

# **ATTACHMENT 'C'**

**MHSA COMMUNITY SURVEY 2023 RESPONSES**

# **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. See attached Community Program Planning Outreach Log for a complete and detailed list of targeted outreach.

Below is a summary of the community program planning process discussion, including the survey results.

#### **Focus Groups—Community & ACBH**

Amador County Behavioral Health (ACBH) facilitated three focus groups during the Community Program Planning Process for the Three Year Plan FY 2023-2026. Two focus groups were hosted by ACBH and one was hosted by a community-based organization, NAMI. The focus groups, facilitated by Stephanie Hess, Mental Health Services Act (MHSA) Programs Coordinator for Amador County Behavioral Health, provided an overview of the MHSA, why the CPPP is important and then asked a series of questions, intended to initiate conversation about the current state of mental health in Amador County. The focus group questions were:

1. How many of you are aware of the mental health services provided in Amador County?
2. In your opinion, what behavioral health programs and/or services are working well in Amador County? Why
3. In your opinion, what cultural and diversity efforts have been working well in Amador County, and what needs improvement?
4. Some community stakeholders have expressed concern with supporting culture and diversity efforts using the limited funds that are available in Amador County.
  - a. Do you have any insight about the nature of these concerns?
  - b. Any suggestions about how to address culture and diversity work given these concerns?
5. What suggestions do you have for improving behavioral health services in Amador County?
6. What additional training, if any, would benefit Amador County?

Below are details of each focus group session and the discussion that ensued.

**Focus Group #1: ACBH Focus Group – General**

**Date: April 4, 2023**

**Location: Virtual**

**# of Attendees: 4**

#1. When asked the first question, many were aware of the mental health programs and services available. One comment stated ‘there is a lot available, it is just learning what the resources are.’

#2. For the second question, no comments were made.

#3. One person responded that there is an element of cultural isolation that occurs in Amador and how do you reach people? Further discussion revealed that we can’t expect folks to come to us for services, we need to go to them.

Another response stated that young people need support and hope for the future.

#4. For the fourth question, no comments were made.

#5. Suggestions included more staff, more private providers, more Medicare providers and the implementation of an FQHC type of model in Amador County. Although Amador does have Well Space, the services appear to be extremely limited. Dignity Health has a Health & Wellness Center in Valley Springs that includes health professionals (doctors, etc.) and mental health. This approach would be greatly beneficial to Amador County.

Another key suggestion to question #5 was to implement a community recreation or community center where youth can go and have their needs met – art, wellness, counseling, etc. A place where youth and the community can go express themselves. Discussed that Amador has no such ‘hub’ like this and it would be useful, especially for youth.

#6. For the sixth question pertaining to training needs, no comments were made.

The discussion ended with next steps and follow up items. A follow up email was sent with the presentation slide deck, a CPPP infographic, the survey link and both Spanish and English versions of the survey.

**Focus Group #2: NAMI Amador General Meeting**

**Date: May 23, 2023, In-Person**

**# of Attendees: 23**

#1. All attendees responded that they are all currently aware of the mental health services provided in Amador County.

#2. Attendees shared the most beneficial mental health program and/or services that they had experience with were:

- NAMI Family Support Group
- NAMI Connections – there is so much engagement in NAMI Connections
- Sierra Wind Wellness & Recovery Center
- Amador College Connect – MHSA Scholarship Program

#3. Improvements could be made in getting the word out to the communities. These communities do not know that services exist and can be provided to them.

The Hispanic and Spanish-speaking community is isolated and more outreach to them needs to occur. More information in Spanish needs to be provided so that they are aware they can seek services, assistance, anything.

#4. Insight around the nature of these concerns is lack of education. If the community understood that the time and funding being spent was proportionate to the populations being served, they would have a better understanding and probably be more supportive of these efforts.

The group discussed ongoing efforts to reach various groups including Native Americans, LGBTQ+, Hispanic/Latino community and geographically isolated areas located within the County.

#5. Suggestions for improving behavioral health services in Amador County included:

- The scope for ACBH is too narrow being limited to Medi-Cal. The need is for more private providers – not only for those with private insurance but those who are paneled with Medi-Cal as well.
- Community education and more outreach – discussed how COVID slowed outreach and education. Not a lot of folks know about available programs and resources and everyone should be focusing on creative ways to increase outreach regarding services available within our community.

#6. Training suggestions included:

- Impacts of isolation
- Trainings for the technologically challenged – how to access telehealth services and being comfortable in an online setting and the pros and cons of telehealth vs. in-person. This continued into a conversation about a loaning system where folks can be loaned iPads or other systems to access services. A confidential space to access telehealth services was discussed. The group decided that it would be best to first see what is available in terms of technology and spaces to access that already – for example, Family Resource Centers, Sierra Wind, etc. have computers and could provide a confidential space for individuals to access telehealth services. This could be a place to start and then go from there.
- How to Interview a Therapist – people don't realize that they can make sure the therapist is a good fit for them by asking questions as well. This would be helpful for folks.

The group ended with a discussion around MHSR Reform and the challenges and opportunities that it could potentially bring. The group focused in on housing challenges and workforce challenges as well. Housing challenges are that there is no housing and many opportunities are available to create more housing, however, community resentment/fear is not allowing for that type of progress to be made. The workforce challenges are not unique to Amador County and many group participants are shocked at how 'fluid' the behavioral health workforce seems to be. The group discussed the current demand for professional mental health professionals and how that there are so many options for work in that field, mental health professionals are able to really go anywhere to work. Additional discussion ensued regarding Innovations and the difficulty around that component of funding. Past projects such as the River Pines bus route were discussed as well.

### **Focus Group #3: ACBH Staff**

**Date: May 31, 2023**

**# of Attendees: 10**

When asked about their awareness of the mental health services provided in Amador County, at first all responded that they were aware of the various programs/services available, however, as the conversation went on it was determined that the participants aren't very aware of what each other is doing. One example that came up was groups—what groups are active within the department and which ones aren't. There is a board up front but it isn't clear if that is up-to-date or not. The substance use groups are up to date, but the mental health therapy groups may not be. One participant also stated that yes, we may all know what we do generally, but do certain providers have specialized training in different modalities, etc. The discussion was very helpful in that the group was able to describe to each other that it would be helpful in knowing more about each provider and being clearer on active groups, etc.

The group discussed what behavioral health programs and/or services are working well in Amador County and why. Participants stated the following:

- Gail & James Peer Meet Up groups are going well – it is a good time for the clients to connect on a peer level
- The SSI program at Sierra Wind. Utilizing Thelma to assist clients with accessing SSI has been instrumental.
- Sierra Wind – it is a great center and the people are very friendly. Not only did ACBH staff state they have had positive experiences with Sierra Wind, but clients have reported the same experience.
- FSP is a great program and can remove barriers for clients to treatment. Discussed FSP more in-depth and ways the program can be expanded. It was also explained that FSP can be used just to support stabilization – it doesn't necessarily have to be to fund activities or support, but to actually provide funding to increase services so FSP's stay out of crisis and work towards stabilization. The group discussed different approaches other counties take to FSP such as case managers providing the majority of services, etc. The discussion was very interesting in determining strategies moving forward to make FSP a more effective program in Amador.
- Amador Senior Center – friendly staff, wonderful volunteers and an array of activities to offer to older clients.

The group was asked what cultural and diversity efforts have been working well in Amador County and what needs improvement, a robust discussion occurred.

- Promotores program – outreach to Spanish speaking communities seems to be going well, however, connecting with the Promotores and our Spanish speaking providers has always been challenging. In working with adolescents, there are many cultural pieces, and misconceptions around health in general. With the added stigma mental health brings, the barriers to access services are overwhelming for the Hispanic, Latino and Spanish-speaking population. There is still a large amount of undocumented people living in Amador County. This also creates barriers to the adolescents when discussing higher education and other legalities.

The group discussed improvements and providing solutions – it was suggested to possibly move the Promotores program or some version in-house. Perhaps hire a bilingual peer PSC who could provide outreach to outlying areas, yet, also provide groups and one-on-one support in-house as well. Calaveras does a similar approach and has had good success. The bilingual peer PSC could

also provide case management and act as a liaison to other services and supports that promote overall health as well. One participant offered to do a Spanish speaking or Hispanic focused group if it is ever needed. Overall, this seemed to be a more streamlined approach to providing outreach to this specific population.

- LGBTQ Work Group/Round Table—the group is a great community resource but has failed to ‘link’ people back to behavioral health support. There is a large LGBTQ+ population misusing substances in Amador County and a lack of specific support for this group is not being addressed. There are resources being provided if LGBTQ+ folks would like to seek gender affirming care through the LGBTQ+ Provider Network, as well as resources in Sacramento County – but nothing here locally that can support those accessing those services. The #Out4MentalHealth Task Force meeting was discussed. One participant has attended that meeting and it was more advocacy focused, as opposed to connecting and linking to services focused.

Other barriers that exist for the LGBTQ+ community are that Amador is so small so sometimes there are conflicts within the community that deter individuals from accessing what is available to them.

The group was then asked question #4 which requested some insight regarding the concerns about supporting culture and diversity in Amador County. The group had another robust discussion:

- The community is very conservative – however it is getting better. Discussed how conservative people can still have open minds, just takes time.
- The group discussed the myths of ‘Black people don’t live here’ or ‘Asian people don’t live here’ or blaming racial and ethnic diversity on the Mule Creek State Prison population skewing demographics. However, it is not the case. So, this misconception could be a reason why people don’t want to support funding towards these efforts.
- This is a difficult ‘sell’ because if we ask people who are already using the resources, they don’t see people who aren’t accessing the resources because of other stigmas or the fact they don’t know they exist (e.g. LGBTQ+, Spanish-speaking, etc.) So, the group discussed ways to reframe this so that it says what it is – people live in Amador who are not utilizing services and they don’t know they exist. One example -- they are underserved in many ways because of different intersecting reasons (e.g. Spanish-speaking, undocumented, isolated rural area, etc.) The funding and efforts would be utilized to ensure those folks know resources exist for them and they can access them.
- One discussion point was – if it is built, will they come? If we do a LGBTQ+ SUDS Group – will people come? If we do a Hispanic/Latino group, will people come? It is very difficult to determine what comes first—the chicken or the egg.

Moving on to question #5 which asked for suggestions in improving behavioral health services.

Participants stated:

- Every client is assigned a case manager/PSC – the group agreed that this approach would be beneficial. The group discussed that this is a model used in Placer County as well.
- Scheduling is a challenge. Sometimes providers are scheduled two sessions in one hour, etc. They are adapting and overcoming though it shows the immense need for services in our community.
- Offsite groups – having ACBH staff do a group at the wellness center again, or have the 60+ group meet at the Amador Senior Center. Clients don’t necessarily like coming to ACBH,

however, it could be a good way to get clients connected to community resources that meet their needs as well. This could be used as a transition tool to exit clients out of ACBH into community-based programs and supports by exposing them to resources.

- Short term crisis residential unit in Amador County – this was discussed and it was mentioned that this has been an ongoing challenge for many years. The group talked about involving Sutter, WellSpace to assist with funding, however, it is much more complicated than this and not necessarily something the County, alone, can do. One participant stated that the process around crisis has greatly improved over the years and even though crisis cannot be prevented, the hours worked and support around it is a lot better.

The last question inquired about training needs. The participants asked about emergency first responders and how they are trained in behavioral health services. CIT is offered annually and ACSO, all City PD's, American Legion and others are invited to attend. Although the training is offered, and all are invited, not all attend. The ACSO has been a very active partner in attending CIT, along with their dispatchers.

The group discussed doing a walk. It would be great to do a walk/resource fair where ACBH staff and the community partners could come together. It could be a fun event, and perhaps do a contest. A participant mentioned October and it was discussed to maybe do a costume contest as well. This has been done before, years ago, so it may be a great idea to revisit this. It could be Mental Health walk and ideas included brainstorming catchy names, keeping it centrally located and focused on community building and resource sharing.

One participant also concluded with the fact that the county is growing and we need to be able to adapt to changes. If something isn't working, it is ok to pivot and change to meet the needs.

---

After each focus group was completed, Stephanie Hess insured that the next steps in the process were announced and encouraged everyone to take a hard copy survey to complete or to complete the survey online.

### **Focus Groups—Youth**

ACBH contract provider, Nexus Youth & Family Services conducted several smaller focus groups with middle school and high school youth. The questions asked included the following:

1. Who was familiar with mental health services or supports OR who has utilized services?
2. What Behavioral Health Programs and/or services are working well in Amador County? Why?
3. In your opinion, what cultural and diversity efforts have been working well in Amador County, and what needs improvement?

Below is a summary of what was discussed:

#### **Total number and ages of students surveyed:**

50 High School students (ages 14-15)

22 Junior High Students (ages 12-14)

72 students surveyed (Jackson Junior High WEB, Amador High FNL (12), and Amador High Freshman Health Class (38)).

A total of 32 students were familiar with or have utilized services.  
20 of the students were from Junior High.  
12 of the students were from the High School.

**What Behavioral Health Programs and/or services are working well in Amador County? Why?**

Junior High: Some of the LGBTQ information and connectedness to services seem like they are going well. Having a crisis team to help students has been beneficial.

High School: We had great discussion on the next question but the group was fairly non-committal on the services that are working really well. Many of them are in the same boat that they thought all the services were helpful for those that need them. Had some kids say they really like Friday Night Live and would like to see it expand. Couple others mentioned that their friends have found comfort in working with adult mentors.

**In your opinion, what cultural and diversity efforts have been working well in Amador County, and what needs improvement?**

Junior High: Training needs to improve. Bringing awareness from teens or people that are not teachers. There is a stigma that only those that are 'crazy' need services, and that does not seem fair. Promotion of events/things could be beneficial for community involvement. Small and large group activities.

High School: The whole class agreed that Cultural and Diversity Efforts should all be improved, they could lean on the clubs at school and some outside school groups like churches and such as examples. There was talk not all groups are represented in the school and in community events. We followed up with questions about what efforts they would like to see and examples were diverse and very surface layer, but they mentioned events like cultural food events, PRIDE events, Maybe celebrating the awareness months better, and adding clubs on campus to become more culturally diverse. Additionally, utilizing social media that is used by students to bring awareness to events/programs.

---

This was the first year youth were engaged in this process in a focus group setting, which provided information that will provide context when planning for services over the next year. Youth will continue to be encouraged to participate in the CPPP throughout the year as different opportunities arise and ongoing feedback is needed.

**Community Survey**

A 10-page MHSA Community Survey for 2023 was widely distributed to all stakeholders, along with many others in either paper or online form. The purpose of this survey was to determine who is actively participating in the stakeholder process, what target populations and programs the community feels MHSA funding should be focusing on, how effective the department is in meeting the essential elements of the Act, and what additional programming is needed, funding permitted. The following represents the 159 responses received from March 22 through May 31, 2023.

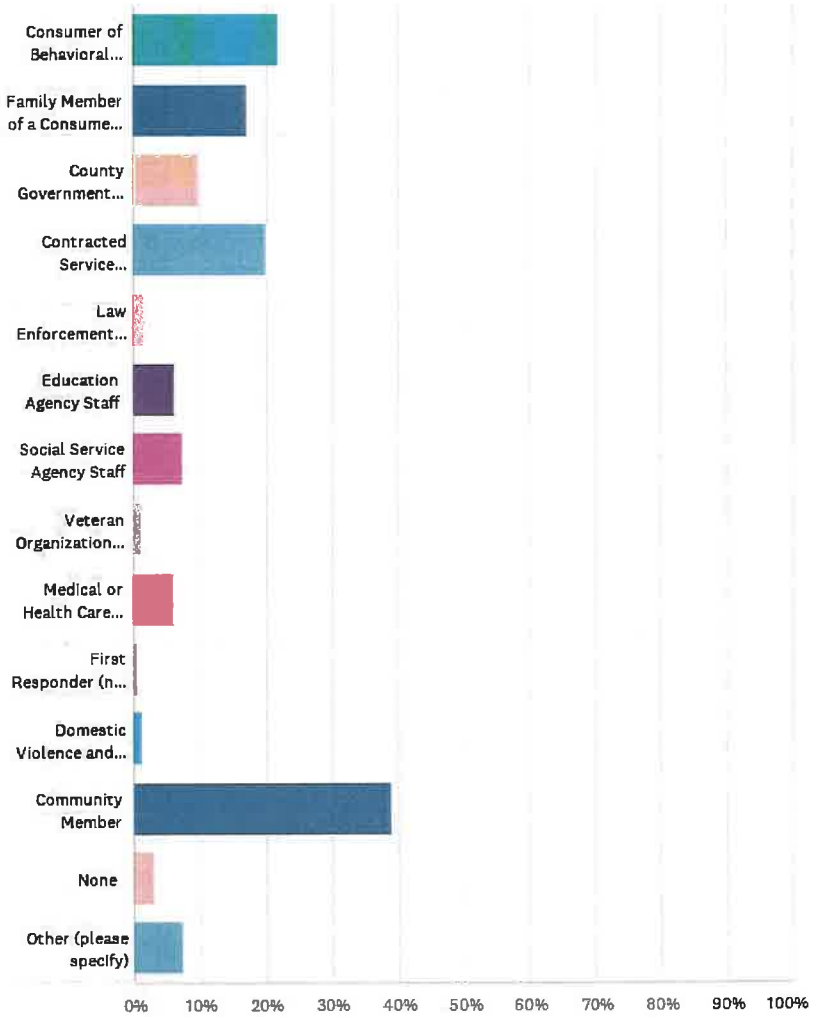


**QUESTION 1: WHAT IS YOUR CONNECTION TO BEHAVIORAL HEALTH?**

159 respondents answered this question, with the majority stating their connection to Behavioral Health is as a community member. Note: Responses rec'd in 2021 and 2022 stated the same.

12 'Other' Responses stated:

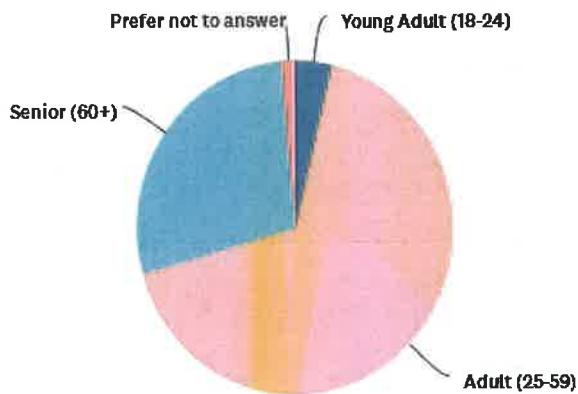
- Youth Advocate
- NAMI Connections
- The Resource Connection
- Also, government contractor/forensic psychologist
- Child care provider
- Grandparent Resource Connection
- Transportation Provider (2)
- MomCHAT Participant
- Amador County Public Health Staff
- Elementary School Campus Supervisor
- Educator



**QUESTION 2: WHAT AGE GROUP ARE YOU IN?**

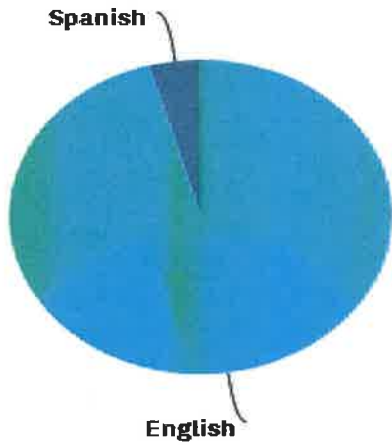
157 respondents answered this question.

4% of respondents were Young Adults, which is a 2% increase from last year. 67% of respondents were Adults, which is a 22% increase from last year. 28% were Seniors (60+), which represents a 25% decrease in responses from this age group when compared to last year. 1% preferred not to answer this question.



**QUESTION 3: WHAT IS YOUR PREFERRED LANGUAGE?**

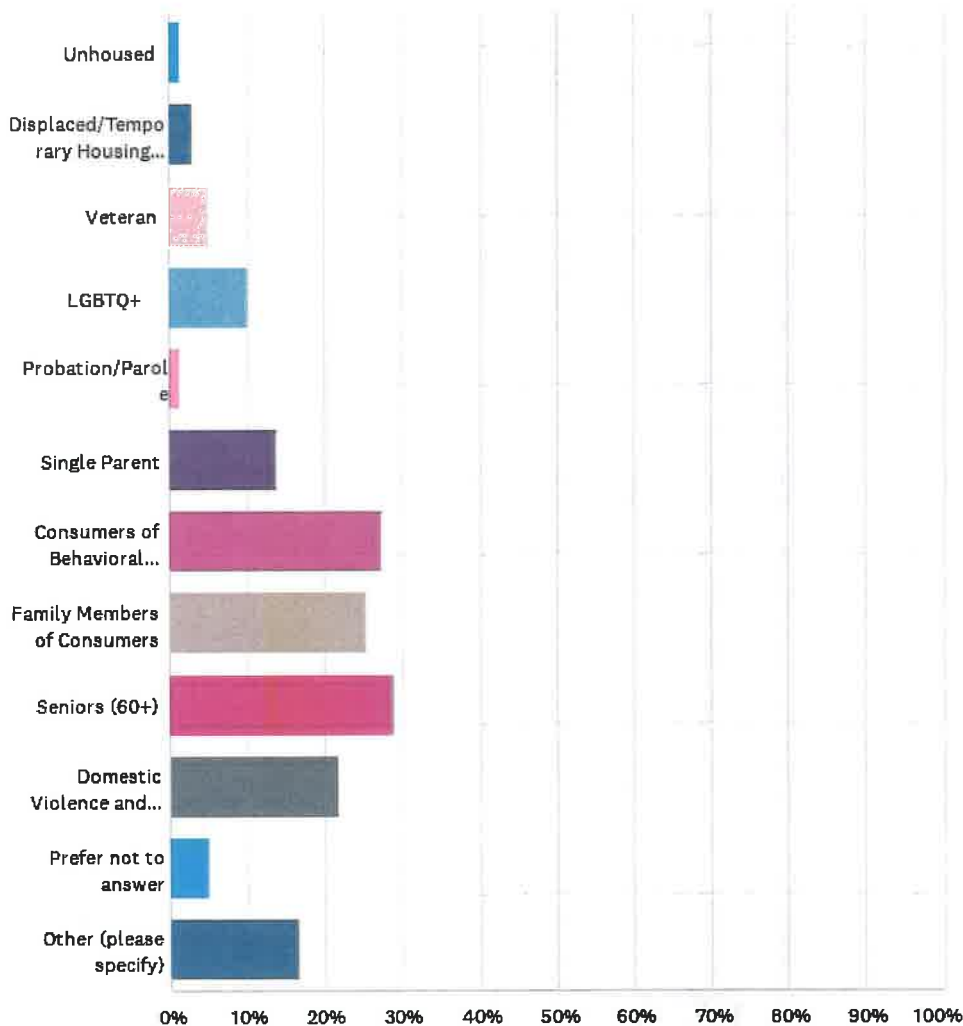
159 respondents answered this question.



Last year, 1 respondent answered that Spanish was their preferred language. This year's results showed 7 respondents indicated that their preferred language was Spanish. Although this is an improvement, more outreach to the Spanish-speaking community needs to be done to insure that they are included in this process.

**QUESTION 4: DO ANY OF THE FOLLOWING DESCRIPTIONS APPLY TO YOU?**

138 respondents answered this question. The majority of respondents identified as Seniors (60+) as well as Family Members and Consumers of Behavioral Health Services – same as the previous four years. One change in the data shows that last year only 15% of respondents stated they were a Domestic Violence and/or Sexual Assault Victim. This year, 22% of respondents identified with this description.



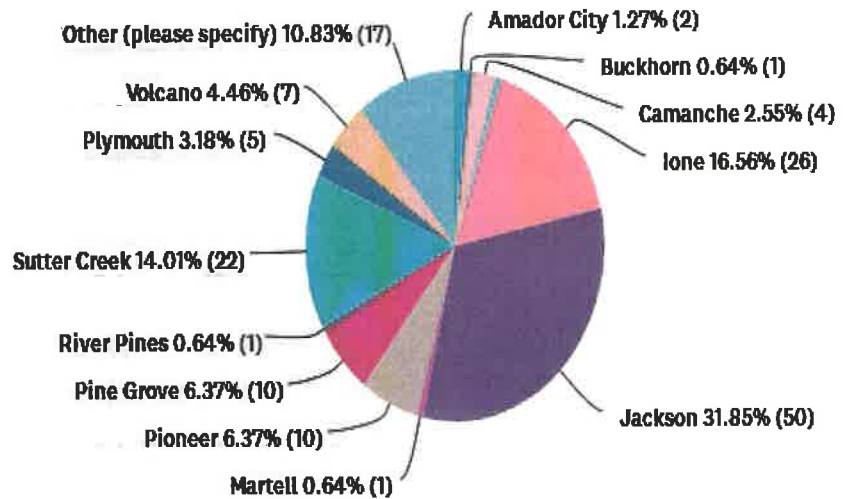
Twenty-three (23) 'Other' responses received stated:

- N/A (6)
- None (7)
- Consumer/Peer
- The Resource Connection
- MomCHAT Mom
- Services Provider
- Political refugee and victim of state government oppression
- I get my mental health outside of the county
- Mental health patient
- Parent of kids
- Housed
- Parent advocate

**QUESTION 5:**

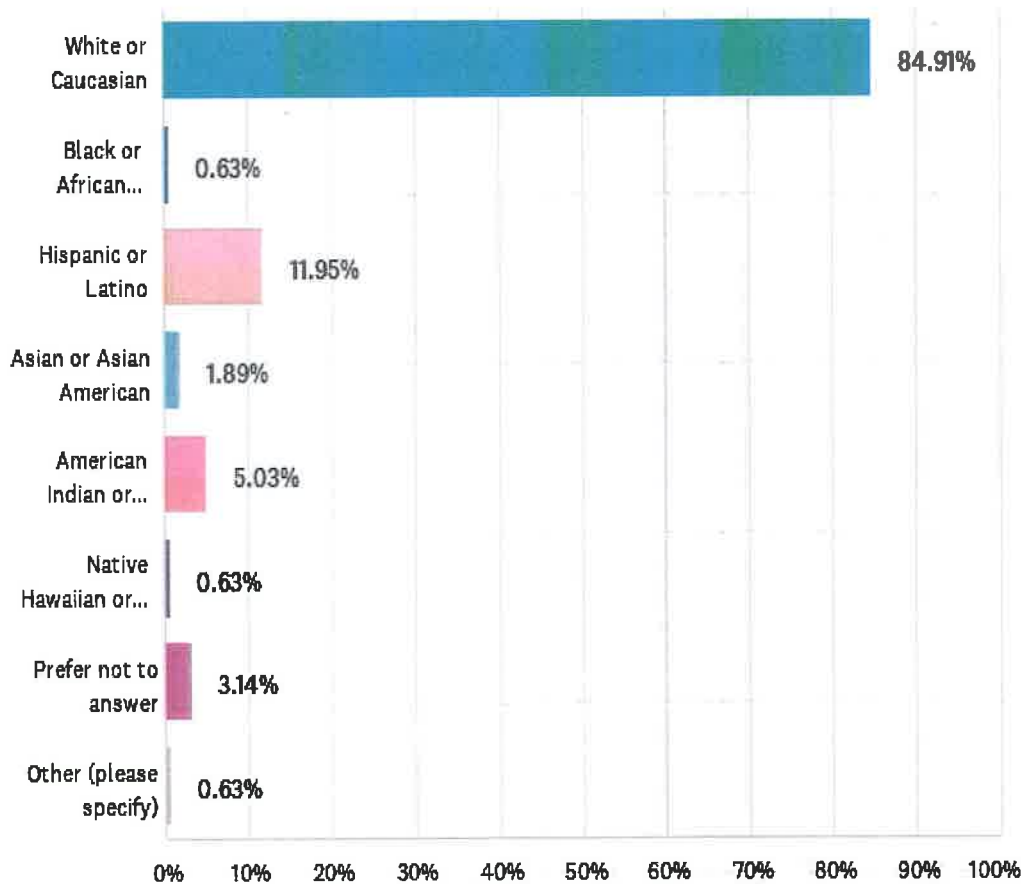
**WHAT CITY/TOWN DO YOU LIVE IN?**

157 respondents answered this question.



**QUESTIONS 6: WHAT IS YOUR RACE/ETHNICITY?**

159 respondents answered this question. Generally speaking, the answers are reflective of the demographics of Amador County.



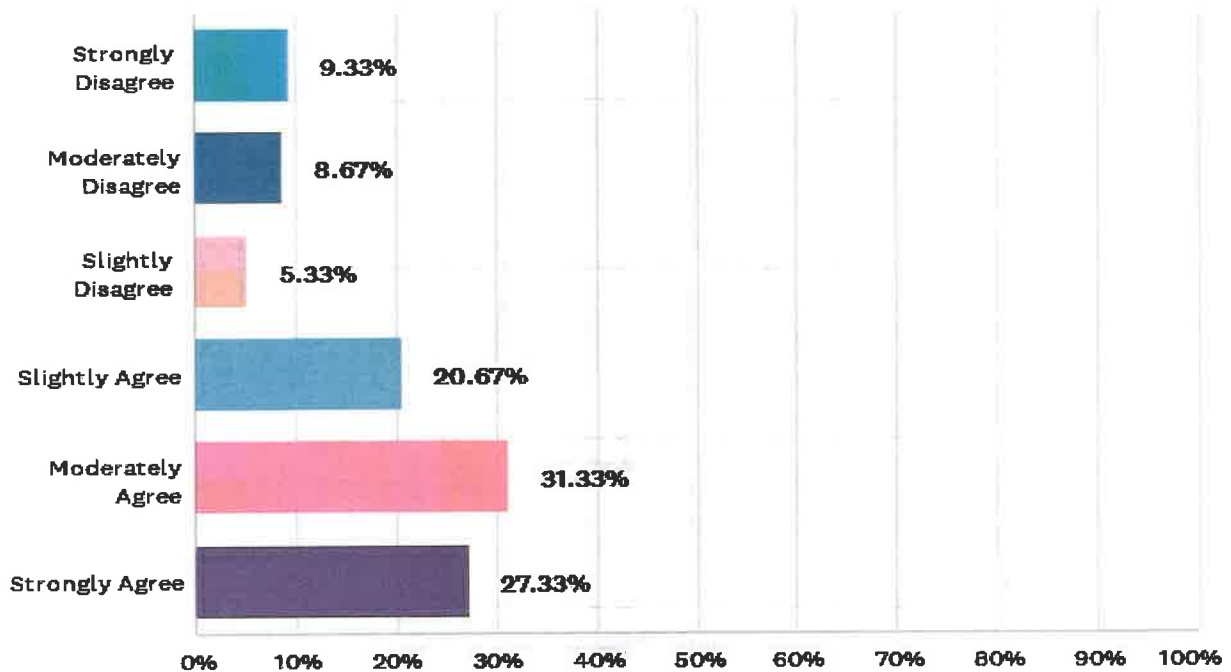
There was one 'Other' response which stated White/Asian.

It should be noted that the number of Hispanic/Latino respondents increased from 6% last year, to nearly 12%. However, American Indian or Alaskan Native respondents increased by 5%.

Questions 7 through 11 were incorporated in this year’s survey to provide data/information in order to assess where Amador County Behavioral Health (and Amador County) stands regarding attitudes towards ongoing diversity and equity efforts. ACBH has solicited technical assistance to further review these questions, and provide guidance on next steps to increase education, awareness and create a more positive attitude towards culture, diversity and equity work throughout the behavioral health system of care. This analysis is provided as an attachment.

**QUESTION 7: AMADOR COUNTY BEHAVIORAL HEALTH GIVES ADEQUATE ATTENTION AND SUPPORT TO CULTURE AND DIVERSITY EFFORTS**

150 respondents answered this question.



**QUESTION 8: DO YOU HAVE ANY SUGGESTIONS FOR WAYS THAT AMADOR COUNTY SHOULD CHANGE THEIR APPROACH TO CULTURAL RESPONSIVITY IN THEIR BEHAVIORAL HEALTH PROGRAMS AND/OR SERVICES?**

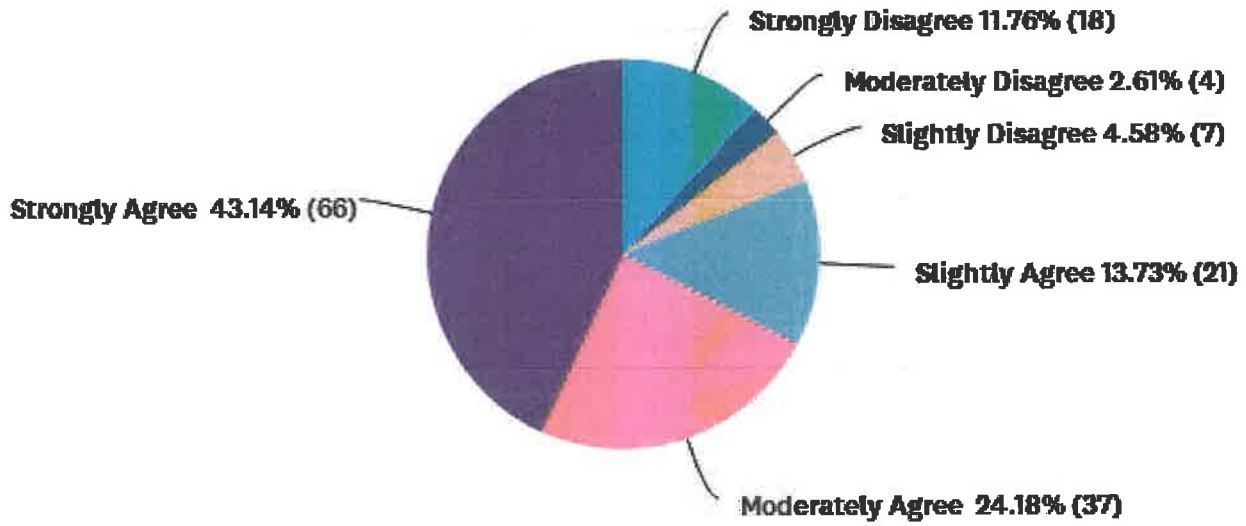
86 respondents answered this question. 45 respondents stated N/A, None, or No. Other respondents replied as follows:

- Outreach to agencies on programs
- Being mindful of the impact of culture considerations to mental health
- Have linguists or zoom/remote translators available 24/7 in all languages and ethnicity in Census and currently, if not.
- More D.E.I. training
- High school programs that release cultural stigma within family and community
- More advertisement of events. Also, what are doing to be more inclusive of our African American culture?
- Outreach, collaborate with community partners
- MomCHAT is amazing, but otherwise it is not very easy to find behavioral health services in the county
- It’s hard to promote mental health and support services when a lot of the community has the belief that mental health is not a thing.

## QUESTION 8 (RESPONSES CON'T):

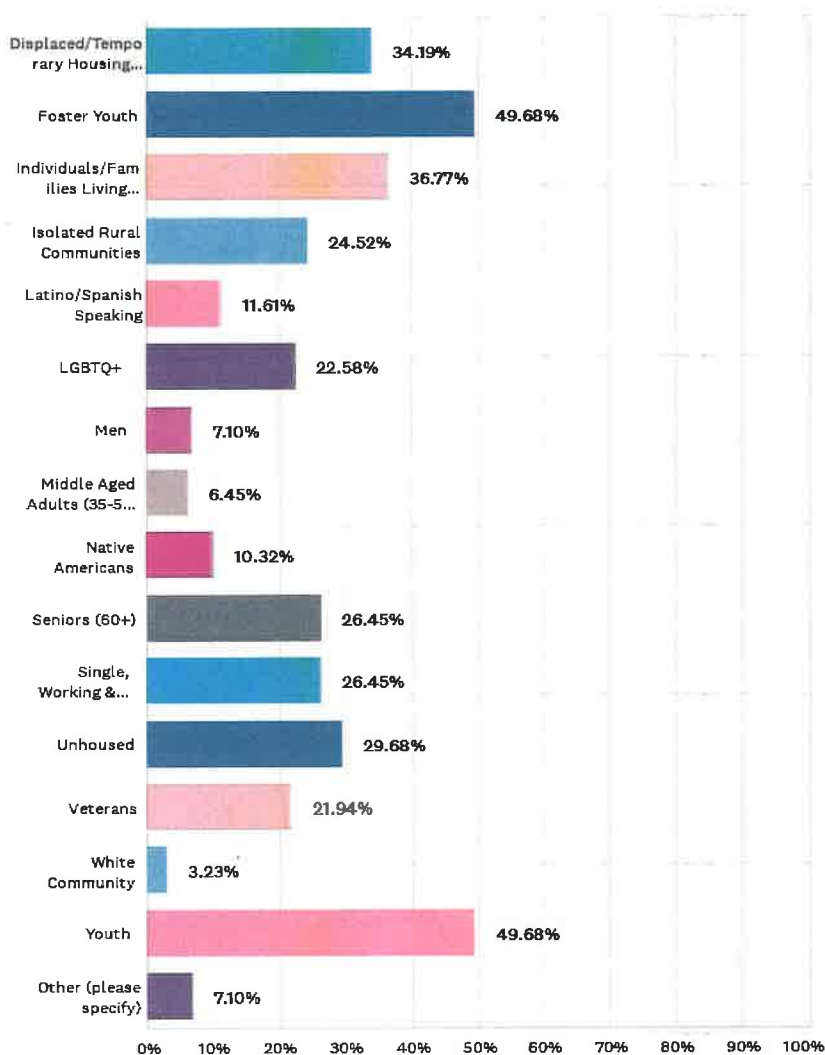
- I don't know enough about their services to respond.
- Outreach to all communities of different age groups and gender
- Provide more doctors
- Keep advertising!
- Having more staff/employees be persons of different, cultural backgrounds
- access and outreach for non-english speakers
- Need to keep the counselor's and to speak better English.
- There is fundamental disregard for minority groups in AC. Folks want a closed community. We see it displayed through signs and flags. We hear and see it in attitudes of patrons and some providers at local businesses. You read about a parent beating up a teacher and local police do such a haphazard investigation that the local DA can't prosecute the offender. A local CHP kills his wife. This is the result of a closed community and attitudes that don't welcome outsiders or even our own educated citizens.
- No, just not much diversity in our area.
- Add more members of those communities to an advisory board
- Seems fine
- Nope they are doing great
- No, none that I could think of right now at this moment
- Native land acknowledgments on site and in print
- More attention to non-binary or gender confirming information
- Provide services/programs to address the hoarding, depression, and other symptoms many seniors experience prior to becoming Seniors. Senior Support Groups and provide LGBTQ support groups for not only minors but for Seniors as well.
- Continue supporting all citizens
- accept veterans even if they don't have medi-cal. Not all veterans qualify for VA health care.
- Continued to be involved in the community
- There is no real diversity in Amador.
- I believe that the county does not provide adequate support for our aging community. There needs to be more active outreach to seniors for services where they live.
- I have no idea what Amador County's current approach to cultural responsivity is.
- I don't see much effort toward diversity. I think the Amador Football Team debacle was a big teachable moment for our community, and as far as I can tell, that opportunity was missed.
- Make it available to teens in school and educate teachers is all aspects surrounding behavior health. Sometimes their comments, actions or in actions make it worse.
- Offer services in other languages, get out and network in Spanish speaking areas. Be more willing to work with the community and other services
- Hands-on and interactive presence, programs and training in all schools from T-K to 12th grade.
- Addressing racism and intolerance in our schools
- I think that if possible, more outreach and information should be given to the general community.
- Materials/brochures available in Spanish
- Start in the elementary schools
- I have not been able to find available mental health services
- Actually offer enough services
- Hold public events with the Rancheria

**QUESTION 9: I SUPPORT USING A PORTION OF MHSA FUNDS TO GIVE DEDICATED ATTENTION TO NON-ENGLISH SPEAKING, ETHNIC MINORITY AND/OR LGBTQ+ INDIVIDUALS IN AMADOR COUNTY**



**QUESTION 10: WHICH OF THE FOLLOWING GROUPS SHOULD BE THE HIGHEST PRIORITY FOR UPCOMING MENTAL HEALTH EFFORTS IN AMADOR COUNTY?**

155 respondents answered this question.



*This year's data compared differently to trends seen the previous four years with Foster Youth and Youth being rated as the population having the most need for mental health services and supports. Individuals/Families Living in Poverty and those who are Displaced/Living in Temporary Housing followed.*

*Data from this survey for the previous four years, has shown that the Unhoused (Homeless) were rated as the population having the most need for mental health services and supports. While Youth, Individuals/Families Living in Poverty, and Veterans followed.*

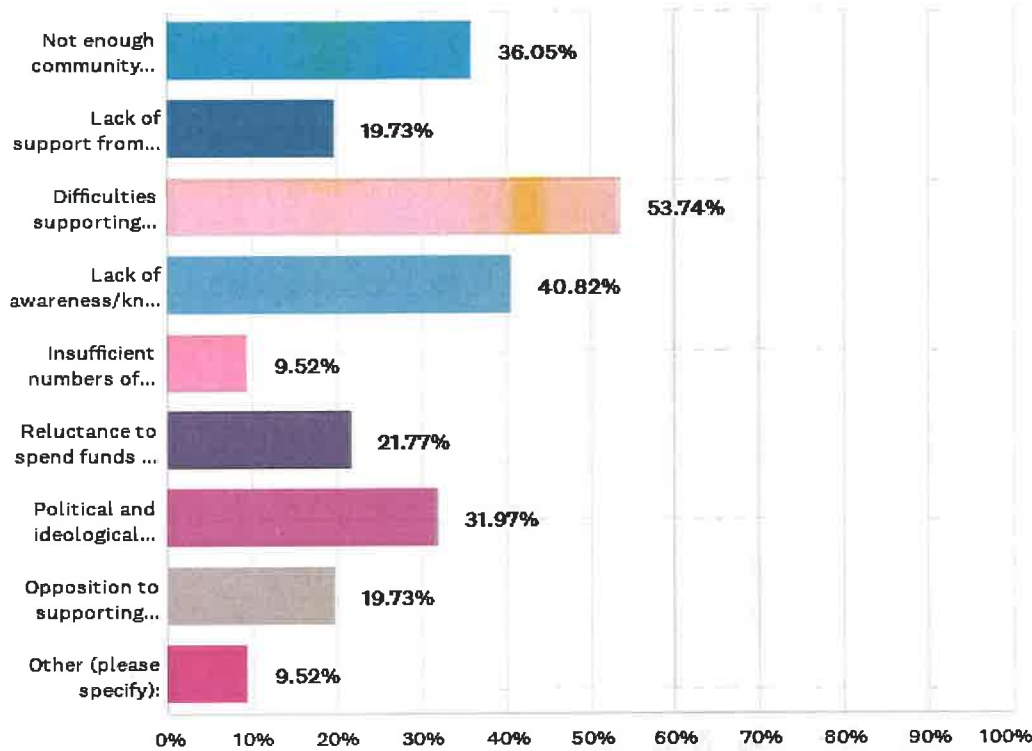
*When compared to last year's data, the rating for Veterans decreased by 17%, LGBTQ rating increased by 8% and the rating for seniors (aged 60+) decreased by 9%.*

11 'Other' Responses were received that stated the following:

- 3 is not enough
- Difficult finding medical and mental health help with options of providers
- Match our county's demographics with the funds
- Young adults 18-40
- New moms
- Pregnant mothers
- Everyone should be treated equally, no one group should get special treatment above another group
- Law enforcement
- African-American, Asian-Americans, religious tolerances and acceptance
- Young Adults 18-25
- Young adults who are "aging out" from services

**QUESTION 11: WHAT ARE THE TOP THREE BARRIERS TO BEING CULTURALLY RESPONSIVE TO AND SERVING THE MENTAL HEALTH NEEDS OF THE ETHNIC MINORITY AND LGBTQ+ RESIDENTS OF AMADOR COUNTY?**

147 respondents answered this question.



Respondents stated that the top three barriers were:

- 1) Difficulties supporting diverse needs with limited staff and resources
- 2) Lack of awareness/knowledge of Amador County's cultural or underserved communities
- 3) Not enough community organizations and/or leaders to support this work

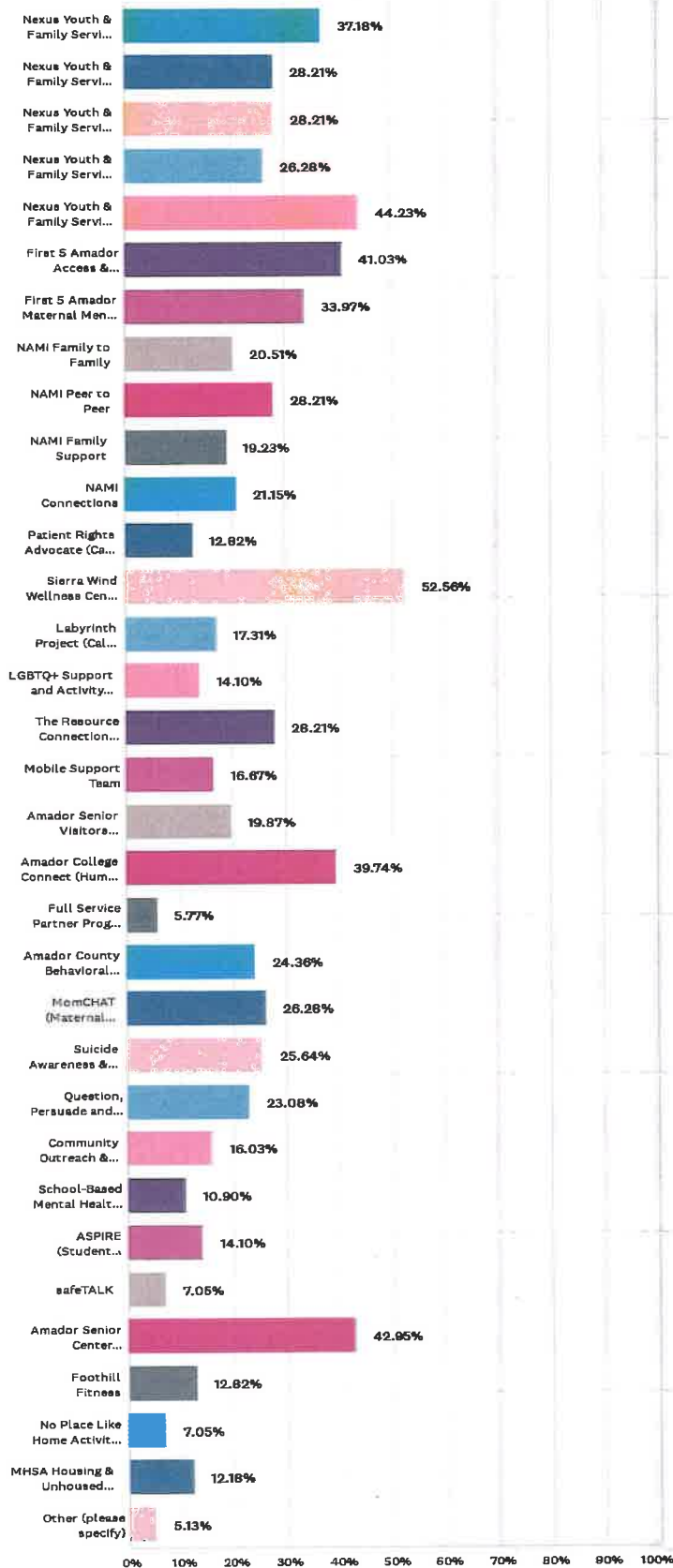
14 'Other' responses stated the following:

- I don't know as I am not in the loop. Ask our BOS & educators, latest law enforcement and arrests, jail, Police Officers, 1st responder statistics and not just biased opinions
- We should match the county. Divide the money up based on how many people and where people are.
- Right now, I do not have an opinion on this matter.
- Isolated communities -- no public transportation to and from these areas (Volcano, Upcountry, West Point)
- I am not familiar and cannot speak to this.
- I'm not sure.
- Add church rhetoric to barriers. Remember hate is also "groomed"
- Lack of transportation
- I don't know
- I believe school is for learning. I do agree this is lacking in parenting but I do believe it's for parents to pursue
- There are no barriers, the ethnic minority and LGBTQ+ members are already socially, financially, politically, and governmentally supported far more than the rest of the community members.
- There are no barriers. Ask for help and we will do all we can to help. We are a small county that cares way more about people in our community than other counties.
- I would not know as I am not an ethnic minority
- County as a whole thinking these groups are "less than"



**QUESTIONS 12: MHSA FUNDS THE PROGRAMS AND SERVICES LISTED BELOW. WHAT MHSA-FUNDED PROGRAMS ARE YOU MOST FAMILIAR WITH?**

156 respondents answered this question.



8 'Other' responses received stated the following:

- Not very familiar but for NAMI, Nevada, El Dorado & Shilpa R. of local NAMI. I am upcountry no TV but online viewing news weather. Dispatch. Online nexus. No school kids. Have adult child with severe MH. ACSD did not take to hospital. but worsened sick situation while detaining misreporting expired/served time warrants and got him relocated during extremely dangerous winter storms to no home 400+ miles from here -- up North Calif??!! Adult says he was left to die!!! No support Humboldt, DNC
- James emails
- Extensive background in developing and managing crisis intervention teams (CIT) when I was a detective at the San Mateo Co. Sheriff's Office. I also helped establish the first multi-disciplinary team (MDT) designed to provide better service and follow-up with the unserved and underserved consumers of behavioral health services in San Mateo County
- None
- My daughter gets counseling from MomChat
- I know a number of these groups, but not the specific services
- M.A.C.T. Medical Clinic for Therapy Services
- I am not familiar with any of these programs.

**QUESTION 12 (CON'T):**

**Summary of Question**



**12 Data:**

*Last year's community*

*program*

planning process respondents listed the following five MHSA-funded programs as most familiar to them:

1. Amador Senior Center Lunch Program
2. Sierra Wind Wellness & Recovery Center
3. Suicide Awareness & Prevention Efforts
4. Amador Senior Visitors Program
5. Foothill Fitness

This year, respondents identified the following MHSA-funded programs as most familiar to them:

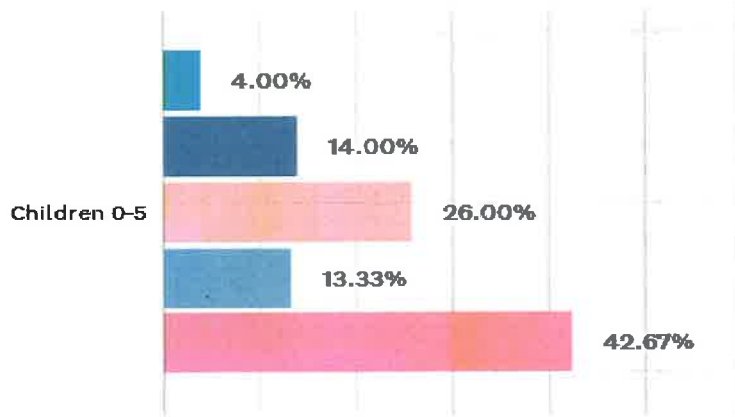
1. Sierra Wind Wellness & Recovery Center
2. Nexus Youth & Family Services Family Resource Centers (Pine Grove, Camanche, Ione)
3. Amador Senior Center Lunch Program
4. First 5 Amador Access & Linkage to Treatment Program
5. Amador College Connect

**QUESTION 13: HOW DO YOU FEEL MHSA PROGRAMS ARE DOING IN SERVING THE FOLLOWING?**

151 respondents answered this question.



**Children (aged 0-5)**



39% of respondents feel that MHSA is doing good or excellent in serving Children aged 0-5 and 18% feel MHSA is doing fair or poor.

Last year, 27% of respondents felt that MHSA was doing good or excellent and 14% felt MHSA was doing fair or poor.

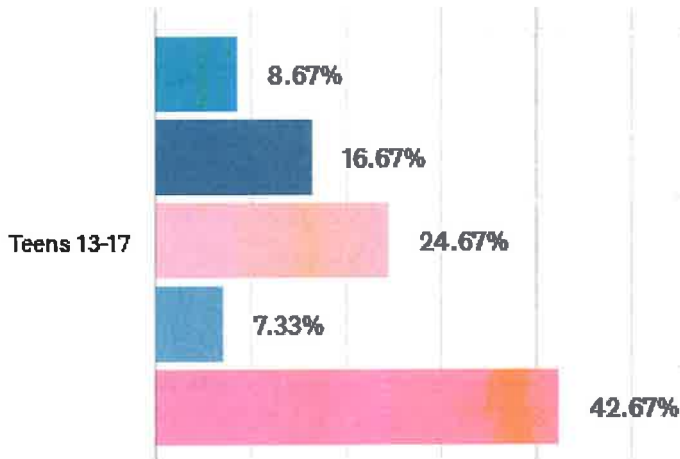
**Youth (aged 6-12)**



**Youth (aged 6-12)**

32% of respondents feel that MHSA is doing good or excellent in serving youth aged 6-12 and 23% feel MHSA is doing fair or poor. The majority of responses for this category were 'I Don't Know'.

Last year, 18% of respondents felt that MHSA was doing good or excellent and 17% felt MHSA was doing fair or poor. 64% stated 'I Don't Know.'

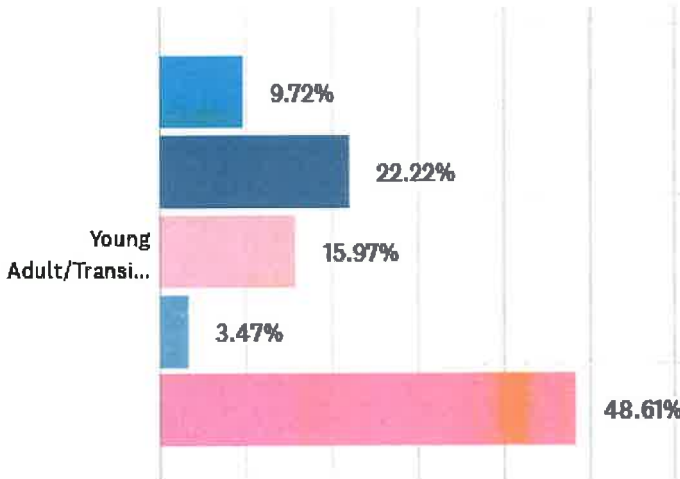


**Teens (aged 13-17):**

32% of respondents feel that MHSa is doing good or excellent in serving Teens aged 13-17 and 26% feel MHSa is doing fair or poor. The majority of respondents stated 'I Don't Know.'

Last year, 14% of respondents felt that MHSa was doing good or excellent in serving Teens aged 13 – 17 and 22% felt MHSa was doing fair or poor.

Nearly 63% responded 'I Don't Know.'



**Young Adults/Transition Aged Youth (TAY):**

19% feel MHSa is doing good or excellent in serving Transition Aged Youth (TAY) aged 18-24. 30% feel MHSa is doing fair or poor. The majority of respondents stated 'I Don't Know.'

Last year, 23% felt MHSa was doing good or excellent in serving Transition Aged Youth (TAY) aged 18-24. 11% felt MHSa was doing fair or poor. 66% responded 'I Don't Know.'



**Adults (25-59):**

39% of respondents feel that MHSa is doing good or excellent in serving adults. 24% feel that MHSa is doing fair or poor in serving adults. The majority of the respondents stated 'I Don't Know.'

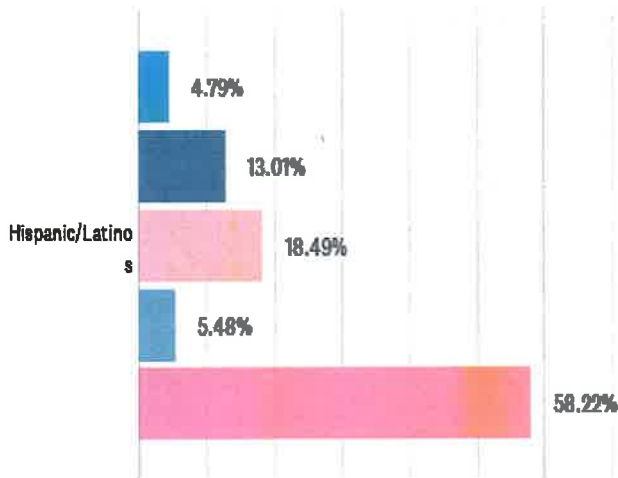
Last year, 28% of survey respondents felt MHSa was doing good or excellent in serving adults and 24% felt MHSa was doing fair or poor in serving adults. 48% responded 'I Don't Know.'



**Older Adults/Seniors (60+):**

33% of respondents feel MHSa is doing good or excellent in serving older adults. 27% feel that MHSa is doing fair or poor. 39% stated 'I Don't Know.'

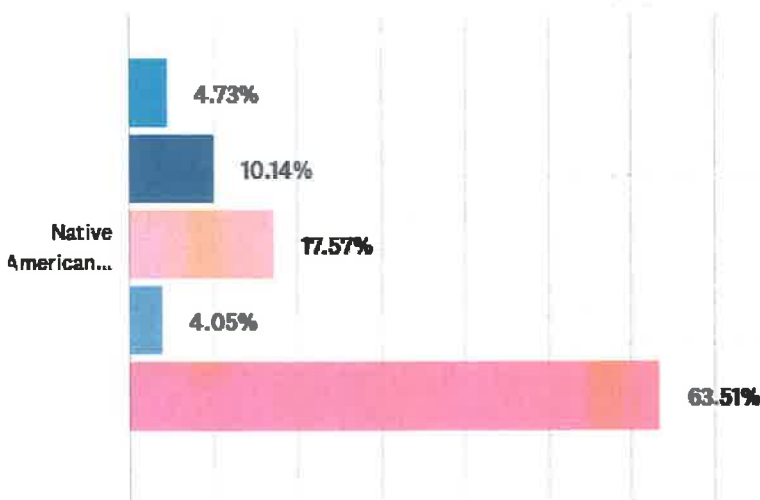
Last year, 41% of respondents felt MHSa was doing good or excellent in serving older adults and 23% felt MHSa was doing fair or poor. 37% responded 'I Don't Know.'



**Hispanic/Latinos:**

23% of respondents feel that MHSa is doing good or excellent in serving the Hispanic/Latino population and 18% feel that the MHSa is doing fair or poor. The majority of respondents stated 'I Don't Know.'

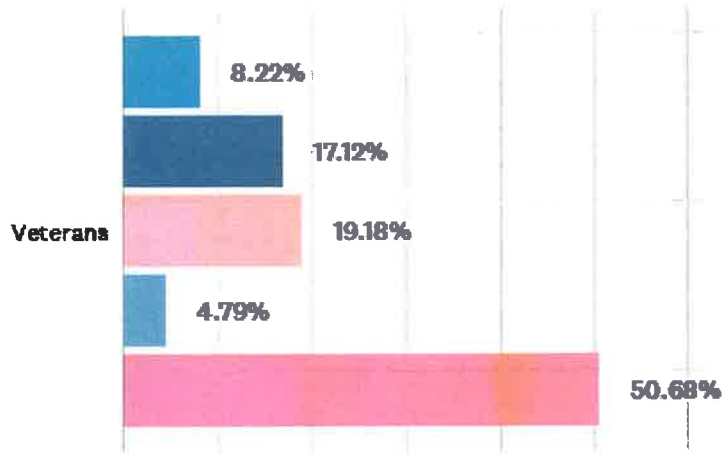
Last year, 14% of respondents felt that MHSa was doing good or excellent in serving the Hispanic/Latino population and 12% felt that MHSa was doing fair or poor. Last year 74% of respondents stated 'I Don't Know.'



**Native Americans:**

23% of respondents feel that MHSa is doing good or excellent in serving Native Americans while 15% feel that MHSa is doing fair or poor. The majority of respondents stated 'I Don't Know.'

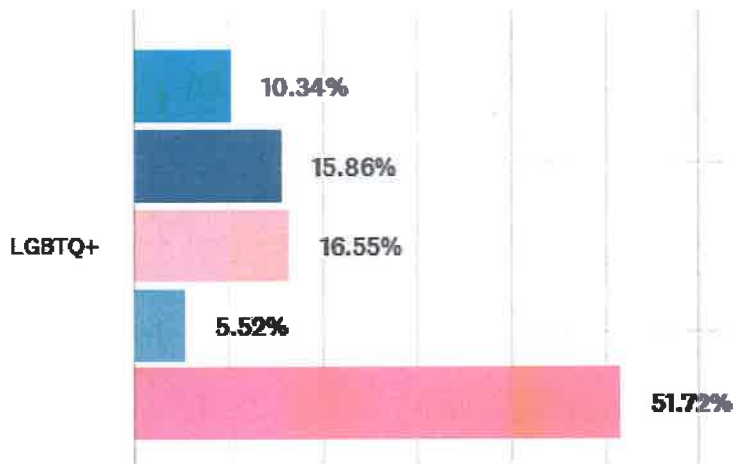
Last year, 14% of respondents felt that MHSa was doing good or excellent while 16% felt MHSa was doing fair or poor in serving Native Americans. Last year 70% of respondents stated 'I Don't Know.'



**Veterans:**

24% of respondents feel that MHSA is doing good or excellent in serving Veterans. 25% feel that MHSA is doing fair or poor. 50% of respondents stated 'I Don't Know.'

Last year, 22% of respondents felt that MHSA was doing good or excellent in serving Veterans. 19% felt MHSA was doing fair or poor. Nearly 60% of respondents stated 'I Don't Know.'



**LGBTQ+:**

23% of respondents feel that MHSA is doing good or excellent in serving the LGBTQ+ population. 26% feel that MHSA is doing fair or poor. The majority of respondent's stated 'I Don't Know.'

Last year, 17% of respondents felt that MHSA was doing good or excellent in serving the LGBTQ population. 12% felt MHSA was doing fair or poor. 70% stated 'I Don't Know.'

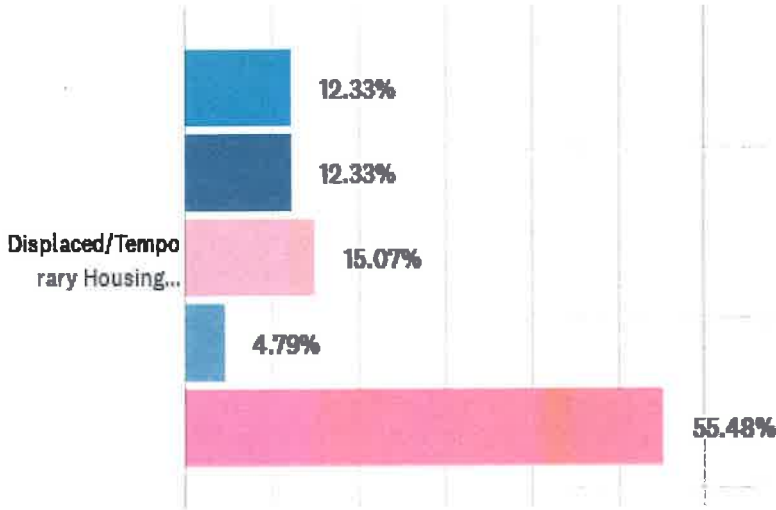


**Homeless/Unhoused:**

18% of respondents feel that MHSA is doing good or excellent in serving the homeless/unhoused, while 30% feel that MHSA is doing fair or poor. Over 50% of respondents stated 'I Don't Know.'

Last year, 16% of respondents felt that MHSA was doing good or excellent in serving the homeless/unhoused and 35% felt MHSA was doing fair or poor. 50% responded 'I Don't Know.'

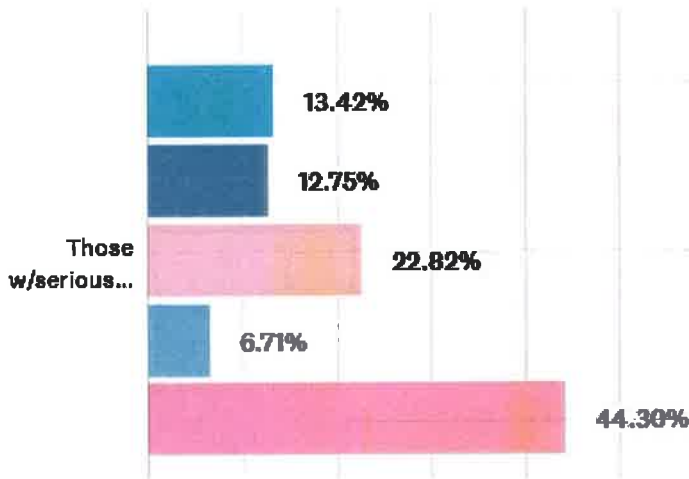
Poor Fair Good Excellent I Don't Know



**Displaced/Temporary Housing Situation:**

19% of respondents feel that MHSA is doing good or excellent in serving those who are displaced and/or living in temporary housing situations. 24% feel that MHSA is doing fair or poor. Approximately 55% of respondents stated 'I Don't Know.'

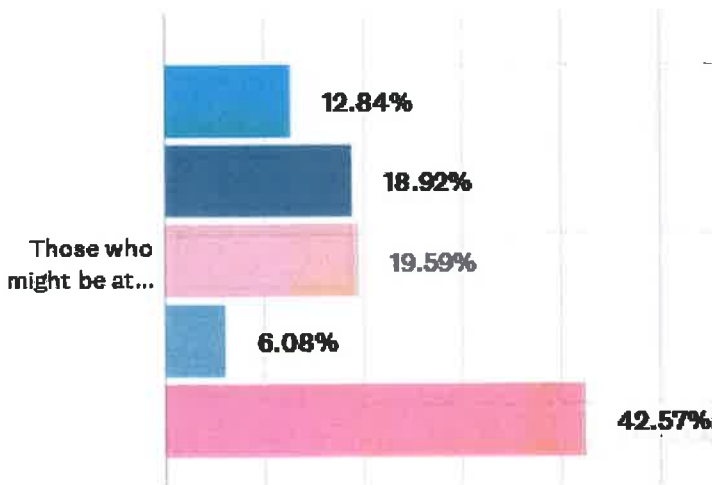
Last year, 13% of respondents stated MHSA is doing good or excellent in serving this population while 33% felt the MHSA was doing fair or poor. Nearly 55% of respondents stated 'I Don't Know.'



**Those with serious mental illness:**

30% of respondents feel MHSA is doing good or excellent in serving those with serious mental illness. 26% of respondents feel MHSA is doing fair or poor. 44% responded 'I Don't Know.'

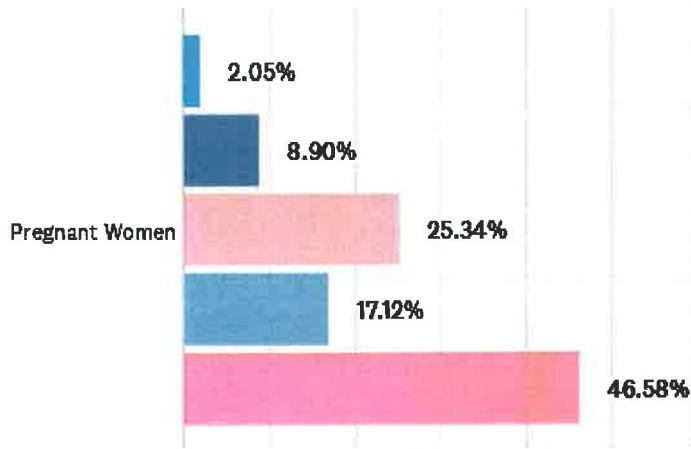
Last year, 23% felt MHSA was doing good or excellent and 33% felt MHSA was doing fair or poor. Last year, 39% stated 'I Don't Know.'



**Those who might be at risk of mental illness:**

26% of respondents feel MHSA is doing good or excellent in serving those who may be at risk of mental illness. 32% feel MHSA is doing fair or poor. 43% stated 'I Don't Know.'

Last year, 19% of respondents felt MHSA was doing good or excellent in serving those who may be at risk of mental illness while 32% felt MHSA was doing fair or poor. 48% stated 'I Don't Know.'



**Pregnant Women:**

42% of respondents feel that MHSA is doing good or excellent in serving pregnant women. 11% feel that MHSA is doing fair or poor. 47% stated 'I Don't Know.'

Last year, 25% felt MHSA was doing good or excellent in serving pregnant women while 11% felt MHSA was doing fair or poor. 64% stated 'I Don't Know.'

**4 'Comments' received stated the following:**

*-Prevention and look out for signs of mh disorders didn't stop teen from bringing a gun to school a few years ago. On the BUS!!!*

*-Chronic illnesses—poor; Terminal illnesses—poor; Chronic pain--poor*

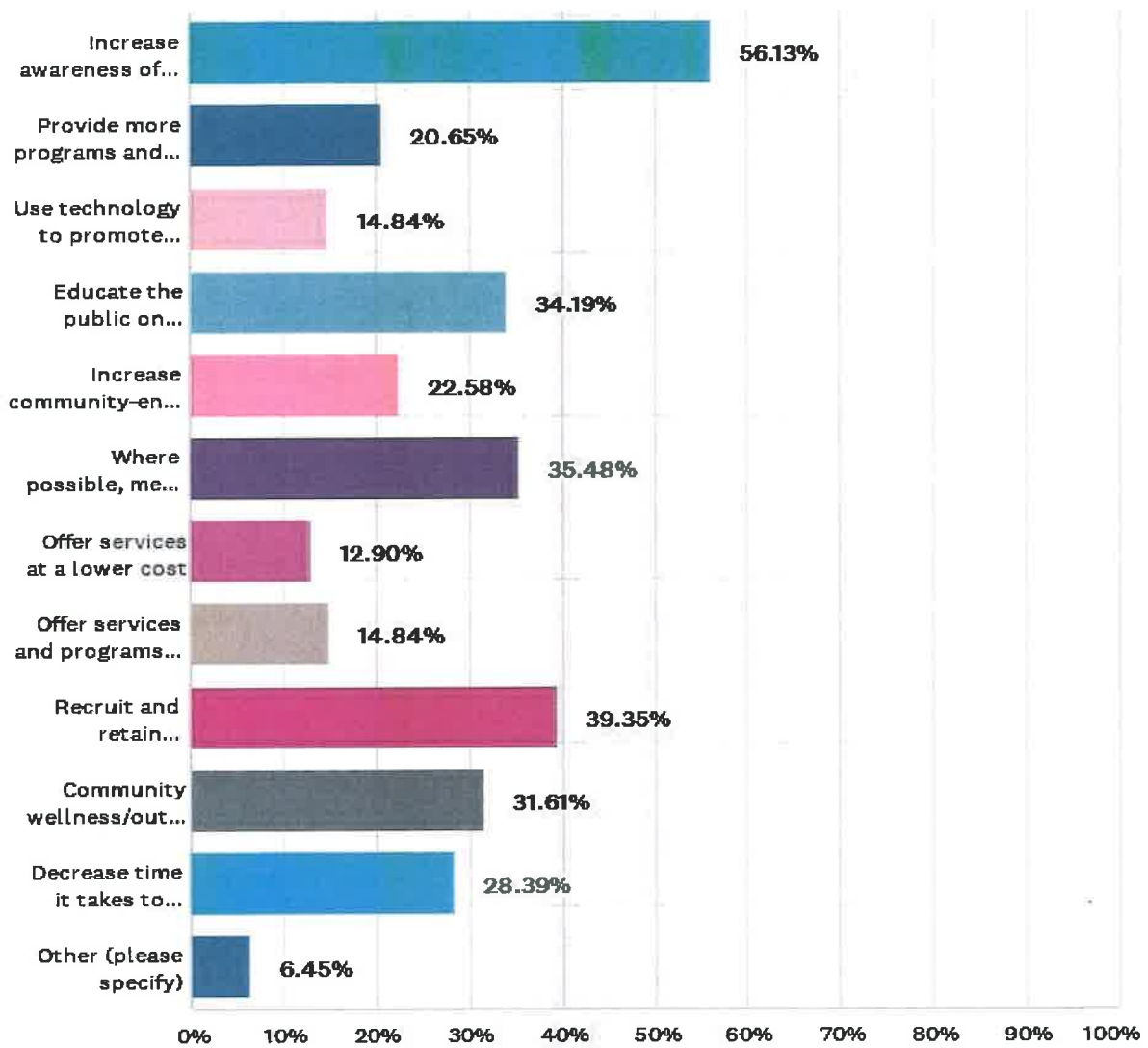
*-I don't Know*

*-Never heard of it until the fentanyl awareness. My daughter had a mental health crisis a year ago and the school just gave me a phone number to nexus when asked for help but nobody contacted me or assisted me. I had to go through Kaiser for help.*

**QUESTION 14: WHAT ARE THE TOP THREE MOST IMPORTANT STRATEGIES TO ADDRESS THE MENTAL HEALTH OF AMADOR COUNTY'S RESIDENTS?**

155 respondents answered this question. The top three strategies, which were same as last year, are listed here:

1. Increase awareness of mental health programs and services
2. Recruit and retain behavioral health providers
3. Where possible, meet basic needs like housing, rental assistance, food assistance



**10 respondents answered 'Other':**

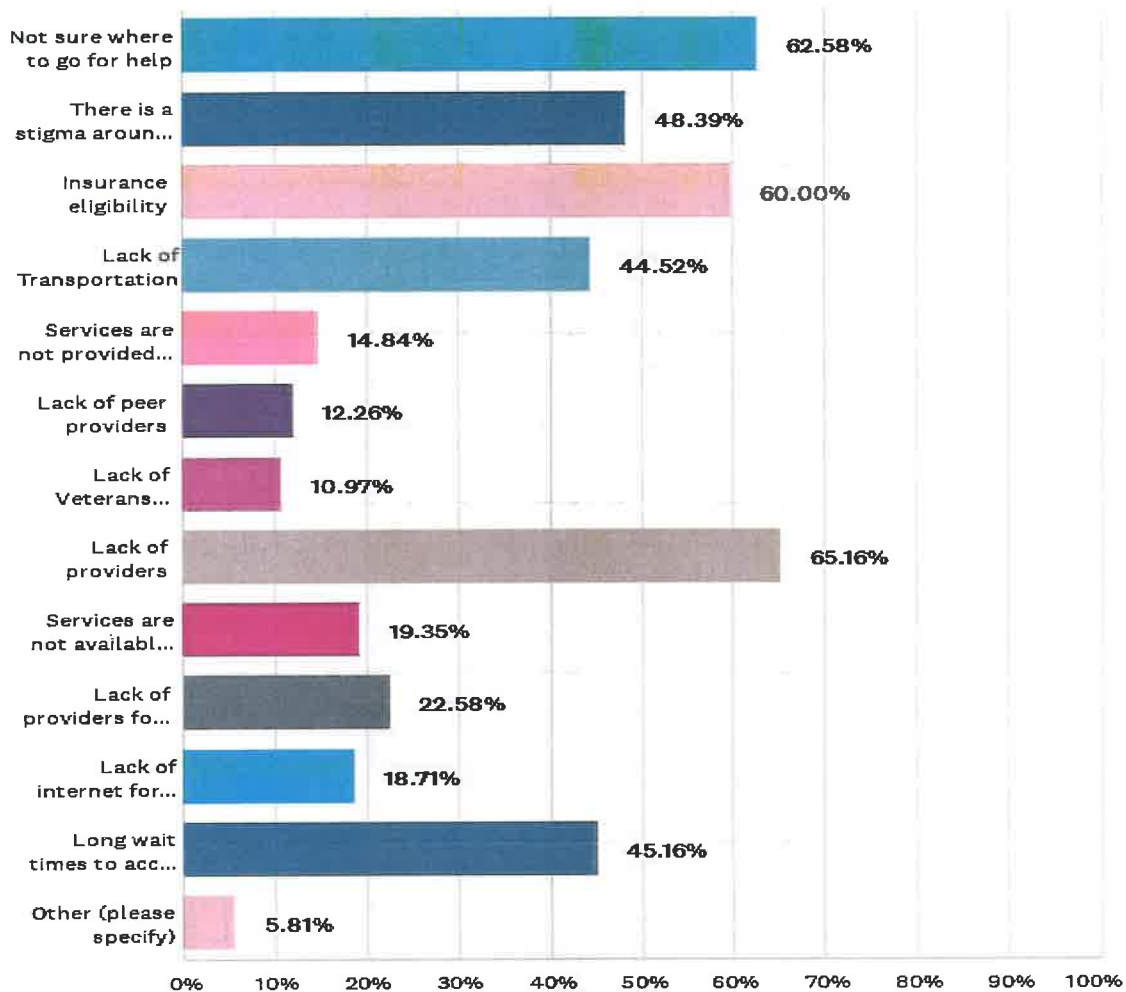
- 24/7 urgent need
- Kids need help—youth programs
- Young people—junior high
- Help with access to food bank, ATCAA, Pregnancy Center
- Focus on our youth
- Offer skilled, long term therapy and medication management with rapid access. One stop shop.
- Provide transportation
- Provide an inpatient program in Amador County!
- Providers for people with insurance
- Provide academic education and experience opportunities for residents to become behavioral health providers



**QUESTION 15: WHAT ARE SOME ISSUES OR BARRIERS THAT MAY PREVENT PEOPLE FROM SEEKING MENTAL HEALTH SERVICES IN AMADOR COUNTY?**

155 respondents answered this question. The top issues or barriers preventing people from seeking mental health services in Amador County are:

1. Lack of Providers;
2. Not sure where to go for help;
3. Insurance eligibility;
4. Stigma; and
5. Long wait times to access care/appointments.

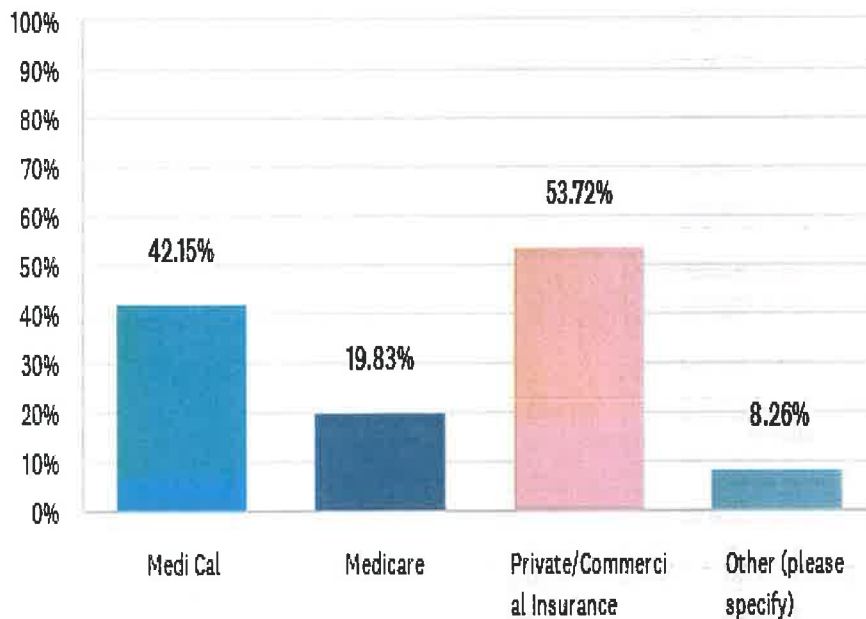


9 Respondents who answered 'Other', explained further:

- *Especially a Network nbhd. Slander, defamation, threats! Hateful. Prejudiced, folks online.*
- *Lack of desire*
- *Lack of young adult 18-40 support groups*
- *Lack of support from family & friends*
- *Was not aware of services*
- *Literally called EVERY therapist in Amador County with TWO returning calls.*
- *Some people don't want help or don't think it is worth their effort and time to seek help.*
- *Too ill to know they need mental health*
- *Culturally Sensitive*

**QUESTION 16: IF YOU SELECTED LACK OF PROVIDERS OR LONG WAIT TIMES, PLEASE SPECIFY WHICH INSURANCE YOU HAVE:**

121 respondents answered this question. The majority of those who experience long wait times or lack of providers have Private/Commercial Insurance.



'Other' responses stated:

- N/A (2)
- Great expenses depleted my small IRA retirement fund.
- Didn't put yes
- My patients have Medicare of commercial health
- All providers are lacking
- VA and Tricare
- Kaiser (2)
- Aetna

**QUESTION 17: IF YOU ACCESS MENTAL HEALTH SERVICES AT AMADOR COUNTY BEHAVIORAL HEALTH, HOW DO YOU FEEL WE ARE DOING WITH THE FOLLOWING?**

99 respondents answered the question and here are the results:

***Client & Family Focused:***

37% stated good or excellent  
11% stated fair or poor  
51% didn't know

***Culturally Competent Staff:***

32% stated good or excellent  
9% stated fair or poor  
51% didn't know

***Recovery-based services:***

31% stated good or excellent  
11% stated fair or poor  
57% didn't know

***Welcoming Environment:***

37% stated good or excellent  
14% stated fair or poor  
57% didn't know

***Collaboration with Community:***

42% stated good or excellent  
11% stated fair or poor  
47% didn't know

***Smooth referrals to & from other providers:***

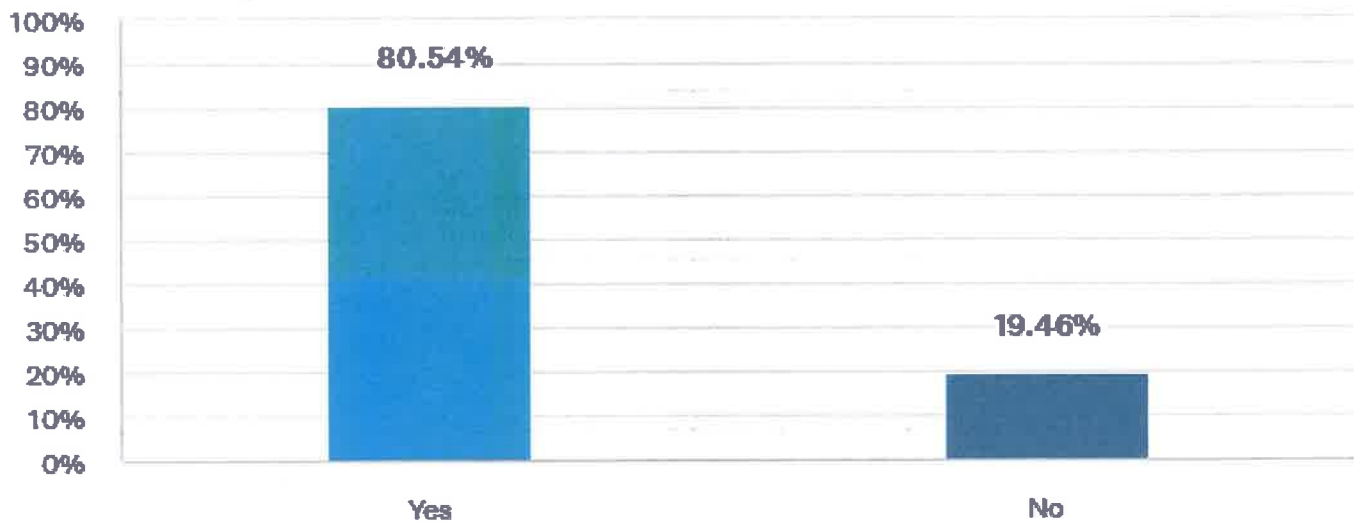
22% stated good or excellent  
20% stated fair or poor  
57% didn't know

***Being seen in a timely manner:***

29% stated good or excellent  
21% stated fair or poor  
49% didn't know

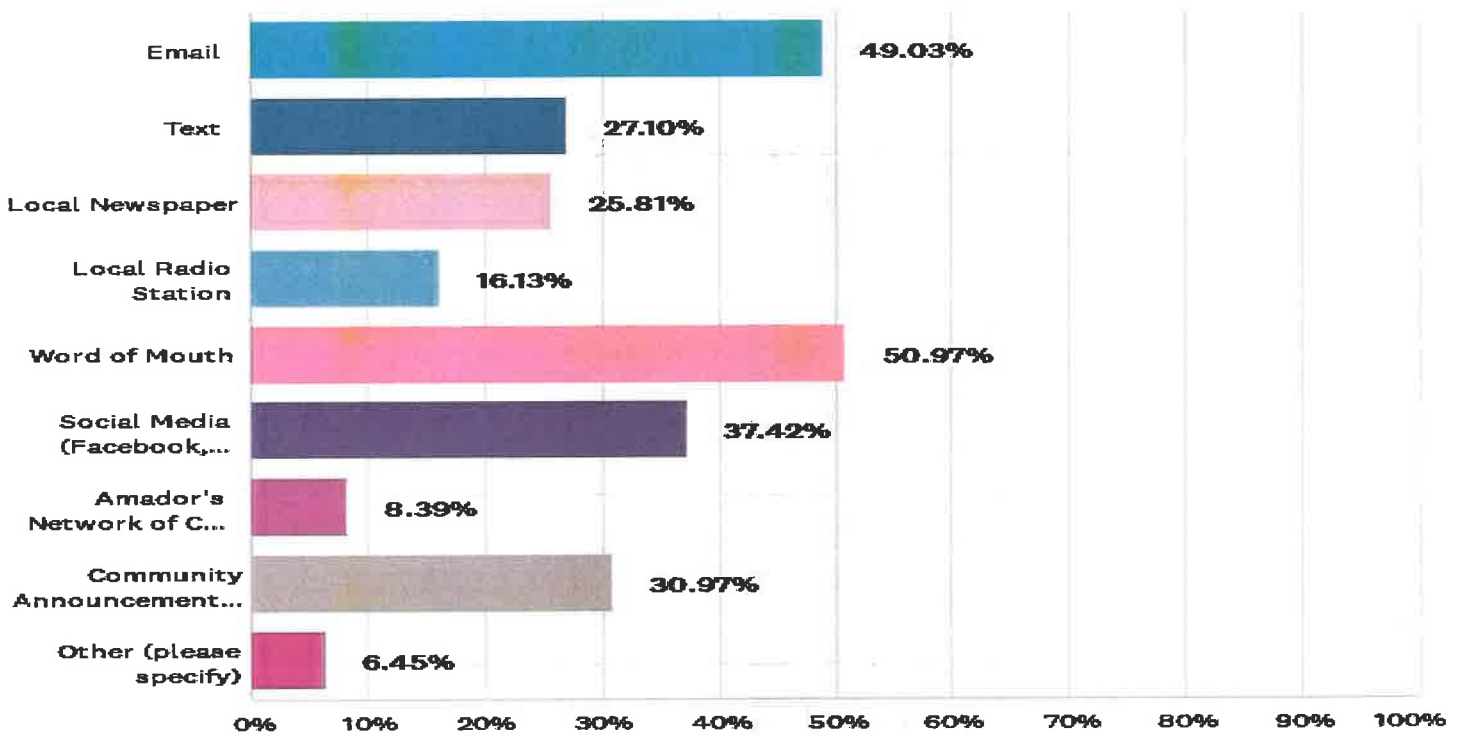
**QUESTION 18: SERVICES TO SUPPORT CLIENTS WHO NEED A HIGHER LEVEL OF CARE ARE NOT AVAILABLE IN AMADOR COUNTY AND ARE CONSIDERED 'OUT-OF-COUNTY SERVICES'. COSTS FOR OUT-OF-COUNTY SERVICES HAVE DOUBLED IN THE PAST TWO YEARS. THESE COSTS ARE CURRENTLY COVERED BY OTHER FUNDING STREAMS WITHIN ACBH AND HAS PLACED A SIGNIFICANT STRAIN ON THE DEPARTMENT'S BUDGET. AS A RESULT, NON-MHSA SERVICES AND PROGRAMS ARE AT RISK OF BEING REDUCED OR DISCONTINUED. THIS INCLUDES STAFFING, AND HOW ACBH PROVIDES SERVICES (GROUP THERAPY VS. INDIVIDUAL THERAPY) RECENT LEGISLATION HAS ALLOWED FOR THE EXPANSION IN THE USE OF MHSA FUNDING TO ASSIST WITH THE OUT-OF-COUNTY COSTS IN ORDER TO SUPPORT CLIENTS WHO REQUIRE A HIGHER LEVEL OF CARE. SPECIFIC EXAMPLES OF WHAT THIS HIGHER LEVEL OF CARE COULD INCLUDE ARE: OUT-OF-COUNTY INPATIENT FACILITY PLACEMENTS, 5150 AND 5250 STABILIZATION FOR CLIENTS WHO ARE AWAITING LPS CONSERVATORSHIP PLACEMENT. SHOULD MHSA FUNDS BE USED TO SUPPORT THESE CLIENTS TO RECEIVE A HIGHER LEVEL OF CARE OUTSIDE OF AMADOR COUNTY?**

149 Respondents answered this question.



### QUESTION 19: HOW DO YOU GET YOUR INFORMATION?

155 respondents answered this question and the majority get their information through word of mouth, email or social media.



10 'Other' responses stated:

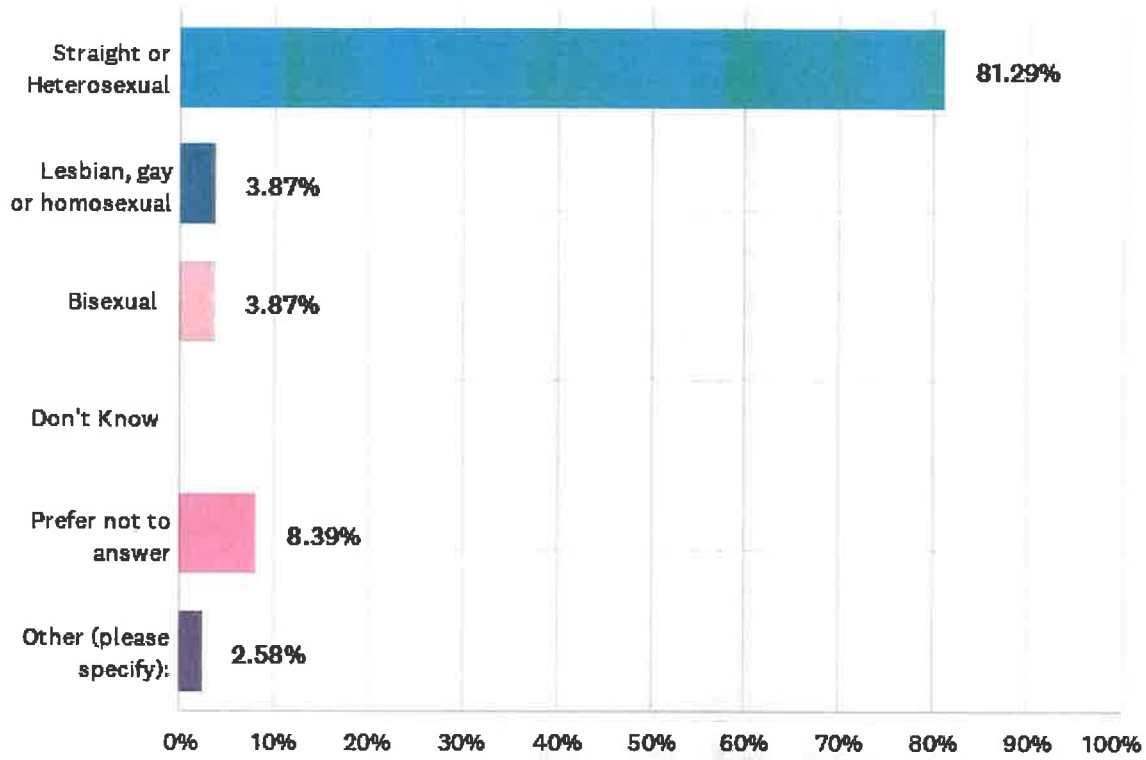
- NPR, CPR, Online Search
- Nextdoor App
- I don't get informed
- All sources are used to make my own decisions
- I read several local and world news apps daily. No social media.
- Personal experience
- Schools (2)
- None

**QUESTION 20: PLEASE FEEL FREE TO ADD ANY ADDITIONAL COMMENTS YOU WOULD LIKE US TO KNOW ABOUT THE PROGRAMS AND SERVICES NOW BEING FUNDED BY THE MHSA.**

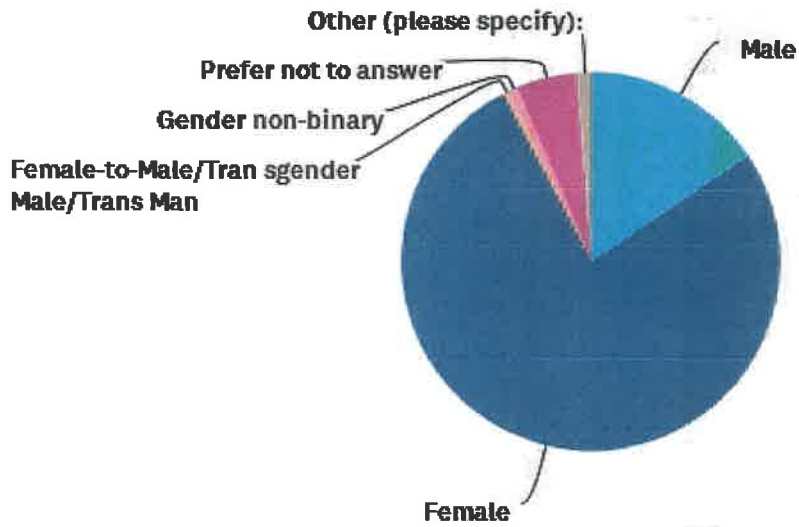
- N/A (2)
- No (6)
- Question 18: We need our own higher level of care. Sutter Hospital in Sacramento has their own areas for minors and adults for mental hospitalizations. It's in the same main hospital in mid-town.
- I have members who I work with who do not trust the providers in this rural area. I myself, prefer to go out of county for my services.
- MomCHAT is an amazing team that helps with my prenatal care.
- Mom Chat and more specifically Chelsea Yule as a therapist changed my life. I do not know where I would be without her and Jenny's continuous pour of love and support. These two want the very best for the moms in this community of all kinds.
- Cannot receive services if not on Medi-Cal. Receptionist @ front desk is unwelcoming and rude.
- I am a participant of the MomChat group and it has helped me immensely. From getting support while pregnant to support with 2 littles. Was able to get clean and sober during this time and navigate hard home life situations to better myself thus being able to show up as a healthy, supportive mom for my toddlers. Got connected to other moms through the program and resources available to me through the county.
- Please provide full set of program brochures to Sutter primary care providers on a regular basis so we know about your Ephraim's and can refer our patients
- Mom Chat has been an amazing program which is helped me find childcare employment and help me advocate for myself. I wouldn't be in the position I'm in currently had it not been for the support from the
- Mom Chat coordinator
- Need to get referrals for Sacramento specialist.
- Best of luck.
- I am interested in volunteer opportunities.
- I use Momchat and it has been crucial in helping me navigate being a new mother and balancing the strains of life. The therapist is awesome at what she does and as a participant I am so thankful for her sup
- ort and guidance.
- This program has helped me in ways I never could of imagined. Without the help and support of MHSA I never would have received the help I needed/need
- There are not enough providers to service this many members of the community which results in long wait times. Patients don't feel their mental health is important and often cancel in response to wait time.
- MomCHAT is the first time I've received mental health services and it helped me a lot. I've struggled with anxiety my whole life and high risk pregnancy did not help.
- MomChat has significantly increased perinatal access to care and maternal mental health awareness in Amador County. Participants have shown to improve their mental health, reduce/eliminate substance abuse, and eliminate the need for emergency mental health services.
- The schools need more education for kids with autism or a different school with staff who can help kids and parents. People with kids who have it is a huge help too
- Please teach dialectical behavioral therapy for everyone's sake

- The mental health of youth not only in Amador County but across California following the draconian COVID actions of Gavin Newsom and public education teachers unions will be negatively and immeasurably felt by all for decades.
- I feel our seniors are underserved in our community, a community that has a high percentage of seniors. These same seniors, most of whom do not have access to transportation require more home-based services. These same seniors do not (most, not all) have access to internet services. We are a rural community and because of this there needs to be more outreach and locally based (up country, Plymouth, River Pines, Fiddletown, Buckhorn, Inspiration Area) access to mental health services.
- Many people I work with refuse to return to ACBH after using it previously. It causes an issue because it is the only option in the county.
- The Nexus program is a horrible resource for Amador County School District to use. We filled out forms over a year ago. I went 6 months without a call back. After I met with someone and filled out all the paperwork in late August. I only received one call and she was supposed to call me back the next day and I haven't heard a word back from anyone. My child has had suicidal thoughts and no one has gotten back to me. It's very disappointing that the district uses an agency that is useless.
- On the question previously asked "Should MHSAs be used to support these clients to receive a higher level of care outside of Amador County?" I don't think that many people outside of Behavioral Health staff can accurately answer this. It probably depends on how much funds are being spent on out-of-county care. So, I answered yes, but it really just depends on the situation on if it is worth the cost. Thanks.
- Where do I get more information and how do I get services?
- Build an inpatient facility to stabilize mental health and detox.
- Staffing is always a concern. Offer education opportunities for those who currently do not meet the academic requirements to be trained by on-the-job experience and education. Why spend dollars out of county when you could train your own residents to support the community?

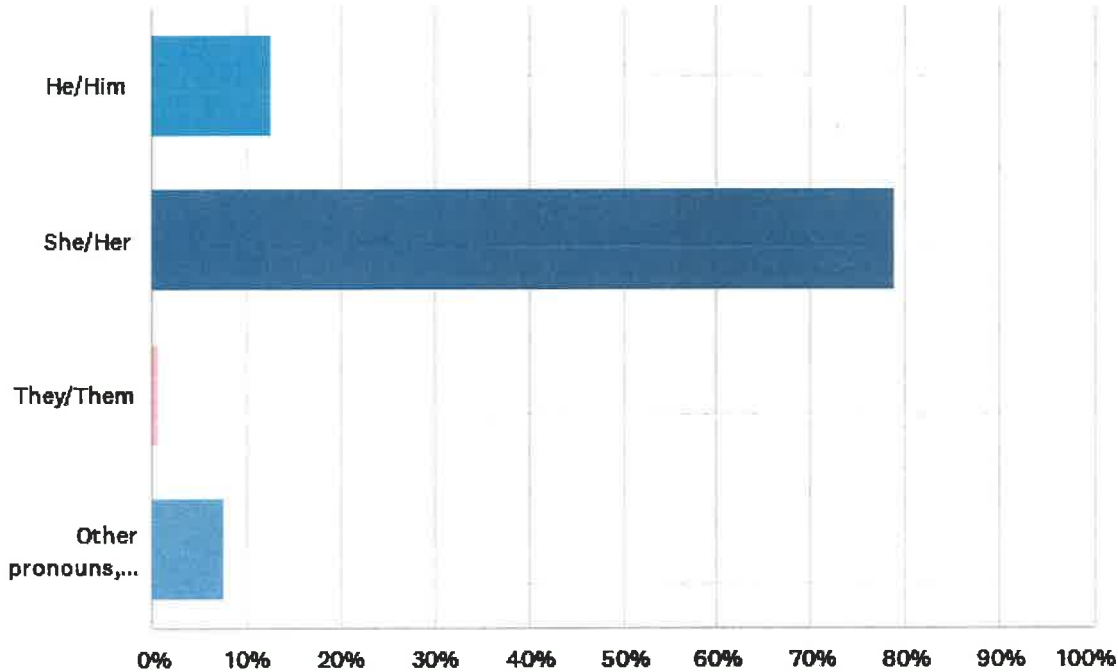
**QUESTION 21:**



**QUESTION 22:**



**QUESTION 23:**



Thank you for participating in this process and for your interest in mental health services and the Mental Health Services Act in Amador County.

This year’s responses identified many mental health needs and suggestions for finding solutions to those unmet needs in Amador County. This information is crucial to the work being done through the Mental Health Services Act (MHSA) and Amador County Behavioral Health Services. The priorities, barriers, challenges and solutions offered through this process will be discussed throughout the year as we strive, together, to see that mental health services and supports are provided to all who need them.

This information is posted electronically on the Network of Care, under the MHSA tab. You can access Network of Care by going to this website: <http://amador.networkofcare.org/mh/>

This information will be included into the MHSA Three-Year Plan for FY23/24 through FY25/26. The plan will be posted to Network of Care on August 21<sup>ST</sup> (if not sooner) for public comment and review.

A public hearing regarding this plan is scheduled for September 20, 2023 during the Amador County Behavioral Health Advisory Board meeting.

*If you have any questions, please contact Stephanie Hess at (209) 223-6308 or [shess@amadorgov.org](mailto:shess@amadorgov.org)*