

**Amador County
Behavioral Health Services
Mental Health Services Act
Three-Year Plan & Expenditure Report**

Fiscal Year 2023-2026




WELLNESS | RECOVERY | RESILIENCY

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COUNTY CERTIFICATIONS

| MHSA County Program Certification | |
|--|--|
| County: Amador | Submission: MHSA Three-Year Plan & Expenditure Report for FY23/24 through FY25/26 |
| County Mental Health Director | Project Lead |
| Name: Melissa Cranfill, LCSW | Name: Stephanie Hess |
| Telephone Number: 209-223-6335 | Telephone Number: 209-223-6308 |
| E-mail: mcranfill@amadorgov.org | E-mail: shess@amadorgov.org |
| County Mental Health Mailing Address: Amador County Behavioral Health Services 18077 Conductor Blvd., Ste. 300 Sutter Creek, CA 95685 | |
| <p>I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and non-supplantation requirements.</p> <p>This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on <u>Oct. 24th</u>, 2023.</p> <p>Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.</p> <p>All documents in the attached annual update are true and correct.</p> | |
| <u>Melissa Cranfill, LCSW</u> Mental Health Director/Designee (PRINT) | <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>12/21/23</u> Date </div> </div> |

COUNTY CERTIFICATIONS

MHSA County Fiscal Accountability Certification*

County: Amador

Submission: MHSA Three-Year Plan & Expenditure Report
for FY23/24 – FY25/26

County Mental Health Director

Name: Melissa Cranfill, LCSW
Telephone Number: 209-223-6335
E-mail: mcranfill@amadorgov.org

County Auditor-Controller

Name:
Telephone Number:
E-mail:

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

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

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

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

Melissa Cranfill, LCSW 12/21/23
Signature Date

I hereby certify that for the fiscal year ended June 30, 2022, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2022, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Tacy Oneto Raven
County Auditor-Controller (PRINT)

Tacy Oneto Raven 12/20/23
Signature Date

*Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

BACKGROUND

Amador County Snapshot

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

In 2022, the population was estimated at approximately 41,412 residents, which includes a state prison. Excluding the state prison, the county’s population is 37,565, which has increased by nearly 5% since 2019. The county’s population is older than the state by 13% and approximately 28% of Amador County’s population are aged 65 or older. Amador County has a small percentage of 0 to 18-year-olds when compared to the state (15% for Amador County; 22% for California). The county’s median age is 50 years, which has remained consistent for the past several years.

Veterans make up approximately 11% of the county’s population. The poverty rate is 11% and the percentage of persons with a disability under the age of 65 is 10%. As of June 2023, the unemployment rate is 4.8%, which slightly increased from June 2022 when the employment rate sat at 3.8%.

According to the 2021 U.S. Census QuickFacts, approximately 15,394 households live in Amador County. In 2021, the median household income was \$69,955. The 2021 HUD Income Limits for Amador County state:

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

As of 2021, the median household income was only \$7,655 away from what would be considered Low Income.

24% of Amador County residents are Medi-Cal recipients.

10% of households speak a language other than English at home.

County Demographics (2022)*:

- 89% Caucasian
- 3% African American
- 2.2% American Indian/Alaska Native
- 2% Asian American
- 0.4% Hawaiian and Other Pacific Islander
- 16% Hispanic/Latino
- 3.8% Reporting 2 or More Races/Ethnicities
- 28% Over 65 Years Old
- 11% Live Below the Poverty Level
- 3,797 Veterans
- 3,800 Incarcerated (approx.)**

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

** [Population Reports - Office of Research \(ca.gov\)](https://www.research.ca.gov)

County Challenges:

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

- In the 2022 Point-in-Time (PIT) count, 184 people identified as homeless (sheltered and unsheltered count).



BACKGROUND

- In the 2023 Point-in-Time (PIT) count, 33 people identified as homeless (sheltered count only). Of the 33, sheltered adults were counted at 16, sheltered transitional aged youth (TAY) were counted at 6 and the number of unsheltered youth/children (under age 18) were 9. Older adults aged 65+ were counted at 2.
- 5 Veterans were included in the 2023 Sheltered PIT. 16 were unsheltered Veterans and 6 were sheltered. 1 was considered chronically homeless Veteran.
- During the 2023 MHSA Community Program Planning process, it was revealed that 20% of respondents who are Unhoused, Displaced or living in a Temporary Housing Situation, stated they were a victim of domestic violence and/or sexual assault, while 20% stated they were on probation/parolee.
- Those who are Displaced or living in a Temporary Housing Situation were considered to be in the second highest need of mental health services and supports, according to the 2023 MHSA Community Program Planning survey.
- Transportation continues to be a challenge for Amador County residents. Although improvements have been made in creating more unique transportation opportunities for individuals and families, transportation issues are listed in some of the primary barriers to mental health treatment and are continuously identified as barriers, creating challenges for residents in remote and isolated areas of the county.
- The small, rural and vast landscape of Amador County increases the potential for stigma and creates delays in seeking mental health services.
- According to the most recent data from the California Department of Public Health (CDPH), during 2012-2021, Amador County had the second highest suicide rate in the State of California. Also during the period of 2012-2021, Amador County was ranked as the highest for self-harm.
- 24% or approximately 9,000 of Amador County's residents are Medi-Cal recipients. Amador County Behavioral Health provides services to approximately 10% or approximately 900 of those Medi-Cal recipients.
- Due to the significant lack of mental health providers in Amador County, residents are deterred from seeking mental health treatment and/or are forced to receive services out-of-county. Lack of providers and insurance eligibility were listed as two of the top three reasons that individuals and families in Amador County do not seek mental health treatment. Not only is there a lack of providers, but there is also a lack of providers who are paneled with insurance companies and Medicare, leaving nearly 80% of county residents without adequate access to mental health treatment.

Capacity Overview, Analysis of Mental Health Needs and Workforce Needs Assessment

Under California Code of Regulations, tit. 9, §3650(a)(1)(A), ACBH is required to provide a narrative analysis of the mental health needs of unserved and underserved/inappropriately served County residents who qualify for MHSA services. Additionally, California Code of Regulations tit. 9, §3650(a)(5), also requires ACBH to provide an assessment of the County's capacity to implement mental health programs and services. In order to comply with these requirements and to provide the public a transparent assessment of ACBH's ability to meet the mental health needs of Amador County residents, a comprehensive report titled '*Capacity Overview, Analysis of Mental Health Needs and Workforce Needs Assessment*' is included as an attachment to this plan. Attachments start on page 61.

Introduction

The Mental Health Services Act

In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which became law on January 1, 2005. The Act imposes 1% taxation on personal income exceeding \$1 million. Beginning in FY 2007/08 the monies were rolled out and distributed to counties. Over the years, these funds have transformed, expanded, and enhanced the current mental health system. MHSA has allowed Amador County Behavioral Health (ACBH) to significantly improve services and increase access for previously underserved groups through the creation of community based services and supports, prevention and early intervention programs, workforce, education and training, as well as innovative, new approaches to providing programs to the public.



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Plan Purpose

The intent of the MHSA Three-Year Plan and Expenditure Report is to provide the public a projection and evaluation regarding each component within MHSA: Community Services and Supports (including Housing programs); Prevention and Early Intervention; Workforce, Education and Training; Innovation Projects; Capital Facilities and Technology and the Prudent Reserve. In accordance with MHSA regulations, County Mental Health Departments are also required to

BACKGROUND

submit a program and expenditure plan (program description and budget) and update it on an annual basis, based on the estimates provided by the state and in accordance with established stakeholder engagement and planning requirements (W&I Code, Section 5847).

Regulations adopted by the Mental Health Services Oversight and Accountability Commission (MHSOAC) also require counties to report on Prevention and Early Intervention programs according to Title 9 California Code of Regulations, Division 1, Chapter 14 MHS Sections 3560 & 3750. This report is included within and as an attachment to this Three-Year Plan and Expenditure Report.

This Plan provides a progress report of ACBH MHS Act activities for the previous fiscal year (FY 22/23) as well as an overview of current or proposed MHS Act programs planned for the next three fiscal years FY 23/24 – FY 25/26. Proposed program descriptions are detailed on Pages 10 through 34. MHS Act program outcomes for FY 22/23 begin on Page 43. Projected expenditures for FY 23/24 – FY 25/26 begin on Page 35.

Direction for Public Comment

Behavioral Health Services is pleased to announce the release of Amador County's Mental Health Services Act (MHS Act) Three-Year Plan and Expenditure Report for Fiscal Years 2023/24, 2024/25 and 2025/26. This Plan is based on statutory requirements, a review of community planning over the past several years, and extensive recent stakeholder input.

ACBH is seeking comment on this Plan during a 30-day public review period between August 21st and September 20th 2023. A copy of the Plan may be found at www.amador.networkofcare.org and hard copies will be available at the Behavioral Health Services front desk. You may request a copy by contacting Stephanie Hess at 209-223-6308 or shess@amadorgov.org. A Public Hearing regarding this Plan will be held during the Amador County Behavioral Health Advisory Board meeting on September 20th at 3:30 pm. located at:

**Health & Human Services Building
Conference Room A
10877 Conductor Blvd., Sutter Creek, CA 9585**

All comments regarding this MHS Act Three-Year Plan and Expenditure Report may be directed to Stephanie Hess, Mental Health Services Act Programs Coordinator, via email at shess@amadorgov.org or by calling 209-223-6308 during the 30-day public review period. Thank you for your ongoing interest in the Mental Health Services Act.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

Public Comment Period: August 21, 2023 – September 20, 2023
Date of Public Hearing: September 20, 2023

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

| Community Program Planning | |
|-----------------------------------|--|
| 1. | <p>The Community Program Planning (CPP) Process for development of all components included in the MHSA Three-Year Plan and Expenditure Report is described below; included are the methods used to obtain stakeholder input.</p> <p>Amador County utilized data obtained from the Mental Health Services Act / Cultural Competency Steering Committee (made up of consumers, family members, community partners, and county staff) to ensure that this MHSA Three-Year Plan and Expenditure Report is an appropriate use of funds. Amador also used previous stakeholder input including:</p> <ul style="list-style-type: none"> - Previous CPP input from the MHSA 3 Year Plan for Fiscal Years 2020-2023 - Previous CPP input from the FY 22/23 MHSA Annual Update - Community outreach and presentations - Monthly and bi-monthly meetings with consumers and family members - One-on-one interviews, meetings and correspondence with key stakeholders |
| 2. | <p>The following stakeholder entities were involved in the Community Program Planning (CPP) Process. (i.e., agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)</p> <p>Stakeholders involved in recent and previous community program planning includes:</p> <ul style="list-style-type: none"> - The Amador County Behavioral Health Advisory Board, - Mental Health Services Act / Cultural Competency Steering Committee - Targeted Underserved Groups including Hispanic/Latinos, Spanish-speaking, Veterans, Unhoused/Homeless, Native Americans & LGBTQ+ - Older Adults (60+) - Mental health and substance abuse staff of Amador County Behavioral Health (ACBH) - ACBH Partner Agencies/Organizations - Law Enforcement/First Responders - Community-based organizations including the peer-ran Sierra Wind Wellness Center |
| Local Review Process | |
| 3. | <p>The methods below were used to circulate, for the purpose of public comment, the MHSA Three-Year Plan and Expenditure Report.</p> <p>After this MHSA Three-Year Plan and Expenditure Report was posted for 30-day public review and comment, Amador County utilized the following methods to ensure the posting was thoroughly publicized and available for review:</p> <ul style="list-style-type: none"> - Posted an electronic copy on www.amador.networkofcare.org - Provided hard-copies at the ACBH front desk - Offered copies of the plan, upon request - Provided electronic copies (and hard copies upon request) to the Mental Health Services Act / Cultural Competency Steering Committee - Submitted press release regarding the availability of the MHSA Three-Year Plan and Expenditure Report and date of Public Hearing via email through community outreach and to MHSA-specific partners - Publicized availability of the MHSA Three-Year Plan and Expenditure Report at various community Commissions, Boards, and meetings - Submitted press release to local news media (KVCN Hometown Radio & Amador Ledger Dispatch) regarding the availability of the MHSA Three-Year Plan and Expenditure Report and date of the Public Hearing - Provided information to the Behavioral Health Advisory Board and community members at the Public Hearing |
| 4. | <p>The following are any substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update.</p> <ul style="list-style-type: none"> • During the public hearing it was requested to change the language on Page 6 to include the approximate number of Medi-Cal recipients, not just the percentages. The language on Page 6 change was changed from: "24% of Amador County residents are Medi-Cal recipients. Amador County Behavioral Health provides services to approximately 10% of Medi-Cal recipients. This is nearly half of all Medi-Cal recipients in the entire county." |



COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

To: "24% or approximately 9,000 of Amador County's residents are Medi-Cal recipients. Amador County Behavioral Health provides services to approximately 10% or approximately 900 of those Medi-Cal recipients."

- No other public comment was received.

Community Program Planning Results

Mental Health Services Act (MHSA) Community Survey 2023 Responses Community Program Planning Process (CPPP) FY 23-26 MHSA Three-Year Plan

Overview

The 2023 Community Program Planning Process began on March 22, 2023 and ended on May 31, 2023 and was conducted by doing a combination of virtual and in-person focus groups, as well as a community survey, which was available in paper and online formats. Focus groups, along with the survey link and notice of availability were advertised using the following methods:

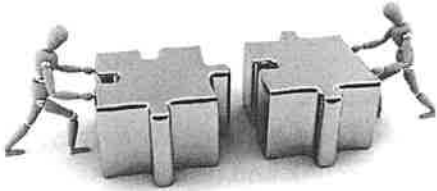
- Commercial Advertisement on KVGC (local radio station)
- Weekly Ads in the Amador Ledger Dispatch (local newspaper)
- Community Announcements – emails that went out to 450+ community members, stakeholders, organizations, agencies, medical facilities, school district staff and more.
- Posted to Network of Care
- Targeted outreach to various organizations and agencies included but not limited to medical professionals, law enforcement agencies, first responders, Veterans, seniors, school staff, non-profit organizations serving youth and children and various cultural groups.

Due to the high response rate and content of the responses, the analysis document is too large to be included in this section of the Plan. Therefore, the Community Program Planning Results are included as an attachment for review. The attachments to the MHSA Three-Year Plan and Expenditure Report start on page 61.

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

Welfare and Institutions Code Section 5848 states that Counties shall report on the achievement of performance outcomes related to Mental Health Services Act (MHSA) components including Community Services and Supports (CSS), which includes Housing, Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), Capital Facilities and Technological Needs (CF/TN) and the Prudent Reserve (PR). Any changes to these components due to performance or funding should also be reflected in this report. Per Welfare and Institutions Code Section 5847, Counties shall also report on those served, and submit a budget that represents unspent funds from the current fiscal year and projected expenditures for the next three fiscal years (*please see the budget on Page 35 for projected expenditures associated with each component of MHSA for Fiscal Years, FY 23/24, FY 24/25 and FY 25/26*)

Community Services and Supports (CSS)



Community Services and Supports (CSS) was the first component implemented as part of the Mental Health Services Act (MHSA) plan. CSS services are provided through 'systems of care' that are set up according to local needs. In Amador, ACBH operates as one integrated system of care that includes children, youth, adults and older adults. Providers meet weekly to provide care coordination. CSS has three different categories that support the system(s) of care: System Development, Outreach and Engagement, and Full Service Partnerships. Housing funds that are ascertained through one-time allocations or through Prudent Reserve transfers are considered funded through CSS.

The implementation of MHSA CSS is progressing as planned with significant successes, which include the Mobile Support Team (and recent expansion), MomCHAT program, inclusion of peers as county employees and expansion of therapeutic groups and activities. Continued areas of need as identified under the Community Program Planning Process are to create/enhance more support for the unhoused community and adults living with severe mental illness.

System Development and Outreach/Engagement

The CSS General System Development and Outreach/Engagement target population includes children, youth, transitional age youth, adult, and older adult consumers who are:

- Diagnosed with a serious mental illness or serious emotional/behavioral disorder
- Participating or willing to participate in public mental health services
- Members of underserved populations including those living in isolated rural areas
- Ideally full-scope Medi-Cal recipients (for maximum county reimbursement)
- Not a parolee or incarcerated

Strategies to support and serve these populations include the provision of:

- Outreach and engagement to connect those in need of public mental health services
- Crisis services including intervention/stabilization, family support/education, and other needs
- Mobile Support Team services to assist in preventing hospitalization, re-hospitalization or crisis
- Clinical services including medication management, individual and group therapy, and skill building
- Case Management including assistance with transportation, medical access, and community integration
- Wellness and recovery groups, and peer support
- Access and linkage support to assist those in accessing mental health services to meet their needs

Full Service Partnerships (FSP)

The Full Service Partner population includes children, youth, transitional age youth, adults and older adults who are determined to be at extremely high risk and:

- Diagnosed with a serious mental illness or serious emotional/behavioral disorder
- Experiencing a recent hospitalization or emergency intervention
- Currently homeless or at risk of homelessness
- Have experienced trauma
- Currently participating in public mental health services
- Willing to partner in the program
- Not a parolee or incarcerated

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

FSP strategies to support and serve these populations include the provision of the strategies above as well as:

- Personal Service Coordination including assistance with housing, transportation, medical access, education/employment opportunities, and social/community integration
- Additional services including Wellness Recovery Action Plan (WRAP) training/development, crisis intervention/stabilization, family support/education, and Individual Services and Supports Plan (ISSP)
- Funds to cover non-mental health services and supports, which MAY include food, clothes, housing subsidies, utility assistance, cell phones, medical expenses, substance abuse treatment costs, and other expenses that support progress in their mental health treatment and recovery goals.

Intergovernmental Transfers (IGT)

CalAIM (Advancing and Innovating Medi-Cal) is a multi-year plan to transform California's Medi-Cal program and integrate more seamlessly with other social services. One component of this multi-year plan is CalAIM Behavioral Health Payment Reform, which is an initiative that seeks to move counties away from cost-based reimbursement to better enable counties and providers to deliver value-based care that improves quality of life for Medi-Cal beneficiaries.

As a result of the CalAIM Behavioral Health Payment Reform, counties are now required to utilize Intergovernmental Transfers (IGTs) in order to receive reimbursement for services provided. IGTs represent the transfers of public funds between or within levels of government. In order to comply with the CalAIM Behavioral Health Payment Reform initiative, ACBH will be required to use MHSAs funds to provide the 'match' of the non-federal portion of services provided. For every MHSAs payment made, the Department of Health Care Services (DHCS) will withhold 33.35% to fund the IGT. These funds will be put into an interest bearing account and reconciled monthly. These transfers will be conducted on an ongoing basis in order to ensure prompt reimbursement for behavioral health services provided by ACBH.

Higher Level of Care:

ACBH funds services to support clients who need a higher level of care, including those services which support individuals who are LPS conserved. These types of services are not available in Amador County and are considered 'out-of-county services'. Due to the fact that ACBH does not have the capacity to provide the higher level of care that many severely mentally ill Amador County residents require, stakeholders were engaged to determine if MHSAs funds should be used for this purpose. During the CPPP, 81% of respondents stated that MHSAs funds should be utilized, when appropriate, to support this need.

ACBH intends to utilize MHSAs funds to support clients who need a higher level of care, specifically those who are receiving 'out-of-county services'. These services include medically necessary mental health services, medications, and supportive services, including room and board – all of which do not exist in Amador County and cannot be paid for with other funds.

MHSAs Housing Program and Activities

(Formerly known as MHSAs Supportive Housing Program and Permanent Supportive Housing)

In FY20/21, in accordance with MHSUDS Information Notice No. 19-017, Prudent Reserve funds, totaling \$517,611, were transferred to the Community Services and Supports (CSS) component. The funds are time-limited and must be expended by June 30, 2024. Prior to the funds transfer, stakeholders were engaged to discuss how best to utilize the resources based off current community program planning results and discussions held in the MHSAs/Cultural Competency Steering Committee as well as the Behavioral Health Advisory Board meetings. Stakeholders agreed to utilize a portion for unfunded mandates, Workforce, Education & Training (WET) and Capital Facilities & Technology (CFT). An update on the WET and CFT funds can be found on pages 30 and 32. The Stakeholders also determined that the remaining funds should be used for an array of activities that support housing for those who have mental illness. These activities are listed below and will continue through FY23/24, at which time CSS funding will be re-configured to continue include housing outreach and support, to whatever extent is feasible while also meeting the local needs of the community:



Housing Activities:

\$250,000 to leverage multiple efforts occurring in Amador County regarding homelessness and affordable housing with a specific focus on those facing homelessness or housing challenges who have a mental health condition. This includes the following:

- Providing funds to continue the housing program that serves ACBH clients in obtaining and sustaining housing;
- Expanding the purview of the Mobile Support Team to continue homeless outreach and support in providing field-based services;

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

- Leveraging funds to support No Place Like Home efforts (e.g. assistance from Housing Tools, etc.)
- Provide emergency housing/shelter through hotel vouchers or utilizing programs provided through other agencies and organizations.
- Provide outreach and supplies to unhoused, unstably housed or temporarily displaced individuals and families to promote engagement with behavioral health and other services and supports.

In FY22/23, a total of \$20,976 was expended in MHSA Housing Program & Activities.

No Place Like Home

On July 1, 2016, Governor Brown signed landmark legislation enacting the No Place Like Home program (NPLH) to dedicate up to \$2 billion in bond proceeds to invest in the development of permanent supportive housing for persons experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness, and who also have a serious mental health condition. The bonds are repaid by funding from the Mental Health Services Act (MHSA). The State Department of Housing and Community Development (HCD) is the state agency responsible for the dissemination and administration of the NPLH funding, and counties are the eligible applicants.

In 2019, ACBH contracted with Housing Tools, a housing and community development consultant, to prepare threshold documents to become eligible to apply for NPLH funds and to assist ACBH in locating a development sponsor, and act as a guide through the NPLH application and post-application processes.

In 2021, ACBH issued a Request for Qualifications (RFQ) to identify a potential development sponsor to start a more detailed review process. The RFQ process was completed in January 2021, when the RFQ was awarded to The Danco Group (Danco) and ACBH and Danco entered into a Pre-Development Memorandum of Understanding (MOU). In November 2021, Danco ascertained site control of property located at 96 Par Way, Sutter Creek, CA.



In January 2022, ACBH and Danco, with support from Housing Tools, applied for NPLH funds to build forty-six units in the form of an apartment complex which would contain three, two-story buildings. Twenty-two of the units would be used for NPLH and the remaining would be affordable housing provided to individuals and families who qualify. To comply with NPLH requirements, ACBH committed to provide the supportive services to the NPLH units for a minimum of twenty years. In June 2022, ACBH was notified that they were awarded approximately \$8 million in NPLH funds.

Currently, Danco is securing the financing package and working with the local jurisdictions to obtain necessary approvals and permits (e.g. site plan, water, sewer, etc.). Construction is scheduled to start on the NPLH units in spring 2024.

Information, updates and opportunities for community engagement around No Place Like Home will continue to take place at the Amador County Homeless Task Force, the MHSA/Cultural Competency Steering Committee meeting and other venues as appropriate.

Behavioral Health Bridge Housing (BHBH)

The Behavioral Health Bridge Housing (BHBH) program addresses the immediate housing and treatment needs of people experiencing unsheltered homelessness with serious behavioral health conditions, along with the sustainability of these ongoing supports. The BHBH program, administered by DHCS through county and tribal partners is intended to meaningfully contribute to the implementation of the California Interagency Council on Homelessness and will be implemented in alignment with the Community, Assistance, Recovery and Empowerment (CARE) Court, which prioritizes BHBH resources for CARE Court participants.

Amador County has applied for and was awarded \$1.7 million in non-competitive funds to address needs of people experiencing unsheltered homelessness and serious behavioral health challenges. Amador County intends to use the funding to assist with auxiliary costs, which includes housing conserved individuals who were unhoused or incarcerated prior to their conservatee status and to secure units to provide shelter, along with supportive services to unhoused individuals who are experiencing severe behavioral health conditions. It is anticipated that additional, competitive funding NOFA's for the BHBH will be released and ACBH will determine whether or not to apply for additional funding after BHBH program implementation has commenced.

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Although BHBH funding is not MHSA-funded, it is important to acknowledge that leveraging a variety of MHSA programs will be necessary to successfully implement BHBH programing in Amador County.

CURRENTLY FUNDED PROGRAMS

ACBH provides core services under CSS, including the Full Service Partnership Program, the Mobile Support Team, therapeutic groups and activities and a peer personal services coordinator who provides outreach and assistance to consumers, family members and the greater community. The department also contracts with several community partners to provide CSS programs including a peer-run wellness center, education and support to families and consumers as well as a maternal mental health program that provides services and supports to high-risk pregnant women.

Below is a description of each CSS program, the average numbers served for FY 2022/23 (as applicable), as well as the projected program costs, estimated unduplicated number of persons to be served, and approximate cost per person for the next fiscal year.

ACBH Full Service Partnership (FSP) Program

The Full Service Partnership program is the cornerstone of the CSS component and must represent at least 51% of CSS funding. This program is provided directly by ACBH. Additional ACBH services (staffing, transportation, emergency food or shelter, and other identified service needs) are also funded by CSS to provide a "safety-net" for those with Serious Mental Illness.

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

The Full Service Partnership Program aims to truly target severely mentally ill consumers who have been actively engaged in mental health treatment but still struggling to remove barriers that would promote a recovery in their quality of life. The program mirrors the statute that requires FSP as a client-driven part of treatment. Any client who participates in the FSP program must agree that they will act as a partner in their treatment and recovery oriented goals. Because of this policy, the FSP program continues to have lower enrollment, but an increased number of positive outcomes. When a client graduates from the FSP program it means they have met their FSP treatment goals as they have defined them.

Efforts to encourage more referrals into the FSP program have been implemented, including annual MHSA Workshops provided to all-staff which includes an overview of FSP and the referral process. The provider team meets weekly and FSP referrals are consistently encouraged to assist consumers who are struggling to remove barriers that prevent them from reaching their treatment goals. For FY22/23, an expansion of this FSP model was extended to consumers who are experiencing crisis and unable to stabilize without wraparound support and the flexible funding allocations that FSP is able to provide.

In FY 22/23, one client exited the FSP program and eight clients graduated from FSP. Currently, fifteen clients who meet FSP criteria have agreed to continue their FSP program.

FY 23/24 Projected Annual Cost: \$60,000 | Increase in Cost from 22/23: \$0 | Average Increase in # Served: 99% |
FY 22/23 # Served: 23 | FY 23/24 Projected # to be Served: 25 | FY 23/24 Estimated Cost per Person: \$2,400

FY 22/23 targeted vs. actual #'s served by age group:

| Age | Target # | Actual # Served |
|---------------------------------------|----------|-----------------|
| Child (0-12) | 5 | 0 |
| Youth (13-18) | 5 | 6 |
| Transitional Aged Youth (TAY) (18-24) | 5 | 3 |
| Adult (25-59) | 5 | 9 |
| Older Adult (60+) | 5 | 5 |

FSP clients to be served by age group for FY 23/24, FY 24/25 and FY 25/26:

FY 23/24 targeted #'s to be served by age group:

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| | |
|---------------------------------------|---|
| Child (0-12) | 5 |
| Youth (13-18) | 5 |
| Transitional Aged Youth (TAY) (18-24) | 5 |
| Adult (25-59) | 5 |
| Older Adult (60+) | 5 |

FY 24/25 targeted #'s to be served by age group:

| | |
|---------------------------------------|---|
| Child (0-12) | 8 |
| Youth (13-18) | 8 |
| Transitional Aged Youth (TAY) (18-24) | 8 |
| Adult (25-59) | 8 |
| Older Adult (60+) | 8 |

FY 25/26 targeted #'s to be served by age group:

| | |
|---------------------------------------|----|
| Child (0-12) | 10 |
| Youth (13-18) | 10 |
| Transitional Aged Youth (TAY) (18-24) | 10 |
| Adult (25-59) | 10 |
| Older Adult (60+) | 10 |

ACBH Mobile Support Team

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

To address this need, Amador County expanded their General System Development category of funding (under CSS) to include a Mobile Support Team. This team consists of a full-time Crisis Counselor, along with a full-time Peer Personal Services Coordinator. The team is equipped with a 4-wheel drive vehicle and laptop with mobile "hot spot" for field intakes, assessments, and safety plans. In addition to Wellness Recovery Action Plans (WRAP), the Peer Personal Services Coordinator is also trained in other specific areas such as Mental Health First Aid, Mandatory Reporter Training, and safeTALK. Additionally, the Peer Personal Services Coordinator has graduated from the WISE U program, which is a comprehensive training for peers in peer support. All of the above aim to provide more support to individuals and families in the field (i.e., a client's home).

The Mobile Support Team has continued to expand its role in the community. Most recently, additional funds through the Crisis Care Mobile Unit (CCMU) grant have been obtained. These funds run through FY 24/25 and will expand the Mobile Support Team services to Fridays and allow for an additional trained peer to provide crisis intervention services, when clinically appropriate. The additional funding also will provide ongoing training for crisis, including but not limited to Crisis Intervention Training (CIT) for law enforcement. The addition of the trained peer to provide crisis intervention services has been instrumental in increasing access for those in crisis and as a result, the Mobile Support Team saw an increase in peer-based service utilization during FY 22/23.

The Mobile Support Team continues to benefit clients and the community because of the diverse approach to mental health service provision. Having the ability to provide clinical and peer support field-based services creates more access to direct services and supports, meeting people 'where they are at'. Additional ways the Mobile Support Team supports the community is providing support during traumatic events. For example, when a wildfire, or other traumatic event occurs (e.g. suicide, natural disaster, etc.) the Mobile Support Team is deployed to offer mental health services to those who may need them. Examples of how the Mobile Support Team has provided mental health services and supports to the community after a traumatic event include going to the schools to support students, faculty and family members or evacuation centers to support community members during stressful times. It should be noted that the Mobile Support Team also participates in annual emergency preparedness drills hosted by Amador County. The Mobile Support Team is also engaging with homeless and unstably housed individuals and families in order to offer connections to behavioral health treatment, ongoing services and supports.

How Mobile Support Works:

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

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

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

Referrals to Mobile Support can also be made by concerned community members and law enforcement, however, the individual and/or family must agree to the Mobile Support visit. Mobile Support does not provide welfare checks and only provide services as scheduled appointments.

Goals of the Mobile Support Team include:

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

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

In FY 22/23, the Crisis Counselor provided 115 services to 86 individuals. The Peer Personal Services Coordinators provided 206 services to 185 individuals. The Mobile Support Team provided a combined 321 services to 271 individuals in FY22/23. *This does not include the Crisis Counselor's ongoing case assignments, assessments, and the Peer Personal Services Coordinators one-on-one and bi-weekly groups.*

FY 23/24 Projected Annual Cost: \$85,000 | Increase in Cost from 22/23: \$16,124 | Average Increase in # Served: 74% | FY 22/23 # Served: 271 | FY 23/24 Projected # to be Served: 300 | FY 23/24 Estimated Cost per Person: \$283
(Clinical staffing and Peer Personal Services Coordinator are costs based on expected Medi-Cal reimbursement and CCMU funding, which are included in the overall CSS budget on page 35. It is anticipated that there will be an increase in numbers served due to expanded hours and utilization of peer based interventions.)

Peer Personal Services Coordinators

Amador County Behavioral Health employs two Peer Personal Services Coordinators to offer support, advocacy, access and linkage and to conduct outreach using their lived experience as leverage to truly enhance the mental health recovery process. Peer support may be defined as the help and support that people with lived experience of a mental illness, addiction or some other disability are able to give one another. It occurs when people provide knowledge, experience, emotional, social or practical help to each other. Amador County Behavioral Health's Peer Personal Services Coordinators are trained and certified peer support workers who work in different capacities within the agency.

Peer Personal Services Coordinator for Outreach and Engagement: This employee conducts mental health outreach throughout Amador County providing resources, supports, and access and linkage to those who may not otherwise know where to turn to for assistance. This includes, but is not limited to:

- Access and Linkage to mental health services, supports and other community based programs and/or mental health providers;
- Acting as the Primary Care Liaison for clients in mental health systems that may be ready for a lower level of mental health care. This also includes outreach to the medical community to connect them to education on behavioral health practices and medications and to set up meetings and presentations between ACBH medical team and community providers;

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- Maintain a community resource database to inform all community partners of supports and programs available to the people they serve;
- Attending, coordinating and advertising community resource fairs and events that promote mental health service needs and community collaboration;
- Offer and provide peer support services within the public mental health system;
- Assisting in the coordination of Suicide Prevention efforts on behalf of ACBH in Amador County;
- Providing Mobile Support Team services, when appropriate and needed (specifically on Fridays – see Mobile Support Team program description on page 14 for more information), and
- Tasks are assigned to the peer on an as-needed basis.

In FY 22/23, the Peer Personal Services Coordinator for Outreach and Engagement supported consumers by providing 236 direct services to 77 individuals. The Peer Personal Services Coordinator also coordinated and supported outreach support services that reached approximately 2,389 individuals and families. These services support community outreach, peer support, training coordination and other engagement activities targeting an array of populations including but not limited to medical providers, Older Adults (60+), youth, educators, consumers and family members.

Peer Personal Services Coordinator for Mobile Support Team: Please see Mobile Support Team on page 14 above. Both peer employees are to provide necessary representation and connections to resources on behalf of public mental health clients. The peers are also expected to attend client meetings and serve on policy and program development teams to promote the concept of clients/families as partners in the treatment process.

The two Peer Personal Services Coordinator positions are funded using a combination of Medi-Cal reimbursement and MHSA CSS funds.

FY23/24 Projected Annual Cost: \$130,000 | Increase in Cost from FY22/23: \$0 | Increase in # Served: 20% (reflects the number of individuals and families reached for Outreach & Engagement Peer Personal Services Coordinator ONLY) | FY22/23 # Served: 77 | FY 23/24 Projected # to be Served: 100 | FY 23/24 Estimated Cost per Person: \$1,300
FY22/23# Reached: 2,389 | FY23/24 Projected # Reached: 3,000

Costs are leveraged with Medi-Cal revenue and MHSA funding.

The only program data provided is for the Outreach and Engagement Peer Personal Services Coordinator. The Mobile Support Peer Personal Services Coordinator Data is listed on page 14 above. The Peer Personal Services Coordinators efforts are evaluated in monthly check-in meetings to determine effectiveness and develop strategies around approaches. Updates by the Peers are provided weekly to the community and at stakeholder meetings such as the MHSA/Cultural Competency Meeting and the Behavioral Health Advisory Board meeting.

Outreach and Engagement (Community and Internal ACBH)

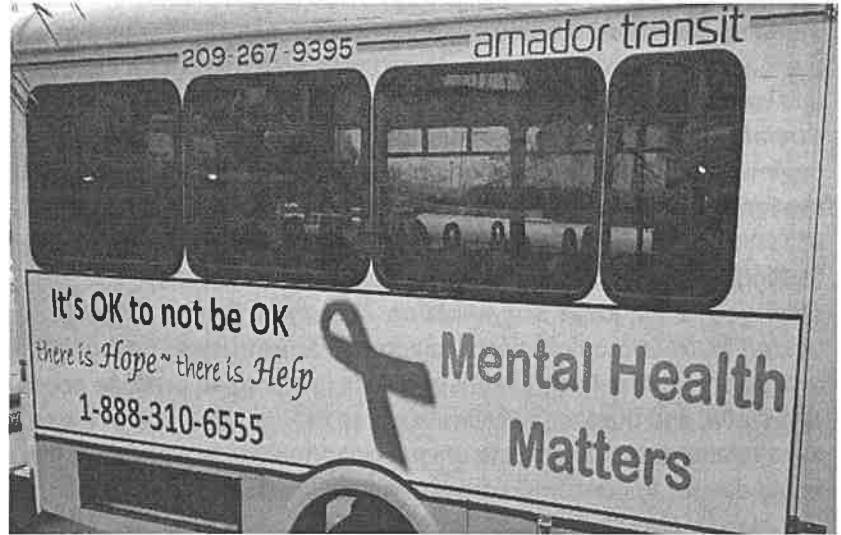
Outreach and Engagement to un-served, underserved or inappropriately served groups has been a component under CSS since the inception of the MHSA. ACBH, along with community partner agencies and other organizations continue to conduct outreach and engagement activities through informational awareness and community-based events, as a program under the General System Development/Outreach and Engagement component through CSS. The purpose is to increase mental health awareness, reduce stigma around mental health and provide an array of resources to the community in non-traditional ways. Through collaborative efforts with partnering agencies, Amador County residents will have access to many programs that offer services and supports to those who face mental health challenges directly or indirectly as a family member, co-worker, friend or neighbor. The Amador County Behavioral Health Peer Personal Services Coordinator will continue to be the coordinator for the community awareness and outreach activities and events. The Peer Personal Services Coordinator will utilize the following strategic approach, under the CSS component, in coordinating the outreach efforts:

- Identifying those in need -- using county data sets to advise who is in the most need of mental health services and support
- Reaching out to target populations – after identification of un-served, underserved or inappropriately served groups is determined, strategic outreach will be conducted to educate and engage these groups
- Connecting those in need to appropriate treatment – once outreach is conducted, the peer personal services coordinator will support the engagement of connecting individuals and families to appropriate treatment that meets their needs.

In-person and virtual outreach opportunities continued to occur over the past fiscal year. The following Outreach and Engagement activities were conducted throughout FY 23/24:

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1. Designed and disseminated promotional items that advertised mental health awareness.
2. Designed and renewed advertisements to be placed on the local buses.
3. Provided stigma-reducing materials and information to community partners, providers and the public.
4. Utilized local media (both print and radio) to run mental health awareness ads voiced by community members and/or peers with lived experience on a continual basis, throughout the entire year. Also used local media to advertise mental health awareness month, LGBTQ+ PRIDE month, and Suicide Awareness Month as well as other services and supports.
5. Provided informational materials to include in targeted outreach to underserved populations in Amador County (e.g. unhoused, older adults, Spanish-speaking, etc.).
6. Participated in eight in-person resource fairs.
7. Three presentations were provided to organizations and agencies on mental health services and supports available through ACBH and the community.
8. Actively participated on Resilient Amador, focused on trauma informed care and awareness.
9. Actively participated as appointed 'Members At Large' on the Commission on Aging.
10. Organized and implemented Mental Health Matters Month in Amador County.
11. Organized and implemented Suicide Prevention and Awareness Week / Month in Amador County.
12. Actively participated LGBTQ+ Round Table meetings and assisted with implementation of LGBTQ+ awareness activities and PRIDE.
13. Actively participated in the Native American Round Table meetings.
14. Actively participated in the Latino Engagement Committee meetings.
15. Community Announcement emails with community announcements, resources and events related to mental health and other community-based support are sent to approximately 500 people twice weekly.



FY 23/24 Projected Annual Cost: \$15,000 | Increase in Cost from 22/23: \$0 |
FY 22/23 # Served: 77 (reached approx. 2,389) | FY 23/24 Projected # to be Served: 100 (est. reached 3,000) |
FY 23/24 Estimated Cost per Person: \$150

Therapeutic Groups & Activities

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

- **Wellness, Recovery and Action Plan (WRAP):** The Wellness Recovery Action Plan® or WRAP®, is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be. WRAP is an 8-week course, facilitated by Amador County's Peer Personal Services Coordinators. WRAP consists of allowing consumers to discover their own simple, safe wellness tools. It teaches consumers how to identify upsetting events and early warning signs that things have gotten much worse and uses wellness tools and action plans for responding at those times. WRAP also assists consumers with creating a crisis plan and a post-crisis plan. WRAP is for anyone, any time and supports consumers in being the way they want to be in doing the things they want to do.
Overview of FY 22/23 WRAP Activities: The Mobile Support Peer Personal Services Coordinator as well as the Outreach and Engagement Peer Personal Services Coordinator are now both WRAP certified facilitators. They offered one-on-one WRAP support to ten ACBH consumers during FY 22/23.
- **Peer Meet Up Group:** The Peer Meet Up group is co-facilitated by the two ACBH Peer Personal Services Coordinators and meets bi-weekly. Comprised of behavioral health consumers, this peer-led group is for clients who have experienced crisis, or express a need for more clinical support. The goal of the group is to encourage the use of coping skills in order to reduce hospitalizations and/or crisis services. During FY 22/23, 14 ACBH consumers participated in the Peer Meet Up group.

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- **Women's 60+ Peer Meet Up Group:** The Women's 60+ Peer Meet Up groups is co-facilitated by the two ACBH Peer Personal Services Coordinators and meets bi-weekly. The group was formed in response to an identified need that older adult women who were engaged with ACBH services needed more support that fostered the use of coping skills and socialization activities. During FY 22/23, 6 ACBH consumers participated in the Women's 60+ Peer Meet Up group.
- **Socialization Activities:** Various socialization activities provided to consumers throughout the year seek to promote community engagement and enhance social participation. Many individuals who suffer from severe mental health challenges isolate in rural communities due to lack of transportation, stigma and many other barriers. Through the utilization of socialization activities, consumers have the opportunity to develop social skills, utilize coping skills, build trusting relationships and re-engage with their community.
Overview of FY 22/23 Socialization Activities: During FY 22/23, case managers, clinicians and other ACBH staff utilized funds to promote socialization and build trusting relationships for consumers and family members by taking groups or individual consumers into social settings to practice coping skills. Examples include bowling, eating out, art and crafts, and outdoor activities such as fishing. The goal of these activities are not only to practice coping skills but to build relationships and create unique opportunities to engage in the community through connection to supports that relate directly to consumers treatment and life goals.
- **Behavioral Health Therapy Groups:** These groups, offered internally at ACBH, are for clients who have severe mental illness and are actively seeking treatment at ACBH. Groups promote social interaction while constructively learning coping skills specific to their diagnosis and/or mental health recovery goals. Funds are used to purchase materials specific to the group content/curriculum to insure success for participants and to support the clinician in effectively facilitating the group.
Overview of FY 22/23 Behavioral Health Therapy Groups: During FY 22/23, groups were held in-person. Clinicians purchased art supplies, therapeutic games, books and other materials to support group therapy work for ACBH clients.

FY 23/24 Projected Annual Cost: \$6,500 | Increase in Cost from 22/23: \$0 | Average Increase in # Served: 22% |
FY 22/23 # Served: 67 | FY 23/24 Projected # to be Served: 75 | FY 23/24 Estimated Cost per Person: \$86
Please see informational and qualitative updates in narrative above.

Client Support Fund

The Client Support Fund will be available to consumers of ACBH who need one-time supports to assist their treatment and mental health recovery. The one-time supports could include but are not limited to financial assistance in accessing treatment, gas vouchers or other transportation-related expense for travel to behavioral health appointments, medication compliance assistance, etc.

Prior to establishing the Client Support Fund, there was no program or budget to support consumers when they are not FSP, but are in need of one-time support to meet their mental health treatment goals. This fund sets aside a specific amount (\$5,000) so that when consumers need a miscellaneous item there is a fund to utilize. Funds will be distributed on an as-needed basis and must support the mental health recovery of the consumer.

FY 23/24 Projected Annual Cost: \$5,000 | Increase in Cost from 22/23: \$0 | Average Increase in # Served: 300%
| FY 22/23 # Served: 15 | FY 23/24 Projected # to be Served: 20 | FY 23/24 Estimated Cost per Person: \$250

Community Program Planning Costs

In the past, Amador County Behavioral Health has reported costs to support community programming under CSS as Administration. In an effort to be transparent about the cost of the Community Program Planning process and to show stakeholders how funds are being used for community programming, this program and budget item will be evaluated annually to determine how the community program planning process can be improved and if more funds should be allocated toward the process. After review of the funds dedicated towards Community Program Planning it was determined that the funding is sufficient to support the entire Community Program Planning Process.

The funds are used to support the advertisement of the MHSA Annual Updates and Three-Year Plans, community surveys and the Amador County Behavioral Health Advisory Board. The funds are also used to encourage participation in the Community Program Planning Process (e.g. print copies, pre-paid envelopes to facilitate more feedback, etc.)

FY 23/24 Projected Annual Cost: \$10,000 | Increase in Cost from 22/23: \$0 | Average Increase in # Served: *was not estimated in FY 22/23* | FY 22/23 # Served: 7,340 (est.) | FY 23/24 Projected # to be Served: 8,000 |

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FY 23/24 Estimated Cost per Person: \$1.25

Community Program Planning Costs is not a program that specifically serves individuals and therefore, services are not tracked. This is a fund, which allocates costs toward a process that supports the implementation of the Mental Health Services Act. However, in an effort to determine the impact of those who may have received information or participated in the CPPP, estimates are provided above and determined by the following:

Community Surveys Completed: 159

Focus Group Participants: 181

Community Email Announcements: 500 (est.)

Amador Ledger Dispatch Advertisements 6,000 (est. based off # of subscribers)

KVGC Radio Advertisements 500 (est.)

Bus Passes

Dedicated MHSA CSS funds are used to purchase bus passes through Amador Transit for consumers to access behavioral health services in Amador County. In FY 22/23, approximately 900 bus passes were issued to 31 individuals and \$1,000 were expended utilizing this fund. In the previous year, 303 bus passes were issued to 13 individuals and \$500 were expended utilizing this fund. As anticipated, levels of transportation assistance increased as the COVID-19 pandemic formally ended and all restrictions were lifted (e.g. masks, COVID screening, etc.). It is anticipated that increased levels of transportation assistance will progress in FY 23/24.

FY 23/24 Projected Annual Cost: \$1,000 | Increase in Cost from 22/23: \$0 | Average Increase in # Served: 135% |
FY 22/23 # Served: 31 | FY 23/24 Projected # to be Served: 50 | FY 23/24 Estimated Cost per Person: \$20

Cal VOICES Sierra Wind Wellness Center

Sierra Wind provides mental health recovery oriented services using peer-led programming for those who are experiencing or recovering from mental health challenges. The services provided by Sierra Wind support individual recovery goals in productive and meaningful ways utilizing self-help support and socialization activities. Sierra Wind offers advocacy, support, benefits acquisition, culturally diverse support groups, weekly support groups, linkage and navigation of services and volunteer opportunities for all of its members. Services also promote and provide outreach, community integration activities and advocacy to residents with mental illness and their families.

Sierra Wind also provides a Patient Rights Advocate (PRA) and serves as the mandated "Office of Patient's Rights" serving Amador County Behavioral Health Services clients for purposes of rights advocacy, rights violation, complaint review, and legal representation in matters of involuntary detention of clients for treatment purposes.

FY 23/24 Projected Annual Cost: \$385,000 | Increase in Cost from 22/23: \$0 | Average Increase in # Served: 8% |
FY 22/23 # Served: 1,308 | FY 23/24 Projected # to be Served: 1,100 | FY 23/24 Estimated Cost per Person: \$350

National Alliance on Mental Illness (NAMI) Amador Outreach & Support Groups

NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need. For this project, NAMI provides outreach, engagement, and education for ACBH as well as education and support to the community in the form of 4 support groups: Family Support, Family to Family, Peer to Peer, and Connections Recovery. More recently, NAMI Amador has incorporated NAMI Homefront, an educational program for families, caregivers and friends of military service members and veterans with mental health conditions. In addition to the support groups and courses, NAMI also offers a monthly education and advocacy meeting where guest speakers present to provide education to the group and its guest attendees.



FY 23/24 Projected Annual Cost: \$36,850 | Increase in Cost from 22/23: \$0 | Average Increase in # Served: 38% |
FY 22/23 # Served: 339 | FY 23/24 Projected # to be Served: 350 | FY 22/23 Estimated Cost per Person: \$106



MomCHAT

MomCHAT, formerly an Innovations project titled 'Circle of Wellness: Mother, Child, Family, is a maternal mental health program that provides a wellness team approach (peer navigator and licensed or registered therapist) to support moms early in pregnancy and postpartum.

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The MomCHAT Wellness Team consists of the service providers treating and providing services to program participants. The Wellness Team includes the peer navigator and licensed or registered mental health therapist. The peer navigator is provided through a contract with Cal VOICES and the mental health therapeutic services are provided by a contracted community based provider.

MomCHAT provides support to individuals between 0 and 28 weeks of pregnancy. Eligible participants must also be residents of Amador County. If an individual consents to participate in MomCHAT, they are eligible to stay in the program for up to one year after the birth of their child which initiated the MomCHAT referral.

The goal of the MomCHAT program is to provide mental health services and support to high-risk mothers living in Amador County in order to assist with crisis stabilization, reduce symptoms of prenatal and postnatal stress, and to create sustainable supports that guide mothers and their families on their wellness journey.

In FY22/23 the MomCHAT program served 19 participants.

FY 23/24 Projected Annual Cost: \$147,700 | Increase in Cost from 22/23: \$0 | Average Increase in # Served: 15% Decrease | FY 23/24 # Served: 19 | FY 23/24 Projected # to be Served: 25 | FY 22/23 Estimated Cost per Person: \$5,908

Prevention and Early Intervention (PEI)

The Prevention and Early Intervention (PEI) component of the MHSA plan focuses on programs for individuals across the life span prior to the onset of a serious emotional/behavioral disorder or mental illness. Prevention includes programs provided prior to a diagnosis for a mental illness. Early Intervention includes programs that improve a mental health problem very early (thus avoiding the need for more extensive treatment) or that prevent a problem from getting worse.



ACBH focuses on all populations throughout Amador County for PEI programming purposes:

- Youth & Transition Age Youth
- Children & Families
- Foster Youth
- Adults
- Latino Community
- Native American Community
- Veterans
- LGBTQ+
- Older Adults
- Grandparents
- Isolated Rural Areas

ACBH anticipates serving the following number of children, TAY, adults and older adults, through PEI programming:

| Age Group: | # to be Served: |
|--------------------------------------|-----------------|
| Children & Youth (0-12) | 1,000 |
| Teens (13-17) | 1,200 |
| Transitional Age Youth (TAY) (18-24) | 100 |
| Adults (25-59) | 600 |
| Older Adults (60+) | 3,000 |

Prevention and Early Intervention Regulations, Three Year PEI Evaluation & Annual PEI Reports

Prevention and Early Intervention programming require counties to include programs that provide the following: Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, Stigma and Discrimination Reduction and Suicide Prevention. Additional reporting requirements include detailed demographic information, which includes Sexual Orientation and Gender Identity (SO/GI) data, specific strategies for programs and regulation around program changes.

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Amador County Behavioral Health is collecting SO/GI data by offering both a paper and online survey to program participants. The survey is voluntary and will be reported in aggregate form in order to protect participant's identity. SO/GI data for FY22/23 can be found in the Annual PEI Report.

The FY 22/23 Annual PEI Report can be found as an attachment to this Three-Year Plan. Attachments start on page 61.

SB1004

All Prevention & Early Intervention (PEI) programs are required to comply with WIC Section 5840.7 enacted by SB1004 which requires counties to specify how they are incorporating the following six Mental Health Services Oversight and Accountability Commission (MHSOAC)-identified priorities in the MHSA Three-Year Plans.

| SB 1004 Priority Category | Program Name | Funding Allocated to Priority: |
|---|---|--------------------------------|
| 1: Childhood trauma prevention and early intervention to deal with the early origins of mental health needs | First 5 Amador | \$33,000 |
| | Nexus Youth & Family Services Parent Child Interaction Therapy (PCIT) | \$20,000 |
| 2: Early psychosis and mood disorder detection and intervention; and mood disorder and suicide prevention programming that occurs across the lifespan | Suicide Prevention (includes training/QPR) | \$26,000 |
| | Nexus Youth & Family Services Outreach & Engagement | \$140,000 |
| 3: Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs and transition age youth not in college | Nexus Youth & Family Services Youth Empowerment Program | \$46,000 |
| 4: Culturally competent and linguistically appropriate prevention and intervention including community defined evidence practices (CDEPs). | Cal VOICES LGBTQ Support Services | \$35,000 |
| | Nexus Youth & Family Services Promotores de Salud | \$34,000 |
| 5: Strategies targeting the mental health needs of older adults | Amador Senior Center Programs | \$30,000 |
| | The Resource Connection (TRC) Grandparents Program | \$32,000 |
| 6: Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis | Nexus Youth & Family Services Aggression Replacement Therapy (ART) | \$20,000 |
| | Cal VOICES Labyrinth Stress Reduction Project | \$35,000 |

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

CURRENT INITIATIVES

ACBH dedicates staff time and resources to mental health initiatives, as directed by stakeholders within Amador County. Although these initiatives are not programs, funded under the MHSA, they are stakeholder driven efforts that aim to leverage current Prevention and Early Intervention programming in order to maximize resources to support individuals and families in Amador County.

School Based Mental Health Early Intervention Strategies ACBH prioritizes student mental health and has several initiatives detailed throughout this MHSA Three-Year Plan which focus specifically on students and their families.

The School Based Mental Health Early Intervention Strategies Workgroup (workgroup), was launched in April 2018 as a collaboration between Amador County Behavioral Health (ACBH), the Amador County Unified School District (ACUSD) and other organizations doing work in the schools to determine where the gaps lie in providing students mental health treatment and what processes and systems should be in place to identify and treat mental illness in the school settings.



The workgroup has met consistently (every 4-6 weeks) since April 2018 and has accomplished the following:

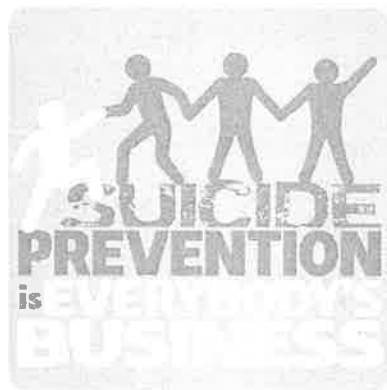
- MOU between ACBH and ACUSD/ACOE and utilizing ACBH Mobile Support Team as a critical component of ACUSD's Threat Assessment Protocol;
- Referral sheets and flow charts to assist school counselors and personnel were developed and disseminated to the school sites in order to provide students and families' access and linkage to mental health services and supports;
- Implementation and expansion of the Student Assistance Program, ASPIRE, to work with students and engage their families in connecting to higher levels of mental health treatment and support;
- Expansion of the student mental health initiative to include a comprehensive community system of care under the Innovations funding stream (page 29);
- Oversight of the Mental Health Student Service Act (MHSSA) grant that provides two mental health therapists and one school counselor to provide direct services and supports at school sites throughout ACUSD; and
- Collaboration to implement the Student Behavioral Health Incentive Program (SBHIP) within ACUSD schools has resulted in the pilot of a wellness center at one of the three ACUSD high schools for school year 2023/24.

The workgroup will continue to meet to discuss progress, unmet needs, prioritize solutions and determine sustainable funding mechanisms to continue this work in Amador County after the grant and other related funds expire.

CURRENTLY FUNDED PROGRAMS

ACBH is currently funding a host of PEI programs to serve those in the community across the lifespan.

Suicide Prevention, Education and Awareness



For several years, Amador County's suicide rate has been higher than the state. The California Department of Public Health (CDPH) recently released a report showing that from 2016-2021, Amador County ranked as the second highest suicide rate in the state. The data also revealed that Amador County has the highest self-harm rate in California.

Efforts to address suicide prevention and awareness are actively being pursued through education and training as well as in-person and indirect outreach efforts. Both activities have been successful interventions that target a broad range of populations, across the life span.

Details on different components of the Suicide Prevention, Education and Awareness program are 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,

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

QPR is a *mental health* emergency intervention that interrupts the crisis and directs the individual to appropriate care. QPR is an in-person training but adapted to a virtual platform in 2020 in response to the COVID-19 pandemic. It now can be offered in-person or virtually, depending on the participants preferences.

In FY 22/23 59 individuals were trained in QPR and 100% reported improved knowledge, behavior and/or attitudes about suicide after participating in the training. 580 individuals have completed the QPR training since July 1, 2018.

FY 23/24 Projected Annual Cost: \$7,500 | Increase in Cost from 22/23: \$1,500 | Average Increase in # Served: 25% | FY 22/23 # Served: 59 | FY 23/24 Projected # to be Served: 75 | FY 23/24 Estimated Cost per Person: \$100



Tools for Tomorrow (formerly Heart of Hope): Tools for Tomorrow, formerly Heart of Hope, originated as a collaboration between the Amador Arts Council (AmadorArts) and ACBH, in order to bring awareness around mental illness and suicide prevention during Suicide Prevention Awareness Week in September 2019. Originally, this collaboration was an art exhibit that highlights 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. The event has evolved and is now an annual suicide prevention affair.



In order to reach more community members and encourage participation in the event, the annual occasion has been reimagined, pivoting from a month-long art exhibit, to a family picnic-themed evening of art, community, and connection. Tools for Tomorrow aims to be an experience so that community members can learn more about behavioral health and community resources, while also enjoying music, food, and engaging through creating art.

Overall, the intent of this annual event remains the same -- to raise awareness of suicide and self-harm, while promoting a space that creates connection through art.

In FY22/23, the event was held in-person with much success. Prevention and Early Intervention funds supported the event including music, refreshments, advertising costs, promotional items, staffing and resource materials. Approximately 90 people attended the event.

For FY 23/24, funds will be used to support the event including music, advertising costs, staffing and resource materials.

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;
- Developed and implemented monthly presentations and workshops where guest speakers and organizations attend the monthly meeting to increase awareness and promote community engagement;
- Ongoing data analysis plan for local suicide data in comparison to other small, rural counties and the state;
- Host and sponsor 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;
- Developed partnerships with statewide organizations and agencies including Veterans Affairs, the American Foundation for Suicide Prevention (AFSP), and the California Department of Public Health (CDPH);
- Continued marketing and utilization of local media, to spread awareness about suicide and Amador SPEAKS;
- Development of a social media account to promote the coalitions efforts and increase awareness around suicide for Amador County residents; and