

Amador County Behavioral Health Services Mental Health Services Act Annual Update & Expenditure Report

Fiscal Year 2021-22



WELLNESS | RECOVERY | RESILIENCY

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• <i>Evidence of 30-day Public Review Period & Public Hearing -- To be attached prior to and after Public Review & Public Hearing</i>	

COUNTY CERTIFICATIONS

MHSA County Program Certification	
County: Amador	Submission: MHSA Annual Update & Expenditure Report for FY21/22
County Mental Health Director Name: Melissa Cranfill, LCSW Telephone Number: 209-223-6335 E-mail: mcranfill@amadorgov.org	Project Lead Name: Stephanie Hess Telephone Number: 209-223-6308 E-mail: shess@amadorgov.org
County Mental Health Mailing Address: Amador County Behavioral Health Services 18077 Conductor Blvd., Ste. 300 Sutter Creek, CA 95685	
<p>I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and non-supplantation requirements.</p> <p>This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____, 2021.</p> <p>Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.</p> <p>All documents in the attached annual update are true and correct.</p>	
<u>Melissa Cranfill, LCSW</u> Mental Health Director/Designee (PRINT)	_____ Signature Date

COUNTY CERTIFICATIONS

MHS County Fiscal Accountability Certification*

County: Amador

Submission: MHS Annual Update & Expenditure Report
for FY21/22

County Mental Health Director

Name: Melissa Cranfill, LCSW

Telephone Number: 209-223-6335

E-mail: mcranfill@amadorgov.org

County Auditor-Controller

Name:

Telephone Number:

E-mail:

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

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

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

Melissa Cranfill, LCSW

Mental Health Director/Designee (PRINT)

Signature

Date

I hereby certify that for the fiscal year ended June 30, 2020, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2020, the State MHS distributions were recorded as revenues in the local MHS Fund; that County/City MHS expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

County Auditor-Controller (PRINT)

Signature

Date

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

BACKGROUND

Amador County Snapshot

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

In 2019, the population was estimated at approximately 39,752 residents, which includes a state prison. Excluding the state prison, the county’s population is 35,852. The county’s population is older than the state by 13% and approximately 28% of Amador County’s population are aged 65 or older. Amador County has a small percentage of 0 to 19-year-olds when compared to the state (19% for Amador County; 29% for California). The county’s median age is 50 years, which has remained consistent for the past five years.

Veterans make up approximately 11% of the county’s population. The poverty rate is 10% and the percentage of persons with a disability under the age of 65 is 13%. As of June 2021, the unemployment rate is 7%, which greatly improved from June 2020 when the unemployment rate sat at 12%.

According to the 2019 American Community Survey, approximately 14,594 households live in Amador County. This is nearly half of the entire county’s population. According to the Amador County Housing Study, completed in June 2020, there are more households earning \$25,000-\$49,999 than any other income category in the County. The 2021 HUD Income Limits for Amador County state:

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

The majority of households in Amador County fall into the ‘Very Low Income’ or ‘Extremely Low Income’ range. The median household income for Amador County is \$77,900.

22% of Amador County residents are Medi-Cal recipients.

County Demographics (2019)*:

- 89.6% Caucasian
- 2.7% African American
- 2.3% American Indian/Alaska Native
- 1.7% Asian American
- 0.3% Hawaiian
- 14.5% Hispanic/Latino
- 3.4% Reporting 2 or More Races/Ethnicities
- 28% Over 65 Years Old
- 10% Live Below the Poverty Level
- 3,936 Veterans
- 3,900 Incarcerated (approx.)**

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

** <https://www.cdcr.ca.gov/research/wp-content/uploads/sites/174/2021/06/2021-Q1-MCSP-SB601.pdf>

County Challenges:

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

- In the 2019 Point-in-Time (PIT) count, 214 people identified as homeless (sheltered and unsheltered count).



BACKGROUND

- Of the 214, unsheltered adults were counted at 148, unsheltered transitional aged youth (TAY) were counted at 24 and the number of unsheltered youth/children (under age 18) were eight.
- 85 individuals were counted as 'couch surfers' and this number is not included in the formal PIT count analysis discussed above.
- According to the Amador County Housing Study completed in June 2020, there is a shortage of 3,743 units that are affordable to Low Income households. This is significant given that the majority of residents fall into the 'Low Income' category in Amador County.
- Due to the COVID-19 pandemic, the 2021 Point-In-Time (PIT) count was a sheltered homeless count and identified 23 households and 37 individuals as unhoused, but sheltered for the night.
- Of the 37 sheltered homeless, 11 were under age 18, 8 were Veterans and 4 identified as having a mental illness.
- Homeless individuals and families were considered to be in the highest needs of mental health services and supports for the third year in a row, according to the 2021 MHSA Community Program Planning survey.
- Transportation continues to be a challenge for Amador County residents. Although improvements have been made in creating more unique transportation opportunities for individuals and families, transportation was listed in some of the primary barriers to mental health treatment within the county for the fourth year in a row. Transportation issues are continuously identified as barriers and creates challenges for residents in remote and isolated areas of the county.
- The small, rural and vast landscape of Amador County increases the potential for stigma and creates delays in seeking mental health services.
- 22% of Amador County's residents are Medi-Cal recipients. Amador County Behavioral Health provides services to approximately 9% of Medi-Cal recipients. This is nearly half of all Medi-Cal recipients in the entire county.
- Due to the significant lack of mental health providers in Amador County, residents are deterred from seeking mental health treatment and/or are forced to receive services out-of-county. Insurance eligibility was listed as one of the top three reasons that individuals and families in Amador County do not seek mental health treatment. Not only is there a lack of providers, but there is also a lack of providers who are paneled with insurance companies and Medicare, leaving nearly 80% of county residents without adequate access to mental health treatment.
- Homeless and Individuals/Families Living in Poverty are underserved and have very limited resources to access in Amador County. According to the FY21/22 Community Program Planning results, these vulnerable populations were ranked as the most in need of mental health services and supports. This is due to the limited resources available to these populations within the county limits.

Workforce Needs Assessment

Amador County Behavioral Health Services:

Amador County Behavioral Health Services (ACBHS) currently employs the Full Time Equivalency (FTE) of: 6 Clinicians, 1 Crisis Counselor, 1 Crisis Coordinator, 1 FTE (4-part time) Extra-Help Crisis Workers, 2.5 FTE (2-full time and one part-time) Personal Service Coordinators, 2 Peer Personal Services Coordinators, 2 Substance Abuse Counselors, 1.5 FTE (1-full time and 1-part time) Psychiatrists, 1 Behavioral Health Nurse, 4 Supervisors/Managers/Administrators, 5 Support Personnel, 1.0 FTE Transportation Officer, 1 Mental Health Services Act Programs Coordinator and 1 QI/UR Coordinator. Currently, one Clinician, one Peer Personal Services Coordinator and the Behavioral Health Nurse positions are vacant and active recruitment is underway. The Transportation Officer position is vacant and recruitment is on hold due to COVID-19. It should be noted that the Clinician III supervises the Personal Services Coordinators and also provides supervision to unlicensed clinical staff. This position carries a small caseload and assists with other direct services and supports. Amador County Behavioral Health also supervises the Behavioral Health Rehabilitation Specialist, funded through Amador County Probation Department, using AB109 funds.

Staffing challenges continue to occur within the ACBH workforce.

One of the two Peer Personal Services Coordinator (PSC) positions has been vacant for nearly eight months. Although this Peer Personal Services Coordinator position has been offered to two separate applicants during this time, one resigned and the other moved into the aforementioned Rehabilitation Specialist position. ACBH is currently recruiting for this position, with confidence that it will be filled soon. This Peer PSC serves as the Primary Care Physician Liaison, acts as a client and family advocate, assists in suicide prevention programming, and plays a critical role in outreach and engagement efforts, including offering access and linkage support to clients and non-clients. This position's duties are being absorbed by the other Peer PSC (who also serves on the Mobile Support Team), the MHSA Programs Coordinator and various other support personnel.

BACKGROUND

The Behavioral Health Nurse position is recently vacant and active efforts to recruit a nurse are underway. In the meantime, the psychiatrist is relying on support personnel and management/administrative staff to fulfill many of the duties of the nurse such as vitals, facilitating refills, scheduling, injections and more. Having the nurse position to coordinate psychiatric services and fulfill other medical staff duties is critical to the operations of ACBH. Due to the COVID-19 pandemic, nurses and other mental health technicians are in high demand in hospital and other critical care settings, which offer more competitive wages than the county systems of care. As a result, filling this position has proven challenging.

One Behavioral Health Clinician has recently resigned. Recruitment for clinical staff has historically been challenging due to provider shortages and being located in a rural area with limited options for housing and recreation. Active recruitment to fill this recently vacated position is underway.

Crisis coverage is a continued challenge for Amador County. Amador County Behavioral Health is mandated to see those who are in crisis and is the service provider who responds to Sutter Amador Hospital for 5150 evaluations and other mental health related needs on a 24/7 basis. Due to the lack of crisis workers providing services after hours, all of ACBHS clinical staff are on-call after hours. Continued recruitment for the crisis counselor positions as well as developing strategies to address 'burn out' and other issues related to providing crisis services are currently being explored. Currently, there are 4 Extra Help Crisis Workers that assist with after-hours crisis coverage. One of the Extra Help Crisis Workers has been unable to work for the past several months, again, impacting ACBHS Clinical Staff and the amount of additional hours they are required to work.

In addition to clinical coverage provided at Sutter Amador Hospital, clinical and psychiatric staff provide mental health services at the Amador County Jail. Clinical staff provides safety cell evaluations and weekly mental health consults/visits with inmates. The ACBHS Psychiatrist goes to the jail at least weekly to provide services to inmates as well.

However, despite the challenges in workforce staffing and needs, Amador County Behavioral Health Services has been able to retain most of its staff for clinical, psychiatric and support staff services over the past two years. When fully staffed, with no vacancies, ACBHS is able to meet timeliness standards more efficiently and provide quality client care. As the department experiences ongoing staffing shortages, efforts will be made to address timeliness and staff turnover as the needs arise. Crisis coverage is a continued challenge for ACBHS and the department is continually looking for strategies to recruit and retain crisis workers.

Demographically speaking, the workforce employed through ACBHS is similar to the county it serves. Representation from all racial and ethnic backgrounds within Amador County are reflected in its workforce. Ongoing cultural needs are assessed through community-based partnerships that include the Latino Engagement Committee and Native American Round Table meetings. Amador County has a culture of poverty and has many, small, isolated rural communities as well as an increasing rate of LGBTQ, homeless and Veteran residents. In order to assess the needs of these special populations ACBHS utilizes its partnerships through outreach and engagement efforts. These populations are asked to participate in the community program planning process on an annual basis and are invited to attend stakeholder meetings to address their unmet mental health needs. ACBHS also employs two full-time peers with lived experience who are instrumental in representing the community's needs regarding the workforce through a different perspective.

According to the Department of Health Care Services (DHCS), Amador County Behavioral Health does not have a threshold language. However, ACBHS is fully aware that Amador County is home to many Spanish-speaking individuals and families and staffs one full time Spanish-speaking clinician and one part-time Spanish-speaking psychiatrist. Informing materials and intake documents are all provided in Spanish. The Spanish-speaking community is also represented in the community program planning process and results are brought back to them through the quarterly Latino Engagement Committee meetings.

ACBHS strives to provide a demographically similar workforce to those who access services and supports. ACBHS will continue to monitor efforts to ensure that cultural, racial and ethnically appropriate treatment options are provided to most effectively meet the mental health needs of the population it serves.

Substance Use Disorder Services (SUDS)

Although this plan is specific to Mental Health Services Act and the mental health services provided by Amador County Behavioral Health, SUDS was highly mentioned in the Community Program Planning Process and as a result, a brief update on the services provided by the SUDS department is provided in this plan. Other recent changes to the Mental Health Services Act (MHSA) legislation will also allow for the use of MHSA funds to fund services for those who have

BACKGROUND

co-occurring mental health and substance use disorder diagnoses, without having to be enrolled in a MHSA Full Service Partnership (FSP) program.

At this time, ACBHS employs 1 SUDS Program Manager and 2 full time SUDS counselors. Outpatient services are provided in group and individual sessions. SUDS counselors also provide services at the Amador County Jail.

As stated above, Probation funds a Rehabilitation Specialist for AB109 program participants who is located in ACBHS.

Although the Rehabilitation Specialist is included as a part of the SUDS team, once ACBHS started billing under Drug Medi-Cal (DMC), the SUDS team lost the ability to use the Rehabilitation Specialist as a provider due to funding restrictions, which are detailed below.

In FY20/21, ACBHS fully implemented DMC. DMC provides services to Medi-Cal beneficiaries at no cost to them, which has removed barriers and created more access to treatment. Although DMC has been a positive change to Amador County Medi-Cal beneficiaries, it has hindered the department by restricting flexibility when it comes to service provision. ACBHS now has a designated medical director and groups will be limited to a certain number of participants or a co-facilitator will be required. At this time, ACBHS does not have enough SUDS counselors to co-facilitate groups. Administrative tasks and tracking will require more time of the SUDS Program Manager and the QI/UR Coordinator positions due to increased reporting requirements and policy under the DMC contract. Additionally, the increased administration also impacts the role and duties of the Behavioral Health Director, Compliance Officer and the fiscal team.

Community Based Mental Health:

Amador County lacks the supply of mental health professionals that provide treatment to the mild-to-moderate population and those with private insurance. Continued community assessments identify that the 'Lack of Insurance Eligibility' is one of the primary barriers to accessing mental health treatment among Amador County residents.

Currently, Amador County Behavioral Health is host to the only psychiatrists in the county. ACBHS services are limited in that they may only serve the indigent and medi-cal population who are diagnosed with and suffering from severe mental illness. Currently there are approximately 7,800 medi-cal beneficiaries in Amador County. This accounts for 22% of the total population (excluding the prison). Amador County currently treats nearly half of the total medi-cal beneficiaries, about 9%. Although some mental health therapists do provide services in Amador County, the remaining county population, the majority of residents, have to seek psychiatry services outside of the county. The mild to moderate population and those who have private insurance drive out of county and sometimes, long distances to access mental health care. Additionally, there is a shortage of Medicare providers in Amador County. The most recent Community Program Planning Process reflected that the lack of Medicare providers who offer mental health services is quite challenging for individuals. Medicare recipients are having to seek services outside of the county as well. Transportation barriers continue to be primary reasons Amador County residents do not access mental health care. It is difficult to access care when transportation is an issue and the further the travel, the more difficult accessing treatment can be.

The COVID-19 pandemic did address access issues through the widespread use of telehealth and mental health based apps that provide wellness services. Although there is expanded ways to access mental health services and supports, broadband/connectivity challenges exist county-wide and knowledge on how to connect to broadband has been shown to be a barrier to accessing internet-based care.

In order to address this issue efforts are being made by the Behavioral Health Advisory Board to look to medical partners to bring these services to Amador County. ACBHS advocates for expanded services to the populations they are not mandated to serve and will continue to work with partner agencies, organizations and private providers to increase the community provider network for professional mental health services and supports.

Summary:

The county currently has a staffing shortage to treat those with mild to moderate mental illness. Amador County also faces a severe lack of mental health professionals to serve those who have private insurance or Medicare. In addition, due to stressors typical to a rural environment (isolation, lack of resources, limited transportation), the need for additional crisis support continues to escalate, along with case management to assist clients to access existing resources, such as housing or other healthcare needs.

BACKGROUND

ACBHS monitors its workforce regularly to ensure the needs of consumers are being met in the most efficient manner possible. ACHBS will continue to advocate for services to the mild to moderate population and those who are privately insured and not available to access services within the county.

Introduction

The Mental Health Services Act

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



Plan Purpose

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

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

This plan provides a progress report of ACBHS MHSA activities for the previous fiscal year (FY 20/21) as well as an overview of current or proposed MHSA programs planned for FY 21/22. Proposed program descriptions are detailed on Pages 12 through 36. MHSA program outcomes for FY 20/21 begin on Page 40. Projected expenditures for FY 21/22 begin on Page 37.

Direction for Public Comment

Behavioral Health Services is pleased to announce the release of Amador County's Mental Health Services Act (MHSA) Annual Update and Expenditure Report for Fiscal 2021-22. This Plan is based on statutory requirements, a review of the community planning over the past several years, and extensive recent stakeholder input.

ACBHS is seeking comment on this Plan during a 30-day public review period between August 17th and September 15th, 2021. A copy of the Plan may be found at www.amador.networkofcare.org and hard copies will be available at the Behavioral Health Services front desk. You may request a copy by contacting Stephanie Hess at 209-223-6308 or shess@amadorgov.org. A Public Hearing regarding this Plan will be held during the Amador County Behavioral Health Advisory Board meeting on September 15, 2021 at 3:30 pm via Zoom. The Zoom meeting information is:

Join Zoom Meeting:

<https://us06web.zoom.us/j/82315287417?pwd=RTJyK1NuSmJlZWdHenlKS3pVZWxLUT09>

Meeting ID: 823 1528 7417

Passcode: 512153

Phone: (669) 900-6833

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

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

Public Comment Period: August 17, 2021 – September 15, 2021
Date of Public Hearing: September 15, 2021

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

Community Program Planning	
1.	<p>The Community Program Planning (CPP) Process for development of all components included in the MHSA Annual Update and Expenditure Report is described below; included are the methods used to obtain stakeholder input.</p> <p>Amador County utilized data obtained from the Mental Health Services Act / Cultural Competency Steering Committee (made up of consumers, family members, community partners, and county staff) to ensure that this MHSA Annual Update and Expenditure Report was an appropriate use of funds. Amador also used previous stakeholder input including:</p> <ul style="list-style-type: none"> - Previous CPP input from the original Community Services and Supports (CSS) 3 Year Plan and the MHSA 3 Year Plan for Fiscal Years 2020-2023 - Previous CPP input from the FY19/20 MHSA Annual Update - Community outreach and presentations - Monthly and bi-monthly meetings with consumers and family members - One-on-one interviews, meetings and correspondence with key stakeholders
2.	<p>The following stakeholder entities were involved in the Community Program Planning (CPP) Process. (i.e., agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)</p> <p>Stakeholders involved in recent and previous community program planning includes:</p> <ul style="list-style-type: none"> - The Behavioral Health Advisory Board, - Consumers and their Families, including Transitional Age Youth, Adults, & Older Adults, of the Mental Health Services Act / Cultural Competency Steering Committee - Targeted Underserved Groups including Latinos, Veterans, Homeless, Native Americans & LGBTQ - Older Adults (60+) - Mental health and substance abuse staff of Amador County Behavioral Health (ACBHS) - ACBHS Partner Agencies/Organizations, including Substance Abuse Providers - Community-based organizations including the Peer-Run Sierra Wind Wellness Center 
Local Review Process	
3.	<p>The methods below were used to circulate, for the purpose of public comment, the MHSA Annual Update and Expenditure Report.</p> <p>After this MHSA Annual Update and Expenditure Report was posted for 30-day public review and comment, Amador County utilized the following methods to ensure the posting was thoroughly publicized and available for review:</p> <ul style="list-style-type: none"> - Posted an electronic copy on www.amador.networkofcare.org - Provided hard-copies at the ACBHS front desk - Offered copies of the plan, upon request - Provided electronic copies (and hard copies upon request) to the Mental Health Services Act / Cultural Competency Steering Committee - Submitted press release regarding the availability of the MHSA Annual Update and Expenditure Report and date of Public Hearing via email through community outreach and to MHSA-specific partners - Publicized availability of the MHSA Annual Update and Expenditure Report at various community Commissions, Boards, and meetings - Submitted press release to local news media (KVCG Hometown Radio & Amador Ledger Dispatch) regarding the availability of the MHSA Annual Update and Expenditure Report and date of the Public Hearing - Provided information to the Behavioral Health Advisory Board and community members at the Public Hearing <p><i>This section is subject to change as different outreaches to advertise the availability of the Plan may occur.</i></p>
4.	<p>The following are any substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update.</p> <p><i>This section will be updated during the public comment and review period and discussed during the public hearing.</i></p>

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

Community Program Planning Results

Mental Health Services Act (MHSA) Community Survey 2021 Responses Community Program Planning Process (CPPP) FY 21-22 MHSA Annual Update

Overview

The 2021 Community Program Planning Process began on March 24, 2021 and ended on May 28, 2021 and was conducted by doing virtual focus groups and a survey, which was available in paper and online. Virtual focus groups, along with the survey link and notice of availability were advertised using the following methods:

- Commerical 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

Due to the high response rate and content of the responses, the analysis document is too large to be included in this section of the Plan. Therefore, the Community Program Planning Results are included as an attachment for review. The attachments to the MHSA Annual Update and Expenditure Report start on page 57.

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

Welfare and Institutions Code Section 5848 states that Counties shall report on the achievement of performance outcomes related to Mental Health Services Act (MHSA) components including Community Services and Supports (CSS), which includes Housing, Prevention and Early Intervention (PEI), Innovation (INN), and one-time funds including Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CF/TN). Any changes to these components due to performance or funding should also be reflected in this report. Per Welfare and Institutions Code Section 5847, Counties shall also report on those served, and submit a budget that represents unspent funds from the current fiscal year and projected expenditures for the next fiscal year (*please see the budget on Page 37 for projected expenditures associated with each component of MHSA for Fiscal Year 21/22*).

Community Services and Supports (CSS)



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

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

System Development and Outreach/Engagement

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

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

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

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

Full Service Partnerships (FSP)

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

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

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

- Personal Service Coordination including assistance with housing, transportation, medical access, education/employment opportunities, and social/community integration
- Additional services including Wellness Recovery Action Plan (WRAP) training/development, crisis intervention/stabilization, family support/education, and personal needs assessment

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- Funds to cover non-mental health services and supports, which MAY include food, clothes, housing subsidies, utility assistance, cell phones, medical expenses, substance abuse treatment costs, and other expenses that support progress in their mental health treatment and recovery goals.

MHSA Housing Program and Activities

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

In FY20/21, in accordance with MHSUDS Information Notice No. 19-017, Prudent Reserve funds, totaling \$517,611, were transferred to the Community Services and Supports component. The funds are time-limited and must be expended by June 30, 2024. Prior to the funds transfer, stakeholders were engaged to discuss how best to utilize the resources based off current community program planning results and discussions held in the MHSA/Cultural Competency Steering Committee as well as the Behavioral Health Advisory Board. Stakeholders agreed to utilize a portion for unfunded mandates, Workforce, Education & Training (WET) and Capital Facilities & Technology (CFT). An update on the WET and CFT funds can be found on pages #####. The group also determined that the remaining funds should be used for an array of activities that support housing for those who have mental illness. These activities are listed below and will continue for FY21/22:



Housing Activities:

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

- Providing funds to continue the housing program that serves ACBHS clients in obtaining and sustaining housing;
- Expanding the purview of the Mobile Support Team to continue homeless outreach and support in providing field-based services;
- Leveraging funds to support No Place Like Home efforts (e.g. assistance from Housing Tools, etc.)
- Provide emergency housing/shelter through hotel vouchers or utilizing programs provided through other agencies and organizations.

No Place Like Home

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

There are two types of allocations available, a Non-Competitive Allocation and a Competitive Allocation. Each small county (counties with a population of less than 200,000 people) has been allocated a share of the Non-Competitive funds which is \$500,000. In addition, counties can also choose to apply for Competitive funds, and will compete within a category of like-size counties. Amador County may therefore choose to apply and compete with other small counties for additional funds, with no project being funded for more than \$20 million.

While counties are the eligible applicants for the NPLH funding, it is expected that counties will partner with a Development Sponsor who will develop, own and manage the housing units. The County functions as a “pass through” partner for the NPLH funding. The Development Sponsor, typically a nonprofit affordable housing developer, will be financially responsible for the NPLH loan which is ultimately issued by HCD. The Development Sponsor will also be responsible for determining what other sources of funding will be needed in order for the housing development to be feasible, including whether or not Competitive NPLH funds may be necessary. The County may decide in the future to allocate certain funds from the upcoming Permanent Local Housing Allocation being made available by SB2. Potential other sources of funding that the Development Sponsor may apply for include: Low Income Housing Tax Credit Program, Affordable Housing Program through the Federal Home Loan Bank and Multi-Family Housing Program through HCD.

Each County that applies for the NPLH funds must commit to providing Behavioral Health support services to the tenants of the assisted housing for a minimum of 20 years, as well as helping to facilitate their access to other community support services for physical health care, accessing benefits and basic housing retention skills.

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In order to support the work necessary to meet certain application requirements and provide data to inform decisions about the eventual housing project, the State provided each county with a technical assistance grant to pay for consulting support in preparing for an application. In 2019, ACBHS contracted with Housing Tools, a housing and community development consultant, to prepare a Plan to Address Homelessness, which is a threshold requirement to apply for NPLH funding, as well as a Housing Needs Study and Site Feasibility Study, to assist the County in the decision-making process about the potential size, model, and sites for a supportive housing project. These deliverables were completed in June 2020 and presented to the Amador County Board of Supervisors.



During the June 23, 2020 Amador County Board of Supervisors meeting, ACBHS was authorized to issue a Request for Qualifications (RFQ) to identify a potential development sponsor to start a more detailed review process. The RFQ process was completed in January 2021, when the RFQ was awarded to The Danco Group (Danco). ACBH and Danco entered into a Pre-Development Memorandum of Understanding (MOU) and Danco is actively seeking site control of property to build affordable housing and implement No Place Like Home in Amador County.

Once site control is ascertained, ACBHS and Danco, with the assistance of Housing Tools, will go back to the Amador County Board of Supervisors to discuss next steps and request direction on how to proceed forward. Ideally, Danco and ACBHS would enter into a Development MOU and be authorized to apply for the No Place Like Home funds in the competitive grant cycle opening in Fall 2021.

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

Homeless Mentally Ill Outreach and Treatment (HMIOT)

In July 2018, Senate Bill (SB) 840 passed in the California State legislature. This one-time funding opportunity provided support for local activities involving individuals with serious mental illness who are homeless or at risk of becoming homeless. Amador County Behavioral Health applied for the Homeless Mentally Ill Outreach and Treatment funds and were awarded an allocation of \$100,000.

These funds provided outreach and treatment to individuals with serious mental illness who are homeless or at risk of becoming homeless in Amador County. SB 840 required that HMIOT funds be fully expended no later than June 30, 2020. However, with the onset of the COVID-19 pandemic in March 2020, ACBHS received an extension until December 31, 2020 to expend the funds. A full expense report was due to the Department of Health Care Services on March 31, 2021 but was submitted on March 4, 2021.



The funds were received in January 2019 and went towards providing support to homeless individuals in the form of backpacks, miscellaneous supplies/homeless kits, solar phone chargers and hotel/motel vouchers. HMIOT support was provided to the Interfaith Food Bank, ATCAA, City of Jackson, Amador County Sheriff's Office, Nexus Youth and Family Services, City of Sutter Creek, City of Lone, Amador County Homeless Task Force and Homeless Resource Fair. Funds also purchased a laptop with access to the county's electronic health record in order to provide mental health services for homeless individuals in the field in order to engage and support connection to services.

Amador County Behavioral Health also used the funds for outreach specifically to the homeless population in order to engage them in treatment for mental health services and supports. The Amador County Mobile Support Team provided the outreach funded through HMIOT.

Although this program did officially end on December 31, 2020, many of the activities continue using the housing funds noted above. Outreach utilizing the Mobile Support Team and community partnerships continues in order to create trust and encourage the homeless to access mental health treatment and support.

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CURRENTLY FUNDED PROGRAMS

ACBHS provides core services under CSS, including the Full Service Partnership Program, the Mobile Support Team, therapeutic groups and activities and a peer personal services coordinator who provides outreach and assistance to consumers, family members and the greater community. The department also contracts with several community partners to provide CSS programs including a peer-run wellness center and education and support to families and consumers.

Below is a description of each CSS program, the average numbers served for FY 2020/21 (as applicable), as well as the projected program costs, estimated unduplicated number of persons to be served, and approximate cost per person for FY 2021/22.

ACBHS Full Service Partnership (FSP) Program

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

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

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

Efforts to encourage more referrals into the FSP program have been implemented, including a MHSA Workshop provided to all-staff in early 2021 which included an overview of FSP and the referral process. The provider team meets weekly and FSP referrals are consistently encouraged to assist consumers who are struggling to remove barriers that prevent them from reaching their treatment goals.

In FY20/21, four clients exited the FSP program and five clients graduated from FSP. Currently, six clients who meet FSP criteria have agreed to continue their FSP program.

FY 21/22 Projected Annual Cost: \$60,000 | Increase in Cost from 20/21: \$0 | Average Increase in # Served: 0%
| FY 20/21 # Served: 15 | FY 21/22 Projected # to be Served: 30 | FY 21/22 Estimated Cost per Person: \$2,000

FY 21/22 targeted #'s to be served by age group:

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

ACBHS Mobile Support Team

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

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

The Mobile Support Team has continued to expand its role in the community. The ability to provide clinical and peer support field-based services creates a diverse approach to mental health service provision. When a traumatic event in the community occurs (e.g. suicide, natural disaster, etc.) the Mobile Support Team is deployed to offer mental health services to those who may need them. Examples of how the Mobile Support Team has provided mental health services and supports to the community after a traumatic event include going to the schools to support students, faculty and family members. The Mobile Support Team also participates in annual emergency preparedness drills hosted by Amador County. The Mobile Support Team is also engaging with homeless individuals and families in order to offer connections to behavioral health treatment and connection to services and supports.

How Mobile Support Works:

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

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

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

Goals of the Mobile Support Team include:

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

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

In FY 20/21, the Crisis Counselor provided 180 services to 32 individuals. The Peer Personal Services Coordinator provided 117 follow up calls/services to individuals who were hospitalized or safety planned and/or recently seen in the Emergency Department. The Mobile Support Team provided a combined 297 services to 116 individuals in FY21/22. FY 21/22 Projected Annual Cost: \$0.00 | Increase in Cost from 20/21: \$0 | Average Increase in # Served: 5% | FY 20/21 # Served: 116 | FY 21/22 Projected # to be Served: 120 | FY 20/21 Estimated Cost per Person: \$0
(Clinical staffing and Peer Personal Services Coordinator are costs based on expected Medi-Cal reimbursement, which are included in the overall CSS budget on page 37.)

Peer Personal Services Coordinators

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

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

- Access and Linkage to mental health services, supports and other community based programs and/or mental health providers;
- Acting as the Primary Care Liaison for clients in mental health systems that may be ready for a lower level of mental health care. This also includes outreach to the medical community to connect them to education on behavioral health practices and medications and to set up meetings and presentations between ACBHS medical team and community providers;
- Maintain a community resource database to inform all community partners of supports and programs available to the people they serve;
- Attending, coordinating and advertising community resource fairs and events that promote mental health service needs and community collaboration;
- Offer and provide peer support services within the public mental health system;
- Coordinate Suicide Prevention efforts on behalf of ACBHS in Amador County; and
- Tasks are assigned to the peer on an as-needed basis.

In FY 20/21, the Peer Personal Services Coordinator for Outreach and Engagement supported consumers by providing 146 services. The Peer Personal Services Coordinator also provided 116 outreach support services that reached approximately 1,166 individuals and families. These services support community outreach, peer support, training coordination and other engagement activities targeting an array of populations including but not limited to medical providers, Older Adults (60+), youth, educators, consumers and family members.

Peer Personal Services Coordinator for Mobile Support Team: Please see Mobile Support Team on page 15 above.

Both peer employees are to provide necessary representation and connections to resources on behalf of public mental health clients. The peers are also expected to attend client meetings and serve on policy and program development teams to promote the concept of clients/families as partners in the treatment process.

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

FY21/22 Projected Annual Cost: \$130,000 | Increase in Cost from FY20/21: \$0 | Increase in # Served: 16% (reflects Outreach & Engagement Peer Personal Services Coordinator ONLY) | FY20/21 # Served: 146 | FY 20/21 Projected # to be Served: 200 | FY 20/21 Estimated Cost per Person: \$--

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

The only program data provided is for the Outreach and Engagement Peer Personal Services Coordinator. The Mobile Support Peer Personal Services Coordinator Data is listed on page 16 above. The Peer Personal Services Coordinators efforts are evaluated in monthly check-in meetings to determine effectiveness and develop strategies around approaches. Updates are provided weekly to the community and at stakeholder meetings such as the MHSA/Cultural Competency Meeting and the Behavioral Health Advisory Board meeting.

Outreach and Engagement (Community and Internal ACBHS)

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

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

Due to the COVID-19 pandemic, many outreach events to target populations were cancelled or postponed until further notice. In addition to the pandemic, the Peer Personal Services Coordinator position has been vacant since January 2021. Although this has had an adverse impact on outreach throughout FY20/21, outreach and engagement is still occurring, utilizing different strategies. ACBHS is committed to support Outreach and Engagement both internally at ACBHS and in the community and will augment its efforts in accordance with guidelines issued by health officials. CSS funds will continue to support this program by providing support necessary to facilitate effective outreach, engagement and stigma reducing activities in Amador County.

The Community Awareness Campaign conducted the following activities throughout FY20/21:

1. Designed and disseminated promotional items that advertised mental health awareness (e.g. pens, Frisbees, t-shirts, Each Mind Matters gear, lime green items, etc.)
2. Designed advertisements to be placed on the local buses
3. Provided stigma-reducing materials and information (e.g. posters, brochures, wallet cards, etc.) to community partners, providers and the public.
4. Utilized local media (both print and radio) to run mental health awareness ads voiced by community members with lived experience on a continual basis, throughout the entire year. Also used local media to advertise mental health supports.
5. Advertised banner ads and print articles that focused on mental health and offering mental health resources in the Amador Ledger Dispatch throughout the entire year.
6. Supplied lime green bags with information regarding mental health and wellness support and resources to organizations throughout the community for their curbside events and other activities.
7. Participated in two resource fairs – one virtual and one-in person.
8. Three community presentations were provided on mental health services and supports available through ACBHS and the community.
9. Actively participated on Resilient Amador, focused on trauma informed care and awareness.
10. Organized and implemented Mental Health Matters Month in Amador County.
11. Community Announcement emails with community announcements, resources and events related to mental health and other community-based support are sent to approximately 500 people twice weekly.



FY 21/22 Projected Annual Cost: \$16,000 | Increase in Cost from 20/21: \$0 | Average Increase in # Served: N/A—data is not available for FY21/22 because new program | FY 20/21 # Served: 116 (reached 1,166) | FY 21/22 Projected # to be Served: 100 | FY 21/22 Estimated Cost per Person: \$160

Therapeutic Groups & Activities

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

- **Wellness, Recovery and Action Plan (WRAP):** The Wellness Recovery Action Plan® or WRAP®, is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be. WRAP is an 8-week course, facilitated by Amador County's Peer Personal Services Coordinators. WRAP consists of allowing consumers to discover their own simple, safe wellness tools. It teaches

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consumers how to identify upsetting events and early warning signs that things have gotten much worse and uses wellness tools and action plans for responding at those times. WRAP also assists consumers with creating a crisis plan and a post-crisis plan. WRAP is for anyone, any time and supports consumers in being the way they want to be in doing the things they want to do.

Overview of FY 20/21 WRAP Activities: WRAP courses/groups were offered virtually and co-facilitated by the Mobile Support Peer Personal Services Coordinator and another certified WRAP facilitator. Two WRAP courses were provided and approximately five consumers participated. The Mobile Support Peer Personal Services Coordinator facilitated one-on-one WRAP support and three consumers participated.

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

Overview of FY 20/21 Socialization Activities: During FY20/21, case managers, clinicians and other ACBHS staff utilized funds to promote socialization and build trusting relationships for consumers and family members by taking groups or individual consumers into social settings to practice coping skills. Examples of activities include bowling, eating out, and outdoor activities. The goal of these activities are not only to practice coping skills but to build relationships and create unique opportunities to engage in the community through connection to supports that relate directly to consumers treatment and life goals.

- **Behavioral Health Therapy Groups:** These groups, offered internally at ACBHS, are for clients who have severe mental illness and are actively seeking treatment at ACBHS. Groups promote social interaction while constructively learning coping skills specific to their diagnosis and/or mental health recovery goals. Funds are used to purchase materials specific to the group content/curriculum to insure success for participants and to support the clinician in effectively facilitating the group.

Overview of FY20/21 Behavioral Health Therapy Groups: During FY20/21, clinicians purchased art supplies, books and other materials to support group therapy work for ACBHS clients.

FY 21/22 Projected Annual Cost: \$6,500 | Increase in Cost from 20/21: \$0 | Average Increase in # Served: 45% | FY 20/21 # Served: 57 | FY 21/22 Projected # to be Served: 60 | FY 21/22 Estimated Cost per Person: \$108

Please see informational and qualitative updates in narrative above.

Client Support Fund

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

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

FY 21/22 Projected Annual Cost: \$5,000 | Increase in Cost from 20/21: \$0 | Average Increase in # Served: -30% Decrease due to COVID-19 | FY 20/21 # Served: 15 | FY 21/22 Projected # to be Served: 20 | FY 21/22 Estimated Cost per Person: \$250

Community Program Planning Costs

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

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

FY 21/22 Projected Annual Cost: \$10,000 | Increase in Cost from 20/21: \$0 | Average Increase in # Served: -- | FY 20/21 # Served: -- | FY 21/22 Projected # to be Served: -- | FY 21/22 Estimated Cost per Person: \$--

Community Program Planning Costs is not a program that specifically serves individuals and therefore, services are not tracked. This is a fund, which allocates costs toward a process that supports the implementation of the Mental Health Services Act.

Bus Passes

Dedicated MHSA CSS funds are used to purchase bus passes through Amador Transit for consumers to access behavioral health services in Amador County. In FY20/21, a total of 392 bus passes were issued and \$400 were expended utilizing this fund. This is a significant decrease from the previous fiscal year and is solely attributed to the pandemic. Due to the COVID-19 pandemic, ACBHS was closed to the public throughout FY20/21 and in-person services were limited. Since most services were provided via telehealth, less bus passes were distributed. It is anticipated that normal levels of transportation assistance will resume as we progress into FY21/22,

FY 21/22 Projected Annual Cost: \$1,000 | Increase in Cost from 20/21: \$0 | Average Increase in # Served: 50% decrease | FY 20/21 # Served: 15 | FY 21/22 Projected # to be Served: 40 | FY 21/22 Estimated Cost per Person: \$25

CaVOICES Sierra Wind Wellness Center

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

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

FY 21/22 Projected Annual Cost: \$385,000 | Increase in Cost from 20/21: \$0 | Average Increase in # Served: 35% | FY 20/21 # Served: 1,111 | FY 21/22 Projected # to be Served: 500 | FY 21/22 Estimated Cost per Person: \$770

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

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



FY 21/22 Projected Annual Cost: \$35,650 | Increase in Cost from 20/21: -\$6,850 Decrease due to COVID--19 | Average Increase in # Served: 50% Decrease due to COVID-19 | FY 20/21 # Served: 155 | FY 21/22 Projected # to be Served: 300 | FY 21/22 Estimated Cost per Person: \$142

Prevention and Early Intervention (PEI)

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

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

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



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

New amendments to the regulations surrounding Prevention and Early Intervention programming and reporting took effect in July 2018. These amendments expanded the scope of PEI to include Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, Stigma and Discrimination Reduction and Suicide Prevention. Additional reporting requirements include detailed demographic information, which includes Sexual Orientation and Gender Identity (SO/GI) data, specific strategies for programs and regulation around program changes.

Effective October 1, 2020, Amador County Behavioral Health is collecting SO/GI data by offering both a paper and online survey to program participants. The survey is voluntary and will be reported in aggregate form in order to protect participant's identity. SO/GI data for FY20/21 can be found in the MHSA Program Outcomes section on page 40.

Certain PEI strategies include reporting of 'Duration of Untreated Mental Illness (DUMI)'. ACBHS is currently working towards compliance in reporting DUMI. In Fall 2020, PEI contractors were provided a mechanism to track DUMI. This information, along with other regulatory data sorted by program, is reported in the MHSA Program Outcomes section on page 40.

Reports that include the expanded PEI requirements are submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) annually. Every three years, an evaluation report on PEI programs is required. Years when the three-year evaluation is not due, an annual update on PEI programs will be due instead and the annual updates do not require an evaluation component.

The first Three-Year PEI Evaluation Report was submitted as an attachment to the FY19/20 MHSA Annual Update and Expenditure Report. The annual report for FY18/19, to the extent data was available, was included in the FY19/20 MHSA Annual Update and Expenditure Report. The FY19/20 Annual PEI Report was included in the FY20/21 through FY22/23 MHSA Three Year Plan. The FY20/21 Annual PEI Report is included in two sections of this plan. Strategies, numbers served and other data required by the specific strategy listed is included in this section. Program outcomes, demographics and referral outcome data is listed in the MHSA Program Outcomes section, which begins on page 40.

CURRENT INITIATIVES

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

CalMHSA-Statewide PEI Project

The California Mental Health Services Authority (CalMHSA) administers the efforts of the Statewide PEI Project, which is currently known or referred to as the Each Mind Matters campaign. The purpose of the Statewide PEI Project is to develop a campaign that creates messaging and awareness in a cohesive way statewide. By doing so, the goal is to reduce stigma and discrimination around mental health and prevent suicides. In order to participate in the Statewide PEI Project, ACBHS is currently in a three-year Participation Agreement that provides CalMHSA \$25,574 annually. Collaboraint with CalMHSA, allows ACBHS to offer education, materials, activities and support to spread awareness around mental health and suicide prevention in Amador County.

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

School Based Mental Health Early Intervention Strategies



In April 2018, at the direction of stakeholders and the Behavioral Health Advisory Board, Amador County Behavioral Health Services (ACBHS) implemented a program that engages with the school district to explore school-based mental health early intervention strategies. ACBHS coordinated this engagement process with the Amador County Unified School District (ACUSD) and other organizations doing work in the schools to determine where the gaps lie in providing students mental health treatment and what processes and systems should be in place to identify and treat mental illness in the school settings.

The workgroup has met consistently (every 4-6 weeks) since April 2018. The group quickly determined that there is a lack of direct mental health services and supports located within the school settings and the need for a Student Assistance Program to facilitate resource and referrals would assist in preventing students and families from ‘falling through the cracks’. The group created short and long-term goals in its efforts to support student mental health—both of which enhanced community-school and county-school relationships. . Short-term solutions have included the creation of an MOU between ACBHS and ACUSD/ACOE and utilizing ACBHS Mobile Support Team as a critical component of ACUSD’s Threat Assessment Protocol. Referral sheets and flow charts to assist school counselors and personnel have also been developed and disseminated to the school sites in order to provide students and families’ access and linkage to mental health services and supports. Long-term solutions include the implementation of a universal screening tool as well as implementing a sustainable Student Assistance Program to work with students and engage their families in connecting youth to higher levels of mental health treatment and support. Other long-term solutions were to locate resources to facilitate professional mental health support at school sites. Over the past two years, ACUSD/ACOE have expanded their capacity in hiring additional school counselors focused on social emotional wellness, that work directly at the school sites.

In June 2020, ACBHS and ACUSD/ACOE submitted a grant application in response to the Mental Health Services Oversight and Accountability Commissions Request for Applications for the Mental Health Student Services Act (MHSSA). The MHSSA awarded four small counties (population less than 200,000) with grants in the amount of \$2,500,000 each over the period of four years to implement mental health services and supports for students aged transitional kindergarten through twelfth grade. Amador County was informed that they were not awarded the MHSSA grant in Summer 2020. During the July 2020 MHSA/Cultural Competency Steering Committee meeting stakeholders did approve the use of any Prevention and Early Intervention funds – if available through reversion or current budget projections, would be used toward student mental health.

In May 2021, due to the COVID-19 pandemic and the increased focus on student mental health, Governor Newsom proposed an additional \$25 million to support programs that applied for the MHSSA funding but were not awarded. On May 19, 2021, Amador County received notice that their application was recommended to receive the MHSSA funding.

ACBHS and ACUSD/ACOE are currently working on revising the budget for the MHSSA to include social emotional school counselors at each school site within ACUSD. Additionally, the revised budget will include mental health clinicians who will provide therapeutic support directly to students at school sites. The mental health clinicians will be spread across multiple school sites throughout ACUSD.

The MHSSA grant activities are scheduled to start September 1, 2021.

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

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

CURRENTLY FUNDED PROGRAMS

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

Suicide Prevention, Education and Awareness



For several years, Amador County's suicide rate has been higher than the state average. In 2017, Amador County was ranked as having the third highest suicide rate in the state. As of September 2019, Amador County's suicide rate was ranked thirteenth highest in California. Efforts to address suicide in Amador were pursued using stakeholder input. In FY18/19, stakeholders concluded that a countywide education campaign utilizing Question, Persuade and Refer (QPR) and safeTALK trainings, would be most effective in providing suicide awareness education. Secondly, sponsoring community events that increase suicide awareness, targeting different populations was also highly approved. Since implementation, both activities have been successful interventions that target a broad range of populations, across the life span.

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

QPR, is a gatekeeper training that targets a broad range of individuals, such as school staff, students and parents, employers, faith-based and spiritual leaders, community-based service staff, individuals with mental illness and/or substance abuse problems and other community members and natural helpers. Using Question, Persuade and Refer (QPR), community trainers target individuals and groups for training to help recognize and review risk, and intervene to prevent the immediate risk of suicide. Much like CPR, which is an emergency medical intervention, QPR is a *mental health* emergency intervention that interrupts the crisis and directs the individual to appropriate care. QPR is an in-person training but adapted to a virtual platform in 2020 in response to the COVID-19 pandemic. **In FY20/21 161 individuals were trained in QPR and 97% reported having improved knowledge, behavior, and/or attitudes about suicide as a result of the training. 473 individuals have completed the QPR training since July 1, 2018.**

FY 21/22 Projected Annual Cost: \$6,000 | FY21/22 Projected # to be Served: 150 |
FY 21/22 Estimated Cost per Person: \$40

safeTALK is a half-day training in suicide alertness. It helps participants recognize a person with thoughts of suicide and connect them with resources who can help them in choosing to live. The goals and objectives of safeTALK are: to notice and respond to situations where suicide thoughts may be present, recognize that invitations for help are often overlooked, move beyond the common tendency to miss, dismiss, and avoid suicide, apply the TALK steps (Tell, Ask, Listen, Keepsafe) and know community resources and how to connect someone with thoughts of suicide to them for further suicide-safer help. Trained safeTALK facilitators are a part of the ACBHS clinical team and have provided three safeTALK trainings since May 2019. At the onset of the COVID-19 pandemic, the safeTALK facilitators reached out to LivingWorks, the developers of the safeTALK training, to determine if safeTALK would be offered in a virtual format. Due to the nature of the training, a virtual offering is not possible. safeTALK will be offered in-person when health and safety guidelines determine it is safe to do so.



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

Heart of Hope is now an annual event to highlight the arts as a secondary resource to mental health treatment. The arts, proven to assist in healing and coping, are a therapeutic element to recovery for not only consumers but for family members, caregivers and friends as well. Additionally, by

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continuing the exhibit and the partnership with AmadorArts, the public mental health system is creating a sustainable support for consumers of all ages and backgrounds who look to the arts as a coping skill in their daily lives. In FY20/21, the event was held virtually with much success. Prevention and Early Intervention funds provided the advertising costs, promotional items and branding, staffing and resource materials relevant to the subject matter and topic.

For FY21/22, funds will support the event including music, advertising costs, promotional items, staffing and resource materials, as has been done in previous years.

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



since
many

Amador SPEAKS has achieved much work. Activities include:

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

Plans for FY21/22 include the development of a loss support group, using the Friends for Survival model.

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

FY 21/22 Projected Annual Cost: \$20,000 | FY 21/22 Projected # to be Served: 250 |

FY 21/22 Estimated Cost per Person: \$80

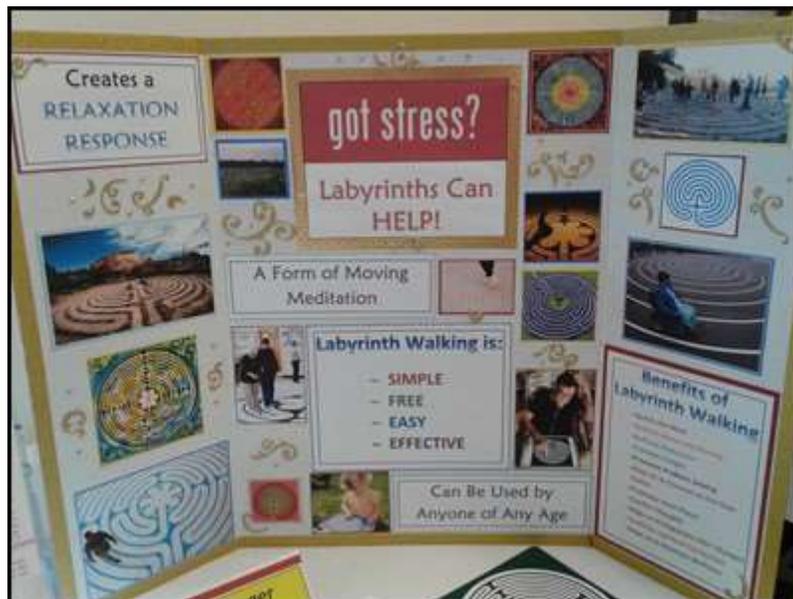
ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

CaVOICES 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. ACBHS contracts with CaVOICES for this program.

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

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

32 unduplicated potential responders engaged in the Labyrinth Stress Reduction project during FY20/21.

LGBTQ Support Services:

Prevention Program

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

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

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

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 40)

FY 21/22 Projected Annual Cost: \$70,000 | Increase in Cost from 20/21: -\$2,500 decrease due to COVID-19 | Increase in # Served: 0%--Decrease due to COVID-19 | FY 20/21 # Served: 46 | FY 21/22 Projected # to be Served: 350 | FY 21/22 Estimated Cost per Person: \$200

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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. ACBHS supports this program, which is implemented through First 5 Amador.

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

informed community. A more recent system improvement initiative will be to expand home visiting programs within the community.

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

First 5 engages the target population/potential responders using a hybrid of in-person and electronic platforms to provide educational workshops promote community-based partnerships and provide resources and supports. Depending on health and safety guidelines at any given time, in-person settings have included/include the use of family resource centers located in Lone, Camanche and Pine Grove as well as the local Sierra Wind Wellness and Recovery Center. Other locations utilized include residences, local health clinics and libraries. A wide variety of populations/potential responders are reached including medical providers, mental health professionals, paraprofessional direct service providers (e.g. case managers), parents/caregivers including foster parents, children, principals, teachers and other school district employees, early childcare providers, health and human services agency workers, health insurance plans and more. Due to COVID-19, many of the settings were switched to virtual. If in-person engagement did occur it was in park settings or through the use of 'drive thru' or 'curbside' events. In FY19/20 First 5 began to leverage its ability to track how many viewed its online content. In FY20/21, over 1,000 potential responders viewed information online (via Facebook or web page).

FY 21/22 Projected Annual Cost: \$33,000 | Increase in Cost from 20/21: \$0 | Increase in # Served: 385% |
FY 20/21 # Served: 448 | FY 21/22 Projected # to be Served: 100 | FY 21/22 Estimated Cost per Person: \$330

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 and strengthening programs, wellness workshops and community trainings regarding mental health and available resources, and case management support. In addition, Nexus has established a Peer Advisory Council that provides informed consultation regarding activities and services. Working together, with ACBHS and partners, this program provides and coordinates services that are inclusive and accessible, building a seamless system of support for individuals and their families across varying backgrounds and life stages. The target population/potential responders for this program includes isolated and/or underserved Amador County residents, individuals of any age or designation, who are at risk of or may be experiencing early signs of mental illness. Working collaboratively with ACBHS and other community partners, Nexus will ensure that services are consistent, comprehensive, and culturally appropriate.

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

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

FY 21/22 Projected Annual Cost: \$140,000 | Increase in Cost from 20/21: \$0 | Increase in # Served: 76%--Decrease due to COVID-19 | FY 20/21 # Served: 532 | FY 21/22 Projected # to be Served: 500 | FY 21/22 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 20/21, 90 individuals received prevention services and 53 received early intervention services.

FY 21/22 Projected Annual Cost: \$40,000 | Increase in Cost from 20/21: \$0 | Increase in # Served: 18%|
FY 20/21 # Served: 193 | FY 21/22 Projected # to be Served: 95 | FY 20/21 Estimated Cost per Person: \$421

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.

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,

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knowledge, and or behavior related to mental illness. This information is included in the MHSA Outcomes section starting on page 40. The data is also evaluated and provided in the Three-Year Evaluation Reports provided to the MHSOAC.

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

FY 21/22 Projected Annual Cost: \$46,000 | Increase in Cost from 20/21: \$0 | Increase in # Served: 25% | Avg. FY 20/21 # Served: 1,429 | FY 21/22 Projected # to be Served: 860 | FY 21/22 Estimated Cost per Person: \$53

Nexus Promotores de Salud

Prevention Program

Strategy: Improve timely access to underserved populations

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

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

FY 21/22 Projected Annual Cost: \$34,000 | Increase in Cost from 20/21: \$0 | Average Increase in # Served: -58% Decrease due to COVID-19 | Avg FY 20/21 # Served: 295 | FY 21/22 Projected # to be Served: 200 | FY 21/22 Estimated Cost per Person: \$170

The Resource Connection (TRC) Grandparents Program

Prevention Program

Strategy: Improve Timely Access to Underserved Populations

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



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

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

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

FY 21/22 Projected Annual Cost: \$32,000 | Increase in Cost from 20/21: \$0 | Average Increase in # Served: 103% | Avg FY 20/21 # Served: 71 | FY 21/22 Projected # to be Served: 50 | FY 21/22 Estimated Cost per Person: \$640

Amador Senior Center Programs

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

Senior Peer Visitors, 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

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

ACBHS contracts with the Amador County Senior Center to expand the scope and/or outreach of their efforts to support the mental health and wellbeing of isolated older adults. The Amador Senior Peer Program provides in-home peer counseling and visiting services to seniors who are isolated, lonely, depressed, in need of help with living transitions, and to their families who are helping them make these transitions. The program provides a safety net of information and services in a county with a growing population of seniors who have no family or helping network. Services help seniors survive changing health and life circumstances with counseling and up-to-date resource information. 11 individuals were served in FY20/21.

Foothill Fitness Program

Prevention Program

Strategy: Non-Stigmatizing and Non-Discriminatory Strategies

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

Methods used to measure the effect of the non-stigmatizing and non-discriminatory strategies are participant surveys that have been shown to provide effective evidence in programs where attitudes about mental health have changed. The surveys are administered on a regular basis by the contract provider. This data is provided in the MHSA Outcomes section starting on page 40. 100 individuals were served in FY20/21.

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 40. 1,695 individuals were served in FY20/21.

FY 21/22 Projected Annual Cost: \$30,000 | Increase in Cost from 20/21: \$0 | Increase in # Served: 300% | FY 20/21 Total # Served: 1,806 | FY 21/22 Projected # to be Served: 250 | FY 21/22 Estimated Cost per Person: \$120

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Innovation (INN)

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

- 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

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.



Current Innovations Programs & Updates

The Amador County Board of Supervisors approved ACBHS to pursue two Innovations projects, which were included in the FY16/17 MHSA Annual Update and the FY17/18 – FY19/20 MHSA Three Year Plan. In June 2021, the Amador County Board of Supervisors approved ACBHS to pursue a third Innovations project focused on student mental health.

All three Innovations projects promote interagency collaboration related to mental health services, supports, or outcomes and were unanimously approved by the Mental Health Services Oversight and Accountability Commission on May 25, 2017 and June 29, 2021.

Innovations Project #1: Circle of Wellness: Mother, Child, Family (now MomCHAT)

Approved by the MHSOAC in May 2017, MomCHAT is a maternal mental health project designed to support mothers at crucial points during pregnancy and postpartum in an effort to reduce or eliminate mental health challenges from occurring or becoming severe. To participate in the MomCHAT program the expectant mother must be an Amador County resident and be within 0-28 weeks of her pregnancy. The wellness team includes a peer navigator and a licensed therapist. The peer navigator uses lived experience as a way to engage mothers while providing ongoing peer support, referrals and resources. The licensed private practice therapist provides moms with individual therapy, group intervention and treatment protocols as well as linkage for long-term services. The wellness team provides support services for the first two years of baby's life.

Moms are referred into the program by local community based organizations, medical providers and individuals. Since this is a research-based project, referrals to MomCHAT are randomly assigned to MomCHAT or 'business as usual'/comparison condition. Both MomCHAT and the comparison condition participants complete a battery of assessments to determine if the MomCHAT interventions are effective at reducing or eliminating mental health challenges from occurring or becoming severe. The assessments, along with case notes, are entered into a case management system that was designed specifically for MomCHAT. The data is extracted and used for evaluation purposes. Due to implementation challenges with the case management system, data has not yet been extracted nor evaluated. It is anticipated that the system will be fully implemented, along with a full evaluation report for FY20/21 in Fall 2021.

MomCHAT officially launched in November 2020, utilizing a hybrid of virtual and in-person platforms to provide peer support and treatment. As of June 30, 2021, MomCHAT has received a total of 41 referrals. The program has had much success and most participants are actively engaged with both the peer and the licensed therapist. Due to popularity of the program, expanded clinical service hours were approved in order to meet the needs of program participants.

FY 21/22 Cost: \$176,225 | FY 20/21 # Served: 41 | FY 21/22 Est. # Served: 50

Costs include consultant/evaluator, LCSW/mental health provider, peer case manager, comparison condition costs, ACBHS staffing and operating/outreach.

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

Innovations Project #2: Co-Occurring Group for Teens (now TxChat)

The second project, which was also approved by the MHSOAC in May 2017 is Co-Occurring Group for Teens, now named TxChat. This is a five-year pilot project that utilizes a mental health clinician and a substance abuse counselor to co-facilitate a group for teenage youth that addresses both mental health and substance abuse at the same time. Co-Occurring Group for Teens, implemented in May 2018, is an integrated treatment group for youth 13 to 18 with co-occurring mental health and substance use disorders.



Due to the COVID-19 pandemic, TxChat groups ceased and have not yet resumed. In FY20/21, TxChat saw a significant decrease in referrals due to school shutdowns and virtual service fatigue. As a result, any referrals that did manifest were provided in 'business as usual' form and no group services were held. Efforts to provide outreach, education and solicit referrals to reinstate the TxChat group as originally intended are underway. Amador County Unified School District (ACUSD) as well as other community-based organizations are now providing services in-person and it is anticipated that more referrals will be received. The plan for implementation in FY21/22 is to provide TxChat services to teens, using an appropriate platform that aligns with local, state and federal health and safety guidelines.

FY 21/22 Projected Annual Cost: \$148,328 (*Costs include ACBHS staffing/treatment team and oversight and operating/outreach costs. Some Medi-cal reimbursement is anticipated to recoup costs of the services provided.*) | Increase in Cost from 20/21: 18% | FY 20/21 # Served: 2 | Increase in # Served: Decrease due to COVID-19 | FY 21/22 Projected # to be Served: 30 |

Innovations Project #3: Comprehensive Community Support Model to Address Student Mental Health

Approved by the MHSOAC on June 29, 2021, the Comprehensive Community Support Model to Address Student Mental Health is a five-year project that will develop a system of care that supports students and their families using a community-based model that will create a community-school relationship. Here is an overview of what the project aims to do over the next five years:

First and foremost, the 'School Based Mental Health Early Intervention Strategies' workgroup (referred to as the 'workgroup') would convene to develop a community support model implementation plan and engage community based partners in this process. Weekly or bi-weekly meetings will be scheduled to ensure cohesiveness in the development of the implementation plan and roll out of service delivery. The workgroup would be responsible for creating the model.

Simultaneously, the Student Assistance Program (community-based organization to be identified) would receive referrals as usual for students. Another community based organization in Amador would receive referrals for childcare providers, students and student siblings. Other agencies as identified could also be included in the 'referral clearinghouse'. Increasing referral pathways will provide more timely access to intervention and support, as appropriate. This would assist in providing a formal system of care that would provide efficient access to mental health services.

After the referrals are reviewed and initial contact is made, if appropriate, the student, parent/caregiver or childcare provider would be provided access to a mental health therapist to provide interim support while the student, parent/caregiver or childcare provider are supported in ascertaining sustainable solutions. For example, the student is in need of therapeutic intervention while waiting for an appointment with a private community therapist or a childcare provider needs to discuss coping mechanisms while finding out what other services are available to support their needs.

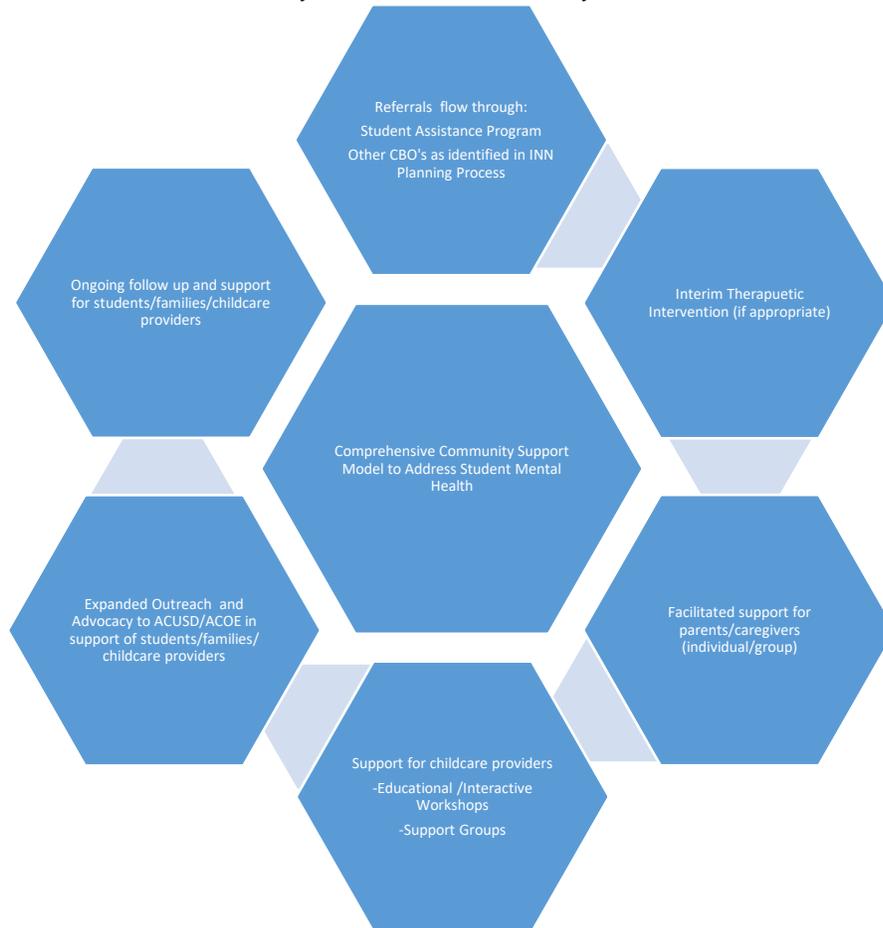
In addition to a therapeutic intervention, community supports for parents and caregivers would be offered. Support groups for parents, educational workshops and support groups for childcare providers and increased outreach and advocacy to address student's needs are examples of the community support model implementation plan. Continued support through the Student Assistance Program or and other community based organizations would be ongoing.

This model is fluid and would adapt to the changing requirements at the local, state and federal level for COVID-19. Stakeholders will be identifying needs through conversation and surveys and program implementation would be adjusted to meet those changing needs.

By expanding the Student Assistance Program model, ACBHS would be able to adapt the program to a comprehensive community support model, which would address student mental health. The conceptualized model would create support networks, leverage existing resources, and develop a countywide system that addresses the entire spectrum of student mental health including parents, childcare providers, and individual needs.

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

The graphic below provides a visual of how the system of care is currently envisioned:



The project was approved for five years with a budget of \$133,000 per year for a total of \$665,000. 350 individuals are expected to be served annually. The target populations to be served are:

- Students in Amador County who are in preschool through the 12th grade
- Parents and Caregivers
- Childcare providers
- ACUSD and ACOE Staff
- Any student or anyone who is supporting a student as a family member, childcare provider, caregiver, teacher and/or anyone who is identified as providing support that benefits the child in any capacity.

Updates and information on the project will be provided regularly at the Amador County Behavioral Health Advisory Board meeting and the MHSA/Cultural Competency Steering Committee.

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

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.

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. Amador County has approximately \$27,928 in Workforce, Education and Training funds that must be spent no later than June 30, 2021. Once these funds have been spent, they must be transferred from the Community Services and Supports (CSS) component of the MHSA in order to continue to fund WET activities and programs. As of July 1, 2021, Amador County had fully expended WET funds and for FY21/22, transfers from the CSS component will be made, annually, to support WET activities in Amador County.

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.

Stakeholders, engaged through the Community Program Planning were asked how they would like to see WET funds spent in Amador County. 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 FY 20/21, the following trainings were provided to staff and community partners as well as residents of Amador County:

- Beyond Homelessness Virtual Symposium—provided to 3 ACBHS staff
- LGBTQ+ Affirming Practices Training—offered to ACBHS staff and community partners/providers
- Trauma-Focused CBT—provided to one ACBHS clinical staff
- Sexual Orientation & Gender Identity Training (SO/GI)—offered to ACBHS staff and community partners/providers
- MHSA Boot Camp Series—provided to 2 ACBHS staff
- Eliminating Inequities in Behavioral Health—provided to 2 ACBHS staff
- Resilience Rising-Trauma Conference—provided to 2 ACBHS staff
- Resilient Amador – Trauma Informed Care Training—provided twice to WIC & The Grandparents Program
- The Body Keeps the Score—Trauma Healing—provided to 3 ACBHS Clinicians
- MHSA Stakeholder Workshop—provided to all funded MHSA contract partners
- MHSA Staff Workshops—provided to all ACBHS staff
- Law & Ethics—provided to all ACBHS staff
- David Woods Bartley, TedX Speaker—offered to all ACBHS staff and community partners/providers
- Racial Disparities & Health Inequities at Every Stage of COVID-19—provided to 1 ACBHS staff
- International Trauma Conference—provided to 5 ACBHS direct service staff
- DSM-5 Training—provided to ACBHS clinical staff

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

- Question, Persuade, Refer (QPR) Suicide Gatekeeper Training—continuous/ongoing for ACBHS staff and community
- Staff Meeting Presenters/In Service Trainings—monthly for all ACBHS 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 ACBHS, typically as a Personal Service Coordinator. To support consumers, family members, and ANYONE who would like to work in public mental health, ACBHS is partnering with Amador College Connect to promote this certificate and to provide additional supports as needed, including internships (see below).

FY 21/22 Projected Annual Cost: \$22,000 | Increase in Cost from 20/21: \$0 | Average Increase in # Served: 0% | FY 20/21 # Served: 35 | FY 21/22 Projected # to be Served: 20 | FY 21/22 Estimated Cost per Person: \$1,100

Internship Opportunities

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

ACBHS 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, Clinician III or an experienced Clinician II provide the supervision for these internships on a case-by-case basis.

Part of the 18-unit Human Services certificate noted above also requires an internship. ACBHS will continue to collaborate with Amador College Connect to facilitate these internships as well, either within the department, at Sierra Wind, or with another community partner.

Office of Statewide Health Planning and Development (OSHPD) WET Five-Year Plan

As stated above, Statewide County WET Funds are exhausted as of June 30, 2021. At that time, if any remaining WET funds exist, they must be reverted back to the State. To maintain MHSA training priorities and address the shortage of qualified personnel in the public mental health workforce, ACBHS plans to participate with the Central Regional Partnership WET Five-Year Plan, as currently proposed by the Office of Statewide Health Planning and Development (OSHPD) in coordination with the California Behavioral Health Planning Council (CBHPC). The Regional Partnership will administer 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 proposed plan will support grow-your-own workforce development strategies, including the selection of candidates from local peer and underserved communities, to produce and retain both non-licensed and licensed mental health professionals.

Amador County anticipates a one-time contribution of \$21,000 (\$20,974) to the Regional Partnership, using WET funds. The Regional Partnership will be using CalMHSA as an intermediary to manage the funds and administer the program. In order to do this, a Participation Agreement must be executed between CalMHSA and each county participating in the Central Region Partnership. At this time, the contribution, originally scheduled to be completed in FY20/21, has still not yet been paid. Delays in CalMHSA's ability to issue the Participation Agreements to counties have caused a lag in the implementation of the WET Five-Year Plan activities. Once the Participation Agreement is executed, Amador's contribution will be made and the funds will then be available for workforce development initiatives in Amador County over the 2020-2025 term through the Regional Partnership.

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

Recently, in MHSA/Cultural Competency Steering Committee meetings and in conversations with ACBHS staff members, priorities for Amador County's public mental health system workforce includes retention activities and student loan repayment programs. ACBHS will insure that funds dedicated to the Regional Partnership allow these priorities to be implemented for Amador County's workforce.

In FY 20/21, Amador County Behavioral Health expended in \$27,928 in Workforce, Education & Training Reversion funds. \$21,487 were expended using funds transferred from the CSS component. A total of \$49,415 in WET funds were expended in FY20/21.

TOTAL FY 2021/22 Program Cost: \$73,641

Program costs include all programs funded under the WET component as stated in this Annual Update.

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. ACBHS 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 to continue CFT programming. ACBHS will continue to fund the CFT component using transfers, as allowed by statute and approved by stakeholders, from CSS.

For FY21/22, these funds will continue to be used for the currently funded programs listed below.



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 ACBHS to investigate crisis residential and stabilization facilities, however, due to high costs and long-term funding commitments to implement these critical services, ACBHS 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

ACBHS is contracted with the Kings View Behavioral Health to provide the department with the Anasazi System. The partnership between Kings View and Anasazi is the key to successful helpdesk services, cost reports, updates, and other services and supports, including user training. Electronic Health Records (EHRs) are required and/or essential for Health Care Reform, HIPAA transactions, billing requirements, and the changes that are going on within the State of California.

Virtual Platforms

Due to the COVID-19 pandemic, ACBHS 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, CFT funds are required to support this ongoing cost. Zoom and Updox are both platforms that 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 20/21, a total of \$184,534 was expended in Capital Facilities and Technological needs.

For FY 2021/22, CFT program cost will be \$224,178.

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

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 ACBHS 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.

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
	x76%
Total	\$9,885,734.09
	/5 divided by 5 years
Total	<u>\$1,977,146.82</u>
	x33%
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 12.

FY 21/22 MHSA Annual Update and Expenditure Report

**PROJECTED FY21/22 Mental Health Services Act Expenditure Plan
Funding Summary FY21/22**

County: Amador						Date: 8/10/21
	MHSA 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 2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	257,962	0	226,695	0	0	
2. Estimated New FY 2021/22 Funding	2,432,000	608,000	160,000	0	0	0
3. Transfer in FY 2020/21 ^{a/}	(297,819)			73,641	224,178	0
4. Access Local Prudent Reserve in FY 2020/21	0	0		0	0	0
5. Estimated Available Funding for FY 2020/21	2,392,143	608,000	386,695	73,641	224,178	
B. Estimated FY 2021/22 MHSA Expenditures	2,987,781	608,000	386,695	73,641	224,178	
G. Estimated FY 2021/22 Unspent Fund Balance	0	0	0	0	0	
H. Estimated Local Prudent Reserve Balance						
1. Estimated Local Prudent Reserve Balance on June 30, 2021		652,458				
2. Contributions to the Local Prudent Reserve in FY 2021/22		0				
3. Distributions from the Local Prudent Reserve in FY 2021/22		0				
4. Estimated Local Prudent Reserve Balance on June 30, 2022		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 FY21/22
Community Services and Supports (CSS) Funding**

County: Amador						Date: 8/10/21
	Fiscal Year 2021/22					
	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	1,134,287	1,134,287	113,428			
Non-FSP Programs						
1. Mobile Support Team (incl staff & phone)	94,492	94,492	9,449			
2. Wellness Center & PRA	385,000	385,000				
4. NAMI Ed & Support Groups	35,650	35,650				
5. Therapeutic Groups & Activities (Socialization, WRAP, BH Groups)	6,500	6,500	650			
6. Client Support Fund	5,000	5,000	500			
7. Community Program Planning Costs	15,000	15,000				
8. Amador Transit-Bus Passes	1,000	1,000				
9. Outreach and Engagement	15,000	15,000	1,500			
10. CSS Housing Funds (from PR Transfer)	150,000	150,000				
11. CSS Transfer to WET	73,641	73,641				
12. CSS Transfer to CFT	224,178	224,178				
CSS Administration	788,033	788,033	78,803			
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	2,987,781	2,987,781	204,330		0	0
FSP Programs as Percent of Total	45.0%					

PROJECTED FY21/22

Prevention and Early Intervention (PEI) Funding

County: Amador Date: 8/10/21

	Fiscal Year 2021/22					
	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	6,000	6,000				
7. Senior Fitness Program	6,000	6,000				
8. Senior Nutrition Program	3,000	3,000				
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	6,000	6,000				
19. Senior Fitness Program	6,000	6,000				
20. Senior Lunches Program	3,000	3,000				
Stigma Reduction						
21. Nexus YEP / Project SUCCESS	11,500	11,500				
22. Nexus Promotores de Salud	8,500	8,500				
23. Labyrinth & LGBTQ Support	14,000	14,000				
24. First 5 Amador	8,250	8,250				
Suicide Prevention						
26. QPR	6,000	6,000				
27. Suicide Prevention & Education (Amador SPEAKS)	20,000	20,000				
Access & Linkage						
28. Nexus YEP / Project SUCCESS	11,500	11,500				
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	82,256	82,256				
PEI Assigned Funds	49,170	49,170				
CalMHSA	25,574	25,574				
Total PEI Program Estimated Expenditures	608,000	608,000	0	0	0	0

**Projected FY21/22
Innovations (INN) Funding**

County:	Amador				Date:	8/10/21
Fiscal Year 2021/22						
	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. TxChat Operating Costs	25,000	25,000				
2. MomCHAT -- Clinician	61,525	61,525				
3. MomCHAT -- Peer/CalVOICES	72,700	72,700				
4. MomCHAT Operating Costs	7,000	7,000				
5. Strategies: Evaluation, Implementation & TA (MOMChat)	35,000	35,000				
6. Comprehensive Community Support Model-Student Mental Health	133,000	133,000				
INN Administration	52,470	52,470				
Total INN Program Estimated Expenditures	386,695	386,695	0	0	0	0

**Projected FY21/22
Workforce, Education and Training (WET) Funding**

County:	Amador				Date:	8/10/21
Fiscal Year 2021/22						
	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	22,000	22,000				
2. Relias	8,300	8,300				
3. Workforce, Education and Training	25,000	25,000				
4. OSHPD 5-Year WET Plan County Match	18,341	18,341				
WET Administration	0	0				
Total WET Program Estimated Expenditures	73,641	73,641	0	0	0	0

**Projected FY21/22
Capital Facilities/Technological Needs (CFTN) Funding**

County:	Amador				Date:	8/10/21
Fiscal Year 2021/22						
	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. Anazazi/Kings View	212,253	212,253				
2. Network of Care	4,500	4,500				
3. Zoom	6,000	6,000				
4. Updox	1,425	1,425				
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	224,178	224,178	0	0	0	0

MHSA Program Outcomes from FY 20-21

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 Annual Update. The following are responses for most Amador County MHSA-funded programs from FY 2020/21:

Amador County Full Service Partnerships (CSS)

Average in FY 2018/19: 22

Average in FY 2019/20: 18

Average in FY 2020/21: 15

Male: 8	African American: 1
Female: 7	Asian American: 0
Children (0-12): 1	Caucasian: 13
Teen (13-17): 3	Latino/ Hispanic: 1
TAY (18-24): 1	Native American: 0
Adults: 6	Multi Race/ Eth.: 0
Older Adults: 4	Other/ Unknown: 0

Participant Feedback: FSP's were discussed weekly during team meetings and quarterly evaluations for FSP's occurred regularly for each participant. Of the 15 consumers served, five successfully met their FSP goals and graduated. Six have continued their program and four exited the FSP program for various reasons.

CaI VOICES Sierra Wind Wellness & Recovery Center (CSS)

Average in FY 2018/19: 1,041

Average in FY 2019/20: 823

Average in FY 2020/21: 1,111

Referrals to ACBHS: 12

Individuals who received one-on-one peer support: 227

Behavioral Health Clients served: 73

Children: 24	African American: 20
Teens: 17	Asian American: 1
TAY: 16	Caucasian: 902
Adults: 798	Latino/ Hispanic: 64
Older Adults: 211	Native American: 37
	Multi Race/Ethnicity: 3
	Other/ Unknown: 14

Homeless: 256	Male: 26
Veterans: 30	Female: 19
LGBTQ: 34	Self-Identify: 3
Probationers: 16	
Parolees: 9	

Participant Feedback

N=49

- 13% reported they engaged in Patient Rights Advocacy services
- 62% reported they engaged in Sierra Wind groups
- 29% reported they engaged in Peer Support services (one-on-one peer support)
- 42% reported they engaged in supportive services



- 100% are continuing their program at Sierra Wind
- 97% agreed the program improved their emotional wellbeing
- Prior to participation at Sierra Wind Wellness and Recovery Center, 79% of program participants reported that they had experienced homelessness or were at-risk for homelessness. After receiving services at Sierra Wind, 62% reported experiencing a homelessness or were at-risk of homelessness (17% decrease).
- Prior to participation at Sierra Wind Wellness and Recovery Center, 22% of program participants had experienced a psychiatric hospitalization. After receiving services at Sierra Wind, 13% reported experiencing a psychiatric hospitalization--either themselves or as a family member (9% decrease).
- Program participants also reported a 7% decrease in experiencing jail or prison.
- Prior to participation at Sierra Wind, 51% of program participants were at risk of losing housing or placement. After participation, 42% reported being at risk for losing housing or placement. This is a 9% decrease.
- Added comments:
 - Experience; good
 - Thanks for everything
 - the past is just that! i truly hope that there are more people along the same leags as trixi. she truly loves her work and truly cares for every person she works with.
 - my meetings have been great and i'm so glad the work with me on times
 - I think this program is incredible. I can be a real flake. But I am trying. What I really want to do is save the human race. And continue to fight COVID in any way I can. Without putting the fear of god into people. I hope I am getting better at this.
 - I enjoy the 1 on 1's w/ my peers
 - the help here is much needed 4 me & my grandson
 - great place to get back to normal
 - I'm just going through a time that I never experienced before because I will over come it. With your help thank you and have a every day thanks again
 - Thanks
 - we all have the choice to be nicest we can be. were all teachers to teach
 - people friendly environments, lunches great, computer access. peaceful.
 - everyone is amazing and loving people!
 - don't know where i would be without sierra wind
 - it is a good place to go to improve your health, it makes people feel better about themselves, and it helps people. you can find friendships here, a cheerful place to go to feel better about yourself
 - love this place
 - I find the sierra wind wellness center a broad available outpost. I can always receive the best confident service with honest opinions with results.

NAMI Family/Client Education & Support (CSS)

Average in FY 2018/19: 496
 Average in FY 2019/20: 301
 Average in FY 2020/21: 155

Referrals: 11

Male: 63

Female: 143

Self-Identify: 1

Children: 0

Teens: 0

TAY: 1

Adults: 87

Older Adults: 67

African American: 4

Asian American: 3

Caucasian: 90

Latino/ Hispanic: 0

Native American: 1

Multi Race/ Eth.: 18

Other/ Unknown: 3

Homeless: 2

Veterans: 7

LGBTQ: 0

Probationers: 2



Participant Feedback

N=210

- 62% reported participating in the weekly Connections group
- 44% reported participating in the Peer to Peer course
- 25% reported participating in the Family Support Group
- 27% reported participating in Other Program/NAMI service such as advocacy, outreach and events
- 98% 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 (6%) and increases for employment, volunteering and/or school (5%).

Added comments:

- It's a good program knowing i have a place to go thats safe
- glad to be in NAMI connection
- NAMI connections is one of the best group meetings
- I don't always answer my phone - sometimes I'm at work. but please don't count me off the call list. thank you :)
- NAMI gives you hope, it helps you and lets you know your not alone
- NAMI connections provides a service to help those in need, a good mental health resource
- NAMI continues to help my mental state. helps me guide me to my purpose.
- NAMI connections in a continual support for my mental wellness
- I need this group- for many years - being with people that understand my mind problems
- Without NAMI I wouldn't be doing so well in my daily living. I've learned a lot of useful coping skills.
- It's an ongoing source of support & information!
- NAMI connections is a great support system and keeping in touch with weekly phone calls helps my emotional and spiritual well-being.
- NAMI has helped to save my sanity during the pandemic :)
- NAMI is a resource that can help all walks of life; regardless of your background
- If it wasn't for this group she would of died shortly after her husband died of suicide. She appreciates and is so thankful for our weekly calls.
- Connections does just that connects peers with similar mental health issues. its my weekly reminder that I'm not alone
- It made me feel not alone, it helped me to share with others. I felt relieved and good around people.
- I appreciate NAMI for all that I've learned and the friends I've met through connections.
- Great support group helps to know I'm not alone.
- NAMI Amador knows and helps Mental Illness
- Even on Zoom Family Support Group continues to be supportive and useful
- The information that is shared and emotional support given has helped me immeasurably.
- I miss the groups and again thank you
- NAMI continue to help families and peers with mental health issues. A great resource! Thank you
- Looking forward to having face to face groups again. I miss seeing and talking with my peers.
- Nami helps me and education of my mental illness is priceless
- Nami Amador has acted as a good safety net for me the past months. I am a veteran have a hearing disability CA swimmer, asthmatic, with two new animals (I am past 63 years old) that cropped up, and I qualify for NAMI. NAMI has been real to me w/a real thurs phone call & people who work for NAMI which if I had I would ask for volunteer work. My family is living in the dark ages. They have suggested the bible, which I do practice. When I showed them the NAMI bookmark. The threatened to disown me. Will they never to ownship of me, it's all in their head. Of which I have learned is simply not my business not my responsibility. I feel & protected. Thank you NAMI, I no longer have to accept their drama and manipulation!

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

Average Participants in FY 2019/20: 278 (Labyrinth Project)

Average Participants in FY 2019/20: 44 (LGBTQ)

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

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

Labyrinth Stress Reduction Project:

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Referrals from Labyrinth Project: 2

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

ACBHS clients served: 2

Outreach for Increasing Early Signs of Mental Illness:

- Location/Setting: Each quarter two types of events took place either virtually or in-person at Sierra Wind's Labyrinth.
- Brief Description of Activity: Labyrinth walks and Finger Labyrinth walks, accompanied with a meditation.
- Setting Where Potential Responders Were Engaged: Sierra Wind Wellness and Recovery Center or Virtual (Zoom).
- # of Potential Responders: 51
- Types of Responders: Youth, Teens, TAY, Adults, Community Members

Participant Feedback:

N=10 for Labyrinth Stress Reduction Project

- 100% of program participants reported that the program improved their emotional wellbeing
- 100% of program participants reported feeling much more or more relaxed after participation in the program.
- 90% of program participants reported feeling much more or more peaceful, centered and clear after participating in the program.
- 100% of participants would recommend the program to others.

Added comments:

- This is a beautiful activity to cultivate mindfulness in everyday life and practice taking time to slow down and connect body + mind.
- After walking the labyrinth I feel very calm.
- This is my third time walking it. Each time I experience emotions. Signs. I joined a Zoom to experience all it has to offer. Thank you.
- I went into this walk after reading and understanding the future you activity. I pictured myself a few steps in front of me while walking and how care free open minded and happy she was. She was able to follow through reach goals and be happy for what and where she was and where she is going. When I got to the middle I got up with her head held high and happy to be there. Then the waves starting playing in the background and I became here. After standing praying and embracing the quiet mind, I started walking out smiling happy my chest wasn't heavy I was a little taller felt that everything she had I had and it was obtainable it is obtainable! loved this cant wait to come back to walk again.



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):

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

Male: Unknown*

Female: Unknown*

Self-Identify: Unknown*

Children: 0

Teens: 0

TAY: 0

Adults: 12

Older Adults: 2

Homeless: 2

LGBTQ: 14

Parolees: 0

African American: 0

Asian American: 0

Caucasian: 11

Latino/ Hispanic: 2

Native American: 1

Multi Race/ Eth.: 0

Other/ Unknown: 0

Veterans: 0

Probationers: 0

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

ACBHS clients served: 1

Participant Feedback:

N=0 for LGBTQ Support Services

First 5 Behavioral Consultation & Support (PEI)

Access and Linkage to Treatment Program

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

Average in FY 2018/19: 167

Average in FY 2019/20: 116

Average in FY 2020/21: 448

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

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



Outreach for Increasing Recognition of Early Signs of Mental Illness:

- Location/Setting: 10 different types of outreach were conducted throughout FY20/21. Locations/Settings include in-person, buses, virtual (both Zoom, social media and email) and curbside pickup at various locations throughout the county.
- Brief Description of Activity: Information and messages pertaining to children's mental health and/or social emotional wellness were incorporated into the activities. The activities included Perinatal Wellness, Toddler Play

Groups, and Kindergarten Readiness, Bridge Program, Celebrate Our Children (annual event), Child Care Provider Appreciation, ASQ Screening Days and various online newsletters and emails.

- # of Potential Responders: 1,523
- Types of Responders: Families, children, toddlers, medical community, community-based organizations, home visitors, transportation, health and human services workers, private practice therapists and other individuals and community members interested in the wellbeing of children aged 0-5 and their families.

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

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

Participant Feedback:

N=2

- 100% of program participants reported that the program had improved their emotional wellbeing.
- 100% of program participants would recommend the program to others.

Added Comments:

- Great therapist

Nexus Community Outreach Family Resource Centers (PEI)

*Combined Program – Prevention and Early Intervention
Strategy: Outreach for Increasing Early Signs of Mental Illness;
Access and Linkage to Treatment*

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

- 37 referrals were made to treatment that is provided, funded, administered or overseen by ACBHS. This kind of treatment includes Nexus Youth and Family Services programs funded via MHSA, and services provide directly by ACBHS. Of the 37 referrals made, 13 reported engaging at least once in the program to which they were referred.
- 3 referrals were made to treatment not funded, administered or overseen by ACBHS. This kind of treatment was private practice therapists and primary care physicians.
- The average duration of the onset of mental illness to seeking treatment is 12 years for Nexus clients who participated in ACBH therapy services.
- The average interval between the referral and participation in treatment is 3.5 weeks.



Outreach for Increasing Recognition of Early Signs of Mental Illness:

- Location/Setting: Outreach took place at the Nexus Youth & Family Services office, Community Centers located in Lone, Camanche and Upcountry (Pine Grove), Zoom, YouTube, Phone and visits to clients homes.
- Brief Description of Activity: Activities included volunteer support, food distribution events targeted to general population living in outlying isolated areas, seniors and Hispanics. Wellness Workshops targeted to the general population living in outlying isolated areas, seniors and Hispanics were provided. Other activities include events,

trainings regarding mental health, case management support services, information and referral, 12 step support groups, and clothes closets. Interactive Journaling® series and QPR were offered throughout the year. Comprehensive and crisis case management services to support personal growth, mental health stability, wellness and resiliency were provided.

- Setting Where Potential Responders Were Engaged: Drive through events, Zoom, YouTube, phone and onsite, in-person services were provided throughout the year.
- # of Potential Responders: 187
- Types of Responders: The general public, isolated community members, the Hispanic community, educators, faith leaders, Seniors, consumers and/or family members.

Average in FY2018/19: 784

Average in FY2019/20: 700

Average in FY2020/21: 532

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

Participant Feedback:

N=18

- 17% participated in a presentation and/or training
- 78% participated in a community center activity
- 28% reported participating in another activity through the family resource centers such as food distribution
- 39% reported participating in supportive services/case management
- 100% would recommend the program to others
- 100% agreed the program improved their emotional wellbeing
- Before participating in this program, 35% of program participants reported that they were homeless or at-risk of homelessness. After participation, 24% reported being homeless or at-risk of homelessness. This is an 11% decrease.
- Before participating in this program, 25% of participants were employed, volunteering, or participating in a school internship. After participation, 76% reported that they were employed, volunteering or participating in a school internship. This is a 51% increase.
- Before participating in the program, 13% of participants reported spending time in Juvenile Hall, Jail or Prison. After participation, no participants reported that they had spent time incarcerated. This is a 13% decrease.
- Before participating in the program, 65% of participants reported 'Loss or Risk of Losing Home Placement'. After participation, 12% reported 'Loss or Risk of Losing Home Placement'. This is a 53% decrease.
- **93% reported that they were interested in new things 'Often' or 'All of the Time' after participation.**
- **Over 80% reported that they are feeling cheerful, loved, good about themselves and are better able to make up their own mind about things, 'Often' or 'All of the Time' after participation.**
- **75% reported feeling useful 'Often' or 'All of the Time' after participation.**

Added comments:

- Staff & Volunteers are always offer me assistance. They always invite me to join in or invite me to stay & explore the centers many services. thank you
- Like the computers, Vanessa and all she does for others.

Nexus Building Blocks PCIT & ART Programs (PEI)

*Combined Program – Prevention and Early Intervention
Strategy: Access and Linkage to Treatment*

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

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



Average in FY 2018/19: 264

Average in FY 2019/20: 176

Average in FY 2020/21: 193

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

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

Nexus Youth Empowerment Program/Project Success (PEI)

Combined Program – Prevention & Stigma and Discrimination Reduction Program

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

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

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

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

Ione & Jackson Junior High Schools

QUESTION	CLEAR OR CRYSTAL CLEAR <i>BEFORE</i> PROJECT SUCCESS	CLEAR OR CRYSTAL CLEAR <i>AFTER</i> PROJECT SUCCESS
My understanding of how past experiences affect my self-image.	20.51%	72.65%
My understanding of how using S.M.A.R.T. goals will help my decision-making.	20.18%	70.43%
My understanding of the affects that tobacco and vaping can have on my overall health.	63.79%	91.38%
My understanding that communication is not only verbal.	34.48%	75.00%
My understanding of how my body language and words can affect my communication with others.	43.59%	83.76%
My understanding of how to use coping techniques for stress and anxiety.	32.48%	80.34%
My understanding of the number of chemicals in tobacco and vape products.	38.69%	83.62%
My understanding of the effects that alcohol and tobacco have on my body.	48.72%	90.60%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	40.35%	84.22%
My understanding that conflict does not have to end poorly if I am committed to a positive resolution.	31.31%	71.30%
My understanding of the effects of marijuana on my body.	38.26%	84.35%
My understanding of the importance of positive mental health.	42.61%	92.37%

Amador & Argonaut High Schools

QUESTION	CLEAR OR CRYSTAL CLEAR <i>BEFORE</i> PROJECT SUCCESS	CLEAR OR CRYSTAL CLEAR <i>AFTER</i> PROJECT SUCCESS
My understanding of how to identify a trusted adult.	37.50%	87.50%
My understanding of the effects that tobacco/vaping can have on my overall health.	25.00%	87.50%
My understanding that communication is not only verbal.	25.00%	87.50%
My understanding of how body language and words affect my communication with others.	38.70%	88.50%
My understanding of how to use coping techniques for stress and anxiety.	51.00%	89.47%

My understanding of the number of chemicals in tobacco and vape products.	37.50%	85.00%
My understanding of the effects alcohol and tobacco have on my body.	50.00%	87.50%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	38.75%	89.57%
My understanding that conflict does not have to end poorly if I am committed to a positive resolution.	47.33%	78.17%
My understanding of the importance of individuality and being unique.	38.77%	89.87%
My understanding of the importance of positive mental health.	34.76%	84.44%

Average in FY 2018/19: 1,052
Average in FY 2019/20: 1,157
Average in FY 2020/21: 1,429

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

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

Nexus Promotores de Salud Program (PEI)

Prevention Program

Strategy: Improve timely access to underserved populations

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

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



The Promotores de Salud, Nexus staff and ACBHS participate in the Latino Engagement Committee quarterly and are in close contact regarding referrals. Additionally, the Promotores de Salud provide case management support, advocacy and offer to attend appointments with participants to offer support and provide 'warm hand offs' with providers.

Average in FY 2018/19: 581
Average in FY 2019/20: 466
Average in FY 2020/21: 295

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

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

Participant Feedback
N=34

- 88% participated in Promotores presentations
- 9% received other Promotores support services
- Prior to participating in the program, 21% of participants reported experiencing homelessness or being at-risk of homelessness. After participating in the program 15% reported experiencing homelessness or being at-risk of homelessness. This is a 6% decrease.
- 97% would recommend the program to others
- 90% agreed the program improved their emotional wellbeing
- **Over 80%** reported that they were feeling interested in other people, close to others and useful 'Sometimes' of 'Often' after participation.

The Resource Connection Grandparents Program (PEI)
Prevention Program

Strategy: Improve Timely Access to Underserved Populations

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

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

Average in FY 2018/19: 170

Average in FY 2019/20: 35

Average in FY 2020/21: 71

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

Participant Feedback:
N=12

- 100% were continuing the program/group
- 100% participated in the monthly Grandparent Café groups for education and support
- 100% would recommend the group to others.



- 92% felt the program improved their emotional wellbeing
- 100% reported that they were able to make their own mind up about things 'Often' or 'All of the Time' after participating in the program.
- Over 90% reported that they felt good about themselves and loved 'Often' or 'All of the Time' after participating in the program.
- Over 80% reported they were dealing with problems well, thinking clearly and had more confidence 'Often' or 'All of the Time' after participating in the program.

Amador Senior Peer Program (PEI)

Contract via Amador Senior Center

Prevention Program

Strategy: Improving Timely Access to Services for Underserved Populations



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

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

Average Participants in FY2018/19: 31

Average Participants in FY2019/20: 26

Average Participants in FY2020/21: 11

All participants are older adults aged 60+

African American: 0

Male: Did not state

Asian American: 0

Female: Did not state

Caucasian: 11

Latino/Hispanic: 0

Native American: 0

Multi Race/Eth.: 0

Other/Unknown: 0

Veterans: 2

Due to the COVID-19 pandemic, participant feedback is not available, as the volunteers and program participants are in a high-risk population and it was not safe to conduct in-person services for most of the year. However, reports from the coordinator continue to be positive:

- It has been very tough to maintain the program during the Covid-19 pandemic. We are unable to take in new clients, as there are no in-person visits at this time. The volunteers are able to maintain contact with their clients by telephone and the occasional visit while wearing masks and maintaining physical distancing. The volunteers are hanging in so far. (October 2020)
- It has been a very challenging year to serve the isolated senior population while under Covid-19 restrictions from the State of California and the Amador County Public Health Department. Due to the ages of both volunteer Senior Peer Visitors and of the isolated seniors that are served, it has been almost impossible to extend our reach beyond the seniors currently served. We have been unable to do more than very limited in-person contact, while continuing to stay in touch by phone and we have been unable to add to the numbers of clients and the numbers of Visitors. We are hoping for the ability to do more this year of 2021. (January 2021)
- The group of volunteers and their clients has remained stable throughout the prolonged period of the pandemic. Though we have not met in person for a year, this 3rd quarter of 2020-2021, we held one Zoom meeting, with good participation. I have continued to send out lots of flyers and information on community resources and events.

We continue to get interested parties for either volunteering or in need of a visitor. And, we are looking forward to the possibility of meeting in person, outside and with masks this summer. (April 2021)

- It's still challenging to keep the program together, but we are doing our best. People are continuing to call in to ask about the program for themselves or their family members. (August 2021)

Foothill Fitness (PEI) Contract via Amador Senior Center Prevention Program

Strategy: Non-Stigmatizing and Non-Discriminatory Strategies

Average in FY 2019/20: 336

Average in FY 2020/21: 100

Referrals: 0

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

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



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

Non-Stigmatizing and Non-Discriminatory Strategies—surveys administered to program participants show the following change in attitudes towards mental health:
N=15

- 100% of program participants would recommend the program to others
- When asked to identify the ways in which the program has positively impacted them, participants

responded as follows:

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

Reports from the program coordinator also continue to be positive:

- Just recently reopened the Sutter Creek site as the first Foothill Fitness site. We are limited to 10 people at a class per Amador County Public Health Officer COVID-19 protocol. We will resume Pine Grove and Jackson sites next quarter and others as appropriate.(October 2020)
- Meeting continues to be a challenge but when the COVID restrictions allow, we open up under strict guidelines from the Amador Health Department. Volcano continues to Zoom twice a week. Lone meets outside in a park 3 times a week. Have started giving Coronavirus vaccine to Trainers and participants who are 75 years and older. We are staying fluid and the groups are eager to restart when safe. They remain in contact via calls and emails. (January 2021)

- Most of the Foothill Fitness sites have been able to resume normal operations. Jackson, Pine Grove, Plymouth, Volcano, and Sutter Creek have all reopened in the past 3 months. We plan to have our last two sites (Ione and Pioneer) back up and running soon. (July 2021)

Nutrition Program (PEI) Contract via Amador Senior Center

Prevention Program

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

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

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

Average Served in FY 2019/20: 454
Average Served in FY 2020/21: 1,695

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

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

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

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

N=21

- When asked how the Nutrition program has positively impacted participants, 67% stated Social Connection. 43% stated mental wellness and 57% had noticed improvements in overall health.
- 100% stated they would recommend the program to others
- When asked why participating in the Nutrition program is important to you, participants stated:
 - *Staff is a resource for senior needs/services. Friendly, kind, receptive. Please sustain and increase funding by government donors or corporate sponsors.*
 - *I get an extra visit from my daughter who brings me the meal.*
 - *The food is always very good and I appreciate all of you - for your hard work*
 - *Meals are well balanced, nutritional, and healthy. They assist in my control of diabetes and blood pressure.*
 - *We love the freedom of picking a dinner we like and not having to make a decision, not having to cook and knowing we have a well-balanced meal.*
 - *Improved my caregiving capacity!*
 - *Good people*
 - *Really appreciate the centers staff people. So much care.*

In addition to the above participant feedback, the Amador Senior Center, who administers the program, had some positive feedback to share:

- Our nutrition program has been growing steadily. We are reaching more isolated seniors due to the pandemic than we have in the past. Our distributed meals for October was a new record of 1,829. (November 2020)
- We continue to hear from clients that the highlight of their day is the meal program. It is their one trip out during the day to pick up a meal and interact with our staff. (April 2021)
- The Area 12 Agency on Aging approved ASC for outdoor dining in May of 2021. (July 2021)

ACCF Human Services Certificate Scholarship Program (WET)

Average in FY 2018/19: 16

Average in FY 2019/20: 35

Average in FY 2020/21: 35

Children: 0	African American: 1
Teens: 0	Asian American: 0
TAY: 7	Caucasian: 35
Adults: 30	Latino/ Hispanic: 7
Older Adults: 0	Native American: 2
Male: 4	Multi Race/ Eth.: 1
Female: 41	Other/ Unknown: 0
Self-Identify: 1	Veterans: 1
Homeless: 0	Probationers: 0
LGBTQ: 3	Parolees: 0



Learn. Achieve. Succeed.

Participant Feedback

N=49

- 100% of respondents participated in the MESA Scholarship Program
- 98% are continuing their program
- 98% reported that participation in the program has improved their emotional wellbeing
- 100% would recommend the program to others
- 25% of participants reported experiencing a psychiatric hospitalization (themselves or a family member) prior to participating in the program. After participation, 8% reported experiencing psychiatric hospitalization, representing a 17% decrease.
- 41% of program participants were homeless or at-risk of homelessness prior to participation in the program. After program participation, 26% reported experiencing homelessness or at-risk of homelessness, representing a 15% decrease.
- Prior to participation in the program, 17% reported spending time in prison, jail or juvenile hall. After participation in the program, 8% reported spending time in prison, jail or juvenile hall, representing a 9% decrease.
- Prior to participation in the program, 23% reported losing or at-risk of losing home placement. After participation in the program, 11% reported loss of or being at-risk of losing home placement. This represents a 12% decrease.
- Over 80% of participants reported they were dealing with problems well, optimistic about their future, feeling good about themselves and feeling useful 'Sometimes' or 'Often' since participation in this program

Added Comments:

- This program saved my life. Rachael and Nickie have always believed in me when no one else did. I found I understood my mental health by studying about it. I'm the nerd kind that will always ask why. The classes I've taken for the certificate in human services opened my eyes and gave me the foundation I need to succeed. For me, success is not money. Success is finding your passion and refusing to give anyone the power to take your passion. I owe my life to the framework I received at ACC.
- Love love love this program!!
- I'm so thankful for this program!
- Thank you these gift cards have been a huge help honestly.
- Love everything that they have to offer!
- The program through Amador college connect has been great!
- Love this program.

Program Participant Demographics

New amendments to the regulations surrounding Prevention and Early Intervention programming and reporting took effect in July 2018. These amendments expanded the scope of PEI reporting requirements to include detailed demographic information, which includes Sexual Orientation and Gender Identity (SO/GI) data. ACBHS is reporting the demographic data received in one data set to protect program participant identity.

FY 20/21

Participant Demographic Survey Data

%

What age group are you in?

Children/Youth (aged 0-15)	Less than 1%
Transitional Age Youth (aged 16-25)	2%
Adult (aged 26-59)	7%
Older Adult (aged 60+)	3%
Decline to Answer	0%

What is your race?

White or Caucasian	10%
Black or African American	0%
Asian or Asian American	0%
American Indian or Alaska Native	Less than 1%
Native Hawaiian or other Pacific Islander	0%
More than one race	0%
Other	1%
Decline to Answer	Less than 1%

If you are Hispanic or Latino, please specify:

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

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

African	0%
Asian Indian/South Asian	0%
Cambodian	0%
Chinese	Less than 1%
Eastern European	1%
European	2%
Filipino	Less than 1%
Japanese	0%
Korean	Less than 1%
Middle Eastern	0%
Vietnamese	Less than 1%

More than one ethnicity	0%
Other	4%
Decline to Answer	1%

What is your primary language?

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

Do you think of yourself as:

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

Do you think of yourself as:

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

What sex were you assigned at birth on your original birth certificate?

Male	7%
Female	5%
Decline to Answer	Less than 1%

What pronouns do you use?

He/Him	6%
She/Her	4%
They/Them	0%
Other pronouns, please specify:	Less than 1%

MHSA Annual Update and Expenditure Report ATTACHMENTS

MHSA Annual Update and Expenditure Report Attachments

See attached documents.