial Incentive Programs

### AB 114-Reversion

Amador County Behavioral Health was notified that Workforce, Education and Training (WET) funds have reverted back to Amador County Behavioral Health Services in the amount of $155,163. (This amount is subject to change as it only includes Fiscal Years 2007/08 through 2015/16). AB114 provided guidance around the use of the funds and the stakeholder process involved in planning to expend the funds.

Stakeholders were asked through the Community Program Planning process how they would like to see WET funds spent in Amador County. The responses from that community survey are detailed on pages 17 & 18. Stakeholders would like to see WET funds used to increase capacity within MHSA partner organizations, provide trainings to all members of the community (which would include teachers, teens and families), and Veteran specific trainings. Stakeholders also reported that expanding the scholarship through Amador College Connect would be a good use of future WET funding. The feedback generated was very useful in laying a foundation for which to start program planning. The MHSA/Cultural Competency Steering Committee will discuss the community and stakeholder feedback to determine the best approaches in utilizing the reversion dollars. The funds must be expended no later than June 30, 2020.

### CURRENTLY FUNDED PROGRAMS

#### Staffing Support

Workforce staffing support is a required element of each county’s Workforce Education & Training Plan. This function is performed by the MHSA Programs Coordinator. The person who currently holds this position is a family member of a consumer and recognizes the importance of client and family member inclusion in the workforce. Responsibilities also include assisting staff with work-related education and training goals, tracking mental health workforce trends, identifying local needs, and representing the department at regional and statewide meetings.

#### Staff & Community Training

Staff training will continue to be enhanced over the next year through the Relias Online Learning Management System, which adds over 420 courses of readily available curriculum, with CEUs at no additional cost. Relias covers training on all MHSA target populations, current therapeutic interventions, as well as the MHSA essential elements. Monthly staff meetings, individual off-site training, and community events also provide learning opportunities. Additional training opportunities for FY18/19 include the ASIST two-day training for staff and the annual Law and Ethics training presented by Linda Garrett. Community providers and ACBHS staff are provided at least one Cultural Competency training per year, which will be scheduled according to stakeholders input.

In FY 17/18, the following trainings were provided to staff and community partners as well as residents of Amador County:

- Bridges Out of Poverty—September 2018—ACBHS Staff & Amador County Community Partners & Residents
- Military Culture Training—February 2018—ACBHS Staff & Amador County Community Partners & Residents
- Billy Mills—February 2018—ACBHS Staff and youth consumers & Community Partner Youth
- Mental Health Interpreter Training—June 2018—Promotores de Salud
- Mental Health First Aid—continuous/ongoing for all Amador County residents
- Youth Mental Health First Aid—continuous/ongoing for all Amador County residents
In past years, training topics have included Cultural Competency, Consumer/Family Culture, and Use of Translators. Other topics for included Postpartum Depression and Beyond: The Perinatal Basics and an LGBTQ community training and more.

Career Pathway Program
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 is partnering with Amador College Connect to promote this certificate and to provide additional supports as needed.

Internship Opportunities
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. A roving supervisor has been contracted through the Central Region WET Partnership and visits Amador weekly to support all internals and practicum students. 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, at Sierra Wind, or with another community partner.

Tuition Assistance
ACBHS is creating a menu of options for consumers, family members, staff, and the public to assist with tuition. To fully support the partnership with Amador College Connect and to ensure the success of the students seeking the Human Services certificate, ACBHS is dedicating $22,000 in scholarship funds for those with a financial need. For staff seeking to advance their careers in public mental health, ACBHS will assist in identifying which of the several loan assumption programs are most appropriate, including the MHSA-funded Mental Health Loan Assumption Program, which provides Bachelor or Masters level graduates who are in “hard to fill” positions up to $10,000 in funding for a one-year service commitment.

FY 2018/19 Program Cost: $60,000 | Estimated Unduplicated # of Persons to be Served: 200 | Cost per Person: $300

Capital Facilities and Technology (CFT)
Capital Facilities and Technology (CFT) supports infrastructure associated with the growth of the public mental health system, software mandates related to Electronic Health Records (EHR), and other technological needs. Capital Facilities funding is limited to the purchase and/or rehabilitation of county-owned facilities used for mental health treatment and services and/or administration. Funding for Technology may cover expenditures including the purchase of electronic billing and records software, computers for staff or consumers, and other software or hardware.

This funding must be expended within 10 years (FY 17-18).

Due to AB114 and Amador County Behavioral Health inability to utilize CFT funds to their maximum potential, ACBHS had approximately $220,468 in Capital Facilities and Technology revert from the state. These funds will continue to be used for the currently funded programs listed below.

CURRENTLY FUNDED PROGRAMS
Technology funds have been dedicated to the department’s Electronic Billing and Records System. Although there are no current development plans in place, ACBHS continues to explore Crisis Residential Treatment & Adult Residential Treatment (CRT/ART) options as the highest funding priority for the department. The CRT/ART model is a hybrid of medically-staffed crisis treatment and transitional housing. There is currently $220,468 available (per the original CFT plan), which is not sufficient for a project of this magnitude. ACBHS continues to actively exploring potential partnerships and additional funding opportunities to leverage existing resources.

Electronic Billing and Records System
ACBHS is contracted with the Kings View Behavioral Health to provide the department with the Anasazi System. The partnership between Kings View and Anasazi is the key to successful helpdesk services, cost reports, updates, and other services and supports. Electronic Health Records (EHRs) are required and/or essential for Health Care Reform, HIPAA transactions, billing requirements, and the changes that are going on within the State of California.
## FY 2018/19 MHSA Annual Update & Expenditure Plan

### PROJECTED FY18/19 Funding Summary

| County: Amador | Date: 4/11/18 |

<table>
<thead>
<tr>
<th>MHSA Funding</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Community Services and Supports</td>
<td>Prevention and Early Intervention</td>
<td>Innovation</td>
<td>Workforce Education and Training</td>
<td>Capital Facilities and Technological Needs</td>
<td>Prudent Reserve</td>
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<tr>
<td>A. Estimated FY 2018/19 Funding</td>
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<td></td>
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<tr>
<td>1. Estimated Unspent Funds from Prior Fiscal Years</td>
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<td>174,413</td>
<td>607,196</td>
<td>155,163</td>
<td>220,468</td>
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<td>2. Estimated New FY 2018/19 Funding</td>
<td>2,204,000</td>
<td>551,000</td>
<td>145,000</td>
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<td>3. Transfer in FY 2018/19</td>
<td>0</td>
<td></td>
<td></td>
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<td></td>
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<td>4. Access Local Prudent Reserve in FY 2018/19</td>
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<td></td>
<td></td>
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<tr>
<td>5. Estimated Available Funding for FY 2018/19</td>
<td>2,204,000</td>
<td>725,413</td>
<td>752,196</td>
<td>155,163</td>
<td>220,468</td>
<td></td>
</tr>
</tbody>
</table>

| B. Estimated FY 2018/19 MHSA Expenditures | 2,135,535 | 484,580 | 347,242 | 60,000 | 100,000 |

| G. Estimated FY 2018/19 Unspent Fund Balance | 68,465 | 240,833 | 404,954 | 95,163 | 120,468 |

### H. Estimated Local Prudent Reserve Balance

| County: Amador | Date: 4/11/18 & 9/17/18 |

|               | 1. Estimated Local Prudent Reserve Balance on June 30, 2017 | 1,102,281 |
| 2. Contributions to the Local Prudent Reserve in FY 2017/18 | 500,000 |
| 3. Distributions from the Local Prudent Reserve in FY 2017/18 | 0 |
| 4. Estimated Local Prudent Reserve Balance on June 30, 2018 | 1,602,281 |

- a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

### PROJECTED FY18/19

#### Community Services and Supports (CSS) Funding

| County: Amador | Date: 4/11/18 & 9/17/18 |

<table>
<thead>
<tr>
<th>Fiscal Year 2018/19</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<tr>
<td>Estimated Total Mental Health Expenditures</td>
<td>Estimated CSS Funding</td>
<td>Estimated Medi-Cal FFP</td>
<td>Estimated 1991 Realignment</td>
<td>Estimated Behavioral Health Subaccount</td>
<td>Estimated Other Funding</td>
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### FSP Programs

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<tr>
<th></th>
<th>Estimated Total Mental Health Expenditures</th>
<th>Estimated CSS Funding</th>
<th>Estimated Medi-Cal FFP</th>
<th>Estimated 1991 Realignment</th>
<th>Estimated Behavioral Health Subaccount</th>
<th>Estimated Other Funding</th>
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<td>FSP Programs</td>
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<td></td>
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<tr>
<td>1. Integrated FSP Flex Funds</td>
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<td>60,000</td>
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<td>2. FSP Staffing Costs</td>
<td>856,154</td>
<td>856,959</td>
<td>85,615</td>
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### Non-FSP Programs

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<tr>
<th>Non-FSP Programs</th>
<th>Estimated Total Mental Health Expenditures</th>
<th>Estimated CSS Funding</th>
<th>Estimated Medi-Cal FFP</th>
<th>Estimated 1991 Realignment</th>
<th>Estimated Behavioral Health Subaccount</th>
<th>Estimated Other Funding</th>
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<tbody>
<tr>
<td>1. Mobile Crisis Support Team (incl staff)</td>
<td>78,694</td>
<td>78,694</td>
<td>7,870</td>
<td>22,570</td>
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<tr>
<td>2. Wellness Center &amp; PRA</td>
<td>385,000</td>
<td>385,000</td>
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<td></td>
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<tr>
<td>3. NAMI Ed &amp; Support Groups</td>
<td>36,000</td>
<td>36,000</td>
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<tr>
<td>4. Outreach &amp; Engagement Operational Costs (Community Gardens; Art Therapy Groups; WRAP, LifeWorks, Gift Cards)</td>
<td>6,500</td>
<td>6,500</td>
<td>650</td>
<td></td>
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### CSS Administration

| CSS Administration | 611,187 | 611,187 |

### CSS MHSA Housing Program Assigned Funds

| CSS MHSA Housing Program Assigned Funds | 100,000 | 361,375 |

### Total CSS Program Estimated Expenditures

| Total CSS Program Estimated Expenditures | 2,135,535 | 2,397,715 | 94,135 | 22,570 | 0 | 0 |

### FSP Programs as Percent of Total

| FSP Programs as Percent of Total | 45.0% |
### PROJECTED FY18/19
### Prevention and Early Intervention (PEI) Funding

**County: Amador**

**Date:** 4/12/2018 & 9/17/18

<table>
<thead>
<tr>
<th>Program Area</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
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</thead>
<tbody>
<tr>
<td><strong>PEI Programs - Prevention</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1. Nexus YEP / Project SUCCESS</td>
<td>11,500</td>
<td>11,500</td>
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</tr>
<tr>
<td>2. Nexus Promotores de Salud</td>
<td>8,500</td>
<td>8,500</td>
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<tr>
<td>3. TRC Grandparents Program</td>
<td>16,000</td>
<td>16,000</td>
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<tr>
<td>4. Nexus O&amp;E</td>
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<td>17,500</td>
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<td><strong>PEI Programs - Early Intervention</strong></td>
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<tr>
<td>6. Nexus YEP / Project SUCCESS</td>
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<td>7. Nexus O&amp;E</td>
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<td>8. First 5 Behavioral Consultation</td>
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<td>9. Nexus Building Blocks</td>
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<tr>
<td><strong>Outreach</strong></td>
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<tr>
<td>10. Nexus Promotores de Salud</td>
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<tr>
<td>11. LGBTQ Activity Based Group</td>
<td>1,250</td>
<td>1,250</td>
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<tr>
<td>12. Wellness Days (Reversion Funds)</td>
<td>5,000</td>
<td>5,000</td>
<td></td>
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<tr>
<td>13. Community Awareness Campaign</td>
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<td>14. Nexus O&amp;E</td>
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<td><strong>Stigma Reduction</strong></td>
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<tr>
<td>15. Nexus YEP / Project SUCCESS</td>
<td>11,500</td>
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<tr>
<td>16. Nexus Promotores de Salud</td>
<td>8,500</td>
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<tr>
<td>17. LGBTQ Activity Based Group</td>
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<td>18. Wellness Days (Reversion Funds)</td>
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<td>19. Community Awareness Campaign</td>
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<td><strong>Suicide Prevention</strong></td>
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<td>20. QPR &amp; safeTALK (from reverted funds)</td>
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<td>21. Suicide Awareness Events (from reverted funds)</td>
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<td>22. Community Awareness Campaign</td>
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<td><strong>Access &amp; Linkage</strong></td>
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<tr>
<td>23. Nexus YEP / Project SUCCESS</td>
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<td>24. Nexus Promotores de Salud</td>
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<tr>
<td>25. TRC Grandparents Program</td>
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<td>26. Wellness Days</td>
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<tr>
<td>27. Nexus O&amp;E</td>
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<tr>
<td><strong>Improving Timely Access</strong></td>
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<tr>
<td>29. Nexus O&amp;E</td>
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<td>17,500</td>
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<tr>
<td>30. LGBTQ Activity Based Group</td>
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<tr>
<td><strong>PEI Administration</strong></td>
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<td><strong>PEI Assigned Funds</strong></td>
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<tr>
<td><strong>Total PEI Program Estimated Expenditures</strong></td>
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<td>484,580</td>
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## Projected FY18/19
### Innovations (INN) Funding

**County:** Amador  
**Date:** 9/17/18

<table>
<thead>
<tr>
<th>INN Programs</th>
<th>A (INN Programs)</th>
<th>B (INN Programs)</th>
<th>C (Estimated Medi-Cal FFP)</th>
<th>D (1991 Realignment)</th>
<th>E (Estimated Behavioral Health Subaccount)</th>
<th>F (Estimated Other Funding)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Co-Occurring Group for TAY</td>
<td>154,827</td>
<td>154,827</td>
<td>15,483</td>
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<tr>
<td>2. Circle of Wellness: Mother, Child, Family</td>
<td>177,008</td>
<td>177,008</td>
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</tr>
</tbody>
</table>

**Total INN Program Estimated Expenditures:** 347,242

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## Projected FY18/19
### Workforce, Education and Training (WET) Funding

**County:** Amador  
**Date:** 9/17/18

<table>
<thead>
<tr>
<th>WET Programs</th>
<th>A (WET Programs)</th>
<th>B (Estimated WET Funding)</th>
<th>C (Estimated Medi-Cal FFP)</th>
<th>D (1991 Realignment)</th>
<th>E (Estimated Behavioral Health Subaccount)</th>
<th>F (Estimated Other Funding)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Staffing Support</td>
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<tr>
<td>2. Staff &amp; Community Training</td>
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<td>3. Career Pathway Program</td>
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<td>4. Internship Opportunities</td>
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<td>5. Tuition Assistance</td>
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</tbody>
</table>

**WET Administration:** 0  
**Total WET Program Estimated Expenditures:** 60,000

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## Projected FY18/19
### Capital Facilities/Technological Needs (CFTN) Funding

**County:** Amador  
**Date:** 9/17/18

<table>
<thead>
<tr>
<th>CFTN Programs</th>
<th>A (Estimated CFTN Funding)</th>
<th>B (Estimated Medi-Cal FFP)</th>
<th>C (1991 Realignment)</th>
<th>D (Estimated Behavioral Health Subaccount)</th>
<th>E (Estimated Other Funding)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFTN Programs - Capital Facilities Projects</td>
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<tr>
<td>CFTN Programs - Technological Needs Projects</td>
<td>100,000</td>
<td>100,000</td>
<td></td>
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</tr>
</tbody>
</table>

**CFTN Administration:** 0  
**Total CFTN Program Estimated Expenditures:** 100,000
MHSA PROGRAM OUTCOMES

MHSA Program Outcomes from FY 17-18

Program Statistics and Participant Wellbeing Outcomes
Each quarter, MHSA program partners are asked to fill out surveys regarding those they serve to ensure their program is adequately serving the populations identified by the community as being in greatest need of mental health prevention and intervention services. In addition, participants are asked to fill out a voluntary survey to determine the basic participant demographics, participant satisfaction with the program, and specifically how the program impacted their emotional well-being. The following are responses for all Amador County MHSA-funded programs from FY 2017/18:

Amador County Full Service Partnerships (CSS)
Average Participants in FY 2013/14: 40
Average in FY 2014/15: 48
Average in FY 2015/16: 52
Average in FY 2016/17: 54
Average in FY 2017/18: 39

Male: 14  African American: 1
Female: 24  Asian American: 0
Children (Age 0-5): 0  Caucasian: 31
Youth (6-15): 8  Latino/ Hispanic: 4
TAY: 17  Native American: 1
Adults: 11  Multi Race/ Eth.: 0
Older Adults: 1  Other/ Unknown: 0

Participant Feedback:
N=10
- 100% agreed the program improved their emotional wellbeing
- 100% felt they were making progress towards their wellness and recovery goals ‘some of the time’ (40%) or ‘often’ (60%)
- At the beginning of the FSP program, 30% of participants had experienced a psychiatric hospitalization. After participation in the program, only 11% reported experiencing a psychiatric hospitalization.
- At the beginning of the FSP program, 50% of participants were experiencing homelessness or were at-risk of homelessness. After active participation in the program, only 25% of participants were at-risk of or experiencing homelessness.
- 11% reported experiencing time in jail, juvenile hall or prison prior to engaging in the FSP program. None reported experiencing time in a detention facility after participating in the program.

When asked the question “How has the FSP program helped you?” program participants said:
  o “To learn more about the program. Staying connected to services.”
  o “With important basic needs. Creative ideas for my support and recovery. Giving optimistic tools for my health.”
  o “They helped me with my rent. They helped me with a lot of things.”
  o “It has covered the cost of my AOD treatment.”
  o “It has given me housing.”
  o “Confidence has improved.”
  o “Help me use my time better. For instance, I got a gym membership.”
  o “Get into new programs.”

NorCal MHA Sierra Wind Wellness & Recovery Center (CSS)
Average Participants in FY 2013/14:
Average in FY 2014/15: 390
Average in FY 2015/16: 589
Average in FY 2016/17: 389
Average in FY 2017/18: 1,039

Referrals to ACBHS: 35
MHSA PROGRAM OUTCOMES

Male: 84
Female: 101
Self-Identify: 3
Children: 14
Teens: 10
TAY: 31
Adults: 853
Older Adults: 122
Homeless: 256
Veterans: 42
LGBTQ: 39
Probationers: 6

Participant Feedback
N=190

- 97% are continuing their program at Sierra Wind
- 97% agreed the program improved their emotional wellbeing
- 87% of participants attended groups at Sierra Wind
- 28% of participants received one-on-one peer support
- 25% of participants received another Sierra Wind service such as lunch, clothing or acted as a volunteer
- Prior to participation at Sierra Wind Wellness and Recovery Center, 19% of program participants reported that they had experienced a psychiatric hospitalization. After receiving services at Sierra Wind, only 8% reported experiencing a psychiatric hospitalization.

Added comments:
- Good people who will help
- Sierra Wind is a great place to be and it's very positive
- Sierra Wind is a wonderful place to be at
- This program is helping me cope and function as a homeless person
- Staff here at Sierra Wind is great
- Great people—consumers and staff and Thursday best food ever
- Since attending groups (meetings) I have been doing extremely well! Thanks to all the staff at Sierra Wind
- Love
- If it helped starting this program, why not finish one should never give in or give up!
- They are so positive and helpful

NorCal MHA Client/Family Advocate & Primary Care Liaison (CSS)
This program is no longer funded through a contract provider. The data below is for FY17/18. See page 23 for more details.

Average Participants in FY 2013/14: 154
Average in FY 2014/15: 122
Average in FY 2015/16: 150
Average in FY 2016/17: 170
Average in FY 2017/18: 352

Referrals: 53
Children (0-5): 0
Youth & Teens (6-17): 11
TAY: 49
Adults: 486
Older Adults: 259
African American: 3
Asian American: 1
Caucasian: 727
Latino/ Hispanic: 33
Native American: 18
Multi Race/ Eth.: 10
Other/ Unknown: 14
Homeless: 147
Veterans: 43
LGBTQ: 35
Probationers: 17
Parolees: 1
MHSA PROGRAM OUTCOMES

NAMI Family/Client Education & Support (CSS)
Average Participants in FY 2013/14: 45
Average in FY 2014/15: 44
Average in FY 2015/16: 138
Average in FY 2016/17: 80
Average in FY 2017/18: 357

Referrals: 2
   - African American: 19
   - Asian American: 17
   - Caucasian/White: 255
   - Latino/Hispanic: 41
   - Native American: 8
   - Multi Race/Eth.: 13
   - Other/Unknown: 5

Children: 0
   - Caucasian: 255
   - Latino/Hispanic: 41
Teens: 0
   - Caucasian: 255
TAY: 8
   - Native American: 8
Adults: 147
   - Multi Race/Eth.: 13
Older Adults: 202
   - Other/Unknown: 5

Homeless: 33
Veterans: 20
LGBT: 9
Probationers: 2

Participant Feedback
N=362
- 96% are continuing their program
- 98% agreed the program improved their emotional wellbeing
- 99% would recommend this group to others
- 50% participated in Family to Family & Family Support; 52% participated in Peer to Peer and 54% participated in NAMI Connections
- 23% of program participants had experienced a psychiatric hospitalization prior to engaging with NAMI.
  After participation, only 17% of participants reported experiencing a psychiatric hospitalization.

Added comments:
NAMI had 173 comments listed in their participant wellbeing surveys in FY17/18, below is just a snapshot of what NAMI program participants are saying about the group.
- NAMI has saved my life “I am not alone!”
- Family to Family is very well constructed and with a lot of very helpful information. Thank you.
- Thank you for this program! I almost feel as if I’m forgetting something all the time. However, the tools I have implemented in my everyday life have made my life so much easier. Seeing the personal growth is incredible. I am feeling empowered. When my children noticed my growth and recognized my ability to work through the anxiety, I felt golden. Thank you.
- I could not live a good wellness life without NAMI.
- I love NAMI Connections and share it with others continually. It has helped me so much and I feel like the people I’ve met are like family to me.
- I look forward to this group every week, keeps me in balance with my mental illness and I know I am not alone!
- This group was a God send for me. Without them I don’t know what would have happened to me. The education (family to family) provided me with info and training/understanding I shared with many people.
- NAMI has saved my life. I never knew about NAMI until I moved to Amador County I have been a consumer since 2002.
- NAMI connections helps with my wellness daily as well as being a member of NMAI. I will continue to be involved and educating myself with NAMI Amador
- This very day 1 reflected on the progress I’ve made this past year. Without this program & the support I’d be stuck without purpose. Thank you so much for helping me find a better way to manage my life, process my thoughts to find a solution.
MHSA PROGRAM OUTCOMES

Labyrinth Stress Reduction Project (The Labyrinth Project) & LGBTQ Support Groups (PEI)
Average Participants in FY 2016/17: 144
Average Participants in FY 2017/18: 377

- Referrals: 27
  - African American: 1
  - Asian American: 2
- Children: 9
  - Caucasian: 357
- Teens: 31
  - Latino/ Hispanic: 11
- TAY: 13
  - Native American: 1
- Adults: 224
  - Multi Race/ Eth.: 3
- Older Adults: 100
  - Other/ Unknown: 0

Participant Feedback:
N=3 for Labyrinth Stress Reduction Project
  - 100% are continuing their program
  - 100% participated in Labyrinth Walks and Education

N=22 for LGBTQ Support
  - 89% participated in LGBTQ social groups
  - 33% participated in LGBTQ Support Services
  - 100% of program participants reported that the program had improved their emotional wellbeing.

Added Comments:
  - My therapist is awesome & I love my life now that it's 100x more manageable!
  - This is a vital service to our community. Thank you.
  - I'm glad to see ACBHS prioritize LGBTQ services. I hope that means our providers are being trained by LGBTQ educators. I recommend the Gender Health Center @ 2020 29th Street in Sacramento for training.

First 5 Behavioral Consultation & Support (PEI)
Average Participants in FY 2013/14: 92
Average in FY 2014/15: 47
Average in FY 2015/16: 52
Average in FY 2016/17: 54
Average in FY 2017/18: 104

- Referrals: 0
  - African American: 0
  - Asian American: 0
- Children: 85
  - Caucasian: 15
- Teens: 0
  - Latino/ Hispanic: 0
- TAY: 2
  - Native American: 0
- Adults: 17
  - Multi Race/ Eth.: 0
- Older Adults: 0
  - Other/ Unknown: 89

- Homeless: --
- Veterans: --
- LGBT: --
- Probationers: --

Nexus Community Outreach Family Resource Centers (PEI)
Average Participants in FY 2013/14:
Average in FY 2014/15: 126
Average in FY2015/16: 600
Average in FY2016/17: 514
Average in FY2017/18: 776
MHSA PROGRAM OUTCOMES

Referrals: 67
African American: 11
Asian American: 12

Children: 0
Caucasian: 517

Youth/Teens: 43
Latino/Hispanic: 94

TAY: 119
Native American: 23

Adults: 516
Multi Race/Eth.: 31

Older Adults: 98
Other/Unknown: 88

Homeless: 28
Veterans: 21
LGBTQ: 27
Probationers: 18

Participant Feedback:
N=132
• 100% would recommend the program to others
• 99% agreed the program improved their emotional wellbeing
• Before participating in this program, 5% of program participants reported experiencing a psychiatric hospitalization. After participation, 0% reported experiencing a psychiatric hospitalization.
• Before participating in this program, 12% of participants were homeless or were at-risk of homelessness. After participation, only 5% reported that they were homeless or at-risk of homelessness.
• 66% of respondents participated in a presentation or training.
• 55% participated in a community center activity
• 25% participated in supportive services/case management
• 85% reported that they have been able to make up their own mind about things ‘Often’ or ‘All of the Time’ after participation.
• Over 75% were dealing with problems well and feeling useful ‘Often’ or ‘All of the Time’ after participation
• 80% reported feeling optimistic about the future ‘Often’ or ‘All of the Time’ after participation

Added comments:
• Thank you so much! This helps me a lot.
• Listening to the first half was a little hard and uncomfortable for me. I felt my anxiety beginning to increase and was grateful for the breaks. The info was helpful with helping me reinforce positive thoughts over negative ones.
• The more people can remain connected with others somewhere, the better off and more centered they are emotionally.
• Amazing class! Very good instruction!

Nexus Building Blocks PCIT & ART Programs (PEI)
Average Participants in FY 2013/14: 60
Average in FY 2014/15: 53
Average in FY 2015/16: 154
Average in FY 2016/17: 122
Average in FY 2017/18: 154

Referrals: 9
African American: 0
Asian American: 1

Children (0-5): 9
Caucasian: 59

Youth (6-12): 6
Latino/Hispanic: 13

Teens: 130
Native American: 2

TAY: 0
Multi Race/Eth.: 0

Adults: 9
Other/Unknown: 129

Older Adults: 0
MHSA PROGRAM OUTCOMES

Nexus Youth Empowerment Program/Project Success (PEI)
Average Participants in FY 2013/14: 379
Average in FY 2014/15: 282
Average in FY 2015/16: 420
Average in FY 2016/17: 371
Average in FY 2017/18: 568

- Referrals: 14
- African American: 7
- Homeless: --
- Asian American: 8
- Veterans: --
- Caucasian: 356
- LGBT: --
- Latino/ Hispanic: 54
- Probationers: --
- Native American: 13
- Multi Race/ Eth.: 4
- Other/ Unknown: 40

Nexus Promotores de Salud Program (PEI)
Average Participants in FY 2013/14:
Average in FY 2014/15: 105
Average in FY 2015/16: 112
Average in FY 2016/17: 117
Average in FY 2017/18: 120

- Referrals: 35
- African American: 0
- Homeless: 12
- Asian American: 0
- Veterans: 0
- Caucasian: 0
- LGBTQ: 20
- Latino/ Hispanic: 476
- Probationers: 7
- Native American: 0
- Older Adults: 99
- Other/ Unknown: 0

Participant Feedback
N=75
- 82% participated in Promotores presentations
- 12% participated in Home Visits/Home Presentations
- 5% received case management/support
- 12% of participants reported that they were homeless or at-risk of homelessness, spent time in juvenile hall, jail, prison or were at-risk of losing their home placement prior to participating in this program. After participation 0% of program participants reported experiencing any of the above.
- 100% would recommend the program to others
- 97% agreed the program improved their emotional wellbeing
- Over 94% reported that they were feeling useful, thinking clearly and dealing with problems well ‘Often’ or ‘All of the Time’ after participation

The Resource Connection Grandparents Program (PEI)
Average Participants in FY 2013/14: 47 (number may not be unduplicated)
Average in FY 2014/15: 16
Average in FY 2015/16: 48
Average in FY 2016/17: 65
Average in FY 2017/18: 75
MHSA PROGRAM OUTCOMES

Referrals: 11  
Children (0-12): 32  
Teens: 6  
TAY: 3  
Adults: 19  
Older Adults: 15  

African American: 0  
Asian American: 2  
Caucasian: 55  
Latino/Hispanic: 11  
Native American: 4  
Multi Race/Eth.: 3  
Other/Unknown: 0  
Homeless: 1  
Veterans: 8  
LGBT: 3  
Probationers: 2

Participant Feedback:  
N=20  
□ 100% felt participation in the group improved their emotional wellbeing  
□ 100% were continuing the program/group  
□ 100% participated in the monthly Grandparent Café groups for education and support  
□ 70% participated in the Grandparent’s Respite Program  
□ 80% reported that they were dealing with problems well, thinking clearly, feeling confident and cheerful ‘Often’ or ‘All of the Time’ after participation  
□ 100% reported that they were able to make up their own mind about things and have been interested in new things ‘Often’ or ‘All of the Time’ after participation

Amador Senior Peer Program (PEI)  
Average Participants in FY2017/18: 37

Referrals: 1  
All participants are older adults aged 60+

African American: 0  
Asian American: 1  
Caucasian: 36  
Latino/Hispanic: 0  
Native American: 0  
Multi Race/Eth.: 0  
Other/Unknown: 0

ACCF Human Services Certificate Scholarship Program (WET)  
Average Participants in FY 2013/14: 15  
Average in FY 2014/15: 18  
Average in FY 2015/16: 29  
Average in FY 2016/17: 11  
Average in FY 2017/18: 46

Children: 0  
Teens: 0  
TAY: 8  
Adults: 36  
Older Adults: 2  

African American: 0  
Asian American: 0  
Caucasian: 36  
Latino/Hispanic: 4  
Native American: 1  
Multi Race/Eth.: 5  
Other/Unknown: 0
MHSA PROGRAM OUTCOMES

Participant Feedback
N=67

- 99% of respondents participated in the MHSA Scholarship Program
- 97% are continuing their program
- 96% reported that participation in the program has improved their emotional wellbeing
- 98% would recommend the program to others
- 83% of participants feel optimistic about their future ‘Often’ or ‘All of the Time’ since participation in this program
- Over 70% were interested in new things and thinking more clearly ‘Often’ or ‘All of the Time’ since participation in this program

Added Comments:
  o This program helped me with my mental illness and understanding others
  o This program is really helpful to help people get a second chance in life. It helps to vision build for the future.
  o This program is amazing. Thank you so much for all that you’ve done for my family.
  o This program has helped me to understand myself, and help myself and others.
  o This program is helping/beginning to change the courses in my new life.
  o This is a wonderful program. I feel lucky to be a part of it. I wish it was offered at other schools.
  o I’m extremely lucky to be a part of this program it has changed my life for the better.
  o I feel this program is very supportive and I am so grateful it is here in our community!
  o This program has taught me so much, not only about myself, but also how to increase my relationships and feel confident about helping others. I love this program!
  o This program has changed my life. Thank you.
  o This program has given me more self-confidence.
<table>
<thead>
<tr>
<th>MHSA Three-Year Plan Attachments</th>
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<td>See attached documents.</td>
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ATTACHMENT E
# FY 16/17 Staff Meeting Presentation Schedule

<table>
<thead>
<tr>
<th>Month</th>
<th>Presentation</th>
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<tbody>
<tr>
<td>July</td>
<td>No presentation provided</td>
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<tr>
<td>August</td>
<td>Legal Services of Northern CA</td>
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<tr>
<td>September</td>
<td>Victory Village</td>
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<td>October</td>
<td>LGBTQ</td>
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<td>November</td>
<td>First 5</td>
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<tr>
<td>December</td>
<td>No Presentation</td>
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<tr>
<td>January</td>
<td>Sierra Hope</td>
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<tr>
<td>February</td>
<td>No Presentation</td>
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<tr>
<td>March</td>
<td>Sierra Wind/Patient Rights Advocate</td>
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<tr>
<td>April</td>
<td>Promotores</td>
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<tr>
<td>May (MH Awareness Month)</td>
<td>No Presentation</td>
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<tr>
<td>June</td>
<td>NAMI</td>
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### FY 17/18 Staff Meeting Presentation Schedule

<table>
<thead>
<tr>
<th>Month</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>July</td>
<td>Joni Drake—Tribal TANF-Amador Site</td>
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<td>August</td>
<td>Rose Hollow Horn Bear—Native American History</td>
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<tr>
<td>September</td>
<td>Christian Tucker—Smoking Cessation</td>
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<td>October</td>
<td>Nexus Youth and Family Services—Lori Halvorson &amp; Noelle Stroppini</td>
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<td>November</td>
<td>Lynda Smallenberger—Kene Me-Wu, Native American DV/SA Program</td>
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<td>December</td>
<td>No Presentation</td>
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<tr>
<td>January</td>
<td>Linda Woods—Amador Senior Peer Visiting Program</td>
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<tr>
<td>February</td>
<td>Tessa Hammer—Legal Services of Northern California</td>
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<tr>
<td>March</td>
<td>Vera Bullard &amp; Andrianna Lewis—4-H Development Program &amp; Cal Fresh Nutrition</td>
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<tr>
<td>April</td>
<td>Sierra Wind &amp; Patient Rights Advocate—Joseph Bartholomew &amp; Bobbie Harrison</td>
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<tr>
<td>May</td>
<td>Nancy Wentling—Overview of State Department of Rehabilitation</td>
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<tr>
<td>June</td>
<td>WellSpace Health</td>
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**Annually need to review:**
- Advance Directives – completed August 2018
- Incident Reporting – completed in May 2018
- Code of Conduct/Declaration of Confidentiality – completed July 2018
FY 18/19 Staff Meeting Presentation Schedule

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<tr>
<td>July</td>
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<tr>
<td>August</td>
<td>Roads Home (Veterans)—Kim Garrett &amp; Angela Upshaw</td>
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<tr>
<td>September</td>
<td>Mother Lode Job Connection—Diana Symmonds</td>
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<td>October</td>
<td>Operation Care—Anna Garcia</td>
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<td>November</td>
<td>Valley Mountain Regional Center—Tara Sisemore-Hester &amp; Tricia Simmons</td>
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<td>December</td>
<td>No Presentation</td>
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<tr>
<td>January</td>
<td>Common Ground Senior Services—Kathi Toepel</td>
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<td>February</td>
<td>Amador Transit – April Miller</td>
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<td>March</td>
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<td>April</td>
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<td>May</td>
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<td>June</td>
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Annually need to review:
Advance Directives – completed August 2018
Incident Reporting – completed in May 2018
Code of Conduct/Declaration of Confidentiality – completed July 2018
Mental Health 101

Active Listening
“Listening Game”
Non-Judgmental
Open Posture
“I Statements”
Reflect Back

Risk Signs of Suicide

Hopelessness
Helplessness
Giving Things Away
Reckless Behavior
Increased Substance Use
Anger | Anxiety | Agitation
Depression | Withdrawal
Sudden Mood Changes

ASK: Are you feeling suicidal? Do you have a plan?
Are you okay? (Really listen and be a conduit...)

Symptoms of...

Depression:
Unusually Sad
Feeling Worthless
Loss of Interest
Lack of Energy
Sleeping Too Much

Anxiety:
Excessive Worry
Mind Racing
Restless/Tension
Difficulty Breathing
Chest Pain

Psychosis:
Delusions
Hallucinations
Thinking Difficulties
Blunted Emotions
Social Withdrawal

Addiction:
Increased Tolerance
Difficulty Cutting Down
Using Larger Amts
Use Despite Risk
Withdrawal

What Makes it an Illness?
Affects Thinking
Emotional State, Behavior
AND Disrupts Ability to:
Work/Go to School
Carry Out Daily Activities
Engage in Satisfying Relationships

Avoid Labels...
We don’t call someone a Cancer.
A person is not a Schizophrenic or an Addict either.

Behavioral Health Resources
www.amador.networkofcare.org | Amador County: 209.223-6412

The Center for Creativity & Community | 23 West Saint Charles Street, San Andreas, CA 95249
209.813.2083 direct | cthompson.lcsw@outlook.com email | www.center4creativity.org web
Name  | Organization/Affiliation | Phone | Email
---|---|---|---
Brett Haight  | Amador County Behavioral Health  | (209) 582-6392 | breithaight@amador.gov
Chloe Medeiros  | New Life Church  |  |
Mara Corryle  | Sierra Sonora  |  |
Dalia Moore  | Amador County Public Health  |  | dmoore@amador.gov
Genna Gowing  | Amador Public Health  | gewing@amador.gov
Christian Tucker  | Amador Public Health  | ctucker@amador.gov
Connie Vaccarezza  | AcSh  |  |
Terri Wicks  | NAPA/Amador  |  | terriwicks@me.com
Mark McClary  | Sierra Winds  |  | peacemaker42@tcs.net
Todd Dorris  | Victory Village  |  | tod415@gmail.com
Joni Drake  | CA Tribal TANF  |  | jdrake@cthp.net
Richard Reinoehl, Vice Chair  | Amador  |  | 916-294-7371
Antoinette Lopez  | CA Tribal TANF  |  | alopez@cthp.net
Maryanne Reinoehl  |  |  | maryannepromisco@gmail.com
Stephanie Hess  |  |  |
Serving LGBTQ Populations

Full Day Training Hosted By Amador County Behavioral Health Services

Friday
January 20, 2017
9:00 A.M. – 4:00 P.M.

Amador County BHS
10877 Conductor Blvd
Ste. 300, Conf. Room E
Sutter Creek, CA 95685

Training Cost: FREE

This highly interactive training leads mental health professionals through the foundational steps of LGBTQ cultural competence, while creating a learning environment that is safe, fun and comfortable for attendees who may have varying degrees of knowledge or comfort with this subject matter. This training gives staff members a better understanding of sexual orientation and gender identity, addresses myths and negative stereotypes about LGBTQ individuals, and helps develop core competencies towards reducing LGBTQ disparities in the public mental health system. Staff members will also learn how to create a more LGBTQ-affirming environment in the workplace.

Maximum Attendees: 50
Total Instruction Time: 6 Hours
Target Audience: All Staff

To attend this training, you must register in advance. You can register online at:

For additional questions, please contact Stephanie Hess via phone at
209.223.6308 or via e-mail at shess@amadorgov.org

WISE is a program of NorCal MIA funded by the California Mental Health Services Administration (MHSA) administered by the Office of Statewide Health Planning and Development (OSHPD).
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<th>Name</th>
<th>Organization/Affiliation</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
<tr>
<td>Nina/Stephanie Lee</td>
<td>First 5 Amador ACBH</td>
<td>(209) 223-6412</td>
<td><a href="mailto:nina@first5amador.org">nina@first5amador.org</a></td>
</tr>
<tr>
<td>Lee Field</td>
<td>Student - intern</td>
<td>(209) 790-9143</td>
<td><a href="mailto:Bobbie-harris@amador.org">Bobbie-harris@amador.org</a></td>
</tr>
<tr>
<td>Bobbie Harrison</td>
<td>ACBH</td>
<td>209 223 6249</td>
<td><a href="mailto:tgarner@amador.org">tgarner@amador.org</a></td>
</tr>
<tr>
<td>Margaret</td>
<td>ACBH</td>
<td>209 223 6504</td>
<td><a href="mailto:mydona@amador.org">mydona@amador.org</a></td>
</tr>
<tr>
<td>Randall Smith</td>
<td>Nexus</td>
<td>209 352-0805</td>
<td><a href="mailto:eswett@nexusy.org">eswett@nexusy.org</a></td>
</tr>
<tr>
<td>Megan Hudson</td>
<td>Nor Cal MHA</td>
<td>(209) 223-6483</td>
<td><a href="mailto:krabtree@amador.org">krabtree@amador.org</a></td>
</tr>
<tr>
<td>Emma Sweet</td>
<td>Nor Cal MHA</td>
<td>(209) 223-8135</td>
<td><a href="mailto:kakvaard@amador.org">kakvaard@amador.org</a></td>
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<tr>
<td>Linda Crabtree</td>
<td>Nor Cal MHA</td>
<td>209 223 1956</td>
<td><a href="mailto:vampton@nocalhma.org">vampton@nocalhma.org</a></td>
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<tr>
<td>Kaycee Salcido</td>
<td>Nor Cal MHA</td>
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<tr>
<td>Vanessa Compton</td>
<td>Nor Cal MHA</td>
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<tr>
<td>Marla Vandermeer</td>
<td>Nor Cal MHA</td>
<td>209 256-3065</td>
<td><a href="mailto:mvandermeer@nocalmha.org">mvandermeer@nocalmha.org</a></td>
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<tr>
<td>Natasha</td>
<td>Rush AOD</td>
<td>209-233-6597</td>
<td><a href="mailto:nchavez@amador.org">nchavez@amador.org</a></td>
</tr>
<tr>
<td>Christy Haugstad</td>
<td>ACBH AOD</td>
<td>209-223-6598</td>
<td><a href="mailto:chaugstad@amador.org">chaugstad@amador.org</a></td>
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<tr>
<td>Anne Jakovas</td>
<td>ACBH</td>
<td>(209) 223-6557</td>
<td><a href="mailto:ajakovas@amador.org">ajakovas@amador.org</a></td>
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<tr>
<td>Dolores LeDorma</td>
<td>ACBH</td>
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Day 1: Basic Bridges Training
Date: September 13, 2017
Time: 8:30 a.m.—3:30 p.m.
Location: Grand Oak Ballroom
Jackson Rancheria Hotel

Day 2: Bridges Application
(MUST ATTEND DAY 1)
Date: September 14, 2017
Time: 8:30 a.m.—3:30 p.m.
Location: Grand Oak Ballroom
Jackson Rancheria Hotel

Target Audience: Those who work directly with individuals and families in the community through community partners and non-profits, educators, social workers, social service staff & volunteers, behavioral health workers, public health workers, case managers, caseworkers, law enforcement, judges, probation staff, faith based organizations and other social, health or legal organization.

Day 1: Basic Bridges Training
In the first day of the workshop, participants will review poverty research, examine a theory of change, and analyze poverty through the prism of the hidden rules of class, resources, family structure, and language. Throughout the workshop, participants will receive specific strategies for improving outcomes, but the focus of the workshop is to provide a broad overview of concepts. This training assists employers, community organizations, social service agencies, and individuals gain insight and strategies.

Day 2: Bridges Application
Pre-requisite: Basic Bridges Training (Day 1)
Capacity for Day 2 is limited. Please register early!
The second day of the workshop is designed to take the constructs introduced in Day 1 and help participants begin embedding them. Participants will learn more about language experience, cognitive issues, barriers to change, how to use mental models to communicate effectively, skills of meditation and includes relationship building and mentoring. Day 2 also introduces strategies for changing program designs, policies and procedures. Participants will use case studies and an examination of the client’s life cycle to identify principles of change.

The cost for the workshop is FREE and training materials for both days are provided. Meals are NOT included. Please register by using the following link:

https://www.surveymonkey.com/r/CNCWR7H

This training opportunity is funded through Amador County Behavioral Health Services, utilizing Mental Health Services Act funds.
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Barlow, Janice
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<td>Tucker, Christian</td>
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<td>Vaccarezza, Connie</td>
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<td>Watts, Anne</td>
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Military Culture and Clinical Implications
CPT Rev. Curtis Ketsenburg, M.Div, LCSW

CPT Curtis Ketsenburg will provide a thorough presentation on the following:
• Introduction to Military Ethos, Military organization and roles
• Exploration of Stressors and resources of service members and veterans
• Treatment competencies, resources, and tools for providing behavioral health care to service members and veterans

Biography

CPT Curtis Ketsenburg, LCSW is the Northern California Behavioral Health Officer for the California Army National Guard. CPT Ketsenburg started his military career after high school as a communication operator and separated from service shortly after. In 2007, CPT Ketsenburg returned to the Army and was Direct Commissioned as a Chaplain Candidate, attended seminary at the Assemblies of God Theological Seminary, completing a Master of Divinity and Master of Arts in Counseling, and was ordained in 2010. Upon graduation, CPT Ketsenburg worked as a Community Support Specialist at Burrell Behavioral Health.

In 2012, CPT Ketsenburg was accepted into the highly competitive Army/Fayetteville State University MSW program and completed internship at Ft. Stewart, GA. Upon completion, CPT Ketsenburg transferred to the Missouri Army National Guard, then in 2017 to the California National Guard. CPT Ketsenburg's awards include; the Army Achievement Medal, Army Commendation Medal, Global War on Terror Service Ribbon, Army Service Ribbon, and National Defense Service Medal. CPT Ketsenburg is trained in EMDR, CPT, PE, CBCT, and is a PREPARE/ENRICH facilitator.
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<td>Lee Field</td>
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<td>Machellee Allison</td>
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35 attendees
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<td>Sylvia Newlun</td>
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<td>Tammy Montgomery</td>
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<td>Kelvin Nauts</td>
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<td>Teresa Bueno</td>
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CONFIRMATION OF BOOKING TO:
Amador County Behavioral Health Services

EVENT:
Amador County Boys & Girls Club Youth event

Attention:
Stephanie Hess
10877 Conductor Blvd, Ste 300
Sutter Creek, CA 95685
(209) 223-6308
shoes@amadorgov.org

Billy Mills will travel round-trip from Sacramento, CA to Sutter Creek, CA on February 20, 2018.
Scope of work – Billy will be the guest speaker at the Amador County Boys & Girls Club Youth event on February 20, 2018.
The following fee(s) will be associated with the event and will be included in the final invoice statement:

Speakers Fee:
- $2,000.00 flat

A/V Requirements
- Handheld Microphone or wireless microphone
- DVD Player with sound
- Large Screen
- Riser if possible (No podium)

Scope of Work
- February 20, 2018 – Billy Mills will be the guest speaker at the Amador County Boys & Girls Club Youth event
- Q&A's to follow the presentation
- He will be available for photos, media autographs.

Signature: Stephanie Hess
Amador County Behavioral Health Services

__________________________________
Patricia Mills
Executive Director
Billy Mills Speaker Bureau