

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

Fiscal Year 2022-23



WELLNESS | RECOVERY | RESILIENCY

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• <i>FY 21/22 Comprehensive Community Support Model to Address Student Mental Health Annual Report</i>	
• <i>TO BE ATTACHED ONCE 30 DAY PUBLIC REVIEW IS COMPLETED: Evidence of 30-day Public Review Period, Comments & Evidence of Public Hearing</i>	

COUNTY CERTIFICATIONS

MHSA County Program Certification	
County: Amador	Submission: MHSA Annual Update & Expenditure Report for FY22/23
County Mental Health Director	Project Lead
Name: Melissa Cranfill, LCSW	Name: Stephanie Hess
Telephone Number: 209-223-6335	Telephone Number: 209-223-6308
E-mail: mcranfill@amadorgov.org	E-mail: shess@amadorgov.org
<p>County Mental Health Mailing Address: Amador County Behavioral Health Services 18077 Conductor Blvd., Ste. 300 Sutter Creek, CA 95685</p>	
<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 _____, 2022.</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>	
<p><u>Melissa Cranfill, LCSW</u> Mental Health Director/Designee (PRINT)</p>	<p>_____ Signature</p>
	<p>_____ Date</p>

COUNTY CERTIFICATIONS

MHS County Fiscal Accountability Certification*

County: Amador

Submission: MHS Annual Update & Expenditure Report
for FY22/23

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, 2021, 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, 2021. I further certify that for the fiscal year ended June 30, 2021, 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 2021, the population was estimated at approximately 41,259 residents, which includes a state prison. Excluding the state prison, the county’s population is 37,381, which has increased by 4% since 2019. The county’s population is older than the state by 13% and approximately 28% of Amador County’s population are aged 65 or older. Amador County has a small percentage of 0 to 18-year-olds when compared to the state (15% for Amador County; 22% for California). The county’s median age is 50 years, which has remained consistent for the past six 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 12%. As of June 2022, the unemployment rate is 3.8%, which greatly improved from June 2021 when the unemployment rate sat at 7%.



According to the 2020 U.S. Census QuickFacts, approximately 14,844 households live in Amador County. 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 2022 HUD Income Limits for Amador County state:

- HUD Income Limits state that a family of four making \$69,300 is Low Income
- HUD Income Limits state that a family of four making \$43,300 is Very Low Income
- HUD Income Limits state that a family of four making \$27,750 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 \$86,600.

23% of Amador County residents are Medi-Cal recipients.

County Demographics (2021)*:

- 89.1% Caucasian
- 3% African American
- 2.1% American Indian/Alaska Native
- 1.8% Asian American
- 0.4% Hawaiian
- 15.5% Hispanic/Latino
- 3.6% Reporting 2 or More Races/Ethnicities
- 28% Over 65 Years Old
- 10% Live Below the Poverty Level
- 3,554 Veterans
- 3,800 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>

BACKGROUND

County Challenges:

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

- In the 2022 Point-in-Time (PIT) count, 184 people identified as homeless (sheltered and unsheltered count).
 - Of the 184, unsheltered adults were counted at 145, unsheltered transitional aged youth (TAY) were counted at 7 and the number of unsheltered youth/children (under age 18) were 5.
 - 2 individuals were counted as 'couch surfers' and this number is not included in the formal PIT count analysis discussed above.
 - 34 Veterans were included in the 2022 PIT. 16 were unsheltered Veterans and 6 were sheltered. 12 were considered chronically homeless Veterans and were unsheltered.
 - 45 individuals included in the 2022 PIT stated they had mental illness. Only 5 were sheltered at the time of the PIT count, while the remaining 40 were unsheltered.
 - 31 individuals stated they had a Substance Use Disorder and all were unsheltered at the time of the PIT.
 - 56 individuals stated 'Domestic Violence' as a factor in their homelessness. Only 3 were sheltered at the time of the PIT.
 - During the 2022 MHSA Community Program Planning process, it was revealed that some respondents who are Unhoused, Displaced or living in a Temporary Housing Situation, but 17% stated they were on probation/parolee and 22% stated they were a victim of domestic violence and/or sexual assault.
 - Homeless individuals and families were considered to be in the highest need of mental health services and supports for the fourth year in a row, according to the 2022 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 fifth year in a row. Transportation issues are continuously identified as barriers and create challenges for residents in remote and isolated areas of the county.
 - The small, rural and vast landscape of Amador County increases the potential for stigma and creates delays in seeking mental health services.
 - According to the most recent data from the California Department of Public Health (CDPH), during 2018-2020, Amador County had the second highest suicide rate in the State of California. Also during the period of 2018-2020, Amador County was ranked as the highest for self-harm.
 - 23% of Amador County's residents are Medi-Cal recipients. Amador County Behavioral Health provides services to approximately 10% of Medi-Cal recipients. This is nearly half of all Medi-Cal recipients in the entire county.
 - 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.
 - The Unhoused/Homeless, Individuals/Families Living in Poverty and Veterans are underserved and have very limited resources to access services in Amador County. According to the FY22/23 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 (ACBH) is a fully integrated system of care that provides outpatient mental health and substance use treatment. When fully staffed, ACBH employs the Full Time Equivalency (FTE) of: 6 Clinicians, 2 Crisis Counselors, 1 Crisis Coordinator, 1/2 FTE (2-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 Medical Assistant, 4 Supervisors/Managers/Administrators, 6 Support Personnel, 1 Mental Health Services Act Programs Coordinator and 1 QI/UR Coordinator II. Amador County Behavioral Health also supervises the Behavioral Health Rehabilitation Specialist, funded through Amador County Probation Department, using AB109 funds.

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Some things to note about the ACBH Workforce:

- The Amador County Behavioral Health Director not only oversees the supervisors/managers/administrators, but also supervises the clinicians, crisis coordinators and counselors, the MHSA Programs Coordinator, the part-time Personal Services Coordinator as well as the Mobile Support Team, which includes a Peer Personal Services Coordinator. Additional support in assisting with the supervision to unlicensed clinical staff is provided on an ongoing basis.
- The Clinician III supervises the Personal Services Coordinators and one Peer Personal Services Coordinator, while also providing supervision to unlicensed clinical staff. This position carries a caseload and assists with other direct services and supports.

Staffing challenges continue to occur within the ACBH workforce. ACBH staff is strategically hired and each position is unique and valuable to the overall system of care. When one staff member leaves the team, it has a significant impact on how the system operates, which trickles down to the client and the care provided.

Currently, the Medical Assistant and one Personal Services Coordinator positions are vacant and active recruitment is underway. Recruitment for a newly added Administrative Technician is also currently active.

The Medical Assistant position is currently vacant and active recruitment efforts are underway. Due to the COVID-19 pandemic, medical assistants, 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, recruiting and retaining this position has proven challenging. In fact, this position was previously classified as a Registered Nurse (RN) or Psychiatric Technician, but due to the lack of providers able and willing to work in the public mental health settings, ACBH sought county approval to move the position to a Medical Assistant with the goal that recruitment efforts would be more successful. Although staffing medical support for the psychiatrist has been quite challenging, the negative impact it has on how medication services operate is also profound. When this position is vacant, the psychiatrist is relying on support personnel and management/administrative staff to fulfill many of the duties of the Medical Assistant such as vitals, facilitating refills, scheduling, witness to injections and more. Having the Medical Assistant position to coordinate psychiatric services and fulfill other medical staff duties is critical to the operations of ACBH.

Crisis coverage is a continued challenge for Amador County Behavioral Health. In addition to full time outpatient behavioral health services, ACBH 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 ACBH clinical staff are on-call after hours, weekends and holidays. Currently, there are 2 Extra Help Crisis Workers that assist with after-hours crisis coverage. Although there is ongoing recruitment for the extra help crisis worker positions, it has proven unsuccessful, negatively impacting ACBH clinical staff and the amount of additional hours they are required to work. ACBH is investigating solutions to alleviate the impact crisis work has on its clinical staff, such as hiring another full time crisis coordinator who works a consistent, yet, after-hours shift. ACBH clinical staff are also required to provide in-person, walk-in crisis services during regular business hours, as well as phone support.

ACBH clinical and psychiatric staff provide mental health services at the Amador County Jail as well. Clinical staff provide safety cell evaluations and weekly mental health consults/visits with inmates. The ACBH Psychiatrist provides weekly medical services to jail inmates either via telehealth or in person.

When fully staffed, with no vacancies, ACBH 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.

Demographically speaking, the workforce employed through ACBH is similar to the county it serves, if not more diverse. 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 ACBH 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. ACBH also employs two full-time peers with

BACKGROUND

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, ACBH is fully aware that Amador County is home to many Spanish-speaking individuals and families and staffs three full time Spanish-speaking clinicians 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.

ACBH strives to provide a demographically similar workforce to those who access services and supports. ACBH 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 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, ACBH employs 1 SUDS Program Manager and 2 full time SUDS counselors. Outpatient services services are provided in group and individual sessions.

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

Although the Rehabilitation Specialist is included as a part of the SUDS team, once ACBH 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, ACBH 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. ACBH 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, ACBH 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 II 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. ACBH 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 8,578 medi-cal beneficiaries in Amador County. This accounts for 23% of the total population (excluding the prison). Amador County currently treats a little less than half of the total medi-cal beneficiaries, about 10%. 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.

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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. ACBH 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.

ACBH monitors its workforce regularly to ensure the needs of consumers are being met in the most efficient manner possible. ACBH 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 (ACBH) to significantly improve services and increase access for previously underserved groups through the creation of community based services and supports, prevention and early intervention programs, workforce, education and training, as well as innovative, new approaches to providing programs to the public.



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 ACBH MHSA activities for the previous fiscal year (FY 21/22) as well as an overview of current or proposed MHSA programs planned for FY 22/23. Proposed program descriptions are detailed on Pages 13 through 36. MHSA program outcomes for FY 21/22 begin on Page 41. Projected expenditures for FY 22/23 begin on Page 38.

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 2022-23. This Plan is based on statutory requirements, a review of community planning over the past several years, and extensive recent stakeholder input.

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ACBH is seeking comment on this Plan during a 30-day public review period between August 26th and September 24th 2022. 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 21st at 3:30 pm via Zoom. The Zoom meeting information is:

Join Zoom Meeting:

<https://us06web.zoom.us/j/86091352285?pwd=OXNIVFp1K2c5YTRhUitmZ1VyYlhzUT09>

Meeting ID: 860 9135 2285

Passcode: 601793

Phone: (669) 900-6833

All comments regarding this MHS Act 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 26, 2022 – September 24, 2022
Date of Public Hearing: September 21, 2022

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> <div style="display: flex; align-items: flex-start;">  <ul style="list-style-type: none"> - Previous CPP input from the MHSA 3 Year Plan for Fiscal Years 2020-2023 - Previous CPP input from the FY 21/22 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 </div>
2.	<p>The following stakeholder entities were involved in the Community Program Planning (CPP) Process. (i.e., agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)</p> <p>Stakeholders involved in recent and previous community program planning includes:</p> <ul style="list-style-type: none"> - The Amador County Behavioral Health Advisory Board, - Mental Health Services Act / Cultural Competency Steering Committee - Targeted Underserved Groups including Latinos, Veterans, Unhoused/Homeless, Native Americans & LGBTQ+ - Older Adults (60+) - Mental health and substance abuse staff of Amador County Behavioral Health (ACBH) - ACBH Partner Agencies/Organizations - Law Enforcement/First Responders - Community-based organizations including the peer-ran Sierra Wind Wellness Center <div style="text-align: right; margin-top: 20px;">  </div>
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 ACBH front desk - Offered copies of the plan, upon request - Provided electronic copies (and hard copies upon request) to the Mental Health Services Act / Cultural Competency Steering Committee - Submitted press release regarding the availability of the MHSA 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 (KVGK 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
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 after the public review period has closed with any substantive comments received during the stakeholder review process and public hearing.</i></p>

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

Community Program Planning Results

Mental Health Services Act (MHSA) Community Survey 2022 Responses Community Program Planning Process (CPPP) FY 22-23 MHSA Annual Update

Overview

The 2022 Community Program Planning Process began on March 23, 2022 and ended on May 31, 2022 and was conducted by doing a combination of virtual and in-person focus groups, as well as a community survey, which was available in paper and online. Focus groups, along with the survey link and notice of availability were advertised using the following methods:

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

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 60.

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

Welfare and Institutions Code Section 5848 states that Counties shall report on the achievement of performance outcomes related to Mental Health Services Act (MHSA) components including Community Services and Supports (CSS), which includes Housing, Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), Capital Facilities and Technological Needs (CF/TN) and the Prudent Reserve (PR). Any changes to these components due to performance or funding should also be reflected in this report. Per Welfare and Institutions Code Section 5847, Counties shall also report on those served, and submit a budget that represents unspent funds from the current fiscal year and projected expenditures for the next fiscal year (*please see the budget on Page 38 for projected expenditures associated with each component of MHSA for Fiscal Year 22/23*).

Community Services and Supports (CSS)



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

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

System Development and Outreach/Engagement

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

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

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

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

Full Service Partnerships (FSP)

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

- Diagnosed with a serious mental illness or serious emotional/behavioral disorder
- Experiencing a recent hospitalization or emergency intervention
- Currently homeless or at risk of homelessness
- 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 33 and 35. 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 FY22/23:



Housing Activities:

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

- Providing funds to continue the housing program that serves ACBH clients in obtaining and sustaining housing;
- Expanding the purview of the Mobile Support Team to continue homeless outreach and support in providing field-based services;
- Leveraging funds to support No Place Like Home efforts (e.g. assistance from Housing Tools, etc.)
- Provide emergency housing/shelter through hotel vouchers or utilizing programs provided through other agencies and organizations.
- Provide outreach and supplies to unhoused, unstably housed or temporarily displaced individuals and families to promote engagement with behavioral health and other services and supports.

In FY21/22, a total of \$24,945 was expended in MHSA Housing Program & Activities.

No Place Like Home

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

The State Department of Housing and Community Development (HCD) is the state agency responsible for the dissemination and administration of the NPLH funding, and counties are the eligible applicants.

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.

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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.

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, ACBH 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, ACBH 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) and ACBH and Danco entered into a Pre-Development Memorandum of Understanding (MOU).

In November 2021, Danco ascertained site control of property located at 96 Par Way, Sutter Creek, CA. On November 22, 2021, ACBH and Danco, with the assistance of Housing Tools, went to the Amador County Board of Supervisors (BOS) to discuss next steps and request

authorization to enter into a Development MOU and apply for the NPLH competitive funds in the January 2022 grant cycle, which they unanimously approved.

In March 2022, ACBH and Danco, with the assistance of Housing Tools went back to the BOS to provide an update on the project. The proposed project includes forty-six units in the form of an apartment complex which would contain three, two-story buildings. Twenty-two of the units would be used for NPLH and the remaining would be affordable housing provided to individuals and families who qualify. To comply with NPLH requirements, ACBH has committed to provide the supportive services to the NPLH units for a minimum of twenty years. The BOS was informed that that when an official award is received from HCD regarding the NPLH project, all parties will return to provide updates and seek direction on next steps. HCD should be announcing its official awardees toward the end of Summer 2022.

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.

CURRENTLY FUNDED PROGRAMS

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

Below is a description of each CSS program, the average numbers served for FY 2021/22 (as applicable), as well as the projected program costs, estimated unduplicated number of persons to be served, and approximate cost per person for FY 2022/23.

ACBH Full Service Partnership (FSP) Program

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

The ACBH team includes Psychiatrists, Behavioral Health clinicians, counselors, case managers (or personal service coordinators), 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

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program is to provide a team approach to “wrap around” clients and their families. Staff do whatever it takes from a clinical perspective to ensure that consumers can stay in the community and out of costly psychiatric hospitals, incarcerations, group homes, and evictions. The focus is on community integration and contribution.

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

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

For FY22/23, an expansion of this FSP model will be extended to consumers who are experiencing crisis and unable to stabilize without wraparound support and the flexible funding allocations that FSP is able to provide.

In FY21/22, two clients exited the FSP program and two clients graduated from FSP. Currently, seven clients who meet FSP criteria have agreed to continue their FSP program.

FY 22/23 Projected Annual Cost: \$60,000 | Increase in Cost from 21/22: \$0 | Average Increase in # Served: 0%
| FY 21/22 # Served: 11 | FY 22/23 Projected # to be Served: 15 | FY 22/23 Estimated Cost per Person: \$4,000

FY 21/22 targeted vs. actual #'s served by age group:

Age	Target #	Actual # Served
Child (0-12)	5	0
Youth (13-18)	5	1
Transitional Aged Youth (TAY) (18-24)	5	1
Adult (25-59)	5	6
Older Adult (60+)	5	3

FY 22/23 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

ACBH Mobile Support Team

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

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

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The Mobile Support Team has continued to expand its role in the community. Most recently, additional funds through the Crisis Care Mobile Unit (CCMU) grant have been obtained. These funds run through FY 24/25 and will expand the Mobile Support Team services to Fridays and allow for an additional trained peer to provide crisis intervention services, when clinically appropriate. The additional funding also will provide ongoing training for crisis, including but not limited to Crisis Intervention Training (CIT) for law enforcement.

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

How Mobile Support Works:

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

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

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

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

Goals of the Mobile Support Team include:

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

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

In FY 21/22, the Crisis Counselor provided 125 services to 89 individuals. The Peer Personal Services Coordinator provided 116 services to 96 individuals. The Mobile Support Team provided a combined 367 services to 185 individuals in FY21/22.

This does not include the Crisis Counselor's ongoing case assignments, assessments, and the Peer Personal Services Coordinators one-on-one and bi-weekly groups.

FY 22/23 Projected Annual Cost: \$0.00 | Increase in Cost from 21/22: \$0 | Average Increase in # Served: 60% | FY 21/22 # Served: 185 | FY 22/23 Projected # to be Served: 200 | FY 22/23 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 38. It is anticipated that there will be an increase in numbers served due to expanded hours and utilization of peer based interventions.)

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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.

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

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

In FY 21/22, the Peer Personal Services Coordinator for Outreach and Engagement supported consumers by providing 114 direct services to 64 individuals. The Peer Personal Services Coordinator also coordinated and supported outreach support services that reached approximately 7,500 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 16 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.

FY22/23 Projected Annual Cost: \$130,000 | Increase in Cost from FY21/22: \$0 | Increase in # Served: 550% (reflects the number of individuals and families reached for Outreach & Engagement Peer Personal Services Coordinator ONLY) | FY21/22 # Served: 64 | FY 22/23 Projected # to be Served: 100 | FY21/22 # Reached: 7,500 (approx.) | FY22/23 Projected # Reached: 10,000

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

The only program data provided is for the Outreach and Engagement Peer Personal Services Coordinator. The Mobile Support Peer Personal Services Coordinator Data is listed on page 17 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.

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Outreach and Engagement (Community and Internal ACBH)

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

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

Over the past fiscal year, in-person and virtual outreach opportunities resumed in various forms. The Community Awareness Campaign conducted the following activities throughout FY 21/22:

1. Designed and disseminated promotional items that advertised mental health awareness (e.g. pens, t-shirts, water bottles, stress balls, lime green items, etc.)

2. Designed and renewed 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 awareness month, LGBTQ+ PRIDE month, and Suicide Awareness Month as well as other services and supports.

5. Provided informational materials to include in resource packets targeted to underserved populations in Amador County (e.g. unhoused, older adults, Spanish-speaking, etc.).

6. Participated in five in-person resource fairs.

7. Two virtual community presentations were provided on mental health services and supports available through ACBH and the community.

8. Actively participated on Resilient Amador, focused on trauma informed care and awareness.

9. Actively participated as appointed 'Members At Large' on the Commission on Aging.

10. Organized and implemented Mental Health Matters Month in Amador County.

11. Organized and implemented Suicide Prevention and Awareness Week / Month in Amador County.

12. 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 22/23 Projected Annual Cost: \$15,000 | Increase in Cost from 21/22: \$0 |

FY 21/22 # Served: 64 (reached approx. 7,500) | FY 22/23 Projected # to be Served: 100 (est. reached 10,000 |

FY 22/23 Estimated Cost per Person: \$150

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Therapeutic Groups & Activities

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

- **Wellness, Recovery and Action Plan (WRAP):** The Wellness Recovery Action Plan® or WRAP®, is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be. WRAP is an 8-week course, facilitated by Amador County's Peer Personal Services Coordinators. WRAP consists of allowing consumers to discover their own simple, safe wellness tools. It teaches consumers how to identify upsetting events and early warning signs that things have gotten much worse and uses wellness tools and action plans for responding at those times. WRAP also assists consumers with creating a crisis plan and a post-crisis plan. WRAP is for anyone, any time and supports consumers in being the way they want to be in doing the things they want to do.
Overview of FY 21/22 WRAP Activities: One WRAP course was provided virtually and co-facilitated by the Mobile Support Peer Personal Services Coordinator and another certified WRAP facilitator. Five consumers participated in the WRAP group. Due to the fact that one of the Peer Personal Services Coordinators is not yet trained in WRAP, no other WRAP groups were provided. However, the Mobile Support Peer Personal Services Coordinator facilitated one-on-one WRAP support and 13 consumers participated. The outreach and engagement Peer Personal Services Coordinator is scheduled to complete WRAP training in Fall 2022. Once the training is completed and the outreach and engagement peer is certified, WRAP groups will resume.
- **Peer Meet Up Group:** The Peer Meet Up group is co-facilitated by the two ACBH Peer Personal Services Coordinators and meets bi-weekly. Comprised of behavioral health consumers, this peer-led group is for clients who have experienced crisis, or express a need for more clinical support. The goal of the group is to encourage the use of coping skills in order to reduce hospitalizations and/or crisis services. The group started in April 2022 and ten consumers have participated.
- **Yoga:** Facilitated by ACBH staff and/or certified instructors, Yoga, is a newly added group/activity for FY22/23. Yoga is well-known for having a positive impact on physical, mental and spiritual wellness. By incorporating meditation, breathing and low-impact physical activity, the Yoga group/activity will aim to assist consumers by using what they learn as a coping skill to help improve overall mental well-being.
- **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 21/22 Socialization Activities: During FY21/22, case managers, clinicians and other ACBH staff utilized funds to promote socialization and build trusting relationships for consumers and family members by taking groups or individual consumers into social settings to practice coping skills. Examples 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 ACBH, are for clients who have severe mental illness and are actively seeking treatment at ACBH. Groups promote social interaction while constructively learning coping skills specific to their diagnosis and/or mental health recovery goals. Funds are used to purchase materials specific to the group content/curriculum to insure success for participants and to support the clinician in effectively facilitating the group.
Overview of FY21/22 Behavioral Health Therapy Groups: During FY21/22, groups were held virtually and in-person. Clinicians purchased art supplies, therapeutic games, books and other materials to support group therapy work for ACBH clients.

FY 22/23 Projected Annual Cost: \$6,500 | Increase in Cost from 21/22: \$0 | Average Increase in # Served: 0% |
FY 21/22 # Served: 55 | FY 22/23 Projected # to be Served: 60 | FY 22/23 Estimated Cost per Person: \$108

Please see informational and qualitative updates in narrative above.

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Client Support Fund

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

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

FY 22/23 Projected Annual Cost: \$5,000 | Increase in Cost from 21/22: \$0 | Average Increase in # Served: -72% Decrease due to COVID-19 | FY 21/22 # Served: 5 | FY 22/23 Projected # to be Served: 20 | FY 22/23 Estimated Cost per Person: \$250

Community Program Planning Costs

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

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

FY 22/23 Projected Annual Cost: \$10,000 | Increase in Cost from 21/22: \$0 | Average Increase in # Served: -- | FY 21/22 # Served: -- | FY 22/23 Projected # to be Served: -- | FY 22/23 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 FY21/22, a total of 303 bus passes were issued and \$500 were expended utilizing this fund. In the previous year, 392 bus passes were issued and \$400 were expended utilizing this fund. As anticipated, levels of transportation assistance remained the same this fiscal year, which can be attributed to the pandemic and the reopening of community services and supports, including the Health & Human Services building which houses ACBH. It is anticipated that normal levels of transportation assistance will progress as we move into FY22/23.

FY 22/23 Projected Annual Cost: \$1,000 | Increase in Cost from 21/22: \$0 | Average Increase in # Served: 16% decrease | FY 21/22 # Served: 13 | FY 22/23 Projected # to be Served: 25 | FY 22/23 Estimated Cost per Person: \$40

Cal VOICES Sierra Wind Wellness Center

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

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

FY 22/23 Projected Annual Cost: \$385,000 | Increase in Cost from 21/22: \$0 | Average Increase in # Served: 10% | FY 21/22 # Served: 1,217 | FY 22/23 Projected # to be Served: 1,000 | FY 22/23 Estimated Cost per Person: \$385

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

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



FY 22/23 Projected Annual Cost: \$36,850 | Increase in Cost from 21/22: \$1,200 | Average Increase in # Served: 59% | FY 21/22 # Served: 246 | FY 22/23 Projected # to be Served: 300 | FY 22/23 Estimated Cost per Person: \$122



MomCHAT

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

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

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

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

This is a new program, under the Community Services and Supports for FY22/23. A full Innovations report on the program is provided under the Innovations section of this MHSA Annual Update, starting on page 31.

Prevention and Early Intervention (PEI)

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

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

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



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- 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 FY21/22 can be found in the MHSA Program Outcomes section on page 41.

Certain PEI strategies include reporting of 'Duration of Untreated Mental Illness (DUMI)'. ACBH 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 41.

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 was included in two sections of FY20/21 MHSA Annual Update. Strategies, numbers served and other data required by the specific strategy was included in the PEI section, while program outcomes, demographics and referral outcome data was included in the MHSA Program Outcomes section.

The second Three-Year PEI Evaluation Report is due this year and will be submitted to the MHSOAC by separate cover in Fall 2022. The second, Three-Year PEI Evaluation Report will include a full evaluation for years FY18/19, FY19/20 and FY20/21. The annual PEI data for FY21/22, will still be included in the MHSA Annual Update in both the PEI section and the MHSA Programs Outcomes section, which begins on page 41.

CURRENT INITIATIVES

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

CalMHSA-Statewide PEI Project

The California Mental Health Services Authority (CalMHSA) administers the efforts of the Statewide PEI Project. Previously known as the Each Mind Matters, the campaign has recently undergone a redesign and is now referred to as 'Take Action'. 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, ACBH is currently in a three-year Participation Agreement that provides CalMHSA \$25,574 annually. Collaborating with CalMHSA, allows ACBH to offer education, materials, activities and support to spread awareness around mental health and suicide prevention in Amador County.

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School Based Mental Health Early Intervention Strategies

ACBH prioritizes student mental health and has several initiatives detailed throughout this MHSA Annual Update which focus specifically on students and their families.

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



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

- MOU between ACBH and ACUSD/ACOE and utilizing ACBH Mobile Support Team as a critical component of ACUSD's Threat Assessment Protocol;
- Referral sheets and flow charts to assist school counselors and personnel were developed and disseminated to the school sites in order to provide students and families' access and linkage to mental health services and supports;
- Implementation and expansion of the Student Assistance Program, ASPIRE, to work with students and engage their families in connecting to higher levels of mental health treatment and support;
- Expansion of the student mental health initiative to include a comprehensive community system of care under the Innovations funding stream (page 31);
- Oversight of the Mental Health Student Service Act (MHSSA) grant that provides two mental health therapists and three school counselors to provide direct services and supports at school sites throughout ACUSD; and
- Collaboration to implement the Student Behavioral Health Incentive Program (SBHIP) within ACUSD schools

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

CURRENTLY FUNDED PROGRAMS

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

Suicide Prevention, Education and Awareness



For several years, Amador County's suicide rate has been higher than the state. The California Department of Public Health (CDPH) recently released a report showing that from 2018-2020, Amador County ranked as the second highest suicide rate in the state. The data also revealed that Amador County has the highest self-harm rate in California.

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

It should be noted that COVID-19 continued to have an impact on the ability to provide education and awareness in FY21/22. Details on different components of the Suicide Prevention, Education and Awareness program are below.

QPR, is a gatekeeper training that targets a broad range of individuals, such as school staff, students and parents, employers, faith-based and spiritual leaders, community-based service staff, individuals with mental illness and/or substance abuse problems and other community members and natural helpers. Using Question, Persuade and Refer (QPR), community trainers target individuals and groups for training to help recognize and review risk, and intervene to prevent the immediate risk of suicide. Much like CPR, which is an emergency medical intervention, 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.

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In FY 21/22 48 individuals were trained in QPR and 87% they feel comfortable asking someone about suicide after participating in the training. 521 individuals have completed the QPR training since July 1, 2018.

FY 22/23 Projected Annual Cost: \$6,000| FY 22/23 Projected # to be Served: 100|
FY 22/23 Estimated Cost per Person: \$60

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-safe help. Trained safeTALK facilitators are a part of the ACBH 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 ACBH, 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 highlights the hope, perseverance and awareness of mental health and suicide prevention. The exhibit had an overwhelming response from artists throughout the community. The impact the exhibit had on those who viewed it increased awareness of community members and facilitated meaningful discussion around the effects of suicide throughout Amador County.

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 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 FY21/22, the event was held in-person 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 FY22/23, funds will support the event including music, refreshments, 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 since its inception. A wide range of participants engage with the coalition, representing many underserved groups and key stakeholders throughout the community.



Amador SPEAKS has achieved much work. Activities include:

- Development of a strategic plan which identifies the coalition structure and operating guidelines;
- Developed and implemented 'Quarterly Convening' where guest speakers attend and the meeting is advertised to increase awareness and promote community engagement;
- Data analysis plan for local suicide data in comparison to other small, rural counties and the state;
- Host and sponsor suicide prevention events and activities—all which are vetted and approved through Amador SPEAKS;
- Amador SPEAKS members participated and continue to participate in statewide learning collaborative(s) to build on the efforts of the coalition, which includes monthly Technical Assistance calls;
- Developed partnerships with statewide organizations and agencies including Veterans Affairs and the California Department of Public Health (CDPH);
- Continued marketing and utilization of local media, to spread awareness about suicide and Amador SPEAKS;

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- Development of a social media account to promote the coalitions efforts and increase awareness around suicide for Amador County residents; and
- Developed a suicide loss support group, Friends for Survival, which takes place monthly at Sierra Wind Wellness and Recovery Center.

Plans for FY22/23 include a presentation to the Amador County Board of Supervisors to highlight the work of Amador SPEAKS and provide insightful data around suicide and self-harm in Amador County. 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.

In FY21/22, approximately 7,600 people were reached either through direct or indirect outreach specific to suicide prevention and awareness.

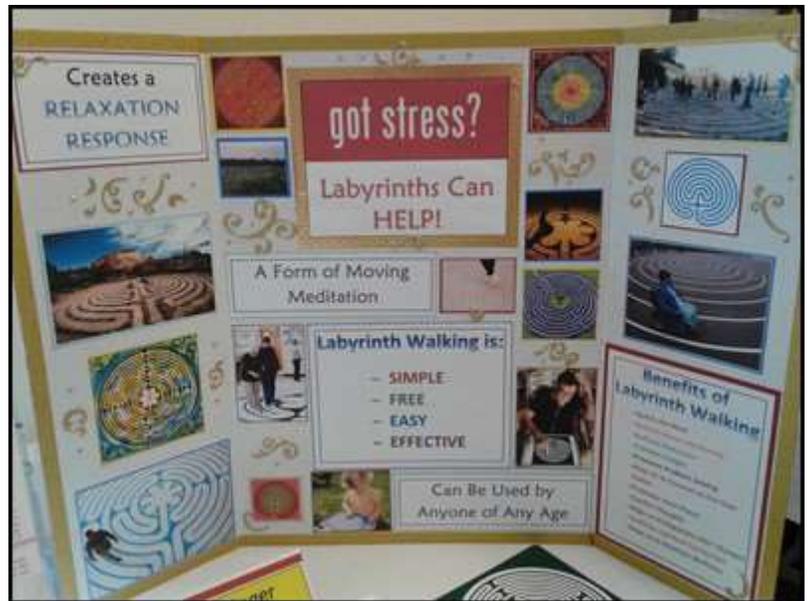
FY22/23 Projected Annual Cost: \$20,000 | FY22/23 Projected # to be Served: 400 |
FY22/23 Estimated Cost per Person: \$50

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

Labyrinth Stress Reduction Project:

Outreach for Increasing Recognition of Early Signs of Mental Illness Program: This program increases recognition of early signs of mental illness through stress reduction methods utilizing the Labyrinth healing modality. ACBH contracts with Cal VOICES for this program.

Cal VOICES will utilize a full time Peer Program Coordinator (PC) to provide the Labyrinth stress reduction services as a method for outreach and engagement in isolated, rural parts of Amador County and to the underserved communities living in these regions; ultimately increasing knowledge and understanding pertaining to mental health and improving timely access to Behavioral Health services. The PC will provide Labyrinth walks in the community throughout the year; targeting youth, single parents, older adults, veterans, Homeless/Unhoused Community Members, Spanish speaking, LGBTQ communities and those at risk for developing a mental illness.



In recent years, Sierra Wind Wellness and Recovery Center built an outdoor Labyrinth and purchased two 10-foot canvas (mobile) labyrinths, which allowed participants to walk individually, while still complying with health and safety guidelines. Approximately 72 individuals, across the lifespan participated in Labyrinth activities throughout FY21/22. Weekly finger labyrinth walks were provided both virtually and in-person, one-on-one walks and continued outreach utilizing social media and in-person events was conducted to provide interactive resources and activities to promote the Labyrinth and its positive effects on stress.

During FY 21/22, 5 in-person Labyrinth events were held either in conjunction with community outreach opportunities or stand-alone. Approximately 60 individuals participated in these outreach events by walking the mobile Labyrinth and/or learning more about the positive impact it has on mental wellbeing.

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

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72 unduplicated potential responders engaged in the Labyrinth Stress Reduction project during FY21/22.

LGBTQ Support Services:

Prevention Program

Strategy: Improve Timely Access to Services for Underserved Populations; ACBH, through Cal VOICES, 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 46 participants in FY21/22.

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 41)

FY 22/23 Projected Annual Cost: \$70,000 | Increase in Cost from 21/22: \$0 | Increase in # Served: 90% |

FY 21/22 # Served: 86 | FY 22/23 Projected # to be Served: 150 |

FY 22/23 Estimated Cost per Person: \$467



First 5 Amador

Access and Linkage to Treatment Program

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

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

Amador also continues to meet on a monthly basis in order to continue implementation of trauma informed practices in organizations, agencies and community-wide.

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

First 5 engages the target population/potential responders using a hybrid of in-person and electronic platforms to provide educational workshops, promote community-based partnerships and provide resources and supports. 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, community parks and libraries. A wide variety of populations/potential responders are reached including medical providers, mental health professionals, paraprofessional direct service providers (e.g. case managers), parents/caregivers including foster parents, children, principals, teachers

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and other school district employees, early childcare providers, health and human services agency workers, health insurance plans and more. In-person engagement resumed in FY21/22 through direct outreach events, community settings, and 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 FY21/22, over 1,400 potential responders viewed information online (via Facebook or web page).

FY 22/23 Projected Annual Cost: \$33,000 | Increase in Cost from 21/22: \$0 | Increase in # Served: 15% decrease due to COVID-19 | FY 21/22 # Served: 390 | FY 22/23 Projected # to be Served: 250 | FY 22/23 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, wellness workshops, community trainings regarding mental health and available resources, case management support and advocacy. In addition, Nexus has established a Peer Advisory Council that provides informed consultation regarding activities and services. Working together, with ACBH and partners, this program provides and coordinates services that are inclusive and accessible, building a seamless system of support for individuals and their families across varying backgrounds and life stages. The target population/potential responders for this program includes isolated and/or underserved Amador County residents, individuals of any age or designation, who are at risk of or may be experiencing early signs of mental illness. Working collaboratively with ACBH and other community partners, Nexus will ensure that services are consistent, comprehensive, and culturally appropriate.

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

In FY 21/22, 1,159 individuals received prevention services and 643 received early intervention services.

FY 22/23 Projected Annual Cost: \$140,000 | Increase in Cost from 21/22: \$0 | Increase in # Served: -5% (decrease) | FY 21/22 # Served: 507 | FY 22/23 Projected # to be Served: 500 | FY 22/23 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 21/22, 147 individuals received prevention services and 109 received early intervention services.

FY 22/23 Projected Annual Cost: \$40,000 | Increase in Cost from 21/22: \$0 | Increase in # Served: 135% | FY 21/22 # Served: 453 | FY 22/23 Projected # to be Served: 95 | FY 22/23 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

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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, knowledge, and or behavior related to mental illness. This information is included in the MHSA Outcomes section starting on page 41. The data is also evaluated and provided in the Three-Year Evaluation Reports provided to the MHSOAC.

In FY 21/22, 1,309 individuals received prevention services and 119 received early intervention services.

FY 22/23 Projected Annual Cost: \$46,000 | Increase in Cost from 21/22: \$0 | Increase in # Served: -5% Decrease | Avg. FY 21/22 # Served: 1,355 | FY 22/23 Projected # to be Served: 1,000 | FY 22/23 Estimated Cost per Person: \$46

Nexus Promotores de Salud

Prevention Program

Strategy: Improve timely access to underserved populations

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

The Promotores de Salud program will include strategies for prevention, early intervention, outreach, stigma and discrimination reduction, access and linkage to treatment, and suicide prevention services for the Spanish-speaking Hispanic/Latino community in Amador County. Nexus will employ Spanish-speaking Hispanic/Latino Promotoras to reach out to historically underserved Spanish-speaking Hispanic/Latino and linguistically isolated community members. Nexus Promotoras are highly-skilled, experienced outreach workers who are respected, trusted and valued by their communities. They are trained to work with professionals and paraprofessionals in the delivery of mental health prevention and early intervention activities.

In order to ensure that Spanish-speaking Hispanic/Latino community members are connected to community-based prevention and early intervention and behavioral health services without fear of discrimination or stigmatization, the Nexus Promotores de Salud program will deploy Spanish-speaking Promotoras into areas across Amador County with elevated concentration of Spanish-speaking populations. The Promotoras will work within these communities to provide educational presentations and outreach activities on behavioral health topics. Outreach will occur individually or in group settings, as appropriate. In addition, Nexus has established a Peer Advisory Council, which includes members of the Spanish-speaking community and offers informed consultation regarding activities and services, and provides feedback regarding the implementation of El Rotafolio as a method to inform the community about suicide warning signs, how to offer help, and available resources.

In FY 21/22, 989 individuals received prevention services and 147 received early intervention services.

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FY 22/23 Projected Annual Cost: \$34,000 | Increase in Cost from 21/22: \$0 | Average Increase in # Served: 20% | Avg. FY 21/22 # Served: 352 | FY 22/23 Projected # to be Served: 200 | FY 22/23 Estimated Cost per Person: \$170



The Resource Connection (TRC) Grandparents Program *Prevention Program*

Strategy: Improve Timely Access to Underserved Populations ACBH, through The Resource Connection, targeted Older Adults and Adults who are Grandparents Raising Grandchildren to improve timely access to services for grand-families living in Amador County.

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

Specifically, this program provides respite care and support for grandparents raising their grandchildren. Grandparents are eligible to receive up to 16 hours of care for their grandchildren in a licensed childcare facility or license-exempt provider who has cleared the background process through the Guardian/Trustline clearance system, or respite care setting per month. Ten support groups are offered once a month throughout the year to provide education and support to Grandparents who participate. The program also provides training/workshops four times per year and mails additional resources to all who apply for services.

In FY21/22, 51 grandparent families and 76 individuals participated in The Grandparents Program.

FY 22/23 Projected Annual Cost: \$32,000 | Increase in Cost from 21/22: \$0 | Average Increase in # Served: 7% | Avg FY 21/22 # Served: 76 | FY 22/23 Projected # to be Served: 60 | FY 22/23 Estimated Cost per Person: \$533

Amador Senior Center Programs

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

Senior Peer Visitors, Foothill Fitness and the expansion of a Nutrition/Lunch program are three strategies determined to meet the needs of the older adult community in Amador County. The goals of these three programs are to connect older adults socially in localized communities, promote active lifestyles, and improve emotional, mental and physical health through exercise, socialization and nutrition. The three programs would also provide a transportation component in order to remove barriers to isolation.

Senior Peer Program (Senior Peer Visitors)

Prevention Program

Strategy: Improving Timely Access to Services for Underserved Populations

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

ACBH contracts with the Amador County Senior Center to expand the scope and/or outreach of their efforts to support the mental health and wellbeing of isolated older adults. The Amador Senior Peer Program provides in-home peer counseling and visiting services to seniors who are isolated, lonely, depressed, in need of help with living transitions, and to their families who are helping them make these transitions. The program provides a safety net of information and services in a county with a growing population of seniors who have no family or helping network. Services help seniors survive changing health and life circumstances with counseling and up-to-date resource information. 21 individuals were served in FY21/22.

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

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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 41. 472 individuals were served in FY21/22.

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 41. 1,792 individuals were served in FY21/22.

FY 22/23 Projected Annual Cost: \$30,000 | Increase in Cost from 21/22: \$0 | Increase in # Served: 27% |

FY 21/22 Total # Served: 2,285 | FY 22/23 Projected # to be Served: 1,000 | FY 22/23 Estimated Cost per Person: \$30

Innovation (INN)

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

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



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

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

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

Current Innovations Programs & Updates

In June 2021, the Amador County Board of Supervisors approved ACBH to pursue an Innovations project focused on student mental health. The project promotes interagency collaboration related to mental health services, supports or outcomes and was approved by the Mental Health Services Oversight and Accountability Commission on June 29, 2021 for a period starting July 1, 2021 through June 30, 2025. The project, Comprehensive Community Support Model to

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

Address Student Mental Health has just completed its first year of implementation and a fully detailed report is attached to the MHSA Annual Update. Attachments start on page 60.

Other Innovation projects are currently being explored. During the Community Program Planning Process, it was revealed that efforts to recruit and retain mental health professionals should be pursued due to the fact that high turnover and inconsistency in service providers is negatively impacting client care. Although it is recognized that efforts at the state and federal level are working towards building strategies around workforce recruitment and retention, many of the initiatives are not encompassing the comprehensive needs that rural communities face when recruiting and retaining service providers. ACBH is currently working with the MHSAOC to explore this option further which would allow ACBH to utilize INN funds to create a menu of recruitment and retention options for all employees in order to prevent turnover rates and reduce the time it takes to fill critical direct-service positions. In turn, this would improve the quality of mental health services, specifically related to client care.

Completed Innovations Programs & Updates

The Amador County Board of Supervisors approved ACBH 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 May 2017, the Mental Health Services Oversight and Accountability Commission (MHSAOC) approved the two projects for a five-year period beginning July 1, 2017 and ending June 30, 2022.

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

MomCHAT was a project approved by the MHSAOC in May 2017. The project was approved for five years, and ended June 30, 2022. The program, specifically designed to support mothers at crucial points during pregnancy and postpartum was launched 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 have been an Amador County resident and be within 0-28 weeks of her pregnancy. The wellness team included a peer navigator and a licensed therapist. The peer navigator used lived experience as a way to engage mothers while providing ongoing peer support, referrals and resources. The licensed private practice therapist provided moms with individual therapy, group intervention and treatment protocols as well as linkage for long-term services. The wellness team provided support services for the first two years of baby's life. Moms were referred into the program by local community based organizations, medical providers and individuals.

MomCHAT officially launched in November 2020, utilizing a hybrid of virtual and in-person platforms to provide peer support and treatment. This service model continues to be a benefit in order to reach all program participants needs. During the Innovations term, evaluation was prioritized. Referrals to MomCHAT were randomly assigned to the project (MomCHAT) or 'business as usual'/comparison condition. Both MomCHAT and the comparison condition participants completed a battery of assessments to determine if the MomCHAT interventions were effective at reducing or eliminating mental health challenges from occurring or becoming severe. The assessments, along with case notes, were entered into a case management system that was designed specifically for MomCHAT. The data was extracted and used for evaluation purposes. Due to implementation challenges with the case management system, data is currently being extracted and evaluated. It is anticipated that a full evaluation report of the MomCHAT program will be available and provided in Fall 2022.

Although a full evaluation report is not available at this time, MomCHAT experienced much success and is now being continued as a Community Services & Supports program for FY22/23 (see page 22). Some preliminary data shows the following outcomes which occurred between November 2020 and June 30, 2022:

- 76 referrals received
- 38 went into the MomCHAT program (study/treatment condition)
- 14 currently engaged
- 6 were engaged but exited the program due to moving, disengaging, early exits, or other circumstances related to pregnancy (e.g. miscarriage)
- 15 never responded to referral outreach
- 1 declined the program
- 2 were still engaging through referral outreach (both later engaged)

All program participants delivered sober. Four program participants quit smoking tobacco during pregnancy. Two program participants quit cannabis use during pregnancy.

Not one program participant visited the emergency room department for mental health related reasons.

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

A total of 808 individual therapy hours were provided during November 2020 through June 2022.

Characteristics of program participants who benefited the most from the program had history of mental health challenges and low support systems.

A total of \$161,777.44 was spent on Mom CHAT during FY21/22. This total includes direct services (therapist and peer), evaluation and implementation support as well as materials/operating costs.

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 was a five-year pilot project that utilized 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, was 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 never resumed. In FY21/22, TxChat continued to see decreased referrals to the point where none were received. Due to school shutdowns, ACBH inability to provide in-person groups and virtual service fatigue, 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 were actively pursued with no success. Thus, this program will not be continued using other funding sources and is not considered a successful Innovations project.

Workforce Education and Training (WET)



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

Funding History

Originally, WET funds provided to counties were time limited, having to be expended within 10 years (June 30, 2018). Due to AB114, an extension was provided to counties to expend unused funds no later than June 30, 2020. Due to the COVID-19 global pandemic, an additional one-year extension on using the time-limited funds was granted. 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 and each

fiscal year thereafter, 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.

Stakeholder identified training needs are also prioritized. Stakeholders would like to see WET funds used to provide crisis intervention training, including CIT with local law enforcement, Mental Health First Aid (MHFA), Teen MHFA (tMHFA),

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

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.

Due to the COVID-19 pandemic, virtual training options have provided increased access to valuable training needed and requested by ACBH, community partners and Amador County resident. In FY 21/22, over fifty training courses were provided and completed by ACBH staff. Additionally, the following trainings were provided to staff and community partners as well as residents of Amador County:

- Implicit Bias – Dr. Bryant Marks – provided to 54 ACBH staff, community partners & Amador residents
- Crisis Intervention Training (CIT) -- provided to approx. 100 ACBH staff, community partners and law enforcement officers/workers
- The Power of Connection: Neuroscience of Engagement – provided to 24 ACBH staff, community partners & Amador residents
- Trauma-Focused CBT—provided to two ACBH clinical staff
- Trauma Informed Systems--Resilient Amador – provided to four ACBH staff (ongoing, year-long series)
- MHSA Stakeholder Workshop—provided to all funded MHSA contract partners
- MHSA Staff Workshops—provided to all ACBH staff
- International Trauma Conference—provided to 4 ACBH direct service staff
- Keepin' It In The Community: The Power and Role of Collective Hope and Action for Crisis Recovery
- Question, Persuade, Refer (QPR) Suicide Gatekeeper Training—continuous/ongoing for ACBH staff and community
- Staff Meeting Presenters/In Service Trainings—monthly for all ACBH staff

Amador Community College Foundation (ACCF) or Amador College Connect

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

FY 22/23 Projected Annual Cost: \$35,000 | Increase in Cost from 21/22: \$13,000 | Average Increase in # Served: 7% | FY 21/22 # Served: 41 | FY 22/23 Projected # to be Served: 50 | FY 22/23 Estimated Cost per Person: \$700

Internship Opportunities

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

ACBH continues to offer opportunities for students who are seeking internship prospects for other educational pursuits for licensure or certification in Substance Use Disorder treatment or Bachelors programs. The Amador County Behavioral Health Director, 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. ACBH 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.

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

As stated above, Statewide County WET Funds were exhausted as of June 30, 2021. At that time, if any remaining WET funds existed, they reverted back to the State. To maintain MHSA training priorities and address the shortage of qualified personnel in the public mental health workforce, ACBH plans to participate with the Central Regional Partnership WET

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

Five-Year Plan, as currently proposed by the Department of Health Care Access and Information (HCAI), formerly the Office of Statewide Health Planning and Development (OSHPD), in coordination with the California Behavioral Health Directors Association (CBHDA). 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.

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

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

In FY 21/22, Amador County Behavioral Health expended in \$51,720.32 in Workforce, Education & Training funds.

TOTAL FY 2022/23 Program Cost: \$67,700

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. ACBH has fully expended its CFT balance. In order to continue funding CFT, a transfer from the Community Services and Supports (CSS) component of the MHSA will occur annually to continue CFT programming. ACBH will continue to fund the CFT component using transfers, as allowed by statute and approved by stakeholders, from CSS.

For FY22/23, 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 ACBH to investigate crisis residential and stabilization facilities, however, due to high costs and long-term funding commitments to implement these critical services, ACBH determined that there was not enough resources to pursue projects of this magnitude. Stakeholders continue to discuss solutions in providing crisis care for those experiencing mental illness.



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Network of Care

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

Electronic Billing and Records System

ACBH 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, CalAIM, HIPAA transactions, billing requirements, and the changes that are ongoing within the State of California.

Virtual Platforms

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

In FY 21/22, a total of \$181,207 was expended in Capital Facilities and Technological needs.

For FY 2022/23 CFT program cost will be \$227,138.

Prudent Reserve (PR)

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

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	
	<u> x76%</u>	
Total	\$9,885,734.09	
	<u> /5</u>	divided by 5 years
Total	\$1,977,146.82	
	<u> x33%</u>	
Total	\$652,458.45	



ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

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 13.

FY 22/23 MHSA Annual Update and Expenditure Report

**PROJECTED FY22/23 Mental Health Services Act Expenditure Plan
Funding Summary FY22/23**

County:	Amador					Date:	8/26/22
		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	230,506			48,695			
2. Estimated New FY 2022/23 Funding	2,736,000	684,000		160,000	0	0	0
3. Transfer in FY 2022/23**a/	(294,838)				67,700	227,138	0
4. Access Local Prudent Reserve in FY 2021/22	0	0			0	0	0
5. Estimated Available Funding for FY 2022/23	2,671,668	684,000		208,695	67,700	227,138	
B. Estimated FY 2022/23 MHSA Expenditures	2,671,668	479,705		208,695	67,700	227,138	
G. Estimated FY 2022/23 Unspent Fund Balance	0	204,295		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 FY22/23
Community Services and Supports (CSS) Funding**

County:	Amador					Date:	8/26/22
		Fiscal Year 2022/23					
		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	70,923	70,923					
2. FSP Staffing Costs	868,174	526,258	168,134	24,867	148,915		
Non-FSP Programs							
1. Mobile Support Team (incl staff & phone)	153,359	31,770	31,770	31,770			58,050
2. Wellness Center & PRA	385,000	385,000					
4. NAMI Ed & Support Groups	36,850	36,850					
5. MomCHAT	162,700	162,700					
6. Therapeutic Groups & Activities (Socialization, WRAP, BH Groups)	6,500	6,500					
7. Client Support Fund	5,000	5,000					
8. Community Program Planning Costs	10,000	10,000					
9. Amador Transit-Bus Passes	1,000	1,000					
10. Outreach and Engagement	15,000	15,000					
11. CSS Housing Funds (from PR Transfer)	65,000	65,000					
12. CSS Transfer to WET	67,700	67,700					
13. CSS Transfer to CFT	227,138	227,138					
CSS Administration	597,324	597,324					
CSS MHSA Housing Program Assigned Funds	0	0					
Total CSS Program Estimated Expenditures	2,671,668	2,208,162	199,904	56,637	148,915		58,050
FSP Programs as Percent of Total	35.2%						

PROJECTED FY22/23

Prevention and Early Intervention (PEI) Funding

County: Amador Date: 8/26/22

	Fiscal Year 2022/23					
	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	17,724	17,724				
4. Nexus O&E	28,000	28,000				
5. Labyrinth & LGBTQ Support	7,417	7,417				
6. Senior Peer Program	6,020	6,020				
7. Senior Fitness Program	6,020	6,020				
8. Senior Nutrition Program	6,020	6,020				
9. First 5 Amador	8,250	8,250				
PEI Programs - Early Intervention						
10. Nexus YEP / Project SUCCESS	11,500	11,500				
11. Nexus O&E	28,000	28,000				
12. First 5 Amador	8,250	8,250				
13. Nexus Building Blocks	60,000	60,000				
14. Labyrinth & LGBTQ Support	12,364	12,364				
Outreach						
16. Nexus Promotores de Salud	8,500	8,500				
17. Nexus O&E	28,000	28,000				
18. Senior Peer Program	3,696	3,696				
19. Senior Fitness Program	3,696	3,696				
20. Senior Lunches Program	3,696	3,696				
Stigma Reduction						
21. Nexus YEP / Project SUCCESS	7,667	7,667				
22. Nexus Promotores de Salud	8,500	8,500				
23. Labyrinth & LGBTQ Support						
24. First 5 Amador	8,250	8,250				
Suicide Prevention						
26. QPR	2,045	2,045				
27. Suicide Prevention & Education (Amador SPEAKS)	10,624	10,624				
Access & Linkage						
28. Nexus YEP / Project SUCCESS	3,833	3,833				
29. Nexus Promotores de Salud						
30. TRC Grandparents Program						
31. Nexus O&E	28,000	28,000				
32. First 5 Amador	8,250	8,250				
33. Labyrinth & LGBTQ Support	14,941	14,941				
Improving Timely Access						
35. Nexus O&E	28,000	28,000				
36. Labyrinth & LGBTQ Support						
PEI Administration	55,511	55,511				
PEI Assigned Funds	36,929	36,929				
CalMHSA	0	0				
Total PEI Program Estimated Expenditures	479,705	479,705	0	0	0	0

Projected FY22/23						
Innovations (INN) Funding						
County:	Amador				Date:	8/26/22
Fiscal Year 2022/23						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Comprehensive Community Support Model-Student Mental Health	133,000	133,000				
2.						
3.						
4.						
5.						
6.						
INN Administration	75,695	75,695				
Total INN Program Estimated Expenditures	208,695	208,695	0	0	0	0
Projected FY22/23						
Workforce, Education and Training (WET) Funding						
County:	Amador				Date:	8/26/22
Fiscal Year 2022/23						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Amador College Connect - MHSA Scholarship	35,000	35,000				
2. Relias	7,700	7,700				
3. Workforce, Education and Training	25,000	25,000				
WET Administration	0	0				
Total WET Program Estimated Expenditures	67,700	67,700	0	0	0	0
Projected FY22/23						
Capital Facilities/Technological Needs (CFTN) Funding						
County:	Amador				Date:	8/26/22
Fiscal Year 2022/23						
	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	215,722	215,722				
2. Network of Care	5,000	5,000				
3. Zoom	5,000	5,000				
4. Updox	1,416	1,416				
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	227,138	227,138	0	0	0	0

MHSA Program Outcomes from FY 21/22

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 2021/22:

Amador County Full Service Partnerships (CSS)

Average in FY 2019/20: 18

Average in FY 2020/21: 15

Average in FY 2021/22: 11

Male: 4	African American: 1
Female: 7	Asian American: 0
Children (0-12): 0	Caucasian: 8
Teen (13-17): 1	Latino/ Hispanic: 2
TAY (18-24): 1	Native American: 0
Adults: 6	Multi Race/ Eth.: 0
Older Adults: 3	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 11 consumers served, two successfully met their FSP goals and graduated. Seven have continued their program and two exited the FSP program for various reasons.

Cal VOICES Sierra Wind Wellness & Recovery Center (CSS)

Average in FY 2019/20: 823

Average in FY 2020/21: 1,111

Average in FY 2021/22: 1,217

Referrals to ACBH: 16

Individuals who received one-on-one peer support: 503

Behavioral Health Clients served: 94

Children (0-12): 18	African American: 2
Teens (13-17): 10	Asian American: 6
TAY (18-24): 25	Caucasian: 1,075
Adults (25-59): 927	Latino/ Hispanic: 85
Older Adults: 237	Native American: 27
	Multi Race/Ethnicity: 2
	Other/Unknown: 14

Homeless: 280	Male: 27
Veterans: 40	Female: 40
LGBTQ: 31	Self-Identify: 5
Probationers: 16	English: 1,185
Parolees: 11	Spanish: 28
	Sign Language: 3

Participant Feedback

N=72

- 13% reported they engaged in Patient Rights Advocacy services
- 79% reported they engaged in Sierra Wind groups
- 36% reported they engaged in Peer Support services (one-on-one peer support)



- 39% reported they engaged in supportive services
- 98% are continuing their program at Sierra Wind
- 98% agreed the program improved their emotional wellbeing
- 97% stated they would recommend Sierra Wind to others
- Prior to participation at Sierra Wind Wellness and Recovery Center, 68% of program participants reported that they had experienced homelessness or were at-risk for homelessness. After receiving services at Sierra Wind, 45% reported experiencing a homelessness or were at-risk of homelessness (23% decrease).
- Prior to participation at Sierra Wind Wellness and Recovery Center, 29% of program participants had experienced a psychiatric hospitalization. After receiving services at Sierra Wind, 15% reported experiencing a psychiatric hospitalization--either themselves or as a family member (nearly a 50% decrease).
- Program participants also reported a 12% decrease in experiencing jail or prison.
- Prior to participation at Sierra Wind, 61% of program participants were at risk of losing housing or placement. After participation, 34% reported being at risk for losing housing or placement. This is a 27% decrease.
- Added comments:
 - The staff is wonderful and so helpful. They really make you feel so welcome and show that they really care about you!
 - I've been a member of Sierra Wind for a very long time. During that time there have been many staff changes. That staff that is there now is by far the best that ever been in Sierra Wind history. I should know I have been a member since Sierra Wind was in Martel and Henry ran it.
 - I'm currently full-time employed which would not have happened without the help of Sierra Wind.
 - They have helped me immensely, and my grandson as well now.
 - Sierra Wind provides support where support is needed. I feel comfortable coming here and I am glad they are here. The people are great and the lunches are crazy good.
 - Staff is very helpful with knowledge
 - Love this place. It's very helpful for me.
 - This center is absolutely amazing. The staff are so knowledgeable and helpful. The resources they offer are great.
 - They listen
 - Place is amazing
 - Sierra Wind offers a lot of resources and groups that are helpful.
 - The employees are very helpful and encouraging. Very kind.
 - This place is great!!
 - I thank you all for the help in all my life's events that help me succeed
 - Without Sierra Wind and the many resources offered I wouldn't be as well as I am in my mental wellness
 - everybody great & helpful
 - thank you!

NAMI Family/Client Education & Support (CSS)

Average in FY 2019/20: 301
 Average in FY 2020/21: 155
 Average in FY 2021/22: 246

Referrals: 45

Male: 80

Female: 169

Self-Identify: 0

Children: 0

Teens: 0

TAY: 2

Adults: 107

Older Adults: 139

African American: 3

Asian American: 24

Caucasian: 149

Latino/ Hispanic: 4

Native American: 0

Multi Race/ Eth.: 42

Other/ Unknown: 2



Homeless: 7

Veterans: 10

LGBTQ: 4

Probationers: 9

Participant Feedback

N=250

- 66% reported participating in the weekly Connections group
- 58% reported participating in the Peer to Peer course
- 11% reported participating in the Family Support Group
- 19% reported participating in the Family to Family course
- 28% reported participating in Other Program/NAMI service such as advocacy, outreach and events
- 98% are continuing their program
- 100% agreed the program improved their emotional wellbeing
- 100% would recommend this group to others
- After participating in NAMI Amador groups/activities, program participants reported decreases for homelessness or risk of homelessness (5%), a decrease in time spent in juvenile hall, jail or prison (3%) and increases for employment, volunteering and/or school (3%).

Added comments:

- Nami enabled me to remember my tools.
- Always a source of information & support
- Appreciate friends I've made who understand this life we live in.
- I'm very happy to be able to attend in person meetings
- Everything is working & great
- NAMI is amazing saves my life each week.
- Just so happy were meeting again
- Thank you for the faithful service of conducting this group
- NAMI connections rocks!
- NAMI rocks and helps me tremendously on a daily basis.
- The connection group at the senior center helps me more than a 1 on 1 with my therapist
- Great program
- NAMI is safe place to be and share
- NAMI Connections is an amazing support group for me and well being
- NAMI is mental health awareness at its best!
- NAMI Connections is my weekly go to and supports my mental health and wellbeing!
- This class has been so helpful and supportive. I am deeply grateful.
- Thank you for holding this class for the family members who are looking for answers!
- An ongoing source of information and support! An ongoing source of information and support!
- NAMI reminds me of hope even in the darkest time.
- NAMI is part of my chosen family
- NAMI is my foundation
- NAMI Connections provides support and offers educational tools weekly.
- NAMI's initiatives are wonderfully helpful.
- It remains a primary source of support and information for me.
- NAMI is always there for me. My comfy place is Connections.
- NAMI keeps me on the right track in my mental wellbeing.
- NAMI helped me create a routine and an awesome support system.
- Thank you for staying in touch when the meetings are not held.
- Awesome work from NAMI. Proud to be a part of it.
- Thank you, NAMI!
- Thank you NAMI for teaching me "A new way to live."
- NAMI Connections helps me much with my mental wellbeing.
- NAMI Connections is my saving grace. I love my weekly group.
- Thank you NAMI for showing me the foundation to set for my mental health.
- NAMI = Healing

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)

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

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

Labyrinth Stress Reduction Project:

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Referrals from Labyrinth Project: 0

Children: 2

African American: 0

Teens: 3

Asian American: 0

TAY: 0

Caucasian: 59

Adults: 60

Latino/ Hispanic: 12

Older Adults: 7

Native American: 1

Homeless: 4

Multi Race/Eth.: 0

LGBTQ: 17

Veterans: 1

Parolees: 1

Probationers: 0

Male: 2

Chronic Illness/Disability: 2

Female: 4

ACBH clients served: 1

Outreach for Increasing Early Signs of Mental Illness:

- Location/Setting: Each quarter two types of events took place either virtually or in-person either at Sierra Wind's Labyrinth or in the community, utilizing the mobile Labyrinths.
- Brief Description of Activity: Labyrinth walks, Finger Labyrinth walks, education about the benefits and positive impact the Labyrinth has on mental wellbeing. Outreach using social media platforms and community bulletin was provided to promote mental wellbeing.
- Setting Where Potential Responders Were Engaged: Sierra Wind Wellness and Recovery Center, virtual and social media platforms, or community settings such as parks and community centers.
- # of Potential Responders: 300 (includes social media and community bulletin outreach)
- Types of Responders: Youth, Teens, Adults, Older Adults, Community Members

Participant Feedback:

N=6 for Labyrinth Stress Reduction Project

- 100% of program participants reported they would continue utilizing the Labyrinth Project program.
- 100% of program participants reported that the program improved their emotional wellbeing
- 100% of program participants reported feeling much more or more relaxed, clear, peaceful and centered after participation in the program.
- Prior to participating in the Labyrinth Project program, 17% of participants reported that they were homeless, at-risk of homelessness or losing home placement and had experienced time in juvenile hall, jail or prison. After participation in the program, no one reported that they were homeless, at-risk of homelessness or losing home placement nor had anyone experienced time in juvenile hall, jail or prison.
- 100% of participants would recommend the program to others.

Added comments:

- Thankful the labyrinth is here to walk for those that are struggling.
- CALM
- Eclectic and relaxing



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: 0
- Referral outcome data is not available for FY21/22 due to the fact that no referrals were generated. ACBH is working with the contractor, Cal VOICES to develop a system of accurate referral tracking which will be implemented in FY22/23. Despite that there were no referrals, ACBH worked very closely with Cal VOICES to provide support to those who needed it through phone consults and providing access to resources and support. When referrals are made, the program does encourage follow through of referrals by engaging through peer support.

Male: Unknown*

Female: Unknown*

African American: 0

Self-Identify: Unknown* Asian American: 0

Children: 0 Caucasian: 44

Teens: 4 Latino/ Hispanic: 2

TAY: 7 Native American: 0

Adults: 29 Multi Race/ Eth.: 0

Older Adults: 6 Other/ Unknown: 0

Homeless: 0 Veterans: 0

LGBTQ: 46 Probationers: 0

Parolees: 0

***Due to COVID-19, LGBTQ Support Services were facilitated on virtual platforms for much of FY21/22. Although the link to the participant surveys to collect demographic data was provided to participants, none were completed. Therefore, there is no program participant data for FY21/22.**

ACBH 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 2019/20: 116

Average in FY 2020/21: 448

Average in FY 2021/22: 390

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 ACBH. 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 ACBH. Of the 9 referrals made, all 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 ACBH.
- Average Duration of Untreated Mental Illness was 1.5 days.



Outreach for Increasing Recognition of Early Signs of Mental Illness:

- Location/Setting: Several types of outreach were conducted throughout FY21/22. Locations/Settings include in-person at the First 5 Amador building, schools, community settings (family resource centers, parks and other

community settings). Other locations/settings included advertising/outreach on local buses, virtual platforms (e.g. Zoom, social media and email) and curbside pickup at various locations throughout the county.

- Brief Description of Activity: Information, messages and materials 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, health and resource fairs as well as various online newsletters and emails.
- # of Potential Responders: 1,790 (includes # served and outreach)
- 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: 338	African American: 0
Teens: 0	Asian American: 0
TAY: 0	Caucasian: 13
Adults: 50	Latino/ Hispanic: 2
Older Adults: 2	Native American: 0
Male: Unknown	Multi Race/ Eth.: 0
Female: Unknown	Other/ Unknown: 35

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

Participant Feedback:

N=0 for First 5 Behavioral Consultation & Support

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):

- 34 referrals were made to treatment that is provided, funded, administered or overseen by ACBH. This kind of treatment includes Nexus Youth and Family Services programs funded via MHSA, and services provide directly by ACBH. Of the 34 referrals made, 9 reported engaging at least once in the program to which they were referred.
- No referrals were made to treatment not funded, administered or overseen by ACBH.
- The average duration of the onset of mental illness to seeking treatment is 10 years for Nexus clients who participated in ACBH therapy services.
- The average interval between the referral and participation in treatment is 4.5 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 client's homes. Additional outreach was provided in-person at community events either organized by Nexus Youth & Family Services or their partners.
- 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 case management services to support personal growth, mental health stability, wellness and resiliency were provided. Community outreach events were held throughout the year supporting targeted populations, such as youth, domestic violence/sexual assault victims and those who are unhoused or at-risk of losing housing. Events were held at public parks, family resource centers and other community-based settings.

- Setting Where Potential Responders Were Engaged: Drive through events, Zoom, YouTube, phone and onsite, in-person services were provided throughout the year. In-person services were provided at the Nexus Youth & Family Services office, Community Centers located in Lone, Camanche and Upcountry (Pine Grove) and visits to client's homes. Additional in-person outreach services were provided at events held at public parks and other community-based settings.
- # of Potential Responders: 198
- Types of Responders: The general public, isolated community members, the Hispanic community, educators, faith leaders, Seniors, youth and foster youth, consumers and/or family members.

Average in FY2019/20: 700

Average in FY2020/21: 532

Average in FY2021/22: 507

Children: 0	African American: 10
Teens: 17	Asian American: 10
TAY: 35	Caucasian: 211
Adults: 330	Latino/ Hispanic: 225
Older Adults: 125	Native American: 11
Homeless: 52	Multi Race/ Eth.: 9
Veterans: 10	Other/Unknown: 31
LGBTQ: 13	Male: 7
Probationers: 9	Female: 83
Parolees: 7	Self-identify: 0

Participant Feedback:

N=86

- 84% (the majority of participants), participated in all three--a community center activity, presentation and/or training and supportive services/case management
- 100% would recommend the program to others
- 97% agreed the program improved their emotional wellbeing
- Before participating in this program, 18% of program participants reported that they were homeless, at-risk of homelessness or at-risk of losing placement. After participation, 13% reported being homeless, at-risk of homelessness or at-risk of losing placement. This is 5% decrease.
- Before participating in this program, 27% of participants were employed, volunteering, or participating in a school internship. After participation, 32% reported that they were employed, volunteering or participating in a school internship. This is a 5% increase.
- **Over 80% reported that they are feeling optimistic about the future, useful, loved, relaxed, interested in other people, and they are dealing with problems well, 'Some of the Time' or 'Often' after participation.**

Added comments:

- very informative & helpful!
- thank you for your presentation it was interesting
- helpful program. Thanks
- These programs are very important for the Hispanic community.
- Great programs
- Thank you for the great programs.
- thank you for the programs

- Great program
- These classes are very helpful for me and my family
- great program
- I Really like your Zoom classes
- Thank you for all that you do great program
- Very interested in the subjects you do
- Thank you for what you do. You always give great information about mental health
- Thank you for your classes it has given me so much mental strength
- These classes have been very helpful for me and my family.

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):

- 11 referrals were made to treatment that is provided, funded, administered or overseen by ACBH. This kind of treatment includes services provided directly by ACBH. Of the 11 referrals made, 6 reported engaging at least once in the program to which they were referred and 5 chose not to follow through on the referral.
- 5 referrals were made to treatment that is *not* provided, funded, administered or overseen by ACBH. This kind of treatment includes CHAT services. Of the 5 referrals made, all reported engaging at least once in the program to which they were referred.
- The average duration of the onset of mental illness to seeking treatment is 2.5 years for Nexus clients who participated in ACBH therapy services.
- The average interval between the referral and participation in treatment is 3.5 weeks.



Average in FY 2019/20: 176

Average in FY 2020/21: 193

Average in FY 2021/22: 453

Children (0-5): 24	African American: 4
Youth (6-12): 150	Asian American: 6
Teens: 240	Caucasian: 281
TAY: 3	Latino/Hispanic: 99
Adults: 23	Native American: 5
Older Adults: 0	Multi Race/Eth.: 40
	Other/Unknown: 18

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):

- 10 referrals were made to treatment that is provided, funded, administered or overseen by ACBH. This kind of treatment includes services provided directly by ACBH. Of the 10 referrals made, none reported engaging at least once in the program to which they were referred.
- 10 referrals were made to treatment that is *not* provided, funded, administered or overseen by ACBH. Of these 9 referrals, all reported engaging at least once in the program to which they were referred. This kind of treatment includes CHAT. One referral was still considering service options.
- The average duration of the onset of mental illness to seeking treatment for Nexus clients who participated in ACBH therapy services could not be calculated due to no substantiated referrals for FY21/22.
- The average interval between the referral and participation in treatment could not be calculated due to no substantiated referrals for FY21/22.

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

Ione & Jackson Junior High Schools

Ione Junior High School

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.	36.66%	90.11%
My understanding of how using S.M.A.R.T. goals will help my decision-making.	20.38%	87.50%
My understanding of the affects that tobacco and vaping can have on my overall health.	61.54%	90.39%
My understanding that communication is not only verbal.	29.49%	89.75%
My understanding of how my body language and words can affect my communication with others.	42.30%	82.21%
My understanding of how to use coping techniques for stress and anxiety.	18.31%	73.62%
My understanding of the number of chemicals in tobacco and vape products.	26.93%	86.54%
My understanding of the effects that alcohol and tobacco have on my body.	47.78%	90.11%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	44.23%	86.54%
My understanding that conflict does not have to end poorly if I am committed to a positive resolution.	32.05%	85.72%
My understanding of the effects of marijuana on my body.	10.11%	84.44%
My understanding of the importance of positive mental health.	57.39%	91.55%

Jackson Junior High School

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.	34.56%	78.05%
My understanding of how using S.M.A.R.T. goals will help my decision-making.	25.61%	86.59%
My understanding of the affects that tobacco and vaping can have on my overall health.	53.66%	91.46%

My understanding that communication is not only verbal.	36.58%	79.27%
My understanding of how my body language and words can affect my communication with others.	47.56%	87.81%
My understanding of how to use coping techniques for stress and anxiety.	29.27%	85.36%
My understanding of the number of chemicals in tobacco and vape products.	18.30%	82.93%
My understanding of the effects that alcohol and tobacco have on my body.	45.12%	91.46%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	28.05%	80.49%
My understanding that conflict does not have to end poorly if I am committed to a positive resolution.	24.39%	68.29%
My understanding of the effects of marijuana on my body.	32.92%	82.92%
My understanding of the importance of positive mental health.	52.44%	86.58%

Amador High School
Fall Semester

QUESTION	CLEAR OR CRYSTAL CLEAR BEFORE PROJECT SUCCESS	CLEAR OR CRYSTAL CLEAR AFTER PROJECT SUCCESS
My understanding of how to identify a trusted adult.	42.03%	74.28%
My understanding of the effects that tobacco/vaping can have on my overall health.	47.83%	85.71%
My understanding of how using alcohol can affect the overall performance of student athletes.	39.70%	91.30%
My understanding of how the use of marijuana impacts my brain and body function.	28.98%	80.00%
My understanding of how to use coping techniques for stress and anxiety.	37.22%	82.17%
My understanding of the number of chemicals in tobacco and vape products.	17.58%	71.43%
My understanding of how the use of alcohol and tobacco impact my brain and body.	24.64%	81.43%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	20.04%	62.86%
My understanding of the importance of individuality and being unique.	29.41%	69.57%
My understanding of the importance of positive mental health.	46.27%	82.28%

Spring Semester

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.	29.42%	91.05%
My understanding of the effects that tobacco/vaping can have on my overall health.	43.24%	94.03%
My understanding of how using alcohol can affect the overall performance of student athletes.	41.28%	77.42%
My understanding of how the use of marijuana impacts my brain and body function.	30.33%	92.42%
My understanding of how to use coping techniques for stress and anxiety.	30.88%	79.00%
My understanding of the number of chemicals in tobacco and vape products.	26.32%	68.13%
My understanding of how the use of alcohol and tobacco impact my brain and body.	50.00%	89.29%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	38.24%	85.58%
My understanding of the importance of individuality and being unique.	38.43%	71.64%
My understanding of the importance of positive mental health.	41.18%	88.06%

Average in FY 2019/20: 1,157

Average in FY 2020/21: 1,429

Average in FY 2021/22: 1,355

Children (0-5): 0

Youth (6-12): 420

Teens (13-17): 935

TAY (18-24): 0

Adults: 0

Older Adults: 0

African American: 13

Asian American: 30

Caucasian: 897

Latino/ Hispanic: 228

Native American: 11

Multi Race/ Eth.: 72

Other/ Unknown: 104

Homeless: 4

Veterans: --

LGBT: 20

Probationers: --

Parolees: --

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):

- 40 referrals were made in FY21/22
- 13 individual referrals followed through on the referral and participated at least once in the program to which they were referred
- Of the other 27 individual referrals, 12 chose not to follow through on the referral, 11 were considering service options, 2 couldn't be reached and 2 did not qualify for services.
- The average interval between referral and participation in services to which the participant is referred was 3.5 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 ACBH 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 2019/20: 466

Average in FY 2020/21: 295

Average in FY 2021/22: 352

Children (0-5): 16	African American: 0
Youth (6-12): 10	Asian American: 0
Teens (13-17): 8	Caucasian: 0
TAY (18-24): 21	Latino/ Hispanic: 352
Adults: 265	Native American: 0
Older Adults: 32	Multi Race/ Eth.: 0
	Other/ Unknown: 0

Homeless: 20	Male: 6
Veterans: 0	Female: 26
LGBTQ: 14	Self-Identify: 0
Probationers: 0	
Parolees: 0	

Participant Feedback

N=32

- 66% participated in Promotores presentations
- 22% received other Promotores support services including case management support.
- 38% stated 'Other' and reported that they participated in translation/interpretation services as well as the Hispanic Women's Group.
- Prior to participating in the program, 19% of participants reported experiencing homelessness or being at-risk of homelessness. After participating in the program 0% reported experiencing homelessness or being at-risk of homelessness. This is a 100% decrease.
- Prior to participating in the program, 13% of participants reported experiencing time in Juvenile Hall, Jail or Prison. After participating in the program, 0% reported experiencing time in Juvenile Hall, Jail or Prison. This is a 100% decrease.

- Prior to participation in the program, 19% of participants were at risk of losing their home placement. After participation, 0% reported being at risk of losing their home placement. This is a 100% decrease.
- 100% would recommend the program to others
- 100% agreed the program improved their emotional wellbeing
- **Over 90%** reported that they were feeling cheerful, optimistic about the future, relaxed, confident, interested in new things, they were able to make up their own mind about things, they were thinking clearly and able to deal with problems well 'Sometimes' or 'Often' after participation.

Added comments:

- This program has helped me overcome my mild depression and has thought me how to help myself in moment of sadness. I learn new techniques to help my mental health.
- I feel so much better after speaking with the Promotora she provides very good information that i use this tips to better my addiction and my mental health.
- This is a great program for our community.
- Great information that has helped me with my own mental health.
- I work a lot and because I can view this via zoom I never miss a topic.
- I like this Wellness workshops and the convenience of zoom option.
- I enjoy this my mother has a mental health condition this helps me a lot
- I wish we had more Spanish speaking programs.
- I like this program because this helps me understand others
- the Promotoras have helped me a lot with my wellbeing
- I just want to say thank you to the Promotoras they do a lot for the Spanish speaking community
- Promotores de Salud, hispanic women's group have a lot of information and ideas in order to work with my family members
- First time parent, your advice are great thank you for all the ideas
- Your program is very well done.

**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):

- No referrals were made to ACBH, a Prevention & Early Intervention Program or treatment beyond early onset in FY21/22.
- The average interval between referral and participation in services was not measured due to no referrals being made.
- When referrals are made, follow through is encouraged through offering warm hand off's and having knowledge of programs and able to answer questions. Follow up on referrals made is done to ensure that follow through was being pursued and if not, ascertained reasons why.

Average in FY 2019/20: 35

Average in FY 2020/21: 71

Average in FY 2021/22: 76

Children (0-5): 6	African American: 0	Homeless: --
Youth (6-12): 19	Asian American: 0	Veterans: 13
Teens (13-17): 0	Caucasian: 11	LGBTQ: --
TAY (18-24): 0	Latino/ Hispanic: 4	Probationers:--
Adults: 0	Native American: 3	Male: 3
Older Adults: 51	Multi Race/ Eth.: 4	Female: 3
	Other/ Unknown: 0	Self-Identify: 0

Participant Feedback:

N=6

- 100% were continuing the program/group
- 80% participated in the monthly Grandparent Café groups for education and support
- 100% would recommend the group to others.



- 100% felt the program improved their emotional wellbeing
- Over 80% reported that they were thinking clearly, dealing with problems well, feeling closer to other people, more confident and able to make their own minds up about things 'Often' or 'All of the Time' after participating in the program.
- Prior to participating in the program, 17% of participants reported experiencing homelessness or being at-risk of homelessness. After participating in the program 0% reported experiencing homelessness or being at-risk of homelessness. This is a 100% decrease.

Added comments:

- Thankful for the opportunities, support and guidance we get from this program. Thank you!
- Perfect for all of us, we need you
- I learn a lot about how to be a really good grandpa.
- Our program is awesome & always look forward to the groups & knowledge we gain from participating!

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):

- One referral was made to ACBH, a Prevention & Early Intervention Program or treatment beyond early onset in FY21/22.
- No referral outcome data is available for FY21/22 since this referral was sent back to the referee for many programmatic reasons. When active referrals are 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 FY2019/20: 26
 Average Participants in FY2020/21: 11
 Average Participants in FY2021/22: 21
All participants are older adults aged 60+

African American: 0	Male: Did not state
Asian American: 0	Female: Did not state
Caucasian: 21	
Latino/Hispanic: 0	
Native American: 0	
Multi Race/Eth.: 0	
Other/Unknown: 0	
Veterans: 0	

Participants who received Senior Peer Visitor services reported the following:

N=5

- 100% would recommend the Senior Peer Visitor services to others
- When asked how the Senior Peer Visitor program has positively impacted participants, 100% stated Social Connection. 80% stated emotional wellness. 60% stated mental wellness. 40% stated transportation assistance, physical health and improvements in overall health.
- When asked why participating in the Senior Peer Visitor program is important to you, participants stated:
 - Friendship, laughter, sharing my life with Andy and becoming really good friends, fishing
 - The calls are so much help. a listening, sensible person to talk to.
 - It's nice having the contact
 - So many lonely isolated seniors
 - Helpful talking & advice

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

Average in FY 2021/22: 472

Referrals: 0



Children:	0
Teens:	0
TAY:	0
Adults:	13
Older Adults:	459
Male:	
Female:	
Self-Identify:	

African American:	2
Asian American:	1
Caucasian:	434
Latino/Hispanic:	9
Native American:	6
Multi Race/Eth:	6
Other/Unknown:	14

Homeless:	0
Veterans:	73
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=48

- 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:
 - 98% reported improved physical wellness;
 - 94% reported that the social connection has made a positive impact on their lives;
 - 81% reported that they experienced improved health;
 - 67% reported that the program has positively impacted their mental wellness; and
 - 61% reported improved emotional wellness.
 - Other comments stated 'educational' and 'balance'.
- When asked why attending Foothill Fitness classes were important to them, 41 program participants stated the program helped them maintain their physical fitness, gives them opportunity to socialize and helps them stay healthy.

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 21/22, one referral was made to treatment provided, funded, administered or overseen by ACBH. The person to whom the referral was made, never engaged in services.
- In FY 21/22, no referrals were made to treatment that was not funded, administered or overseen by ACHBS.
- Due to the fact that the referral to ACBH was not substantiated, the Duration of Untreated Mental Illness was not measured.

Average Served in FY 2019/20: 454
 Average Served in FY 2020/21: 1,695
 Average Served in FY 2021/22: 1,792

Children:	0
Teens:	0
TAY:	0
Adults:	0
Older Adults:	1,792
Male:	---
Female:	---
Self-Identify:	---

Homeless:	4
Veterans:	299
Parolees:	---
LGBTQ:	7
Probationers:	---

African American:	4
Asian American:	23
Caucasian:	1,513
Latino/Hispanic:	31
Native American:	12
Multi Race/Eth:	10
Other/Unknown:	199

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

N=26

- When asked how the Nutrition program has positively impacted participants, 64% stated Social Connection. 60% noticed improvements in overall health. 56% stated physical wellness and localized services. 48% stated mental wellness.
- 96% stated they would recommend the program to others
- When asked why participating in the Nutrition program is important to you, participants stated:
 - *Great balanced meal. I don't have to plan or go shopping.*
 - *As I'm alone, if I don't have a meal from you, I will often eat junk food or store bought dinners, with all the additives.*
 - *1 I live alone 2 I am a poor cook 3 I still drive 4 The price is right*
 - *Meet my national, mental and social needs*
 - *Yes keep s my mental wellness up and alive*
 - *Provides a full meal to me; otherwise would not have much to eat. unable to cook due to health problems*
 - *Meals are good not too much sugar or salt really helps not to have to cook a meal or shop extra especially w/ covid*
 - *The socializing is probably valuable as the food, but it figures a much different approach.*

ACCF Human Services Certificate Scholarship Program (WET)

Average in FY 2019/20: 35
 Average in FY 2020/21: 35
 Average in FY 2021/22: 41

Children: 0	African American: 1
Teens: 1	Asian American: 0
TAY: 8	Caucasian: 35
Adults: 32	Latino/ Hispanic: 2
Older Adults: 0	Native American: 1
Male: 2	Multi Race/ Eth.: 2
Female: 28	Other/ Unknown: 0
Self-Identify: 1	Veterans: 0
Homeless: 1	Probationers: 0
LGBTQ: 3	Parolees: 0



Learn. Achieve. Succeed.

Participant Feedback

N=33

- 100% of respondents participated in the MHSA Scholarship Program
- 100% are continuing their program
- 100% reported that participation in the program has improved their emotional wellbeing
- 100% would recommend the program to others
- 16% of participants reported experiencing a psychiatric hospitalization (themselves or a family member) prior to participating in the program. After participation, 6% reported experiencing psychiatric hospitalization, representing a 10% decrease.

- 50% of program participants were homeless or at-risk of homelessness prior to participation in the program. After program participation, 19% reported experiencing homelessness or at-risk of homelessness, representing a 31% decrease.
- Prior to participation in the program, 10% reported spending time in prison, jail or juvenile hall. After participation in the program, 3% reported spending time in prison, jail or juvenile hall, representing a 7% decrease.
- Prior to participation in the program, 41% reported losing or at-risk of losing home placement. After participation in the program, 3% reported losing of or being at-risk of losing home placement. This represents a 13% decrease.
- Over 90% of participants reported they were interested in other people, thinking clearly and feeling useful 'Sometimes' or 'Often' since participation in the program.
- Over 80% of participants reported they were dealing with problems well, optimistic about their future, able to make their own mind up about things and feeling cheerful 'Sometimes' or 'Often' since participation in this program

Added Comments:

- With MHSA I have been able to go to school when I wouldn't have been able to before. It's been amazing.
- This program helped me find a great job that helps others.
- Thanks for your effort.
- Great program!
- I'm very grateful of this opportunity and appreciate all that I'm able to do with your help.
- Thank you for your enthusiasm and support. This cohort scholarship program is hugely beneficial to me as a student and as an individual. Thank you.

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. ACBH is reporting the demographic data received in one data set to protect program participant identity.

FY 21/22

Participant Demographic Survey Data

%

What age group are you in?

Children/Youth (aged 0-15)	0%
Transitional Age Youth (aged 16-25)	0%
Adult (aged 26-59)	99%
Older Adult (aged 60+)	1%
Decline to Answer	0%

What is your race?

White or Caucasian	99%
Black or African American	0%
Asian or Asian American	0%
American Indian or Alaska Native	0%
Native Hawaiian or other Pacific Islander	0%
More than one race	0%
Other	1%
Decline to Answer	0%

If you are Hispanic or Latino, please specify:	
Caribbean	1%
Central American	0%
Mexican/Mexican-American/Chicano	0%
Puerto Rican	0%
South American	0%
Other	49%
Decline to Answer	50%
If you are non-Hispanic or non-Latino, what is your ethnicity?	
African	0%
Asian Indian/South Asian	0%
Cambodian	0%
Chinese	0%
Eastern European	0%
European	0%
Filipino	0%
Japanese	0%
Korean	0%
Middle Eastern	0%
Vietnamese	0%
More than one ethnicity	1%
Other	50%
Decline to Answer	49%
What is your primary language?	
English	100%
Spanish	0%
Other (please specify)	N/A
Language:	N/A
Do you think of yourself as:	
Straight or Heterosexual	100%
Lesbian, gay or homosexual	0%
Bisexual	0%
Don't Know	0%
Decline to Answer	0%
Something else, please specify:	0%
Do you think or yourself as:	
Male	51%
Female	49%

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	0%
Decline to Answer	0%
Something else, please specify:	N/A

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

Male	50%
Female	50%
Decline to Answer	0%

What pronouns do you use?

He/Him	0%
She/Her	0%
They/Them	0%
Other pronouns, please specify:	0%

MHSA Annual Update and Expenditure Report ATTACHMENTS

MHSA Annual Update and Expenditure Report Attachments

See attached documents.