

**Amador County Behavioral Health Services  
Mental Health Services Act  
Three-Year Prevention and Early Intervention  
Evaluation Report  
FY18/19, FY19/20, FY20/21**



## Introduction

The Mental Health Services Oversight and Accountability Commission (MHSOAC) created Prevention and Early Intervention (PEI) regulations to ensure that all counties are meeting PEI requirements within their programs. California Code of Regulations (CCR), Title 9, Sections 3560.020, requires counties to submit a Three-Year Prevention and Early Intervention Evaluation Report to the Mental Health Services Oversight and Accountability Commission every three years. Years when the three-year evaluation is not due, an annual update on PEI programs will be due instead and the annual updates do not require an evaluation component.

Amador County Behavioral Health (ACBH) provides its annual updates within its Mental Health Services Act (MHSA) Annual Update & Expenditure Reports. Three-Year Prevention and Early Intervention Evaluation Reports are submitted separately. This is the second Three-Year Prevention and Early Intervention Evaluation Report which includes FY18/19, FY19/20 and FY20/21.

This Three-Year Prevention and Early Intervention Evaluation Report shows how ACBH has evolved over the course of the past three years in order to come into compliance with the requirements under the PEI regulations. Implementation of these statutory and regulatory requirements was not an easy task. Amador County is a very small, rural county where confidentiality and trust is highly regarded and where minimal resources make it difficult to request more information from providers without expanded funding to support the additional work. Initially, much 'push back' was received from the community and the MHSA-funded providers, however, ACBH took a collaborative approach to implementation and it proved successful. Although ongoing challenges occur within PEI programming, those are being addressed as they arise in order to continue reporting in a meaningful way.

As a result of the aforementioned, throughout FY18/19, not much data was provided under the PEI program designations. For example, program designations and strategies were not included in the FY18/19 MHSA Annual Update and Expenditure Plan. This made it difficult for evaluation purposes in recalling what exactly the PEI designation was, whether or not the appropriate reporting was submitted and if there was a strategy or not. However, with technical assistance from the MHSOAC, and collaborative work with PEI providers, these challenges were addressed in FY19/20 and FY20/21. In fact, as of FY20/21, ACBH is in full compliance with all regulatory reporting requirements. ACBH is using the data provided through these reporting mechanisms to learn more of the populations being served (and those who are underserved), and for tracking improvement over time. Although implementation has been a daunting process, there is value in the systematic changes that will continue to benefit those being served in Amador County for years to come.

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## Data Collection Background & Implementation Strategies

All PEI Program data presented in this report is compiled using different sources:

**Contractor Quarterly Data** is collected by each contract provider and provides ACBHS with quarterly program data that includes general demographic data, participant designations and the number of referrals made to ACBHS throughout the quarter. This data is used to monitor and evaluate programs.

**Participant Wellbeing Surveys** are completed by the participant who participated in the program itself. These surveys are strictly voluntary. The data from these surveys provides information about the client's gender, sexual orientation, preferred language, and experience with the program they participated in and offers a place for suggestions/questions/comments, etc.

**Each PEI contract provider completes Contractor Quarterly & Annual Program Reports** These reports include the strategies employed by each PEI program, using a combination of qualitative and quantitative format. Much of this information is included in this evaluation report in order to document the services provided through the program, even though there is a significant lack of required data.

In FY20/21, newly implemented tracking tools were developed in order to address areas of non-compliance in PEI reporting. In addition to the aforementioned sources, contract specific tracking logs and demographic surveys were developed and implemented for PEI providers to complete and administer in order to fulfill statutory reporting requirements. These are detailed below:

**Contract-specific PEI Tracking Log** was developed and implemented in FY20/21. This breaks out each PEI designation and strategy(ies) requirements for PEI providers to complete and submit for reporting purposes.

**Demographic Survey (both online & paper format)** were implemented in FY20/21 to streamline expanded demographic information, including Sexual Orientation & Gender Identity (SO/GI) data collection among PEI providers.

These data collection and implementation strategies aim to increase PEI provider's ability to meet the reporting requirements while also providing information in a way that ACBHS can translate into various formats for reporting purposes. Although the effectiveness of implementation is not seen until FY20/21 the transition from non-compliance to compliance is notable for a small, rural county.

## Program Designations, Strategies and Evaluation

All PEI programs evolved throughout the evaluation period. Therefore, evaluations for each PEI program is divided by fiscal year to provide more clarity regarding which PEI designation was assigned for which year and why changes to strategies implemented were made.

### Labyrinth Stress Reduction Project & LGBTQ Support & Activity Based Groups

**FY18/19:**

**Program Name:** *Labyrinth Stress Reduction Project (The Labyrinth Project) & LGBTQ Support & Activity Based Groups*

**PEI Designation:** **Outreach for Increasing Recognition of Early Signs of Mental Illness Program**

*This program increases recognition of early signs of mental illness through stress reduction methods utilizing the Labyrinth healing modality and LGBTQ Support Groups. ACBHS contracts with NorCal MHA for this program.*

**FY18/19:** 594 Average Number Served

**The Labyrinth Stress Reduction Project:** The Labyrinth Stress Reduction Project provided several labyrinth walks throughout Amador County and provided several presentations to educate community members and organizations on the benefits of Labyrinths and mindfulness. The Program Coordinator also participated in several outreach events to promote the benefits of the Labyrinth Project as well as organized many activities on their own.

**Settings in which potential responders were engaged include:**

- Health Fairs located at Primary Care Clinics and/or Sutter Amador Hospital
- Community Resource Fairs located at various venues including but not limited to Sierra Wind Wellness and Recovery Center, First 5 Amador, Amador Senior Center and more.
- One-on-one consults were provided at Labyrinths located within Amador County such as Amador City, Sierra Wind Wellness and Recovery Center and upcountry.
- Activities organized by the Program Coordinator were held at the Labyrinth sites or in group settings at Sierra Wind Wellness and Recovery Center. These events include Spring Equinox to promote 'renewal' and World Labyrinth Day Celebrations as well as a focus on parent and children's stress reduction through the use of the Labyrinth.

**LGBTQ Support Groups:** The LGBTQ Support groups meet one to two times a month and serves as a peer support network for the LGBTQ community who also may be at-risk for mental illness. The group meets at various community locations at hours that are convenient for them. The Program Coordinator also provides one-one-one peer support and collateral contacts to educate the community on LGBTQ specific issues and priorities.

**Settings in which potential responders were engaged:** local restaurants, local businesses, Sierra Wind Wellness and Recovery Center and various community based organizations and agencies.

**Types of Potential Responders engaged:** Veterans organizations, community based organizations, health services providers, law enforcement, Amador County Unified School District, parents, youth, older adults, medical professionals, adults with serious mental illness and homeless groups.

**FY 19/20:** In fiscal year 2019/20, the Labyrinth Stress Reduction Project and LGBTQ Support was divided out into two separate programs since they are administered separately and have separate objectives due to the populations and types of services each one provides.

**Program Name:** *Labyrinth Stress Reduction Project*

**PEI Designation:** *Outreach for Increasing Recognition of Early Signs of Mental Illness Program*

*Labyrinth Stress Reduction Project:*

*Outreach for Increasing Recognition of Early Signs of Mental Illness Program: This program increases recognition of early signs of mental illness through stress reduction methods utilizing the Labyrinth healing modality and LGBTQ Support Groups. ACBHS contracts with Cal VOICES for this program.*

Cal VOICES will utilize a full time Program Coordinator (PC) to provide the Labyrinth stress reduction services as a method for outreach and engagement in isolated, rural parts of Amador County and to the underserved communities living in these regions; ultimately increasing knowledge and understanding pertaining to mental health and improving timely access to Behavioral Health services. The PC will provide 12 Labyrinth walks in the community throughout the year; targeting older adults, veterans, parents/caregivers, TAY, Spanish speaking, and LGBTQ communities and those at risk for developing a mental illness.

In FY19/20, seven in-person Labyrinth events took place at various locations throughout Amador County. These events included the Sierra Wind Fall Festival, Breathe Deep Amador (a fundraising event for cancer research), Dia De Los Muertos, Lung Cancer Awareness, Winter Solstice and a New Year Labyrinth event. Due to the COVID-19 pandemic, many events that usually occur in the Spring were postponed or cancelled. Therefore, service delivery was augmented to provide weekly finger labyrinth walks via Zoom and using social media to provide interactive resources and activities to promote the Labyrinth and its positive effects on stress.

Populations engaged as potential responders included the target populations mentioned above, members of the medical community, non-profit organizations, Tribal TANF and individual community members who walk the Labyrinth or utilize the online resources.

278 unduplicated potential responders engaged in the Labyrinth Stress Reduction project during FY19/20.

Referrals from Labyrinth Project: 1

Children: 31	African American: 4
Teens: 8	Asian American: 0
TAY: 4	Caucasian: 254
Adults: 157	Latino/ Hispanic: 13
Older Adults: 78	Native American: 7
Homeless: 3	Veterans: 1
LGBTQ: 11	Probationers: 0
Parolees: 1	Multi Race/ Eth.: 0

ACBHS clients served: 8

Participant Feedback:

*N=0 for Labyrinth Stress Reduction Project:* For the second year in a row, there is no participant outcome data for the Labyrinth Stress Reduction Project. Data for those who participated in the program that identified as male, female or self-identified in some other way, is not available due to the fact that no participant data was collected in FY19/20.

ACBHS has worked with the contractor, CalVOICES to ensure that participant data will be collected for FY20/21.

**Program Name:** *LGBTQ Support*

**PEI Designation:** *Prevention Program*

**Strategy:** *Improve Timely Access to Services for Underserved Populations*

*LGBTQ Activity Based Groups & LGBTQ Support Groups:*

*Prevention Program*

*Strategy: Improve Timely Access to Services for Underserved Populations; ACBHS, through Cal VOICES, targeted the LGBTQ population in order to increase timely access to services.*

The Peer Liaison will organize and implement a monthly, activity-based group to engage isolated members of the LGBTQ community in a unique way. Each month the group/activity is held in a different location within Amador County. The Peer Liaison organizes the activity and arranges transportation, if necessary, for participants. The purpose of the group is to decrease isolation and encourage socialization by using activities as a way to engage with others. Costs of the program are to cover the expenses of the monthly activity and ongoing operational costs to advertise the program.

The PC and/or Peer Liaison will provide 12 LGBTQ support groups in the community throughout the year; targeting transition aged youth, adults and older adults. The PC will provide resources related to the community defined Family Acceptance Project for TAY and their families; and increase linkage and access to timely services for LGBTQ populations in Amador County.

The LGBTQ Activity Based Groups & LGBTQ Support Groups served 44 participants in FY19/20.

Referral Outcome Data (as required in Section 3560.010(b)(4):

- Referrals from LGBTQ Support: 2
- Referral outcome data is not available for FY19/20. ACBHS is working with the contractor, CalVOICES to develop a system of accurate referral tracking which will be implemented in FY20/21. However, the program does encourage follow through of referrals by engaging through peer support.

Male: 7	
Female: 23	African American: 1
Self-Identify: Unknown	Asian American: 1
Children: 2	Caucasian: 32
Teens: 2	Latino/ Hispanic: 0
TAY: 4	Native American: 6
Adults: 19	Multi Race/ Eth.: 3
Older Adults: 17	Other/ Unknown: 1
Homeless: 1	Veterans: 0
LGBTQ: 36	Probationers: 0
Parolees: 0	

ACBHS clients served: 11

**FY 20/21:** In fiscal year 20/21, the Labyrinth Stress Reduction Project and LGBTQ Support continued to be designated as they were the previous fiscal year (FY19/20).

**Program Name:** *Labyrinth Stress Reduction Project*

**PEI Designation:** *Outreach for Increasing Recognition of Early Signs of Mental Illness Program*

In FY20/21, Sierra Wind Wellness and Recovery Center erected an outdoor Labyrinth that allowed participants to walk individually, while still complying with health and safety guidelines. Approximately 28 individuals walked the Labyrinth. Weekly finger labyrinth walks via Zoom were also provided and 22 individuals participated in these virtual groups. The PC continued to use social media to provide interactive resources and activities to promote the Labyrinth and its positive effects on stress. Due to the COVID-19 pandemic, no in-person Labyrinth events took place.

Populations engaged as potential responders included the target populations mentioned above and individual community members who walk the Labyrinth or utilize the online resources.

32 unduplicated potential responders engaged in the Labyrinth Stress Reduction project during FY20/21.  
Referrals from Labyrinth Project: 2

Children: 7	African American: 1
Teens: 1	Asian American: 0
TAY: 4	Caucasian: 21
Adults: 18	Latino/ Hispanic: 3
Older Adults: 2	Native American: 6
Homeless: 3	Multi Race/Eth.: 0
LGBTQ: 5	Veterans: 1
Parolees: 0	Probationers: 0
	Chronic Illness/Disability: 2
Male: 1	Female: 9

ACBHS clients served: 2

Outreach for Increasing Early Signs of Mental Illness:

- Location/Setting: Each quarter two types of events took place either virtually or in-person at Sierra Wind’s Labyrinth.



- Brief Description of Activity: Labyrinth walks and Finger Labyrinth walks, accompanied with a meditation.
- Setting Where Potential Responders Were Engaged: Sierra Wind Wellness and Recovery Center or Virtual (Zoom).
- # of Potential Responders: 51
- Types of Responders: Youth, Teens, TAY, Adults, Community Members

**Program Name:** *LGBTQ Support*

**PEI Designation:** *Prevention Program*

**Strategy:** *Improve Timely Access to Services for Underserved Populations*

The Peer Liaison will provide LGBTQ social support groups in the community throughout the year; targeting transition aged youth, adults and older adults. The social support groups will address trauma, family unification, acceptance, local resources, and supports. The Peer Liaison will also facilitate one-on-one peer support, linkage, referral services and recovery planning for members of Amador County’s LGBTQ community. Additionally, engagement activities that provide targeted outreach and engagement to the LGBTQ community/allies will take place multiple times throughout the fiscal year. The program goals are to reduce mental health risk factors, increase protective factors and improve mental, emotional and relational functioning among the LGBTQ population living in Amador.

The LGBTQ Support Services program served 14 participants in FY20/21.

Referral Outcome Data (as required in Section 3560.010(b)(4):

- Referrals from LGBTQ Support: 2
- Referral outcome data is not available for FY20/21. ACBHS is working with the contractor, CalVOICES to develop a system of accurate referral tracking which will be implemented in FY21/22. However, the program does encourage follow through of referrals by engaging through peer support.

Male: Unknown\*

Female: Unknown\*      African American: 0

Self-Identify: Unknown\*      Asian American: 0

Children: 0      Caucasian: 11

Teens: 0      Latino/ Hispanic: 2

TAY: 0      Native American: 1

Adults: 12      Multi Race/ Eth.: 0

Older Adults: 2      Other/ Unknown: 0

Homeless: 2      Veterans: 0

LGBTQ: 14      Probationers: 0

Parolees: 0

**\*Due to COVID-19, LGBTQ Support Services were facilitated on virtual platforms. Although the link to the participant surveys to collect demographic data was provided to participants, none completed. Therefore, there is no program participant data for FY20/21.**

ACBHS clients served: 1

***Evaluation of Labyrinth Stress Reduction & LGBTQ+ Support:***

The Labyrinth Stress Reduction Project is meeting its statutory requirements in alignment with its PEI designation.

LGBTQ+ Support has faced challenges meeting its statutory reporting requirements even though tools and other mechanisms have been implemented and provided. The lack of participant data as well as the contractors inability to track referral outcomes is concerning. ACBH is currently working with Cal VOICES to determine if the strategy 'Improving Timely Access to Services for Underserved Populations' is appropriate and if not, identify what strategies would best fit the programs objectives.

### **First 5 Amador (Behavioral Consultation)**

#### **FY18/19:**

**Program Name: First 5 Behavioral Consultation**

**Program Designation: Early Intervention**

**FY18/19 Unduplicated Numbers Served: 167**

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 unserved, 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.

Referrals: 6

*No referral outcome data was rec'd in FY18/19*

	African American: 1
	Asian American: 7
Children: 61	Caucasian: 58
Teens: 0	Latino/ Hispanic: 11
TAY: 7	Native American: 1
Adults: 89	Multi Race/ Eth.: 2
Older Adults: 10	Other/ Unknown: 87
Homeless: --	Male: 0
Veterans: --	Female: 7
LGBT: --	
Probationers: --	

**FY19/20:** In FY 19/20, the program name changed to First 5 Amador as well as the PEI designation to accurately reflect the program's objectives. The PEI designation shifted from Early Intervention to Access and Linkage to Treatment Program, with an Outreach for Increasing Early Signs of Mental Illness strategy, as it is a true 'access and linkage' program. Although early intervention is also a component, the main focus is making connections to ongoing sustainable support.

**Program Name: First 5 Amador**

**Program Designation: Access and Linkage to Treatment Program**

**Strategy: Outreach for Increasing Early Signs of Mental Illness**

**FY19/20 Unduplicated Numbers Served: 116**

*This program provides mental health outreach, education, consultation and support to Amador County's children aged 0-5 and their families/caregivers. ACBHS supports this program, which is implemented through First 5 Amador.*

First 5 engages the target population/potential responders using a hybrid of in-person and electronic platforms to provide educational workshops promote community-based partnerships and provide resources and supports. In-person settings include the use of family resource centers located in Lone, Camanche and Pine Grove as well as the local Sierra Wind Wellness and Recovery Center. Other locations utilized include residences, local health clinics and libraries. A wide variety of populations/potential responders are reached including medical providers, mental health professionals, paraprofessional direct service providers (e.g. case managers), parents/caregivers including foster parents, children, principals, teachers and other school district employees, early childcare providers, health and human services agency workers, health insurance plans and more. In FY19/20 First 5 leveraged its ability to track how many viewed its online content. For two quarters in a row over 250 potential responders viewed information online (via Facebook or web page).

Referral Outcome Data (as required in Section 3560.010(b)(3):

- 32 referrals were made to treatment that is provided, funded, administered or overseen by ACBHS. This kind of treatment includes Parent Child Interaction Therapy (PCIT), Nexus Youth and Family Services programs funded via MHSA, Perinatal Wellness Therapeutic services and services provide directly by ACBHS. Of the 32 referrals made, only one was mentioned to be considering services, while the rest engaged at least once in the program to which they were referred.
- 22 referrals were made to treatment that is not provided, funded, administered or overseen by ACBHS. This kind of treatment includes services provided by Amador Tuolumne Community Action Agency (ATCAA), Amador County Unified School District (ACUSD), First 5 Amador Toddler Playgroups and more community based services and supports.
- Duration of Untreated Mental Illness was not measured in FY19/20

	African American: 1
	Asian American: 1
Children: 70	Caucasian: 26
Teens: 0	Latino/ Hispanic: 3
TAY: 0	Native American: 1
Adults: 38	Multi Race/ Eth.: 1
Older Adults: 6	Other/ Unknown: 82
Homeless: --	Male: 1
Veterans: --	Female: 3
LGBT: --	
Probationers: --	

**FY 20/21:** In fiscal year 20/21, the First 5 Amador program continued to be designated as identified the previous fiscal year (FY19/20).

**Program Name: First 5 Amador**

**Program Designation: Access and Linkage to Treatment Program**

**Strategy: Outreach for Increasing Early Signs of Mental Illness**

**FY20/21 Unduplicated Numbers Served: 448**

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 system improvement efforts include the trauma-informed collaborative, Resilient Amador. Over the past two year, Resilient Amador provided trainings to community members and county staff in order to create a more trauma-informed community. A more recent system improvement initiative will be to expand home visiting programs within the community.

First 5 also strengthens relationships and improves access for unserved, 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.

First 5 engages the target population/potential responders using a hybrid of in-person and electronic platforms to provide educational workshops promote community-based partnerships and provide resources and supports. Depending on health and safety guidelines at any given time, in-person settings have included/include the use of family resource centers located in Lone, Camanche and Pine Grove as well as the local Sierra Wind Wellness and Recovery Center. Other locations utilized include residences, local health clinics and libraries. A wide variety of populations/potential responders are reached including medical providers, mental health professionals, paraprofessional direct service providers (e.g. case managers), parents/caregivers including foster parents, children, principals, teachers and other school district employees, early childcare providers, health and human services agency workers, health

insurance plans and more. Due to COVID-19, many of the settings were switched to virtual. If in-person engagement did occur it was in park settings or through the use of ‘drive thru’ or ‘curbside’ events. In FY19/20 First 5 began to leverage its ability to track how many viewed its online content. In FY20/21, over 1,000 potential responders viewed information online (via Facebook or web page).

**Referral Outcome Data (as required in Section 3560.010(b)(3):**

- 5 referrals were made to treatment that is provided, funded, administered or overseen by ACBHS. This kind of treatment includes Parent Child Interaction Therapy (PCIT), Nexus Youth and Family Services programs funded via MHSA, Perinatal Wellness Therapeutic services and services provide directly by ACBHS. Of the 5 referrals made, 4 engaged at least once in the program to which they were referred.
- No referrals were made to treatment that is not provided, funded, administered or overseen by ACBHS.
- Average Duration of Untreated Mental Illness was 11.5 days.

**Outreach for Increasing Recognition of Early Signs of Mental Illness:**

- Location/Setting: 10 different types of outreach were conducted throughout FY20/21. Locations/Settings include in-person, buses, virtual (both Zoom, social media and email) and curbside pickup at various locations throughout the county.
- Brief Description of Activity: Information and messages pertaining to children’s mental health and/or social emotional wellness were incorporated into the activities. The activities included Perinatal Wellness, Toddler Play Groups, and Kindergarten Readiness, Bridge Program, Celebrate Our Children (annual event), Child Care Provider Appreciation, ASQ Screening Days and various online newsletters and emails.
- # of Potential Responders: 1,523
- Types of Responders: Families, children, toddlers, medical community, community-based organizations, home visitors, transportation, health and human services workers, private practice therapists and other individuals and community members interested in the wellbeing of children aged 0-5 and their families.

Children: 404	African American: 0
Teens: 0	Asian American: 0
TAY: 0	Caucasian: 16
Adults: 44	Latino/ Hispanic: 11
Older Adults: 0	Native American: 0
Male: 0	Multi Race/ Eth.: 10
Female: 2	Other/ Unknown: 413

Homeless: --  
 Veterans: --  
 LGBTQ: --  
 Probationers: --

***Evaluation of First 5 Amador (Behavioral Consultation) Program:***

First 5 Amador (Behavioral Consultation) is meeting its statutory requirements and is in alignment with its PEI designation. Now that the Duration of Untreated Mental Illness is being measured as well as the

referral outcome data, it can be tracked in future evaluation reports over time to measure improvement regarding timeliness to access treatment.

## **Nexus Youth & Family Services Family Resource Center Outreach & Engagement**

### **FY18/19:**

**Program Name: Nexus Family Resource Center Outreach & Engagement**

**Program Designation: Prevention**

**FY18/19 Unduplicated Numbers Served: 784**

The Outreach and Engagement program through Nexus Youth and Family Services provides outreach and prevention services via their three community centers in Amador County: Lone, 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.

Referrals: 45

Of the 45 referrals received, 27 chose other service options, 5 attended their initial appointment at ACBH, 9 did not attend their initial appointment and either didn't follow through on the referral or were considering service options and 4 could not be reached.

	African American: 15
	Asian American: 10
Children: 30	Caucasian: 481
Teens: 23	Latino/ Hispanic: 132
TAY: 69	Native American: 14
Adults: 555	Multi Race/ Eth.: 34
Older Adults: 107	Other/ Unknown: 98
Homeless: 32	Male: 11
Veterans: 16	Female: 43
LGBTQ: 16	
Probationers: 16	

**FY19/20:** In FY 19/20, the PEI designation was changed to accurately reflect the program’s objectives. The PEI designation shifted from Prevention to a combined program, Prevention and Early Intervention, with an Outreach for Increasing Signs of Mental Illness and Access and Linkage to Treatment Program strategies.

**Program Name: Nexus Family Resource Center Outreach & Engagement**

**Program Designation: Prevention and Early Intervention**

**Strategy: Outreach for Increasing Signs of Mental Illness; Access and Linkage to Treatment Program**

**FY19/20 Unduplicated Numbers Served: 700**

*\*Although this is a combined program, the total unduplicated number served is not broken out by prevention, early intervention or families and individuals served. ACBHS is working with Nexus Youth and Family Services to make this information available in the FY20/21 MHSa Annual Update.*

The Outreach and Engagement program through Nexus Youth and Family Services provides outreach and prevention services via their three community centers in Amador County: Lone, Camanche, and Pine Grove. Outreach efforts also occur in the isolated town of River Pines during their monthly food distribution. Services include onsite access to community-based individual support and strengthening programs, wellness workshops and community trainings regarding mental health and available resources, and case management support. In addition, over the next three years, Nexus plans to establish an agency Peer Advisory Council that will provide informed consultation regarding activities and services. Working together, with ACBHS and partners, this program provides and coordinates services that are inclusive and accessible, building a seamless system of support for individuals and their families across varying backgrounds and life stages. The target population/potential responders for this program includes isolated and/or underserved Amador County residents, individuals of any age or designation, who are at risk of or may be experiencing early signs of mental illness. Working collaboratively with ACBHS and other community partners, Nexus will ensure that services are consistent, comprehensive, and culturally appropriate.

The goal of the Nexus Outreach and Engagement services is to reduce the occurrence of serious mental illness or emotional disturbance, increase individual functional outcomes including recovery, wellness and resilience, as well as to develop a more informed public regarding mental health issues and concerns, community resources, and services provided by ACBHS.

Referral Outcome Data (as required in Section 3560.010(b)(3):

- 53 referrals were made to treatment that is provided, funded, administered or overseen by ACBHS. This kind of treatment includes Parent Child Interaction Therapy (PCIT), Nexus Youth and Family Services programs funded via MHSa, and services provide directly by ACBHS. Of the 53 referrals made, 27 reported engaging at least once in the program to which they were referred. 15 referrals were considering service options, 4 referrals moved or could not be reached, 2 decided to wait due to COVID-19 concerns and 5 didn’t qualify for services (didn’t meet medical necessity) for services at ACBHS.
- The referrals are made to a variety of agencies and providers—most of which are funded under the MHSa, however, the data is not broken out to determine whether or not the referrals are made to county or non-county funded treatment. Therefore, the data for referrals that were made to treatment that is *not* provided, funded, administered or overseen by ACBHS is not available for FY19/20.
- Duration of Untreated Mental Illness was not measured in FY19/20

	African American: 8
	Asian American: 1
Children: 0	Caucasian: 420
Teens: 7	Latino/ Hispanic: 148
TAY: 33	Native American: 10
Adults: 516	Multi Race/ Eth.: 20
Older Adults: 144	Other/ Unknown: 93
Homeless: 49	Male: 6
Veterans: 20	Female: 55
LGBTQ: 14	Self-identify: 0
	Probationers: 8

**FY 20/21:** In fiscal year 20/21, the Nexus Family Resource Center Outreach & Engagement program continued to be designated as identified the previous fiscal year (FY19/20).

**Program Name: Nexus Family Resource Center Outreach & Engagement**

**Program Designation: Prevention and Early Intervention**

**Strategy: Outreach for Increasing Signs of Mental Illness; Access and Linkage to Treatment Program**

**FY20/21 Unduplicated Numbers Served: 532**

The Outreach and Engagement program through Nexus Youth and Family Services provides outreach and prevention services via their three community centers in Amador County: Lone, Camanche, and Pine Grove. Outreach efforts also occur in the isolated town of River Pines during their monthly food distribution. Services include onsite access to community-based individual support and strengthening programs, wellness workshops and community trainings regarding mental health and available resources, and case management support. In addition, Nexus has established a Peer Advisory Council that provides informed consultation regarding activities and services. Working together, with ACBHS and partners, this program provides and coordinates services that are inclusive and accessible, building a seamless system of support for individuals and their families across varying backgrounds and life stages. The target population/potential responders for this program includes isolated and/or underserved Amador County residents, individuals of any age or designation, who are at risk of or may be experiencing early signs of mental illness. Working collaboratively with ACBHS and other community partners, Nexus will ensure that services are consistent, comprehensive, and culturally appropriate.

The goal of the Nexus Outreach and Engagement services is to reduce the occurrence of serious mental illness or emotional disturbance, increase individual functional outcomes including recovery, wellness and resilience, as well as to develop a more informed public regarding mental health issues and concerns, community resources, and services provided by ACBHS.

In FY 20/21, 768 individuals received prevention services and 578 received early intervention services.

**Referral Outcome Data (as required in Section 3560.010(b)(3):**

- 37 referrals were made to treatment that is provided, funded, administered or overseen by ACBHS. This kind of treatment includes Nexus Youth and Family Services programs funded via MHSA, and services provide directly by ACBHS. Of the 37 referrals made, 13 reported engaging at least once in the program to which they were referred.
- 3 referrals were made to treatment not funded, administered or overseen by ACBHS. This kind of treatment was private practice therapists and primary care physicians.



- The average duration of the onset of mental illness to seeking treatment is 12 years for Nexus clients who participated in ACBH therapy services.
- The average interval between the referral and participation in treatment is 3.5 weeks.

**Outreach for Increasing Recognition of Early Signs of Mental Illness:**

- Location/Setting: Outreach took place at the Nexus Youth & Family Services office, Community Centers located in Lone, Camanche and Upcountry (Pine Grove), Zoom, YouTube, Phone and visits to clients homes.
- Brief Description of Activity: Activities included volunteer support, food distribution events targeted to general population living in outlying isolated areas, seniors and Hispanics. Wellness Workshops targeted to the general population living in outlying isolated areas, seniors and Hispanics were provided. Other activities include events, trainings regarding mental health, case management support services, information and referral, 12 step support groups, and clothes closets. Interactive Journaling® series and QPR were offered throughout the year. Comprehensive and crisis case management services to support personal growth, mental health stability, wellness and resiliency were provided.
- Setting Where Potential Responders Were Engaged: Drive through events, Zoom, YouTube, phone and onsite, in-person services were provided throughout the year.
- # of Potential Responders: 187
- Types of Responders: The general public, isolated community members, the Hispanic community, educators, faith leaders, Seniors, consumers and/or family members.

Children: 0	African American: 13
Teens: 10	Asian American: 6
TAY: 41	Caucasian: 227
Adults: 309	Latino/ Hispanic: 137
Older Adults: 172	Native American: 44
Homeless: 58	Multi Race/ Eth.: 45
Veterans: 43	Other/Unknown: 60
LGBTQ: 23	Male: 9
Probationers: 17	Female: 9
Parolees: 8	Self-identify: 0

***Evaluation of Nexus Family Resource Center Outreach & Engagement Program:***

Nexus Family Resource Center Outreach & Engagement Program is meeting its statutory requirements and is in alignment with its PEI designation. Now that the Duration of Untreated Mental Illness is being measured as well as the referral outcome data, it can be tracked in future evaluation reports over time to measure improvement regarding timeliness to access treatment.

**Nexus Youth & Family Services Building Blocks**

**FY18/19:**

**Program Name: Nexus Building Blocks of Resiliency (PCIT & ART)**

**Program Designation: Early Intervention**

**FY18/19 Unduplicated Numbers Served: 264**

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 offered within the school setting and separate groups are provided at the Nexus Youth and Family Services offices during weekends, school breaks and evening hours.

Referrals: 8

Of the eight referrals, three participated in the treatment to which they were referred (not ACBH funded) and five were not ready to initiate services.

	African American: 0
	Asian American: 0
Children (0-5): 7	Caucasian: 15
Youth (6-12): 42	Latino/Hispanic: 1
Teens: 206	Native American: 0
TAY: 5	Multi Race/Eth.: 0
Adults: 4	Other/Unknown: 141
Older Adults: 0	

*\*Demographic data is not provided for school based programs*

**FY19/20:** In FY 19/20, the PEI designation was changed to accurately reflect the program’s objectives. The PEI designation shifted from Early Intervention to Prevention and Early Intervention, with an Access and Linkage to Treatment Program strategy.

**Program Name: Nexus Building Blocks of Resiliency (PCIT & ART)**

**Program Designation: Prevention & Early Intervention**

**Strategy: Access and Linkage to Treatment**

**FY19/20 Unduplicated Numbers Served: 176**

*\*Although this is a combined program, the total unduplicated number served is not broken out by prevention, early intervention or families and individuals served. ACBHS is working with Nexus Youth and Family Services to make this information available in the FY20/21 MHSA Annual Update.*

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 offered within the school setting and separate groups, which include groups for transitional age youth, are provided at the Nexus Youth and Family Services offices during weekends, school breaks and evening hours.

Referral Outcome Data (as required in Section 3560.010(b)(3):

- 5 referrals were made to treatment that is provided, funded, administered or overseen by ACBHS. This kind of treatment includes services provided directly by ACBHS. Of the 5 referrals made, none reported engaging at least once in the program to which they were referred. 3 referrals chose not to follow through on the referral, one is considering service options and one didn’t respond to multiple attempts.

- 5 referrals were made to treatment that is *not* provided, funded, administered or overseen by ACBHS. Of these 5 referrals, all reported engaging at least once in the program to which they were referred. This kind of treatment includes CHAT, ACUSD/ACOE programs and developmental disabilities referrals.
- Duration of Untreated Mental Illness was not measured in FY19/20

	African American: 0
	Asian American: 0
Children (0-5): 10	Caucasian: 21
Youth (6-12): 40	Latino/Hispanic: 1
Teens: 112	Native American: 0
TAY: 0	Multi Race/Eth.: 4
Adults: 0	Other/Unknown: 151
Older Adults: 0	

*\*Demographic data is not provided for school based programs*

**FY 20/21:** In fiscal year 20/21, Nexus Building Blocks of Resiliency program continued to be designated as identified the previous fiscal year (FY19/20).

**Program Name: Nexus Building Blocks of Resiliency (PCIT & ART)**

**Program Designation: Prevention & Early Intervention**

**Strategy: Access and Linkage to Treatment**

**FY20/21 Unduplicated Numbers Served: 193**

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 offered within the school setting and separate groups, which include groups for transitional age youth, are provided at the Nexus Youth and Family Services offices during weekends, school breaks and evening hours.

In FY 20/21, 90 individuals received prevention services and 53 received early intervention services.

Referral Outcome Data (as required in Section 3560.010(b)(3):

- 9 referrals were made to treatment that is provided, funded, administered or overseen by ACBHS. This kind of treatment includes services provided directly by ACBHS. Of the 9 referrals made, none reported engaging at least once in the program to which they were referred.
- 6 referrals were made to treatment that is *not* provided, funded, administered or overseen by ACBHS. This kind of treatment includes CHAT services. Of the 6 referrals made, all reported engaging at least once in the program to which they were referred.
- Duration of Untreated Mental Illness was not measured in FY 20/21 for the Building Blocks Programs.

Children (0-5): 15	African American: 0
Youth (6-12): 43	Asian American: 0
Teens: 120	Caucasian: 47
TAY: 0	Latino/Hispanic: 6
Adults: 15	Native American: 3
Older Adults: 0	Multi Race/Eth.: 0
	Other/Unknown: 137

*\*Demographic data is not provided for school based programs*

**Evaluation of Nexus Building Blocks of Resiliency (PCIT & ART) Program:**

Nexus Youth & Family Services Building Blocks of Resiliency program is improving each year in meeting its statutory requirements. As of FY 21/22, which is not included in this evaluation report, Duration of Untreated Mental Illness is being measured as well as average interval between the referral and participation in treatment. This data can be monitored in future evaluation reports, over time, to measure improvement regarding timeliness to access treatment.

**Nexus Youth & Family Services Youth Empowerment Program (YEP) / Project SUCCESS**

**FY18/19:**

**Program Name: Nexus Youth Empowerment Program (YEP)/Project SUCCESS**

**Program Designation: Prevention**

**FY18/19 Unduplicated Numbers Served: 1,052**

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 6<sup>th</sup>/7<sup>th</sup> 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**).

Referrals: 10

Of the ten referrals, four were considering service options, 4 participated in treatment to which they were referred (not ACBH funded), 1 attended their initial appointment at ACBH, and 1 went into crisis and was evaluated by the ACBH mental health crisis team.

Children/Youth (0-12): 373	African American: --	Homeless: --
Teens: 660	Asian American: --	Veterans: --
TAY: 0	Caucasian: --	LGBT: --
Adults: 19	Latino/ Hispanic: --	Probationers: --
Older Adults: 0	Native American: --	
	Multi Race/ Eth.: --	
	Other/ Unknown: --	

*\*Demographic data is not provided for school based programs*

**FY19/20:** In FY 19/20, the PEI designation was changed to accurately reflect the program’s objectives. The PEI designation shifted from Prevention to Prevention & Stigma and Discrimination Reduction Program with Access and Linkage to Treatment & Non-Stigmatizing and Non-Discriminatory strategies.

**Program Name: Nexus Youth Empowerment Program (YEP)**

**Program Designation: Prevention & Stigma and Discrimination Reduction**

**Strategies: Access and Linkage to Treatment and Non-Stigmatizing and Non-Discriminatory**

**FY19/20 Unduplicated Numbers Served: 1,157**

*\*Although this is a combined program, the total unduplicated number served is not broken out by prevention, early intervention or families and individuals served. ACBHS is working with Nexus Youth and Family Services to make this information available in the FY20/21 MHSA Annual Update.*

The Youth Empowerment Project (YEP) assesses and addresses the significant need for wellness programs for youth from 12 to 18 years of age in Amador County. The intent of this program is to build and foster youth-focused community partnerships, provide prevention and early intervention services and mental health education to Amador County youth, and facilitate groups and activities. YEP staff will implement this program coordinated service plan at local junior and high school campuses using Project SUCCESS model and the PeerPlus program as frameworks. In addition, staff will work with students to facilitate projects and campaigns that address needs identified by local youth and school administration. Nexus staff will also establish a Peer Advisory Council and recruit youth to advise the agency on matters related to programming including sharing expertise, insights, experiences, and cultural perspectives; providing input and knowledge regarding youth needs and disparities in access to resources; identifying gaps and assessing the impact of services; as well as assisting with program outreach.

All program activities are designed to reduce risk factors and enhance protective factors for Amador County youth while reducing mental health stigma. In conjunction with the established ACUSD school schedule, YEP services will be delivered to students during classroom instructional time and will include the following components:

1. Project SUCCESS, which includes prevention education series, individual assessment, group support, referral and coordination of services.
2. PeerPlus framework which will train and support students to create a peer partner network on school campuses.
3. Campus Climate Campaign includes peer mentoring, using WEB (Where Everyone Belongs), mental health education and suicide prevention.

4. School Climate and Inclusion Campaigns which will assist in addressing stigma around mental health, including self-stigma.
5. Peer Advisory Council will be implemented to incorporate youth’s insight, guidance and experience to guide programming and outreach.

Methods used to measure the effect of the non-stigmatizing and non-discriminatory strategies are evidence-based tools utilized by the Project SUCCESS model. Pre and post surveys are administered to determine the increase in attitudes, knowledge, and or behavior related to mental illness.

Referral Outcome Data (as required in Section 3560.010(b)(3):

- 4 referrals were made to treatment that is provided, funded, administered or overseen by ACBHS. This kind of treatment includes services provided directly by ACBHS. Of the 4 referrals made, all reported engaging at least once in the program to which they were referred.
- 4 referrals were made to treatment that is *not* provided, funded, administered or overseen by ACBHS. Of these 4 referrals, all reported engaging at least once in the program to which they were referred. This kind of treatment includes CHAT, and school based mental health service providers.
- 3 participants received multiple referrals to both county and non-county funded programs. These 3 participants did not follow up on any of the referrals received.
- Duration of Untreated Mental Illness was not measured in FY19/20

Non-Stigmatizing and Non-Discriminatory Strategies—pre and post surveys administered to program participants:

**Amador High School – Fall Semester**

QUESTION	CLEAR OR CRYSTAL CLEAR <b>BEFORE</b> PROJECT SUCCESS	CLEAR OR CRYSTAL CLEAR <b>AFTER</b> PROJECT SUCCESS
My personal understanding of how past experiences affect my self-image.	23.86%	69.32%
My personal understanding of how using S.M.A.R.T. goals will help my decision-making.	16.67%	64.44%
My personal understanding of the effects that tobacco/vaping can have on my overall health.	56.67%	98.89%
My personal understanding that communication is not only verbal.	41.11%	80.00%
My personal understanding of how body language and words affect my communication with others.	38.20%	74.16%

My personal understanding of how to use coping techniques for stress and anxiety.	13.49%	64.44%
My personal understanding of the number of chemicals in tobacco and vape products.	23.59%	76.41%
My personal understanding of the effects alcohol and tobacco have on my body.	51.11%	95.56%
My personal understanding of how tobacco companies use marketing to reach their next generation of consumers.	33.70%	79.77%
My personal understanding that conflict does not have to end poorly if I am committed to a positive resolution.	30.34%	67.42%
My personal understanding of the importance of individuality and being unique.	38.63%	76.13%
My personal understanding of the importance of positive mental health.	28.76%	83.22%

**Jackson Junior High School – Fall Semester**

QUESTION	CLEAR OR CRYSTAL CLEAR <b>BEFORE</b> PROJECT SUCCESS	CLEAR OR CRYSTAL CLEAR <b>AFTER</b> PROJECT SUCCESS
My personal understanding of how past experiences affect my self-image.	13.34%	73.3%
My personal understanding of how using S.M.A.R.T. goals will help my decision-making.	21.05%	72.00%
My personal understanding of the affects that tobacco and vaping can have on my overall health.	51.32%	96.05%
My personal understanding that communication is not only verbal.	40.79%	82.89%
My personal understanding of how my body language and words can affect my communication with others.	38.16%	88.00%
My personal understanding of how to use coping techniques for stress and anxiety.	32.00%	83.78%
My personal understanding of the number of chemicals in tobacco and vape products.	30.27%	86.84%

My personal understanding of the effects that alcohol and tobacco have on my body.	44.73%	90.79%
My personal understanding of how tobacco companies use marketing to reach their next generation of consumers.	32.43%	90.54%
My personal understanding that conflict does not have to end poorly if I am committed to a positive resolution.	25.76%	67.13%
My personal understanding of the effects of marijuana on my body.	30.14%	74.33%
My personal understanding of the importance of positive mental health.	30.67%	80.73%

**lone Junior High School – Fall Semester**

QUESTION	CLEAR OR CRYSTAL CLEAR <b>BEFORE</b> PROJECT SUCCESS	CLEAR OR CRYSTAL CLEAR <b>AFTER</b> PROJECT SUCCESS
My personal understanding of how past experiences affect my self-image.	20.51%	72.65%
My personal understanding of how using S.M.A.R.T. goals will help my decision-making.	20.18%	70.43%
My personal understanding of the affects that tobacco and vaping can have on my overall health.	63.79%	91.38%
My personal understanding that communication is not only verbal.	34.48%	75.00%
My personal understanding of how my body language and words can affect my communication with others.	43.59%	83.76%
My personal understanding of how to use coping techniques for stress and anxiety.	32.48%	80.34%
My personal understanding of the number of chemicals in tobacco and vape products.	28.69%	83.62%
My personal understanding of the effects that alcohol and tobacco have on my body.	48.72%	90.06%
My personal understanding of how tobacco companies use marketing to reach their next generation of consumers.	40.35%	84.22%



My personal understanding that conflict does not have to end poorly if I am committed to a positive resolution.	31.31%	71.03%
My personal understanding of the effects of marijuana on my body.	38.26%	84.35%
My personal understanding of the importance of positive mental health.	28.64%	79.43%

*Due to the COVID-19 pandemic and school closures, pre and post survey data was not collected for spring 2020.*

Children/Youth (0-12): 452	African American: --	Homeless: --
Teens: 691	Asian American: --	Veterans: --
TAY: 1	Caucasian: 3	LGBT: --
Adults: 12	Latino/ Hispanic: 1	Probationers: --
Older Adults: 1	Native American: --	
	Multi Race/ Eth.: 1	
	Other/ Unknown: --	

*\*Demographic data is not provided for school based programs; data provided as it is available.*

**FY 20/21:** In fiscal year 20/21, Nexus Youth Empowerment Program (YEP) continued to be designated as identified the previous fiscal year (FY19/20).

**Program Name: Nexus Youth Empowerment Program (YEP)**

**Program Designation: Prevention & Stigma and Discrimination Reduction**

**Strategies: Access and Linkage to Treatment and Non-Stigmatizing and Non-Discriminatory**

**FY20/21 Unduplicated Numbers Served: 1,429**

The Youth Empowerment Project (YEP) assesses and addresses the significant need for wellness programs for youth from 12 to 18 years of age in Amador County. The intent of this program is to build and foster youth-focused community partnerships, provide prevention and early intervention services and mental health education to Amador County youth, and facilitate groups and activities. YEP staff will implement this program coordinated service plan at local junior and high school campuses using the Project SUCCESS model and the PeerPlus program as frameworks. In addition, staff will work with students to facilitate projects and campaigns that address needs identified by local youth and school administration. Nexus has established a Peer Advisory Council and recruited youth to advise the agency on matters related to programming including sharing expertise, insights, experiences, and cultural perspectives; providing input and knowledge regarding youth needs and disparities in access to resources; identifying gaps and assessing the impact of services; as well as assisting with program outreach.

All program activities are designed to reduce risk factors and enhance protective factors for Amador County youth while reducing mental health stigma. In conjunction with the established ACUSD school schedule, YEP services will be delivered to students during classroom instructional time and will include the following components:

1. Project SUCCESS, which includes prevention education series, individual assessment, group support, referral and coordination of services.

2. PeerPlus framework which will train and support students to create a peer partner network on school campuses.
3. Campus Climate Campaign includes peer mentoring, using WEB (Where Everyone Belongs), mental health education and suicide prevention.
4. School Climate and Inclusion Campaigns, which will assist in addressing stigma around mental health, including self-stigma.
5. Incorporation of youth’s insight, guidance and experience to guide programming and outreach by including youth on the Peer Advisory Council.

Methods used to measure the effect of the non-stigmatizing and non-discriminatory strategies are evidence-based tools utilized by the Project SUCCESS model. Pre and post surveys are administered to determine the increase in attitudes, knowledge, and or behavior related to mental illness.

In FY 20/21, 773 individuals received prevention services and 95 received early intervention services.

Referral Outcome Data (as required in Section 3560.010(b)(3):

- 4 referrals were made to treatment that is provided, funded, administered or overseen by ACBHS. This kind of treatment includes services provided directly by ACBHS. Of the 4 referrals made, 3 reported engaging at least once in the program to which they were referred.
- 6 referrals were made to treatment that is *not* provided, funded, administered or overseen by ACBHS. Of these 6 referrals, all reported engaging at least once in the program to which they were referred. This kind of treatment includes CHAT.
- 4 participants received multiple referrals to both county and non-county funded programs. 3 participants were still considering service option and 1 did not follow up on any of the referrals received.
- The average duration of the onset of mental illness to seeking treatment is 6 months for Nexus clients who participated in ACBHS therapy services.
- The average interval between the referral and participation in treatment is 4 weeks.

Non-Stigmatizing and Non-Discriminatory Strategies—pre and post surveys administered to program participants:

**Ione & Jackson Junior High Schools**

QUESTION	CLEAR OR CRYSTAL CLEAR <b>BEFORE</b> PROJECT SUCCESS	CLEAR OR CRYSTAL CLEAR <b>AFTER</b> PROJECT SUCCESS
My understanding of how past experiences affect my self-image.	20.51%	72.65%
My understanding of how using S.M.A.R.T. goals will help my decision-making.	20.18%	70.43%
My understanding of the affects that tobacco and vaping can have on my overall health.	63.79%	91.38%
My understanding that communication is not only verbal.	34.48%	75.00%

My understanding of how my body language and words can affect my communication with others.	43.59%	83.76%
My understanding of how to use coping techniques for stress and anxiety.	32.48%	80.34%
My understanding of the number of chemicals in tobacco and vape products.	38.69%	83.62%
My understanding of the effects that alcohol and tobacco have on my body.	48.72%	90.60%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	40.35%	84.22%
My understanding that conflict does not have to end poorly if I am committed to a positive resolution.	31.31%	71.30%
My understanding of the effects of marijuana on my body.	38.26%	84.35%
My understanding of the importance of positive mental health.	42.61%	92.37%

#### Amador & Argonaut High Schools

QUESTION	CLEAR OR CRYSTAL CLEAR <i><b>BEFORE</b></i> PROJECT SUCCESS	CLEAR OR CRYSTAL CLEAR <i><b>AFTER</b></i> PROJECT SUCCESS
My understanding of how to identify a trusted adult.	37.50%	87.50%
My understanding of the effects that tobacco/vaping can have on my overall health.	25.00%	87.50%
My understanding that communication is not only verbal.	25.00%	87.50%
My understanding of how body language and words affect my communication with others.	38.70%	88.50%
My understanding of how to use coping techniques for stress and anxiety.	51.00%	89.47%
My understanding of the number of chemicals in tobacco and vape products.	37.50%	85.00%
My understanding of the effects alcohol and tobacco have on my body.	50.00%	87.50%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	38.75%	89.57%
My understanding that conflict does not have to end poorly if I am committed to a positive resolution.	47.33%	78.17%
My understanding of the importance of individuality and being unique.	38.77%	89.87%
My understanding of the importance of positive mental health.	34.76%	84.44%

Children (0-5): 28	African American: --	Homeless: 11
Youth (6-12): 132	Asian American: --	Veterans: --
Teens (13-17): 1,127	Caucasian: --	LGBT: 19
TAY (18-24): 3	Latino/ Hispanic: --	Probationers: --
Adults: 132	Native American: --	
Older Adults: 7	Multi Race/ Eth.: --	
	Other/ Unknown: 639	

*\*Demographic data is not provided for school-based programs; data provided as it is available.*

**Evaluation of Nexus Youth Empowerment Program (YEP):**

Nexus Youth Empowerment Program (YEP) is improving each year in meeting its statutory requirements. This data can be monitored in future evaluation reports, over time, to measure overall improvements.

**Nexus Promotores de Salud**

**FY18/19:**

**Program Name: Nexus Promotores de Salud**

**Program Designation: Stigma & Discrimination Reduction**

**FY18/19 Unduplicated Numbers Served: 581**

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. Promotora’s 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.

Referrals: 35

Of the 35 referrals, only 19 were tracked. Of the 19 referrals that were tracked, 2 attended their initial appointment at ACBH, 10 participated in treatment (not funded through ACBH), 3 participated in treatment funded by ACBH, 2 never followed through on the referral and 2 were currently considering service options.

	African American: 0
	Asian American: 0
Children (0-12): 0	Caucasian: 0
Teens: 35	Latino/ Hispanic: 581
TAY: 62	Native American: 0
Adults: 417	Multi Race/ Eth.: 0
Older Adults: 67	Other/ Unknown: 0

Homeless: 16	Male: 11
Veterans: 1	Female: 36
LGBTQ: 22	Self-Identify: 1
Probationers: 4	

**FY19/20:** In FY 19/20, the PEI designation was changed to accurately reflect the program’s objectives. The PEI designation shifted from Stigma & Discrimination Reduction to Prevention, with an Improve Timely Access to Underserved Populations strategy.

**Program Name: Nexus Promotores de Salud**

**Program Designation: Prevention Program**

**Strategy: Improve Timely Access to Underserved Populations**

**FY19/20 Unduplicated Numbers Served: 466**

*\*The total unduplicated number served is not broken out by families or individuals served. ACBHS is working with Nexus Youth and Family Services to make this information available in the FY20/21 MHSA Annual Update.*

The Promotores de Salud program will include strategies for prevention, early intervention, outreach, stigma and discrimination reduction, access and linkage to treatment, and suicide prevention services for the Spanish-speaking Hispanic/Latino community in Amador County. Nexus will employ Spanish-speaking Hispanic/Latino Promotoras to reach out to historically underserved Spanish-speaking Hispanic/Latino and linguistically isolated community members. Nexus Promotoras are highly-skilled, experienced outreach workers who are respected, trusted and valued by their communities. They are trained to work with professionals and paraprofessionals in the delivery of mental health prevention and early intervention activities.

In order to ensure that Spanish-speaking Hispanic/Latino community members are connected to community-based prevention and early intervention and behavioral health services without fear of discrimination or stigmatization, the Nexus Promotores de Salud program will deploy two Spanish-speaking Promotoras into areas across Amador County with elevated concentration of Spanish-speaking populations. The Promotoras will work within these communities to provide educational presentations and outreach activities on behavioral health topics. Outreach will occur individually or in group settings, as appropriate. In addition, Nexus will establish an agency Peer Advisory Council that will provide informed consultation regarding activities and services, and implement El Rotafolio as a method to inform the community about suicide warning signs, how to offer help, and available resources.

Referral Outcome Data (as required in Section 3560.010(b)(4):

- 23 referrals were made in FY19/20
- 15 individual referrals followed through on the referral and participated at least once in the program to which they were referred
- Of the other 8 individual referrals, 3 were considering service options, 1 couldn’t be reached, 1 moved out of the area, 1 chose not to follow through on the referral and 2 chose to wait due to COVID-19 concerns.
- The Promotores de Salud encourage follow through on referrals by providing case management support, advocacy and offering to attend appointments with participants to offer support and provide ‘warm hand offs’ with providers.

	African American: 0	LGBTQ: 15
	Asian American: 0	Probationers: 3
Children (0-12): 3	Caucasian: 0	Self-Identify: 0
Teens: 15	Latino/ Hispanic: 466	
TAY: 34	Native American: 0	
Adults: 362	Multi Race/ Eth.: 0	
Older Adults: 52	Other/ Unknown: 0	
Homeless: 9	Male: 23	
Veterans: 2	Female: 53	

**FY 20/21:** In fiscal year 20/21, Nexus Promotores de Salud continued to be designated as identified the previous fiscal year (FY19/20).

**Program Name: Nexus Promotores de Salud**

**Prevention Program**

**Strategy: Improve Timely Access to Underserved Populations**

**FY20/21 Unduplicated Numbers Served: 295**

The Promotores de Salud program will include strategies for prevention, early intervention, outreach, stigma and discrimination reduction, access and linkage to treatment, and suicide prevention services for the Spanish-speaking Hispanic/Latino community in Amador County. Nexus will employ Spanish-speaking Hispanic/Latino Promotoras to reach out to historically underserved Spanish-speaking Hispanic/Latino and linguistically isolated community members. Nexus Promotoras are highly-skilled, experienced outreach workers who are respected, trusted and valued by their communities. They are trained to work with professionals and paraprofessionals in the delivery of mental health prevention and early intervention activities.

In order to ensure that Spanish-speaking Hispanic/Latino community members are connected to community-based prevention and early intervention and behavioral health services without fear of discrimination or stigmatization, the Nexus Promotores de Salud program will deploy Spanish-speaking Promotoras into areas across Amador County with elevated concentration of Spanish-speaking populations. The Promotoras will work within these communities to provide educational presentations and outreach activities on behavioral health topics. Outreach will occur individually or in group settings, as appropriate. In addition, Nexus has established a Peer Advisory Council, which includes members of the Spanish-speaking community and offers informed consultation regarding activities and services, and provides feedback regarding the implementation of El Rotafolio as a method to inform the community about suicide warning signs, how to offer help, and available resources.

In FY 20/21, 1,064 individuals received prevention services and 66 received early intervention services.

**Referral Outcome Data (as required in Section 3560.010(b)(4):**

- 31 referrals were made in FY20/21
- 18 individual referrals followed through on the referral and participated at least once in the program to which they were referred
- Of the other 13 individual referrals, 9 were considering service options, 3 couldn't be reached and 1 chose not to follow through on the referral.
- The average interval between referral and participation in services to which the participant is referred was 3 weeks.

- The Promotores de Salud encourage follow through on referrals by following up with each client who was referred for treatment services. The Promotores de Salud, Nexus staff and ACBHS participate in the Latino Engagement Committee quarterly and are in close contact regarding referrals. Additionally, the Promotores de Salud provide case management support, advocacy and offer to attend appointments with participants to offer support and provide ‘warm hand offs’ with providers.

Referral Outcome Data (as required in Section 3560.010(b)(4):

- 31 referrals were made in FY20/21
- 18 individual referrals followed through on the referral and participated at least once in the program to which they were referred
- Of the other 13 individual referrals, 9 were considering service options, 3 couldn’t be reached and 1 chose not to follow through on the referral.
- The average interval between referral and participation in services to which the participant is referred was 3 weeks.
- The Promotores de Salud encourage follow through on referrals by following up with each client who was referred for treatment services. The Promotores de Salud, Nexus staff and ACBHS participate in the Latino Engagement Committee quarterly and are in close contact regarding referrals. Additionally, the Promotores de Salud provide case management support, advocacy and offer to attend appointments with participants to offer support and provide ‘warm hand offs’ with providers.

Children (0-5): 2	African American: 0
Youth (6-12): 0	Asian American: 0
Teens (13-17): 0	Caucasian: 0
TAY (18-24): 16	Latino/ Hispanic: 295
Adults: 252	Native American: 0
Older Adults: 25	Multi Race/ Eth.: 0
	Other/ Unknown: 0

Homeless: 12	Male: 0 Reported
Veterans: 0	Female: 34
LGBTQ: 13	Self-Identify: 0
Probationers: 3	

***Evaluation of Nexus Youth Empowerment Program (YEP):***

Nexus Promotores de Salud is improving each year in meeting its statutory requirements. This data can be monitored in future evaluation reports, over time, to measure overall improvements.

## The Resource Connection (TRC) Grandparents Program

**FY18/19:**

**Program Name: The Resource Connection (TRC) Grandparents Program**

**Program Designation: Outreach for Increasing Recognition of Early Signs of Mental Illness Program**

**FY18/19 Unduplicated Numbers Served: 170**

To support local Grandparents raising grandchildren and other relatives, this program offers information on local resources and social networks that seek to empower and enrich the Grandparent/child relationship through monthly support groups, quarterly education and workshops. Through this program, The Resource Connection (TRC) will also offer funding and referrals for respite child care. Specifically, 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.

Referrals: 5

Only four of the five referrals were tracked in FY18/19. Two followed through on the referral by accessing non-ACBH funded mental health care. Two never followed through on the referral.

	African American: 0	Homeless: --
	Asian American: 2	Veterans: 2
Children (0-12): 88	Caucasian: 45	LGBTQ: --
Teens: 4	Latino/ Hispanic: 14	Probationers:--
TAY: 0	Native American: 0	Male: 2
Adults: 19	Multi Race/ Eth.: 8	Female: 16
Older Adults: 59	Other/ Unknown: 3	Self-Identify: 1

**FY19/20:** In FY 19/20, the PEI designation was changed to accurately reflect the program's objectives. The PEI designation shifted from Outreach for Increasing Recognition of Early Signs of Mental Illness Program to a Prevention Program with an Improve Timely Access to Underserved Populations strategy.

**Program Name: The Resource Connection Grandparents Program**

**Program Designation: Prevention Program**

**Strategy: Improve Timely Access to Underserved Populations**

**FY19/20 Unduplicated Numbers Served: 35**

*\*The total unduplicated number served is not broken out by families or individuals served. ACBHS is working with The Resource Connection to make this information available in the FY20/21 MHS Annual Update.*

*ACBHS, through The Resource Connection, targeted Older Adults and Adults who are Grandparents Raising Grandchildren to improve timely access to services for grand-families living in Amador County.*

To support local Grandparents raising grandchildren and other relatives, this program offers information on local resources and social networks that seek to empower and enrich the Grandparent/child relationship through monthly support groups, quarterly education and workshops. Through this program, TRC will also offer funding and referrals for respite child care. Specifically, 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. Ten 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.

Referral Outcome Data (as required in Section 3560.010(b)(4):

- 2 referrals were made to ACBHS in FY19/20
- Referral outcome data is not available for FY19/20. ACBHS is working with the contractor, The Resource Connection to develop a system of accurate referral tracking which will be implemented in FY20/21. However, the program does encourage follow through of referrals by offering advocacy and support through community partnerships.

	African American: 0	Homeless: --
	Asian American: 0	Veterans: --
Children (0-12): 34	Caucasian: 31	LGBTQ: --
Teens: 0	Latino/ Hispanic: 0	Probationers:--
TAY: 0	Native American: 0	Male: 0
Adults: 1	Multi Race/ Eth.: 0	Female: 3
Older Adults: 0	Other/ Unknown: 4	Self-Identify: 0

**FY 20/21:** In fiscal year 20/21, The Resource Connection Grandparents Program continued to be designated as identified the previous fiscal year (FY19/20).

**Program Name: The Resource Connection Grandparents Program**

**Program Designation: Prevention Program**

**Strategy: Improve Timely Access to Underserved Populations**

**FY20/21 Unduplicated Numbers Served: 71**

*ACBHS, through The Resource Connection, targeted Older Adults and Adults who are Grandparents Raising Grandchildren to improve timely access to services for grand-families living in Amador County.*

To support local Grandparents raising grandchildren and other relatives, this program offers information on local resources and social networks that seek to empower and enrich the Grandparent/child relationship through monthly support groups, quarterly education and workshops. Through this program, TRC will also offer funding and referrals for respite childcare. Specifically, 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. Ten 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.

In FY20/21, fifteen grandparent families and 71 individuals participated in The Grandparents Program.

Referral Outcome Data (as required in Section 3560.010(b)(4):

- 5 referrals were made to ACBHS, a Prevention & Early Intervention Program or treatment beyond early onset in FY20/21.
- 2 referrals participated at least once in the program to which they were referred. The average interval between referral and participation in services was 3 days.
- Encouraged referrals through offering warm handoffs and having knowledge of programs and able to answer questions. Followed up with referrals to ensure that follow through was being pursued and if not, ascertained reasons why.

Children (0-5): 12	African American: 0	Homeless: --
Youth (6-12): 17	Asian American: 1	Veterans: 4
Teens (13-17): 2	Caucasian: 10	LGBTQ: --
TAY (18-24): 0	Latino/ Hispanic: 2	Probationers:--
Adults: 0	Native American: 0	Male: 2
Older Adults: 40	Multi Race/ Eth.: 2	Female: 10
	Other/ Unknown: 6	Self-Identify: 0

**Evaluation of The Resource Connection Grandparents Program**

The Resource Connection Grandparents Program is improving each year in meeting its statutory requirements. This data can be monitored in future evaluation reports, over time, to measure overall improvements.

**Amador Senior Center Programs**

**FY18/19:**

**Program Name: Amador Senior Peer Program (Senior Peer Visitors)**

**Program Designation: Outreach for Increasing Recognition of Early Signs of Mental Illness Program**

**FY18/19 Unduplicated Numbers Served: 31**

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.

Referrals: 1

*All participants are older adults aged 60+*

African American: 0	Male: Did not state
Asian American: 0	Female: Did not state
Caucasian: 31	
Latino/Hispanic: 0	
Native American: 0	
Multi Race/Eth.: 0	
Other/Unknown: 0	

**FY19/20:** The Amador Senior Center holds community programs that support older adults under their umbrella of services. Foothill Fitness, Senior Peer Visitors and the Nutrition/Lunch Program are three existing programs that have thrived utilizing a blend of volunteer and paid support.

Senior Peer Visitors (currently funded program), Foothill Fitness and the expansion of a Nutrition/Lunch program are three strategies determined to meet the needs of the older adult community in Amador County. The goals of these three programs are to connect older adults socially in localized communities, promote active lifestyles, and improve emotional, mental and physical health through exercise, socialization and nutrition. The three programs would also provide a transportation component in order to remove barriers to isolation.

To accurately capture all three programs under the Amador Senior Center's 'umbrella' the PEI designations were adjusted for each program to accurately reflect the program's objectives. They are listed below, with each program description and evaluation.

**Senior Peer Program (Senior Peer Visitors)**

*Prevention Program*

*Strategy: Improving Timely Access to Services for Underserved Populations*

*ACBHS, through the Amador Senior Center, targets older adults (60+) through this Senior Peer Visitors Program.*

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 peer 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.

26 individuals were served in FY19/20.

Referral Outcome Data (as required in Section 3560.010(b)(4):

- No referrals were made to ACBHS in FY19/20
- Referral outcome data is not available for FY19/20 as no referrals were made. ACBHS has worked with the Amador Senior Center to develop a system of accurate referral tracking which will be implemented in FY20/21, should referrals be made. The program encourages follow through of referrals through supporting participants in their decisions to access services and participate in community settings.

*All participants are older adults aged 60+*

African American: 1                      Male: Did not state  
Asian American: 0                      Female: Did not state  
Caucasian: 25  
Latino/Hispanic: 0  
Native American: 0  
Multi Race/Eth.: 0  
Other/Unknown: 0  
Veterans: 2

## **Foothill Fitness Program**

### **Prevention Program**

#### ***Strategy: Non-Stigmatizing and Non-Discriminatory Strategies***

The Foothill Fitness Program is an exercise program that began in 2004 for adults 60 years and older. This highly localized program is aimed at creating a social network of seniors with the purpose of improving strength, balance, flexibility, creating functional fitness, reducing chronic disease, and falling among older adults. The goal of Foothill Fitness is to connect older adults socially in localized communities, to promote an active lifestyle and improve quality of life. The program provides older adults the opportunity to enhance their social network, improve emotional, mental and physical health through physical exercise and socialization, and remove barriers to isolation.

Methods used to measure the effect of the non-stigmatizing and non-discriminatory strategies are participant surveys that have been shown to provide effective evidence in programs where attitudes about mental health have changed. The surveys are administered on a regular basis by the contract provider.

336 individuals were served in FY19/20.

Non-Stigmatizing and Non-Discriminatory Strategies—surveys administered to program participants show the following change in attitudes towards mental health:

- 96% of program participants would recommend the program to others
- When asked to identify the ways in which the program has positively impacted them, participants responded as follows:
  - 88% reported that the social connection has made a positive impact on their lives;
  - 79% reported that the program has positively impacted their mental wellness;
  - 8% reported that the transportation assistance was a helpful;
  - 92% reported that their physical wellness was positively impacted as a result of program participation;
  - 58% stated that their emotional wellness was positively impacted as a result of program participation;
  - 63% reported that their overall health had improved;
  - Other comments stated:
    - Ensures I get up and out!
    - Learn to count in lots of languages. Multiplications Tables.
    - So many people need this service we would be lost without it! Thanks!
    - Our teacher Luis is wonderful!
    - This has helped me greatly with balance and walking, even though I don't get to very soon

Referrals: 2 (*Referral outcome data is not available for FY19/20.*)

Children:	0
Teens:	0
TAY:	0
Adults:	2
Older Adults:	334
Male:	
Female:	
Self-Identify:	

African American:	2
Asian American:	1
Caucasian:	283
Latino/Hispanic:	9
Native American:	8
Multi Race/Eth:	7
Other/Unknown:	1

Homeless:	
Veterans:	52
LGBTQ:	
Probationers:	
Parolees:	

***Nutrition Program***

*Prevention Program*

*Strategy: Access & Linkage to Treatment; Non-Stigmatizing and Non-Discriminatory Strategies*

The Senior Nutrition Program is a lunch program that was launched in 2018 for adults 60 years and older. This program is aimed at creating a social network of seniors with the purpose of improving socialization among isolated seniors, combating food scarcity and nutritional deficiencies among older adults. The goal of the Senior Nutrition Program is to connect older adults socially in localized communities, to promote healthy eating and improve quality of life. The program provides older adults the opportunity to enhance their social network, improve emotional, mental and physical health through socialization and healthy meal habits, and to remove barriers to isolation.

Methods used to measure the effect of the non-stigmatizing and non-discriminatory strategies are participant surveys that have been shown to provide effective evidence in programs where attitudes about mental health have changed. The surveys are administered on a regular basis by the contract provider.

Referral Outcome Data (as required in Section 3560.010(b)(3):

- 8 referrals were made in FY19/20, however it is unknown whether or not the referrals were made to treatment that is provided, funded, administered or overseen by ACBHS. It is also unknown what the referral outcomes were. ACBHS is working with the Amador Senior Center to develop a system of accurate referral tracking which will be implemented in FY20/21.
- Duration of Untreated Mental Illness was not measured in FY19/20.

Children:	0
Teens:	0
TAY:	0
Adults:	12
Older Adults:	442
Male:	
Female:	
Self-Identify:	

African American:	1
Asian American:	2
Caucasian:	430
Latino/Hispanic:	9
Native American:	0
Multi Race/Eth:	0
Other/Unknown:	0

Homeless:	
Veterans:	81
Parolees:	
LGBTQ:	2
Probationers:	

Non-Stigmatizing and Non-Discriminatory Strategies—surveys administered to program participants show the following change in attitudes towards mental health:

- When asked how the Nutrition program has positively impacted participants, 98% stated Social Connection. 46% stated mental wellness and 51% had noticed improvements in overall health.
- 100% stated they would recommend the program to others
- When asked why participating in the Nutrition program is important to you, participants stated:

*Social connection*

*It is a good contact with local friends and I enjoy serving too.*

*It is healthy*

*Teaches eating well w/ people*

*I meet people that our paths wouldn't have crossed. nice friendly people.*

*Socializing*

*Social*

*To see friends*

*Nutritious*

*Good food*

*To see people*

*See friends*

*A great social hour, our main meal*

**FY 20/21:** In fiscal year 20/21, Amador Senior Center Programs continued to be designated as identified the previous fiscal year (FY19/20).

### **Senior Peer Program (Senior Peer Visitors)**

*Prevention Program*

*Strategy: Improving Timely Access to Services for Underserved Populations*

*ACBHS, through the Amador Senior Center, targets older adults (60+) through this Senior Peer Visitors Program.*

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 peer 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. 11 individuals were served in FY20/21.

Referral Outcome Data (as required in Section 3560.010(b)(4):

- No referrals were made to ACBHS, a Prevention & Early Intervention Program or treatment beyond early onset in FY20/21.
- Referral outcome data is not available for FY20/21 as no referrals were made. The program encourages follow through of referrals through supporting participants in their decisions to access services and participate in community settings.

*All participants are older adults aged 60+*

African American: 0

Male: Did not state

Other/Unknown: 0

Asian American: 0

Female: Did not state

Veterans: 2

Caucasian: 11

Native American: 0

Latino/Hispanic: 0

Multi Race/Eth.:

**Foothill Fitness Program**

*Prevention Program*

*Strategy: Non-Stigmatizing and Non-Discriminatory Strategies*

The Foothill Fitness Program is an exercise program that began in 2004 for adults 60 years and older. This highly localized program is aimed at creating a social network of seniors with the purpose of improving strength, balance, flexibility, creating functional fitness, reducing chronic disease, and falling among older adults. The goal of Foothill Fitness is to connect older adults socially in localized communities, to promote an active lifestyle and improve quality of life. The program provides older adults the opportunity to enhance their social network, improve emotional, mental and physical health through physical exercise and socialization, and remove barriers to isolation.

Methods used to measure the effect of the non-stigmatizing and non-discriminatory strategies are participant surveys that have been shown to provide effective evidence in programs where attitudes about mental health have changed. The surveys are administered on a regular basis by the contract provider. 100 individuals were served in FY20/21.

Referrals: 0

Children:	0
Teens:	0
TAY:	0
Adults:	3
Older Adults:	97
Male:	
Female:	
Self-Identify:	

African American:	0
Asian American:	0
Caucasian:	94
Latino/Hispanic:	9
Native American:	1
Multi Race/Eth:	3
Other/Unknown:	2

Homeless:	0
Veterans:	10
LGBTQ:	0
Probationers:	0
Parolees:	0

Non-Stigmatizing and Non-Discriminatory Strategies—surveys administered to program participants show the following change in attitudes towards mental health:

- 100% of program participants would recommend the program to others
- When asked to identify the ways in which the program has positively impacted them, participants responded as follows:
  - 87% reported that the social connection has made a positive impact on their lives;
  - 73% reported that the program has positively impacted their mental wellness;
  - 100% reported that their physical wellness was positively impacted as a result of program participation;
  - 60% stated that their emotional wellness was positively impacted as a result of program participation;
  - 73% reported that their overall health had improved;
  - Other comments stated:
    - The exercise, but the opportunity to socialize with others in class
    - Friends and exercise
    - Health & social
    - Social, physical enlightenment necessary!!!
    - Keeps me healthy with a social connection
    - Physical fitness and social

**Nutrition Program**

**Prevention Program**

*Strategy: Access & Linkage to Treatment; Non-Stigmatizing and Non-Discriminatory Strategies*

The Senior Nutrition Program is a lunch program that was launched in 2018 for adults 60 years and older. This program is aimed at creating a social network of seniors with the purpose of improving socialization among isolated seniors, combating food scarcity and nutritional deficiencies among older adults. The goal of the Senior Nutrition Program is to connect older adults socially in localized communities, to promote healthy eating and improve quality of life. The program provides older adults the opportunity to enhance their social network, improve emotional, mental and physical health through socialization and healthy meal habits, and to remove barriers to isolation.

Methods used to measure the effect of the non-stigmatizing and non-discriminatory strategies are participant surveys that have been shown to provide effective evidence in programs where attitudes about mental health have changed. The surveys are administered on a regular basis by the contract provider. 1,695 individuals were served in FY20/21.

Referral Outcome Data (as required in Section 3560.010(b)(3):

- In FY 20/21, no referrals were made to treatment provided, funded, administered or overseen by ACBHS.
- In FY 20/21, no referrals were made to treatment that was not funded, administered or overseen by ACHBS.
- Due to the fact that no referrals were received in FY20/21, the Duration of Untreated Mental Illness was not measured.

Children:	0
Teens:	0
TAY:	0
Adults:	14
Older Adults:	1,681
Male:	---
Female:	---
Self-Identify:	---

Homeless:	---
Veterans:	247
Parolees:	---
LGBTQ:	12
Probationers:	---

African American:	3
Asian American:	18
Caucasian:	1,552
Latino/Hispanic:	9
Native American:	0
Multi Race/Eth:	0
Other/Unknown:	0

Non-Stigmatizing and Non-Discriminatory Strategies—surveys administered to program participants show the following change in attitudes towards mental health:

- When asked how the Nutrition program has positively impacted participants, 67% stated Social Connection. 43% stated mental wellness and 57% had noticed improvements in overall health.
- 100% stated they would recommend the program to others
- When asked why participating in the Nutrition program is important to you, participants stated:
  - *Staff is a resource for senior needs/services. Friendly, kind, receptive. Please sustain and increase funding by government donors or corporate sponsors.*
  - *I get an extra visit from my daughter who brings me the meal.*
  - *The food is always very good and I appreciate all of you - for your hard work*
  - *Meals are well balanced, nutritional, and healthy. They assist in my control of diabetes and blood pressure.*



- *We love the freedom of picking a dinner we like and not having to make a decision, not having to cook and knowing we have a well-balanced meal.*
- *Improved my caregiving capacity!*
- *Good people*
- *Really appreciate the centers staff people. So much care.*

### **Evaluation of Amador Senior Center Programs**

The Amador Senior Center Programs are improving each year in meeting its statutory requirements. This data can be monitored in future evaluation reports, over time, to measure overall improvements.

### **Nexus Student Assistance Program – ASPIRE**

*In Fiscal Year 2019/20, a Student Assistance Program was funded using MHSa Prevention & Early Intervention funds for one year. The program was successful and is now being piloted in an expanded form as an Innovations project to address student mental health, utilizing a comprehensive community support model.*

#### **Program Name: Nexus Student Assistance Program – ASPIRE**

#### **Program Designation: Prevention & Early Intervention**

#### **Program Strategy: Access and Linkage to Treatment Program**

#### **FY19/20 Unduplicated Numbers Served: 239**

The Student Assistance Program (SAP), which was later called ASPIRE, is a comprehensive school-based approach that coordinates support services and some direct services for students. Through the referral and facilitation of appropriate services, SAPs have been successful in reducing student’s behavioral and disciplinary violations. Although the approach is titled Student Assistance Program, it directly benefits and supports the staff, family and the community when students use the supportive services when they need it.

ASPIRE was used as a portal to allow the students and families to access the county or community based services. Referrals to ASPIRE are usually open to any school staff, family, students or friends. Services provided under ASPIRE include an array of interventions that address non-academic barriers such as individual or family stress, family changes, behavioral health concerns and other safety issues.

The reversion funds used to support this program were expended within one year.

The ASPIRE program was highly successful. Between October 1, 2019 and June 30, 2020, 239 individuals and families were served.

Under the PEI requirements, this program is a Combined Program – Prevention and Early Intervention with the Access and Linkage to Treatment strategy. Although this is a combined program, the total unduplicated number served is not broken out by prevention, early intervention or families and individuals served.

Referral Outcome Data (as required in Section 3560.010(b)(3):

- 11 referrals were made to treatment that is provided, funded, administered or overseen by ACBHS. This kind of treatment includes services provided directly by ACBHS. Of the 11 referrals made, all reported engaging at least once in the program to which they were referred.

- 6 participants received multiple referrals to both county and non-county funded programs. Of the 6 participants, 4 did not follow up on any of the referrals received and 2 couldn't be reached after multiple attempts.
- Duration of Untreated Mental Illness was not measured in FY19/20

Children (0-12): 93	African American: 5	Homeless: 11
Teens: 21	Asian American: 0	Veterans: 6
TAY: 2	Caucasian: 168	LGBTQ: 0
Adults: 105	Latino/ Hispanic: 41	Probationers: 1
Older Adults: 18	Native American: 17	Adult Male: 45; Youth Male: 76
	Multi Race/ Eth.: 6	Adult Female: 70; Youth Female: 48
	Other/ Unknown: 2	

The Student Assistance Program utilized the BRIMM (Brief Risk Reduction Interview and Intervention Model). In order to assess the effectiveness of the ASPIRE Student Assistance program in building protective factors, the BRRIM Participant and Readiness to Change surveys were administered as a pre-post self-report evaluation tool to high school students participating in the services. Youth completed the surveys to rate their resolve to make positive and healthier choices as a result of personal growth and asset development. The following table summarizes responses collected during the reporting period, and includes the percentage of students who “agreed” or “strongly agreed” that they possessed important assets relative to protective factor domains at entry into the program and again at program completion. The outcome data indicates that participation in ASPIRE student assistance services helped youth develop social and emotional strengths, attitudes, values, support, and identity that they need for success in life.

Protective Factor Domain	% of students Pre-BRRIM	% of students Post-BRRIM
Self-Confidence	56%	83%
Self-Esteem	61%	71%
Resilience	54%	92%
Self-Efficacy	41%	83%
Problem-Solving Skills	83%	100%
Open Thinking	67%	100%
Overall Effectiveness	56%	86%
Healthy Decisions	22%	83%
Family Support	89%	100%
Internal Locus of Control	67%	78%
Knowledge of Resources	78%	100%

- 83% of ASPIRE program participants stated they were following the Prevention Agreement Plan to the best of their ability.
- 100% of ASPIRE program participants stated they have learned where to go for help when needed.
- 83% of ASPIRE program participants stated that they have improved their ability to solve problems and address challenges in a constructive way.
- 100% of ASPIRE program participants stated they would seek prevention services if needed in the future.

## Suicide Prevention

### **FY18/19:**

#### **Suicide Prevention: Education and Awareness**

In planning for the use of reverted funds it was quite apparent that Amador County did not have a suicide prevention education and awareness campaign dedicated to serving the entire community. Suicide rates are significantly high in rural counties, and Amador is no exception to this statistic. Amador County has the third highest suicide rate in California and as a result, many residents are impacted.

Extensive feedback was received noting the growing need for education and awareness around this issue. Stakeholders concluded that a countywide education campaign utilizing trainings such as Question, Persuade and Refer (QPR) and safeTALK, would be most effective. Secondly, sponsoring community events around suicide awareness that target different populations was also approved. Both activities, implemented in FY18/19, had much success as described below:

QPR, 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 is an in-person training and **in FY18/19, a total of 207 individuals were trained in QPR.**

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. **In FY18/19, two certified safeTALK facilitators were trained through these reversion funds. One safeTALK training was provided to the community and more are being scheduled for FY19/20.**

One training opportunity specific to the Spanish-speaking population was provided to two Promotores de Salud workers in June 2019. Utilizing reverted funds, two Amador County Promotora's were able to attend a Spanish two-day suicide prevention train the trainer event. The El Rotafolio training was designed by California Mental Health Services Authority to support suicide prevention for Spanish speaking communities across California. The Reconozca las Señales is a statewide campaign aimed at preparing community members to Know the Signs, Find the Words and Reach Out. To start the conversation about suicide prevention among the Spanish speaking community, the campaign developed media outreach and online resources. To further the campaign message to the Spanish speaking community, El Rotafolio program was added. The suicide prevention El Rotafolio (flipchart) program prepares staff, peers and community members to conduct and facilitate Spanish presentations. For the trainees, the flipchart serves as a guide for conducting a presentation that is both interactive and conversational. The goal of these outreach presentations is to empower Spanish-speaking community members to become the bridge between those in need and those who are trained to help. The two day workshop included:

- safeTALK, a training that prepares adults, regardless of prior experience or training, to become a suicide-alert helper.
- An understanding of the campaign and the content and use for the culturally appropriate flip chart.
- Enhancement of presentation skills.
- Opportunity to present a portion of the flip chart and receive feedback.
- Flip chart, informational materials and resources necessary to conduct community presentation.

The Promotores de Salud will provide training to the community and to fellow Promotora's as volunteers and employees to utilize the information when working with the Spanish-speaking community.

Two events were held in FY18/19 promoting suicide awareness and fostering community discussion around the high rates of suicide in Amador County and what is being done to address it.

**Suicide Prevention in Amador County: An evening of conversation and connection:** This event was co-hosted by Capital Public Radio (CPR) and Amador County Behavioral Health in response to CPR's story on rural suicide, which delved into Amador County's high suicide rate and underlying issues around it. Nearly 100 people showed up to the event which was held at the Margaret Dalton Building aka First 5 in Jackson, CA on September 19, 2018. Small table groups discussed different topics around suicide and a question and answer period discussed challenges, solutions and a path forward to end the culture of silence around suicide in Amador. Reverted funds provided the meal for the event, staffing and resource materials relevant to the subject matter and topic.

**Suicide: The Ripple Effect** is a film that highlights the journey of Kevin Hines, who at age 19, attempted to take his life by jumping from the Golden Gate Bridge. The film sends a message of hope, recovery and wellness. The screening was presented on June 19, 2019 at Jackson Cinemas. Over 50 community members attended and stayed late into the evening to participate in an active question and answer session about suicide efforts in Amador County. The event cost participants \$12 admission fee and reverted funds provided the tickets for some suicide survivors who attended.

In addition to the two suicide prevention trainings and events, Amador County started Amador SPEAKS (Suicide Prevention, Education, Awareness, Knowledge and Support), which serves as Amador's suicide prevention coalition. The coalition started meeting in October 2018, has met 9 times since its inception and continues to meet monthly. A wide range of participants engage with the coalition, representing many underserved groups and key stakeholders throughout the community.

Amador SPEAKS has achieved much work in its first months of operation. Activities include:

- Development of a strategic plan which identifies the coalition structure and operating guidelines that includes assigned workgroups that target specific populations as well as including a plan for postvention;
- Workgroups assigned to community members who report at each meeting;
- Data analysis plan for local suicide data in comparison to other small, rural counties and the state; and
- Suicide prevention events and activities will be vetted and approved through Amador SPEAKS.

Amador SPEAKS will continue to be the venue for discussion around suicide prevention, education and awareness in Amador County. Reverted funds will support Amador SPEAKS efforts through FY19/20 by providing education, events, materials and other supports as needed and approved by the group.

**Approximately 400 individuals were reached through suicide prevention, education and awareness efforts in FY18/19.**

**FY19/20:**

Below is a list of the activities that have been implemented under the Suicide Prevention: Education and Awareness program, along with updates and the plan to continue the activities since reversion funds have been expended.

*It should be noted that COVID-19 had an impact on the ability to provide education and awareness toward the latter part of FY19/20. Many trainings and events were postponed or cancelled due to the pandemic. As a result, lower numbers served are reported for the FY19/20 year. In addition, other activities may need to be explored to provide suicide prevention, awareness and education using shorter, virtual methods and possibly using different types of training.*

**Question, Persuade, and Refer (QPR):** QPR is an in-person training and in FY18/19, 207 individuals were trained in QPR. **In FY 19/20, 105 were trained in QPR for a total of 312.**

QPR will continue to be funded using MHSA PEI funds.

**El Rotafolio:** In September 2019, the Promotores de Salud offered the training to the Spanish-speaking community. The Promotores de Salud will continue to provide training to the community and to fellow Promotora volunteers and employees in order to utilize the information when working with the Spanish-speaking community.

This program was embedded in the Promotores de Salud MHSA contract and is funded directly under the Promotores de Salud program, through the PEI component of the MHSA.

**safeTALK** is a half-day training in suicide alertness. **In FY18/19, certified safeTALK facilitators were trained through MHSA reversion funds and one safeTALK training was provided to the community. In FY19/20, two safeTALK trainings were provided at Sierra Wind Wellness Center and Lone Junior High School.**

**Heart of Hope:** Heart of Hope originated as a collaboration between the Amador Arts Council (AmadorArts) and ACBHS, in order to bring awareness around mental illness and suicide prevention during Suicide Prevention Awareness Week in September 2019. The Heart of Hope is an art exhibit that highlighted the hope, perseverance and awareness of mental health and suicide prevention. The exhibit had an overwhelming response from artists throughout the community. The impact the exhibit had on those who viewed it increased awareness of community members and facilitated meaningful discussion around the effects of suicide throughout Amador County.

Heart of Hope will be an annual event to highlight the arts as a secondary resource to mental health treatment. The arts, proven to assist in healing and coping, are a therapeutic element to recovery for not only consumers but for family members, caregivers and friends as well. Additionally, by continuing the exhibit and the partnership with AmadorArts, the public mental health system is creating a sustainable support for consumers of all ages and backgrounds who look to the arts as a coping skill in their daily lives.

Reverted funds provided the refreshments for the event, advertising costs, promotional items and branding, staffing and resource materials relevant to the subject matter and topic.

**Amador SPEAKS:** Amador County started Amador SPEAKS (Suicide Prevention, Education, Awareness, Knowledge and Support), which serves as Amador’s suicide prevention coalition. The coalition started meeting in October 2018, has met monthly since its inception. A wide range of participants engage with the coalition, representing many underserved groups and key stakeholders throughout the community.

Amador SPEAKS has achieved much work. Activities include:

- Development of a strategic plan which identifies the coalition structure and operating guidelines that includes assigned workgroups that target specific populations as well as including a plan for postvention;
- Workgroups assigned to community members who report at each meeting;
- Data analysis plan for local suicide data in comparison to other small, rural counties and the state; and
- Hosted/sponsored suicide prevention events and activities—all which are vetted and approved through Amador SPEAKS.
- Four Amador SPEAKS members attended the two-day Suicide Prevention Conference in December 2019,
- Amador SPEAKS members participated in the Suicide Prevention Learning Collaborative sponsored by the Know The Signs campaign which included monthly Technical Assistance calls.

Amador SPEAKS will continue to be the venue for discussion around suicide prevention, education and awareness in Amador County. Amador SPEAKS will continue to promote education, events, materials and other supports as needed and approved by the group.

**FY20/21:** Implementation of a countywide education campaign utilizing Question, Persuade and Refer (QPR) and safeTALK trainings, as well as sponsoring community events that increase suicide awareness, targeting different populations continued with challenges and successes. However, since implementation, both activities have been successful interventions that target a broad range of populations, across the life span.

*It should be noted that COVID-19 had an impact on the ability to provide education and awareness in FY20/21. Details on how the pandemic effected different components of the Suicide Prevention, Education and Awareness program are below.*

**QPR** is an in-person training but adapted to a virtual platform in 2020 in response to the COVID-19 pandemic. **In FY20/21 161 individuals were trained in QPR and 97% reported having improved knowledge, behavior, and/or attitudes about suicide as a result of the training. 473 individuals have completed the QPR training since July 1, 2018.**

**safeTALK** is a half-day training in suicide alertness. Due to the nature of the training, a virtual offering is not possible. safeTALK will be offered in-person when health and safety guidelines determine it is safe to do so.

**Heart of Hope:** Heart of Hope is now an annual event to highlight the arts as a secondary resource to mental health treatment. In FY20/21, the event was held virtually with much success. Prevention and Early Intervention funds provided the advertising costs, promotional items and branding, staffing and resource materials relevant to the subject matter and topic.

**Amador SPEAKS:** Amador County started Amador SPEAKS (Suicide Prevention, Education, Awareness, Knowledge and Support), which serves as Amador’s suicide prevention coalition. The coalition started meeting in October 2018, has met monthly since its inception. A wide range of participants engage with the coalition, representing many underserved groups and key stakeholders throughout the community.

Amador SPEAKS has achieved much work. Activities include:

- Development of a strategic plan which identifies the coalition structure and operating guidelines that includes assigned workgroups that target specific populations as well as including a plan for postvention;
- Workgroups assigned to community members who report at each meeting;
- Data analysis plan for local suicide data in comparison to other small, rural counties and the state;
- Hosted/sponsored suicide prevention events and activities—all which are vetted and approved through Amador SPEAKS;
- Amador SPEAKS members participated and continue to participate in statewide learning collaborative(s) to build on the efforts of the coalition, which includes monthly Technical Assistance calls;
- Continued marketing, utilizing local media, to spread awareness about suicide and Amador SPEAKS and
- Development of a social media account to promote the coalitions efforts and increase awareness around suicide for Amador County residents.

Amador SPEAKS will continue to be the venue for discussion around suicide prevention, education and awareness in Amador County. Amador SPEAKS will continue to promote education, events, materials and other supports as needed and approved by the group.

At the onset of this evaluation period, Suicide Prevention, Education & Awareness efforts were non-existent. During this evaluation period, much was accomplished in order to build a foundation for a community-led movement that supports education, prevention and awareness around suicide in Amador County. Participant feedback also suggests that changes in attitudes or behavior regarding suicide have occurred as a result of the aforementioned efforts to prevent suicide deaths in Amador County.

## Demographics & Sexual Orientation and Gender Identity (SO/GI) Data Collection

During this evaluation period, ACBH worked diligently internally and with PEI providers to come into compliance with collecting the expanded demographic and SO/GI data requirements.

**FY18/19:** Throughout FY18/19, ACBH worked toward educating themselves on the newly implemented PEI regulatory requirements and developed a plan to implement programming changes within the PEI component that would align with the statute and bring ACBH into compliance with the reporting requirements. It was determined that more education around the MHSA and changes that come within the funding stream and how that impacts not only ACBH but the contract providers as well needs to occur annually. It was determined that an annual MHSA Workshop will be held for ACBH staff and MHSA-funded contractors/programs. A special time at the end of the MHSA Workshop will be carved out specifically for PEI providers in order to review PEI designations, strategies, reporting requirements and to introduce the expanded demographic and SO/GI regulations and brainstorm ways to implement data collection measures to bring ACBH into compliance around these regulatory requirements.

**FY19/20:** In FY19/20, ACBH held a PEI Stakeholder Workshop in order to educate PEI contract providers that new statutory requirements were implemented and that ACBH will be working towards implementation of data collection instruments and administration regarding the expanded demographic and SO/GI requirements. ACBH and PEI contractors / stakeholders deliberated on what would be needed in order to implement the data collection measures in a meaningful way. The group concluded that utilizing a survey that was created collaboratively would be the best approach as a data collection instrument. The following would be needed in order to work toward implementation of the survey and asking program participants expanded demographic questions:

1. Education around expanded demographics and what that means (race vs. ethnicity) and LGBTQ+ and SO/GI definitions;
2. Training on how to ask the questions included in the expanded demographic requirements, including LGBTQ+ and SO/GI definitions as well as training on affirming practices;
3. Technical assistance to collaboratively develop a survey (instrument) using culturally appropriate language and approaches.

At the end of the PEI Stakeholder Workshop, ACBH went to work to seek out a qualified trainer to assist with the education and training component, but also a qualified consultant to provide technical assistance in developing a survey that was culturally and linguistically appropriate.

Shortly after the PEI Stakeholder Workshop, the onset of the COVID-19 pandemic ensued and many of these efforts were put on hold until FY20/21.

**FY20/21:** In August 2020, ACBH contracted with ONTRACK Program Resources in order to provide education and training around expanded demographics, definitions and affirming practices. ONTRACK also provided technical assistance in order to develop a culturally responsive survey to collect the required expanded demographic information.

In August 2020, two trainings were provided to stakeholders and community in order to provide education to all of Amador County around LGTBQ+ and SO/GI definitions and then how to provide affirming practices to those communities. From those trainings, ONTRACK was able to meet with ACBH



internally, taking the feedback received, and developed a draft survey for review.

In September 2020, the survey was introduced to PEI providers and a training was provided on how to ask the questions, how to answer the questions and to refresh the providers on definitions and affirming practices. The survey was implemented among all PEI providers in October 2020. There was an online and a paper format.

In FY20/21, ACBHS reported the demographic data received in one data set to protect program participant identity. This data was included in the FY21/22 MHSA Annual Update as a part of the FY20/21 MHSA Program Outcomes.

The data is included here also:

**FY 20/21**

**Participant Demographic Survey Data**

	%
<b>What age group are you in?</b>	
Children/Youth (aged 0-15)	Less than 1%
Transitional Age Youth (aged 16-25)	2%
Adult (aged 26-59)	7%
Older Adult (aged 60+)	3%
Decline to Answer	0%
<b>What is your race?</b>	
White or Caucasian	10%
Black or African American	0%
Asian or Asian American	0%
American Indian or Alaska Native	Less than 1%
Native Hawaiian or other Pacific Islander	0%
More than one race	0%
Other	1%
Decline to Answer	Less than 1%
<b>If you are Hispanic or Latino, please specify:</b>	
Caribbean	0%

Central American	1%
Mexican/Mexican-American/Chicano	2%
Puerto Rican	0%
South American	Less than 1%
Other	4%
Decline to Answer	2%

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

African	0%
Asian Indian/South Asian	0%
Cambodian	0%
Chinese	Less than 1%
Eastern European	1%
European	2%
Filipino	Less than 1%
Japanese	0%
Korean	Less than 1%
Middle Eastern	0%
Vietnamese	Less than 1%
More than one ethnicity	0%
Other	4%
Decline to Answer	1%

What is your primary language?

English	12%
Spanish	Less than 1%
Other (please specify)	N/A
Language:	N/A
Language:	N/A

Language:	N/A
Language:	N/A

Do you think of yourself as:	
Straight or Heterosexual	9%
Lesbian, gay or homosexual	1%
Bisexual	Less than 1%
Don't Know	Less than 1%
Decline to Answer	1%
Something else, please specify:	Less than 1%

Do you think or yourself as:	
Male	7%
Female	5%
Female-to-Male/Transgender Male/Trans Man	0%
Male-to-Female/Transgender Female/Trans Woman	0%
Nonbinary, neither exclusively male or female	0%
Don't Know	Less than 1%
Decline to Answer	Less than 1%
Something else, please specify:	N/A

What sex were you assigned at birth on your original birth certificate?	
Male	7%
Female	5%
Decline to Answer	Less than 1%

What pronouns do you use?	
He/Him	6%
She/Her	4%
They/Them	0%

Other pronouns, please specify:

Less than 1%

The survey will continue to be used and modified as necessary as an ongoing data collection tool in order to maintain compliance with PEI regulations. The data will also prove useful in monitoring who we are serving, which will help inform program adjustments in order to meet needs of the populations being served (or underserved).

## Conclusion

Over the course of the three-year evaluation period, it is evident that ACBH made strides in its ability to comply with all the PEI requirements.

A more robust evaluation will be provided in the next three-year report because all data points are now being recorded and can be compared from one year to the next. For example, Duration of Untreated Mental Illness (DUMI) was just implemented in FY20/21, therefore, no evaluation as to the effectiveness of the PEI programs ability to address timely access to care and reduce the DUMI can be measured. However, in the next three-year evaluation report, there will be a grouping of fiscal year data to analyze in order to measure whether or not improvement is needed and why.

However, with that being said, all programs are reporting according to their designation and strategy and adjustments are made on an ongoing basis to ensure that PEI programs are meeting their requirements. Although the requirements were initially challenging to implement, positive results have manifested through the implementation process. One example is that ongoing collaboration with PEI providers due to these reporting requirements have strengthened relationships and understanding between ACBH and community-based programs. This helps the community understand that contractual agreements are more partnership focused and integrity in truly wanting to provide services and understand who we are serving (and why) is foundational within Amador County's system of care.

Any questions regarding the Three-Year Prevention and Early Intervention Evaluation Report can be directed to:

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