

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

- Annual presentations to the Amador County Board of Supervisors in order to provide updates on coalition activities, data, and more.

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.

Suicide Prevention: Education and Awareness Budget & Projections:

Includes outreach materials and other trainings or activities as approved by Amador SPEAKS, in accordance with Amador County and MHSA regulations.

In FY 22/23, approximately 6,700 people were reached either through direct or indirect outreach specific to suicide prevention and awareness.

FY 23/24 Projected Annual Cost: \$20,000 | Increase in Cost from 22/23: \$0 | Average Increase in # Served: 0% |

FY 22/23 # Served: 6,433 (indirect outreach); 267 (coalition meetings, events, direct outreach) |

FY 23/24 Projected # to be Served: 400 (coalition meetings, events, direct outreach) | FY 23/24 Estimated Cost per Person: \$50

Cal VOICES Labyrinth Stress Reduction Project (The Labyrinth Project) & LGBTQ Support Services

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. ACBH contracts with Cal VOICES for this program.

Cal VOICES will utilize a full time Peer 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 Labyrinth walks in the community throughout the year; targeting youth, single parents, older adults, veterans, Homeless/Unhoused Community Members, Spanish speaking, LGBTQ communities and those at risk for developing a mental illness.



In recent years, Sierra Wind Wellness and Recovery Center built an outdoor Labyrinth and purchased two 10-foot canvas (mobile) labyrinths, which allowed participants to walk individually during community events. Approximately 89 individuals, across the lifespan participated in Labyrinth activities throughout FY22/23. Weekly labyrinth walks, one-on-one walks and continued outreach utilizing social media and in-person events was conducted to provide interactive resources and activities to promote the Labyrinth and its positive effects on stress.

During FY 22/23, 8 in-person Labyrinth events were held either in conjunction with community outreach opportunities or stand-alone. Approximately 70 individuals participated in these outreach events by walking the mobile Labyrinth and/or learning more about the positive impact it has on mental wellbeing.

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

89 unduplicated potential responders engaged in the Labyrinth Stress Reduction project during FY 22/23.

LGBTQ Support Services:

Prevention Program

Strategy: Non-Stigmatizing and Non-Discriminatory Strategies (new strategy for FY23/24)

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,

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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.

Methods used to measure the effect of the non-stigmatizing and non-discriminatory strategies will be 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.

The LGBTQ Support Services program served 36 participants in FY 22/23.

Combined--Labyrinth Stress Reduction Project (The Labyrinth Project), LGBTQ Support Services (breakout for each program is listed in the Program Outcomes section beginning on page 43 and is also included in the attached FY 22/23 Annual PEI Report.)

FY 23/24 Projected Annual Cost: \$70,000 | Increase in Cost from 22/23: \$0 | Increase in # Served: 45% |
FY 23/24 # Served: 125 | FY 23/24 Projected # to be Served: 150 | FY 23/24 Estimated Cost per Person: \$467



First 5 Amador

Access and Linkage to Treatment Program

Strategy: Outreach for Increasing Early Signs of Mental Illness: This program provides mental health outreach, education, consultation and support to Amador County's children aged 0-5, their families/caregivers and child care provider/settings. ACBH supports this program, which is implemented through First 5 Amador.

First 5 Amador provides high quality mental health consultation, treatment, socialization, 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 settings 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 three years, Resilient Amador provided trainings to community members and county staff in order to create a more trauma-informed community. Resilient Amador also continues to meet on a monthly basis in order to continue implementation of trauma informed practices in

organizations, agencies and community-wide.

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. 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, community parks 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-person engagement continued in FY 22/23 through direct outreach events, community settings, and through the use of onsite, weekly groups. In FY19/20 First 5 began to leverage its ability to track how many viewed its online content. In FY 22/23, over 1,500 potential responders viewed information online (via Facebook, monthly newsletter or web page).

FY 23/24 Projected Annual Cost: \$33,000 | Increase in Cost from 22/23: \$0 | Increase in # Served: 8% |
FY 22/23 # Served: 421 | FY 23/24 Projected # to be Served: 300 | FY 23/24 Estimated Cost per Person: \$110

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Nexus Youth and Family Services--Outreach & Engagement

Combined Program – Prevention and Early Intervention

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

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, wellness workshops, community trainings regarding mental health and available resources, case management support and advocacy. In addition, Nexus has established a Peer Advisory Council that provides informed consultation regarding activities and services. Working together, with ACBH 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 ACBH 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 ACBH.

In FY 22/23, 4,301 individuals received prevention services and 432 received early intervention services.

FY 23/24 Projected Annual Cost: \$140,000 | Increase in Cost from 22/23: \$0 | Increase in # Served: 10%
| FY 22/23 # Served: 559 | FY 23/24 Projected # to be Served: 500 | FY 23/24 Estimated Cost per Person: \$280

Nexus Building Blocks of Resiliency (PCIT & ART)

Combined Program – Prevention and Early Intervention

Strategy: Access and Linkage to Treatment

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 22/23, 98 individuals received prevention services and 91 received early intervention services.

FY 23/24 Projected Annual Cost: \$40,000 | Increase in Cost from 22/23: \$0 | Increase in # Served: 58% decrease |
FY 22/23 # Served: 189 | FY 23/24 Projected # to be Served: 100 | FY 23/24 Estimated Cost per Person: \$400

Nexus Youth Empowerment Program (YEP)

Combined Program – Prevention & Stigma and Discrimination Reduction Program

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

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.

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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. This information is included in the MHSA Outcomes section starting on page 43 and is also included in the attached FY 22/23 Annual PEI Report. The data is also evaluated and provided in the Three-Year Evaluation Reports provided to the MHSOAC.

In FY 22/23, 3,375 individuals received prevention services and 68 received early intervention services.

FY 23/24 Projected Annual Cost: \$46,000 | Increase in Cost from 22/23: \$0 | Increase in # Served: 155% |
Avg. FY 22/23 # Served: 3,443 | FY 23/24 Projected # to be Served: 1,000 | FY 23/24 Estimated Cost per Person: \$46

Nexus Promotores de Salud

Prevention Program

Strategy: Improve timely access to underserved populations

ACBH, through Nexus Youth and Family Services, targeted Spanish-speaking individuals and families to improve timely access to services amongst the Hispanic/Latino population/communities of Amador County.

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 and QPR as a method to inform the community about suicide warning signs, how to offer help, and available resources.

In FY 22/23, 929 individuals received prevention services and 15 received early intervention services.

FY 23/24 Projected Annual Cost: \$34,000 | Increase in Cost from 23/24: \$0 | Average Increase in # Served: 260% Decrease |
Avg. FY 22/23 # Served: 98 | FY 23/24 Projected # to be Served: 200 | FY 23/24 Estimated Cost per Person: \$170

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The Resource Connection (TRC) Grandparents Program

Prevention Program

Strategy: Improve Timely Access to Underserved Populations ACBH, 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 for their grandchildren in a licensed childcare facility or license-exempt provider who has cleared the background process through the Guardian/Trustline clearance system, or respite care setting per month. 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 FY22/23, 22 grandparent families and 52 individuals participated in The Grandparents Program.

FY 23/24 Projected Annual Cost: \$32,000 | Increase in Cost from 22/23: \$0 | Average Increase in # Served: 46% Decrease | Avg FY 22/23 # Served: 52 | FY 23/24 Projected # to be Served: 60 | FY 23/24 Estimated Cost per Person: \$533

Amador Senior Center Programs

The Amador Senior Center hosts 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, 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.

Senior Peer Program (Senior Peer Visitors)

Prevention Program

Strategy: Improving Timely Access to Services for Underserved Populations

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

ACBH contracts with the Amador County Senior Center to expand the scope and/or outreach of their efforts to support the mental health and wellbeing of isolated older adults. 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. 66 individuals were served in FY22/23 either as program participants or volunteers.

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.

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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. This data is provided in the MHSA Outcomes section starting on page 43 and is also included in the attached FY22/23 Annual PEI Report. 569 individuals were served in FY22/23.

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. This data is provided in the MHSA Outcomes section starting on page 43 and is also included in the attached FY22/23 Annual PEI Report. 2,121 individuals were served in FY22/23.

FY 23/24 Projected Annual Cost: \$30,000 | Increase in Cost from 22/23: \$0 | Increase in # Served: 20% |
FY 22/23 Total # Served: 2,756 | FY 23/24 Projected # to be Served: 1,000 | FY 23/24 Estimated Cost per Person: \$30

Innovation (INN)

The purpose of the Innovation (INN) component is to promote learning and generally INN projects are defined by any one of the following general criteria:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite



All INN projects have a primary purpose which is developed and evaluated in relation to the aforementioned general requirements. Primary purposes can be one, some or all of the following:

- a) Increase access to mental health services to underserved groups
- b) Increase the quality of mental health services, including measurable outcomes
- c) Promote interagency collaboration related to mental health services, supports, or outcomes
- d) Increase access to mental health services, including but not limited to, services provided through permanent supportive housing.

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

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

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

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Current Innovations Programs & Updates

Comprehensive Community Support Model to Address Student Mental Health

In June 2021, the Amador County Board of Supervisors approved ACBH to pursue an Innovations project focused on student mental health. The project promotes interagency collaboration related to mental health services, supports or outcomes and was approved by the Mental Health Services Oversight and Accountability Commission on June 29, 2021 for a period starting July 1, 2021 through June 30, 2025. The project, Comprehensive Community Support Model to Address Student Mental Health has completed its second year of implementation and a fully detailed report is attached to this MHSA Three-Year Plan. Attachments start on page 61.

FY 23/24 Projected Annual Cost: \$133,000 | Increase in Cost from 22/23: 0% | FY 22/23 # Served: 663 (336 through school and provider partner outreach; 127 through school and provider partner educational workshops; 200 individuals served through ASPIRE) | Increase in # Served: 108% | FY 23/24 Projected # to be Served: 500 | FY 23/24 Estimated Cost per Person: \$266

Workforce Recruitment & Retention Strategies – Pending Innovations Project

For the past several years, the Community Program Planning Process, has revealed that efforts to recruit and retain mental health professionals should be pursued due to the fact that high turnover and inconsistency in service providers is negatively impacting client care. Although it is recognized that efforts at the state and federal level are working towards building strategies around workforce recruitment and retention, many of the initiatives are not encompassing the comprehensive needs that rural communities face when recruiting and retaining service providers.

The general requirement for this proposed project is: *Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system.*

The primary purpose of this proposed project is: *Increases the quality of mental health services, including measured outcomes.*

ACBH has drafted a proposed project titled 'Workforce Recruitment & Retention Strategies' which has undergone the following processes:

- Posted for public comment and review between June 19 and July 19, 2023;
- Public hearing at Amador County Behavioral Health Advisory Board held on July 19, 2023. After the public hearing, the proposed project was approved.
- Pending approval from Amador County Board of Supervisors. It is scheduled to be on the agenda at the August 22, 2023 meeting.

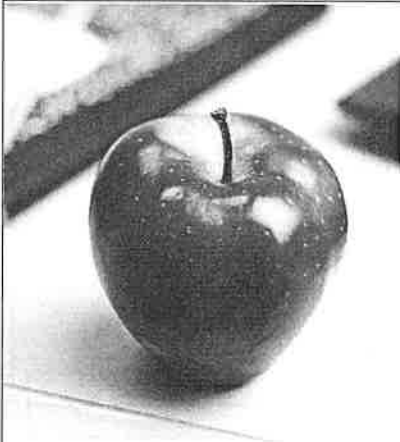
After the Amador County Board of Supervisors approves the proposed project, ACBH will continue to work with the MHSAOAC for formal approval. The draft proposed project is attached to this MHSA Three-Year Plan. Attachments start on page 61.

Workforce Education and Training (WET)

The MHSA Workforce Education and Training (WET) component provides funding to improve the capacity of the public mental health workforce. The WET component also ensures the development of a diverse workforce that is capable of delivering services that are linguistically and culturally competent.

Funding History

Originally, WET funds provided to counties were time limited, having to be expended within 10 years (June 30, 2018). Due to AB114, an extension was provided to counties to expend unused funds no later than June 30, 2020. Due to the COVID-19 global pandemic, an additional one-year extension on using the time-limited funds was granted. After the original funding was expended, counties were required to maintain funding the WET component using the Community Services and Supports (CSS) component of the MHSA. Since FY 21/22, transfers from CSS have been initiated annually in order to continue to fund WET activities and programs.



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CURRENTLY FUNDED PROGRAMS

Staffing Support

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

Staff & Community Training

Staff training will continue to be enhanced over the next year through the Relias Online Learning Management System, which adds over 420 courses of readily available curriculum, with CEUs at no additional cost. Relias covers training on all MHSA target populations, current therapeutic interventions, as well as the MHSA essential elements. Monthly staff meetings, individual off-site training, webinars/virtual training and community events also provide learning opportunities.

Stakeholder identified training needs are also prioritized. Stakeholders would like to see WET funds used to provide crisis intervention training, including CIT with local law enforcement, Mental Health First Aid (MHFA), Teen MHFA (tMHFA), Motivational Interviewing, Understanding Telehealth, Implicit Bias, Veteran-focused mental health training, Wellness Recovery Action Plan (WRAP) offered to both staff and program participants and WISE U for peers entering or employed in Amador's workforce.

The MHSA/Cultural Competency Steering Committee also provides suggestions and feedback for community trainings based on requests (as received) and will be considered as the needs arise. In addition, virtual training options have provided increased access to valuable training needed and requested by ACBH, community partners and Amador County residents. In FY 22/23 over thirty training courses were provided and completed by ACBH staff. Additionally, the following trainings were provided to staff and community partners as well as residents of Amador County:

- Crisis Intervention Training (CIT) & De-escalation Training -- provided to approx. 50 ACBH staff, community partners and law enforcement officers/workers
- Law & Ethics Training: Provided to 50 ACBH staff and community partners
- Perinatal Wellness Training – provided to 12 ACBH staff, community partners & Amador residents
- MHSA Stakeholder Workshop—provided to all funded MHSA contract partners
- MHSA Staff Workshops—provided to all ACBH staff
- Question, Persuade, Refer (QPR) Suicide Gatekeeper Training—continuous/ongoing for ACBH staff and community
- Staff Meeting Presenters/In Service Trainings—monthly for all ACBH staff

Amador Community College Foundation (ACCF) or Amador College Connect

Amador College Connect (aka ACCF) currently partners with Columbia College, Coastline Community College, Foothill College, Allan Hancock Community College, Shasta College (Interactive TV courses) and Arizona State University to offer Amador County residents certificate, associate and bachelor degree programs, completely online. One of the programs Coastline offers is an 18-unit Human Services certificate. This is the ideal entry-level certificate to begin employment with ACBH, typically as a Personal Service Coordinator. To support consumers, family members, and anyone who would like to work in public mental health, ACBH is partnering with Amador College Connect to promote this certificate and to provide additional supports as needed, including internships (see below).

FY 23/24 Projected Annual Cost: \$35,000 | Increase in Cost from 22/23: \$0 | Average Increase in # Served: 0% |
FY 22/23 # Served: 41 | FY 23/24 Projected # to be Served: 50 | FY 23/24 Estimated Cost per Person: \$700

Internship Opportunities

ACBH continues to offer Masters in Social Work and Marriage and Family Therapist Interns opportunities to earn their hours toward licensure within the department. Students needing practicum hours to graduate are also extended opportunities for needed experience as capacity allows. The Clinician III, who is employed through ACBH as well as the ACBH Director, offers supervision weekly to support all interns and practicum students.

ACBH continues to offer opportunities for students who are seeking internship prospects for other educational pursuits for licensure or certification in Substance Use Disorder treatment or Bachelors programs. The Amador County Behavioral Health Director and Clinician III provide the supervision for these internships on a case-by-case basis.

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Part of the 18-unit Human Services certificate noted above (see Amador Community College Foundation or Amador College Connect) also requires an internship. ACBH will continue to collaborate with Amador College Connect to facilitate these internships as well, either within the department, or with another community partner.

Department of Health Care Access and Information (formerly Office of Statewide Health Planning and Development (OSHPD)) WET Five-Year Plan

As stated above, Statewide County WET Funds were exhausted as of June 30, 2021. At that time, if any remaining WET funds existed, they reverted back to the State. To maintain MHSA training priorities and address the shortage of qualified personnel in the public mental health workforce, ACBH participates in the Central Regional Partnership WET Five-Year Plan, funded by the Department of Health Care Access and Information (HCAI), formerly the Office of Statewide Health Planning and Development (OSHPD), in coordination with CalMHSA. The Regional Partnership administers programs supporting individuals at any point along the career development pathway: for example, offering scholarships to undergraduate students in exchange for service learning within BHS; supporting students in a clinical graduate program in exchange for a 12-month work commitment; or supporting current public mental health professionals working in hard-to-fill and hard-to-retain positions.

The Regional Partnership uses CalMHSA as an intermediary to manage the funds and administer the program. In FY21/22, Amador County provided a one-time contribution match of \$20,973.85 to the Regional Partnership, using WET funds. A total of \$84,531 was allocated to ACBH to pursue workforce recruitment and retention activities pursuant to the regional partnerships priorities. In order to do this, a Participation Agreement (PA) was executed between CalMHSA and Amador County Behavioral Health on January 28, 2022. The funds available to Amador, were allocated to the Student Loan Repayment Program which offers a lump sum payment towards student loans in turn for a service commitment. ACBH offered the Student Loan Repayment Program to direct service clinical staff, in turn for a two-year service commitment. Payments, totaling no more than \$15,000 per applicant, will be provided using an intermittent disbursement system. After the first year of service, 50% of the payment will be directed to the student loan, and after the second year of service the remaining 50% will be directed to the student loan. All payments are made directly from CalMHSA to the note holder of the student loan. If any funds remain, other retention and recruitment strategies will be explored to meet specific needs of ACBH's workforce. This five-year plan sunsets on June 30, 2025.

During FY22/23, CalMHSA informed counties within the Central Regional Partnership that additional funds were available to pursue retention and recruitment strategies. ACBH has pursued these additional funds in order to potentially offer a second application round for the Student Loan Repayment Program and possibly pursue other retention activities. The additional funds, also required a funding match, which totals \$1,668.89. Currently, ACBH is seeking the required approvals and agreements through an additional PA with CalMHSA. Once the additional PA is fully executed, ACBH will issue the funding match to CalMHSA. ACBH is expected to receive an additional \$3,309.08 in funding for a total of \$31,224.75.

It should be noted that in MHSA/Cultural Competency Steering Committee meetings and in conversations with ACBH staff members, priorities for Amador County's public mental health system workforce includes offering a variety of recruitment and retention activities, including student loan repayment programs. ACBH will insure that funds dedicated to the Regional Partnership allow these priorities to be implemented for Amador County's workforce.

In FY 22/23, Amador County Behavioral Health expended in \$49,111.60 in Workforce, Education & Training funds.

FY 2023/24 Estimated Program Cost: \$89,009.08

Program costs include all programs funded under the WET component as stated in this MHSA Three-Year Plan

Capital Facilities and Technology (CFT)

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

Funding for the CFT component was provided to counties to be used within ten years or by June 30, 2018—whichever happened first. ACBH has fully expended its CFT balance. In order to continue funding CFT, a transfer from the Community Services and Supports (CSS) component of the MHSA will occur annually to continue CFT programming. ACBH will continue to fund the CFT component using transfers, as allowed by statute and approved by stakeholders, from CSS.

For FY23/24, these funds will continue to be used for the currently funded programs listed below.

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

CURRENTLY FUNDED PROGRAMS

Capital Facilities projects have not been pursued. Due to the limited amount of funding and regulatory requirements for Capital Facilities, these projects were not feasible for Amador County. Stakeholders have directed ACBH to investigate crisis residential and stabilization facilities, however, due to high costs and long-term funding commitments to implement these critical services, ACBH determined that there was not enough resources to pursue projects of this magnitude. Stakeholders continue to discuss solutions in providing crisis care for those experiencing mental illness.



Network of Care

Network of Care is a free online resource directory for individuals, families and agencies. Anyone who wishes to access Network of Care will be able to find services, resources and supports related to mental health, substance use, advocacy and more. When accessing Network of Care, users will also find local community activities, announcements and access up-to-date information on Amador County's Suicide Prevention Coalition and Mental Health Services Act.

Electronic Billing and Records System

ACBH has contracted with Kings View Behavioral Health to provide the department with the Anasazi System for several years. Effective July 1, 2023, the Anasazi System is no longer supported by its parent company, Cerner. As a result, ACBH has transitioned to a new electronic health record, Credible. Kings View Behavioral Health is supporting Credible as well as the transition out of the Anasazi System. As a result, costs for the electronic billing and records system will increase this fiscal year due to the need to support access to two systems as ACBH transitions to one from another. Kings View will still support the electronic health record, Credible, as they did the Anasazi System which provided critical support for successful helpdesk services, fiscal reports, updates, and other services and supports, including user training. Electronic Health Records (EHRs) are required and/or essential for Health Care Reform, CalAIM, HIPAA transactions, billing requirements, and the changes that are ongoing within the State of California.

Technology Needs

Various technological needs arise in order to effectively support operations throughout the ACBH system of care. This includes computers, web cameras and other technology required to effectively provide services and support throughout the agency. CFT funds will be used, on an as-needed basis, to update equipment and/or purchase additional devices (signature pads, etc.) so that daily operations can commence efficiently with minimal impact to client care.

Virtual Platforms

Due to the COVID-19 pandemic, ACBH was required to utilize telehealth options for all services provided within the system of care, including direct therapeutic services, psychiatric, substance use and more. Additionally, all meetings, both internal and external, were held using virtual platforms. In order to continue the use of the virtual platforms to promote more options for ACBH clients to access care, CFT funds are required to support this ongoing cost. Zoom and other telehealth platforms provide HIPAA compliant service delivery among all clinical staff and supports the needs for virtual meeting space, when in-person meetings are unable to occur.

In FY 22/23, a total of \$362,337 was expended in Capital Facilities and Technological needs.

FY 2023/24 Estimated Program Cost: \$386,171

Program costs include all programs funded under the CFT component as stated in this MHSA Three-Year Plan.

Prudent Reserve (PR)

MHSUDS Information Notice No. 19-017 titled Mental Health Services Act: Implementation of Welfare & Institutions Code (W&I) Sections 5892 and 5892.1 provided formal guidance from the state to ACBH regarding its Prudent Reserve. According to the above-mentioned notice, "Each county must calculate an amount to establish its prudent reserve that does not exceed 33 percent of the average amount allocated to the CSS component in FY 2013-14, FY 2014-15, FY 2015-16, FY 2016-17, and FY 2017-18. To determine the average amount allocated to the CSS component over those five fiscal years a county must calculate the sum of all distributions from the MHSF from July 2013 through June 30, 2018, multiply that sum by 76 percent, and divide that product by five." This notice requires counties to establish a Prudent Reserve that is funded at a level that does not exceed 33% of its average CSS funding for a five-year period. This process will need to be reassessed every five years to determine that the county is meeting a 33% prudent reserve level that is based off current funding trends. The first Mental Health Services Act Prudent Reserve Assessment/Reassessment was included in the certifications section of the FY19/20 MHSA Annual Update. The next Mental Health Services Act Prudent Reserve Assessment/Reassessment will be due in 2024 as part of the FY 2024-25 Annual Update or Three-Year Plan.

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

Amador County maximum Local Prudent Reserve Levels calculations:

CSS Funding:

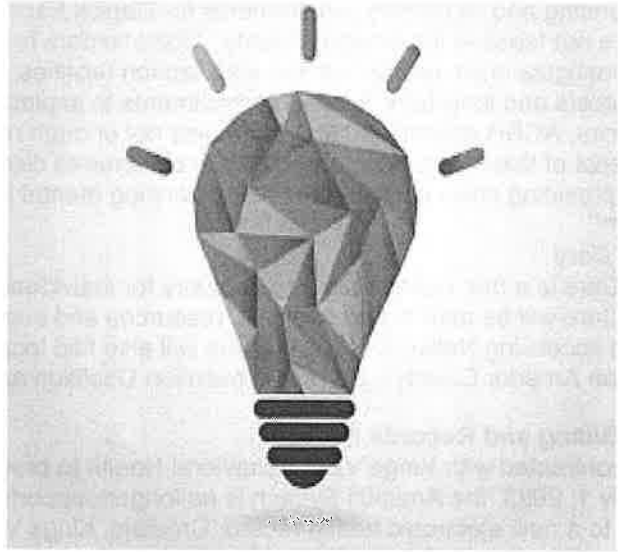
| | |
|-------|----------------|
| 13-14 | \$2,000,935.48 |
| 14-15 | \$2,787,774.09 |
| 15-16 | \$2,471,708.57 |
| 16-17 | \$2,815,211.03 |
| 17-18 | \$2,931,915.69 |

| | |
|--------------|------------------------|
| TOTAL | \$13,007,544.86 |
|--------------|------------------------|

| | | |
|--------------|-----------------------|-----------------------|
| Total | \$9,885,734.09 | |
| | | /5 divided by 5 years |

| | |
|--------------|------------------------------|
| Total | <u>\$1,977,146.82</u> |
|--------------|------------------------------|

| | |
|--------------|---------------------|
| Total | \$652,458.45 |
|--------------|---------------------|



According to the above calculations, Amador County Behavioral Health should maintain a prudent reserve account at a level of \$652,458.45. Any overage shall be transferred to the component in which the funds were originally transferred from. Since all funds transferred to the Prudent Reserve originated in the CSS component, if there is an overage due to interest accrued over the fiscal year, the funds shall transfer back to the CSS component. Overages shall be transferred annually.

The funds transferred into the operational MHSA component (in this case, CSS) shall be used for stakeholder approved activities as stated in the CSS summary on page 10.

FY 23/24 – FY 25/26 MSHA Three-Year Expenditure Plan

**PROJECTED FY23/24 - FY 25/26 Mental Health Services Act Three-Year Expenditure Plan
Funding Summary FY23/24**

County: Amador

Date: 8/21/23

| | MSHA Funding | | | | | |
|---|---------------------------------|-----------------------------------|------------|----------------------------------|--|-----------------|
| | A | B | C | D | E | F |
| | Community Services and Supports | Prevention and Early Intervention | Innovation | Workforce Education and Training | Capital Facilities and Technological Needs | Prudent Reserve |
| A. Estimated FY 2023/24 Funding | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 1,721,647 | | 333,424 | | | |
| 2. Estimated New FY 2023/24 Funding | 2,394,000 | 598,500 | 157,500 | 0 | 0 | 0 |
| 3. Transfer in FY 2023/24** | (472,180) | | | 86,009 | 386,171 | 0 |
| 4. Access Local Prudent Reserve in FY 2023/24 | 0 | 0 | | 0 | 0 | 0 |
| 5. Estimated Available Funding for FY 2023/24 | 3,643,467 | 598,500 | 490,924 | 86,009 | 386,171 | |
| B. Estimated FY 2023/24 MSHA Expenditures | 3,643,467 | 560,539 | 490,924 | 86,009 | 386,171 | |
| G. Estimated FY 2023/24 Unspent Fund Balance | 0 | 37,961 | 0 | 0 | 0 | |
| H. Estimated Local Prudent Reserve Balance | | | | | | |
| 1. Estimated Local Prudent Reserve Balance on June 30, 2022 | | 652,458 | | | | |
| 2. Contributions to the Local Prudent Reserve in FY 2022/23 | | 0 | | | | |
| 3. Distributions from the Local Prudent Reserve in FY 2022/23 | | 0 | | | | |
| 4. Estimated Local Prudent Reserve Balance on June 30, 2023 | | 652,458 | | | | |

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

**PROJECTED FY23/24
Community Services and Supports (CSS) Funding**

County: Amador

Date: 8/21/23

| | Fiscal Year 2023/24 | | | | | |
|---|--|-----------------------|------------------------|----------------------------|--|-------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CSS Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| FSP Programs | | | | | | |
| 1. Integrated FSP Flex Funds | 60,000 | 60,000 | | | | |
| 2. FSP Staffing Costs | 1,236,913 | 1,236,913 | 123,691 | | | |
| Non-FSP Programs | | | | | | |
| 1. Mobile Support Team (incl staff & phone) | 153,860 | 85,000 | 15,222 | | | 53,638 |
| 2. Wellness Center & PRA | 385,000 | 385,000 | | | | |
| 4. NAMI Ed & Support Groups | 36,850 | 36,850 | | | | |
| 5. MomCHAT | 147,700 | 147,700 | | | | |
| 6. Therapeutic Groups & Activities (Socialization, WRAP, BH Groups) | 6,500 | 6,500 | | | | |
| 7. Client Support Fund | 5,000 | 5,000 | | | | |
| 8. Community Program Planning Costs | 10,000 | 10,000 | | | | |
| 9. Amador Transit-Bus Passes | 1,000 | 1,000 | | | | |
| 10. Outreach and Engagement | 15,000 | 15,000 | | | | |
| 11. CSS Housing Funds (from PR Transfer) | | | | | | |
| 12. CSS Transfer to WET | 85,000 | 85,000 | | | | |
| 13. CSS Transfer to CFT | 86,009 | 86,009 | | | | |
| 14. Intergovernmental Transfer (IGT) | 386,171 | 386,171 | | | | |
| 15. Intergovernmental Transfer (IGT) | 500,000 | 500,000 | | | | |
| CSS Administration | 597,324 | 597,324 | | | | |
| CSS MSHA Housing Program Assigned Funds | 0 | 0 | | | | |
| Total CSS Program Estimated Expenditures | 3,712,327 | 3,643,467 | 138,913 | 0 | 0 | 53,638 |
| FSP Programs as Percent of Total | 34.9% | | | | | |

**PROJECTED FY24/25
Community Services and Supports (CSS) Funding**

County: Amador

Date: 8/21/23

| | Fiscal Year 2024/25 | | | | | |
|---|--|-----------------------|------------------------|----------------------------|--|-------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CSS Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| FSP Programs | | | | | | |
| 1. Integrated FSP Flex Funds | 60,000 | 60,000 | | | | |
| 2. FSP Staffing Costs | 1,360,604 | 1,360,604 | 136,060 | | | |
| Non-FSP Programs | | | | | | |
| 1. Mobile Support Team (incl staff & phone) | 168,860 | 100,000 | 16,886 | | | 51,974 |
| 2. Wellness Center & PRA | 385,000 | 385,000 | | | | |
| 4. NAMI Ed & Support Groups | 36,850 | 36,850 | | | | |
| 5. MomCHAT | 147,700 | 147,700 | | | | |
| 6. Therapeutic Groups & Activities (Socialization, WRAP, BH Groups) | 6,500 | 6,500 | | | | |
| 7. Client Support Fund | 5,000 | 5,000 | | | | |
| 8. Community Program Planning Costs | 10,000 | 10,000 | | | | |
| 9. Amador Transit-Bus Passes | 1,000 | 1,000 | | | | |
| 10. Outreach and Engagement | 15,000 | 15,000 | | | | |
| 11. CSS Housing Funds (from PR Transfer) | 85,000 | 85,000 | | | | |
| 12. CSS Transfer to WET | 86,009 | 86,009 | | | | |
| 13. CSS Transfer to CFT | 296,341 | 296,341 | | | | |
| 14. Intergovernmental Transfer (IGT) | 500,000 | 500,000 | | | | |
| CSS Administration | 597,324 | 597,324 | | | | |
| CSS MHSAs Housing Program Assigned Funds | 0 | 0 | | | | |
| Total CSS Program Estimated Expenditures | 3,761,188 | 3,692,328 | 152,946 | 0 | 0 | 51,974 |
| FSP Programs as Percent of Total | 37.8% | | | | | |

**PROJECTED FY25/26
Community Services and Supports (CSS) Funding**

County: Amador

Date: 8/21/23

| | Fiscal Year 2025/26 | | | | | |
|---|--|-----------------------|------------------------|----------------------------|--|-------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CSS Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| FSP Programs | | | | | | |
| 1. Integrated FSP Flex Funds | 60,000 | 60,000 | | | | |
| 2. FSP Staffing Costs | 1,496,664 | 1,496,664 | 149,666 | | | |
| Non-FSP Programs | | | | | | |
| 1. Mobile Support Team (incl staff & phone) | 183,860 | 115,000 | 11,500 | | | 57,360 |
| 2. Wellness Center & PRA | 385,000 | 385,000 | | | | |
| 4. NAMI Ed & Support Groups | 36,850 | 36,850 | | | | |
| 5. MomCHAT | 147,700 | 147,700 | | | | |
| 6. Therapeutic Groups & Activities (Socialization, WRAP, BH Groups) | 6,500 | 6,500 | | | | |
| 7. Client Support Fund | 5,000 | 5,000 | | | | |
| 8. Community Program Planning Costs | 10,000 | 10,000 | | | | |
| 9. Amador Transit-Bus Passes | 1,000 | 1,000 | | | | |
| 10. Outreach and Engagement | 15,000 | 15,000 | | | | |
| 11. CSS Housing Funds (from PR Transfer) | 85,000 | 85,000 | | | | |
| 12. CSS Transfer to WET | 86,009 | 86,009 | | | | |
| 13. CSS Transfer to CFT | 310,429 | 310,429 | | | | |
| 14. Intergovernmental Transfer (IGT) | 500,000 | 500,000 | | | | |
| CSS Administration | 597,324 | 597,324 | | | | |
| CSS MHSAs Housing Program Assigned Funds | 0 | 0 | | | | |
| Total CSS Program Estimated Expenditures | 3,926,336 | 3,857,476 | 161,166 | 0 | 0 | 57,360 |
| FSP Programs as Percent of Total | 39.6% | | | | | |

PROJECTED FY23/24

Prevention and Early Intervention (PEI) Funding

County: Amador

Date: 8/21/23

| | Fiscal Year 2023/24 | | | | | |
|---|--|--------------------------|---------------------------|----------------------------------|---|-------------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated PEI Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| PEI Programs - Prevention | | | | | | |
| 1. Nexus YEP / Project SUCCESS | 11,500 | 11,500 | | | | |
| 2. Nexus Promotores de Salud | 8,500 | 8,500 | | | | |
| 3. TRC Grandparents Program | 16,000 | 16,000 | | | | |
| 4. Nexus O&E | 28,000 | 28,000 | | | | |
| 5. Labyrinth & LGBTQ Support | 14,000 | 14,000 | | | | |
| 6. Senior Peer Program | 6,020 | 6,020 | | | | |
| 7. Senior Fitness Program | 6,020 | 6,020 | | | | |
| 8. Senior Nutrition Program | 6,020 | 6,020 | | | | |
| 9. First 5 Amador | 8,250 | 8,250 | | | | |
| PEI Programs - Early Intervention | | | | | | |
| 10. Nexus YEP / Project SUCCESS | 11,500 | 11,500 | | | | |
| 11. Nexus O&E | 28,000 | 28,000 | | | | |
| 12. First 5 Amador | 8,250 | 8,250 | | | | |
| 13. Nexus Building Blocks | 40,000 | 40,000 | | | | |
| 14. Labyrinth & LGBTQ Support | 14,000 | 14,000 | | | | |
| Outreach | | | | | | |
| 16. Nexus Promotores de Salud | 8,500 | 8,500 | | | | |
| 17. Nexus O&E | 28,000 | 28,000 | | | | |
| 18. Senior Peer Program | 3,696 | 3,696 | | | | |
| 19. Senior Fitness Program | 3,696 | 3,696 | | | | |
| 20. Senior Lunches Program | 3,696 | 3,696 | | | | |
| 21. Outreach & Engagement (Events & Campaigns) | 25,000 | 25,000 | | | | |
| Stigma Reduction | | | | | | |
| 22. Nexus YEP / Project SUCCESS | 7,667 | 7,667 | | | | |
| 23. Nexus Promotores de Salud | 8,500 | 8,500 | | | | |
| 24. Labyrinth & LGBTQ Support | 14,000 | 14,000 | | | | |
| 25. First 5 Amador | 8,250 | 8,250 | | | | |
| Suicide Prevention | | | | | | |
| 26. QPR | 10,450 | 10,450 | | | | |
| 27. Suicide Prevention & Education | 20,000 | 20,000 | | | | |
| Access & Linkage | | | | | | |
| 28. Nexus YEP / Project SUCCESS | 3,833 | 3,833 | | | | |
| 29. Nexus Promotores de Salud | 8,500 | 8,500 | | | | |
| 30. TRC Grandparents Program | 16,000 | 16,000 | | | | |
| 31. Nexus O&E | 28,000 | 28,000 | | | | |
| 32. First 5 Amador | 8,250 | 8,250 | | | | |
| 33. Labyrinth & LGBTQ Support | 14,000 | 14,000 | | | | |
| Improving Timely Access | | | | | | |
| 35. Nexus O&E | 28,000 | 28,000 | | | | |
| 36. Labyrinth & LGBTQ Support | 14,000 | 14,000 | | | | |
| PEI Administration | 55,511 | 55,511 | | | | |
| PEI Assigned Funds | 36,929 | 36,929 | | | | |
| CalMHSA | 0 | 0 | | | | |
| Total PEI Program Estimated Expenditures | 560,539 | 560,539 | 0 | 0 | 0 | 0 |

PROJECTED FY24/25

Prevention and Early Intervention (PEI) Funding

County: Amador

Date: 8/21/23

| | Fiscal Year 2024/25 | | | | | |
|---|--|--------------------------|---------------------------|----------------------------------|---|-------------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated PEI Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| PEI Programs - Prevention | | | | | | |
| 1. Nexus YEP / Project SUCCESS | 11,500 | 11,500 | | | | |
| 2. Nexus Promotores de Salud | 8,500 | 8,500 | | | | |
| 3. TRC Grandparents Program | 16,000 | 16,000 | | | | |
| 4. Nexus O&E | 28,000 | 28,000 | | | | |
| 5. Labyrinth & LGBTQ Support | 14,000 | 14,000 | | | | |
| 6. Senior Peer Program | 6,020 | 6,020 | | | | |
| 7. Senior Fitness Program | 6,020 | 6,020 | | | | |
| 8. Senior Nutrition Program | 6,020 | 6,020 | | | | |
| 9. First 5 Amador | 8,250 | 8,250 | | | | |
| PEI Programs - Early Intervention | | | | | | |
| 10. Nexus YEP / Project SUCCESS | 11,500 | 11,500 | | | | |
| 11. Nexus O&E | 28,000 | 28,000 | | | | |
| 12. First 5 Amador | 8,250 | 8,250 | | | | |
| 13. Nexus Building Blocks | 40,000 | 40,000 | | | | |
| 14. Labyrinth & LGBTQ Support | 14,000 | 14,000 | | | | |
| Outreach | | | | | | |
| 16. Nexus Promotores de Salud | 8,500 | 8,500 | | | | |
| 17. Nexus O&E | 28,000 | 28,000 | | | | |
| 18. Senior Peer Program | 3,696 | 3,696 | | | | |
| 19. Senior Fitness Program | 3,696 | 3,696 | | | | |
| 20. Senior Lunches Program | 3,696 | 3,696 | | | | |
| 21. Outreach & Engagement (Events & Campaigns) | 25,000 | 25,000 | | | | |
| Stigma Reduction | | | | | | |
| 22. Nexus YEP / Project SUCCESS | 7,667 | 7,667 | | | | |
| 23. Nexus Promotores de Salud | 8,500 | 8,500 | | | | |
| 24. Labyrinth & LGBTQ Support | 14,000 | 14,000 | | | | |
| 25. First 5 Amador | 8,250 | 8,250 | | | | |
| Suicide Prevention | | | | | | |
| 26. QPR | 10,450 | 10,450 | | | | |
| 27. Suicide Prevention & Education | 20,000 | 20,000 | | | | |
| Access & Linkage | | | | | | |
| 28. Nexus YEP / Project SUCCESS | 3,833 | 3,833 | | | | |
| 29. Nexus Promotores de Salud | 8,500 | 8,500 | | | | |
| 30. TRC Grandparents Program | 16,000 | 16,000 | | | | |
| 31. Nexus O&E | 28,000 | 28,000 | | | | |
| 32. First 5 Amador | 8,250 | 8,250 | | | | |
| 33. Labyrinth & LGBTQ Support | 14,000 | 14,000 | | | | |
| Improving Timely Access | | | | | | |
| 35. Nexus O&E | 28,000 | 28,000 | | | | |
| 36. Labyrinth & LGBTQ Support | 14,000 | 14,000 | | | | |
| PEI Administration | 55,511 | 55,511 | | | | |
| PEI Assigned Funds | 36,929 | 36,929 | | | | |
| CalMHSA | 0 | 0 | | | | |
| Total PEI Program Estimated Expenditures | 560,539 | 560,539 | 0 | 0 | 0 | 0 |

PROJECTED FY25/26

Prevention and Early Intervention (PEI) Funding

County: Amador

Date: 8/21/23

| | Fiscal Year 2025/26 | | | | | |
|---|--|--------------------------|---------------------------|----------------------------------|---|-------------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated PEI Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| PEI Programs - Prevention | | | | | | |
| 1. Nexus YEP / Project SUCCESS | 11,500 | 11,500 | | | | |
| 2. Nexus Promotores de Salud | 8,500 | 8,500 | | | | |
| 3. TRC Grandparents Program | 16,000 | 16,000 | | | | |
| 4. Nexus O&E | 28,000 | 28,000 | | | | |
| 5. Labyrinth & LGBTQ Support | 14,000 | 14,000 | | | | |
| 6. Senior Peer Program | 6,020 | 6,020 | | | | |
| 7. Senior Fitness Program | 6,020 | 6,020 | | | | |
| 8. Senior Nutrition Program | 6,020 | 6,020 | | | | |
| 9. First 5 Amador | 8,250 | 8,250 | | | | |
| PEI Programs - Early Intervention | | | | | | |
| 10. Nexus YEP / Project SUCCESS | 11,500 | 11,500 | | | | |
| 11. Nexus O&E | 28,000 | 28,000 | | | | |
| 12. First 5 Amador | 8,250 | 8,250 | | | | |
| 13. Nexus Building Blocks | 40,000 | 40,000 | | | | |
| 14. Labyrinth & LGBTQ Support | 14,000 | 14,000 | | | | |
| Outreach | | | | | | |
| 16. Nexus Promotores de Salud | 8,500 | 8,500 | | | | |
| 17. Nexus O&E | 28,000 | 28,000 | | | | |
| 18. Senior Peer Program | 3,696 | 3,696 | | | | |
| 19. Senior Fitness Program | 3,696 | 3,696 | | | | |
| 20. Senior Lunches Program | 3,696 | 3,696 | | | | |
| 21. Outreach & Engagement (Events & Campaigns) | 25,000 | 25,000 | | | | |
| Stigma Reduction | | | | | | |
| 22. Nexus YEP / Project SUCCESS | 7,667 | 7,667 | | | | |
| 23. Nexus Promotores de Salud | 8,500 | 8,500 | | | | |
| 24. Labyrinth & LGBTQ Support | 14,000 | 14,000 | | | | |
| 25. First 5 Amador | 8,250 | 8,250 | | | | |
| Suicide Prevention | | | | | | |
| 26. QPR | 10,450 | 10,450 | | | | |
| 27. Suicide Prevention & Education | 20,000 | 20,000 | | | | |
| Access & Linkage | | | | | | |
| 28. Nexus YEP / Project SUCCESS | 3,833 | 3,833 | | | | |
| 29. Nexus Promotores de Salud | 8,500 | 8,500 | | | | |
| 30. TRC Grandparents Program | 16,000 | 16,000 | | | | |
| 31. Nexus O&E | 28,000 | 28,000 | | | | |
| 32. First 5 Amador | 8,250 | 8,250 | | | | |
| 33. Labyrinth & LGBTQ Support | 14,000 | 14,000 | | | | |
| Improving Timely Access | | | | | | |
| 35. Nexus O&E | 28,000 | 28,000 | | | | |
| 36. Labyrinth & LGBTQ Support | 14,000 | 14,000 | | | | |
| PEI Administration | 55,511 | 55,511 | | | | |
| PEI Assigned Funds | 36,929 | 36,929 | | | | |
| CalMHSA | 0 | 0 | | | | |
| Total PEI Program Estimated Expenditures | 560,539 | 560,539 | 0 | 0 | 0 | 0 |

**Projected FY23/24
Innovations (INN) Funding**

County: Amador

Date: 8/21/23

| | | Fiscal Year 2023/24 | | | | | |
|---|---|--|-----------------------|------------------------|----------------------------|--|-------------------------|
| | | A | B | C | D | E | F |
| | | Estimated Total Mental Health Expenditures | Estimated INN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| INN Programs | | | | | | | |
| 1. | Comprehensive Community Support Model-Student Mental Health | 133,000 | 133,000 | | | | |
| 2. | Workforce Recruitment & Retention Strategies (Proposed Project) | 282,229 | 282,229 | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| INN Administration | | 75,695 | 75,695 | | | | |
| Total INN Program Estimated Expenditures | | 490,924 | 490,924 | 0 | 0 | 0 | 0 |

**Projected FY24/25
Innovations (INN) Funding**

County: Amador

Date: 8/21/23

| | | Fiscal Year 2024/25 | | | | | |
|---|---|--|-----------------------|------------------------|----------------------------|--|-------------------------|
| | | A | B | C | D | E | F |
| | | Estimated Total Mental Health Expenditures | Estimated INN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| INN Programs | | | | | | | |
| 1. | Comprehensive Community Support Model-Student Mental Health | 133,000 | 133,000 | | | | |
| 2. | Workforce Recruitment & Retention Strategies (Proposed Project) | 340,319 | 340,319 | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| INN Administration | | 75,695 | 75,695 | | | | |
| Total INN Program Estimated Expenditures | | 549,014 | 549,014 | 0 | 0 | 0 | 0 |

**Projected FY25/26
Innovations (INN) Funding**

County: Amador

Date: 8/21/23

| | | Fiscal Year 2025/26 | | | | | |
|---|---|--|-----------------------|------------------------|----------------------------|--|-------------------------|
| | | A | B | C | D | E | F |
| | | Estimated Total Mental Health Expenditures | Estimated INN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| INN Programs | | | | | | | |
| 1. | Workforce Recruitment & Retention Strategies (Proposed Project) | 398,710 | 398,710 | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| INN Administration | | 75,695 | 75,695 | | | | |
| Total INN Program Estimated Expenditures | | 474,405 | 474,405 | 0 | 0 | 0 | 0 |

**Projected FY23/24
Workforce, Education and Training (WET) Funding**

County: Amador

Date: 8/21/23

| | Fiscal Year 2023/24 | | | | | |
|---|--|-----------------------|------------------------|----------------------------|--|-------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated WET Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| WET Programs | | | | | | |
| 1. Amador College Connect - MHSA Scholarship | 35,000 | 35,000 | | | | |
| 2. Relias | 7,700 | 7,700 | | | | |
| 3. Workforce, Education and Training | 40,000 | 40,000 | | | | |
| 4. OSHPD 5-Year WET Plan (County Match) | 3,309 | 3,309 | | | | |
| WET Administration | 0 | 0 | | | | |
| Total WET Program Estimated Expenditures | 86,009 | 86,009 | 0 | 0 | 0 | 0 |

**Projected FY24/25
Workforce, Education and Training (WET) Funding**

County: Amador

Date: 8/21/23

| | Fiscal Year 2024/25 | | | | | |
|---|--|-----------------------|------------------------|----------------------------|--|-------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated WET Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| WET Programs | | | | | | |
| 1. Amador College Connect - MHSA Scholarship | 35,000 | 35,000 | | | | |
| 2. Relias | 7,700 | 7,700 | | | | |
| 3. Workforce, Education and Training | 40,000 | 40,000 | | | | |
| WET Administration | 0 | 0 | | | | |
| Total WET Program Estimated Expenditures | 82,700 | 82,700 | 0 | 0 | 0 | 0 |

**Projected FY25/26
Workforce, Education and Training (WET) Funding**

County: Amador

Date: 8/21/23

| | Fiscal Year 2025/26 | | | | | |
|---|--|-----------------------|------------------------|----------------------------|--|-------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated WET Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| WET Programs | | | | | | |
| 1. Amador College Connect - MHSA Scholarship | 35,000 | 35,000 | | | | |
| 2. Relias | 7,700 | 7,700 | | | | |
| 3. Workforce, Education and Training | 40,000 | 40,000 | | | | |
| WET Administration | 0 | 0 | | | | |
| Total WET Program Estimated Expenditures | 82,700 | 82,700 | 0 | 0 | 0 | 0 |

**Projected FY23/24
Capital Facilities/Technological Needs (CFTN) Funding**

County: Amador

Date: 8/21/23

| | Fiscal Year 2023/24 | | | | | |
|---|--|------------------------|------------------------|----------------------------|--|-------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CFTN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| CFTN Programs - Capital Facilities Projects | | | | | | |
| 1. None at this time | 0 | 0 | | | | |
| CFTN Programs - Technological Needs Projects | | | | | | |
| 1. Kings View Support (Credible & Anasazi) | 374,351 | 374,351 | | | | |
| 2. Network of Care | 4,320 | 4,320 | | | | |
| 3. Zoom | 5,100 | 5,100 | | | | |
| 4. Updox | 1,500 | 1,500 | | | | |
| 5. Survey Monkey | 900 | 900 | | | | |
| CFTN Administration | 0 | 0 | | | | |
| Total CFTN Program Estimated Expenditures | 386,171 | 386,171 | 0 | 0 | 0 | 0 |

**Projected FY24/25
Capital Facilities/Technological Needs (CFTN) Funding**

County: Amador

Date: 8/21/23

| | Fiscal Year 2024/25 | | | | | |
|---|--|------------------------|------------------------|----------------------------|--|-------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CFTN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| CFTN Programs - Capital Facilities Projects | | | | | | |
| 1. None at this time | 0 | 0 | | | | |
| CFTN Programs - Technological Needs Projects | | | | | | |
| 1. Kings View Support (Credible & Anasazi) | 284,521 | 284,521 | | | | |
| 2. Network of Care | 4,320 | 4,320 | | | | |
| 3. Zoom | 5,100 | 5,100 | | | | |
| 4. Updox | 1,500 | 1,500 | | | | |
| 5. Survey Monkey | 900 | 900 | | | | |
| CFTN Administration | 0 | 0 | | | | |
| Total CFTN Program Estimated Expenditures | 296,341 | 296,341 | 0 | 0 | 0 | 0 |

**Projected FY25/26
Capital Facilities/Technological Needs (CFTN) Funding**

County: Amador

Date: 8/21/23

| | Fiscal Year 2025/26 | | | | | |
|---|--|------------------------|------------------------|----------------------------|--|-------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CFTN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| CFTN Programs - Capital Facilities Projects | | | | | | |
| 1. None at this time | 0 | 0 | | | | |
| CFTN Programs - Technological Needs Projects | | | | | | |
| 1. Kings View Support (Credible & Anasazi) | 298,609 | 298,609 | | | | |
| 2. Network of Care | 4,320 | 4,320 | | | | |
| 3. Zoom | 5,100 | 5,100 | | | | |
| 4. Updox | 1,500 | 1,500 | | | | |
| 5. Survey Monkey | 900 | 900 | | | | |
| CFTN Administration | 0 | 0 | | | | |
| Total CFTN Program Estimated Expenditures | 310,429 | 310,429 | 0 | 0 | 0 | 0 |

MHSA Program Outcomes from FY 22/23

Program Statistics and Participant Wellbeing Outcomes

Each quarter, MHSA program partners are asked to fill out surveys regarding those they serve to ensure their program is adequately serving the populations identified by the community as being in greatest need of mental health services, supports, prevention and intervention. In addition, participants are asked to fill out a voluntary survey to determine the basic participant demographics, participant satisfaction with the program, and specifically how the program influenced their emotional well-being. MHSA-funded program outcomes that are not included below are included in the narrative of their program, which will be listed, in the programs respective funding component in this MHSA Three-Year Plan. The following are responses for most Amador County MHSA-funded programs from FY 2022/23:

Amador County Full Service Partnerships (CSS)

Average in FY 2020/21: 15

Average in FY 2021/22: 11

Average in FY 2022/23: 23

| | |
|--------------------|---------------------|
| Male: 6 | African American: 2 |
| Female: 17 | Asian American: 0 |
| Children (0-12): 0 | Caucasian: 16 |
| Teen (13-17): 5 | Latino/ Hispanic: 0 |
| TAY (18-24): 4 | Native American: 1 |
| Adults: 9 | Multi Race/ Eth.: 4 |
| Older Adults: 5 | Other/ Unknown: 0 |

FSP's were discussed weekly during team meetings and quarterly evaluations for FSP's occurred regularly for each participant. Of the 23 consumers served, eight successfully met their FSP goals and graduated. 14 have continued their program and one exited the FSP program for various reasons.

Cal VOICES Sierra Wind Wellness & Recovery Center (CSS)

Average in FY 2020/21: 1,111

Average in FY 2021/22: 1,217

Average in FY 2022/23: 1,308

Referrals to ACBH: 26

Individuals who received one-on-one peer support: 491

Behavioral Health Clients served: 104

| | |
|---------------------|-------------------------|
| Children (0-12): 32 | African American: 19 |
| Teens (13-17): 8 | Asian American: 5 |
| TAY (18-24): 38 | Caucasian: 1,179 |
| Adults (25-59): 937 | Latino/ Hispanic: 54 |
| Older Adults: 293 | Native American: 30 |
| | Multi Race/Ethnicity: 0 |
| | Other/Unknown: 21 |

| | |
|-----------------|------------------|
| Homeless: 310 | Male: 35 |
| Veterans: 33 | Female: 39 |
| LGBTQ: 43 | Self-Identify: 3 |
| Probationers: 6 | English: 999 |
| Parolees: 4 | Spanish: 16 |
| | Sign Language: 0 |

Participant Feedback

N=78

- 24% reported they engaged in Patient Rights Advocacy services
- 80% reported they engaged in Sierra Wind groups
- 38% reported they engaged in Peer Support services (one-on-one peer support)
- 41% reported they engaged in supportive services



- 99% are continuing their program at Sierra Wind
- 100% agreed the program improved their emotional wellbeing
- 100% stated they would recommend Sierra Wind to others
- Prior to participation at Sierra Wind Wellness and Recovery Center, 18% of program participants had experienced a psychiatric hospitalization—either themselves or a as a family member. After receiving services at Sierra Wind, 8% reported experiencing a psychiatric hospitalization--either themselves or as a family member, a 10% decrease.
- Prior to participation at Sierra Wind Wellness and Recovery Center, 66% of program participants reported that they had experienced homelessness or were at-risk for homelessness. After receiving services at Sierra Wind, 54% reported experiencing a homelessness or were at-risk of homelessness, a 12% decrease.
- Program participants also reported a 14% decrease in experiencing jail or prison.
- Prior to participation at Sierra Wind, 52% of program participants were at risk of losing housing or placement. After participation, 39% reported being at risk for losing housing or placement. This is a 13% decrease.
- Added comments:
 - I just want everyone to know at Sierra Wind that groups work and this center has really changed for the better.
 - Excellent resource for all. Being homeless is not good, but the facility makes a bad situation better.
 - Staff is professional, approachable and proficient.
 - Complete staff – courteous, professional, approachable, knowledgable
 - Great staff, great environment.
 - Clean and sober since 7/23/93. Not in psychiatric care since 1995. Live in Sacramento County but enjoy Amador. By God's grace, we do matter. Keep this center open continue Friday as it is important.
 - The staff are very supportive and helpful.
 - Great staff, very helpful and a comfortable place to get back on your feet.
 - Lovely listeners
 - Sierra Wind is a good place to go get out of one's self.
 - You all have made a big difference in my recovery and life. Thank you!
 - Thank God for Sierra Wind.
 - Sierra Wind has been very helpful with available programs.
 - They changed the way I feel. I'm happy now. I learned that art is healing. I learned to don't say you can't.
 - Very polite staff, all workers are friendly and make you feel welcome.
 - These are great people here and I suggest that anyone who needs help come here.
 - Sierra wind is not a sterl, doctor type place. It's real people with real life experiences. They have hands on experiences. I felt I could open up and relax. (No one's gonna admit you shomewhere). I trust Sierra Winds overall for me and my family.
 - I made the right choice to change
 - Great listening, safe place

NAMI Family/Client Education & Support (CSS)

Average in FY 2020/21: 155
 Average in FY 2021/22: 246
 Average in FY 2022/23: 339

Referrals: 41

Male: 124

Female: 232

Self-Identify: 8

Children: 0

Teens: 0

TAY: 1

Adults: 162

Older Adults: 176

Participant Feedback

African American: 1

Asian American: 41

Caucasian: 230

Latino/ Hispanic: 0

Native American: 2

Multi Race/ Eth.: 38

Other/ Unknown: 23

Parolee: 1

Homeless: 25

Veterans: 52

LGBTQ: 0

Probationers: 0



N=368

- 70% reported participating in the weekly Connections group
- 46% reported participating in the Peer to Peer course
- 15% reported participating in the Family Support Group
- 17% reported participating in the Family to Family course
- 14% reported participating in Other Program/NAMI service such as advocacy, outreach and events
- 99% are continuing their program
- 99% agreed the program improved their emotional wellbeing
- 98% would recommend this group to others
- After participating in NAMI Amador groups/activities, program participants reported decreases for homelessness or risk of homelessness (3%), a decrease in time spent in juvenile hall, jail or prison (3%) and increases for employment, volunteering and/or school (9%).

Added comments:

- NAMI Connections is my weekly go to and the people in my groups are friends forever.
- NAMI Connections rocks!
- NAMI Connections is my weekly free therapy and supports my health. I have hope too!
- Thank you for being here for me and everyone.
- Thank you for this meeting.
- It feels nice to know their is support around life obstacles and talking about it does help.
- I'm very glad my friend recommended this group because it really works!
- Thank you for our fellowship and for lunch today.
- NAMI Connections rocks! It means a lot to me, attending on a weekly basis.
- Support groups working NAMI Connect Sierra Wind working NAMI Connect Senior Center working Have more awareness of mental health services available in Amador County.
- Grateful for this group.
- Always a service of information and support.
- HAVING ACTIVITIES OR THEMES
- Remote support for those that are unable to drive.
- NAMI CONNECTIONS IS MY SAVING GRACE! I'M SO GRATEFUL FOR OUR GROUPS.
- I'M SO THANKFUL FOR NAMI CONNECTIONS AND WHAT IT OFFERS- SUPPORT, EDUCATION AND HOPE!
- I'M BRAND NEW AND LEARNING ABOUT THE SERVICES/SUPPORT
- Supportive, informational, helpful
- Appreciate NAMI Connections with their continued support and weekly groups offered.
- NAMI Connections is my weekly medicine of help and support from friends who understand mental challenges
- NAMI Connections helps and supports me in my mental wellness
- Thank you for your help
- Love the Family Support meetings
- Thank you for your time, support and encouragement. I'm so glad to have found this meeting/group.
- NAMI has made my life manageable
- As always, it is a source of information and support

MomCHAT

FY 2021/22 # Served: 22

FY 2022/23 # Served: 19

During FY 22/23, MomCHAT received 45 referrals, 9 referrals engaged with the program, 2 denied the program. The remaining referrals never responded to outreach about the program.

MomCHAT participants received 555 therapeutic hours (group and individual), and the Wellness Team spent over 25 hours in collaborative meetings with community partners and coalitions.

The peer navigator provided 1,056 interventions to participants which included housing (27), finance/budgeting (42), physical health (46), mental health (not therapy) (59), substance use (14), employment/education (76), parenting education (13), support group (69), social connections (85), community resources (233), peer support (315), other (77).

During FY 22/23, MomCHAT participants were higher risk and experienced incarceration, child protective services involvement and substance use challenges. Two participants were referred to ACBH for a higher level of services. However, despite these challenges, not one MomCHAT participant experienced a mental health emergency or 5150 hospitalization.

Employment proved to be a successful intervention in stabilizing participants. Although it does reduce the frequency of the Wellness Team services, it played a critical role in maintaining participant's mental health while building confidence and independence.

Male: --

Female: 24

Self-Identify: --

African American: 0

Asian American: 0

Children: 0

Caucasian: 20

Parolee: --

Teens: 0

Latino/ Hispanic: 2

Homeless: 2

TAY: 2

Native American: 0

Veterans: --

Adults: 22

Multi Race/ Eth.: 2

LGBTQ: --

Older Adults: 176

Other/ Unknown: 0

Probationers: --

Labyrinth Stress Reduction Project (The Labyrinth Project) & LGBTQ Support Services (PEI)

Average Participants in FY 2020/21: 32 (Labyrinth Project)

Average Participants in FY 2020/21: 14 (LGBTQ)

Average Participants in FY 2021/22: 72 (Labyrinth Project)

Average Participants in FY 2021/22: 46 (LGBTQ)

Average Participants in FY 2022/23: 89 (Labyrinth Project)

Average Participants in FY 2022/23: 36 (LGBTQ)

Labyrinth Stress Reduction Project:

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Referrals from Labyrinth Project: 1

Children: 9

African American: 1

Teens: 4

Asian American: 0

TAY: 8

Caucasian: 49

Adults: 27

Latino/ Hispanic: 4

Older Adults: 7

Native American: 1

Homeless: 4

Multi Race/Eth.: 0

LGBTQ: 9

Veterans: 1

Parolees: 0

Probationers: 3

Homeless: 6

Chronic Illness/Disability: 10

LGBTQ+: 7

Self-Identify (not male or female): 1

Male: 7

Female: 12



ACBH clients served: 1

Outreach for Increasing Early Signs of Mental Illness:

- o Location/Setting: Each quarter two types of events took place either at Sierra Wind's Labyrinth or in the community, utilizing the mobile Labyrinths.
- o Brief Description of Activity: Labyrinth walks, one-on-one Labyrinth walks, education about the benefits and positive impact the Labyrinth has on mental wellbeing. Outreach using social media platforms and community bulletin was provided to promote mental wellbeing.

- o Setting Where Potential Responders Were Engaged: Sierra Wind Wellness and Recovery Center, virtual and social media platforms, or community settings such as parks, health fairs, and community centers.
- o # of Potential Responders: 348 (includes social media and community bulletin outreach)
- o Types of Responders: Children, Youth, Teens, Adults, Older Adults, Community Members, medical community, community-based organizations, health and human services workers, homeless/unhoused, LGBTQ+, Veterans, child care providers, and other individuals and community members.

Participant Feedback:

N=20 for Labyrinth Stress Reduction Project

- o 100% of program participants reported that the program improved their emotional wellbeing
- o 89% of program participants reported feeling much less or less anxious and agitated after participation in the program.
- o Prior to participating in the Labyrinth Project program, 39% of participants reported experiencing psychiatric hospitalization (either themselves or a family member). After participation in the program, 17% reported psychiatric hospitalization (either themselves or a family member). This is a 22% decrease.
- o Prior to participating in the Labyrinth Project program, 37% of participants reported that they were homeless or at-risk of homelessness. After participation in the program, 27% reported that they were homeless or at-risk of homelessness, which is a 10% decrease.
- o 95% of participants would recommend the program to others.

Added comments:

- o Thank you!
- o Lovely, peaceful, thank you.
- o These programs are wonderful.

LGBTQ Support Services:

Prevention Program

Strategy: Improve Timely Access to Services for Underserved Populations

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

- o Referrals from LGBTQ Support: 0
- o Referral outcome data is not available for the second year in a row due to the fact that no referrals were generated in FY 22/23. ACBH and contractor, Cal VOICES, reviewed the strategy for the LGBTQ Support Services program and determined it no longer applies to the program itself. For FY 23/24, a new strategy, *Non-stigmatizing and non-discriminatory strategies* will be designated to the LGBTQ Support Services program.

Despite that there were no referrals, ACBH worked very closely with Cal VOICES to provide support to those who needed it through phone consults and providing access to resources and support. When referrals are made, the program does encourage follow through of referrals by engaging through peer support.

Male: 7

Female: 1

Self-Identify: 0

Children: 0

Teens: 1

TAY: 1

Adults: 29

Older Adults: 5

Homeless: 4

LGBTQ: 35

Parolees: 0

African American: 0

Asian American: 1

Caucasian: 7

Latino/ Hispanic: 0

Native American: 0

Multi Race/ Eth.: 0

Other/ Unknown: 0

Veterans: 0

Probationers: 0

ACBH clients served: 1

Participant Feedback:

N=8 for LGBTQ Support Services

- o 100% of program participants reported that the program improved their emotional wellbeing