

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

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

Focus Groups

Amador County Behavioral Health Services (ACBHS) facilitated four focus groups during the Community Program Planning Process for FY 2021/22. Two focus groups were hosted by ACBHS and the other two were hosted by community-based organizations (Amador College Connect & Victory Village). The focus groups, facilitated by Stephanie Hess, Mental Health Services Act (MHSA) Programs Coordinator for Amador County Behavioral Health Services, provided an overview of the MHSA, why the CPPP is important and then asked a series of questions, intended to initiate conversation about the current state of mental health in Amador County. The focus group questions were:

1. How many of you are aware of the mental health services provided in Amador County?
2. In your experience, (either directly or indirectly) what has been the most beneficial mental health program and/or services implemented in your community?
3. In your opinion, what behavioral health services are working well in Amador County? Why?
4. What suggestions do you have for improving behavioral health services in Amador County?
5. What additional training, if any, would benefit Amador County?

Focus Group #1: Amador College Connect MHSA Cohort Meeting

Date: April 8, 2021 via Zoom

of Attendees: 8 (approx.)

Most, if not all, attendees were aware of the mental health services provided in Amador County.

A discussion around the most beneficial mental health programs called out the following:

- MHSA Scholarship Program through Amador College Connect
- Free parenting classes offered through Nexus
- NAMI Home Front Program
- Nexus youth programs
- QPR
- Sierra Wind
- Amador County Behavioral Health

The group did not have much of a response when asked what services are working well. They indicated that the previous question answered that and they are grateful for the work being done and the community events (pre-COVID).

Suggestions to improve behavioral health services in Amador County included providing more accessibility. The group discussed access issues such as being 'too well' and then losing services at ACBHS without really having anywhere else to go for therapy or support. One community therapist was laid off and did not offer any other opportunity for continuation of care. The group discussed solutions to address this capacity issue at both the local and state level. Another suggestion was transition. There is too much transition in who is providing services. How can we make this better? The group discussed workforce retention and different solutions Amador is exploring.

When it came to additional training the group was highly in favor of bringing Mental Health First Aid back in-person, when appropriate. Another training suggestion was more for consumers who are not sure what the process is when it comes to ACBHS and the system of care (e.g. how to navigate the system, how to ask questions and to whom you ask them, etc.) The final suggestion for training was to bring in the Motivational Interviewing training again and to send out the links when they are available virtually.

The discussion continued to note that the Community Emails and housing assistance were very helpful.

Focus Group #2: Community (hosted by ACBHS)

Date: April 14, 2021 via Zoom

of Attendees: 4

Attendees responded that they are aware of mental health services provided in Amador County. In fact, one attendee stated that the community is dependent on the awareness of what is available.

The group had a consensus about the mental health programs and/or services provided that being connected really shows how important each role is. The group also generalized that through the connection, we are better poised to assist people by providing access and linkage so that folks don't fall through the cracks. More specifically, the group stated the community announcements are helpful and because there is so much interconnectivity, everyone is able to help someone sooner.

When asked what behavioral health services are working in Amador and why, the attendees specifically stated:

- Sierra Wind: Refer the most to Sierra Wind, great resource and no eligibility requirements/restrictions
- Amador Senior Center is extremely helpful for the elderly
- Nexus and First 5: Make a lot of referrals to both and they really help young children
- Victory Village and their support of Veterans and peer support services
- NAMI Connections & Peer to Peer
- ATCAA – rent help assists clients due to COVID-19 – services provided are dependent on funding available and cooperation between resources is critical to the success of people living with mental illness.

Furthermore, it was discussed that knowing how valuable a service or program is determined when it blends into other 'realms'. One example is that Veterans may be participating in Victory Village services but also raising

grandchildren. Another discussion point was that as service providers, we cannot assume because an individual or family falls into one category, they wouldn't actually need something different.

The discussion around suggestions for improvement included the following:

- Continue to offer training & outreach – we need more trained workforce in the community.
- Politicians have no idea about what is going on in the community unless we advocate. If we do not speak up, nothing will change. As we keep putting ourselves out there, our leaders will become more receptive. Discussed advocacy and advocating for unfunded mandates and reform, will need to do that legislatively.
- The process – why do we have these issues? Behavioral Health is the safe place and center because it is part of the process
- Facts—sharing facts because so many are unaware of what is going on. Maybe the impact on the community for those who cannot get services. We don't have a lot of information, maybe do PSA's on facts (e.g. # of Veterans and impact of BH issues in community). Educate the population. Education will create understanding.
- One improvement could be the goal of locating an entity that had the unlimited ability to serve anyone who needed behavioral health services.
- What's next? We need to take what we have learned over this past year –what is working in the way of staying connected and what isn't? What can stay different and what needs to stay the same? Hybrid models?
- Outreach is essential to the community, especially rural / hidden people.

When discussing what additional training would benefit Amador, a discussion ensued around Mental Health First Aid (MHFA), Zoom Basics, Understanding Telehealth (and their various platforms)—which would help people access what they need, Employment/Workforce, Implicit Bias – cultural competence, Trauma Informed Care, CIT (Crisis Intervention Training) for Law Enforcement. It was suggested to continue to look at older trainings to see what we have done and bring back some of them to educate newer workforce and community members. In addition, discussed cultural competency training that implicit bias could look different in a smaller community, so continued training is important.

As the focus group wrapped up, some discussion occurred discussing how education and outreach is essential in order to create an informed population to allow for growth in services. The group discussed stigma and watching a slow change occurring. The group encouraged each other to reflect—reflection is important and to adjust and grieve what we have lost in the past year and prepare ourselves for the future.

Focus Group #3: ACT Veterans Collaborative

Date: April 29, 2021 via Zoom

of Attendees: 4

When attendees were asked about their awareness of mental health services provided in Amador County, two attendees were very familiar and one was working towards familiarizing themselves and discussed where to start for services and barriers that may come up in that regard.

When asked about attendee's experience (either directly or indirectly) with mental health services or programs, two attendees had positive experiences with the Mobile Support Team and no attendee reported any negative experience.

When asked what is working well in Amador County, the crisis line, QPR, Mental Health First Aid (MHFA) and Resource Fairs were specifically called out. One attendee echoed that QPR and the Mobile Support Team are great assets to have in the community. When it comes to resource fairs, you must be a constant presence. The group is eager to participate in MHFA again.

When asked about how behavioral health services in Amador could be improved, two attendees stated that Amador County Behavioral Health is always there when you need them and are very quick to respond.

When asked about training that would be beneficial to Amador County, the group identified more Veteran-focused mental health training. Possibly to include military culture, veterans students and veteran families.

The discussion ensued around staying positive around the current work being done.

Focus Group #4: Community (hosted by ACBHS)

Date: May 19, 2021 via Zoom

of Attendees: 4

All attendees were MHSA-funded partners who were aware of mental health services and programs.

Attendees reported that their experience has been positive in working with mental health services and programs in Amador County.

When asked what is working well—the group stated pushing forward in times of uncertainty has been most positive. Staying the course and staying connected has been most important, especially amongst providers. It seems as if everyone had a plan of action to adjust to COVID overnight and continuously communicating the plan has been critical to the community’s success. The Email announcements have been extremely helpful also.

The group suggested offering Wellness Recover Action Plan (WRAP) training for all providers and their staff. It really assists you in situations when you need it. It would also show providers ‘walking the walk’. Another suggestion was WISE U a peer academy for training mental health peers in the workforce. This is highly recommended. All Sierra Wind peers go through WISE U and ACBHS peers do as well. Mental Health First Aid (MHFA) was brought up again, including Youth MHFA (YMHFA) and Teen MHFA (tMHFA).

Discussed advocacy and outreach to non-traditional partners/venues. Discussed the flower farm, fair, Facebook, Network of Care. Discussed leveraging where we are already at – doing a Labyrinth during the Girl Scout meeting, etc.

The focus group ended with a discussion that even through the past year, the providers have stayed connected and a community built on resilience has been created.

Community Survey

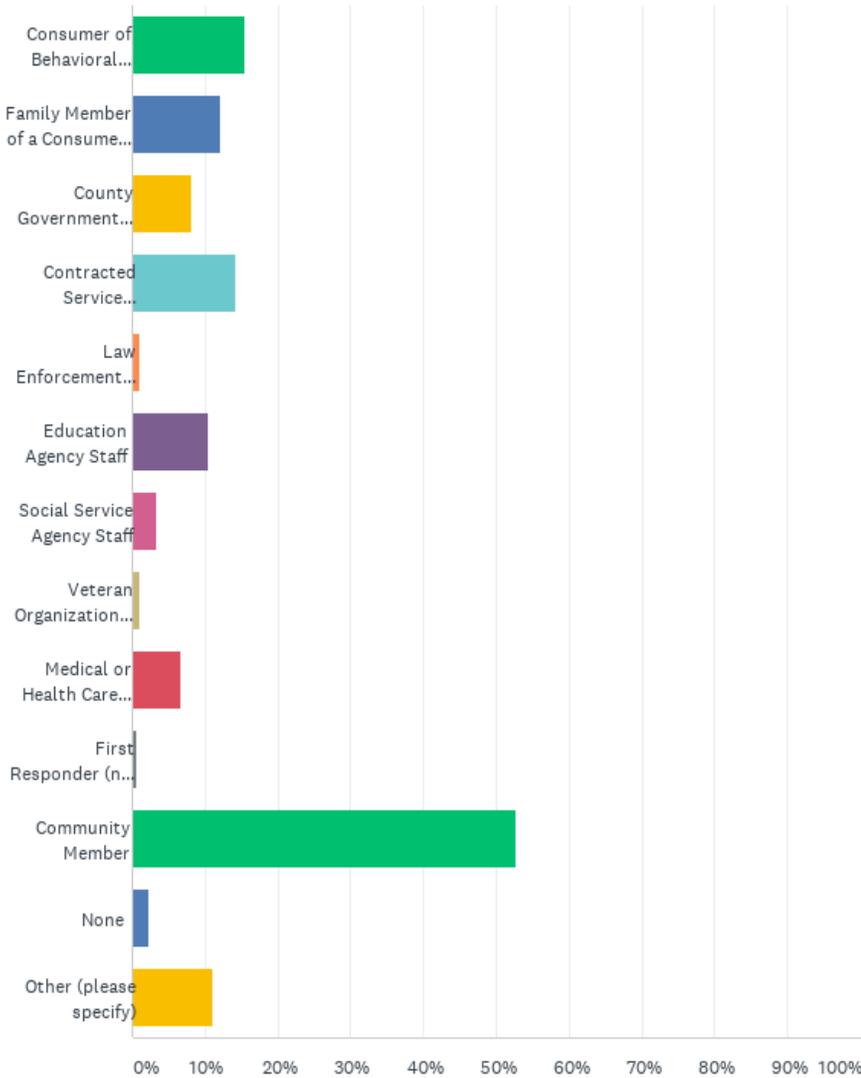
A 7-page MHSA Community Survey for 2021 was widely distributed to all stakeholders, along with many others in either paper or online form. The purpose of this survey was to determine who is actively participating in the Stakeholder process, what target populations and programs the community feels MHSA funding should be focusing on, how effective the department is in meeting the essential elements of the Act, and what additional programming is needed, funding permitted. The following represents the 183 responses received from March 24 through May 28, 2021.

QUESTION 1: WHAT IS YOUR CONNECTION TO BEHAVIORAL HEALTH?

182 respondents answered this question, with the majority stating their connection to Behavioral Health is as a community member.

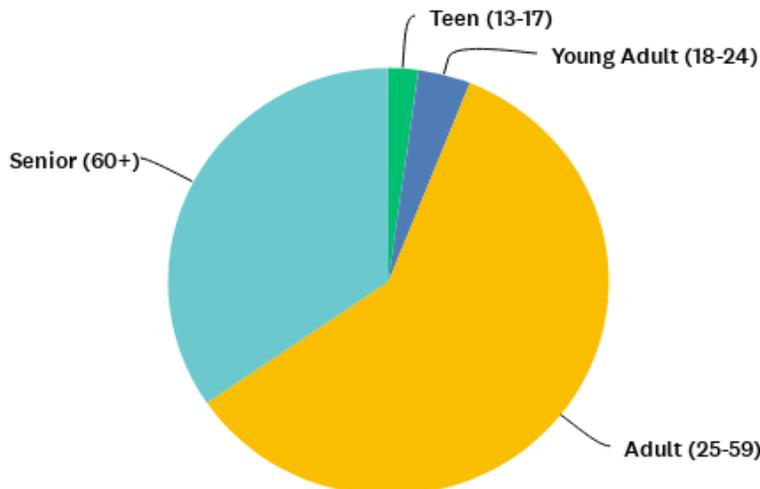
20 'Other' Responses stated:

- Former patient in a hospital
- Childcare provider
- Commission on Aging Member
- Patient of Dr. Hyatt
- Homeless disabled person
- Homeless person
- None of the above relevant
- My life experiences suggest my mental health is questionable
- Non-profit food bank
- Senior Visitor's Program
- Sr Visitor Program Volunteer
- Former consumer denied services because I don't qualify for Medi-Cal only Medicare
- Teacher (3)
- Amador College Connect
- School District Employee
- Certified Community Chaplain
- Head Start Health Services Manager

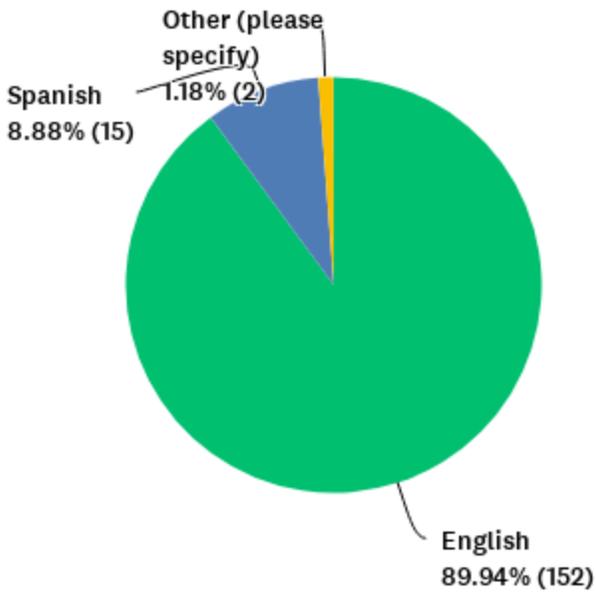


QUESTION 2: WHAT AGE GROUP ARE YOU IN?

182 respondents answered this question.



QUESTION 3: WHAT IS YOUR PREFERRED LANGUAGE?

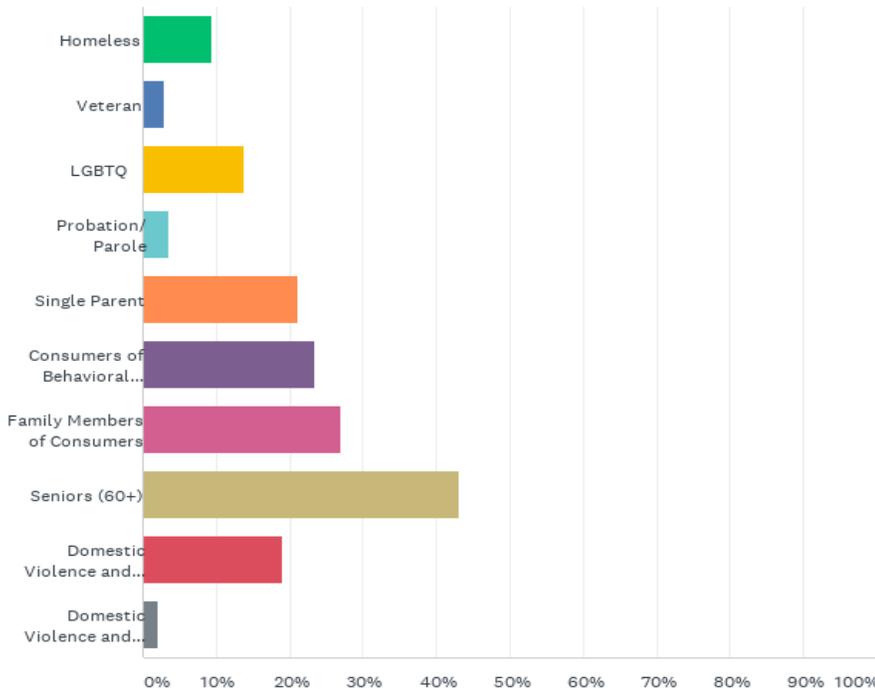


169 respondents answered this question. Last year, only two respondents answered that Spanish was their preferred language. This year's results indicated 15 responses where Spanish is the preferred language.

Two 'Other' responses received stated:

- English, and German and Latin, etc. I know enough to get by.
- Also am fluent in Spanish, some ASL

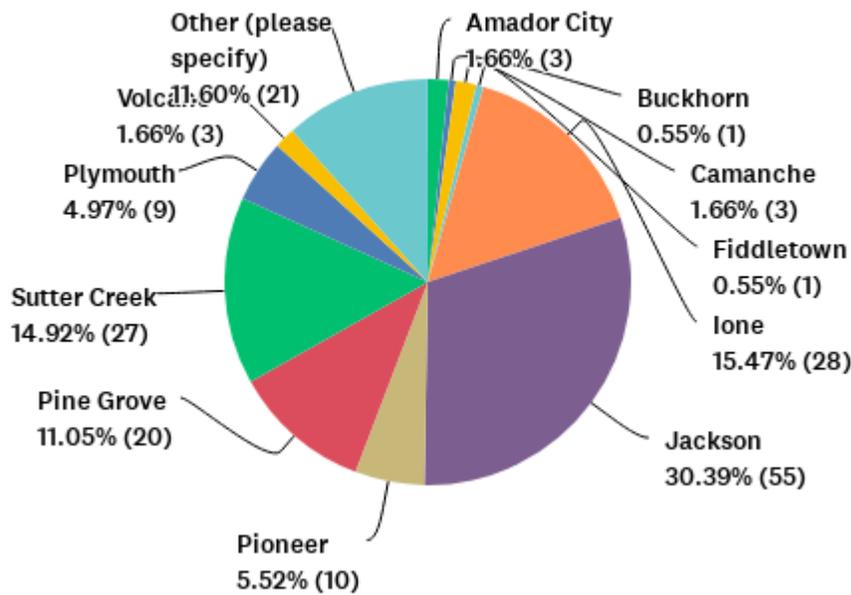
QUESTION 4: DO ANY OF THE FOLLOWING DESCRIPTIONS APPLY TO YOU?



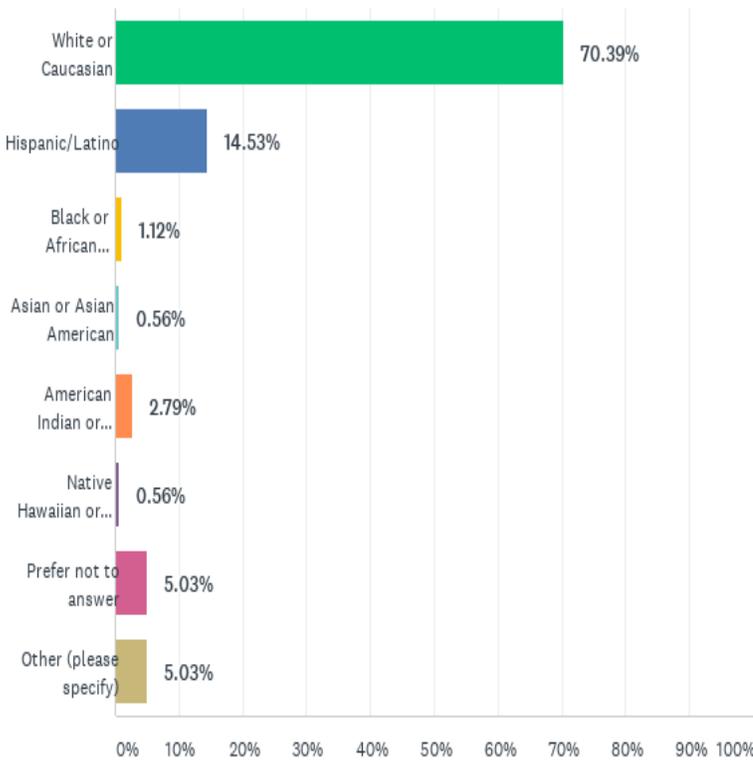
137 respondents answered this question. The majority of respondents identified as Seniors (60+) as well as Family Members and Consumers of Behavioral Health Services – same as the previous two years.

QUESTION 5: WHAT CITY/TOWN DO YOU LIVE IN?

181 respondents answered this question.



QUESTIONS 6: WHAT IS YOUR RACE/ETHNICITY?



179 respondents answered this question. The answers are reflective of the demographics of Amador County.

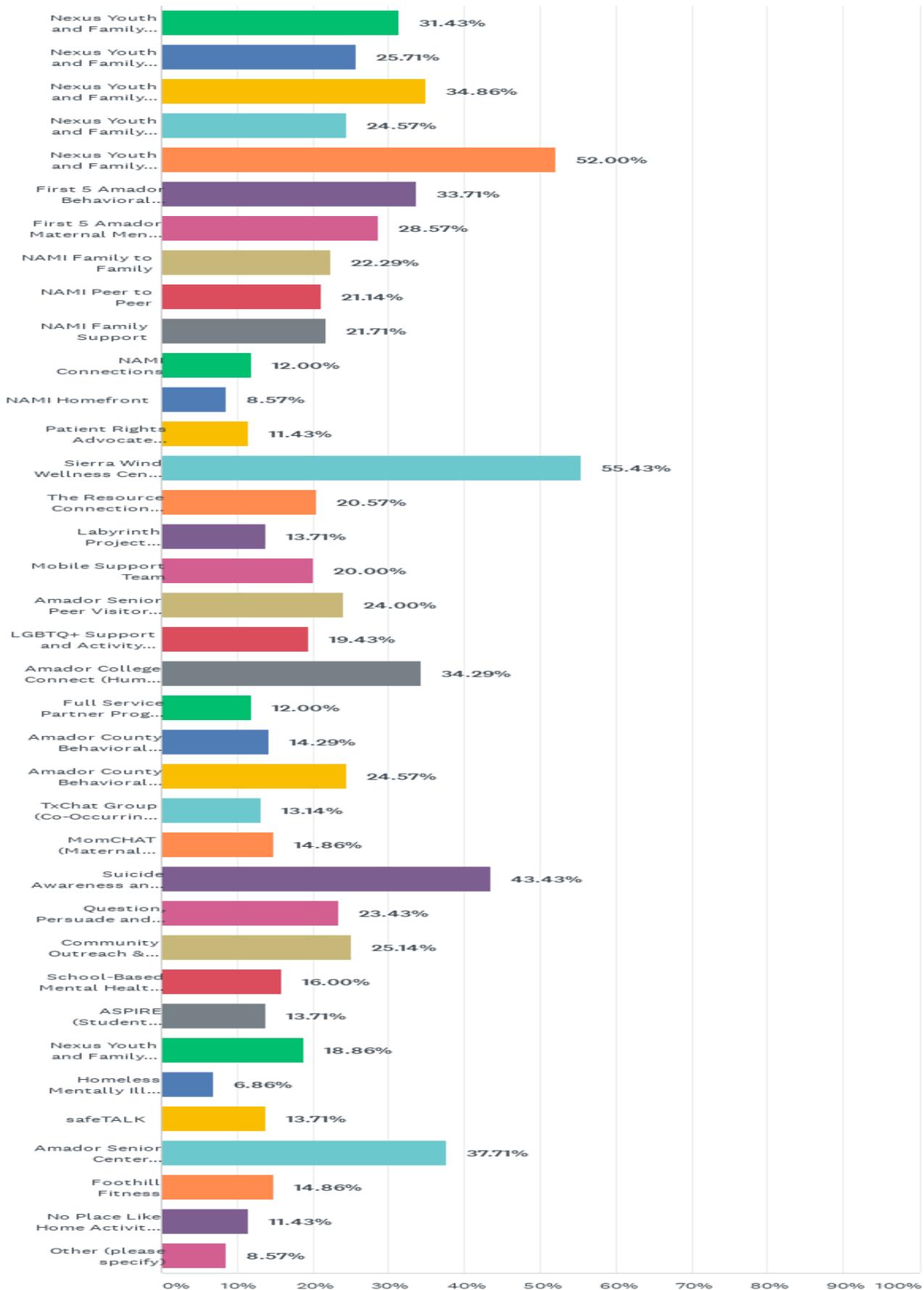
There were 9 'Other' responses which stated:

- White or Caucasian/American Indian or Alaska Native (2)
- White or Caucasian/Hispanic/Latino
- White or Caucasian /Hispanic/ Latino/American Indian or Alaska Native
- White or Caucasian/American Indian or Alaska Native/Black or African American
- Irish
- Mixed races, predominately white
- Multi-racial
- Filipina

It should be noted that the number of Hispanic/Latino respondents increased by approximately 7% in this year's results.

QUESTION 7: WHAT MHSA PROGRAMS ARE YOU FAMILIAR WITH?

175 respondents answered this question.



QUESTION 7 (CON'T):

15 respondents answered 'Other' and stated:

- *Hispanic Womens Group*
- *Medical Navigator & Hispanic Womens Group (3)*
- *ATCAA*
- *Warm Line*
- *General awareness of some of the above, but not familiar with any*
- *CHAT therapy services provider*
- *A flyer needs to put out with all of these programs on a regular basis and all of the contact info for these programs.*
- *Nexus but not sure what program(s)*
- *St. Vincent de Paul St. Katharine Drexel Chapter*

Some other responses just said '.' or 'none' also.

Summary of Question 7 Data:

Last year's community program planning process respondents listed the following five MHSa-funded programs as most familiar to them:

1. *Amador Senior Center Lunch/Nutrition Program*
2. *Suicide Awareness and Prevention Efforts*
3. *Sierra Wind Wellness and Recovery Center*
4. *Nexus Youth and Family Services Resource Centers (FRC's)*
5. *Amador College Connect (Human Services Scholarship)*

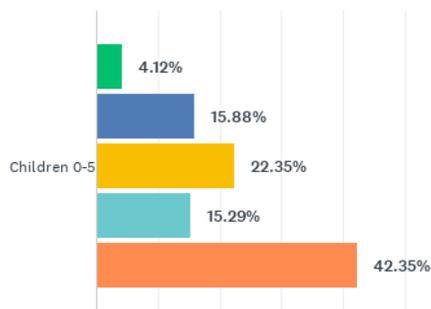
This year, respondents identified the following MHSa-funded programs as most familiar to them:

1. *Sierra Wind Wellness and Recovery Center*
2. *Nexus Youth and Family Services Resource Centers (FRC's)*
3. *Suicide Awareness and Prevention Efforts*
4. *Amador Senior Center Lunch/Nutrition Program*
5. *Nexus Youth and Family Services Promotores Program*

QUESTION 8: HOW DO YOU FEEL MHSa PROGRAMS ARE DOING IN SERVING THE FOLLOWING?

■ Poor
 ■ Fair
 ■ Good
 ■ Excellent
 ■ I Don't Know

Children (aged 0-5):



37% of respondents feel that MHSa is doing good or excellent in serving Children aged 0-5 and 20% feel MHSa is doing fair or poor.

Last year, 43% of respondents felt MHSa was doing good or excellent and 15% felt MHSa was doing fair or poor.

Year-to-Year Comparison: No improvement



Youth (aged 6-12)

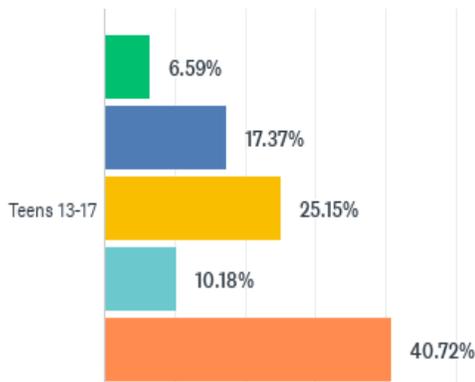


33% of respondents feel that MHSa is doing good or excellent in serving youth aged 6-12 and 24% feel MHSa is doing fair or poor.

Last year, 37% of respondents felt that MHSa was doing good or excellent and 19% felt MHSa was doing fair or poor.

Year-to-Year Comparison: No improvement

Teens (aged 13-17):

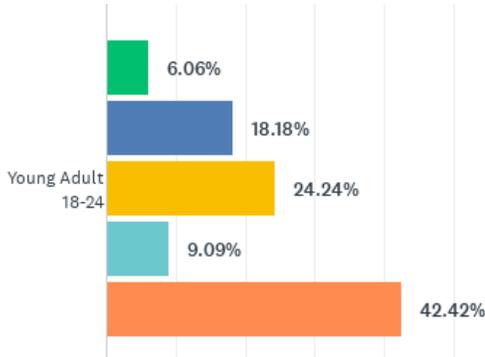


35% of respondents feel that MHSa is doing good or excellent in serving Teens aged 13-17 and 24% feel MHSa is doing fair or poor.

Last year, 37% of respondents felt that MHSa was doing good or excellent in serving Teens aged 13 – 17 and 21% felt MHSa was doing fair or poor.

Year-to-Year Comparison: No improvement

Young Adults/Transition Aged Youth (TAY):

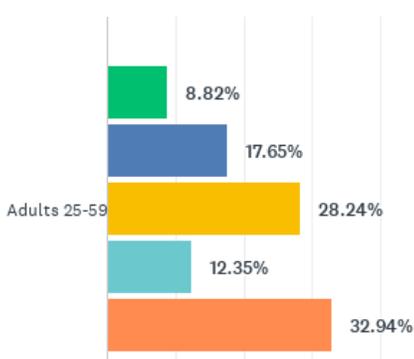


33% feel MHSa is doing good or excellent in serving Transition Aged Youth (TAY) aged 18-24. 24% feel MHSa is doing fair or poor.

Last year, 31% felt MHSa was doing good or excellent in serving Transition Aged Youth (TAY) aged 18-24. 24% felt MHSa was doing fair or poor.

Year-to-Year Comparison: Some Improvement

Adults (25-59):



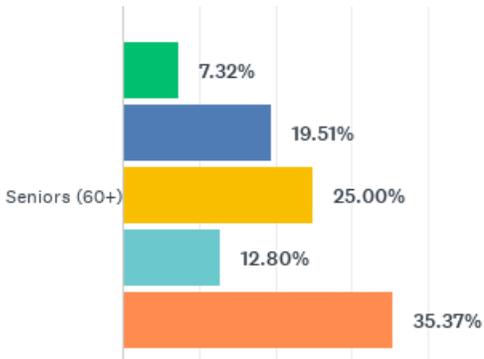
40% of respondents feel that MHSa is doing good or excellent in serving adults. 27% feel that MHSa is doing fair or poor in serving adults.

Last year, 36% of survey respondents felt MHSa was doing good or excellent in serving adults and 26% felt MHSa was doing fair or poor in serving adults.

Year-to-Year Comparison: Some Improvement



Older Adults/Seniors (60+):

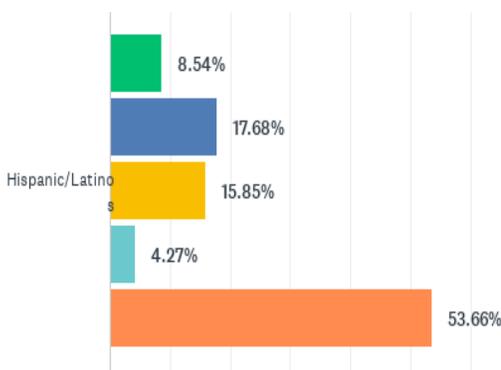


38% of respondents feel MHSa is doing good or excellent in serving older adults. 27% feel that MHSa is doing fair or poor.

Last year, 41% of respondents felt MHSa was doing good or excellent in serving older adults and 19% felt MHSa was doing fair or poor.

Year-to-Year Comparison: No Improvement

Hispanic/Latinos:

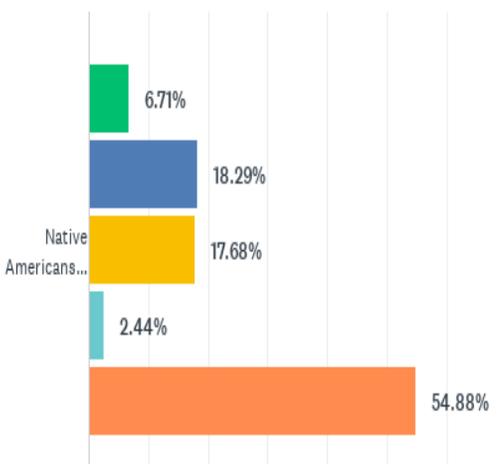


20% of respondents feel that MHSa is doing good or excellent in serving the Hispanic/Latino population and 27% feel that the MHSa is doing fair or poor.

Last year, 15% of respondents felt that MHSa was doing good or excellent in serving the Hispanic/Latino population and 15% felt that MHSa was doing fair or poor.

Year-to-Year Comparison: No Improvement

Native Americans:



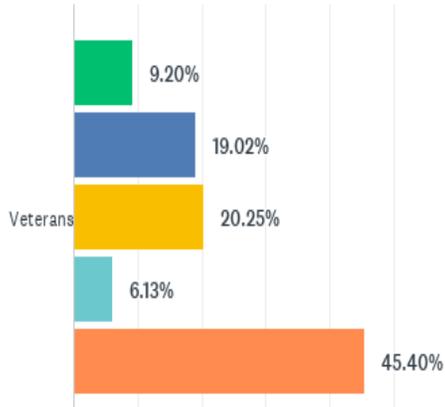
20% of respondents feel that MHSa is doing good or excellent in serving Native Americans while 25% feel that MHSa is doing fair or poor.

Last year, 16% of respondents felt that MHSa was doing good or excellent while 16% felt MHSa was doing fair or poor in serving Native Americans.

Year-to-Year Comparison: No Improvement

■ Poor
 ■ Fair
 ■ Good
 ■ Excellent
 ■ I Don't Know

Veterans:

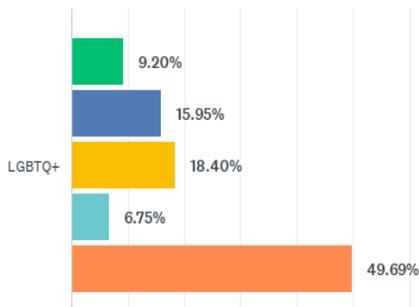


26% of respondents feel that MHSAs are doing good or excellent in serving Veterans. 28% feel that MHSAs are doing fair or poor.

Last year, 37% of respondents felt that MHSAs were doing good or excellent in serving Veterans. 16% felt MHSAs were doing fair or poor.

Year-to-Year Comparison: No Improvement

LGBTQ+:

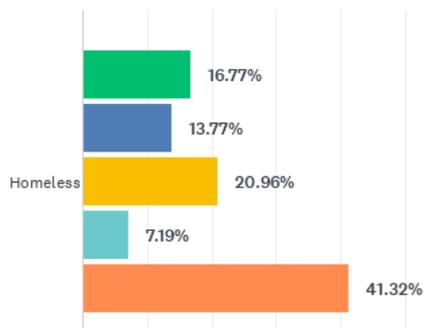


26% of respondents feel that MHSAs are doing good or excellent in serving the LGBTQ+ population. 25% feel that MHSAs are doing fair or poor.

Last year, 28% of respondents felt that MHSAs were doing good or excellent in serving the LGBTQ+ population. 21% felt MHSAs were doing fair or poor.

Year-to-Year Comparison: No Improvement

Homeless/Unhoused:

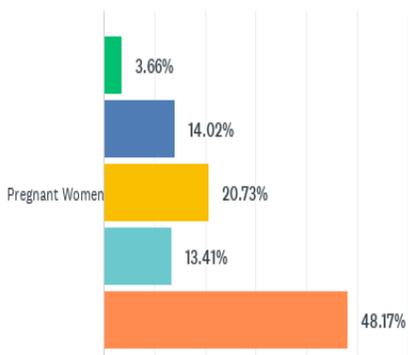


27% of respondents feel that MHSAs are doing good or excellent in serving the homeless/unhoused, while 31% feel that MHSAs are doing fair or poor.

Last year, 25% of respondents felt that MHSAs were doing good or excellent in serving the homeless/unhoused and 27% felt MHSAs were doing fair or poor.

Year-to-Year Comparison: No Improvement

Pregnant Women:



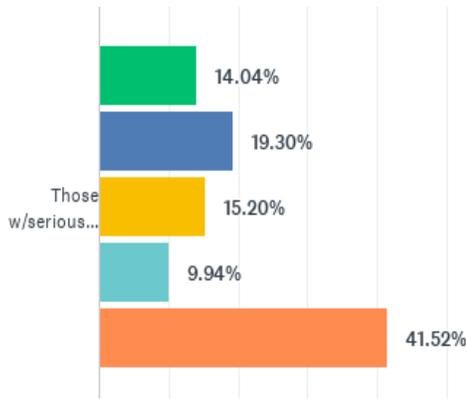
34% of respondents feel that MHSAs are doing good or excellent in serving pregnant women. 17% feel that MHSAs are doing fair or poor.

Last year, 34% felt MHSAs were doing good or excellent in serving pregnant women while 10% felt MHSAs were doing fair or poor.

Year-to-Year Comparison: Improvement

■ Poor
 ■ Fair
 ■ Good
 ■ Excellent
 ■ I Don't Know

Those with serious mental illness:

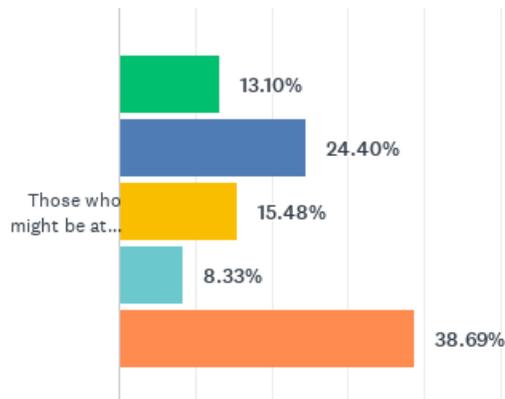


25% of respondents feel MHSAs are doing good or excellent in serving those with serious mental illness. 33% of respondents feel MHSAs are doing fair or poor.

Last year, 26% felt MHSAs were doing good or excellent and 32% felt MHSAs were doing fair or poor.

Year-to-Year Comparison: No Improvement

Those who might be at risk of mental illness:



23% of respondents feel MHSAs are doing good or excellent in serving those who may be at risk of mental illness. 37% feel MHSAs are doing fair or poor.

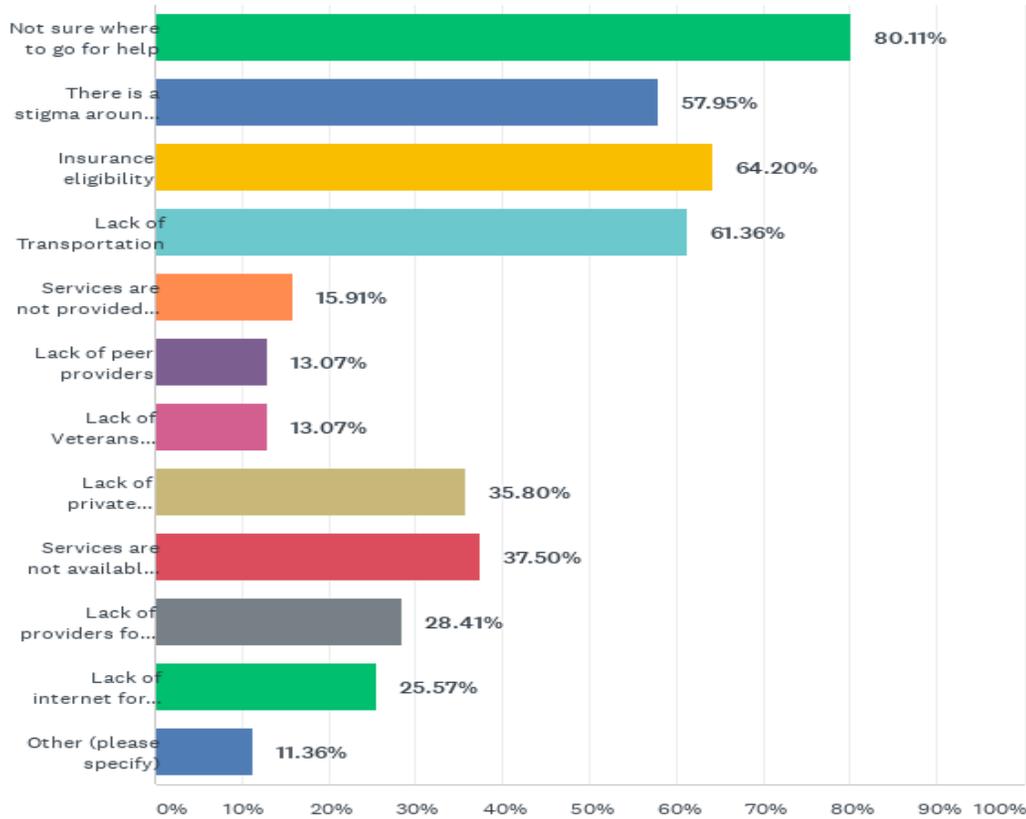
Last year, 26% of respondents felt MHSAs were doing good or excellent in serving those who may be at risk of mental illness while 34% felt MHSAs were doing fair or poor.

Year-to-Year Comparison: No Improvement

Question 8 Summary:

Out of 14 designations, respondents felt improvement was made in one area—Pregnant Women. Two areas that saw 'Some Improvement' were in serving Transition Age Youth (TAY) and Adults. The rest of the designations saw no improvement over the past year. It should be noted that many questions have high rates of 'I Don't Know' responses, which could skew the data.

QUESTION 9: WHAT ARE SOME OF THE ISSUES OR BARRIERS THAT MAY PREVENT PEOPLE FROM SEEKING MENTAL HEALTH SERVICES IN AMADOR COUNTY?



176 respondents answered this question. The top issues preventing people from seeking mental health services in Amador County were unchanged from last year and include:

1. Not sure where to go for help;
2. Insurance eligibility;
3. Lack of Transportation; and
4. Stigma.

20 Respondents who answered 'Other', explained further:

- I need a tablet
- Help understanding how to set up on phone for meetings
- Not able to be open to come in
- I have no idea
- Hans
- Lack of facilities
- Lack of Providers who accept M-cal
- Lack of culturally competent providers, lack of non-religious therapy/therapists
- I'm not sure, not familiar with programs
- Income barrier
- Uneducated Christian extremists posing as therapists
- Transportation for upcountry is vital
- Chronic & terminal illness, chronic pain support groups
- Not enough doctors seeing patients with problems
- There are no psychiatrists for youth here! Amador County is a joke for mental health services! Yes please let's get on a waiting list hopefully someone will have time soon.
- Lack of affordable mental health care
- Lack of providers in general
- Services for homeless
- Stigma within cultures

QUESTION 10: HOW HAS THE COVID-19 PANDEMIC IMPACTED YOU?

135 respondents answered this question. Here is a summary of what was provided:

- A lot of services have been closed (2)
- A lot of business closed
- Hard to get to and from community services
- Getting to and from appointments (2)
- Hard. My children are very tired of the school system.
- Hard to get assistance from county programs because there closed
- Not able to speak to a person in Spanish that can understand me
- Somewhat, being able to do my daily errands
- Very much so, in all areas of my life
- Education for my kids
- I lost my job (3)
- Very stressful to me & my family (2)
- Life has been hard and difficult for me and my kids
- Don't know how to use technology
- Lack of access to programs (2)
- Lack of open programs
- Unbelievable stress
- A lot of services have been closed and a lot are on social media
- Don't know where to go for help with resources
- Hard time getting services
- Lack of Spanish resources
- COVID-19 has been keeping me from my traditional dances. So that has been making me really depressed.
- Not at all I stay home most of the time.
- Social isolation is something I excel at.
- I don't really mind—I like being alone.
- Very little as my income hasn't changed for over 12 months.
- Impacted my job & social relationships
- Our family has faired rather well
- I had COVID and was hospitalized. I still suffer from long haul COVID.
- It has hyped up my anxious feelings. Feeling that I may get at any minute. As well as nervous about even seeking help due to concern of exposure. As well as not sure if in person, counseling is happening and needing human interaction.
- The pandemic impacted me personally in the beginning with some depression. Thankfully that eventually passed. It impacted my job by closing down all social activities that generally take place on a daily basis. Thank goodness things are beginning to move again and life is starting to feel "normal" again.
- Made me sick!
- Not going anywhere, Distance Education

- The pandemic has minimally affected me. However, I have seen too many seniors be pushed home and not allowed to return to normal life activities that kept them out of negative mental issues in the first place. They went out and became the first to be vaccinated; however the state and county are still adamant they stay home. Who is going to ask the seniors what they feel safe doing and what will help them the most?
- Loss of income and reduced working hours
- It has impacted on the many services that have depleted
- Stress and isolation
- Not very much. I have stayed active and healthy.
- Changed the way I work and ability to connect with others.
- N/A
- Not much really staying safe as I can
- Severely worried about getting it because of health causing anxiety, overwhelmed and confused
- No restroom/the laundry mats no longer have rest rooms/water tubs lobby/restrooms closed
- Maintaining only in worst shape than was before because of my health providers had to shut down their doors' unable to do in-house needs
- It's taught me to count my blessings and be more resourceful. More appreciative learned to do more things a different way and try other ways.
- No in-person support. Don't have access to Zoom.
- Made me feel more alone, hard to find work
- Started working from home, but glad to be back to my place of employment
- Negatively, would like the world to go back to normal.
- Not much, the stimulus has allowed me to keep my car on road straight and letter
- Lost time with my family
- I don't know, still fighting it
- My mental health has been tested as well as my patience & compassion for others
- Hasn't much
- I didn't feel comfortable going to places where a lot of people were and avoided that. I quit having my housekeeper come to my home because I had no idea where she may have been. She was fine with this and did understand. At my age, daily living didn't change that much.
- Not drastically. Lifestyle, mental health has remained much the same as before.
- Anxiety
- Isolation and depression
- Socially/emotionally
- Very distanced from family now, although many live close by
- It has greatly limited the services I can refer my clients to
- The loss of countless jobs as a singer because all of the events were cancelled. Loss of identity because everything I did before was gone or completely different. Lack of interest in things that I used to like. I am nearly a completely different person after the trauma of the pandemic.
- It has exacerbated the social emotional and mental health needs that existed prior to the pandemic. We see many more mental health needs now.
- I've become more reluctant to be in large groups other than grocery stores and church.

- Fear, isolation in the beginning but then felt empowered with mask mandate, available testing and being vaccinated. The Amador County Public Health Department staff have done an amazing professional job.
- Working remotely is challenging. It does not provide for in-depth idea sharing with others and problem solving.
- Significantly our numbers continue to go up and down
- Caused isolation from family and friends
- Overall not much but it has kept me from socializing with friends and groups.
- I am not able to directly meet and see my client because of the stay at home restrictions. We communicate regularly by telephone. I have been vaccinated. My client has chosen to postpone vaccination. The program has been very much impacted by COVID-10 in that potential clients who need help are contacted by telephone only. Visiting in person, so important to assessing the needs of a client, continues to be suspended. Recruitment of volunteers is not taking place because of restrictions so the program cannot grow or be infused with new volunteers.
- Reduced in-person services
- The pandemic stress has been reduced because of community support and wellness tools.
- Increased anxiety, grief of losing friends and loved ones, feeling disconnected to normal support systems at times.
- It has increased the stress level of my job.
- I work in the ED, so we come in contact with Covid issues on a daily basis.
- It has allowed me to access my mental health support services more easily from my out of county provider.
- Depression, isolation
- Isolation is messing me up big time. School has helped some but not with connection just distraction I was some classes were in synchronization
- Mentally it's been more difficult.
- It's been okay. Being in a rural community the isolation isn't too abnormal.
- Isolated and sometimes lonely. Had more times of depression. No community events to attend. However, I've made regular phones to friends, quilted and now working in my garden which helps my mental health.
- It hasn't had much effect on us/Not much impact (2)
- It forces me to wear a mask.
- I was out of a job for a couple of months. My husband was out of a job for a month. He has been applying to CDCR but it seems his hiring process has been extended out excessively due to covid. We have been waiting for a year and a half now with no real date on when/if he will start with them which has caused us to have to work with the income we have right now instead of working with his new job and getting retirement and pay increase. I have also had family trauma and mental health sky rocket in my own family which has brought up past childhood trauma and division in my family today.
- Increased my workload.
- Isolation has been the primary impact. My mental health has suffered as a result. Likewise, I have had one provider after another leave the practice where I was receiving mental health services. No one has replaced them and it has been months without regular counseling. In attempting to access psychiatrics care, the same hard reality has been faced. It will be more months still before anyone will be seeing me.
- It has posed great challenges in getting support from service providers that effectively impacts students with a variety of needs.

- Lost work,changed jobs, battle depression more than usual.
- I am a teacher. I see families giving up on participating in school. They are overwhelmed between working, childcare, time to help their children. After school daycare with tutoring would be vital. Summer drop in mentoring or tutoring would be vital. Location for these services should be the school. Up country needs support. Think about 25-30 min. To Jackson. Gas money. It would need to be free.
- It has impacted my child the most. My child suffers from anxiety and depression and being out of school and lack of a routine outside of the home has been very difficult. My child has and IEP and has also fallen way behind in school.
- Decreased patient volume
- I have maintained my employment, but the pandemic has impacted me emotionally. Fortunately I have access to a counselor. But it is the first time in my 24 years of living alone that I have felt lonely. I believe we have not come close to seeing the mental health impact let alone the physical impact of this pandemic.
- Isolated. depressed, but with the help of NAMI I realized that there is a lot that I can get involved in and it helped with my self esteem. There were always tools available to me, but I needed a little nudge. Behavioral health, ACC, Amador SPEAKS & NAMI Amador
- Our Hospital has been challenged to deal with the surges of patients and the complexities of treating COVID patients.
- Being a senior, had to stay home and couldn't work from last March to this October.
- More work. More stress for clients and providers
- Cannot get to regular meetings and feel left out as I do not do zoom or virtual meetings of NAMI. Being Senior not too much has changed except seeing people and going to meetings.
- It has impacted me in many ways, but mostly it created a sense of loneliness and depression. No one, nor nothing functioned as we would normally expect. Businesses, churches, restaurants, as well as all forms of entertainment shut down. Our world was unrecognizable!
- Following the restrictions.
- Limited activities in the community and with friends. Feeling of stress, anxiety frequently like a dark cloud hanging over me.
- The pandemic has resulted in an increased need for mental health services in families and has exacerbated existing concerns among school-aged youth. Increased awareness of the need for telehealth services has resulted in funding and acquisition of the needed technologies to facilitate telehealth services.
- It has impacted every one
- Oi!
- It impacted my mental health earlier on and it has impacted my work which has changed more recently.
- Felt disconnected from friends and family.
- Isolation and worry about the economic health of the community, especially small business owners.
- I am a working mom with no childcare options. I make just enough money not to qualify for subsidized childcare but not enough to afford childcare.
- depressed but manageable in my case
- Have had both shots. Had no financial Problems.
- my mental health has more of an impact due to losing in person therapy
- Depression. Anxiety. Inability to focus. Alcohol.
- I have at times felt isolated.
- Loneliness and isolation
- It has taken the opportunity from me to meet clients in person and steer them in to the right direction as I dont know what services are open to them and alot of people are uncomfortable with doing services via telecommunication

- I've been okay because I am in a family of five, and my mother runs a daycare, so I have had lots of continued social interactions.
- My husband and I both lost our jobs, we ended up being behind on our rent, we had to go on unemployment, which caused its own problems when they suspended payments due to all of the fraud going on. It made it difficult to do even the simplest of things, like buy food, pay bills, we had to pick and choose what to pay, and what to let be behind. Luckily I found another job, but it was stressful and depressing being stuck in the house. My husbands normal field of employment was in the restaurants and because of COVID they were all closing, he found another job in a restaurant, but only had it for 2 days because they shut down due to COVID right after they hired him.
- Loss of wages, no avenue to release stress, not able to visit family and friends resulting in extreme isolation.
- Suffering from extreme isolation and depression. Something that was never an issue for me before.
- Keeps me home.
- I have had to cook more. Harder to get a medical appointment
- In the beginning of 2020, it was difficult to find ways to cope with the loneliness that was hindering being around my family/friends and finding other ways to communicate with them. Working remotely was a very different experience that I've never had to deal with & I found it very difficult, until I found ways to figure how to make it work. With the lockdown affects that were also affecting others and all of us reaching out to each other helped a lot.
- Increase in negative thinking, worry about infection, irritation at the community that is not following instructions.
- Stopped all interagency collaboration decreasing the synergy needed to keep programs sustainably vibrant.
- Stopped all interagency collaboration decreasing the synergy needed to keep programs sustainably vibrant.
- Dealing with family members and members of the community that are fearful, isolated and depressed due to the pandemic.
- It has made me nervous about my health

QUESTION 11: HAVE YOU SOUGHT OUT RESOURCES TO ADDRESS THE IMPACTS YOU EXPERIENCED/ARE CURRENTLY EXPERIENCING DURING THE COVID-19 PANDEMIC? If so, what was your experience?

127 respondents answered this question. The responses are listed below:

- yes use other sought for assistance
- yes started to use curbside services
- No (46)
- yes reached out to the school district
- hard to talk to someone on the phone that answers
- frustrated
- Yes (4)
- yes reach out to nexus
- bad i feel I haven't had my need met
- use my phone to help me reach out for resources
- don't know how to use telehealth
- women's group
- yes you use a lot of social media
- reached out to Spanish speaking community
- yes I have started my own wrap plan
- no i did not need any of them
- stayed in homeless shelter

- With General Dr. And no local services suggested or offered.
- Yes, have talked to counselors about my issues and received both covid shots at same facility!
- Yes Great
- I have private, out of county insurance. I am extremely lucky to have had adequate support during the pandemic
- Yes I have sought out resources. Have benefited me and helped me get back on my feet.
- I know a lot of people who have gone to Nexus and they are getting lots of help from them. Nexus is a very responsive community organization.
- Yes. Many online resources through work and others.
- N/A (8)
- no but I'm going to contact Behavior Health
- lets just say I was doing the best with what is offered
- hard to find resources because everything is closed.
- where is a clinic
- Keep trying but people are afraid of the flu. I had the corona and work the "trends" and it's not that bad. Underlying issues exacerbate the virus.
- No, I haven't felt I've needed any. I don't know anyone who has need services to address impact of COVID. We have a network of neighbors and friends.
- Yes, very helpful
- I work and provide resources.
- Yes and it did not help much.
- I was feeling suicidal during the pandemic and so began going to virtual therapy using the ap "Better Help". It saved me life. I am not fully recovered to where I was prior the pandemic, but most days I am feeling a lot better than I did in August of 2020.
- No, I speak with friends and family.
- Updated information on resources is regularly sent to Senior Visitor volunteers by program administrator, Linda Woods. Relevant information is passed on to our clients. We receive bulletins on availability of vaccinations given by Public Health to seniors . Too much information was required for registration online, creating a barrier for elderly people.
- Yes, learned how to access technology-based services and how to support others in using it. Telehealth has been a time-saver and just as beneficial as in-person services in some instances. It has also made it easier for transportation challenged people to access services.
- Yes. Navigating my insurance companies process to find a mental health provider was somewhat frustrating, but I was able to achieve positive results after some effort.
- No. I have not had a problem with Covid other than being tired of it. It has not had an effect on me that I could not cope with.
- See above
- Yes I'm talking to a counselor through the college because I don't qualify for mediCAL and can't be seen at the county with only Medicare. MACT has no providers currently.
- I go to a counselor regularly
- No. Only went from indoor dining at Sr Ctr to drive-thru take home meals.
- I have just been learning about ACES these past couple of months and working at the Amador Pregnancy Center has definitely helped. Not being able to meet in person has hindered me from really being able to meet everyone who has resources in the community. I have been trying to organize who everyone is from each resource from Zoom meetings and referrals that we use at the Center. Sue is more versed in the resources in the community but has a different approach to remembering them than I do as she has been at this a lot longer than I have.
- Yes. Many. Im trying every venue I can access in attempt to keep myself alive and minimize the losses in wellness that have been a result of the pandemic.
- I have been seeing a psychiatrist in calaveras that has been great.
- I have utilized some of the services provided through Nexus and Operation Care to engage my child in outside activities.
- Private therapist. But since I work in a hospital setting, it has been very challenging. Mostly due to living in a community that does not believe in masking or that the virus is real. I will be moving to my home town when I retire that is more in tune with science and respecting the recommendations for managing the virus.
- Yes, I started seeing a therapist through Mercy Dignity Health, mid town Sacramento. I see her in zoom land and I'm welcome to do physical visits, too.

- yes, resources were provided by the county, the state and sutter health corp
- Unemployment was a big help.
- NAMI Amador has helped. Connecting with sympathetic adults that are experiencing the same things has helped get through this difficult time.
- Yes, the professional organizations that provide resources used have been providing tentative guidance as they work to expand the resources available.
- We have been but on a waiting list to be seen by a professional. We have had to go to Folsom to be able to be seen by a psychiatrist.
- No really. Mostly family and self help.
- Yes, private resources.
- Family and friends even is remote
- You, I applied for ELP PT for childcare. I was told my children had to be enrolled FT to be in the program yet I couldn't afford FT payments. Due to this fact my children have suffered academically and socially with no adult support while doing DL and after school.
- We were informed where to sign up for vaccine on our computer by Sutter.
- No, small town. Stigma.
- No resources needed as friends and family communication is a privilege for me.
- Yes, personal counseling
- I have called around to other agencies to see who is open and what services are being provided
- Yes, I met with the superintendent about how school was handing online service and not much was done, except for a bit more outreach for those struggling emotionally, rather than fixing the problem.
- Yes we did, however, because of the extra money that EDD was giving it made it so we were ineligible for services to help us with anything, covering the past due rent, bills, food, we couldn't get any help from any agency because we "made too much". And I never felt that the way they determine your income was a good way to do it. You look at Gross but not net and what people already have to pay out, so it looks like they have way more money than they actually do. Its not too much income if the person who gets \$3000 a month gross, is paying \$400 in taxes, \$400 in child support, \$1200 in rent, \$400 car note, \$250 for all utilities including trash, \$150 for internet and home phone, groceries, then how is that too much?
- Somewhat, I saw a therapist at the end of 2020, but could not afford to continue treatments in 2021.
- I use email, telephone and text. I follow up. I make myself available when my doctor is available.
- I have researched the COVID-19 resources through the internet and found some articles on the lonely affects that has affected and found others who are going through the same experience and helping each other has help us all. Depression can be a major affect on some individuals & we are able to reach out to co-workers and friends who can listen and work on ways to feel better.
- I encourage those I come in contact with to reach out to their PCP or AC Behavioral Health Crisis line for help.
- Just regular work and internet information

QUESTION 12: HAS THE LACK OF TECHNOLOGY OR ACCESS TO TELEHEALTH SERVICES BEEN A BARRIER FOR YOU IN RECEIVING MENTAL HEALTH CARE?

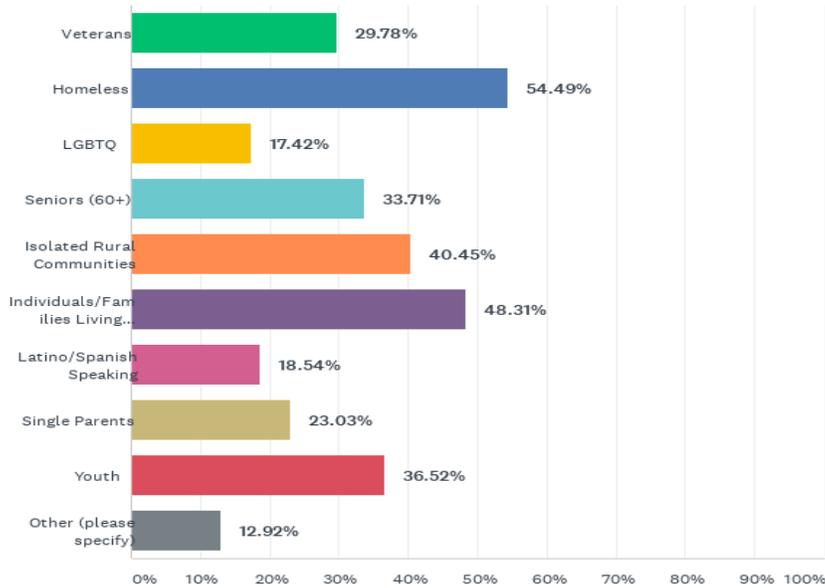
127 respondents answered this question. Here is what they said:

- yes don't know how to access telehealth services
- yes i don't know how to use social media
- yes (17)
- need more spanish speaking people
- yes don't know how to connect to telehealth services
- yes don't know nothing about technology
- yes i don't know much of telehealth service
- yes there are some zoom or telehealth services but i don't know how to use them
- yes i don't have technology skills
- No (60)
- yes. i need a tablet.
- yes due to lack of capability to access services

- Seniors DO NOT KNOW HOW TO ZOOM! Many have excelled and learned new technology throughout the pandemic, however there is an overwhelming majority of seniors that do not have any internet nor do they know how to navigate it.
- Somewhat.
- N/A (8)
 - don't have access to zoom for groups
 - No. Corona and Polices do.
 - yes, very difficult to access
 - i think so
 - YES i
 - nternet horrid at Camanche Road area
 - no, but as a provider, Ive seen the barriers my clients face.
 - No really except during PSPS events.
 - Even with access the connections in Amador are spotty - even in higher density areas.
 - Yes, many of the people we support do not have a device to access the internet or the ability to navigate the telehealth system without assistance.
 - don't know how to use telehealth
 - Not really but I prefer the phone call. The tech is not robust around here to have a meaningful conversation on zoom etc
 - Not really. I don't feel I need these servs at this time.
 - No, not that I am aware of. I have insurance but cannot afford a visit to a therapist when I looked into it a couple of weeks ago.
 - Internet access even when paid for a good package lacks the fortitude to support telehealth and many zoom type meetings.
 - I tried to see my therapist on zoom. Both times my partner ended up coming home so I didn't feel comfortable with the rest of the visit. I probably will not try again.
 - Yes, for families. Internet is not always at a level that supports more than one chrome book. Not stable.
 - Patients usually have limited resources
 - No and Yes. I have at&t \$10 low income internet. It sometimes loses connection
 - no. that technology exists. what doesn't exist is providers locally to treat on an outpatient basis
 - Yes as I have not been able to go to NAMI Family meetings. NAMI is my go to for help. But we have a friend who needs help desperately and will not get it.
 - Telehealth for service is a joke. You can not accurately assess someone one over the phone
 - sometimes, I'm not a tecky kind of person
 - Yes for my clients
 - No I have computers, smart phones and internet access at home.
 - Lack of funds has been the primary issue.
 - No, I have access to telehealth services.
 - Not really, the provider I use does use telehealth successfully.
 - It has been a barrier for those clients I service, which are the elderly and disabled. Most elderly do not own computers or choose not to own them. They do not want to learn how to operate them. They remain isolated except by telephone connection to others.

QUESTION 13: WHO CURRENTLY HAS THE HIGHEST NEED FOR MENTAL HEALTH SERVICES AND SUPPORTS?

178 respondents answered this question.



For the third year in a row, Homeless were rated as the population having the most need for mental health services and supports.

Individuals/Families Living in Poverty, along with Isolated Rural Communities followed.

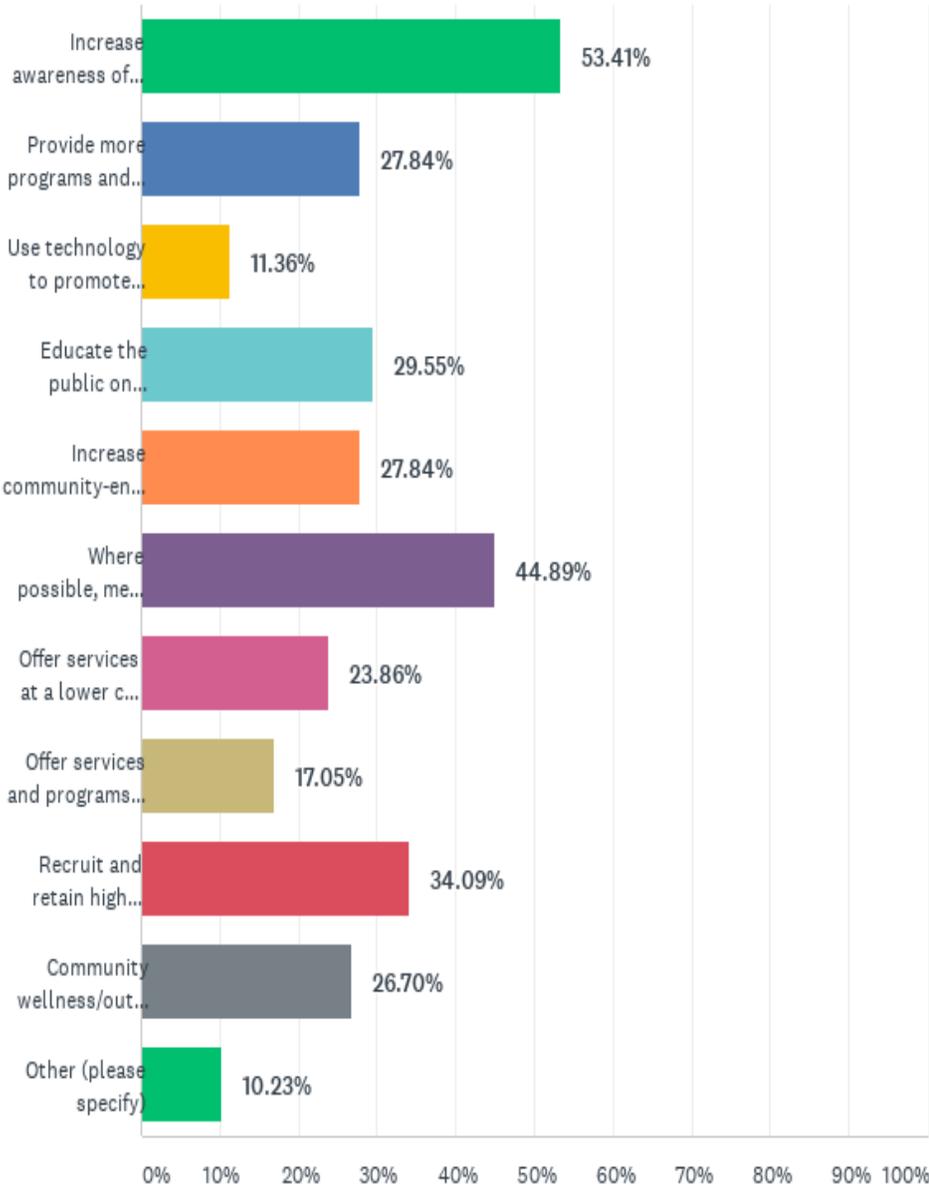
23 respondents who selected 'Other' explained further:

- Seniors, Latino/Spanish speaking, and youth all circled
- They all have equally high needs
- I believe mental health challenges affects everyone and all demographics
- All the above
- Homeless
- And me
- I have no idea (4)
- Everybody else
- Children who do not attend school in person
- Individuals with substance use disorders
- Substance Abuse Users
- LGBTQ Youth and Seniors
- Preschoolers and K-2. I am seeing more reluctant readers up country than ever before. Now I'm seeing a pattern of 10 readers per year in one class. It is starting in preschool, kinder first and then when they should be reading by second they are placing around beginning of kinder.
- Middle Class Families with Private Insurance
- These are only 'guesses'
- Addicts.
- We need more access to early intervention services for the community of Amador County
- Asian and African Americans especially given the events of the past year.
- The mentally ill
- Seniors living in assistant living facilities

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

176 respondents answered this question. The top three strategies were:

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



18 respondents answered 'Other':

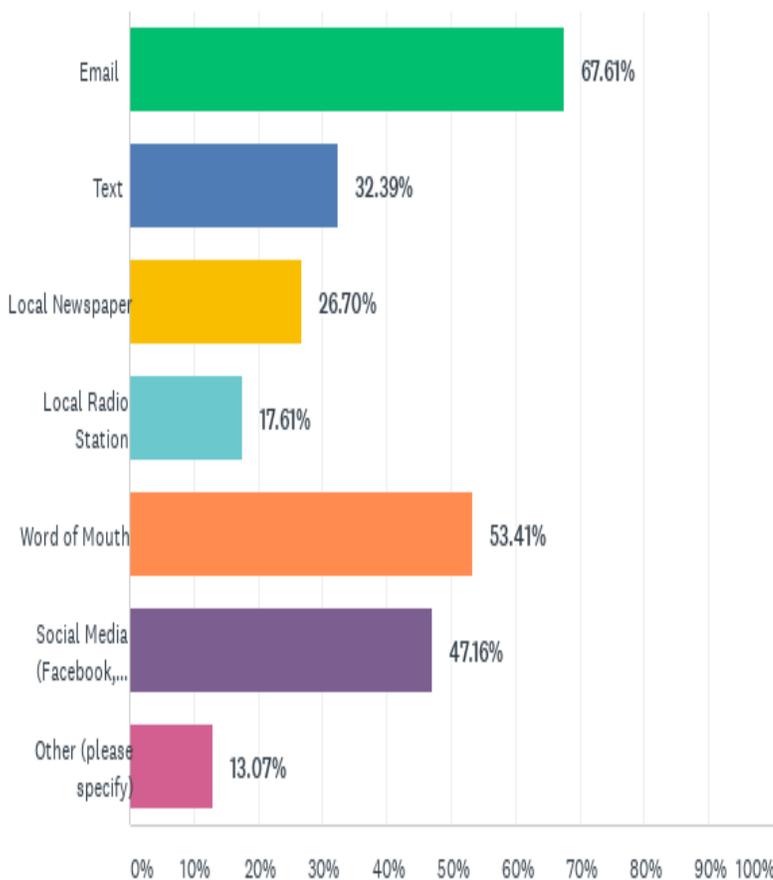
- Program designed to remove the stigma of mental illness; explain that mental illness comes in all forms including everyone.
- Continue to educate the community regarding how mental health effects everyone -- whether it is in your own family, neighbors, etc. Connect it to lost wages, productivity, substance abuse, etc. to help policy makers, business owners, etc. understand the impact on the community.
- Provide education to families of veterans with regards to PTSD.
- Evidence based services for substance use disorder
- Train, groom and hire culturally diverse leadership and providers; clean house get religious propaganda out of county services and MHSA funded programs throughout Amador County
- Until I read this survey of servs offered I didn't know you offered so many programs

- remove providers who are actually providing religious counseling under the guise of public services
- We know we are ranked high for suicide in Amador. That was made clear.
- Support for school children at school.
- What is the opposite of "rent a building that anyone with sense should know will ALWAYS be needed in the future?"
- Front desk bilingual staff
- Awareness of Autoimmune Encephalitis and it's impact on mental health
- Provide inpatient treatment for Amador County Medi-Cal patients

- develop a comprehensive approach to mental health needs: not only hsg, rent and food aid but coordinated mentorship for life skills
- Education and stop the war on drugs
- provide services to anyone that needs them regardless of whether they are low income, or mid/high income with insurance. Insurance often has deductibles that are high and mental health is sometimes not viewed as priority if family budget is limited
- give law enforcement more understanding of the problems
- offer services; it seems like denial of services is easier than providing the needed services

QUESTION 15: HOW DO YOU GET YOUR INFORMATION?

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

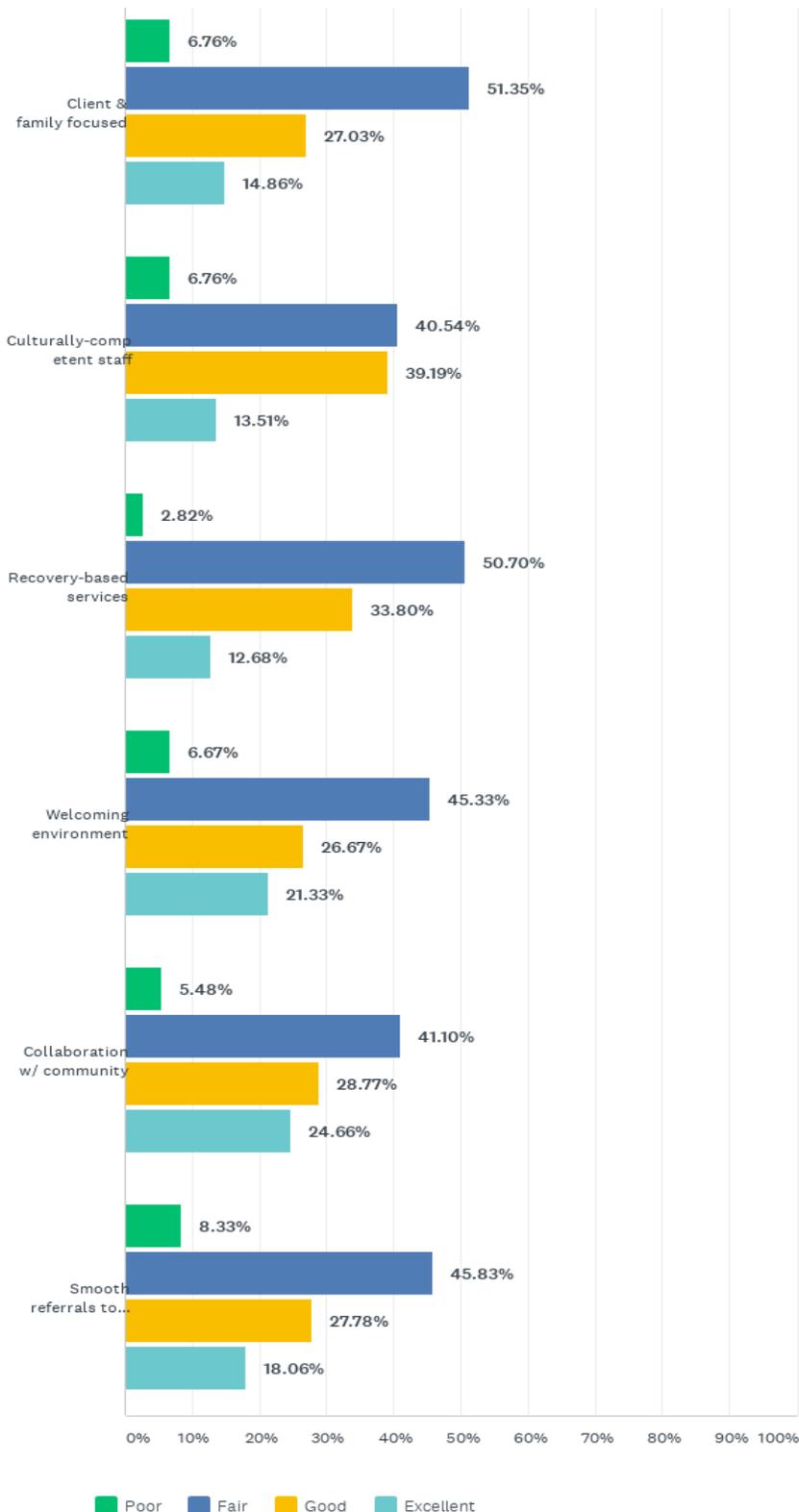


23 'Other' responses stated the following:

- Promotores de Salud (2)
- What I look up on the web. How I have been treated by others at S.W. & A.C.B.H.
- I walk down
- Was already a patient at ACBHS
- Watching community movement
- MomCHAT
- All of the above
- My magic 8 ball
- TV News Programs
- Homeless subcommittee
- Work (2)
- Case Management
- Nextdoor site
- Research myself
- Schools
- Books/Magazines
- Meetings
- From my therapist
- Network news
- Read online news agencies

QUESTION 16: IF YOU ACCESS MENTAL HEALTH SERVICES AT AMADOR COUNTY BEHAVIORAL HEALTH, HOW DO YOU FEEL WE ARE DOING WITH THE FOLLOWING?

78 respondents answered the question.



17 comments received stated:

- I really can't say for others
- I am a Kaiser patient
- I don't access yet
- Don't access regularly
- I don't use them
- X
- Haven't used these services
- N/A (2)
- I do not access mental health services
- Over two decades of attempting to receive services through this agency, I have never been treated with respect, professionalism or confidentiality. It's an all-out adolescent show over there. No culturally competent providers are hired or remain long enough to have a positive impact on the well-established status quo of Christ-based services.
- Not enough folks are getting help. Or even know about your services.
- I don't access these services.
- Have not used ACBH directly
- Offer therapist with life experience to certain groups
- I work with behavioral health staff with my work with Amador College Connect. I find them professional and responsive.
- I have never used mental health services in this area

QUESTION 17: PLEASE FEEL FREE TO ADD ANY ADDITIONAL COMMENTS YOU WOULD LIKE US TO KNOW ABOUT THE PROGRAMS AND SERVICES NOW BEING FUNDED BY MHSA. IF YOU WOULD LIKE TO BE CONTACT, PLEASE INCLUDE YOUR NAME AND NUMBER.

- Thank you for your service (2)
- None (5)
- Thank you too promotoras they have helped me a lot
- Thank you for all that you do
- No comment
- Need more services in Spanish
- I know that I've felt like a lab rat at times. I've been belittled to the point that I started acting out doing dangerous things to try and hurt myself aka driving 90 miles an hour on hwy 88 sleeping in the mountains just sitting against a tree w/o my meds or food. but it is all ok because I have the tools I need to deal with my mental illness! as i was told by one of your staff members. I'll be the first to say that there are only two cures for mental illness. 1) is being locked up 2) death. in lew of that there is only honest treatment. that my friends is very hard to come by.
- I love this place Keith is a treasure
- I am so happy to have additional mental health services in our community
- We tried to use nexus for Counsling for a youth- when covid hit we were dropped with no communication from Counsling staff- when we tried to get a new peer help that failed also- there seems to be no help for mothers going though post depression
- Provide information/training to students, youth and volunteers who can help support system.
- Rae Carroll and Lisa Reymondo have been of extremely helpful with all of my current issues
- Young people in our community have been especially hard hit by COVID. We need more programs and services for youth.
- Grateful for all the caring professionals and support staff who are trying to make a difference!
- Give reminders for groups
- No at this time
- LOVE momchat
- Not involved with these programs & service. Need more churches for car maintenance and gas.
- Trixie Smith seems to be forgiving and understanding and is a key player to the success of the program. She has a heart of gold and when someone messes up she is our angel and helps. She should over see more of the few people I trust.
- Hope this
- I love you all. You have no idea how much I really do apricate everyone's hard work and effort.
- There are many elders living alone and unable to leave their homes to seek care or basic needs.
- I feel Amador has come leaps and bounds. There are passionate people committed to improving the health and well-being of our community. We need to continue to collaborate so that everyone is comfortable referring and triple check to make sure those whose job it is to refer are following through so the individual in need receives services. Thank you for your hard work!
- Mental Health services are particularly needed now. Isolation because of the pandemic has affected students of all ages. The needs of isolated seniors, who can't get direct consultation and care, are going unmet.
- I am glad the Sierra Wind is able to keep our doors open and provide in person services at this time.
- The mental health providers seem to be over loaded

- Homelessness is a big deal in every community. From having a home to suddenly being homeless can bring about severe mental illness when it wasn't prevalent before. I realize that getting financial aid to your organization is difficult. Maybe reaching out to our local food bank to see what people may need or a part time counselor for people to talk to when they go in to pick up food might help.
- I think we need more programs for substance abuse Users, as the only thing is services at Behavioral Health, and that's if your on medical or can pay. Substance abuse is a big issue in the county, and accessing services could help ALOT as mental illness and drug abuse can be a full circle
- Thank you for allowing me the opportunity to take this survey. I hope it helps!
- I look forward to a future where the agencies receiving funding to provide services to target populations have done the work to be qualified to do so. Its an embarrassing dance to watch and I look forward to its conclusion. Having ethical providers is more important than there is room to convey in a survey. However, there has been no indication from any local agency that there is meaningful change taking place. The same providers hold the same positions, serving as gatekeepers for the communities who are so easily excluded while being so convenient to point to when seeking funding.
- I'm a huge supporter of ACC. NAMI Amador has blessed me with peer training. I do see an outside county therapist. That is only because acbh therapist told me at the beginning of the pandemic that I didn't qualify for therapy services anymore, because I didn't have a major mental illness. Behavioral health goes through too many therapists due to being on call on the weekends. That's what Rose & Kateri told me.
- I am a new provider in Amador County
- PLEASE get a new psych counselor. It is hard enough getting someone with a mental issue to BH and then to find out that the person they saw was not helpful or even concerned - that person will never go again! And they need HELP NOW! I am part of NAMI so my needs are met but others need BH directly and I feel that is available. Again it is hard enough getting someone with a mental illness to seek health and then have it be a negative visit. It stops them from trying again.
- As a Domestic Assault and Sexual Assault survivors I take offense at the designation of victim. While the occurrences were victimizing, I do not want to be labeled victim. Consider revising the descriptions in item #4.
- Any negativity in the above answers is not to be construed as aimed at the very overworked "boots on the ground" staff. High level/management is the problem! Sure funding is a roadblock, but so much of the problem is strategic incompetence.
- Inpatient substance use treatment for Medi-Cal patients is severely lacking and there is a big need.
- A coordinated approach to meet mental health needs including hsg and food aid, but also a mentorship to stay with clients until viable independent living is learned and evident on client's part
- I've accessed counseling through private therapist. I worry about those less fortunate especially the homeless.
- I feel as though College Connect is a waste of federal spending and an excuse to not have a college campus in Amador County. They do nothing for me and yet continue to get funding. I have asked them years ago to remove me from their list and they did not.
- I don't know too much about how to reach the mentally ill, but in this county I suspect that social clinics close to their home.

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

This year's responses identified many mental health needs and suggestions for finding solutions to those unmet needs in Amador County. This information is crucial to the work being done through the Mental Health Services Act (MHSA) and Amador County Behavioral Health Services. The priorities, barriers,

challenges and solutions offered through this process will be discussed throughout the year as we strive, together, to see that mental health services and supports are provided to all who need them.

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

This information will be included into the MHSA Annual Update for FY 21/22. The plan will be posted to Network of Care on August 13 (if not sooner) for public comment and review.

A public hearing regarding this plan is scheduled for September 15, 2021 during the Amador County Behavioral Health Advisory Board meeting.

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