



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

Fiscal Year 2024-2025



WELLNESS | RECOVERY | RESILIENCY

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Attachments include:

- *Capacity Overview, Analysis of Mental Health Needs & Workforce Needs Assessment*
- *MHSA Community Survey 2024 Responses - Community Program Planning Process*
- *FY 23/24 Annual Prevention & Early Intervention (PEI) Report*
- *FY 23/24 Comprehensive Community Support Model to Address Student Mental Health Annual Report*
- *Proposed INN Project--Workforce Recruitment & Retention Strategies*
- *MHSA Community Program Planning Process - Evidence*

COUNTY CERTIFICATIONS

MHSa County Program Certification	
County: Amador	Submission: MHSa Annual Update & Expenditure Report for FY24/25
County Mental Health Director Name: Melissa Cranfill, LCSW Telephone Number: 209-223-6335 E-mail: mcranfill@amadorgov.org	Project Lead Name: Melissa Ausilio Telephone Number: 209-223-6311 E-mail: mausilio@amadorgov.org
County Mental Health Mailing Address: Amador County Behavioral Health Services 18077 Conductor Blvd., Ste. 300 Sutter Creek, CA 95685	
<p>I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and non-supplantation requirements.</p> <p>This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____, 2024.</p> <p>Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.</p> <p>All documents in the attached annual update are true and correct.</p>	
<u>Melissa Cranfill, LCSW</u> Mental Health Director/Designee (PRINT)	_____ Signature Date

COUNTY CERTIFICATIONS

MHS County Fiscal Accountability Certification*

County: Amador

Submission: MHS Annual Update & Expenditure Report
for FY24-25

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, 2022, 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, 2022. I further certify that for the fiscal year ended June 30, 2022, 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)

COUNTY CERTIFICATIONS

State of California
Health and Human Services Agency

Department of Health Care Services

**MENTAL HEALTH SERVICES ACT
PRUDENT RESERVE ASSESSMENT/REASSESSMENT**

County/City: Amador County

Fiscal Year: FY 24/25

Local Mental Health Director

Name: Melissa Cranfill, LCSW

Telephone: (209) 223-6412

Email: mcranfill@amadorgov.org

I hereby certify under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Local Mental Health Director (PRINT NAME)

Signature

Date

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 2023, the population was estimated at approximately 41,811 residents, which includes a state prison. Excluding the state prison, the county’s population is 37,864, which has increased by nearly 3.3% since 2020. The county’s population is older than the state by 12% 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 (15.6% for Amador County; 21.7% for California). The county’s median age was 49.6 years in 2022, the median age in California in 2022 was 38.2 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 2024, the unemployment rate is 5%, which slightly increased from June 2023 when the employment rate sat at 4.8%.

According to the 2023 U.S. Census QuickFacts, approximately 15,745 households live in Amador County. In 2023, the median household income was \$74,853. The 2023 HUD Income Limits for Amador County state:

- HUD Income Limits state that a family of four making \$73,350 is Low Income
- HUD Income Limits state that a family of four making \$45,850 is Very Low Income
- HUD Income Limits state that a family of four making \$27,500 is Extremely Low Income

The per capita income in the past 12 months in Amador County was \$40,379.



County Demographics (2023)*:

- 88.4% Caucasian
- 3% African American
- 2.2% American Indian/Alaska Native
- 2% Asian American
- 0.4% Hawaiian and Other Pacific Islander
- 16% Hispanic/Latino
- 4% Reporting 2 or More Races/Ethnicities
- 28.1% Over 65 Years Old
- 10.1% Live Below the Poverty Level
- 4,000 Veterans
- 3,947 Incarcerated (approx.)**

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

** [Population Reports - Office of Research \(ca.gov\)](https://www.ca.gov/research/population-reports)

9.1% of households speak a language other than English at home.

County Challenges:

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

- 79% of extremely low-income (ELI) households in Amador County are paying more than half of their income on housing costs compared to 0% of moderate-income households. *
- 559 low-income renter households in Amador County do not have access to an affordable home.*

BACKGROUND

- Renters in Amador County need to earn \$21.29 per hour - 1.3 times the state minimum wage - to afford the average monthly asking rent of \$1,107.*
- In 2023 in Amador County, there were only 459 beds available in the interim and permanent housing supply for persons experiencing homelessness.*

*https://chpc.net/wp-content/uploads/2024/05/Amador_Housing_Report.pdf

- In the 2024 Point-in-Time (PIT) count, 213 people identified as homeless (sheltered and unsheltered count).
- In the 2024 Point-in-Time (PIT) count, 161 people identified as homeless (unsheltered count only). Of the 161, unsheltered adults (age 25-64) were counted at 127, unsheltered transitional aged youth (TAY age 18-24) were counted at 7 and the number of unsheltered youth/children (under age 18) were 6. Unsheltered older adults aged 65+ were counted at 21.
- A total of 17 Veterans were included in the 2024 PIT. Unsheltered Veterans were counted at 2 and sheltered Veterans were counted at 8. Of the total homeless Veteran population, 7 were considered chronically homeless Veterans, with 2 counted as sheltered chronic homeless Veterans and 5 chronic homeless veterans counted as unsheltered.
- During the 2024 MHSA Community Program Planning process, it was revealed that 33.3% of respondents who are Unhoused, Displaced or living in a Temporary Housing Situation, stated they were a victim of domestic violence and/or sexual assault.
- Those who are Displaced or living in a Temporary Housing Situation were considered to be in the second highest need of mental health services and supports, according to the 2023 and 2024 MHSA Community Program Planning surveys.
- 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, lack of transportation was reported as the highest barrier preventing people from seeking mental health services in Amador County according to the 2024 MHSA Community Program Planning Survey.
- 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 2020-2022, Amador County had the third highest suicide rate in the State of California. Also during the period of 2020-2022, Amador County was ranked as the highest for self-harm.
- 22.4% or approximately 9,352 of Amador County's residents are Medi-Cal recipients. Amador County Behavioral Health provides services to approximately 941 or 10% approximately of those Medi-Cal recipients.
- 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. Lack of providers and insurance eligibility were listed in the 2024 CPPP Community Survey as two of the top five reasons that individuals and families in Amador County do not seek mental health treatment.

Capacity Overview, Analysis of Mental Health Needs and Workforce Needs Assessment

Under California Code of Regulations, tit. 9, §3650(a)(1)(A), ACBH is required to provide a narrative analysis of the mental health needs of unserved and underserved/inappropriately served County residents who qualify for MHSA services. Additionally, California Code of Regulations tit. 9, §3650(a)(5), also requires ACBH to provide an assessment of the County's capacity to implement mental health programs and services. In order to comply with these requirements and to provide the public a transparent assessment of ACBH's ability to meet the mental health needs of Amador County residents, a comprehensive report titled '*Capacity Overview, Analysis of Mental Health Needs and Workforce Needs Assessment*' is included as an attachment to this plan. Attachments start on page 63.

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,



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BACKGROUND

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 and as an attachment to this Three-Year Plan and Expenditure Report.

This Plan provides a progress report of ACBH MHSA activities for the previous fiscal year (FY 23/24) as well as an overview of current or proposed MHSA programs planned for FY 24/25. Proposed program descriptions are detailed on Pages 11 through 35. MHSA program outcomes for FY 23/24 begin on Page 45. Projected expenditures for FY 24/25 begin on Page 37.

Direction for Public Comment

Amador County 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 Year 2024/25. This Plan is based on statutory requirements, a review of community planning over the past several years, and extensive recent stakeholder input.

ACBH is seeking comment on this Plan during a 30-day public review period between October 31st and December 2, 2024. A copy of the Plan may be found at <https://www.amadorgov.org/services/behavioral-health> and hard copies will be available at the Behavioral Health Services front desk. You may request a copy by emailing the Behavioral Health Non-Clinical Program Coordinator, Melissa Ausilio: mausilio@amadorgov.org or by calling 209-223-6311. A Public Hearing regarding this Plan will be held during the Amador County Behavioral Health Advisory Board meeting on December 3rd at 3:30 pm. located at:

**Health & Human Services Building
Conference Room A
10877 Conductor Blvd., Sutter Creek, CA 9585**

All comments regarding this MHSA Annual Update and Expenditure Report may be directed to Melissa Ausilio , Behavioral Health Non-Clinical Program Coordinator, via email at mausilio@amadorgov.org or by calling 209-223-6311 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: October 31, 2024 – December 2, 2024
Date of Public Hearing: December 3, 2024

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 Three-Year Plan 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 is an appropriate use of funds. Amador also used previous stakeholder input including:</p> <ul style="list-style-type: none"> - Previous CPP input from the MHSA 3 Year Plan for Fiscal Years 2023-2026 - Community outreach and presentations - Interviews, meetings and correspondence with key stakeholders
2.	<p>The following stakeholder entities were involved in the Community Program Planning (CPP) Process. (i.e., agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)</p> <p>Stakeholders involved in recent and previous community program planning includes:</p> <ul style="list-style-type: none"> - The Amador County Behavioral Health Advisory Board, - Mental Health Services Act / Cultural Competency Steering Committee - Targeted Underserved Groups including Hispanic/Latinos, Spanish-speaking, 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
Local Review Process	
3.	<p>The methods below were used to circulate, for the purpose of public comment, the MHSA Three-Year Plan 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 https://www.amadorgov.org/services/behavioral-health - Posted an electronic copy on Amador County Network of Care - 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 (KVCN 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> <ul style="list-style-type: none"> •



COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

Community Program Planning Results

Mental Health Services Act (MHSA) Community Survey 2024 Responses Community Program Planning Process (CPPP) FY 24-25 MHSA Annual Update

Overview

The Community Program Planning Process (CPPP) refers to the state-mandated participatory process implemented by counties in partnership with stakeholders to determine appropriate uses for available MHSA funds. Counties are tasked with developing processes that align with the needs and culture of their communities. The CPPP process is used to assess the current capacity, define the populations to be served, and determine strategies to provide effective services.

The 2024 Community Program Planning Process began on May 28, 2024 and ended on July 31, 2024 and was conducted by doing a combination of in-person focus groups, as well as a community survey, which was available in paper and online formats. Focus groups, along with the survey link and notice of availability were advertised using the following methods:

- Commercial Advertisement on KVGC (local radio station)
- Weekly Ads in the Amador Ledger Dispatch (local newspaper)
- Community Announcements – emails that went out to 500+ 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.

Due to the high response rate and content of the responses, this 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 63.

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 three fiscal years (*please see the budget on Page 35 for projected expenditures associated with each component of MHSA for Fiscal Years, FY 23/24, FY 24/25 and FY 25/26*)

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, continuation of the MomCHAT program, 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 and/or substance abuse disorders.

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
- Have experienced trauma
- 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 Individual Services and Supports Plan (ISSP)

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

- 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.

Intergovernmental Transfers (IGT)

CalAIM (Advancing and Innovating Medi-Cal) is a multi-year plan to transform California's Medi-Cal program and integrate more seamlessly with other social services. One component of this multi-year plan is CalAIM Behavioral Health Payment Reform, which is an initiative that seeks to move counties away from cost-based reimbursement to better enable counties and providers to deliver value-based care that improves quality of life for Medi-Cal beneficiaries.

As a result of the CalAIM Behavioral Health Payment Reform, counties are now required to utilize Intergovernmental Transfers (IGTs) in order to receive reimbursement for services provided. IGTs represent the transfers of public funds between or within levels of government. In order to comply with the CalAIM Behavioral Health Payment Reform initiative, ACBH uses MHSA funds to provide the 'match' of the non-federal portion of services provided. For every MHSA payment made, the Department of Health Care Services (DHCS) withholds 33.35% to fund the IGT. These funds are put into an interest bearing account and reconciled monthly. These transfers are conducted on an ongoing basis in order to ensure prompt reimbursement for behavioral health services provided by ACBH.

Higher Level of Care:

ACBH funds services to support clients who need a higher level of care, including those services which support individuals who are LPS conserved. These types of services are not available in Amador County and are considered 'out-of-county services'. Due to the fact that ACBH does not have the capacity to provide the higher level of care that many severely mentally ill Amador County residents require, stakeholders were engaged to determine if MHSA funds should be used for this purpose. During the 2024 CPPP, 76% of Community Survey respondents agreed that MHSA funds should be utilized, when appropriate, to support this need. During the 2023 CPPP, 81% of respondents stated that MHSA funds should be utilized.

ACBH intends to utilize MHSA funds to support clients who need a higher level of care, specifically those who are receiving 'out-of-county services'. These services include medically necessary mental health services, medications, and supportive services, including room and board – all of which do not exist in Amador County and cannot be paid for with other funds.

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.

In 2019, ACBH contracted with Housing Tools, a housing and community development consultant, to prepare threshold documents to become eligible to apply for NPLH funds and to assist ACBH in locating a development sponsor, and act as a guide through the NPLH application and post-application processes.

In 2021, ACBH issued 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.

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES



In January 2022, ACBH and Danco, with support from Housing Tools, applied for NPLH funds to build 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 committed to provide the supportive services to the NPLH units for a minimum of twenty years. In June 2022, ACBH was notified that they were awarded approximately \$8 million in NPLH funds.

In 2023, Danco worked with local jurisdictions to obtain the necessary approvals and permits (e.g. site plan, water, sewer, etc.) and is currently securing the financing package to begin construction. The project is shovel ready and construction is anticipated to start on the NPLH units in 2025 once the final financing is secured.

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, Amador County Board of Supervisor Meetings and other venues as appropriate.

Behavioral Health Bridge Housing (BHBH)

The Behavioral Health Bridge Housing (BHBH) program addresses the immediate housing and treatment needs of people experiencing unsheltered homelessness with serious behavioral health conditions, along with the sustainability of these ongoing supports. The BHBH program, administered by DHCS through county and tribal partners is intended to meaningfully contribute to the implementation of the California Interagency Council on Homelessness and will be implemented in alignment with the Community, Assistance, Recovery and Empowerment (CARE) Court, which prioritizes BHBH resources for CARE Court participants.

Amador County has applied for and was awarded \$1.7 million in non-competitive funds to address needs of people experiencing unsheltered homelessness and serious behavioral health challenges. Amador County intends to use the funding to assist with auxiliary costs, which includes housing conserved individuals who were unhoused or incarcerated prior to their conservatee status and to secure units to provide shelter, along with supportive services to unhoused individuals who are experiencing severe behavioral health conditions. It is anticipated that additional, competitive funding NOFA's for the BHBH will be released and ACBH will determine whether or not to apply for additional funding after BHBH program implementation has commenced.

Although BHBH funding is not MHSA-funded, it is important to acknowledge that leveraging a variety of MHSA programs will be necessary to successfully implement BHBH programming in Amador County. ACBH began serving consumers through BHBH in late 2023 and has served 5 consumers to date, the program will expand supports as Amador County CARE Court begins December 2024.

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 2023/24 (as applicable), as well as the projected program costs, estimated unduplicated number of persons to be served, and approximate cost per person for the next fiscal year.

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.

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

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

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.

In FY 23/24, 31 unduplicated FSP clients were served 22 clients exited the FSP program and 1 client graduated from FSP. Currently, 12 clients who meet FSP criteria have agreed to continue their FSP program.

FY 24/25 Projected Annual Cost: \$60,000 | Increase in Cost from 23/24: \$0 | Average Increase in # Served: 38% |
 FY 23/24 # Served: 31 | FY 24/25 Projected # to be Served: 30 | FY 23/24 Estimated Cost per Person: \$2,000

FY 23/24 targeted vs. actual #'s served by age group:

Age	Target #	Actual # Served
Child (0-12)	5	2
Youth (13-18)	5	10
Transitional Aged Youth (TAY) (18-24)	5	3
Adult (25-59)	5	10
Older Adult (60+)	5	6

FSP clients to be served by age group for FY 23/24, FY 24/25 and FY 25/26:

FY 24/25 targeted #'s to be served by age group:

Child (0-12)	2
Youth (13-18)	10
Transitional Aged Youth (TAY) (18-24)	2
Adult (25-59)	10
Older Adult (60+)	6

FY 25/26 targeted #'s to be served by age group:

Child (0-12)	10
Youth (13-18)	10
Transitional Aged Youth (TAY) (18-24)	10
Adult (25-59)	10
Older Adult (60+)	10

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,

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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 Medi-Cal Certified Peer Support Specialist. The team is equipped with a 4-wheel drive vehicle and laptop with mobile "hot spot" for field intakes, assessments, and safety plans. All of the above aim to provide more support to individuals and families in the field (i.e., a client's home).

The Mobile Support Team has continued to expand its role in the community. 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 provides ongoing training for crisis, including but not limited to Crisis Intervention Training (CIT) for law enforcement. ACBH plans to utilize MHSA funding in 25/26 to continue the additional day of crisis coverage and community support and training for the Mobile Support Team.

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 or evacuation centers to support community members during stressful times. 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 Support Specialist assists the client and family in accessing services that are most appropriate based on the presented needs.

New Mobile Crisis Benefit for FY 24-25

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ACBH is currently working to implement the 24/7 Medi-Cal Community-Based Mobile Crisis Intervention Services benefit which evolves behavioral health crisis response in Amador County by enabling 24/7 rapid response of the Mobile Support Team. The new mandate provides response to crisis by a two-person team staffed with at least 1 clinician or 1 clinical staff member on call to support the crisis team. The new model reduces the need for law enforcement involvement as they respond with the team as needed. ACBH is currently does not have capacity to staff the DHCS required model and currently exploring alternatives to staff the new mobile crisis benefit.

In FY 23/24, the Crisis Counselor provided 161 services to 120 individuals. The Peer Support Specialists provided 62 services to 48 individuals. The Mobile Support Team provided a combined 223 services to 168 individuals in FY23/24.

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, or intake screening services.

FY 24/25 Projected Annual Cost: \$85,000 | Increase in Cost from 23/24: \$0 | Average Increase in # Served: 61% Decrease | FY 23/24 # Served: 168 | FY 24/25 Projected # to be Served: 300 | FY 24/25 Estimated Cost per Person: \$283
(Clinical staffing and Peer Support Specialists are costs based on expected Medi-Cal reimbursement and CCMU funding, 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.)

Peer Support Specialist

Amador County Behavioral Health employs two Peer Support Specialists 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 Support Specialists are trained and [certified Medi-Cal Peer Support Specialists](#) who work in different capacities within the agency.

Peer Support Specialist 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 of 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 14 for more information), and
- Tasks are assigned to the peer on an as-needed basis.

In FY 23/24, the Peer Support Specialist for Outreach and Engagement supported consumers by providing 187 direct services to 57 individuals. The Peer Support Specialist also coordinated and supported outreach support services that reached approximately 2,887 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 Support Specialists for Mobile Support Team: Please see Mobile Support Team on page 14 above.

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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 Support Specialist positions are funded using a combination of Medi-Cal reimbursement and MHSA CSS funds.

FY24/25 Projected Annual Cost: \$130,000 | Increase in Cost from FY23/24: \$0 | Increase in # Served: 26% Decrease (reflects the number of individuals and families reached for Outreach & Engagement Peer Support Specialist ONLY) | FY22/23 # Served: 57 | FY 24/25 Projected # to be Served: 100 | FY 24/25 Estimated Cost per Person: \$1,300
FY23/24# Reached: 2,887 | FY24/25 Projected # Reached: 3,000

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

The only program data provided is for the Outreach and Engagement Peer Support Specialist. The Mobile Support Peer Support Specialist Data is listed on page 14 above. The Peer Support Specialists efforts are evaluated in monthly check-in meetings to determine effectiveness and develop strategies around approaches. Updates by the Peers are provided weekly to the community and at stakeholder meetings such as the MHSA/Cultural Competency Meeting and the Behavioral Health Advisory Board meeting.

Outreach and Engagement (Community and Internal 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 Support Specialist will continue to be the coordinator for the community awareness and outreach activities and events. The Peer Support Specialist 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.

In-person and virtual outreach opportunities continued to occur over the past fiscal year. The following Outreach and Engagement activities were conducted throughout FY 23/24:

1. Designed and disseminated promotional items that advertised mental health awareness.
2. Designed and renewed advertisements to be placed on the local buses.
3. Provided stigma-reducing materials and information 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 and/or peers 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 targeted outreach to underserved populations in



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Amador County (e.g. unhoused, older adults, Spanish-speaking, etc.).

6. Participated in eight in-person resource fairs.

7. Three presentations were provided to organizations and agencies 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. Actively participated LGBTQ+ Round Table meetings and assisted with implementation of LGBTQ+ awareness activities and PRIDE.

13. Actively participated in the Native American Round Table meetings.

14. Actively participated in the Latino Engagement Committee meetings.

15. 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 24/25 Projected Annual Cost: \$15,000 | Increase in Cost from 23/24: \$0 |

FY 23/24 # Served: 57 (reached approx. 2,887) | FY 24/25 Projected # to be Served: 100 (est. reached 3,000 |

FY 24/25 Estimated Cost per Person: \$150

Therapeutic Groups & Activities

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

- **Peer Meet Up Group:** The Peer Meet Up group is co-facilitated by the two ACBH Peer Support Specialists 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. During FY 23/24, 11 ACBH consumers participated in the Peer Meet Up group.
- **Women's 60+ Peer Meet Up Group:** The Women's 60+ Peer Meet Up groups is co-facilitated by the two ACBH Peer Support Specialists and meets bi-weekly. The group was formed in response to an identified need that older adult women who were engaged with ACBH services needed more support that fostered the use of coping skills and socialization activities. During FY 23/24, 4 ACBH consumers participated in the Women's 60+ Peer Meet Up group.
- **Youth Group:** The Youth Group is co-facilitated by two Personal Services Coordinators and meets weekly to support youth ages 13-17 with developing social skills. Each session has an age appropriate theme such as budgeting, processing change, etc. Occasionally the group participates in community outings to expand the social skills building to a public setting to facilitate practical theme lessons.
- **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 23/24 Socialization Activities: During FY 23/24, personal services coordinators, 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 include taking consumers to the crochet group at the Library, shopping at the store, attending yoga class at the Senior Center, and outdoor activities such as visiting Amador Flower Farm. 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 ensure success for participants and to support the clinician in effectively facilitating the group.

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Overview of FY 23/24 Behavioral Health Therapy Groups: During FY 23/24, in-person groups were held at ACBH. Clinicians purchased art supplies, therapeutic games, books and other materials to support group therapy work for ACBH clients.

FY 24/25 Projected Annual Cost: \$6,500 | Increase in Cost from 23/24: \$0 | Average Increase in # Served: 22% Decrease | FY 23/24 # Served= 55 | FY 24/25 Projected # to be Served: 75 | FY 24/25 Estimated Cost per Person: \$86

Please see informational and qualitative updates in narrative above.

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 24/25 Projected Annual Cost: \$5,000 | Increase in Cost from 23/24: \$0 | Average Increase in # Served: 62% | FY 23/24 # Served: 24 | FY 24/25 Projected # to be Served: 20 | FY 23/24 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 24/25 Projected Annual Cost: \$10,000 | Increase in Cost from 23/24: \$0 | Average Increase in # Served: none | FY 23/24 # Served: 7,174 (est.) | FY 24/25 Projected # to be Served: 8,000 | FY 24/25 Estimated Cost per Person: \$1.25

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. However, in an effort to determine the impact of those who may have received information or participated in the CPPP, estimates are provided above and determined by the following:

Community Surveys Completed: 105

Focus Group Participants: 69

Community Email Announcements: 500 (est.)

Amador Ledger Dispatch Advertisements 6,000 (est. based off # of subscribers)

KVGC Radio Advertisements 500 (est.)

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 FY 23/24, \$2,480 was expended on bus passes. In the previous year FY 23/24, \$1,000 was expended utilizing this fund. As anticipated, levels of transportation assistance increased during FY 23/24, it is anticipated that increased levels of transportation assistance will progress in FY 24/25.

FY 24/25 Projected Annual Cost: \$2,500 | Increase in Cost from 23/24: \$1500

Cal VOICES Sierra Wind Wellness Center

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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 24/25 Projected Annual Cost: \$385,000 | Increase in Cost from 23/24: \$0 | Average Increase in # Served: 15% | FY 23/24 # Served: 1,502 | FY 24/25 Projected # to be Served: 1,500 | FY 23/24 Estimated Cost per Person: \$300

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 2 support groups and 2 educational courses: NAMI Family Support Group, NAMI Connection Recovery Support Group, NAMI Family-to-Family, and NAMI Peer-to-Peer. 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 24/25 Projected Annual Cost: \$36,850 | Increase in Cost from 23/24: \$0 | Average Increase in # Served: 28% | FY 23/24 # Served: 435 | FY 24/25 Projected # to be Served: 400 | FY 23/24 Estimated Cost per Person: \$92



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.

In FY23/24 the MomCHAT program served 19 participants.

FY 24/25 Projected Annual Cost: \$75,000 | Decrease in Cost from 23/24: \$72,700 | FY 23/24 # Served: 12 | FY 24/25 Projected # to be Served: 12 | FY 22/23 Estimated Cost per Person: \$6,250

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CSS – List any significant changes in Annual Update, if applicable

ACBH has made several changes to this Annual Update:

- Midway through FY23-24, with the upcoming implementation of Proposition 1 and retirement of MomCHAT peer navigator, MomCHAT clinician opted to stop new program referrals and complete 2-year program with remaining clients supporting with both therapy and case management needs. ACBH plans to launch 'MomCARE' during FY 24-25 using the MomCHAT model to serve qualifying Medi-Cal or uninsured moms.

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. PEI programs and strategies are designed to reduce the stigma associated with mental illness, to prevent mental illness from becoming severe and disabling, and to improve timely access to services – particularly to traditionally underserved marginalized communities. 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.



Prevention and Early Intervention programming require counties to include programs that provide the following: 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.

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 FY23/24 can be found in the Annual PEI Report. The FY 23/24 Annual PEI Report can be found as an attachment to this Annual Update. Attachments start on page 63.

SB1004

All Prevention & Early Intervention (PEI) programs are required to comply with WIC Section 5840.7 enacted by SB1004 which requires counties to specify how they are incorporating the following six Mental Health Services Oversight and Accountability Commission (MHSOAC)-identified priorities in the MHSA Three-Year Plans.

SB 1004 Priority Category	Program Name	Funding Allocated to Priority:
1: Childhood trauma prevention and early intervention to deal with the early origins of mental health needs	First 5 Amador	\$33,000
	Nexus Youth & Family Services Parent Child Interaction Therapy (PCIT)	\$20,000
2: Early psychosis and mood disorder detection and intervention; and mood disorder and suicide prevention programming that occurs across the lifespan	Suicide Prevention (includes training/QPR)	\$26,000
	Nexus Youth & Family Services Outreach & Engagement	\$140,000
3: Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs and transition age youth not in college	Nexus Youth & Family Services Youth Empowerment Program	\$46,000
4: Culturally competent and linguistically appropriate prevention and intervention including community defined evidence practices (CDEPs).	Cal VOICES LGBTQ Support Services	\$35,000
	Nexus Youth & Family Services Promotores de Salud	\$34,000

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5: Strategies targeting the mental health needs of older adults	Amador Senior Center Programs	\$30,000
	The Resource Connection (TRC) Grandparents Program	\$32,000
6: Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis	Nexus Youth & Family Services Aggression Replacement Therapy (ART)	\$20,000
	Cal VOICES Labyrinth Stress Reduction Project	\$35,000

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
- Grandparents
- Isolated Rural Areas

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

Age Group:	# to be Served:
Children & Youth (0-12)	1,000
Teens (13-17)	1,200
Transitional Age Youth (TAY) (18-24)	100
Adults (25-59)	600
Older Adults (60+)	3,000

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.

School Based Mental Health Early Intervention Strategies ACBH prioritizes student mental health and has several initiatives detailed throughout this MHSA Three-Year Plan 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:

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- 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 one school counselor 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 resulted in the pilot of a wellness center at one of the three ACUSD high schools for school year 2023/24.

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

Rural California counties have a suicide rate nearly twice as high as the state average.



For several years, Amador County's suicide rate has been higher than the state. The California Department of Public Health (CDPH) 2022 suicide and self-harm data profile ranked Amador County as the third highest suicide rate in the state. Amador County previously ranked second in the state from 2016-2021. The data also revealed that Amador County continues to have 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.

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. It now can be offered in-person or virtually, depending on the participants preferences.

In FY 23/24 26 individuals were trained in QPR and 100% reported improved knowledge, behavior and/or attitudes about suicide after participating in the training. 606 individuals have completed the QPR training since July 1, 2018.

FY 24/25 Projected Annual Cost: \$10,450 | Increase in Cost from 23/24: \$2,950 | Average Increase in # Served: 0% | FY 23/24 # Served: 26 | FY 24/25 Projected # to be Served: 75 | FY 24/25 Estimated Cost per Person: \$139

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Hope for Tomorrow (formerly Tools for Tomorrow): Hope for Tomorrow, formerly Tools for Tomorrow, 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. Originally, this collaboration was 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. The event has evolved and is now an annual suicide prevention affair. In 2023, Tools for Tomorrow pivoted from a month-long art exhibit, to a family picnic-themed evening of art, community, and connection.

In 2024, the event was re-imagined as a festival experience hosted by Sierra Wind Wellness and Recovery Center where community members learned more about behavioral health and community resources, while also enjoying music, food, and engaging through creating art. Overall, the intent of this annual event remains the same -- to raise awareness of suicide and self-harm, while promoting a space that creates connection through art. Approximately 50 people attended the event.

For FY 24/245, funds will be used to support the event including advertising costs, staffing and resource materials.

Amador SPEAKS: Amador SPEAKS (Suicide Prevention, Education, Awareness, Knowledge and Support) is Amador County's suicide prevention coalition dedicated to engaging the community in efforts to implement suicide prevention, education, and awareness to residents of our County. Formed in 2018, Amador SPEAKS is comprised of community members, residents, and representatives from social service agencies, public health, the medical community, schools and education systems, non-profit agencies, survivors of suicide loss, suicide attempt survivors, Veterans organizations, older adults/seniors and members of the LGBTQ+ 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 presentations and workshops where guest speakers and organizations attend the monthly meeting to increase awareness and promote community engagement;
- Ongoing 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, the American Foundation for Suicide Prevention (AFSP), and the California Department of Public Health (CDPH);
- Continued marketing and utilization of local media, to spread awareness about suicide and Amador SPEAKS;
- Development of a social media account to promote the coalitions efforts and increase awareness around suicide for Amador County residents; and
- Annual presentations to the Amador County Board of Supervisors in order to provide updates on coalition activities, data, and more.
- Partnering with the California Department of Public Health to promote lethal means safety through the distribution of lock boxes for free to vulnerable community members.

Amador SPEAKS will continue to be the venue for discussion around suicide prevention, education and awareness in Amador County. Amador SPEAKS will continue to promote education, events, materials and other supports as needed and approved by the group.

Suicide Prevention: Education and Awareness Budget & Projections:

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



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In FY 23/24, approximately 7,605 people were reached either through direct or indirect outreach specific to suicide prevention and awareness.

FY 24/25 Projected Annual Cost: \$20,000 | Increase in Cost from 23/24: \$0 | Average Increase in # Served: 0% |
FY 23/24 # Served: 7,405 (indirect outreach); 200 (coalition meetings, events, direct outreach) |
FY 24/25 Projected # to be Served: 400 (coalition meetings, events, direct outreach) | FY 24/25 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 utilizes a full time Peer Program Coordinator (PC) to provide the Labyrinth stress reduction services as a method for outreach and engagement in isolated, rural parts of Amador County and to the underserved communities living in these regions; ultimately increasing knowledge and understanding pertaining to mental health and improving timely access to Behavioral Health services. The PC will provide Labyrinth walks in the community throughout the year; targeting youth, single parents, older adults, veterans, Homeless/Unhoused Community Members, Spanish speaking, LGBTQ communities and those at risk for developing a mental illness.



In recent years, Sierra Wind Wellness and Recovery Center built an outdoor Labyrinth and purchased two 10-foot canvas (mobile) labyrinths, which allowed participants to walk individually during community events. Approximately 220 individuals, across the lifespan participated in Labyrinth activities throughout FY23/24, this was an increase from 89 individuals who participated in FY 22/23. Weekly labyrinth walks, one-on-one walks and continued outreach utilizing social media and in-person events was conducted to provide interactive resources and activities to promote the Labyrinth and its positive effects on stress.

During FY 23/24, 8 in-person Labyrinth events were held either in conjunction with community outreach opportunities or stand-alone. Approximately 171 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.

171 unduplicated potential responders engaged in the Labyrinth Stress Reduction project during FY 23/24.

LGBTQ Support Services:

Prevention Program

Strategy: Non-Stigmatizing and Non-Discriminatory Strategies

The Peer Liaison provides 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 also facilitates one-on-one peer support, linkage, referral services and recovery planning for members of Amador County's LGBTQ community. Additionally, engagement activities that provide targeted outreach and engagement to the LGBTQ community/allies will take place multiple times throughout the fiscal year. The program goals are to reduce mental health risk factors, increase protective factors and improve mental, emotional and relational functioning among the LGBTQ population living in Amador.

Methods used to measure the effect of the non-stigmatizing and non-discriminatory strategies will be participant surveys that have been shown to provide effective evidence in programs where attitudes about mental health have changed. The surveys are administered on a regular basis by the contract provider.

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The LGBTQ Support Services program served 28 participants in FY 23/24, this is a slight reduction to the 36 individuals who were served during FY 22/23.

Combined--Labyrinth Stress Reduction Project (The Labyrinth Project), LGBTQ Support Services (breakout for each program is listed in the Program Outcomes section beginning on page 49 and is also included in the attached FY 23/24 Annual PEI Report.)

FY 24/25 Projected Annual Cost: \$70,000 | Increase in Cost from 23/24: \$0 | Increase in # Served: 0% |
FY 23/24 # Served: 199 | FY 24/25 Projected # to be Served: 250 | FY 24/25 Estimated Cost per Person: \$280

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 Amador/Calaveras Perinatal Perinatal Wellness Coalition continued to provide a platform for improving the system of care for families pregnant through postpartum. This includes updates to mental health services available online and in-person, sharing of training opportunities, identifying gaps and opportunities to improve communication and referrals, and providing updates regarding services such as MomCHAT. Coalition participants assisted in the launch and promotion of monthly moms' groups (i.e. Mom-Me Time) to encourage peer support and monthly learning opportunities focused on topics requested by the participants. 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. The

coalition completed a year-long trauma-informed organization training in 2023 and utilized lessons learned to determine next steps in bringing education and awareness to the community. Coalition members designed and launched a "Bee" Kind Campaign to encourage positive interactions. The objective was to reduce the impacts of recent community trauma including COVID, fires, etc. and help build resilience. Material and messaging was created and distributed throughout the school district, community based organizations, local businesses, during family activities, etc. The campaign was well-received by the community with multiple requests made to re-launch the campaign in the 2024-2025 fiscal year.

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

First 5 engages the target population/potential responders using a hybrid of in-person and electronic platforms to provide educational workshops, promote community-based partnerships and provide resources and supports. In-person settings have included/include the use of family resource centers located in Lone and Pine Grove as well as the local Sierra Wind Wellness and Recovery Center. Other locations utilized include residences, local health clinics, community parks and libraries. A wide variety of populations/potential responders are reached including medical providers, mental health professionals, paraprofessional direct service providers (e.g. case managers), parents/caregivers including foster parents, children, principals, teachers and other school district employees, early childcare providers, health and human services agency workers, health insurance plans and more. In-person engagement continued in FY 23/24 through direct outreach events, community settings, and through the use of onsite, weekly groups.



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FY 24/25 Projected Annual Cost: \$33,000 | Increase in Cost from 23/24: \$0 | Increase in # Served: 0% |
FY 23/24 # Served: 337 | FY 24/25 Projected # to be Served: 300 | FY 24/25 Estimated Cost per Person: \$110

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

During FY 23/24, the Outreach and Engagement program through Nexus Youth and Family Services provided outreach and prevention services via their three community centers in Amador County: Lone, Camanche and Pine Grove. Outreach efforts also occurred 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 include 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.

Nexus closed the Camanche community center location in May 2024 due to prohibitive rent and utility costs. Nexus continued wellness programming, food distribution, case management support and advocacy in Camanche throughout the reporting period through their partnership with a local church. The partnership helped grow attendance in wellness workshops and has supported further engagement with Camanche community members. Nexus plans to continue the partnership through FY 25/26 to provide needed supports and services to Camanche area residents.

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 23/24, 2,676 individuals received prevention services and 128 received early intervention services.

FY 24/25 Projected Annual Cost: \$140,000 | Increase in Cost from 23/24: \$0 | Increase in # Served: 19%
| FY 23/24 # Served: 665 | FY 24/25 Projected # to be Served: 600 | FY 23/24 Estimated Cost per Person: \$233

Nexus Building Blocks of Resiliency (PCIT, PC-CARE & 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. In addition to providing PCIT, Nexus clinicians also offer Parent-Child Care (PC-CARE) as an option for families. PC-CAE is a dyadic treatment program for families seeking to improve the caregiver-child relationship and learn new child behavior management strategies. 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 23/24, 101 individuals received prevention services and 101 received early intervention services.

FY 24/25 Projected Annual Cost: \$40,000 | Increase in Cost from 23/24: \$0 | Increase in # Served: 47% decrease|
FY 23/24 # Served: 101 | FY 23/24 Projected # to be Served: 100 | FY 23/24 Estimated Cost per Person: \$400

Nexus Youth Empowerment Program (YEP)

Combined Program – Prevention & Stigma and Discrimination Reduction Program

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

The Youth Empowerment Project (YEP) assesses and addresses the significant need for wellness programs for youth from 12 to 18 years of age in Amador County. The intent of this program is to build and foster youth-focused community partnerships, provide prevention and early intervention services and mental health education to Amador County youth, and facilitate groups and activities. YEP staff 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 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 are delivered to students during classroom instructional time and 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 53 and is also included in the attached FY 23/24 Annual PEI Report.

In FY 23/24 1,111 students were served through the Youth Empowerment Program (YEP).

FY 24/25 Projected Annual Cost: \$46,000 | Increase in Cost from 23/24: \$0 | Increase in # Served: 23% Decrease | FY 23/24 # Served: 1,111 | FY 24/25 Projected # to be Served: 1,000 | FY 24/25 Estimated Cost per Person: \$46

Nexus Promotores de Salud

Prevention Program

Strategy: Improve timely access to underserved populations

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

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

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

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In FY 23/24, 120 individuals received prevention services and 18 received early intervention services.

FY 24/25 Projected Annual Cost: \$34,000 | Increase in Cost from 23/24: \$0 | Average Increase in # Served: 38% | Avg. FY 23/24 # Served: 135 | FY 24/25 Projected # to be Served: 200 | FY 23/24 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 FY 23/24, 26 grandparent families and 55 individuals participated in The Grandparents Program.

FY 24/25 Projected Annual Cost: \$32,000 | Increase in Cost from 23/24: \$0 | Average Increase in # Served: 18% | Avg FY 23/24 # Served: 55 | FY 24/25 Projected # to be Served: 60 | FY 23/24 Estimated Cost per Person: \$533

Amador Senior Center Programs

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

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

Senior Peer Program (Senior Peer Visitors)

Prevention Program

Strategy: Improving Timely Access to Services for Underserved Populations

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

ACBH contracts with the Amador County Senior Center to expand the scope and/or outreach of their efforts to support the mental health and wellbeing of isolated older adults. The Amador Senior Peer Program provides in-home peer counseling and visiting services to seniors who are isolated, lonely, depressed, in need of help with living transitions, and to their families who are helping them make these transitions. The program provides a safety net of information and services in a county with a growing population of seniors who have no family or helping network. Services help seniors survive changing health and life circumstances with counseling and up-to-date resource information. 79 individuals were served in FY23/24 either as program participants or volunteers.

Foothill Fitness Program

Prevention Program

Strategy: Non-Stigmatizing and Non-Discriminatory Strategies

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

Methods used to measure the effect of the non-stigmatizing and non-discriminatory strategies are participant surveys that have been shown to provide effective evidence in programs where attitudes about mental health have changed. The surveys are administered on a regular basis by the contract provider. This data is provided in the MHSA Outcomes section starting on page 45 and is also included in the attached FY23/24 Annual PEI Report. 558 individuals were served in FY23/24.

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 45 and is also included in the attached FY23/24 Annual PEI Report. 2,715 individuals were served in FY23/24.

FY 24/25 Projected Annual Cost: \$30,000 | Increase in Cost from 22/23: \$0 | Increase in # Served: 22% | FY 23/24 Total # Served 3,352 | FY 23/24 Projected # to be Served: 3,000 | FY 23/24 Estimated Cost per Person: \$10

PEI – List any significant changes in Annual Update, if applicable:

ACBH has made the following change to this update:

- During FY 23/24, Nexus closed the Camanche Lake Community Center in May 2024 due to prohibitive rent and utility costs. Nexus continued wellness programming, food distribution, case management support and advocacy in Camanche throughout the reporting period through their partnership with a local church. The partnership helped grow attendance in wellness workshops and has supported further engagement with Camanche community members. Nexus plans to continue the partnership through FY 25/26 to provide needed supports and services to Camanche area residents.

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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:

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

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

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

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

Current Innovations Programs & Updates

Comprehensive Community Support Model to Address Student Mental Health

In June 2021, the Amador County Board of Supervisors approved ACBH to pursue an Innovations project focused on student mental health. The project promotes interagency collaboration related to mental health services, supports or outcomes and was approved by the Mental Health Services Oversight and Accountability Commission on June 29, 2021 for a period starting July 1, 2021 through June 30, 2025. The project, Comprehensive Community Support Model to Address Student Mental Health has completed its third year of implementation and a fully detailed report is attached to this MHSA Annual Update. Attachments start on page 63.

FY 24/25 Projected Annual Cost: \$133,000 | Increase in Cost from 23/24: 0% | FY 23/24 # Served: 660 (407 through school and provider partner outreach; 80 through school and provider partner educational workshops; 173 individuals served through ASPIRE) Increase in # Served: 0% | FY 24/25 Projected # to be Served: 600 | FY 23/24 Estimated Cost per Person: \$222

Workforce Recruitment & Retention Strategies – Pending Innovations Project

For the past several years, the Community Program Planning Process, has revealed that efforts to recruit and retain mental health professionals should be pursued due to the fact that high turnover and inconsistency in service providers is negatively impacting client care. Although it is recognized that efforts at the state and federal level are working towards building strategies

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around workforce recruitment and retention, many of the initiatives are not encompassing the comprehensive needs that rural communities face when recruiting and retaining service providers.

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

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

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

- Posted for public comment and review between June 19 and July 19, 2023;
- Public hearing at Amador County Behavioral Health Advisory Board held on July 19, 2023. After the public hearing, the proposed project was approved.
- Approval from Amador County Board of Supervisors at the August 22, 2023 meeting.
- ACBH presentation to the MHSOAC for formal approval on September 28, 2023.
- Received formal approval from the MHSOAC on October 11, 2023
- Staff survey was developed by the implementation team to collect staff feedback to inform the implementation process and to identify the top strategies for workforce recruitment and retention and sent to staff on January 23, 2024
- Staff survey results received and data compiled to identify top strategies on February 13, 2024
- Draft crisis response stipend side letter developed and provided to Human Resources for initial review on April 17, 2024
- Review by local SEIU and meeting was scheduled with Amador County Behavioral Health to review incentives and existing staff contracts.
- Meeting with SEIU representatives, Amador County Behavioral Health, and Amador County Human Resources department to review project implementation and concerns related to existing contract agreements on July 11, 2024.
- October 2024 ACBH is awaiting SEIU agreement and revised proposal to INN project; ACBH is launching portion of project plan that has been approved by SEIU beginning December 2024.

The draft proposed project is attached to this Annual Update. Attachments start on page 63.

Workforce Education and Training (WET)

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

Funding History

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

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 Behavioral Health Non-Clinical Program Coordinator, responsibilities include assisting staff with work-related

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education, professional development 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. The MHSA 3-YR Plan FY 23-24 identified stakeholders would like to see WET funds used to provide crisis intervention training, including CIT with local law enforcement, Mental Health First Aid (MHFA), Teen MHFA (tMHFA), Motivational Interviewing, Understanding Telehealth, Implicit Bias, Veteran-focused mental health training, Wellness Recovery Action Plan (WRAP) offered to both staff and program participants and Medi-Cal Peer Support Specialist Certification Training for peers entering or employed in Amador's workforce.

The MHSA/Cultural Competency Steering Committee also provides suggestions and feedback for community trainings based on requests (as received) and will be considered as the needs arise. In addition, virtual training options have provided increased access to valuable training needed and requested by ACBH, community partners and Amador County residents. In FY 23/24 over 30 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:

- Talk Saves Lives Training – provided to 20 community members, ACBH staff, Amador SPEAKS
- Crisis Intervention Training (CIT) & De-escalation Training -- provided to approx. 30 ACBH staff, community partners and law enforcement/first responders
- De-escalation Training – provided to approx. 30 ACBH staff, Public Health staff, Social Services Staff, Nexus YFS, and Sierra Wind/Cal VOICES
- Native American Cultural Awareness Workshop – Approximately 44 ACBH staff, CBO's, community partners, community members, ACUSD/ACOE, Superior Court, City Council Members
- MHSA Staff Workshops—provided to all ACBH staff
- Mental Health First Aid (MHFA) – continuous/ongoing for ACBH staff and community
- 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 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 24/25 Projected Annual Cost: \$35,000 | Increase in Cost from 23/24: \$0 | Average Increase in # Served: 0% | FY 23/24 # Served: 57 | FY 24/25 Projected # to be Served: 50 | FY 23/24 Estimated Cost per Person: \$700

Internship Opportunities

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

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

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

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

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

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

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

During FY22/23, CalMHSA informed counties within the Central Regional Partnership that additional funds were available to pursue retention and recruitment strategies. ACBH has pursued these additional funds in order to potentially offer a second application round for the Student Loan Repayment Program and possibly pursue other retention activities. The additional funds, also required a funding match, which totals \$1,668.89. In FY 23/24, ACBH obtained the required approvals and agreements through an additional PA with CalMHSA. The additional PA was fully executed, and ACBH issued the funding match to CalMHSA to receive an additional \$3,309.08 in funding for a total of \$40,469.10. This total amount is expected to increase by approximately \$6500 of returned funds from an awardee whose remaining loan balance is \$1,000. In FY 23/24 at total of three staff members had completed their service and had been awarded funds through the Student Loan Repayment Program. During FY 24/25, five additional staff members have entered into service agreements and are set to receive lump sum payment towards student loans once their 12 month service commitments are completed. The estimated awards for these 5 recipients is approximately \$8,093.82.

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 ensure that funds dedicated to the Regional Partnership allow these priorities to be implemented for Amador County's workforce.

In FY 23/24, Amador County Behavioral Health expended in \$75,483.86 in Workforce, Education & Training funds.

FY 2024/25 Estimated Program Cost: \$117,000

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

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 used specifically for the delivery of mental health services for the seriously mentally ill population. 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

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

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 FY24/25, 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.

Network of Care

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

Electronic Billing and Records System

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

Technology Needs & Virtual Platforms

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

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

In FY 23/24, a total of \$303,832 was expended in Capital Facilities and Technological needs.

FY 2024/25 Estimated Program Cost: \$296,341

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

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

Prudent Reserve (PR)

MHSUDS Information Notice No. 19-017 titled Mental Health Services Act: Implementation of Welfare & Institutions Code (W&I) Sections 5892 and 5892.1 provided formal guidance from the state to 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 is required 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 Mental Health Services Act Prudent Reserve Assessment/Reassessment is due as part of this FY 2024-25 Annual Update.

Amador County maximum Local Prudent Reserve Levels calculations:

FY 18-19	\$2,923,492.70	
FY 19-20	\$2,552,623.75	
FY 20-21	\$3856446.39	
FY 21-22	\$3832939.32	
FY 22-23	\$2523573.58	
	\$15,689,075.74	total
76% of total	\$11,923,697.56	CSS funds
Reallocated CSS	\$571.98	(FY 19-20 & 22-23)
CSS average	\$2,384,853.91	(+ Reallocated + CSS funds)/ 5

<table border="0"> <tr> <td style="padding-right: 10px;">33% = max PR</td> <td style="text-align: right; padding-right: 10px;">\$</td> <td style="text-align: right;">787,001.79</td> </tr> </table>	33% = max PR	\$	787,001.79	<p>PRUDENT RESERVE=\$787,001.79</p>
33% = max PR	\$	787,001.79		

According to the above calculations, Amador County Behavioral Health should maintain a prudent reserve account at a level of \$787,001.79. 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 11.

MHSA EXPENDITURE PLAN

FY 24/25 – FY 25/26 MHSA Expenditure Plan

PROJECTED FY24/25 - FY 25/26 Mental Health Services Act Three-Year Expenditure Plan						
Funding Summary FY23/24						
County:	Amador					Date: 10/8/24
	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 2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,852,534	1,142,026	544,920	0	0	
2. Estimated New FY 2024/25 Funding	2,394,000	598,500	157,500			0
3. Transfer in FY 2024/25 ^{a/}	(548,585)			117,700	296,341	134,544
4. Access Local Prudent Reserve in FY 2024/25		0		0	0	
5. Estimated Available Funding for FY 2024/25	5,697,949	1,740,526	702,420	117,700	296,341	
B. Estimated FY 2024/25 MHSA Expenditures	4,240,886	589,297	549,014	117,700	296,341	
G. Estimated FY 2024/25 Unspent Fund Balance	1,457,063	1,151,229	153,406	0	0	
H. Estimated Local Prudent Reserve Balance						
1. Estimated Local Prudent Reserve Balance on June 30, 2024		652,458				
2. Contributions to the Local Prudent Reserve in FY 2024/25		134,544				
3. Distributions from the Local Prudent Reserve in FY 2024/25		0				
4. Estimated Local Prudent Reserve Balance on June 30, 2025		787,002				

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.

MHSA EXPENDITURE PLAN

PROJECTED FY24/25

Community Services and Supports (CSS) Funding

County:	Amador					Date:	10/8/24
		Fiscal Year 2024/25					
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
FSP Programs							
1. Integrated FSP Flex Funds	60,000	60,000					
2. FSP Staffing Costs	1,360,604	1,224,544	136,060				
Non-FSP Programs							
1. Mobile Support Team (incl staff & phone)	168,860	98,336	16,886				53,638
2. Wellness Center & PRA	385,000	385,000					
4. NAMI Ed & Support Groups	36,850	36,850					
5. MomCHAT	147,700	147,700					
6. Therapeutic Groups & Activities (Socialization, WRAP, BH Groups)	6,500	6,500					
7. Client Support Fund	5,000	5,000					
8. Community Program Planning Costs	10,000	10,000					
9. Amador Transit-Bus Passes	1,000	1,000					
10. Outreach and Engagement	15,000	15,000					
11. CSS Housing Funds	85,000	85,000					
12. CSS Transfer to WET	86,009	86,009					
13. CSS Transfer to CFT	296,341	296,341					
14. Intergovernmental Transfer (IGT)	500,000	500,000					
15. Higher Level of Care	515,000	515,000					
16. Peer Personal Services Coordinators	186,282	171,282	15,000				
CSS Administration	597,324	597,324					
CSS MHSA Housing Program Assigned Funds	0	0					
Total CSS Program Estimated Expenditures	4,462,470	4,240,886	167,946	0	0		53,638
FSP Programs as Percent of Total	31.8%						

MHSA EXPENDITURE PLAN

PROJECTED FY25/26

Community Services and Supports (CSS) Funding

County:	Amador					Date:	10/8/24
Fiscal Year 2025/26							
	A	B	C	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
FSP Programs							
1. Integrated FSP Flex Funds	60,000	60,000					
2. FSP Staffing Costs	1,360,604	1,224,544	136,060				
Non-FSP Programs							
1. Mobile Support Team (incl staff & phone)	173,040	102,516	16,886			53,638	
2. Wellness Center & PRA	385,000	385,000					
4. NAMI Ed & Support Groups	36,850	36,850					
5. MomCHAT	147,700	147,700					
6. Therapeutic Groups & Activities (Socialization, WRAP, BH Groups)	6,500	6,500					
7. Client Support Fund	5,000	5,000					
8. Community Program Planning Costs	10,000	10,000					
9. Amador Transit-Bus Passes	1,000	1,000					
10. Outreach and Engagement	15,000	15,000					
11. CSS Housing Funds	85,000	85,000					
12. CSS Transfer to WET	86,009	86,009					
13. CSS Transfer to CFT	296,341	296,341					
14. Intergovernmental Transfer (IGT)	500,000	500,000					
15. Higher Level of Care	530,450	530,450					
16. Peer Personal Services Coordinators	188,282	172,282	16,000				
CSS Administration	597,324	597,324					
CSS MHSA Housing Program Assigned Funds	0	0					
Total CSS Program Estimated Expenditures	4,484,100	4,261,516	168,946	0	0	53,638	
FSP Programs as Percent of Total	31.7%						

MHSA EXPENDITURE PLAN

PROJECTED FY24/25						
Prevention and Early Intervention (PEI) Funding						
County:	Amador				Date:	10/8/24
Fiscal Year 2024/25						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Nexus YEP / Project SUCCESS	11,500	11,500				
2. Nexus Promotores de Salud	8,500	8,500				
3. TRC Grandparents Program	16,000	16,000				
4. Nexus O&E	28,000	28,000				
5. Labyrinth & LGBTQ Support	14,000	14,000				
6. Senior Peer Program	6,020	6,020				
7. Senior Fitness Program	6,020	6,020				
8. Senior Nutrition Program	6,020	6,020				
9. First 5 Amador	8,250	8,250				
PEI Programs - Early Intervention						
10. Nexus YEP / Project SUCCESS	11,500	11,500				
11. Nexus O&E	28,000	28,000				
12. First 5 Amador	8,250	8,250				
13. Nexus Building Blocks	40,000	40,000				
14. Labyrinth & LGBTQ Support	14,000	14,000				
Outreach						
16. Nexus Promotores de Salud	8,500	8,500				
17. Nexus O&E	28,000	28,000				
18. Senior Peer Program	3,696	3,696				
19. Senior Fitness Program	3,696	3,696				
20. Senior Lunches Program	3,696	3,696				
21. Outreach & Engagement (Events & Campa	28,000	28,000				
Stigma Reduction						
22. Nexus YEP / Project SUCCESS	7,667	7,667				
23. Nexus Promotores de Salud	8,500	8,500				
24. Labyrinth & LGBTQ Support	14,000	14,000				
25. First 5 Amador	8,250	8,250				
Suicide Prevention						
26. GPR	12,000	12,000				
27. Suicide Prevention & Education	25,000	25,000				
Access & Linkage						
28. Nexus YEP / Project SUCCESS	3,833	3,833				
29. Nexus Promotores de Salud	8,500	8,500				
30. TRC Grandparents Program	16,000	16,000				
31. Nexus O&E	28,000	28,000				
32. First 5 Amador	8,250	8,250				
33. Labyrinth & LGBTQ Support	14,000	14,000				
Improving Timely Access						
35. Nexus O&E	28,000	28,000				
36. Labyrinth & LGBTQ Support	14,000	14,000				
PEI Administration	71,647	71,647				
PEI Assigned Funds	40,000	40,000				
CalMHSA	0	0				
Total PEI Program Estimated Expenditure	589,297	589,297	0	0	0	0

MHSA EXPENDITURE PLAN

PROJECTED FY25/26						
Prevention and Early Intervention (PEI) Funding						
County: Amador						Date: 10/8/24
Fiscal Year 2025/26						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Nexus YEP / Project SUCCESS	11,500	11,500				
2. Nexus Promotores de Salud	8,500	8,500				
3. TRC Grandparents Program	16,000	16,000				
4. Nexus O&E	28,000	28,000				
5. Labyrinth & LGBTQ Support	14,000	14,000				
6. Senior Peer Program	6,020	6,020				
7. Senior Fitness Program	6,020	6,020				
8. Senior Nutrition Program	6,020	6,020				
9. First 5 Amador	8,250	8,250				
PEI Programs - Early Intervention						
10. Nexus YEP / Project SUCCESS	11,500	11,500				
11. Nexus O&E	28,000	28,000				
12. First 5 Amador	8,250	8,250				
13. Nexus Building Blocks	40,000	40,000				
14. Labyrinth & LGBTQ Support	14,000	14,000				
Outreach						
16. Nexus Promotores de Salud	8,500	8,500				
17. Nexus O&E	28,000	28,000				
18. Senior Peer Program	3,696	3,696				
19. Senior Fitness Program	3,696	3,696				
20. Senior Lunches Program	3,696	3,696				
21. Outreach & Engagement (Events & Camps)	25,000	25,000				
Stigma Reduction						
22. Nexus YEP / Project SUCCESS	7,667	7,667				
23. Nexus Promotores de Salud	8,500	8,500				
24. Labyrinth & LGBTQ Support	14,000	14,000				
25. First 5 Amador	8,250	8,250				
Suicide Prevention						
26. QPR	10,450	10,450				
27. Suicide Prevention & Education	20,000	20,000				
Access & Linkage						
28. Nexus YEP / Project SUCCESS	3,833	3,833				
29. Nexus Promotores de Salud	8,500	8,500				
30. TRC Grandparents Program	16,000	16,000				
31. Nexus O&E	28,000	28,000				
32. First 5 Amador	8,250	8,250				
33. Labyrinth & LGBTQ Support	14,000	14,000				
Improving Timely Access						
35. Nexus O&E	28,000	28,000				
36. Labyrinth & LGBTQ Support	14,000	14,000				
PEI Administration	70,215	70,215				
PEI Assigned Funds	42,000	42,000				
CalMHSA	0	0				
Total PEI Program Estimated Expenditure	580,314	580,314	0	0	0	0

MHSA EXPENDITURE PLAN

Projected FY24/25 Innovations (INN) Funding							
County:	Amador					Date: 10/11/24	
Fiscal Year 2024/25							
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs							
1.	Comprehensive Community Support Model-Student Mental Health	133,000	133,000				
2.	Workforce Recruitment & Retention Strategies (Proposed Project)	340,319	340,319				
3.							
4.							
5.							
6.							
INN Administration		75,695	75,695				
Total INN Program Estimated Expenditures		549,014	549,014	0	0	0	0

Projected FY25/26 Innovations (INN) Funding							
County:	Amador					Date: 10/8/24	
Fiscal Year 2025/26							
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs							
1.	Workforce Recruitment & Retention Strategies (Proposed Project)	398,710	398,710				
2.							
3.							
4.							
5.							
INN Administration		75,695	75,695				
Total INN Program Estimated Expenditures		474,405	474,405	0	0	0	0

Projected FY24/25 Workforce, Education and Training (WET) Funding							
County:	Amador					Date: 10/8/24	
Fiscal Year 2024/25							
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs							
1.	Amador College Connect - MHSA Scholarship	35,000	35,000				
2.	Relias	7,700	7,700				
3.	Workforce, Education and Training	75,000	75,000				
WET Administration		0	0				
Total WET Program Estimated Expenditures		117,700	117,700	0	0	0	0

MHSA EXPENDITURE PLAN

Projected FY25/26

Workforce, Education and Training (WET) Funding

County:	Amador						Date:	10/8/24
Fiscal Year 2025/26								
	A	B	C	D	E	F		
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding		
WET Programs								
1. Amador College Connect - MHSA Scholarship	35,000	35,000						
2. Relias	7,700	7,700						
3. Workforce, Education and Training	85,000	85,000						
WET Administration	0	0						
Total WET Program Estimated Expenditures	127,700	127,700	0	0	0	0		

Projected FY24/25

Capital Facilities/Technological Needs (CFTN) Funding

County:	Amador						Date:	10/8/24
Fiscal Year 2024/25								
	A	B	C	D	E	F		
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding		
CFTN Programs - Capital Facilities Projects								
1. None at this time	0	0						
CFTN Programs - Technological Needs Projects								
1. Kings View Support (Credible & Anasazi)	284,521	284,521						
2. Network of Care	4,320	4,320						
3. Zoom	5,100	5,100						
4. Updax	1,500	1,500						
5. Survey Monkey	900	900						
CFTN Administration	0	0						
Total CFTN Program Estimated Expenditures	296,341	296,341	0	0	0	0		

Projected FY25/26

Capital Facilities/Technological Needs (CFTN) Funding

County:	Amador						Date:	10/8/24
Fiscal Year 2025/26								
	A	B	C	D	E	F		
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding		
CFTN Programs - Capital Facilities Projects								
1. None at this time	0	0						
CFTN Programs - Technological Needs Projects								
1. Kings View Support (Credible & Anasazi)	298,609	298,609						
2. Network of Care	4,320	4,320						
3. Zoom	5,100	5,100						
4. Updax	1,500	1,500						
5. Survey Monkey	900	900						
CFTN Administration	0	0						
Total CFTN Program Estimated Expenditures	310,429	310,429	0	0	0	0		

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MHSA Program Outcomes from FY 23/24

Program Statistics and Participant Wellbeing Outcomes

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

Amador County Full Service Partnerships (CSS)

Average in FY 2021/22: 11
Average in FY 2022/23: 23
Average in FY 2023/24: 31

Male: 07	African American: 2
Female: 24	Asian American: 1
Children (0-12): 2	Caucasian: 24
Teen (13-17): 10	Latino/ Hispanic: 1
TAY (18-24): 3	Native American:
Adults: 10	Multi Race/ Eth.:
Older Adults: 6	Other/ Unknown: 3

FSP's were discussed weekly during team meetings and quarterly evaluations for FSP's occurred regularly for each participant. Of the 31 consumers served, one successfully met their FSP goals and graduated. 12 have continued their program and 19 exited the FSP program for various reasons.

Cal VOICES Sierra Wind Wellness & Recovery Center (CSS)

Average in FY 2021/22: 1,217
Average in FY 2022/23: 1,308
Average in FY 2023/24: 1,375

Referrals to ACBH: 15
Individuals who received one-on-one peer support: 396
Behavioral Health Clients served: 70

Children (0-12): 35	African American: 13
Teens (13-17): 8	Asian American: 4
TAY (18-24): 28	Caucasian: 1199
Adults (25-59): 887	Latino/ Hispanic: 37
Older Adults: 326	Native American: 20
	Multi Race/Ethnicity: 0
	Other/Unknown: 11

Homeless: 268	Male:
Veterans: 30	Female:
LGBTQ: 28	Self-Identify:
Probationers: 1	English: 1275
Parolees: 6	Spanish: 10
	Sign Language: 0

Participant Feedback

N= 40

- 23% reported they engaged in Patient Rights Advocacy services



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- 88% reported they engaged in Sierra Wind groups
- 40% reported they engaged in Peer Support services (one-on-one peer support)
- 33% reported they engaged in supportive services
- 100% are continuing their program at Sierra Wind
- 100% agreed the program improved their emotional wellbeing
- 100% stated they would recommend Sierra Wind to others
- Prior to participation at Sierra Wind Wellness and Recovery Center, 29% of program participants had experienced a psychiatric hospitalization—either themselves or a as a family member. After receiving services at Sierra Wind, 24% reported experiencing a psychiatric hospitalization--either themselves or as a family member, a 5% decrease.
- Prior to participation at Sierra Wind Wellness and Recovery Center, 63% of program participants reported that they had experienced homelessness or were at-risk for homelessness. After receiving services at Sierra Wind, 58% reported experiencing a homelessness or were at-risk of homelessness, a 5% decrease.
- Program participants also reported a 10% decrease in experiencing jail or prison.
- Prior to participation at Sierra Wind, 35% of program participants were at risk of losing housing or placement. After participation, 22% reported being at risk for losing housing or placement. This is a 13% decrease.
- Added participant survey comments:
 - *I feel safe and comfortable here. I love all the staff employees. They are very helpful.*
 - *I come here daily it helps a lot*
 - *Yoga class, stretching*
 - *Keep coming back, it works*
 - *Helpful in finding places that may contribute to your need*
 - *If people wouldn't secretly whisper to each other in front of clients. And what is said to one person stays with that one person.*
 - *This place is life*
 - *Thank you :)*
 - *Thank you for your help*
 - *A valuable resource*

NAMI Family/Client Education & Support (CSS)

Average in FY 2021/22: 246

Average in FY 2022/23: 339

Average in FY 2023/24: 435



Referrals: 29

Male: XX

Female: XX

Self-Identify: X

Children: 0

Teens: 0

TAY: 3

Adults: 164

Older Adults: 263

African American: 0

Asian American: 62

Caucasian: 283

Latino/ Hispanic: 1

Native American: 22

Multi Race/ Eth.: 45

Other/ Unknown: 8

Parolee: 4

Homeless: 05

Veterans: 16

LGBTQ: 1

Probationers: 0

Participant Feedback

N= 128

- 71% reported participating in the weekly Connections group
- 40% reported participating in the Peer-to-Peer course
- 20% reported participating in the Family Support Group
- 5% reported participating in the Family-to-Family course
- 10% reported participating in Other Program/NAMI service such as advocacy, outreach and events
- 99% are continuing their program
- 100% agreed the program improved their emotional wellbeing

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- 100% would recommend this group to others
- After participating in NAMI Amador groups/activities, program participants reported decreases for homelessness or risk of homelessness (6%) and increases for employment, volunteering and/or school (11%).

Added comments:

- *Glad to be here.*
- *NAMI rocks! I look forward to my weekly meetings too.*
- *NAMI Connections at the Sr. Center rocks! I enjoy my family at group each week. Appreciate the support and help.*
- *NAMI Connections at Sierra Wind is awesome and I love my weekly group.*
- *Grateful for those that lead this group. Thankful for each unique person and their commitment.*
- *Thank you for the fellowship and lunch today*
- *NAMI Connections rocks my world!! Enjoy my weekly groups for strength and support.*
- *NAMI Connections gives me strength and support weekly.*
- *NAMI Connections gives me mental and emotional support weekly. I appreciate our groups.*
- *This group helps me so much. Thank you.*
- *Always a source of inspiration and support.*
- *Glad NAMI Connections has a group in Pine Grove!*
- *NAMI rocks in my world. I'm happy with our new upcountry group.*
- *(Facilitator name) does awesome & (facilitator name) always makes time.*
- *Program is growing. Very exciting!*
- *NAMI Connections Sr. Center Group is like family to me. I love this group!*
- *Without NAMI Connections, I wouldn't have such a support system, and I never give up hope.*
- *love family support*
- *I like that there are remote options. Upcountry 1st & 3rd.*
- *Grateful for this group support and meeting weekly.*

MomCHAT

FY 2021/22 # Served: 22

FY 2022/23 # Served: 19

FY 2023/24 # Served: 19

During FY 23/24, MomCHAT participants received 439 therapeutic hours (group and individual), and 63 hours of wellness team consults.

Participants benefited from supports provided by the peer navigator that improved their well-being and functioning across life domains. Participants reported accessing interventions which included housing (17%), finance/budgeting (17%), physical health (25%), mental wellness support (not therapy) (92%), substance use (17%), employment/education (17%), parenting education (42%), support group (58%), social connections (50%), community resources (50%), peer support (58%), other which was reported at daycare (8%).

During FY 23/24, MomCHAT participants were higher risk and experienced incarceration, child protective services involvement and substance use challenges. Despite these challenges, not one MomCHAT participant experienced a mental health emergency or 5150 hospitalization.

During FY 23/24, the MomCHAT peer navigator retired and plans were made for the current caseload of moms to finish the program with the clinician supporting navigation, advocacy, and case management needs through FY 24/25. Due to uncertainty of program funding through Proposition 1 no new program referrals are currently being taken. ACBH plans to continue utilizing the MomCHAT model through ACBH and launch a program during FY 24/25 to serve Medi-Cal/uninsured moms with moderate to severe needs pairing a clinician and personal service coordinator to wraparound support during the perinatal period.

Male: --

Female: 24

Self-Identify: --

African American: 0

Asian American: 0

Children: 0

Caucasian: 20

Parolee: --

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

Teens: 0	Latino/ Hispanic: 2	Homeless: 2
TAY: 2	Native American: 0	Veterans: --
Adults: 22	Multi Race/ Eth.: 2	LGBTQ: --
Older Adults: 0	Other/ Unknown: 0	Probationers: --

Participant Feedback

N= 12

- 100% reported the MomCHAT program has been 'very helpful' to 'extremely helpful'.
- Before joining MomCHAT, 75% reported their mental health was 'not good' to 'very poor', after joining MomCHAT 100% reported their mental health was 'good' to 'excellent'.
- 42% reported they would not have sought out perinatal therapy/counseling services if they hadn't been referred to MomCHAT.

Participants provided the following comments about the role MomCHAT played in their pregnancy and postpartum journey:

- *I got therapy from the county before and it wasn't helpful so I wouldn't have tried again but the nurse really wanted me to so I did it and it's been very helpful. I haven't had any panic attacks now that I'm in MomChat.*
- *I wouldn't be the mom I am today without Jenny and Chelsea. This program saved my life.*
- *Definitely helped with preparing for my second pregnancy and getting through the postpartum!!*
- *Peers to ask questions, shared prior experiences, support group to spend quality time with. Meet new people in the community. Knowledge of other resources or groups in the community.*
- *The momchat group helped me overcome my ppd and grow as a mother and a person. I would not be where I am today without all their help and support*
- *A support coach and mentor*
- *MomChat provided me with help I didn't know that I needed. Without (provider name) I don't know how I would have survived pregnancy or post partum, she has changed my life in many ways and I am forever grateful for her and the momchat program for providing the help I needed.*
- *They really helped me cope as i was dealing with post partum and while my daughter went through chemotherapy as a newborn.*
- *Momchat saved both me and my sons life. When I first became pregnant I never realized how horrible my mental health would become. The depression, Anxiety and extreme OCD thoughts overwhelmed me intensely and by 4 months I couldn't take it anymore. My OBGYN referred me and I hesitated to call, but I eventually caved and called. It was very apparent I needed help. I saw Chelsea almost every week of my pregnancy from 4 months till the very end. I absolutely needed every single session. Postpartum I struggled immensely as well and needed the support as well. I truly feel if I had not had mom chat, I would not be here writing this message.*
- *MomChat has given me a private and comfortable place to be able to share fears, stress, and traumatic events that effect me in my day to day life, while also giving me a community of other moms that I get to share this experience of becoming a mom with.*
- *MomChat provided me with the support I needed to get through Postpartum Depression and manage challenging life events during an already very challenging time. Even now, it provides me with mental and emotional support that I am unbelievably grateful for.*
- *Helped me connect with resources and get in touch with other moms that made my pregnancy and being a first time mom easier.*

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

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

Average Participants in FY 2021/22: 72 (Labyrinth Project)
Average Participants in FY 2021/22: 46 (LGBTQ)
Average Participants in FY 2022/23: 89 (Labyrinth Project)
Average Participants in FY 2022/23: 36 (LGBTQ)
Average Participants in FY 2023/24: 220 (Labyrinth Project)
Average Participants in FY 2023/24: 28 (LGBTQ)

Labyrinth Stress Reduction Project:

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Referrals from Labyrinth Project: 9

Children: 7	African American: 4
Teens: 28	Asian American: 0
TAY: 7	Caucasian: 205
Adults: 135	Latino/ Hispanic: 9
Older Adults: 29	Native American: 2
Homeless: 4	Multi Race/Eth.: 0
LGBTQ: 43	Veterans: 10
Parolees: 0	Probationers: 6
Homeless: 54	Chronic Illness/Disability: 10
LGBTQ+: 43	Self-Identify (not male or female): 1
Male: 6	Female: 19

ACBH clients served: 27

Outreach for Increasing Early Signs of Mental Illness:

- Location/Setting: Each quarter two types of events took place either at Sierra Wind's Labyrinth or in the community, utilizing the mobile Labyrinths.
- Brief Description of Activity: Labyrinth walks, one-on-one Labyrinth walks, education about the benefits and positive impact the Labyrinth has on mental wellbeing. Outreach using social media platforms and community bulletin was provided to promote mental wellbeing.
- Setting Where Potential Responders Were Engaged: Sierra Wind Wellness and Recovery Center, virtual and social media platforms, or community settings such as parks, health fairs, and community centers.
- # of Potential Responders: 1139 (includes social media and community bulletin outreach)
- Types of Responders: Children, Youth, Teens, Adults, Older Adults, Community Members, medical community, community-based organizations, health and human services workers, homeless/unhoused, LGBTQ+, Veterans, child care providers, and other individuals and community members.

Participant Feedback:

N=26 for Labyrinth Stress Reduction Project

- 100% of program participants reported that the program improved their emotional wellbeing
- 54% of program participants reported feeling much less or less anxious after participation in the program.
- 58% of program participants reported feeling much less or less stressed after participation in the program.
- Prior to participating in the Labyrinth Project program, 26% of participants reported that they were homeless or at-risk of homelessness. After participation in the program, 22% reported that they were homeless or at-risk of homelessness, which is a 4% decrease.
- Prior to participating in the Labyrinth Project program, 38% of participants reported that they were involved in employment, a volunteer position, or a school internship. After participation in the program, 42% reported that they were employed, volunteering, or had a school internship, which is a 4% decrease.
- 100% of participants would recommend the program to others.



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Added participant comments:

- *Love the scenery*
- *World Labyrinth Day enables me to feel united with the world all focusing on peace.*
- *It was a wonderful experience with a much knowledgeable person*
- *Great time :)*
- *I really enjoyed the group*

LGBTQ Support Services:

Prevention Program

Strategy: *Non-stigmatizing and non-discriminatory strategies*

Male: 8

Female: 12

African American: 0

Self-Identify: 1

Asian American: 1

Children: 0

Caucasian: 7

Teens: 1

Latino/ Hispanic: 0

TAY: 3

Native American: 0

Adults: 16

Multi Race/ Eth.: 0

Older Adults: 9

Other/ Unknown: 0

Homeless: 2

Veterans: 2

LGBTQ: 28

Probationers: 0

Parolees: 0

ACBH clients served: 12

- Referrals to ACBH from LGBTQ Support: 0
- Referral outcome data is not available due to the fact that no referrals were generated in FY 23/24. When referrals are made, the program does encourage follow through of referrals by engaging through peer support.

Participant Feedback:

N=2 for LGBTQ Support Services

- 100% of program participants reported that the program improved their emotional wellbeing
- 50% of program participants reported participating in LGBTQ+ Monthly Groups and 50% reported participating in Other LGBTQ+ Service/Groups
- 100% of participants would recommend the program to others.

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 2021/22: 390

Average in FY 2022/23: 421

Average in FY 2023/24: 337

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

- 1 referral was 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 provided directly by ACBH. The one



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referral that was made engaged at least once in the program to which they were referred.

- Average Duration of Untreated Mental Illness was unknown/not reported.

Outreach for Increasing Recognition of Early Signs of Mental Illness:

- Location/Setting: Several types of outreach were conducted throughout FY 23/24. 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, ASQ2/ASQ-QE developmental screenings, Toddler Play Groups and Kindergarten Readiness, Bridge Program, Celebrate Our Children (annual event), Child Care Provider Appreciation, health and resource fairs as well as various online newsletters and emails.
- # of Potential Responders: 2,495 (includes # served and outreach)
- Types of Responders: Families, parents, 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: 185	African American: 0
Teens: 1	Asian American: 0
TAY: 2	Caucasian: 31
Adults: 148	Latino/ Hispanic: 35
Older Adults: 2	Native American: 2
Male: --	Multi Race/ Eth.: 0
Female: --	Other/ Unknown: 289

Homeless: 0
Veterans: 1
LGBTQ: 1
Probationers: 1

Participant Feedback:

N=5 for First 5 Participant Wellness Survey

- 100% of program participants reported that the program improved their emotional wellbeing
- 60% of program participants reported participating in First 5 Parenting Education and 40% reported participating in Other First 5 Program/Event, such as Mom Me Time.
- 100% of participants would recommend the program to others.

Added Participant Comments:

- *First 5 has been such an amazing thing for my family! Not only has my daughter flourished with meeting new people and socializing with kids her own age, and learning so much! But I have found a community there as well and it has improved my mental health greatly.*
- *First 5 has been a godsend for me and my family! My daughter has learned so much and grown socially because of it. It is such a helpful resource in our community.*

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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):

- 23 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 23 referrals made, 11 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 7-10 years for Nexus clients who participated in ACBH therapy services.
- The average interval between the referral and participation in treatment is 4-6 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 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 Hispanic/Latino community members. Wellness Workshops targeted to the general population living in outlying isolated areas, seniors and Hispanic/Latino community members were provided. Other activities include events, trainings regarding mental health, case management support services, information and referral, and clothes closets. QPR was 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: 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 and Upcountry (Pine Grove), community sites in River Pines and Camanche, along with visits to client’s homes. Additional in-person outreach services were provided at events held at public parks and other community-based settings.
- Total # of unduplicated served through Family Resource Centers: 1,730
- # of Potential Responders: 2,804
- 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 FY2021/22: 507

Average in FY2022/23: 559

Average in FY2023/24: 665

Children: 7	African American: 6
Teens: 25	Asian American: 20
TAY: 5	Caucasian: 487
Adults: 254	Latino/ Hispanic: 75
Older Adults: 374	Native American: 25
Homeless: 12	Multi Race/ Eth.: 8

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Veterans: 44	Other/Unknown: 44
LGBTQ: 8	Male: 10
Probationers: 3	Female: 54
Parolees: 0	Self-identify: XX

Participant Feedback:

N=66

- 82% (the majority of participants), participated in all three--a community center activity, presentation and/or training and supportive services/case management
- 98% would recommend the program to others
- 94% agreed the program improved their emotional wellbeing
- 82% reported that they are feeling optimistic about the future 'some of the time' or 'often' after participation
- 77% reported feeling close to other people 'some of the time' or 'often' after participation
- 84% reported thinking clearly 'some of the time' or 'often' after participation.

Added comments:

- *Program does help.*
- *We need more housing.*
- *I personally look forward to seeing and interacting with the others each week.*
- *(Staff name) has been very helpful.*
- *I feel like this is a good way to reach out to others.*
- *Very well presented*

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):

- 15 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 15 referrals made, 8 reported engaging at least once in the program to which they were referred and 1 chose not to follow through on the referral. 1 referral was considering their service options.
- 1 referral was made to CHAT services, treatment that is *not* provided, funded, administered or overseen by ACBH.
- The average duration of the onset of mental illness to seeking treatment is 3-6 months for Nexus clients who participated in ACBH therapy services.
- The average interval between the referral and participation in treatment is 1-3 months.



Average in FY 2021/22: 453

Average in FY 2022/23: 189

Average in FY 2023/24: 101

Children (0-5): 4	African American: 0
Youth (6-12): 13	Asian American: 3
Teens: 54	Caucasian: 57
TAY: 0	Latino/Hispanic: 8
Adults:13	Native American: 10
Older Adults: 0	Multi Race/Eth.: 6
	Other/Unknown:0

Nexus Youth Empowerment Program/Project Success (PEI)

Combined Program – Prevention & Stigma and Discrimination Reduction Program

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

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

- 5 referrals were made to treatment that is provided, funded, administered or overseen by ACBH. This kind of treatment includes services provided directly by ACBH. Of the 5 referrals made, 4 reported engaging at least once in the program to which they were referred.
- 3 referrals were made to treatment that is *not* provided, funded, administered or overseen by ACBH. Of these 3 referrals, all reported engaging at least once in the program to which they were referred. This kind of treatment includes CHAT and school-based services.
- The average duration of the onset of mental illness to seeking treatment for Nexus clients who were referred to treatment that is provided, funded, administered or overseen by ACBH is 8 months.
- The average interval between the referral and participation in treatment was 4-6 weeks.

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

Amador High School – Fall 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.	26.47%	70.59%
My understanding of how the use of alcohol and tobacco impact my brain and body.	44.12%	94.12%
My understanding of how using alcohol can affect the overall performance of student athletes.	38.23%	94.12%
My understanding of the number of chemicals in tobacco and vape products.	21.21%	81.82%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	44.12%	90.91%
My understanding of the effects of alcohol, tobacco, and marijuana on the brain and long-term consequences.	38.24%	91.18%
My understanding of how marijuana can impact the overall function of the brain.	44.12%	79.42%
My understanding of how to use coping techniques for stress and anxiety.	19.36%	73.33%
My understanding that mental illness is a health condition that is not a result of personal weakness.	60.00%	80.00%

Amador High School – 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.	44.74%	86.84%
My understanding of how the use of alcohol and tobacco impact my brain and body.	52.63%	94.74%
My understanding of how using alcohol can affect the overall performance of student athletes.	50.00%	86.84%

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My understanding of the number of chemicals in tobacco and vape products.	15.78%	71.05%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	55.26%	78.84%
My understanding of the effects of alcohol, tobacco, and marijuana on the brain and long-term consequences.	52.64%	73.68%
My understanding of how marijuana can impact the overall function of the brain.	34.21%	76.31%
My understanding of how to use coping techniques for stress and anxiety.	37.84%	64.87%
My understanding that mental illness is a health condition that is not a result of personal weakness.	51.43%	82.86%

Argonaut 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	16.48%	76.92%
My understanding of the effects that alcohol and tobacco impacts my brain and body	29.63%	85.18%
My understanding of how using alcohol can affect the overall performance of student-athletes	22.22%	93.83%
My understanding of the effects of alcohol on the brain and long-term consequences	31.25%	89.75%
My understanding of the number of chemicals in tobacco and vape products.	7.53%	70.97%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	20.43%	82.79%
My understanding of how to talk with a friend who is having a mental health crisis	15.39%	72.53%

Argonaut High School – Spring 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	33.00%	76.00%
My understanding of the effects that alcohol and tobacco impacts my brain and body	38.81%	88.06%
My understanding of how using alcohol can affect the overall performance of student-athletes	26.47%	88.23%
My understanding of the effects of alcohol on the brain and long-term consequences	46.27%	89.56%
My understanding of the number of chemicals in tobacco and vape products.	4.41%	80.89%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	36.77%	88.23%
My understanding of how to talk with a friend who is having a mental health crisis	23.25%	79.00%

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Jackson Junior High School – Fall Semester:

QUESTION	CLEAR OR CRYSTAL CLEAR <i>BEFORE</i> PROJECT SUCCESS	CLEAR OR CRYSTAL CLEAR <i>AFTER</i> PROJECT SUCCESS
My understanding of what a trusted adult is and who that person could be in my life	40.95%	87.62%
My understanding of the effects that alcohol and tobacco have on my body.	49.06%	90.57%
My understanding of the affects that tobacco and vaping can have on my overall health.	33.02%	86.79%
My understanding of the number of chemicals in tobacco and vape products.	19.81%	76.19%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	24.53%	74.73%
My understanding of the effects of marijuana on my body.	27.62%	80.00%
My understanding of why it is important to have SMART goals.	27.88%	67.31%
My understanding of how all of our decisions have consequences, either good or bad	63.81%	94.28%
My understanding that communication is not only verbal.	33.01%	69.81%
My understanding of how my body language and words can affect my communication with others.	34.90%	83.02%
My understanding of how to use coping techniques for stress and anxiety	22.64%	69.82%
My understanding of the importance of positive mental health.	32.38%	82.85%

Ione Junior High School – Fall Semester

QUESTION	CLEAR OR CRYSTAL CLEAR <i>BEFORE</i> PROJECT SUCCESS	CLEAR OR CRYSTAL CLEAR <i>AFTER</i> PROJECT SUCCESS
My understanding of the effects that alcohol and tobacco have on my body.	59.09%	87.27%
My understanding of the affects that tobacco and vaping can have on my overall health.	45.46%	88.19%
My understanding of the number of chemicals in tobacco and vape products.	29.36%	67.27%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	31.19%	67.89%
My understanding of the effects of marijuana on my body.	37.38%	79.04%
My understanding that communication is not only verbal.	21.82%	56.36%
My understanding of how my body language and words can affect my communication with others.	47.27%	72.73%
My understanding of how to use coping techniques for stress and anxiety	39.45%	66.36%
My understanding of the importance of positive mental health.	53.71%	82.41%

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

Average in FY 2021/22: 1,355
 Average in FY 2022/23: 3,443
 Average in FY 2023/24: 1,111

Children (0-5): 0	African American: 32	Homeless: 0
Youth (6-12): 929	Asian American: 31	Veterans: 0
Teens (13-17): 523	Caucasian: 894	LGBTQ: 3
TAY (18-24): 0	Latino/ Hispanic: 251	Probationers: 0
Adults: 0	Native American: 3	Parolees: 0
Older Adults: 0	Multi Race/ Eth.: 4	
	Other/ Unknown: 237	

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):

- 13 referrals were made in FY23/24
- 3 individual referrals followed through on the referral and participated at least once in the program to which they were referred
- Of the other 10 individual referrals, 6 chose not to follow through on the referral, 1 chose to participate in CHAT services, 1 chose to access services at VMRC, and 2 chose to participate in spiritual counseling.
- The average interval between referral and participation in services to which the participant is referred was 4-6 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 2021/22: 352
 Average in FY 2022/23: 98
 Average in FY 2023/24: 138

Children (0-5): 0	African American: 0
Youth (6-12): 7	Asian American: 0
Teens (13-17): 3	Caucasian: 0
TAY (18-24): 6	Latino/ Hispanic: 132
Adults: 111	Native American: 0
Older Adults: 6	Multi Race/ Eth.: 3
	Other/ Unknown: 0

Homeless: 1	Male: 3
Veterans: 3	Female: 7
LGBTQ: 2	Self-Identify: 0
Probationers: 0	
Parolees: 0	

Participant Feedback
 N=11

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

- 100% participated in Promotores presentations
- 72% participated in Promotores Home Visit/Presentation
- 36% stated 'Other' and reported that they participated in one-on-one support, or other service such as translation/interpretation services as well as the Hispanic Women's Group.
- 100% would recommend the program to others
- 100% agreed the program improved their emotional wellbeing
- **Over 80%** reported that they were feeling optimistic about the future 'Often' or 'Most of the Time' after participation.
- **Over 80%** reported that they were feeling useful, interested in other people, thinking clearly, feeling good about themselves, 'Often' or 'Most of the Time' 'Sometimes' after participation in the program.

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):

- 3 referrals were made to ACBH, a Prevention & Early Intervention Program or treatment beyond early onset in FY 23/24.
- It was unknown/not reported if individual referrals followed through on the referral and participated at least once in the program to which they were referred. The average interval between referral and participation in services to which the participant is referred was unknown/not reported.
- The Resource Connection encourages follow through on referrals by following up with each client who was referred for treatment services by phone or email.

Average in FY 2021/22: 76

Average in FY 2022/23: 52

Average in FY 2023/24: 55

Children (0-5): 2	African American: 0	Homeless: --
Youth (6-12): 1	Asian American: 0	Veterans: 2
Teens (13-17): 0	Caucasian: 3	LGBTQ: --
TAY (18-24): 0	Latino/ Hispanic: 2	Probationers:--
Adults: 0	Native American: 1	Male: 2
Older Adults: 26	Multi Race/ Eth.: 1	Female: 12
	Other/ Unknown: 22	Self-Identify: 0

Participant Feedback:

N=14

- 71% participated in the monthly Grandparent Café groups for education and support
- 29% participated in the Grandparent's Respite Program
- 100% would recommend the group to others.
- 100% felt the program improved their emotional wellbeing
- Over 90% reported feeling useful, dealing with problems well, thinking clearly, feeling confident, and feeling loved 'Often' or 'All of the Time' after participating in the program.
- Over 70% reported that they were feeling optimistic about the future 'Often' or 'All of the Time' after participating in the program.

Added comments:

- *We need it in our county Great to have and talk with other Grandparents*
- *This has been great to have the means to have a babysitter*
- *(Staff name) is the Best we need this in Amador County THANK YOU*
- *It's fulfilling to be with others who have the same things and we are able to learn from each other.*
- *Love communicating with people going through the same thing (staff name) is GREAT*
- *This is such a valuable program. (Staff member) is a godsend and the services, skills, resources, and community are invaluable. I'm so grateful for the strength and support the Grandparent Cafe provides. Thank you so much.*

The Engaging Families
Resource Empowering Communities
Connection Enriching Lives

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

- *Grandparent cafe And Grandparent Respite, are my saving grace! Thank you*
- *Grandparent Cafe is a great resource to have for us grandparents.*
- *It makes me feel like I'm not alone raising my grandchild!*
- *Grandparent Cafe and grandparent respite program has I'm prove my life so much.*
- *I love my grandparent cafe. It gives me hope and joy meeting new grandparents that are raising their grandchildren.*
- *It is great to be able to communicate with Grandparents going through the same thing and to have speakers that know what we are going through.*

Amador Senior Peer Program (PEI)

Contract via Amador Senior Center

Prevention Program

Strategy: Improving Timely Access to Services for Underserved Populations

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

- No referrals were made to ACBH, a Prevention & Early Intervention Program or treatment beyond early onset in FY23/24.
- No referral outcome data is available for FY23/24 due to no referrals being made. 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 FY2021/22: 21

Average Participants in FY2022/23: 66

Average Participants in FY2023/24: 79

All participants are Older Adults (79)

African American: 0

Male: Did not state

Asian American: 0

Female: Did not state

Caucasian: 76

Latino/Hispanic: 3

Native American: 0

Multi Race/Eth.: 0

Other/Unknown: 0

Veterans: 16

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, 80% stated Health Improvement, 80% stated transportation assistance, 80% stated physical wellness and 60% states localized services.
- When asked why participating in the Senior Peer Visitor program is important to you, participants stated:
 - *Encourages me to stay active liker visitation and conversation*
 - *Keeps her sane, a helping hand someone to visit & talk with*
 - *Very helpful person, fun person*
 - *We are enjoying (volunteer name), she is great and helpful*
 - *connections*

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

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

Strategy: Non-Stigmatizing and Non-Discriminatory Strategies

Average in FY 2021/22: 472

Average in FY 2022/23: 569

Average in FY 2023/24: 558

Referrals: 0

Children:	0
Teens:	0
TAY:	0
Adults:	0
Older Adults:	558
Male:	---
Female:	---
Self-Identify:	---

African American:	0
Asian American:	0
Caucasian:	484
Latino/Hispanic:	28
Native American:	3
Multi Race/Eth:	6
Other/Unknown:	28

Homeless:	0
Veterans:	47
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=185

- 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:
 - 95% reported improved physical wellness;
 - 85% reported that the social connection has made a positive impact on their lives;
 - 70% reported improved mental wellness;
 - 74% reported that the program has improved their overall health;
 - 63% reported a positive impact on their emotional wellness.
 - Other comments stated: 'fitness group is a fun and encouraging experience. (class instructor) provides a very upbeat, fun and challenging fitness experience! she does an amazing job at keeping class moving along and also addressing and being aware of the different levels of fitness and abilities of each class participant. I really look forward to each class', 'it's fun!', 'meeting new people' and 'love it'.
- When asked why attending Foothill Fitness classes were important to them, 172 program participants stated the program helped them maintain their physical fitness including balance, mobility and strength, gives them opportunity to socialize with others their age, 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 FY23/24, no referrals were made to treatment provided, funded, administered or overseen by ACBH.
- In FY 23/24, no referrals were made to treatment that was not funded, administered or overseen by ACBH.
- Due to the fact that no referrals were made, the Duration of Untreated Mental Illness was not measured.

Average Served in FY 2021/22: 1,792

Average Served in FY 2022/23: 2,121

Average Served in FY 2023/24: 2,715

African American: 16

Asian American: 50

Caucasian: 2,092

Homeless: 2

Veterans: 319

LGBTQ+: 03

**ANNUAL UPDATE ON MHSA
ACHIEVEMENTS & OUTCOMES**

Latino/Hispanic: 37
Native American: 37
Multi Race/Eth.: 12
Other/Unknown: 29

Parolees: 0
Probationers: 0

Children: 0
Teens: 0
TAY: 0
Adults: 0
Older Adults: 2,715
Male: Did Not State
Female: Did Not State
Self-Identify: Did Not State

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

N=35

- When asked how the Nutrition program has positively impacted participants, this is how they responded:
 - 94% stated Social Connection;
 - 59% stated mental wellness;
 - 59% stated emotional wellness;
 - 53% noticed improvements in overall health
- 100% stated they would recommend the program to others
- When asked why participating in the Nutrition program is important to you, participants stated:
 - *Socializing, looking forward to great meals.*
 - *Diabetes and overweight*
 - *Visiting with friends and hot meals at lunch.*
 - *The socialization and nutritional meal*
 - *Keeping healthier habits*
 - *To learn about things that are good to you*
 - *Good. It is important for my health.*
 - *To learn to eat healthier*
 - *Good food. Affordable. Socialization.*
 - *Meet people*
 - *Good food - get a chance to visit with others.*

Comprehensive Community Support Model to Address Student Mental Health (INN):

Please see attached 'FY23/24 Comprehensive Community Support Model to Address Student Mental Health Annual Report'. Attachments begin on page 63.

ACCF Human Services Certificate Scholarship Program (WET)

Average in FY 2021/22: 41
Average in FY 2022/23: 41
Average in FY 2023/24: 57

Children: 0
Teens: 1
TAY: 3
Adults: 49
Older Adults: 0
Female: 49

African American: 8
Asian American: 5
Caucasian: 38
Latino/ Hispanic: 2
Native American: 1



Learn. Achieve. Succeed.

Multi Race/ Eth.: 1

ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

Male: 3 Other/ Unknown: 0
Self-Identify: 0 Veterans: 1
Homeless: 4 Probationers: 0
LGBTQ: 12 Parolees: 1
Chronic Disability: 14

Participant Feedback

N=52

- 100% of respondents participated in the MHSA Scholarship Program
- 98% are continuing their program
- 96% reported that participation in the program has improved their emotional wellbeing
- 100% would recommend the program to others
- 19% of participants reported experiencing a psychiatric hospitalization (themselves or a family member) prior to participating in the program. After participation, 2% reported experiencing psychiatric hospitalization, representing a 17% decrease.
- 39% of program participants were homeless or at-risk of homelessness prior to participation in the program. After program participation, 14% reported experiencing homelessness or at-risk of homelessness, representing a 25% decrease.
- Prior to participation in the program, 29% reported losing or at-risk of losing home placement. After participation in the program, 10% reported losing of or being at-risk of losing home placement. This represents a 19% decrease.
- Over 70% of participants reported they were feeling optimistic about their future 'Often' or 'All of the Time' since participation in the program
- Over 60% of participants reported they were feeling useful, dealing with problems well and that they were interested in new thing and other people 'Often' or 'All of the Time' since participation in this program

ATTACHMENT 'A'

Capacity Overview, Analysis of Mental Health Needs
& Workforce Needs Assessment

Capacity Overview, Analysis of Mental Health Needs & Workforce Needs Assessment

System Capacity Report

Amador County Behavioral Health (ACBH) uses findings from the following resources to evaluate system capacity: current ACBH staffing capacity, capacity of key community partners that also promote health and wellness, data from the electronic health record, the MHSA Community Program Planning Process (CPPP), the Cultural Competence Plan and Amador County Culture & Diversity Evaluation Report and the new annual Amador County Behavioral Health “Workforce Equity Survey”. Programs from previous years that are being continued or expanded are outlined throughout this Annual Update report taking into account ACBH capacity as well as capacity of key community partners. Where necessary, the report outlines where additional capacity will need to be developed to meet programmatic goals and community needs.

ACBH Cultural Competency Plan and Amador County Culture & Diversity Evaluation Report

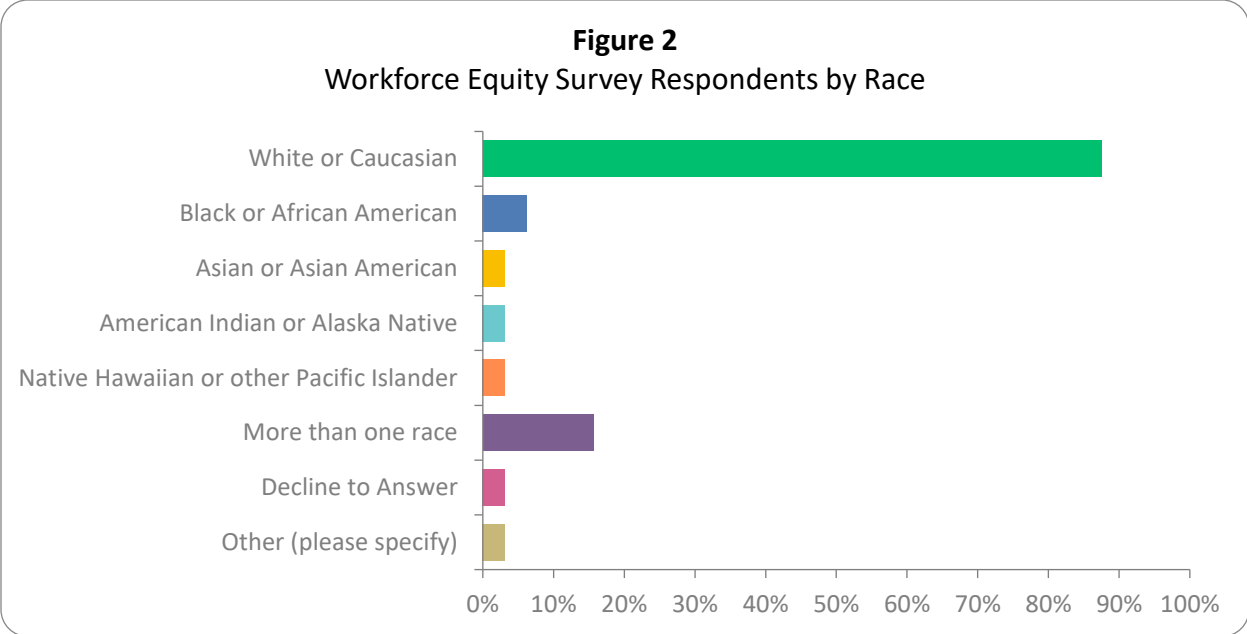
Each county Mental Health Plan (MHP) is required to have a Cultural Competency Plan and to update this plan each calendar year. This plan’s Cultural Competency Objectives are developed and reviewed by the MHSA Steering/Cultural Competency Committee annually: [FY 23/24 Cultural Competency Objectives](#). As part of the Community Program Planning process for the MHSA 3-Year Plan FY 2023-26, Amador County’s Behavioral Health Department (ACBH) initiated an effort to understand the County’s landscape and identify potential recommendations related to culturally responsive services for Amador’s diverse and underserved communities. Towards this aim, the County engaged Joyce Chu, Ph.D., from Community Connections Psychological Associates, Inc. (CCPA), to provide consultation on evaluation methodology and conduct a mixed method analysis of quantitative and qualitative data. The report details the results of this culture and diversity-related planning process: [Amador County Culture & Diversity Evaluation Report](#). The annual review of the Cultural Competency Objectives will be held in November 2024 at the ACBH Diversity and Equity Committee meeting and the stakeholder group is prepared to address the progress towards Dr. Chu’s recommendations and identify additional strategies in this year’s annual review.

Workforce Equity Survey

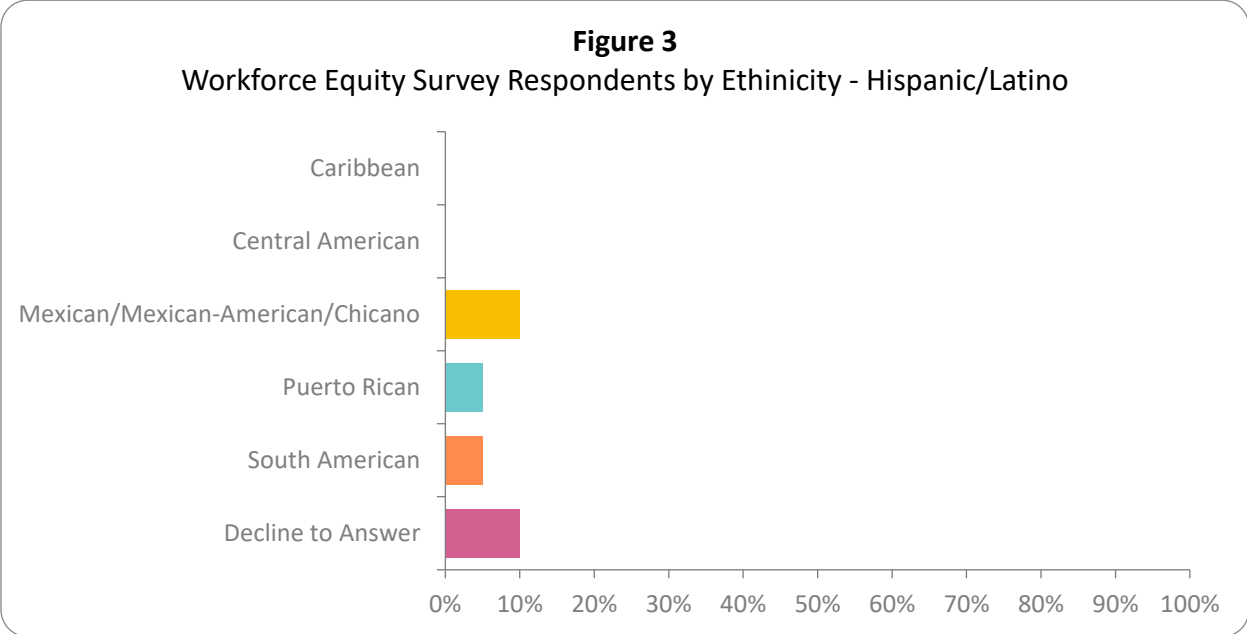
Starting in summer 2024, ACBH began to administer a voluntary and annual survey of the behavioral health workforce to gather data related to the diversity of the workforce. County staff and MHSA contractors at all levels of the workforce were encouraged to complete the survey. The survey yielded 33 responses from County staff and contractors.

Workforce Demographics

Figures 2-3 show the behavioral health workforce by race and ethnicity. 88% (28 of the respondents) identified as White/Caucasian, 6% (2 of the respondents) as Black/African American, 3% as Asian/Asian American (1 of the respondents), 3% as American Indian or Alaska Native (1 of the respondents), 3% as Native Hawaiian/Pacific Islander (1 of the respondents), 12% as Hispanic/Latino (4 of the respondents; 2 identifying as Mexican/Mexican-American/Chicano, 1 identifying as Puerto Rican, and 1 as South American), 19% identifying as Other/More than 1 race (6 of the respondents), and 6% declined to answer (2 respondents).



Source: ACBH MHP Workforce Equity Survey FY 2024



Source: ACBH MHP Workforce Equity Survey FY 2024

Figure 4 aims to provide the percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served. Data from the electronic health record was extracted to show the number of Amador County Behavioral Health mental health clients served through crisis, outpatient mental health, FSP, and jail services for FY 23/24.

The race/ethnicity of the workforce survey respondents is generally representative of the Amador County populations and ACBH clients served, with the exception of Hispanic/Latino members who are 16% of the Amador County population but are less represented in the workforce and percentage of clients served by

ACBH (12%). There are a substantial number of clients (29%) whose race/ethnicity is reported as 'Unknown/Not reported' in the ACBH electronic health record. ACBH's Latino Engagement Committee has been meeting quarterly since FY16/17 working to identify needs, successes, and strategies to reach Hispanic/Latino communities members and support their access to mental health services. The MHPA funded Nexus Youth & Family Promotores de Salud Program employs Spanish-speaking Hispanic/Latino Promotoras to reach out to historically underserved Spanish-speaking Hispanic/Latino and linguistically isolated community members.

Figure 4

ACBH Consumers Served Compared to Workforce Equity Survey Respondents, and County Population by Race/Ethnicity

Race/Ethnicity	ACBH MHP Percentage of Clients Served	% of Amador County Population	Workforce Equity Survey Respondents
White/Caucasian	61%	88%	88%
Hispanic/Latino	12%	16%	12%
American Indian or Alaska Native	2%	2%	3%
Black/African American	2%	3%	6%
Asian	1%	2%	3%
Hawaiian and Other Pacific Islander	.1%	.4%	3%
Other/More than one race	5%	4%	19%
Unknown/Not reported	29%	-	6%

Source: Amador County Behavioral Health Electronic Health Record, ACBH MHP Workforce Equity Survey 2024, US Census

Figure 5 shows Medi-Cal penetration rates for populations by race/ethnicity in Amador County. Penetration rates are calculated using the total number of county Medi-Cal eligible by race/ethnicity compared to the billed Medi-Cal services identified through the annual Amador County Penetration Report provided by Kingsview Information Technology Services (FY 22/23 is the most current data available). It is important to note this report only reviews Amador County Behavioral Health Department's Medi-Cal billing through the Department of Health Care Services (DHCS) which does not include services for uninsured indigent consumers or those provided through MHPA contractors.

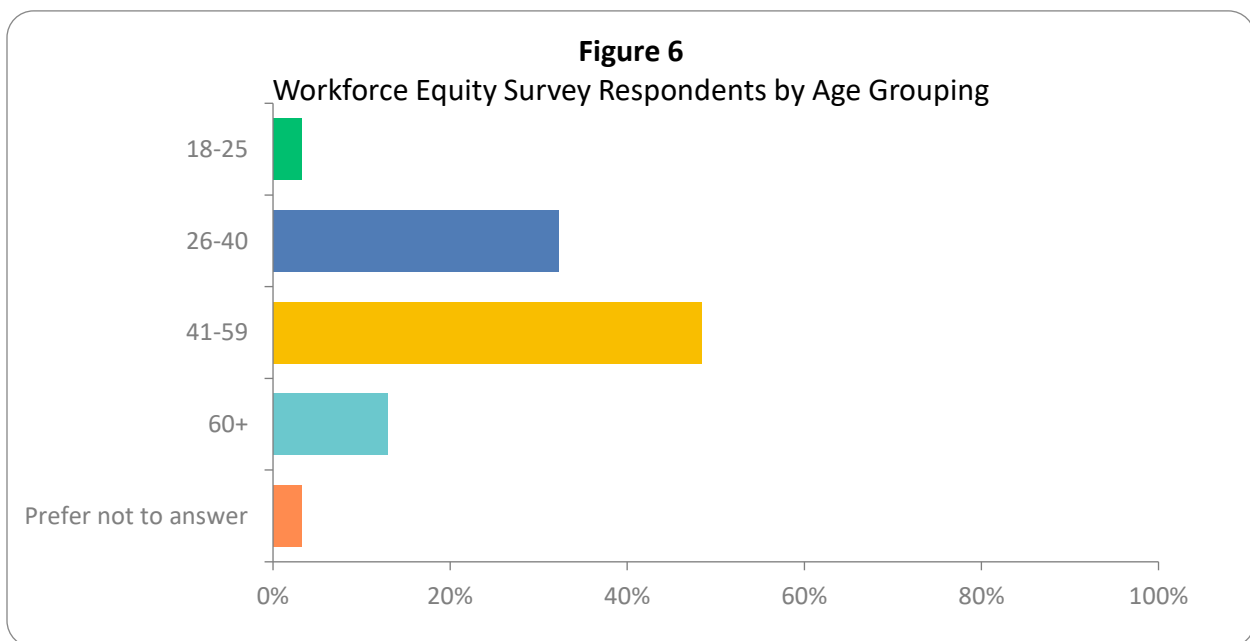
Figure 5

Penetration Rates (PR) of Beneficiaries Served by Race/Ethnicity FY 22/23

Ethnicity	MMEF Eligibles	SDMC Clients Served	MH Clients Served	Penetration Rate (%)
Alaskan Native or American Indian	175	11	13	24.5%

Asian or Pacific Islander	103	5	5	24%
Black or African American	78	4	5	2.2%
Hispanic	1,224	63	78	22%
Other	72	4	5	0
Unknown	1,057	16	53	113%
White	6,400	283	355	22%
Total	9,109	386	514	22%

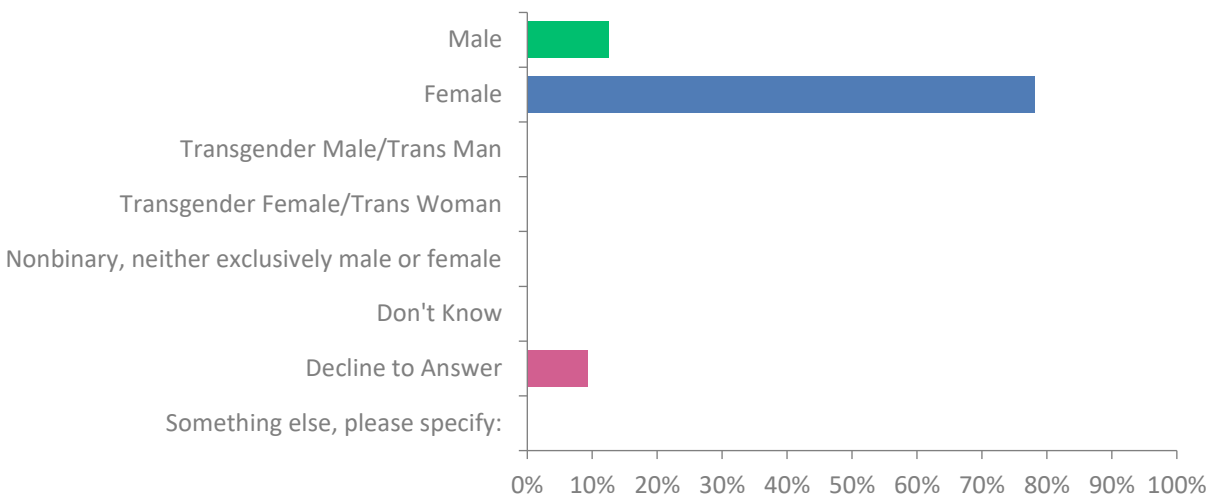
Figure 6 demonstrates the age groupings for workforce survey respondents. 48.39% (15) of the respondents identified as being between the ages of 41 and 59 years old, 32.26 % (10) between 26-40, 12.9% (4) 60+, 3.23% (1) identified as being between the ages of 18 and 25 and 3.23% (1) prefer not to answer.



In an effort to provide relevant, specific, and compassionate care to Amador County's LGBTQ+ community, ACBH collects sexual orientation and gender identity/expression (SO/GI) data with the goal of providing culturally responsive services and inclusive spaces for LGBTQ+ consumers. SO/GI questions were incorporated into the annual Workforce Equity Survey, ACBH strives to create a more inclusive work environment for LGBTQ+ staff as well.

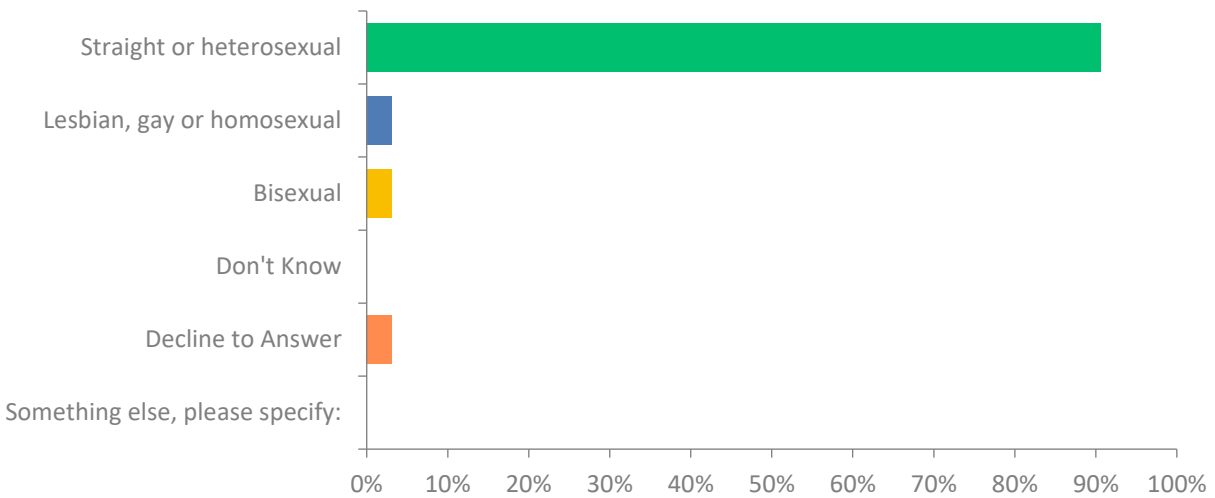
Figures 7 and 8 show the workforce equity survey respondents by sexual orientation and gender identity/expression. The survey showed that 91% (29) of the survey respondents identified as heterosexual, 3% (1) as lesbian, gay or homosexual, and 3% (1) as bisexual. In terms of gender identity, 78% (25) identified as female, and 13% (4) identified as male.

Figure 7
Workforce Equity Respondents by Gender Identity



Source: ACBH Workforce Equity Survey FY 2024

Figure 8
Workforce Equity Survey Respondents by Sexual Orientation



Source: ACBH Workforce Equity Survey FY 2024

Amador County does not have a threshold language, but Spanish language services along with outreach to Hispanic/Latino communities continue to be an identified need through the MHPSA Community Program Planning Process (CPPP). ACBH tracks consumers' primary language and preferred language to ensure MHP consumers can receive needed supports in their preferred language. Figure 9 below shows the electronic health record report for preferred language for FY23-24 for a total of 1550 consumers. No clients were reported to needing an interpreter. 13% (4) of the Workforce Equity Respondents reporting

being bilingual, respondents identified speaking the following languages: Spanish, Portuguese, and Serbian.

Certified translators and interpreters are scarce in Amador County. There are barriers to becoming certified including the time commitment/intensity of curriculum and the lack of behavioral health translator certification (programs are currently targeted for medical interpretation). The hourly commitments to become certified are burdensome for a small, rural community. To measure language competency, ACBH utilizes Alta Language Services. ACBH bilingual identifying employees are offered to participate in the Alta Language tests and are paid a differential for bilingual pay, once deemed competent. The Promotores de Salud are also offered the testing opportunities. This is a vital step towards being able to determine competency of providers in serving the Spanish-speaking community in culturally and linguistically appropriate ways.

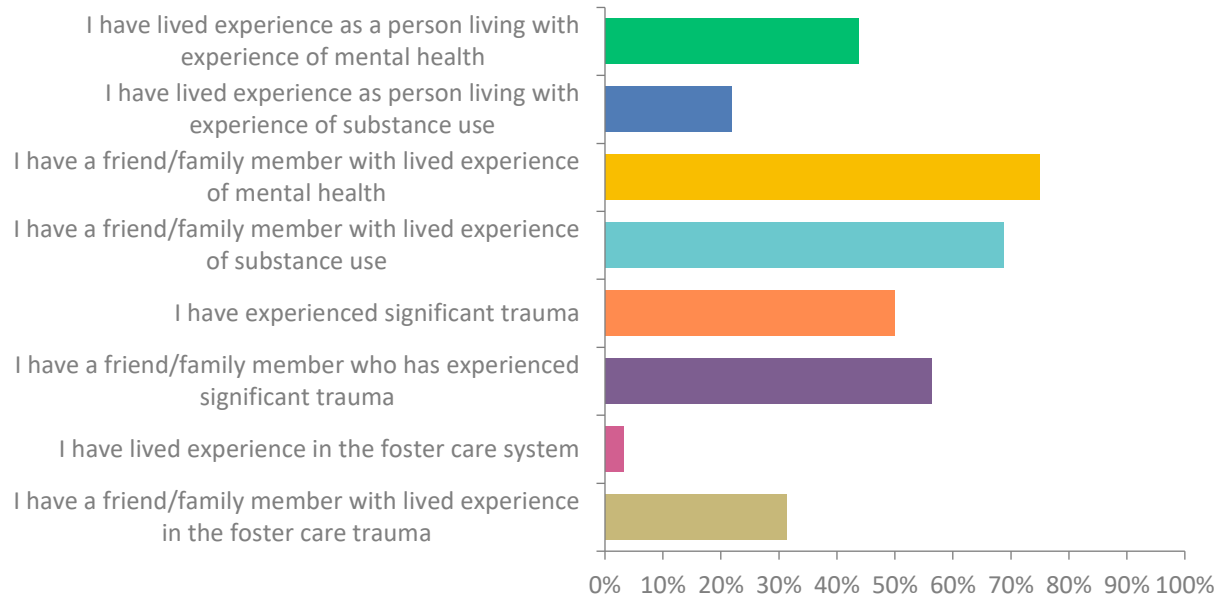
Figure 9
Amador County Behavioral Health Consumer Preferred Language

Preferred Language	Count of Preferred Language	Percent of Total
English	1322	85.29%
Spanish	16	1.03%
Armenian	5	0.32%
Vietnamese	1	0.06%
Other Non-English	1	0.06%
Unknown/Not Reported	205	13.23%
Interpreter Needed	None	

Amador County Behavioral Health staff and contractors bring a significant amount of ‘lived experience’ informing their work within the behavioral health system. ACBH recognizes lived experience helps to create a more diverse and effective workforce as staff are able to better serve individuals with, and at risk of, serious mental health issues as they have personal and direct knowledge themselves of mental health challenges, service systems, and recovery. Figure 10 details Workforce Equity Survey respondents’ lived experience:

- 75% reported having lived experience of a friend/family member with lived experience of mental health.
- 69% of respondents reported having lived experience of a friend/family member with substance use.
- 56% of respondents reported having a friend/family member who has experienced significant trauma.
- 50% of respondents reported having personally experienced significant trauma.
- 44% of respondents identified as having lived experience as a person living with mental health.

Figure 10
Workforce Equity Survey Respondent Lived Experience



Source: ACBH Workforce Equity Survey FY 2024

The capacity table below (Figure 11) provides an overview of staffing planned for FY 24-25. As of the writing of this report (Summer 2024), ACBH is understaffed and considers all its positions difficult to recruit and retain including but not limited to: Psychiatrist, Clinician, Crisis Counselor, Crisis Coordinator, Peer Support Specialist, and Personal Services Coordinator. Ongoing staffing turnover in an array of positions create challenges and 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. Currently, the following positions each have one vacancy: Crisis Coordinator, Clinician I, Peer Support Specialist, Personal Services Coordinator, SUD Counselor, and Extra Help Counselor.

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. ACBH is currently seeking a contractor to provide support with the Mobile Crisis Services Benefit.

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.

Overall, ACBH's current staffing, as well as its dedication to hiring diverse and bilingual staff that are reflective of the community it serves, is a strength that has improved client outcomes and increased capacity to serve the most vulnerable within Amador County. 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.

Figure 11

Planned Staffing for FY 2024-2025

Position	Language(s)	#Positions	#Filled	#Vacant	Difficult to Recruit/Retain
Behavioral Health Director	English	1	1	0	Y
Psychiatrist	English, Spanish, Punjabi	1.25	1.25	0	Y
Clinician III	English, Spanish	1	1	0	Y
BH Non Clinical Program Coordinator	English	1	1	0	Y
Compliance Officer	English	1	1	0	Y
BH Program Manager - SUD	English	1	1	0	Y
Deputy Director of Behavioral Health	English	1	1	0	Y
Clinician II	English	2	2	0	Y
Clinician I	English	3	2	1	Y
Crisis Counselor I	English	1	1	0	Y
Crisis Counselor II	English, Serbian, Croatian	1	1	0	Y
XH Crisis Counselor	English	3	2	1	Y
Crisis Coordinator	English	1	0	1	
Peer Support Specialist	English	2	2	0	Y
Personal Services Coordinator	English	4	3	1	Y
Medical Assistant	English, Spanish	1	1	0	Y

Finance/Admin Supervisor	English	1	1	0	Y
Admin Tech	English	1	1	0	Y
Finance Assistant Sr.	English	1	1	0	Y
Admin Assistant Sr.	English	1	1	0	Y
Admin Assistant II	English	2	2	0	Y
QI/UR Coordinator I	English	1	1	0	Y
SUD Counselor I	English	2	1	1	Y

To examine capacity within the community, the capacity tables below list partner agencies, organizations, and coalitions (see Figures 12-13 below). Amador County has a highly collaborative community, ACBH has strong relationships with many of the partners listed, and in some cases relationships could be strengthened. The agencies in each of these tables strive to meet the needs of marginalized and vulnerable community members throughout Amador County by reaching out to rural/isolated areas, hiring individuals with lived experience, and developing vital community programs and educational opportunities that specifically target the inclusion of Amador County’s hard to reach populations.

Figure 12
Capacity Table – Amador County Agencies

Agency	Purpose/Mission	Who is served?
Sutter Amador Hospital	“Sutter Amador Hospital is a community based, not-for-profit hospital with 52 licensed beds and is the only hospital in Amador county serving a population of more than 40,000. Our hospital provides comprehensive services, including 24-hour emergency care, critical care, diagnostic imaging, a family birth center, surgery, orthopedics and laboratory services. We’re proud to be a Baby-Friendly Hospital. Sutter Amador s fully accredited by The Joint Commission.”	Amador County residents and guests
Amador County Public Health	“Mission: Together we champion the health of Amador County by protecting the community, promoting well-being, and preventing illness for a more resilient tomorrow. Vision: We envision a strong and resilient Amado County where all have access to quality public health services and necessary resources so together we can be healthy and live well.”	Amador County residents
Amador County Social Services	“Our responsibility to the community is to provide benefits and services in a quality manner. We promote personal responsibility,	Needy and vulnerable

	safety, job readiness and self-sufficiency in order to strengthen individuals and families. These services will be performed with the highest degree of integrity, trust and mutual respect. Our goal is to be one of the best service organizations of our kind and to be vied as a model of quality.”	children and adults
Amador County Office of Education/Amador County Unified School District	“Mission: Enriched by the diversity and deep traditions of our unique community, Amador County Public School will prepare, support, and inspire each student to achieve career and college success in a rapidly evolving world through highly engaging teaching, rigorous learning, and innovative pathways supported by strong partnerships in a safe, caring and collaborative environment.”	Amador County students, schools, and communities
Amador County District Attorney	“The mission of the Office of the District Attorney of Amador County is to enhance public safety and welfare and create a sense of security in the community through the vigorous enforcement of criminal and civil laws in a just, honest, efficient, and ethical manner.”	Amador County community
Amador County Sheriff	“Mission: It is the mission of the Amador County Sheriff’s Office to stand ready as the guardians and servants of Amador County. We will not be deterred in the face of danger, and we pledge to protect and serve the residents and visitors of Amador County without hesitation.”	Amador County residents and guests
Amador County Probation	“The mission of the Amador County Probation Department is to ensure offender compliance with their Court orders through supervision, services and sanctions. The department is committed to increasing public safety by holding offenders accountable for their actions. The department is committed to increasing public safety by holding offenders accountable for their actions. The department will strive to satisfy the Court and community by working cooperatively and collaboratively with other agencies throughout Amador County and with counties having a mutual interest in cases.”	Amador County probationers and community

Figure 13

Capacity Table – Amador County Community Partner Organizations and Coalitions

Organization/Coalition	Purpose/Mission	Who is served?
Amador County Behavioral Health Advisory Board	“This mission of the Board shall be to review and evaluate the community’s mental health needs, recovery services, facilities and special problems and to advocate for persons with serious mental illness and those in recovery.”	Amador County community, ACBH clients
Amador Community College Foundation/ Amador College Connect	“The mission of the Amador Community College Foundation is to provide accessible education opportunities in a supportive environment for career success in Amador County.”	Amador County community
The Resource Connection	“The Resource Connection’s mission is to engage families, empower communities, and enrich the lives of residents of Amador and Calaveras counties.”	Amador County community

Sierra Child & Family	“The mission of Sierra Child & Family Services is to provide excellent mental health, foster, and adoptive services for children and families in Northern California.”	Children and families
Nexus Youth & Family Services	“The mission of Nexus is to serve members of the community through innovative programs, collaborative partnerships, and the provision of educational and therapeutic services.”	Children and families
Resilient Amador	“Mission: Working together to promote a trauma-informed community through education, prevention, support, and advocacy, thereby raising the standard of care for all.”	Amador County community
Amador-Calaveras Perinatal Wellness Coalition	“Improved mental health and well-being for Amador and Calaveras families before and after delivery is the priority of the Amador/Calaveras Perinatal Wellness Coalition. The coalition is working together to promote the mental health and well-being of families through perinatal education, support and advocacy.	Children pre-natal to age five and their families
First 5 Amador	“Our mission is to promote, support, and enhance the optimal development of Amador County’s children from zero to five years of age. Our Commission believes that broad community involvement is critical to the success of this mission. With Proposition 10 funds we support projects that make sense locally based on identified need and opportunities for children and families in Amador County.”	Children pre-natal to age five and their families
Operation Care	“Operation Care provides domestic violence and sexual assault support services, crisis intervention and education to Amador County. We strive to reduce the incidents of intimate partner violence and promote healthy relationships.”	Amador County community, domestic violence and sexual assault survivors
Sierra Wind Wellness & Recovery Center	“Sierra Wind is a peer-led self-help center offering advocacy, support, resource linkage, benefits acquisition, culturally diverse support groups, patients’ rights advocacy, and free meals daily.”	Amador County community
Victory Village	“Assists with housing, employment, life skills, physical wellness, education assistance, VA advocacy, and family support.”	Veterans and family members
California TANF Tribal Partnership (CTTP)	“Our goal and purpose is to help families achieve self-sufficiency through educational training, career and employment opportunities, as well as various supported services and programs with temporary financial assistance.	Native American families
MACT Health Board, Inc.	“The Primary mission of the Mariposa, Amador, Calaveras & Tuolumne Health Board, Inc. is to improve the Health Status of the American Indian and Alaskan Native populations. It is through a comprehensive HEALTH CARE SYSTEM, which is designed to Preserve and Promote the Traditional Well Being and Cultural Sensitivity of the Communities to whom we serve.”	American Indian and Alaskan Native community members
Court Appointed Special Advocates (CASA)	“A Court Appointed Special Advocate (CASA) is a trained volunteer appointed by a judicial officer to provide advocacy for a child who is under the jurisdiction of the Court due to abuse or neglect. The CASA serves at the “eyes and ears” of the judge for children in foster care.”	Children in foster care
Amador Senior Center	“The Amador Senior Center exists to advocate and provide activities, education and support services to the seniors of Amador County.”	Amador County seniors

Currently, ACBH has the capacity to provide services within the agency and through the MHSA to individuals and families in Amador County who are unserved, underserved/inappropriately served and currently being served. Demographically, the county’s racial and ethnic makeup is shifting, however, the capacity to serve individuals and families of all racial and ethnic minorities has been maintained. ACBH

will continue to monitor this to ensure that providers and programs are equipped to provide services in culturally and linguistically appropriate ways.

There is a workforce shortage, specifically among providers that accept private/commercial and Medicare insurance coverages. ACBH will continue to advocate for those who are not Medi-Cal eligible to receive access to services and supports by providing provider lists, collaborating with other behavioral health organizations and more.

There is an increased service demand for social and behavioral health services. However, despite this increased demand, ACBH will continue to monitor capacity as well as mental health needs to ensure ACBH and its MHSA-funded programs maintain their ability to provide quality behavioral health services both in the agency and throughout community.

ATTACHMENT 'B'

MHSA Community Survey 2024 Responses
Community Program Planning Process

Mental Health Services Act (MHSA) Community Survey 2024 Responses Community Program Planning Process (CPPP) FY 24-25 MHSA Annual Update

Overview

The 2024 Community Program Planning Process began on May 28, 2024 and ended on July 31, 2024 and was conducted by doing in-person focus groups/listening sessions, as well as a community survey, which was available in paper and online formats. Focus groups/listening sessions, 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.

Community Engagement

ACBH makes concerted efforts to recruit and include peer consumers, family members, providers, and community partners on various ACBH Committees including the MHSA Steering/Cultural Competency Committee, Latino Engagement Committee, Amador Speaks Suicide Prevention Coalition and the local Amador County Behavioral Health Advisory Board. The Behavioral Health Non-Clinical Program Coordinator is tasked with supporting the planning, managing, and data collection efforts for the CPPP. This year, members of the MHSA Steering/Cultural Competency Committee were recruited to form the MHSA CPPP Short-Term Work Group to support CPPP planning. Members of the short-term work group were provided a training on the CPPP and overview of the planning process. Members were involved in shared decision-making and provided feedback and guidance on the Department's planning along with review of the community survey and focus group questions utilized in the CPPP.

During the Community Program Planning Process for the Annual Update FY 24-25, ACBH received a total of 105 responses to the community survey and 35 community members participated in the table topic-postings and focus groups held as part of the 2024 CPPP. Amador County Behavioral Health increased both the number of offered focus groups held this year (6 total for 2024, compared to 3 held in 2023) along with the number of host community partners (5 total for 2024, compared to 1 community partner host in 2023). One focus group was hosted by ACBH and five were hosted by community-based organizations: Sierra Wind Wellness & Recover Center, First 5 Amador, NAMI Amador, Nexus, and Amador Senior Center. The focus groups, facilitated by the Behavioral Health Non-Clinical Program Coordinator for Amador County Behavioral Health, provided an overview of the MHSA, why the CPPP is important and then asked a series of questions, intended to obtain feedback from community members about the current state of mental health in Amador County. Additionally, ACBH contract provider, Nexus Youth & Family Services conducted several smaller focus groups engaging a total of 34 middle school and high school youth.

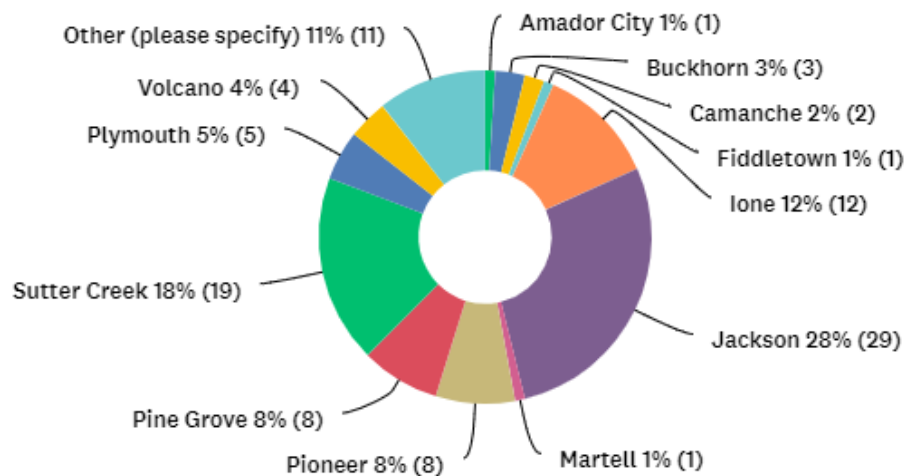
CPPP Participant Demographics

Demographic information was collected in the community survey and included the following elements: age range, race, ethnicity, language, current gender identity, sexual orientation, veteran's status, community partner type, and whether the individual had lived experience.

Sixty-six percent (69) of the survey respondents were between the ages of 25-59, 24% (25) were 60 or older, 5% (5) were between the ages of 18-24, and the remaining 2% (1) declined to answer. With regard to race/ethnicity, 84% (88) of the respondents identified as Caucasian/White, 0% as Asian American/Pacific Islander, 1% (1) African American/Black, 5% (5) Other/more than one race, 17% (18) as Hispanic/Latino, 6% (6) as American Indian/Alaska Native and the remaining 11% (11) declined to answer. One-hundred percent (105) of the respondents identified English as their primary language. Of the 105 survey respondents who answered the question related to current gender identity, 74% (78) identified as female, 17% (18) as male, 1% (1) identified as transgender man, 2% (2) identified non-binary and 6% (6) preferred not to answer. Regarding sexual orientation of the 105 respondents who answered this question 82% (86) identified as heterosexual, 2% (2) as lesbian or gay, 4% (4) as bisexual, 1% (1) as Queer/pansexual, and/or questioning, 1% (1) as "other" (two-spirit) , and 1% (1) responded "prefer not to answer".

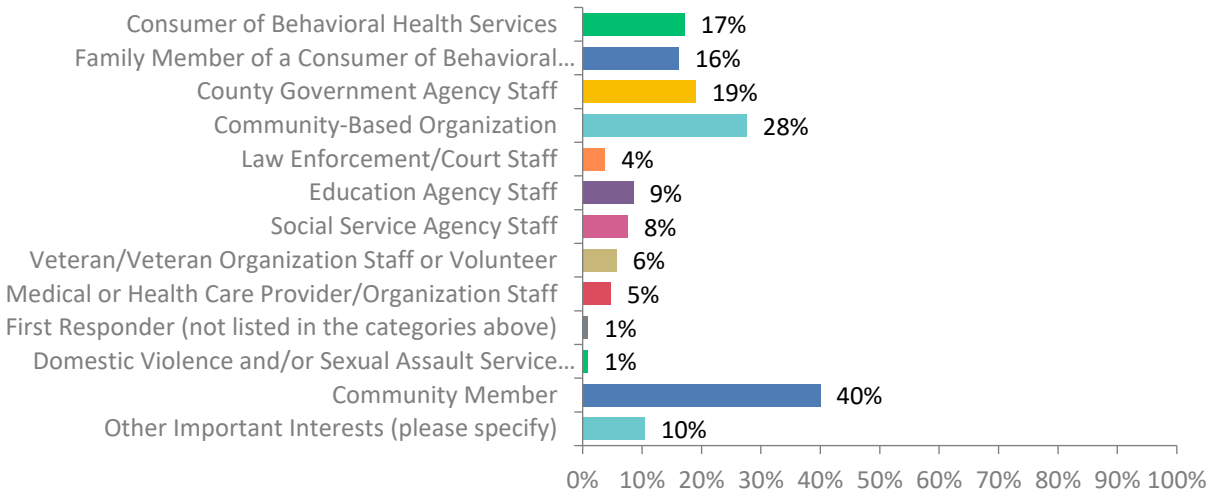
Figure 1 demonstrates the City of Residence for Community Survey participants. Amador County Behavioral Health gathers this data to evaluate representation for different cities and regions of Amador County.

Figure 1



The majority of CPPP survey respondents (Figure 2) stated their connection to Behavioral Health is as a community member, responses received in 2021 – 2023 stated the same. 11 'Other Important Interests' this year stated: Program Coordinator at Lone Band Miwok Indians, ATCAA Head Start, NAMI Member, Amador College Connect, Teacher in ACUSD, LGBTQAI+/ BIPOC/Disabled, Grandparent Cafe and Grandparent Respite, Suicidal Transporter Street Outreach with the Unhoused Community, and 77 year old person living only on Social Security.

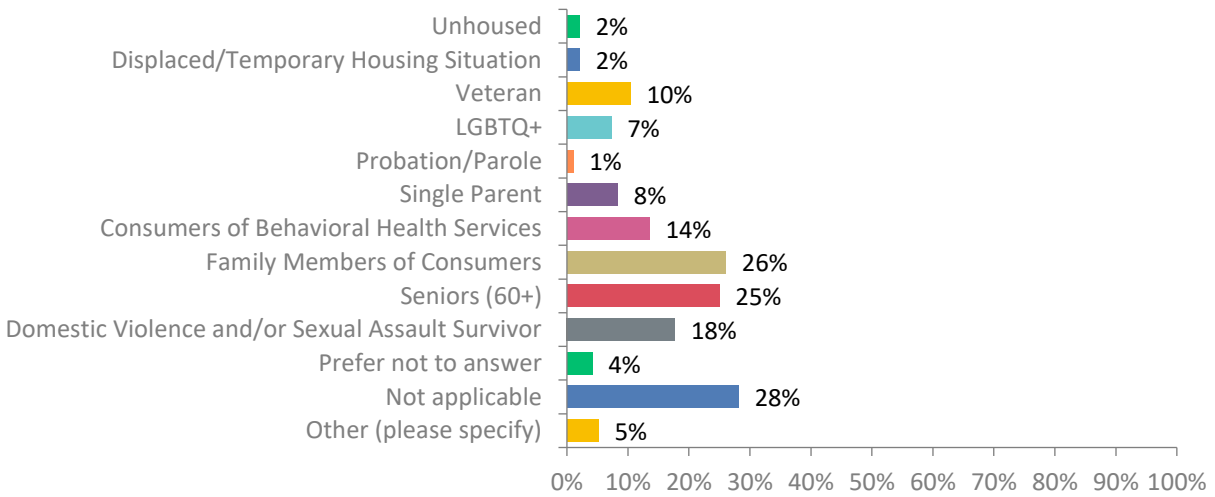
Figure 2
CPPP Survey Respondent Connection to Behavioral Health



Source: 2024 MHA CPPP Community Survey

CPPP survey respondent subpopulations (Figure 3) included veterans (10%), single parents (8%), consumers (14%) and family members of consumers (26%), unhoused/displaced/temporary living situation (4%), domestic violence and/or sexual assault survivors (18%), seniors (25%), probationers/parolees (1%) and members of the LGBTQ+ (7%) community. 'Other' responses included caregiver, behavioral health advocate, and St. Vincent de Paul.

Figure 3
CPPP Survey Respondent Subpopulation

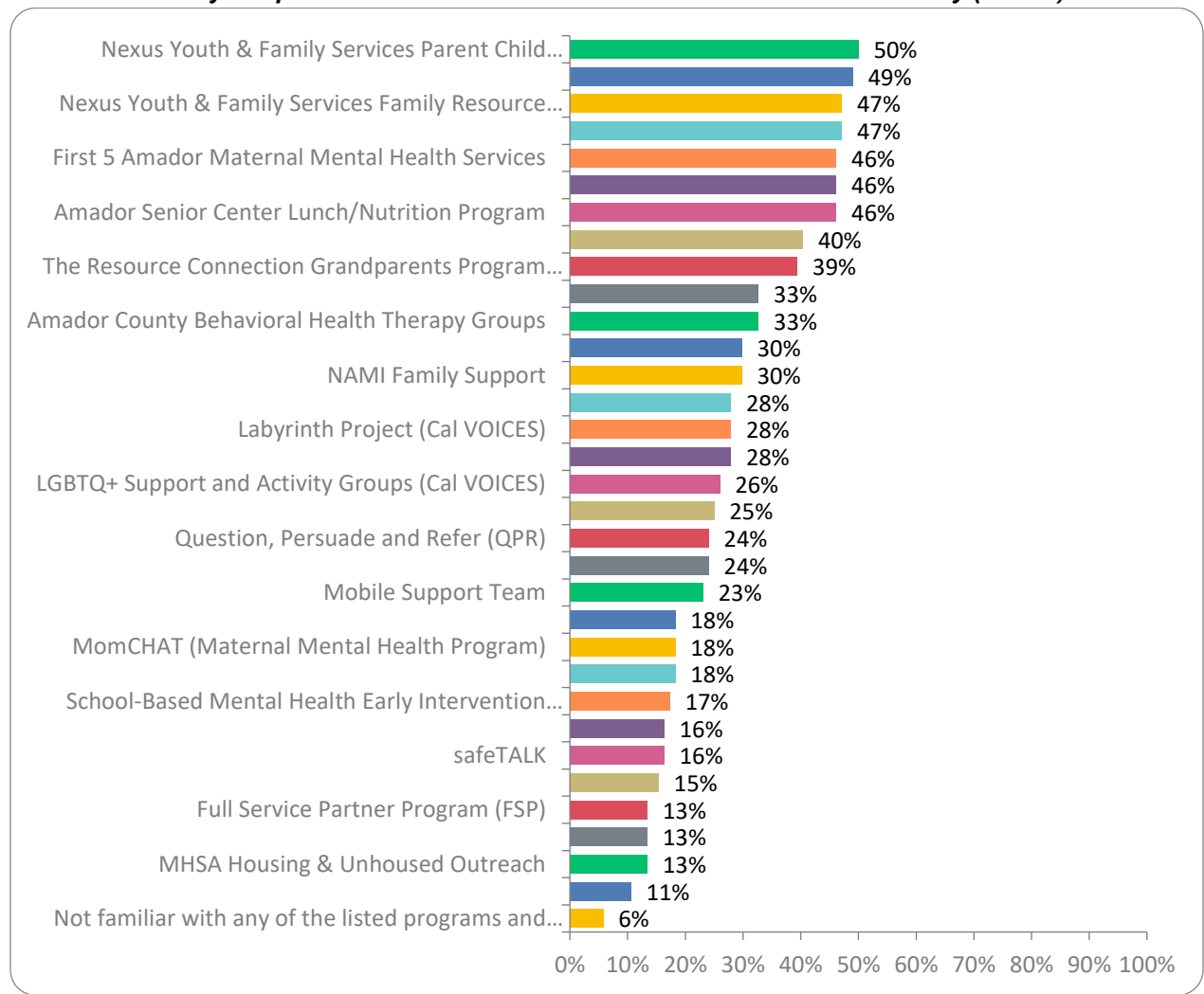


Source: 2024 MHA CPPP Community Survey

Below is a summary of the MHSa CPPP community survey results along with top responses and suggestions community members identified when asked about key issues impacting Amador County residents during outreach table topics, and in-person focus group/listening session discussions.

CPPP Needs Identified

Amador County Behavioral Health
 2024 MHSa CPPP Community Survey Results
Survey Respondent Awareness of MHSa Services in Amador County (N=105)



Below are some of the top responses and suggestions community members identified when asked about awareness of Mental Health Services Act (MHSa) services in Amador County during focus groups/listening sessions and table-topic CPPP outreach events:

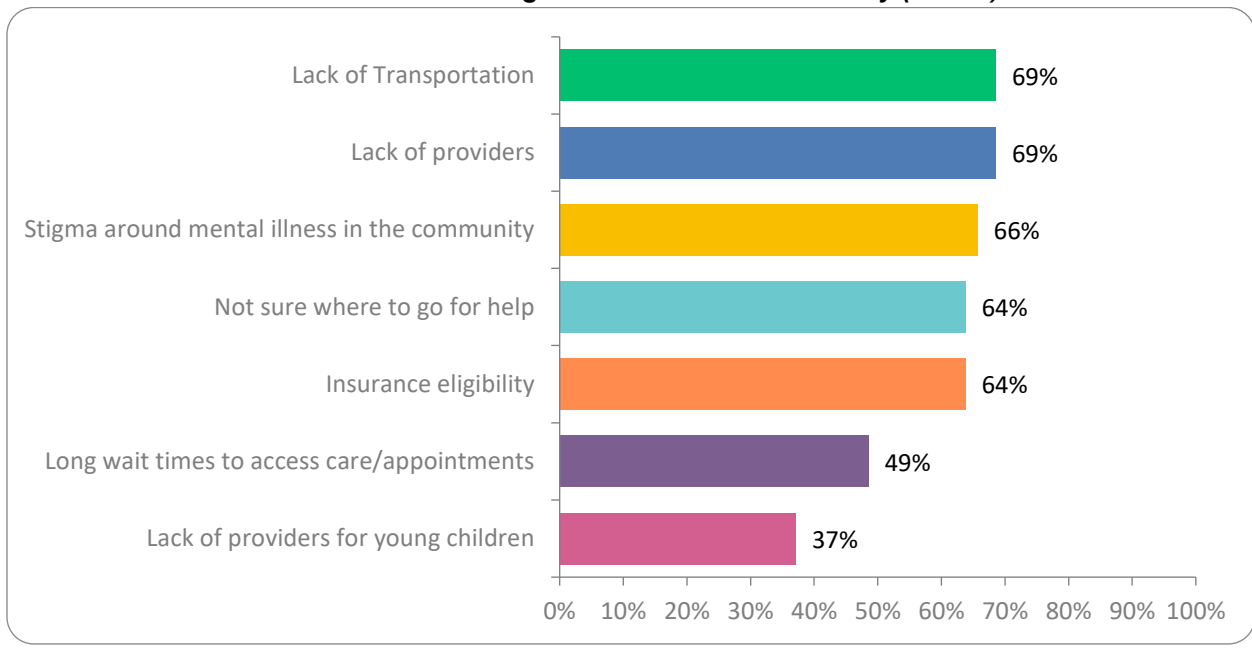
Key Issues:

- A lot of resources exist, ensuring everyone is considered when advertising these resources has been an ongoing challenge
- Lack of awareness of resources available in the community
- Consumer engagement in services and the recovery process

Suggestions for Improving Awareness of Services:

- Easy to access, one stop shop, for referrals and resources
- More outreach to schools, more information on where to get help
- Posting flyers online through social media that promote our community events
- Flyers and paperwork in preferred language of consumers
- Outreach and/or presentations to community service groups, i.e. AAUW, Lions clubs, Rotary Clubs.
- Outreach and presentations to local churches
- Flyers about MHSA programs on community bulletin boards

Amador County Behavioral Health
2024 MHSA CPPP Community Survey Results
Barriers to Accessing Services in Amador County (N=105)



Below are some of the top responses and suggestions community members identified when asked about the barriers preventing people from seeking mental health service in Amador County during focus groups/listening sessions and table-topic CPPP outreach events:

Key Issues:

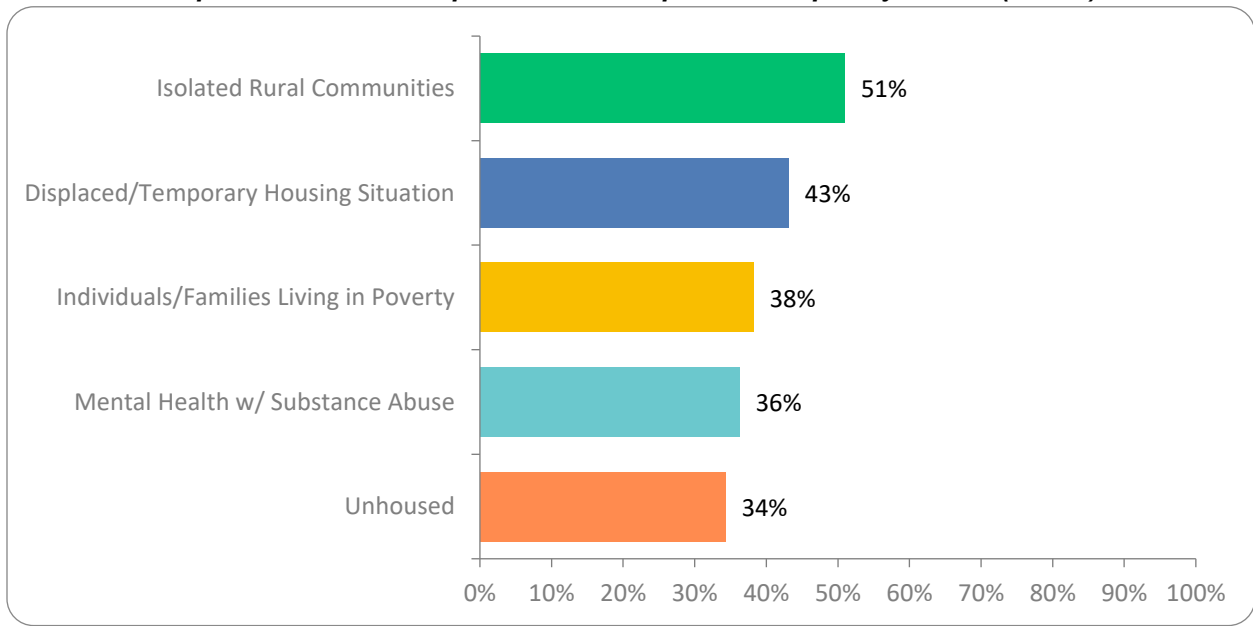
- Lack of mental health providers and available services
- Service navigation, not able to access services at ACBH due to Mild to Moderate needs
- Working parents, time
- Lack of awareness of services
- Financial, cost of services
- Stigma
- Private insurance access to services in-person in Amador County
- Transportation, isolation in rural areas
- People don't think they need help, Anosognosia

Suggestions for addressing Barriers to Accessing Services:

- More outreach and awareness campaigns

- Hire more providers in County

Amador County Behavioral Health
 2024 MHSa CPPP Community Survey Results
Top 5 Individuals/Groups/Cultural Groups Not Adequately Served (N=105)



Below are some of the top responses and suggestions community members identified when asked about individuals, groups, and/or cultural groups not adequately being served in Amador County during focus groups/listening sessions and table-top CPPP outreach events:

Key Issues:

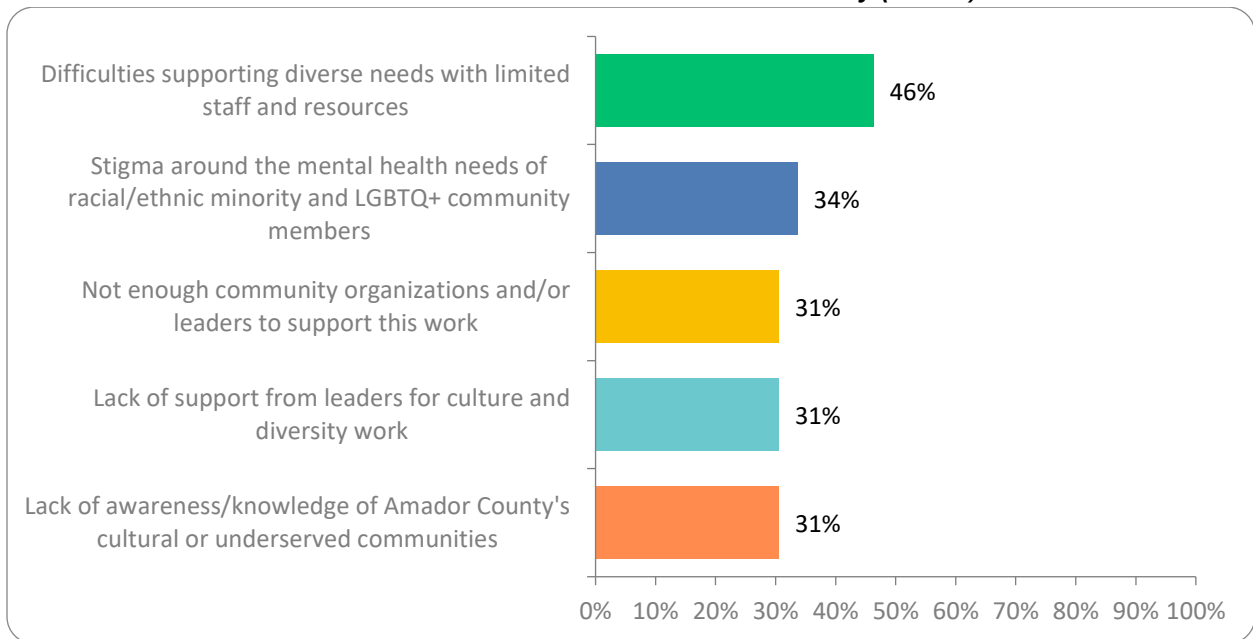
- Homeless
- Individuals with SUD
- Individuals with Mild-Moderate MH needs
- Chronic mental illness + chronic physical health issues
- Hispanic/Latino, Spanish-speaking services
- Transitional age youth (18-24)
- Youth
- Tribal communities
- Aging parents with SMI children
- Single parents, Dads
- LGBTQ+

Suggestions for Addressing Individuals/Groups/Cultural Group's needs:

- Need counselors who are trained to work with people who have physical health issues
- Men, Single Dads need more support systems, programs, Innovative approaches
- Increased collaboration between Public Health, ACBH, Social Services
- Individual counseling sessions for Seniors at Amador Senior Center
- Increased targeted outreach to vulnerable groups (increase homeless outreach workers), think outside the box on how to connect with those that are underserved (what are avenues in which program information can programs get out there in an authentic manner?)
- Increase mobile outreach at various community locations

- Ensure consumers feel safe and comfortable in making with connection with your services.
- Agencies need to connect more with Amador County and let them know the services they can provide to the community.
- We need providers that take all insurances, more providers in general.
- Increased housing assistance; Create more affordable housing such as micro apartments, community college in the area would benefit the community as a whole.
- More Federally Qualified Health Care Centers.
- Provide better pay and living options to recruit needed medical and behavioral health providers
- Mobile units or pop-up treatment centers in rural areas
- Mobile crisis response unit that has ability to respond to the scene of a first responder dealing with a mental health crisis
- Additional training on how to work with people who are both intellectual disabled and have a mental illness
- More autism services/resources for families
- Increase substance abuse options for counseling
- Medi-Cal approved drug rehab facility in Amador County
- Better supports for families of suicidal persons or those who have lost a loved one to suicide
- Increase utilization of evidence-based practices (EBP) in mental health
- Expanded transportation programs to support behavioral health and medical appointments

Amador County Behavioral Health
 2024 MHSa CPPP Community Survey Results
Top 3 Barriers to being Culturally Responsive and Serving MH Needs of Racial/Ethnic and LGBTQ+ Community (N=105)



Below are some of the top responses and suggestions community members identified when asked about barriers to being Culturally Responsive and Serving MH Needs of Racial/Ethnic and LGBTQ+ Community during focus groups/listening sessions and table-top CPPP outreach events :

Key Issues:

- LGBTQ+ and cultural groups reluctant to receive mental health services due to stigma

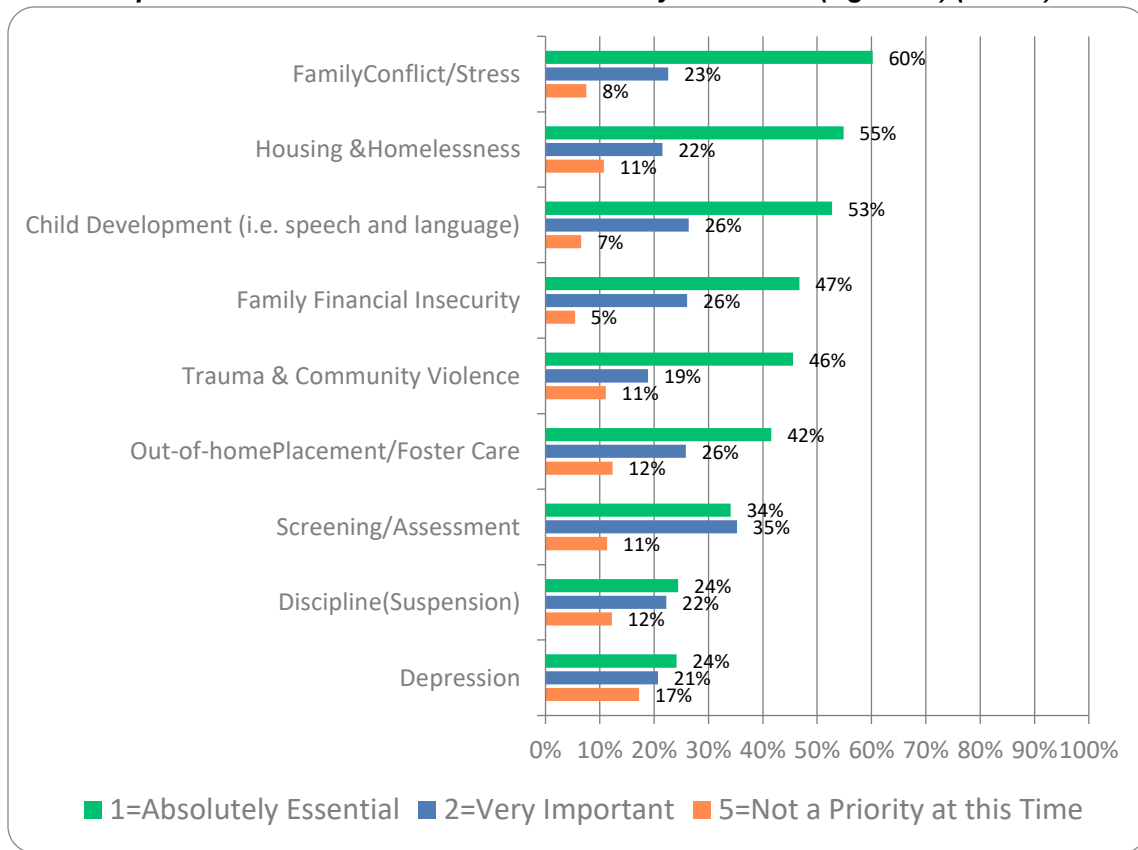
- Not reaching Hispanic community with current outreach efforts

Suggestions for Addressing Needs:

- Create diversity in the providers we recruit to Amador County that look like the population
- Intergenerational model of care
- Ensure flyers and paperwork are available in preferred language
- Need additional services in Spanish, increased ability to provide translation
- Implicit bias training

During this year’s CPPP process survey participants were asked questions to identify top mental health concerns and needs for each age population prioritized by MHSA funding. The following are the survey results across life span along with top responses and suggestions

Amador County Behavioral Health
 2024 MHSA CPPP Community Survey Results
Top Mental Health Concerns Related to Early Childhood (Ages 0-5) (N=105)



Below are some of the top responses and suggestions community members identified when asked about Top Mental Health Concerns related to Early Childhood (Ages 0-5) during focus groups/listening sessions and table-topic CPPP outreach events :

Key Issues:

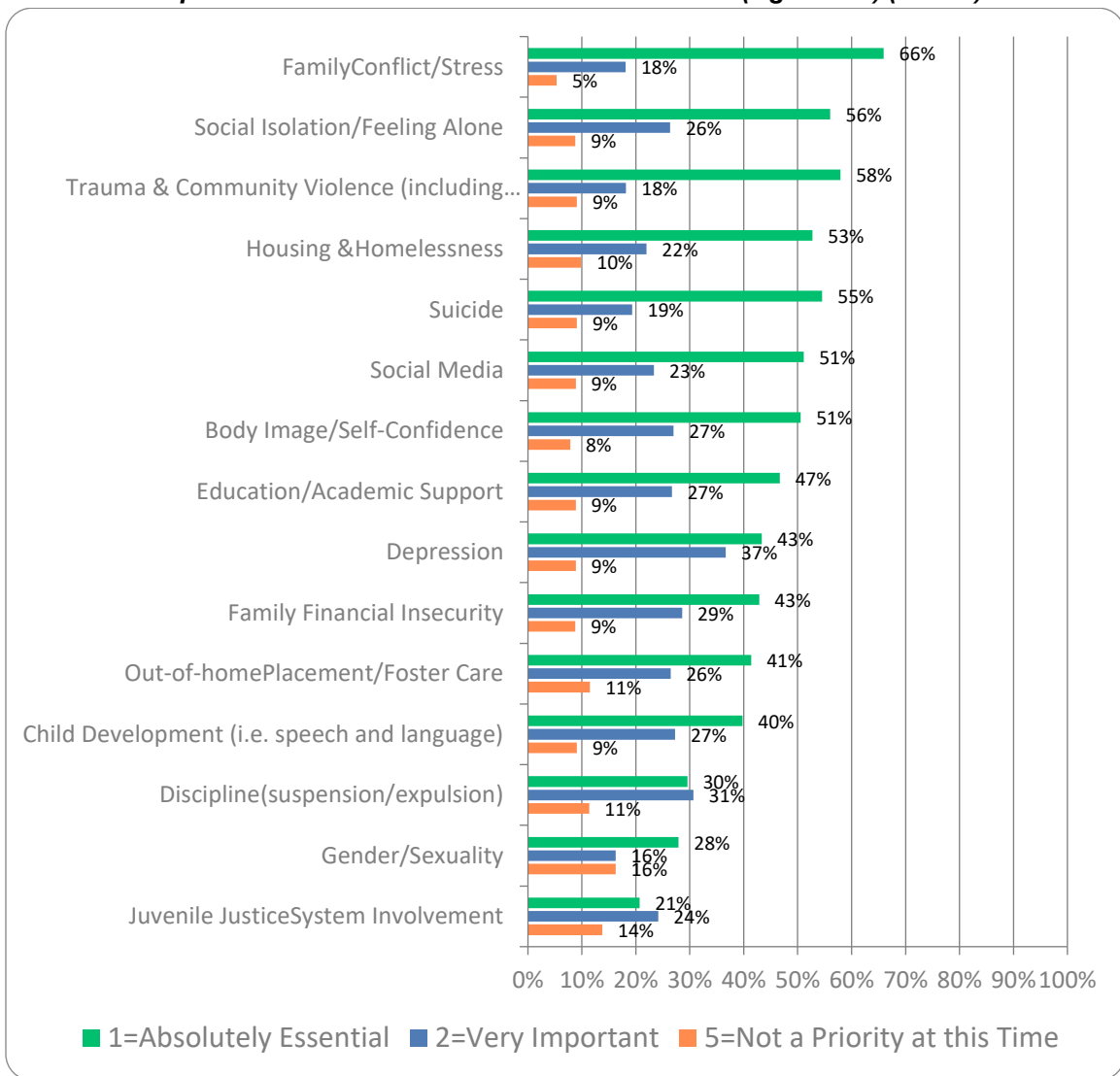
- Technology, parents on their phones and missing the opportunity for parent/child interaction, technology/phones being used to babysit and entertain young children

- Social and developmental delays amongst young children (toileting, speech/language, etc.)
- Rising costs of living, limited basic needs resources for families, housing crisis
- Transportation, having to travel for medical and behavioral health care
- Childcare is no longer accessible due to cost
- Families who are middle class don't qualify for services and/or aren't able to take time off work to access services
- Impact of Covid-19 on families

Suggestions for Addressing Needs:

- Universal screening for children 0-5, increased Adverse Childhood Experiences (ACEs) education
- More providers
- Creative marketing/outreach; Outside the box marketing approaches, people will show up to events when they think they can get something or there is something to learn
- Reduce barriers/stress with events, offer childcare for free at events

Amador County Behavioral Health
 2024 MHSa CPPP Community Survey Results
Top Mental Health Concerns related to Children (Ages 6-12) (N=105)



Below are some of the top responses and suggestions community members identified when asked about Top Mental Health Concerns related to Children (Ages 6-12) during focus groups/listening sessions and table-topic CPPP outreach events :

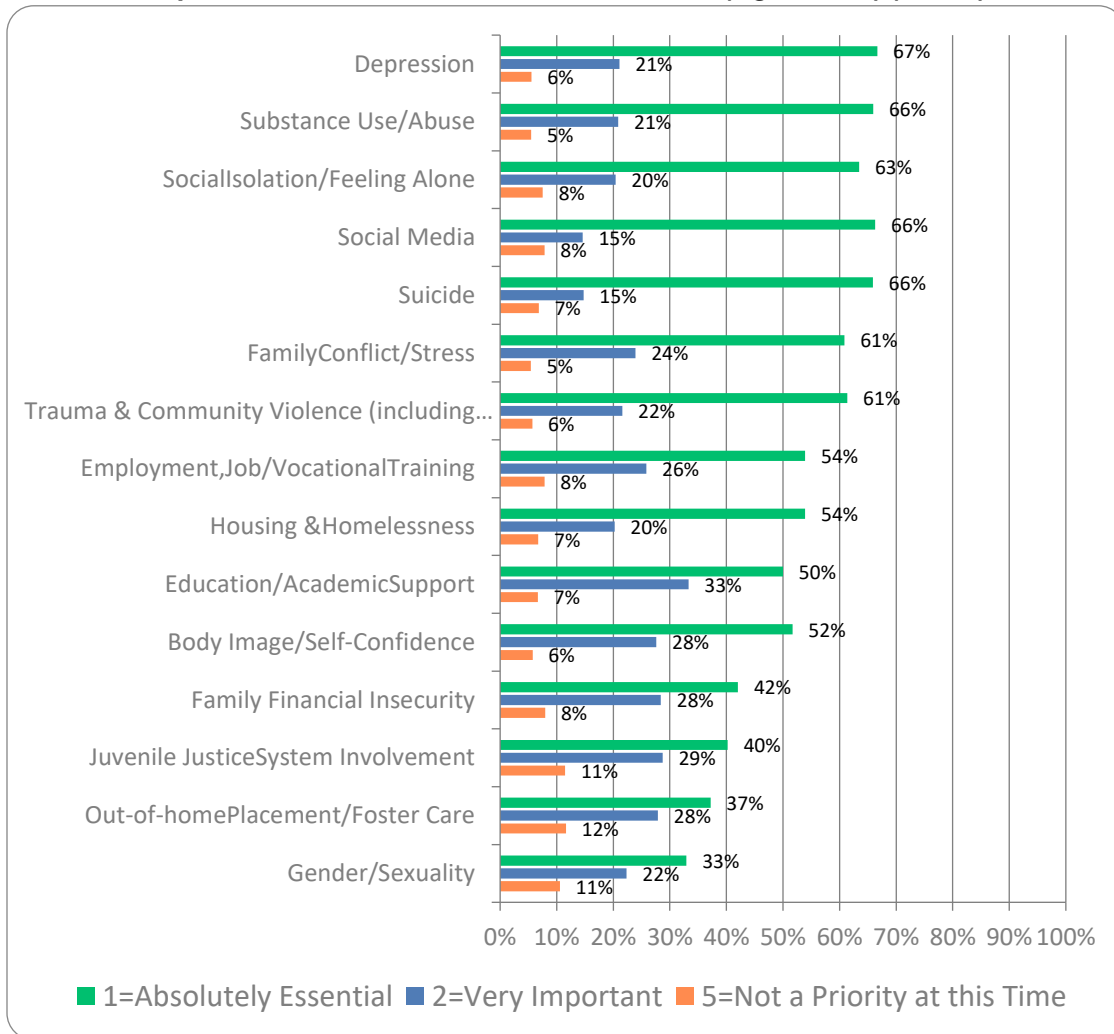
Key Issues:

- Family stress due to cost of living
- Depression, anxiety
- Impact of Covid-19
- Technology usage, parents using technology as a babysitter, missing out on child/parent interaction and youth's socialization, impact of social media on young children

Suggestions for Addressing Needs:

- Creative tools to reach and normalize mental health to youth and families (ex. Children's books that teach mindfulness),
- Wellness activities that can be integrated into daily life (feeling playing cards, yoga poses, etc.)
- Mental health hygiene in schools
- Continued collaboration amongst organizations
- Increased care coordination

Amador County Behavioral Health
2024 MHSA CPPP Community Survey Results
Top Mental Health Concerns related to Teens (Ages 13-17) (N=105)



Below are some of the top responses and suggestions community members identified when asked about Top Mental Health Concerns related to Teens (Ages 13-17) during focus groups/listening sessions and table-top CPPP outreach events :

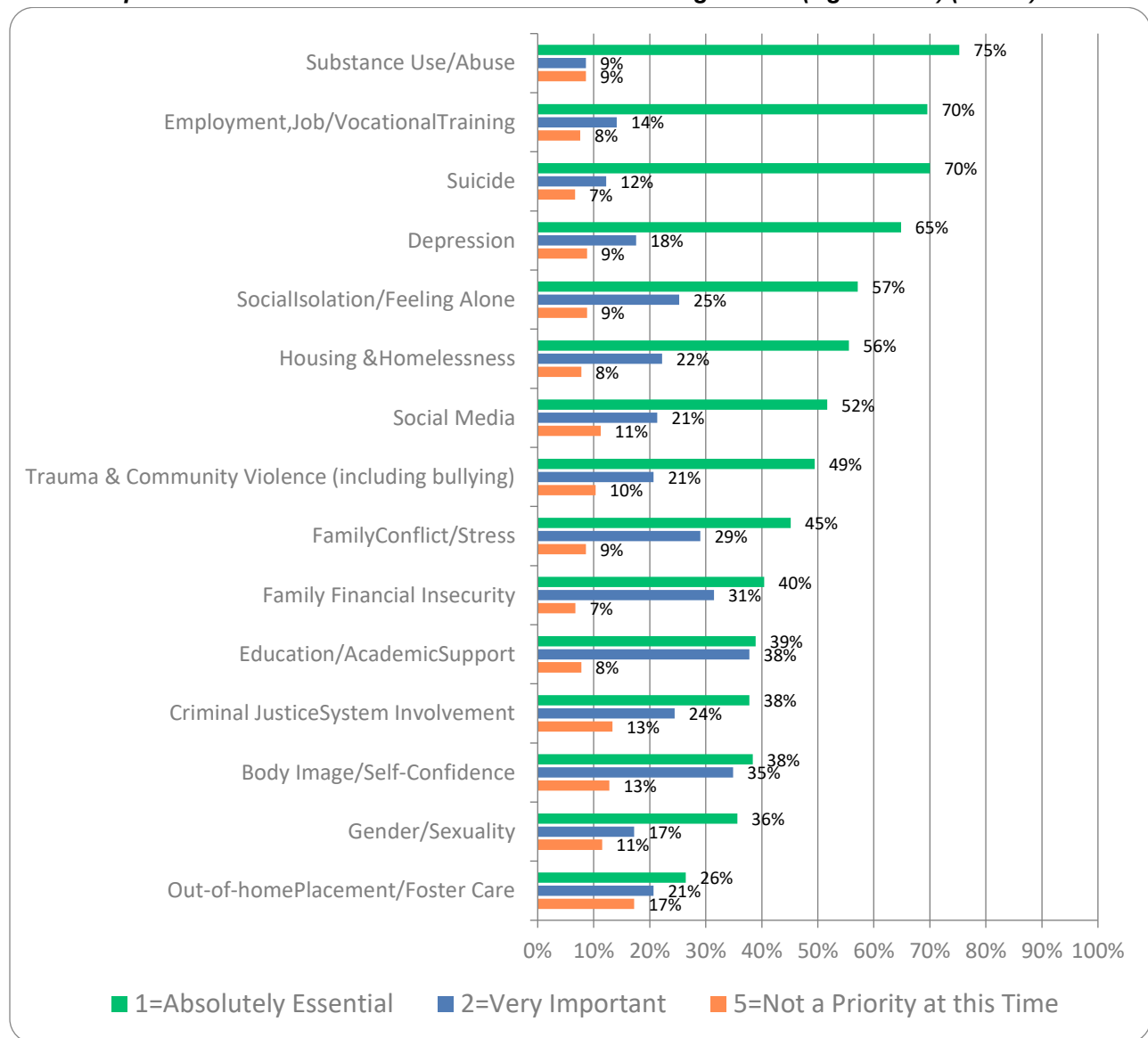
Key Issues:

- Depression/anxiety
- ADHD/ADD
- Suicidal thoughts
- Bullying
- Social media, fear of the direction the world is going
- Social anxiety/socialization, fear of being made fun of/other people's opinions and trust when accessing services
- Trauma, home life
- Substance abuse, substance use/vaping on school campus

Suggestions for Addressing Needs:

- Community services to help more youth, more things to do for youth so they stay busy
- More counselors and resources on campus, consistency, connection, get rid of the stigma
- Let youth know about all the resource available and who to contact for them
- More empathy for the struggles of young people, ensure the privacy of each person
- Increased substance use education

Amador County Behavioral Health
 2024 MHSa CPPP Community Survey Results
Top Mental Health Concerns related to Transitional Age Youth (Ages 18-25) (N=105)



Below are some of the top responses and suggestions community members identified when asked about Top Mental Health Concerns related to Transitional Age Youth (Ages 18-25) during focus groups/listening sessions and table-topic CPPP outreach events :

Key Issues:

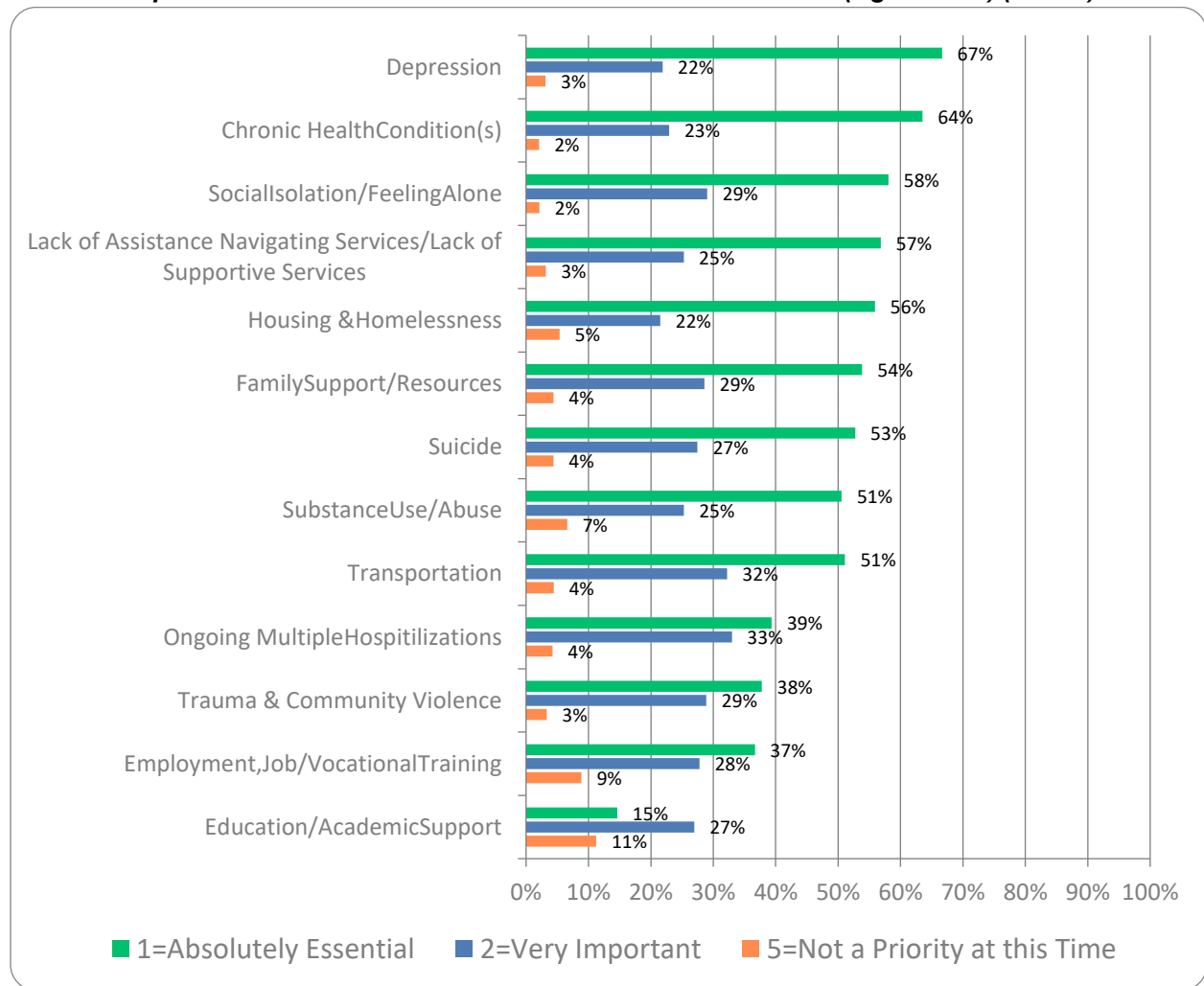
- Lack of educational and work opportunities

- Youth isolating after graduating from high school
- Depression/anxiety
- Suicidal ideation and suicide
- Substance abuse

Suggestions for Addressing Needs:

- Local community college
- Increased availability of drug and alcohol treatment services
- Work development/job training opportunities

Amador County Behavioral Health
 2024 MHSa CPPP Community Survey Results
Top Mental Health Concerns related to Adults/Older Adults (Ages 26-59) (N=105)



Below are some of the top responses and suggestions community members identified when asked about Top Mental Health Concerns related to Adults/Older Adults (Ages 26-59) during focus groups/listening sessions and table-topic CPPP outreach events :

Key Issues:

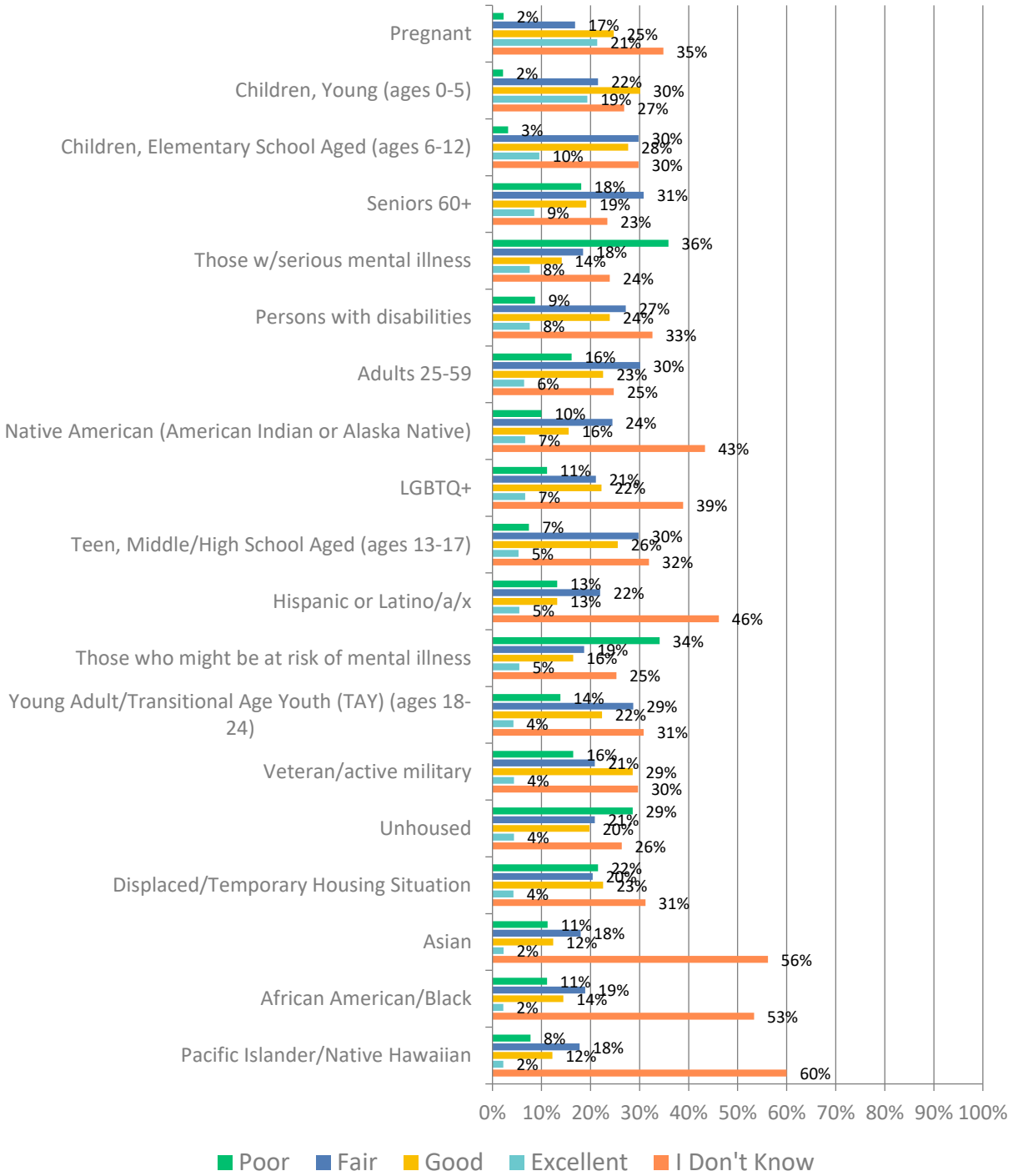
- Homelessness

- Financial stress, cost of living
- Transportation in isolated/rural areas
- Political climate and state of the world causing stress and anxiety
- Depression and anxiety
- Suicide and suicidal ideation
- Lack of providers, lack of local in-person care
- Lack of compassion for community members who are struggling with SMI and/or homelessness

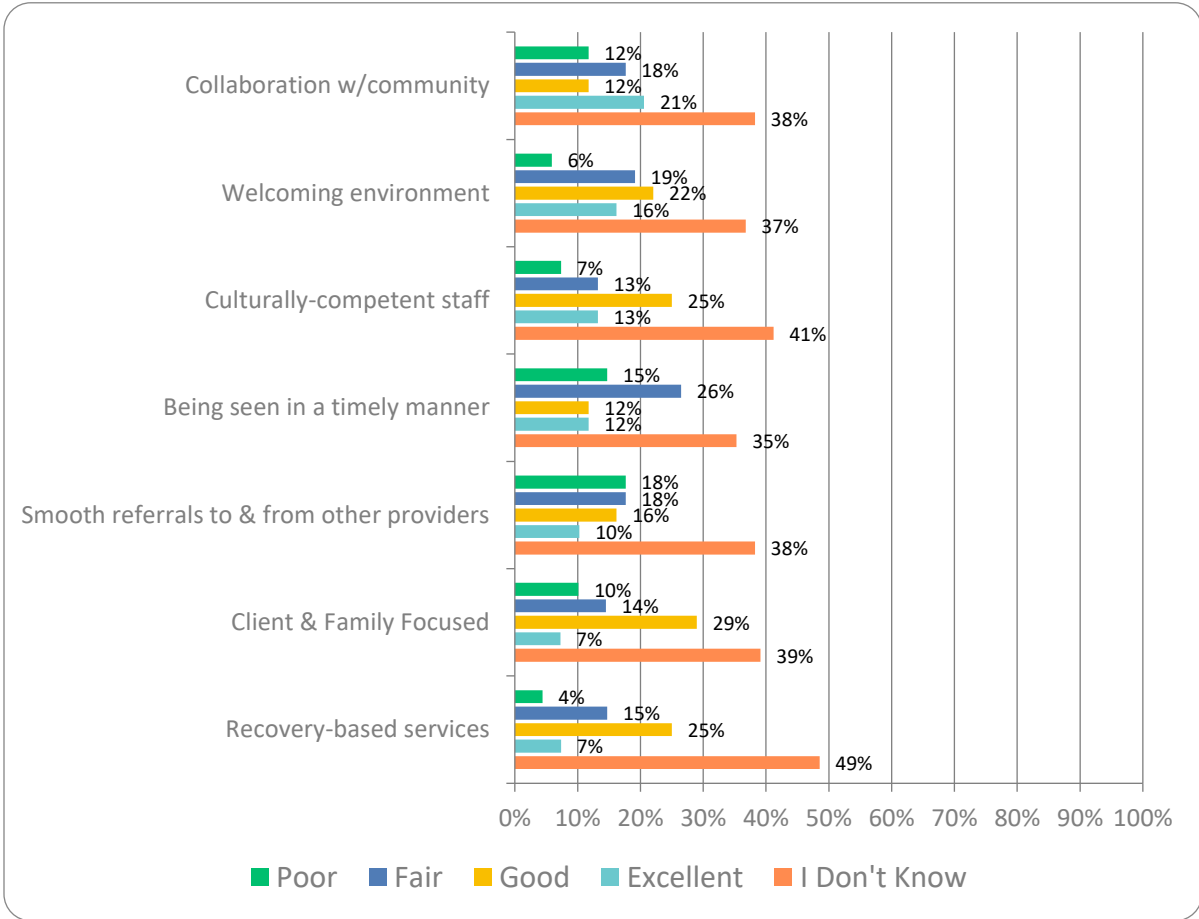
Suggestions for Addressing Needs:

- More providers, hire more psychiatrists, psychologists and other providers for insurance plans
- Better outreach to vulnerable groups (veterans, homeless, etc.)
- Solicit feedback/suggestions from community members on topics for sessions/groups
- Increased collaboration between Public Health, Social Services, and Behavioral Health; Grow awareness of each other's programs and educational offerings
- Mental health services specific to major health issues and stress (mental health symptoms experienced by individual and family after traumatic health issues)
- Adverse Childhood Experiences (ACEs) education, Trauma-Informed Care or all ages
- Transportation; increased bus routes in rural areas
- Innovative peer-to-peer support and activities (fishing, softball, etc.) for hard to reach populations including men. Partnering with social service organizations (Rotary, Soroptimist, etc.) for peer-to-peer programming/support.

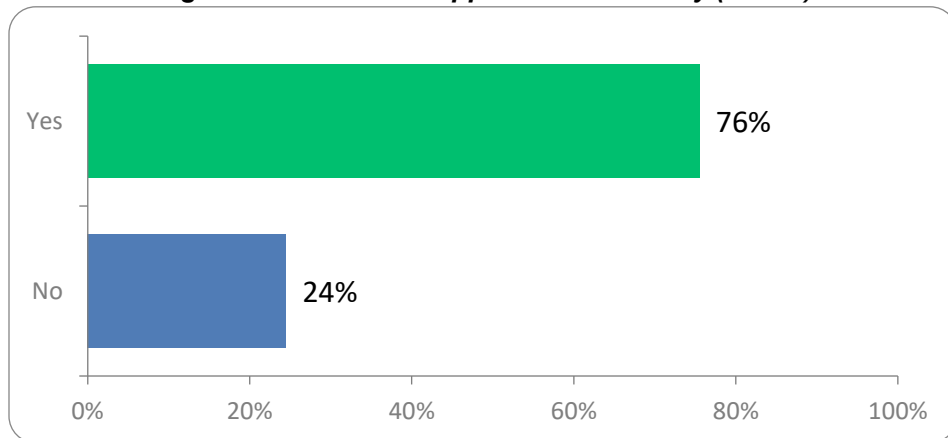
**Amador County Behavioral Health
2024 MHSa CPPP Community Survey Results
Respondent Perception on Serving
MHSa Program Subpopulations**



Amador County Behavioral Health
 2024 MHA CPPP Community Survey Results
Respondent Experience Accessing Services at ACBH (N=105)



Amador County Behavioral Health
 2024 MHA CPPP Community Survey Results
Respondent Support for using MHA funding to Assist Clients with Higher Level of Care support Out-of-County (N=105)



ATTACHMENT 'C'

FY 23/24 Annual Prevention
and Early Intervention Report

**Amador County Behavioral Health Services
Mental Health Services Act**

FY 23/24

Annual Prevention and Early Intervention Report



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Introduction

The Mental Health Services Oversight and Accountability Commission (MHSOAC) created Prevention and Early Intervention (PEI) regulations to ensure that all counties are meeting PEI requirements within their programs. California Code of Regulations (CCR), Title 9, Sections 3560.020, requires counties to submit a Three-Year Prevention and Early Intervention Evaluation Report to the Mental Health Services Oversight and Accountability Commission every three years. 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.

Amador County Behavioral Health (ACBH) provides its Annual and Three-Year Prevention and Early Intervention Evaluation Reports within its Mental Health Services Act (MHSA) Annual Update & Expenditure Reports *and* Three-Year Plans as well as in separate reports such as this. This is the Annual Prevention and Early Report covering fiscal year 2023-24.

Data Collection Background & Implementation Strategies

All PEI Program data presented in this report is compiled using different sources:

Contractor Quarterly Data is collected by each contract provider and provides ACBH with quarterly program data that includes general demographic data, participant designations and the number of referrals made to ACBH throughout the quarter. This data is used to monitor and evaluate programs.

Participant Wellbeing Surveys are completed by the participant who participated in the program itself. These surveys are strictly voluntary. The data from these surveys provides information about the client's gender, sexual orientation, preferred language, and experience with the program they participated in and offers a place for suggestions/questions/comments, etc.

Each PEI contract provider completes Contractor Quarterly & Annual Program Reports These reports include the strategies employed by each PEI program, using a combination of qualitative and quantitative format. Much of this information is included in this evaluation report in order to document the services provided through the program, even though there is a significant lack of required data.

In FY20/21, newly implemented tracking tools were developed in order to address areas of non-compliance in PEI reporting. In addition to the aforementioned sources, contract specific tracking logs and demographic surveys were developed and implemented for PEI providers to complete and administer in order to fulfill statutory reporting requirements. These are detailed below:

Contract-specific PEI Tracking Log was developed and implemented in FY20/21. This breaks out each PEI designation and strategy(ies) requirements for PEI providers to complete and submit for reporting purposes.

Demographic Survey (both online & paper format) were implemented in FY20/21 to streamline expanded demographic information, including Sexual Orientation & Gender Identity (SO/GI) data collection among PEI providers.

These data collection and implementation strategies aim to increase PEI provider's ability to meet the reporting requirements while also providing information in a way that ACBH can translate into various formats for reporting purposes. Likewise, ACBH is able to analyze who is being served, where gaps lie in service provision, enhancing collaboration with PEI providers to meet needs that focus on the unserved, underserved and inappropriately served residents living in Amador County.

Program Designations, Strategies and Outcomes

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

In recent years, Sierra Wind Wellness and Recovery Center built an outdoor Labyrinth and purchased two 10-foot canvas (mobile) labyrinths, which allowed participants to walk individually during community events. Approximately 220 individuals, across the lifespan participated in Labyrinth activities throughout FY23/24, this was an increase from 89 individuals who participated in FY 22/23. Weekly labyrinth walks, one-on-one walks and continued outreach utilizing social media and in-person events was conducted to provide interactive resources and activities to promote the Labyrinth and its positive effects on stress.

During FY 23/24, 8 in-person Labyrinth events were held either in conjunction with community outreach opportunities or stand-alone. Approximately 171 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. 171 unduplicated responders engaged in the Labyrinth Stress Reduction project during FY 23/24.

LGBTQ Support Services:

Prevention Program

Strategy: Non-Stigmatizing and Non-Discriminatory Strategies

The Peer Liaison provides 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 also facilitates one-on-one peer support, linkage, referral services and recovery planning for members of Amador County's LGBTQ community. Additionally, engagement activities that provide targeted outreach and engagement to the LGBTQ community/allies will take place multiple times throughout the fiscal year. The program goals are to reduce mental health risk factors, increase protective factors and improve mental, emotional and relational functioning among the LGBTQ population living in Amador.

Methods used to measure the effect of the non-stigmatizing and non-discriminatory strategies will be participant surveys that have been shown to provide effective evidence in programs where attitudes about mental health have changed. The surveys are administered on a regular basis by the contract provider.

The LGBTQ Support Services program served 28 participants in FY 23/24, this is a slight reduction to the 36 individuals who were served during FY 22/23.

Labyrinth Stress Reduction Project (The Labyrinth Project) & LGBTQ Support Services Outcomes:

Average Participants in FY 2021/22: 72 (Labyrinth Project)
Average Participants in FY 2021/22: 46 (LGBTQ)
Average Participants in FY 2022/23: 89 (Labyrinth Project)
Average Participants in FY 2022/23: 36 (LGBTQ)
Average Participants in FY 2023/24: 220 (Labyrinth Project)
Average Participants in FY 2023/24: 28 (LGBTQ)

Labyrinth Stress Reduction Project:

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Referrals from Labyrinth Project: 9

Children: 7	African American: 4
Teens: 28	Asian American: 0
TAY: 7	Caucasian: 205
Adults: 135	Latino/ Hispanic: 9
Older Adults: 29	Native American: 2
Homeless: 4	Multi Race/Eth.: 0
LGBTQ: 43	Veterans: 10
Parolees: 0	Probationers: 6
Homeless: 54	Chronic Illness/Disability: 10
LGBTQ+: 43	Self-Identify (not male or female): 1
Male: 6	Female: 19

ACBH clients served: 27

Outreach for Increasing Early Signs of Mental Illness:

- o Location/Setting: Each quarter two types of events took place either at Sierra Wind's Labyrinth or in the community, utilizing the mobile Labyrinths.
- o Brief Description of Activity: Labyrinth walks, one-on-one Labyrinth walks, education about the benefits and positive impact the Labyrinth has on mental wellbeing. Outreach using social media platforms and community bulletin was provided to promote mental wellbeing.
- o Setting Where Potential Responders Were Engaged: Sierra Wind Wellness and Recovery Center, virtual and social media platforms, or community settings such as parks, health fairs, and community centers.
- o # of Potential Responders: 1139 (includes social media and community bulletin outreach)
- o Types of Responders: Children, Youth, Teens, Adults, Older Adults, Community Members, medical community, community-based organizations, health and human services workers, homeless/unhoused, LGBTQ+, Veterans, child care providers, and other individuals and community members.

Participant Feedback:

N=26 for Labyrinth Stress Reduction Project

- o 100% of program participants reported that the program improved their emotional wellbeing
- o 54% of program participants reported feeling much less or less anxious after participation in the program.

- 58% of program participants reported feeling much less or less stressed after participation in the program.
- Prior to participating in the Labyrinth Project program, 26% of participants reported that they were homeless or at-risk of homelessness. After participation in the program, 22% reported that they were homeless or at-risk of homelessness, which is a 4% decrease.
- Prior to participating in the Labyrinth Project program, 38% of participants reported that they were involved in employment, a volunteer position, or a school internship. After participation in the program, 42% reported that they were employed, volunteering, or had a school internship, which is a 4% decrease.
- 100% of participants would recommend the program to others.

Added comments:

- *Love the scenery*
- *World Labyrinth Day enables me to feel united with the world all focusing on peace.*
- *It was a wonderful experience with a much knowledgeable person*
- *Great time :)*
- *I really enjoyed the group*

LGBTQ Support Services:

Prevention Program

Strategy: Non-stigmatizing and non-discriminatory strategies

Male: 8

Female: 12

Self-Identify: 1

Children: 0

Teens: 1

TAY: 3

Adults: 16

Older Adults: 9

Homeless: 2

LGBTQ: 28

Parolees: 0

African American: 0

Asian American: 1

Caucasian: 7

Latino/ Hispanic: 0

Native American: 0

Multi Race/ Eth.: 0

Other/ Unknown: 0

Veterans: 2

Probationers: 0

ACBH clients served: 12

- Referrals to ACBH from LGBTQ Support: 0
- Referral outcome data is not available due to the fact that no referrals were generated in FY 23/24.
When referrals are made, the program does encourage follow through of referrals by engaging through peer support.

Participant Feedback:

N=2 for LGBTQ Support Services

- 100% of program participants reported that the program improved their emotional wellbeing
- 50% of program participants reported participating in LGBTQ+ Monthly Groups and 50% reported participating in Other LGBTQ+ Service/Groups
- 100% of participants would recommend the program to others.

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 Amador/Calaveras Perinatal Perinatal Wellness Coalition continued to provide a platform for improving the system of care for families pregnant through postpartum. This includes updates to mental health services available online and in-person, sharing of training opportunities, identifying gaps and opportunities to improve communication and referrals, and providing updates regarding services such as MomCHAT. Coalition participants assisted in the launch and promotion of monthly moms' groups (i.e. Mom-Me Time) to encourage peer support and monthly learning opportunities focused on topics requested by the participants. 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. The coalition completed a year-long trauma-informed organization training in 2023 and utilized lessons learned to determine next steps in bringing education and awareness to the community. Coalition members designed and launched a "Bee" Kind Campaign to encourage positive interactions. The objective was to reduce the impacts of recent community trauma including COVID, fires, etc. and help build resilience. Material and messaging was created and distributed throughout the school district, community based organizations, local businesses, during family activities, etc. The campaign was well-received by the community with multiple requests made to re-launch the campaign in the 2024-2025 fiscal year.

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

First 5 engages the target population/potential responders using a hybrid of in-person and electronic platforms to provide educational workshops, promote community-based partnerships and provide resources and supports. In-person settings have included/include the use of family resource centers located in Lone and Pine Grove as well as the local Sierra Wind Wellness and Recovery Center. Other locations utilized include residences, local health clinics, community parks and libraries. A wide variety of populations/potential responders are reached including medical providers, mental health professionals, paraprofessional direct service providers (e.g. case managers), parents/caregivers including foster parents, children, principals, teachers and other school district employees, early childcare providers, health and human services agency workers, health insurance plans and more. In-person engagement continued in FY 23/24 through direct outreach events, community settings, and through the use of onsite, weekly groups.

First 5 Behavioral Consultation & Support Outcomes:

Access and Linkage to Treatment Program

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

Average in FY 2021/22: 390

Average in FY 2022/23: 421

Average in FY 2023/24: 337

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

- 1 referral was 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 provided directly by ACBH. The one referral that was made engaged at least once in the program to which they were referred.
- Average Duration of Untreated Mental Illness was unknown/not reported.

Outreach for Increasing Recognition of Early Signs of Mental Illness:

- Location/Setting: Several types of outreach were conducted throughout FY 23/24. 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, ASQ2/ASQ-QE developmental screenings, Toddler Play Groups and Kindergarten Readiness, Bridge Program, Celebrate Our Children (annual event), Child Care Provider Appreciation, health and resource fairs as well as various online newsletters and emails.
- # of Potential Responders: 2,495 (includes # served and outreach)
- Types of Responders: Families, parents, 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: 185	African American: 0
Teens: 1	Asian American: 0
TAY: 2	Caucasian: 31
Adults: 148	Latino/ Hispanic: 35
Older Adults: 2	Native American: 2
Male: --	Multi Race/ Eth.: 0
Female: --	Other/ Unknown: 289

Homeless: 0
Veterans: 1
LGBTQ: 1
Probationers: 1

Participant Feedback:

N=5 for First 5 Participant Wellness Survey

- 100% of program participants reported that the program improved their emotional wellbeing
- 60% of program participants reported participating in First 5 Parenting Education and 40% reported participating in Other First 5 Program/Event, such as Mom Me Time.
- 100% of participants would recommend the program to others.

Added Participant Comments:

- *First 5 has been such an amazing thing for my family! Not only has my daughter flourished with meeting new people and socializing with kids her own age, and learning so much! But I have found a community there as well and it has improved my mental health greatly.*

- *First 5 has been a godsend for me and my family! My daughter has learned so much and grown socially because of it. It is such a helpful resource in our community.*

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 two community centers in Amador County: Lone and Pine Grove along with a partnership site in Camanche. 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.

Nexus Youth and Family Services – Outreach & Engagement Program Outcomes:

In FY 23/24, 2,676 individuals received prevention services and 128 received early intervention services.

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

- 23 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 23 referrals made, 11 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 7-10 years for Nexus clients who participated in ACBH therapy services.
- The average interval between the referral and participation in treatment is 4-6 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 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 Hispanic/Latino community members. Wellness Workshops targeted to the general population living in outlying isolated areas, seniors and Hispanic/Latino community members were provided. Other activities include events, trainings regarding mental health, case management support services, information and referral, and clothes closets. QPR was 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: 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 and Upcountry (Pine Grove), community sites in River Pines and Camanche, along with visits to client's homes. Additional in-person outreach services were provided at events held at public parks and other community-based settings.
- Total # of unduplicated served through Family Resource Centers: 1,730
- # of Potential Responders: 2,804
- 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 FY2021/22: 507

Average in FY2022/23: 559

Average in FY2023/24: 665

Children: 7	African American: 6
Teens: 25	Asian American: 20
TAY: 5	Caucasian: 487
Adults: 254	Latino/ Hispanic: 75
Older Adults: 374	Native American: 25
Homeless: 12	Multi Race/ Eth.: 8
Veterans: 44	Other/Unknown: 44
LGBTQ: 8	Male: 10
Probationers: 3	Female: 54
Parolees: 0	Self-identify: --

Participant Feedback:

N=66

- 82% (the majority of participants), participated in all three--a community center activity, presentation and/or training and supportive services/case management
- 98% would recommend the program to others
- 94% agreed the program improved their emotional wellbeing
- 82% reported that they are feeling optimistic about the future 'some of the time' or 'often' after participation
- 77% reported feeling close to other people 'some of the time' or 'often' after participation
- 84% reported thinking clearly 'some of the time' or 'often' after participation.

Added Participant Comments:

- *Program does help.*
- *We need more housing.*
- *I personally look forward to seeing and interacting with the others each week.*
- *(Staff name) has been very helpful.*
- *I feel like this is a good way to reach out to others.*
- *Very well presented*

Nexus Building Blocks of Resiliency (PCIT, PC-CARE & 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. In addition to providing PCIT, Nexus clinicians also offer Parent-Child Care (PC-CARE) as an option for families. PC-CAE is a dyadic treatment program for families seeking to improve the caregiver-child relationship and learn new child behavior management strategies. 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.

Nexus Building Blocks PCIT, PC-CARE & ART Programs Outcomes:

In FY 23/24, 101 individuals received prevention services and 101 received early intervention services.

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

- 15 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 15 referrals made, 8 reported engaging at least once in the program to which they were referred and 1 chose not to follow through on the referral. 1 referral was considering their service options.
- 1 referral was made to CHAT services, treatment that is *not* provided, funded, administered or overseen by ACBH.
- The average duration of the onset of mental illness to seeking treatment is 3-6 months for Nexus clients who participated in ACBH therapy services.
- The average interval between the referral and participation in treatment is 1-3 months.

Average in FY 2021/22: 453

Average in FY 2022/23: 189

Average in FY 2023/24: 101

Children (0-5): 4	African American: 0
Youth (6-12): 13	Asian American: 3
Teens: 54	Caucasian: 57
TAY: 0	Latino/Hispanic: 8
Adults:13	Native American: 10
Older Adults: 0	Multi Race/Eth.: 6
	Other/Unknown:0

Nexus Youth Empowerment Program (YEP)

Combined Program – Prevention & Stigma and Discrimination Reduction Program

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

The Youth Empowerment Project (YEP) assesses and addresses the significant need for wellness programs for youth from 12 to 18 years of age in Amador County. The intent of this program is to build and foster youth-focused community partnerships, provide prevention and early intervention services and mental health education to Amador County youth, and facilitate groups and activities. YEP staff 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 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 are delivered to students during classroom instructional time and 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.

In FY 23/24 1,111 students were served through the Youth Empowerment Program (YEP).

Nexus Youth Empowerment Program (YEP) Outcomes:

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):

- 5 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 5 referrals made, 4 reported engaging at least once in the program to which they were referred.
- 3 referrals were made to treatment that is *not* provided, funded, administered or overseen by ACBH. Of these 3 referrals, all reported engaging at least once in the program to which they were referred. This kind of treatment includes CHAT and school-based services.
- The average duration of the onset of mental illness to seeking treatment for Nexus clients who were referred to treatment that is provided, funded, administered or overseen by ACBH is 8 months.
- The average interval between the referral and participation in treatment was 4-6 weeks.

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

Amador High School – Fall 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.	26.47%	70.59%
My understanding of how the use of alcohol and tobacco impact my brain and body.	44.12%	94.12%
My understanding of how using alcohol can affect the overall performance of student athletes.	38.23%	94.12%
My understanding of the number of chemicals in tobacco and vape products.	21.21%	81.82%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	44.12%	90.91%
My understanding of the effects of alcohol, tobacco, and marijuana on the brain and long-term consequences.	38.24%	91.18%
My understanding of how marijuana can impact the overall function of the brain.	44.12%	79.42%
My understanding of how to use coping techniques for stress and anxiety.	19.36%	73.33%
My understanding that mental illness is a health condition that is not a result of personal weakness.	60.00%	80.00%

Amador High School – Spring 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.	44.74%	86.84%
My understanding of how the use of alcohol and tobacco impact my brain and body.	52.63%	94.74%
My understanding of how using alcohol can affect the overall performance of student athletes.	50.00%	86.84%
My understanding of the number of chemicals in tobacco and vape products.	15.78%	71.05%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	55.26%	78.84%
My understanding of the effects of alcohol, tobacco, and marijuana on the brain and long-term consequences.	52.64%	73.68%
My understanding of how marijuana can impact the overall function of the brain.	34.21%	76.31%
My understanding of how to use coping techniques for stress and anxiety.	37.84%	64.87%
My understanding that mental illness is a health condition that is not a result of personal weakness.	51.43%	82.86%

Argonaut 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	16.48%	76.92%
My understanding of the effects that alcohol and tobacco impacts my brain and body	29.63%	85.18%
My understanding of how using alcohol can affect the overall performance of student-athletes	22.22%	93.83%
My understanding of the effects of alcohol on the brain and long-term consequences	31.25%	89.75%
My understanding of the number of chemicals in tobacco and vape products.	7.53%	70.97%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	20.43%	82.79%
My understanding of how to talk with a friend who is having a mental health crisis	15.39%	72.53%

Argonaut High School – Spring 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	33.00%	76.00%
My understanding of the effects that alcohol and tobacco impacts my brain and body	38.81%	88.06%
My understanding of how using alcohol can affect the overall performance of student-athletes	26.47%	88.23%
My understanding of the effects of alcohol on the brain and long-term consequences	46.27%	89.56%
My understanding of the number of chemicals in tobacco and vape products.	4.41%	80.89%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	36.77%	88.23%
My understanding of how to talk with a friend who is having a mental health crisis	23.25%	79.00%

Jackson Junior High School – Fall Semester:

QUESTION	CLEAR OR CRYSTAL CLEAR BEFORE PROJECT SUCCESS	CLEAR OR CRYSTAL CLEAR AFTER PROJECT SUCCESS
My understanding of what a trusted adult is and who that person could be in my life	40.95%	87.62%
My understanding of the effects that alcohol and tobacco have on my body.	49.06%	90.57%
My understanding of the affects that tobacco and vaping can have on my overall health.	33.02%	86.79%
My understanding of the number of chemicals in tobacco and vape products.	19.81%	76.19%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	24.53%	74.73%
My understanding of the effects of marijuana on my body.	27.62%	80.00%
My understanding of why it is important to have SMART goals.	27.88%	67.31%
My understanding of how all of our decisions have consequences, either good or bad	63.81%	94.28%
My understanding that communication is not only verbal.	33.01%	69.81%
My understanding of how my body language and words can affect my communication with others.	34.90%	83.02%
My understanding of how to use coping techniques for stress and anxiety	22.64%	69.82%
My understanding of the importance of positive mental health.	32.38%	82.85%

Ione Junior High School – Fall Semester:

QUESTION	CLEAR OR CRYSTAL CLEAR <i>BEFORE</i> PROJECT SUCCESS	CLEAR OR CRYSTAL CLEAR <i>AFTER</i> PROJECT SUCCESS
My understanding of the effects that alcohol and tobacco have on my body.	59.09%	87.27%
My understanding of the affects that tobacco and vaping can have on my overall health.	45.46%	88.19%
My understanding of the number of chemicals in tobacco and vape products.	29.36%	67.27%
My understanding of how tobacco companies use marketing to reach their next generation of consumers.	31.19%	67.89%
My understanding of the effects of marijuana on my body.	37.38%	79.04%
My understanding that communication is not only verbal.	21.82%	56.36%
My understanding of how my body language and words can affect my communication with others.	47.27%	72.73%
My understanding of how to use coping techniques for stress and anxiety	39.45%	66.36%
My understanding of the importance of positive mental health.	53.71%	82.41%

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

Nexus Promotores de Salud Program Outcomes:

Prevention Program

Strategy: Improve timely access to underserved populations

In FY 23/24, 120 individuals received prevention services and 18 received early intervention services.

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

- o 13 referrals were made in FY23/24
- o 3 individual referrals followed through on the referral and participated at least once in the program to which they were referred
- o Of the other 10 individual referrals, 6 chose not to follow through on the referral, 1 chose to participate in CHAT services, 1 chose to access services at VMRC, and 2 chose to participate in spiritual counseling.
- o The average interval between referral and participation in services to which the participant is referred was 4-6 weeks.
- o 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 2021/22: 352

Average in FY 2022/23: 98

Average in FY 2023/24: 138

Children (0-5): 0	African American: 0
Youth (6-12): 7	Asian American: 0
Teens (13-17): 3	Caucasian: 0
TAY (18-24): 6	Latino/ Hispanic: 132
Adults:111	Native American: 0
Older Adults: 6	Multi Race/ Eth.: 3
	Other/ Unknown: 0

Homeless: 1	Male: 3
Veterans: 3	Female: 7
LGBTQ: 2	Self-Identify: 0
Probationers: 0	
Parolees: 0	

Participant Feedback

N=11

- o 100% participated in Promotores presentations

- 72% participated in Promotores Home Visit/Presentation
- 36% stated 'Other' and reported that they participated in one-on-one support, or other service such as translation/interpretation services as well as the Hispanic Women's Group.
- 100% would recommend the program to others
- 100% agreed the program improved their emotional wellbeing
- **Over 80%** reported that they were feeling optimistic about the future 'Often' or 'Most of the Time' after participation.
- **Over 80%** reported that they were feeling useful, interested in other people, thinking clearly, feeling good about themselves, 'Often' or 'Most of the Time' 'Sometimes' after participation in the program.

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.

The Resource Connection Grandparents Program (PEI) Outcomes:

Prevention Program

Strategy: Improve Timely Access to Underserved Populations

In FY 23/24, 26 grandparent families and 55 individuals participated in The Grandparents Program.

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

- 3 referrals were made to ACBH, a Prevention & Early Intervention Program or treatment beyond early onset in FY 23/24.
- It was unknown/not reported if individual referrals followed through on the referral and participated at least once in the program to which they were referred. The average interval between referral and participation in services to which the participant is referred was unknown/not reported.
- The Resource Connection encourages follow through on referrals by following up with each client who was referred for treatment services by phone or email.

Average in FY 2021/22: 76

Average in FY 2022/23: 52

Average in FY 2023/24: 55

Children (0-5): 2	African American: 0	Homeless: --
Youth (6-12): 1	Asian American: 0	Veterans: 2
Teens (13-17): 0	Caucasian: 3	LGBTQ: --
TAY (18-24): 0	Latino/ Hispanic: 2	Probationers:--
Adults: 0	Native American: 1	Male: 2
Older Adults: 26	Multi Race/ Eth.: 1	Female: 12
	Other/ Unknown: 22	Self-Identify: 0

Participant Feedback:

N=14

- 71% participated in the monthly Grandparent Café groups for education and support
- 29% participated in the Grandparent's Respite Program
- 100% would recommend the group to others.
- 100% felt the program improved their emotional wellbeing
- Over 90% reported feeling useful, dealing with problems well, thinking clearly, feeling confident, and feeling loved 'Often' or 'All of the Time' after participating in the program.
- Over 70% reported that they were feeling optimistic about the future 'Often' or 'All of the Time' after participating in the program.

Added comments:

- *We need it in our county Great to have and talk with other Grandparents*
- *This has been great to have the means to have a babysitter*
- *(Staff name) is the Best we need this in Amador County THANK YOU*
- *It's fulfilling to be with others who have the same things and we are able to learn from each other.*
- *Love communicating with people going through the same thing (staff name) is GREAT*
- *This is such a valuable program. (Staff member) is a godsend and the services, skills, resources, and community are invaluable. I'm so grateful for the strength and support the Grandparent Cafe provides. Thank you so much.*
- *Grandparent cafe And Grandparent Respite, are my saving grace! Thank you*
- *Grandparent Cafe is a great resource to have for us grandparents.*
- *It makes me feel like I'm not alone raising my grandchild!*
- *Grandparent Cafe and grandparent respite program has I'm prove my life so much.*
- *I love my grandparent cafe. It gives me hope and joy meeting new grandparents that are raising their grandchildren.*
- *It is great to be able to communicate with Grandparents going through the same thing and to have speakers that know what we are going through.*

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. 79 individuals were served in FY22/23 either as program participants or volunteers.

Amador Senior Peer Program Outcomes:

Contract via Amador Senior Center

Prevention Program

Strategy: Improving Timely Access to Services for Underserved Populations

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

- No referrals were made to ACBH, a Prevention & Early Intervention Program or treatment beyond early onset in FY23/24.
- No referral outcome data is available for FY23/24 due to no referrals being made. 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 FY2021/22: 21

Average Participants in FY2022/23: 66

Average Participants in FY2023/24: 79

All participants are Older Adults (79)

African American: 0

Male: Did not state

Asian American: 0

Female: Did not state

Caucasian: 76

Latino/Hispanic: 3

Native American: 0

Multi Race/Eth.: 0

Other/Unknown: 0

Veterans: 16

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, 80% stated Health Improvement, 80% stated transportation assistance, 80% stated physical wellness and 60% states localized services.
- When asked why participating in the Senior Peer Visitor program is important to you, participants stated:
 - *Encourages me to stay active liker visitation and conversation*
 - *Keeps her sane, a helping hand someone to visit & talk with*
 - *Very helpful person, fun person*
 - *We are enjoying (volunteer name), she is great and helpful*
 - *connections*

Foothill Fitness Program

Prevention Program

Strategy: Non-Stigmatizing and Non-Discriminatory Strategies

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

Methods used to measure the effect of the non-stigmatizing and non-discriminatory strategies are participant surveys that have been shown to provide effective evidence in programs where attitudes about mental health have changed. The surveys are administered on a regular basis by the contract provider.

Foothill Fitness Program Outcomes:

Contract via Amador Senior Center

Prevention Program

Strategy: Non-Stigmatizing and Non-Discriminatory Strategies

Average in FY 2021/22: 472

Average in FY 2022/23: 569

Average in FY 2023/24: 558

Referrals: 0

Children:	0
Teens:	0
TAY:	0
Adults:	0
Older Adults:	558
Male:	---
Female:	---
Self-Identify:	---

African American:	0
Asian American:	0
Caucasian:	484
Latino/Hispanic:	28
Native American:	3
Multi Race/Eth:	6
Other/Unknown:	28

Homeless:	0
Veterans:	47
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=185

- o 100% of program participants would recommend the program to others
- o When asked to identify the ways in which the program has positively impacted them, participants responded as follows:
 - o 95% reported improved physical wellness;
 - o 85% reported that the social connection has made a positive impact on their lives;
 - o 70% reported improved mental wellness;
 - o 74% reported that the program has improved their overall health;
 - o 63% reported a positive impact on their emotional wellness.

- Other comments stated: ‘fitness group is a fun and encouraging experience. (class instructor) provides a very upbeat, fun and challenging fitness experience! she does an amazing job at keeping class moving along and also addressing and being aware of the different levels of fitness and abilities of each class participant. I really look forward to each class’, ‘it’s fun!’, ‘meeting new people’ and ‘love it’.
- When asked why attending Foothill Fitness classes were important to them, 172 program participants stated the program helped them maintain their physical fitness including balance, mobility and strength, gives them opportunity to socialize with others their age, and helps them stay healthy.

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.

Nutrition Program Outcomes:

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 FY23/24, no referrals were made to treatment provided, funded, administered or overseen by ACBH.
- In FY 23/24, no referrals were made to treatment that was not funded, administered or overseen by ACBH.
- Due to the fact that no referrals were made, the Duration of Untreated Mental Illness was not measured.

Average Served in FY 2021/22: 1,792

Average Served in FY 2022/23: 2,121

Average Served in FY 2023/24: 2,715

African American: 16
 Asian American: 50
 Caucasian: 2,092
 Latino/Hispanic: 37
 Native American: 37
 Multi Race/Eth.: 12
 Other/Unknown: 29

Homeless: 2
 Veterans: 319
 LGBTQ+: 03
 Parolees: 0
 Probationers: 0

Children: 0

Teens: 0
TAY: 0
Adults: 0
Older Adults: 2,715
Male: Did Not State
Female: Did Not State
Self-Identify: Did Not State

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

N=35

- When asked how the Nutrition program has positively impacted participants, this is how they responded:
 - 94% stated Social Connection;
 - 59% stated mental wellness;
 - 59% stated emotional wellness;
 - 53% noticed improvements in overall health
- 100% stated they would recommend the program to others
- When asked why participating in the Nutrition program is important to you, participants stated:
 - *Socializing, looking forward to great meals.*
 - *Diabetes and overweight*
 - *Visiting with friends and hot meals at lunch.*
 - *The socialization and nutritional meal*
 - *Keeping healthier habits*
 - *To learn about things that are good to you*
 - *Good. It is important for my health.*
 - *To learn to eat healthier*
 - *Good food. Affordable. Socialization.*
 - *Meet people*
 - *Good food - get a chance to visit with others.*

Suicide Prevention

Suicide Prevention, Education and Awareness and Awareness

For several years, Amador County's suicide rate has been higher than the state. The California Department of Public Health (CDPH) 2022 suicide and self-harm data profile ranked Amador County as the third highest suicide rate in the state. Amador County previously ranked second in the state from 2016-2021. The data also revealed that Amador County continues to have 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.

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. It now can be offered in-person or virtually, depending on the participants preferences.

In FY 23/24 26 individuals were trained in QPR and 100% reported improved knowledge, behavior and/or attitudes about suicide after participating in the training. 606 individuals have completed the QPR training since July 1, 2018.

Hope for Tomorrow (formerly Tools for Tomorrow): Hope for Tomorrow, formerly Tools for Tomorrow, 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. Originally, this collaboration was 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. The event has evolved and is now an annual suicide prevention affair. In 2023, Tools for Tomorrow pivoting from a month-long art exhibit, to a family picnic-themed evening of art, community, and connection.

In 2024, the event was re-imagined as a festival experience hosted by Sierra Wind Wellness and Recovery Center where community members learned more about behavioral health and community resources, while also enjoying music, food, and engaging through creating art. Overall, the intent of this annual event remains the same -- to raise awareness of suicide and self-harm, while promoting a space that creates connection through art. Approximately 50 people attended the event.

For FY 24/245, funds will be used to support the event including advertising costs, staffing and resource materials.

Amador SPEAKS: Amador SPEAKS (Suicide Prevention, Education, Awareness, Knowledge and Support) is Amador County's suicide prevention coalition dedicated to engaging the community in efforts to implement suicide prevention, education, and awareness to residents of our County. Formed in 2018, Amador SPEAKS is comprised of community members, residents, and representatives from social service agencies, public health, the medical community, schools and education systems, non-profit agencies, survivors of suicide loss, suicide attempt survivors, Veterans organizations, older adults/seniors and members of the LGBTQ+ 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 presentations and workshops where guest speakers and organizations attend the monthly meeting to increase awareness and promote community engagement;
- Ongoing 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, the American Foundation for Suicide Prevention (AFSP), and the California Department of Public Health (CDPH);

- Continued marketing and utilization of local media, to spread awareness about suicide and Amador SPEAKS;
- Development of a social media account to promote the coalitions efforts and increase awareness around suicide for Amador County residents; and
- Annual presentations to the Amador County Board of Supervisors in order to provide updates on coalition activities, data, and more.
- Partnering with the California Department of Public Health to promote lethal means safety through the distribution of lock boxes for free to vulnerable community members.

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.

In FY 23/24, approximately 7,605 people were reached either through direct or indirect outreach specific to suicide prevention and awareness.

Demographics & Sexual Orientation and Gender Identity (SO/GI) Data Collection

PEI reporting requirements include detailed demographic information, which includes Sexual Orientation and Gender Identity (SO/GI) data. It is requested of all PEI MHSA Programs to have their participants complete a demographic survey annually. The survey is voluntary, and below are the results received throughout FY23/24. Please note sexual orientation demographic data was not collected by some programs in an effort to protect program participant identity, due to the incomplete data set, this information is not reported below. For FY 24/25, ACBH will work with contractors to ensure all demographic data is collected annually from program participants.

Age Group:	% Served:
Children & Youth (0-12)	4%
Teens (13-17)	2%
Transitional Age Youth (TAY) (18-24)	.4%
Adults (25-59)	12%
Older Adults (60+)	82%

Gender:	% Served:
Female	74%
Male	24%
Transgender Male	2%
Transgender Female	-
Nonbinary	-

Race/Ethnicity:	% Served:
African American	.60%
Asian American	1.70%
Caucasian	78.20%
Latino/Hispanic	7.50%
Multi Race/Ethnicity	.80%
Other/Unknown	9.40%

Primary Language	% Served:
English	90%
Spanish	10%

Conclusion

All PEI programs are reporting according to their designation and strategy and adjustments are made on an ongoing basis to ensure that PEI programs are meeting their requirements. ACBH will continue MHSA PEI planned programs through 25/26, ACBH anticipates meeting with PEI contractors early 2025 to review BHSA statutory requirements as those are made available by DHCS.

Any questions regarding the FY 23/24 Annual Prevention and Early Intervention Report can be directed to:

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ATTACHMENT 'D'

Comprehensive Community Support Model to
Address Student Mental Health
FY 23/24 Annual Report

Comprehensive Community Support Model to Address Student Mental Health

FY 23/24 Annual Report

Comprehensive Community Support Model to Address Student Mental Health

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

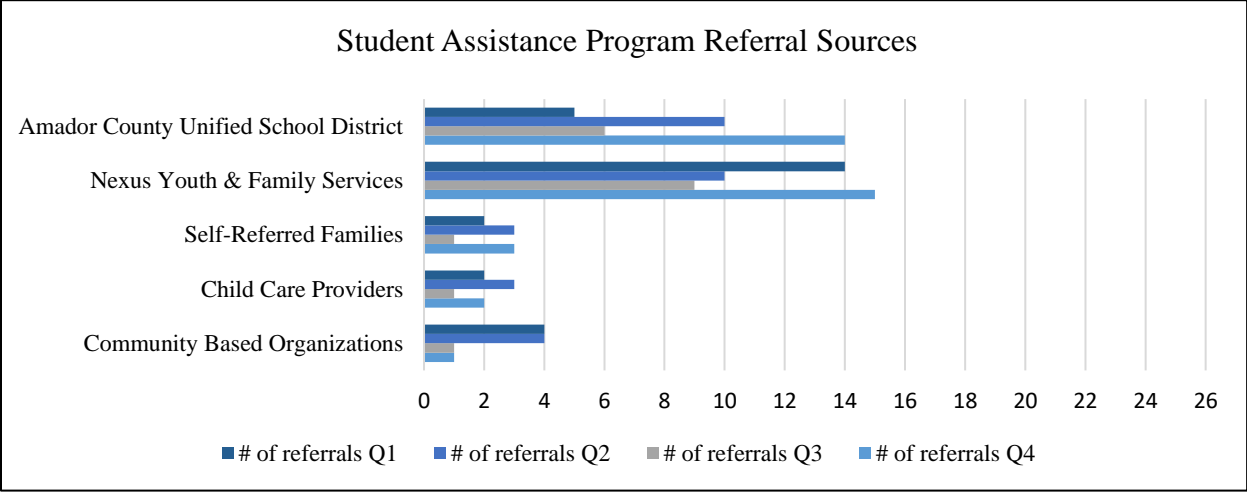
The Comprehensive Community Support Model utilizes the Student Assistance Program to build upon the existing community-school relationship and encourage and support all student-serving providers to learn about the program and refer students and their families to services as soon as a need is identified. Program objectives include strengthening the county's capacity to improve the partnership, program participation, knowledge, and emotional well-being of school staff, child care providers, and other entities who serve children and families, increasing student access to mental health and wellness services, and ensuring student families have a solid network of support including referrals to community resources. These outcomes are achieved through the coordination and implementation of a seamless Comprehensive Community Support Model that focuses on outreach, education, and support for school and child care providers in order to increase access to needed services as well as the implementation of the Brief Risk Reduction Interview and Intervention Model (BRRIM) for students and their families, linkage to appropriate therapeutic interventions, and ongoing follow up and support at all phases of operation. Working cooperatively with the School Based Mental Health Early Intervention Strategies Workgroup, Amador County Behavioral Health Services (ACBH), the Amador County Unified School District (ACUSD), Amador County Office of Education (ACOE), local child care providers, and other community stakeholders and partners, Nexus implemented the ASPIRE Student Assistance Program to support students and their families, identify children with higher mental health needs, and provide a welcoming and non-stigmatizing gateway that facilitates improved access to county and community-based services using an individualized, culturally-competent process. The goal of the ASPIRE Student Assistance Program is to create a formal system of care that mobilizes resources already present in Amador County through building and strengthening relationships that connect our assets and enhance our community safety net thereby improving mental health and wellness outcomes for local students and their families.

This report focuses on the outcomes of the Comprehensive Community Support Model to Address Student Mental Health for FY 23/24, which marked the third year of implementation for this project. Throughout FY 23/24, the following strategies were deployed to achieve the desired outcomes listed above:

Referrals flow through: Student Assistance Program / Other CBO's as identified in the INN Planning Process

From 7/1/2023 through 6/30/2024, staff received 110 referrals for Student Assistance Program services.

In an effort to evaluate the effectiveness of program outreach and engagement activities, staff tracked all referrals for Student Assistance Program services. The following chart identifies active referral sources during the reporting period. Families occasionally received referrals from multiple sources.



From 7/1/2023 through 6/30/2024, a total of 173 family members participated in BRRIM services. The table below summarizes the Student Assistance Program annual participation outcomes.

BRRIM Participation Outcomes	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual
Number of referrals received	27	30	18	35	110
Number of family conferences completed	16	30	12	21	79
Number of referrals to community resources and services	70	165	53	106	394
Success rate on referrals to community resources and services	100%	90%	100%	85%	93%
Number of youth who participated in SAP services	20	33	14	20	87
Number of adults who participated in SAP services	28	21	14	23	86

Staff also made recommendations to the student and the family to help guide the process and ensure that other identified needs and concerns were considered in the plan. The Prevention Service Agreement also included a timeline, suggested number of meetings, and assigned tasks. Each plan was unique and based on the strengths of the family and their willingness to make identified behavioral changes. Following the BRRIM interview, students and their families received information, skill building support, and assistance with linkages and coordination of community services. When urgent needs were identified, program staff provided an immediate referral to an appropriate assessment or service.

During the reporting period, program staff provided referrals to the following resources:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Amador County Behavioral Health • Aggression Replacement Training • Child Abuse Treatment Counseling • Private Therapists • Parent Child Interaction Therapy • Nexus Common Ground Course | <ul style="list-style-type: none"> • Native American Food Pantry • Women, Infants and Children • Local Churches • Amador County Social Services • Family Urgent Response System • Asthma Mitigation Project |
|--|---|

<ul style="list-style-type: none"> • Hospice Grief Support Groups • A Window Between Worlds • QPR Suicide Prevention • Nexus Wellness Workshops • Sierra Wind • 180° You-Turn • Youth Empowerment Program • Friday Night Live • Club Live • Independent Living Program • First 5 Amador • Valley Mountain Regional Center • Interfaith Food Bank • Operation Care • Motherlode Job Training • Amador College Connect • ATCAA • St. Vincent de Paul • Amador Pregnancy Help Center • The Resource Connection 	<ul style="list-style-type: none"> • Grandparent Café • Sierra Child & Family Services • Wayfinder Family Services • Nexus Family Resource Centers • Nexus Family Advocate services • Nexus Home Visiting services • Nexus Promotores de Salud services • Nexus Supervised Visitation services • Parenting with a Purpose classes • Single Fathers Support Group • Back-Pack 2 School • Angel Tree • Holiday Gift Program • Dennis Dalton Foundation • ACRA • Boy Scouts of America • ACUSD Tutoring Program • ADHD Dude website • Legal Services of Northern California • Family Law Facilitator
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A total of 8 referrals were made directly to Amador County Behavioral Health Services for interim therapeutic intervention. Of the 8 referrals, 4 were substantiated, meaning that they attended their first appointment with ACBH. Only one referral did not qualify for services and was referred to a different provider.

Facilitated Support for Parents/Caregivers (Individual & Group): Outreach and support to parents during BRRIM interviews was provided at regularly scheduled intervals. Specific outcomes directly related to how parents/caregivers felt about being supported through the BRRIM process, were ascertained through Family Conference Exit Surveys that were distributed after each BRRIM interview. The table below summarizes participant responses to the services provided.

	Strongly Disagree	Disagree	Neutral	Agree/ Strongly Agree
1. The initial telephone conference was informative and helpful.			5%	95%
2. When we arrived at the office we received a warm, welcoming reception.				100%
3. The Family Conference was conducted in a professional manner and we felt respected.				100%
4. We would use this service again as needed and would recommend the service to others.				100%

In addition to completing the Family Conference Exit Surveys, participants provided the following comments:

"I have never felt so heard."
"I was nervous but (staff name) made me feel comfortable."
"This was so great. Can I bring my daughter in also?"
"This makes me feel so hopeful."
"Wow, this was so easy!"
"(Staff name) is very helpful and kind."
"We didn't know where to go, thank you!"
"I think things are going to get better."
"Thank you so much, I'm feeling better already."
"Very helpful – thank you for the discussion."
"Really made me feel comfortable."
"I felt heard and very respected. And, I feel like this could really benefit my daughter."
"Very helpful and kind to us."
"Thank you!"

Nexus staff also conducted Three Month Follow-up Interviews with students and their families in order to measure the effectiveness of our student assistance services and determine if program participants will continue to experience positive outcomes over time. The outcomes below indicate that due to participation in the ASPIRE program, youth and families are committed to attaining personal goals, have increased confidence in their ability to control their motivation and behavior, have identified personal resilience and enhanced ability to advocate for themselves, and will access needed resources in the future in order to continue on the path to self-actualization and success.

- 100% of ASPIRE program participants stated they were following the Prevention Agreement Plan to the best of their ability.
- 80% of ASPIRE program participants stated they have learned where to go for help when needed.
- 80% of ASPIRE program participants stated that they have improved their ability to solve problems and address challenges in a constructive way.
- 80% of ASPIRE program participants stated they would seek prevention services if needed in the future.

In addition to participating in the Three Month Follow-up Interview, students and their families provided the following comments:

"This whole process has made me feel hopeful."
"I learned about so many programs in my community."
"Thank you for all the help."
"Our family had been feeling hopeless, Sandra helped us."
"This program was so informative."
"The staff was genuine and helpful."
"I have never felt so welcomed and heard."
"I am hopeful these services will be good for my son."
"My family is doing a lot better. We are glad we connected with Nexus."
"I was feeling very defeated and hopeless but now our life is looking up."

Year-end data indicates that the students and families who participated in the BRRIM family conference experienced positive outcomes throughout the program and continued to sustain their personal growth and focus on wellness priorities into the future. By engaging students and their families in a prevention process that uses their strengths to meet their needs, links them to needed resources, and provides consistent follow up and ongoing support, the ASPIRE Student Assistance Program has helped participants identify their assets, address mental health and wellness goals, and achieve self-fulfillment.

Support for childcare providers (e.g. educational/interactive workshops, support groups):

In order to increase knowledge regarding mental health services and support, staff also provided quarterly educational workshops for school and provider partners. These were interactive learning discussions designed to share important information about available interventions as well as create a peer system of support to help alleviate the effects of secondary stress caused by feelings of heightened anxiety due to challenges with identifying resources for a child or family in need and other external factors. Throughout the reporting period, staff facilitated the following workshops:

A Holistic Approach to Improving Student Mental Health – Participants learned about the Student Assistance Program referral process as well as available services that support positive mental health and family wellness. Staff discussed the benefit of referring the entire family for services and shared helpful and effective language to use when promoting a referral.

Family Engagement in Student Support Services – Participants learned about the Student Assistance Program referral process as well as available services and supports for families with young children. Staff discussed the benefit of early intervention and linkage to services in order to ensure optimal outcomes as well as tips to increase student and family engagement.

Easy & Nutritious Meals for Families – The Family Urgent Response System (FURS) Parent Partner invited the SAP Program Coordinator to present information during the monthly Resource Family Social event. Staff developed a presentation which included an overview of the Student Assistance Program as well as information regarding healthy meal and snack preparation on a budget, the negative effects of poor nutrition on health and behavior, and resources available for families who may be experiencing food insecurity.

Utilizing Resources to Build Protective Factors – Program staff co-facilitated A Window Between Worlds healing arts workshops. These events were designed for school and provider partners as well as clients and their families. During the workshops, participants created art in order to reduce trauma symptoms and increase mental wellness. Staff also presented an overview of the programs provided by Nexus as well as the multitude of resources available at other community organizations. Multiple people in attendance have since accessed a variety of services. They shared with staff that they attribute their successful linkages to care to the information they received during the educational workshops.

From 7/1/2023 through 6/30/2024, 80 school and provider partners participated in Student Assistance Program educational workshops.

Participant surveys were completed by workshop attendees in order to assess and monitor program effectiveness. The table below summarizes their responses to the information provided and reflects an increase in knowledge regarding mental health services and supports for students and their families as well as overall satisfaction with program implementation.

	Strongly Disagree	Disagree	Neutral	Agree/ Strongly Agree
1. I learned new information, or re-familiarized myself with information on the topic presented.				100%
2. I feel that I will use at least one new skill I learned from this workshop in my life at home or work.				100%
3. The quality of the workshop was high.				100%
4. The workshop will be beneficial for me and/or my family.				100%

Expanded Outreach and Advocacy to ACUSD/ACOE in support of students/families/childcare providers: During FY 23/24, Nexus staff implemented an extensive outreach plan in an effort to inform school and community providers about the ASPIRE Student Assistance Program as well as mental health and supportive services available in the community. Nexus met with ACUSD Community Outreach Workers, school principals, teachers, administrative personnel, as well as the Foster/Homeless Youth Liaison in order to share updates and strengthen the program-school partnership. Nexus also met with The Resource Connection and Amador Child Care Council staff in order to expand the list of stakeholders who are actively involved in the system of care for students and their families. The Amador County Superior Court Judge and support staff, Valley Mountain Regional Center Intake Specialist, WellSpace Community Clinic office staff, and the CalFresh Nutrition Educator were identified as potential partners so Nexus contacted each entity to introduce the program, gather feedback regarding current needs and trends, discuss highlights and details, and encourage them to share the benefits of student and family engagement in services at every opportunity.

In addition, Nexus staff followed up with previously identified stakeholders in order to share program updates, answer questions, and encourage continued referrals for services. Through these consistent outreach efforts, staff have built critical support for student assistance services from the following entities:

- Amador County Unified School District
- Amador County Office of Education
- Amador College Connect
- First 5 Amador
- Preschools and Private Day Care Providers
- Home School Providers and Home School Families
- Amador County Behavioral Health
- Private Counseling Providers
- Amador County Public Health
- Amador County Probation Department
- Amador County Department of Social Services (CPS)
- Amador Tuolumne Community Action Agency
- Hospice of Amador & Calaveras
- Operation Care
- Amador Pregnancy Help Center
- Sierra Child & Family Services
- Women, Infants & Children (WIC)
- Faith-Based Organizations
- Community Christian School
- Wayfinder Family Services

Staff also connected and followed up with additional partners and community members in order to provide program information, answer questions, and offer emotional support for continued project engagement through implementing the following outreach efforts:

- Attendance at multiple coalition meetings
- Participation in community events
- Parent education presentations
- Attendance at PTA meetings
- Radio announcements and interviews
- Nexus Instagram posts
- Nexus Facebook posts
- Meetings with Tribal organizations
- Meetings with Indian Education Project staff
- Attendance at Generations of Pride support group meetings

- Attendance at Resource Family Socials
- Meetings with fraternal organizations
- Meetings with faith-based groups

In order to involve child care providers in the Student Assistance Program partnership, staff also provided engagement incentives designed to enhance social-emotional development, socialization skills, self-regulation, and cooperative play activities for the children in their care. Engagement incentives included light tables with blocks, feelings/mood sensory toys, costumes, social-emotional books, and arts and crafts materials. Learning supplies were distributed to provider partners during outreach contacts and scheduled meetings in order to build support for student assistance services and provide tangible reinforcement for optimal child development.

Staff continued to meet with school and provider partners on a regular basis in order to assess ongoing educational needs and receive feedback regarding services. Through this collaboration, staff were able to obtain recommendations for effective program implementation, gain a fundamental perspective on how to best address program opportunities and challenges, receive innovative ideas to improve service delivery, and follow up with partners to offer ongoing emotional support.

From 7/1/2023 through 6/30/2024, staff met with a total of 407 school and provider partners to conduct program outreach and increase student access to mental health and wellness services.

Staff administered surveys to school personnel and provider partners in order to determine an increase in knowledge of effective student support services due to participation in an informational presentation or outreach connection. The table below summarizes their responses to the information provided by program staff and reflects an increase in knowledge regarding mental health services and supports for students and their families.

	Strongly Disagree	Disagree	Neutral	Agree/ Strongly Agree
1. Program staff was knowledgeable about Student Assistance Program services.				100%
2. I received helpful information regarding mental health services available for students and families.				100%
3. I was provided adequate information regarding how to check the status of a service referral.				100%
4. I feel supported by Student Assistance Program staff and able to better assist students and families.				100%

Throughout the reporting period, the ASPIRE Student Assistance Program conducted 79 family conferences and provided 394 referrals to community resources and services Program staff utilized assessment tools as appropriate with each student and family in order to produce program data that can be used for evaluation purposes to analyze the efficacy of the services provided.

In order to assess the effectiveness of the ASPIRE Student Assistance Program in building protective factors, the BRRIM Participant and Readiness to Change surveys were administered as a pre-post self-report evaluation tool to high school students participating in the services. Youth completed the surveys to rate their resolve to make positive and healthier choices as a result of personal growth and asset

development. The following table summarizes responses collected during the reporting period, and includes the percentage of students who “agreed” or “strongly agreed” that they possessed important assets relative to protective factor domains at entry into the program and again at program completion. The outcome data indicates that participation in ASPIRE student assistance services helped youth develop social and emotional strengths, attitudes, values, support, and identity that they need for success in life.

Protective Factor Domain	% of students Pre-BRRIIM	% of students Post-BRRIIM
Self-Confidence	63%	83%
Self-Esteem	54%	83%
Resilience	100%	100%
Self-Efficacy	75%	92%
Problem-Solving Skills	75%	92%
Open Thinking	75%	100%
Overall Effectiveness	79%	92%
Healthy Decisions	33%	83%
Family Support	83%	100%
Internal Locus of Control	50%	83%
Knowledge of Resources	67%	100%

Summary of FY 23/24: This was the second full year of program operations under this Innovations project. The BRRIIM has evaluation and ongoing supportive mechanisms in place as a core component of the model. Additionally, the ongoing outreach, support and education to childcare providers, community partners and ACUSD/ACOE is embedded into the outreach plan that is utilized as a key element of the Comprehensive Community Support Model to Address Student Mental Health. The project continues to mobilize resources present in Amador County to enhance our community safety net and successfully build a system of care that includes a strong community-school relationship. No contract or program changes are planned for FY 24/25.

FY 24/25 Projected Annual Cost: \$133,000 | Increase in Cost from 23/24: 0% | FY 23/24 # Served: 660 (407 through school and provider partner outreach; 80 through school and provider partner educational workshops; 173 individuals served through ASPIRE) | Increase in # Served: 108% | FY 24/25 Projected # to be Served: 500 | FY 24/25 Estimated Cost per Person: \$266

ATTACHMENT 'E'

Proposed INN Project--Workforce Recruitment &
Retention Strategies



**INNOVATIVE PROJECT PLAN
RECOMMENDED TEMPLATE**

COMPLETE APPLICATION CHECKLIST	
<p>Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:</p>	
<p><input checked="" type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.</p>	
<p><input checked="" type="checkbox"/> Local Mental Health Board approval</p>	<p>Approval Date: 7/19/23</p>
<p><input checked="" type="checkbox"/> Completed 30 day public comment period</p>	<p>Comment Period: 6/19 -7/19/23</p>
<p><input checked="" type="checkbox"/> BOS approval date</p>	<p>Approval Date: _____</p>
<p>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: August 22, 2023</p> <p><i>Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i></p>	
<p>Desired Presentation Date for Commission: _____</p> <p><i>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all</u> requirements have been met.</i></p>	

County Name: Amador

Date submitted:

Posted for Public Comment on June 19th. Public Hearing scheduled for July 19th at 3:30 p.m. during the Amador County Behavioral Health Advisory Board meeting located at:

Health & Human Services
Conference Room A
10877 Conductor Blvd.
Sutter Creek, CA 95685

Project Title: Workforce Recruitment & Retention Strategies

Total amount requested: \$1,995,129

Duration of project: 5 Years (7/1/23 through 6/30/2028)

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- 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

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- Increases access to mental health services to underserved groups
- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

The Need

Recruitment and retention for the behavioral health workforce is a national, state and local challenge. Although efforts are being made to address workforce shortages, many of the initiatives fall short or do not include considerations for small rural counties like Amador.

Current efforts at the federal and state level target workforce recruitment and retention using scholarship, loan repayment and 'pipeline' programs, all of which are very helpful, to some degree. But in small rural areas, the current workforce recruitment and retention efforts do not meet our workforce needs.

Due to the impact the workforce shortage has on the clients that ACBH serves, stakeholders have been asked to prioritize strategies that promote the mental health of Amador County residents. During the Community Program Planning Process, we have asked this question for several years and each year that this question has been asked, stakeholders identified *'Recruit and retain high quality behavioral health staff'* as one of the top three strategies to implement in Amador.

Amador County Behavioral Health (ACBH) is a fully integrated system of care that provides outpatient mental health and substance use treatment. When fully staffed, ACBH employs 25 full

time employees, one part time employee and 2 extra help crisis workers. ACBH also supervises the Behavioral Health Rehabilitation Specialist, an Amador County Probation Department employee funded by AB109.

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. Continued recruitment for extra help crisis counselor positions is ongoing. 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 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.

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.

A review of data from the past three years shows the following:

When clinicians leave the workforce, their position remains vacant an average of 2 months. The majority of clinicians who have left employment with ACBH worked for the department less than two years. As it currently stands, only three out of six clinicians have worked for ACBH over two years.

Even though at one point, the department was able to fund seven Extra Help Crisis Counselor positions, consolidation has occurred for budgetary purposes due to the fact that this position has been extremely difficult to recruit for. Recently, the rest of the extra help crisis counselor positions were consolidated to create a full-time crisis counselor position to provide additional crisis support in order to alleviate the amount of on-call hours the regular clinicians are required to cover and client cancellations due to other clinicians being pulled away from their schedule due to walk in crisis clients. This position was filled for about seven months, and then the staff applied for an open clinician position. This position is currently vacant.

60% of ACBH employee turnover is in the Clinician or Crisis Counselor positions.

ACBH employs two full-time Personal Services Coordinator (PSC) positions and one Extra Help PSC position. When a PSC leaves their position, it remains vacant for an average of 2 ½ months. Currently, two full-time PSC positions are filled. One of the full-time PSC positions was only recently filled and it took over 6 months to hire for the position. The Extra Help PSC is currently vacant. The

average length of employment for the PSC position is two years, with the exception of the Extra Help PSC, which was recently vacated, who had been employed for nearly four years.

ACBH also employs two Peer PSC's. When those positions have become vacant they have taken an average of nearly 3 months to fill.

Since 2019, ACBH has hired 24 direct service staff, which includes clinicians, crisis counselors, crisis coordinators, extra help crisis counselors, PSC's and Peer PSC's.

Unique Considerations

Crisis Work

Crisis work negatively impacts clinical workforce retention, however, being in a small, rural community, with one team of providers, it is necessary for continuity of care. When a clinician responds to Sutter Amador Hospital for a 5150 hold, the client is assessed and appropriate care is provided. After the client is released from the acute care facility or returns home after developing a safety plan, they are followed up with by the ACBH Mobile Support Team and/or peer worker to ensure continued stability, while providing access and linkage to identified treatment and resources. If the client is hospitalized on a 5150 hold, the ACBH clinical provider (usually the crisis coordinator) works with the facility to arrange for transportation and schedules appointments with ACBH to prevent future crisis.

Regarding the jail, it is imperative that when inmates are released, that they receive the support they need immediately. Since ACBH is the direct service provider for therapy and psychiatric medication for Amador County Jail, inmates are already aware of the services available to them when they are released and there is no discontinuation of medication services due to the fact that the psychiatrist at ACBH is also the psychiatrist working in the jail setting.

Crisis work is constant and requires that a mental health professional is on standby 24/7 to respond appropriately to mental health crisis. ACBH clinical team providers work in the clinic 40 hours per week, providing treatment and care coordination. Additionally, they are required to work 'on-call' after hour shifts overnight, weekends and holidays. Although there is overtime and standby pay involved with this work, sometimes that isn't enough to retain the workforce doing this intense work, day in and day out. Student loan repayment programs, recently offered through a regional county partnership with the Department of Health Care Access and Information (HCAI), offered loan repayment in turn for a two year service commitment for clinical staff. This was a promising program which would offer an incentive to providers to retain their employment with ACBH. However, one of the five applicants to the program has left employment at ACBH prior to obtaining approval and entering into the service commitment agreement and another left employment within six months of entering into the loan repayment program agreement.

Amador County recently became a National Health Services Corporation certified site, through the Health Resources and Services Administration (HRSA), however, only certain programs are available for behavioral health professionals and not all providers are able to access the benefits provided.

Access to Higher Education

Amador County is not home to any higher education campuses. There are no junior colleges, trade schools or four-year universities/colleges in Amador, Calaveras or Alpine counties. The nearest junior college, located in Folsom is a 45 minute drive from Jackson, located in the middle of Amador County. This drive could be more or less depending on which part of the county one would be commuting from. The nearest college, Sacramento State University is located 58 minutes away. Again, this drive could be longer or shorter depending on which part of the county one is coming from. Access to online education is an option, however, Amador is a very rural and remote area. With most of the population living in unincorporated areas of the county, internet service is difficult to obtain and when obtained, can be very unreliable.

Aside from distance, transportation and access to reliable online support, the main barrier to accessing higher education is financial. The cost is overwhelming to most who have pursued it and although there are scholarship and pipeline programs, unless the entire cost of tuition is covered, many are deterred by the financial impact it could potentially have on themselves and/or family. Scholarship and pipeline programs are great concepts, however on their own, very hard to solicit in a small, rural area such as Amador County.

Housing

Amador is rural and remote and has a severe housing shortage, along with a lack of affordable housing. Retention among clinical providers that already live in the community tend to be higher than those who have to commute nearly an hour daily and after hours. Rentals are incredibly difficult to locate. A recent search showed that two rentals were available in Amador County and the average monthly rate was \$1,845. Purchasing a home is an option, however, the market is extremely competitive at this time and without strong offers, sellers will move on to the next buyer. Additionally, many are unable to afford housing at the current rates due to the fact that wages are not increasing at the same rate of housing costs. Commutes and housing costs compound challenges to recruiting and retaining mental health providers and for these reasons, ACBH has lost clinical employees over the past two years and are at risk of losing more. None of the current efforts at the federal or state level is working to address this crisis that working people face.

Staff Morale

Due to the small nature of ACBH, more is done with less. The demands for services have increased, however, the number of providers has not. Needless to say, the staff work very hard day in and day out, to serve the clients and serve them well. Sometimes, due to the workloads and spikes in crisis, staff start to feel underappreciated and morale can get low. COVID-19 limitations have made it difficult to do team-building or appreciation activities, making it challenging to address staff morale and positive workplace culture. Again, none of the current efforts at the federal or state levels are addressing supportive work environments, which is critical in the health and human services field we work in.

Turnover rates at ACBH continue to pose adverse effects on the clients served. During the Community Program Planning Process, stakeholders have mentioned several times that the provider turnover rate negatively impacts their ability to benefit from treatment. As mentioned before, federal and state efforts are appreciated, but ACBH needs more robust options to recruit and retain its delicate workforce needs.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

Current programs and efforts to support workforce recruitment and retention are very much appreciated, however, the majority of them simply do not work for small, rural and remote counties, such as Amador. The 'Unique Considerations' listed above, play a critical role in ACBH's ability to recruit and retain qualified behavioral health staff and negatively impact the capability to provide services to clients and provide them well.

In order to implement this proposed project, ACBH would first develop a core Innovations (INN) Team to carry out planning and implementation throughout the duration of the proposed project. The INN Team would develop surveys, focus groups and/or other mechanisms to solicit staff/stakeholder feedback and prioritize strategies as stated below. Based off the initial feedback received, the INN Team would develop an Implementation Timeline that details specific strategies to be implemented and when.

Below are some innovative solutions that ACBH is proposing to pilot during this proposed project. After initial feedback is received, these potential solutions would be prioritized and implemented according to the aforementioned Implementation Timeline.

Crisis:

To address the ongoing challenges crisis coverage brings to the workforce, ACBH proposes the following:

Increase Crisis Standby Pay:

Currently ACBH crisis standby pay is \$4 per hour. This pilot would increase the crisis standby pay to \$6 per hour. Increasing standby pay would show appreciation for the 'on-call' work provided and that it is valued. It would also aim to retain current staffing patterns while enticing others to accept positions that require on-call crisis work.

Shift Differential Pay for Crisis Coverage during off-hours, holidays and weekends:

Off-hours, holidays and weekend hours are extremely difficult to provide coverage for. Offering a shift differential would incentivize staff to accept taking crisis coverage during those hours.

Stipends:

Provide stipends for crisis workers based off an annual scale, in turn for a service commitment, new and current employees. For example, if an individual comes into the workforce and commits to five years of service, on year one, they will receive a \$1,500 stipend. Year two, they would receive a \$3,000 stipend, and the amount would increase to a total of \$7,500 over five years.

Access to Higher Education:**Implement an Internal Scholarship Program:**

Create an internal scholarship program for staff to apply for in order to support their pursuit of higher education. The scholarship will be flexible and could be expended on books, transportation costs, supplies, and more. This would require a service commitment.

MHSA Scholarship Program through Amador College Connect:

Work with the MHSA Scholarship Program that is already in effect to expand funding for students who wish to pursue a four-year degree in the behavioral health field. This would require a service commitment.

Housing:**Home Loan Assistance:**

Investigate creating a program that would assist ACBH employees in putting a down payment on a home located in the Amador County area, in turn for a service commitment.

Relocation Assistance:

Investigate creating a program that provides relocation assistance to staff members in turn for a service commitment. Examples of relocation assistance include rental assistance, assisting with moving costs, and more.

Employee Housing:

Investigate employee housing models for crisis workers and/or temporary housing for employees who relocate.

Staff Morale:

Create a series of programs that aim to provide staff appreciation, team building and self-care. Activities would occur monthly or quarterly and be planned in advance so that staff could schedule accordingly to participate.

General Recruitment & Retention Programs:**Loan Repayment Program:**

ACBH would create an internal loan repayment program for all employees to participate in. This would require a service commitment, and after the service commitment is fulfilled, payment would be made directly to the lender.

Registration and/or Licensing Fees and Renewal Payment Program:

As an incentive to stay employed at ACBH, a program would be created that would pay for costs associated with licensing for all licensed, registered or certified employees.

Testing Costs & Preparation:

ACBH would like to implement a program that assists unlicensed or registered providers with testing costs and preparation for their licensure. There would be no service commitment in connection with incentive.

Continuing Education Units:

As an incentive to stay employed at ACBH, a program/policy would be created that would pay for CEU's for staff that needed them to support their license, registration and/or certifications.

Career Development:

Research shows that best practices in employee retention point to investing in career advancement and career development pathways. If approved for this proposed project, ACBH plans to do the following:

Career Pathways:

ACBH would like to do an analysis on its current staffing pattern and determine where advancement opportunities can be incorporated. This would help current staff know that there is room for promotion within ACBH and assist with recruitment efforts.

Professional Development:

ACBH will create a formal training plan to target each employee's professional development goals, as it relates to working in the public mental health system of care.

Childcare Support:

ACBH would like to investigate implementing a program that supports its workforce through various childcare programs. The investigation will include an analysis on subsidy, provider availability and soliciting staff and stakeholder input to determine what type of support would be most appropriate.

-
- B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

The proposed project's general requirement will be to apply a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system.

- C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

Extensive research was conducted (see below) and pointed to the fact that the current offerings to recruit and retain the public mental health workforce are not sufficient. A review of the model corporations utilize to retain their work force was conducted as well to determine if the same approach could be used in the public behavioral health system.

The finding was that the public mental health system tends to be more recruitment driven and not retention driven. The incentives (sign-on bonuses, etc.) attract candidates, however, retaining them is challenging. It was determined that this will take more than just loan repayment programs and financial incentives to address. It requires a complete overhaul of how workforce recruitment and retention efforts are implemented throughout the entire system and requires a more in-depth approach to truly meet the key components that play critical roles in retaining employees.

Supporting the workforce in the hiring process and throughout their tenure is a best practice strategy supported by research and used globally by corporations. This approach takes it past financial incentives to include creating positive work environments, supporting staff in their current job duties and taking interest in professional development goals as well as creating pathways for career advancement within the organization so employees have promotional opportunities and don't feel 'stuck'.

Corporations who have adopted these best practices prioritize the health and wellness of their workforce by encompassing a model that truly provides for them in their employment. As a result, they see increased employee retention and satisfaction rates.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

The estimated number of individuals expected to be served annually is approximately 35. This number includes the entire Amador County Behavioral Health department. ACBH arrived at this number because although not all employees will participate in every 'offering', they will be receiving the benefit of the positive workplace and other morale-building efforts mentioned above.

Consequently, the entire ACBH clientele will also be served by this program because their quality of services will be improved. If we are able to retain our workforce through this proposed project, the quality of mental health services will increase.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The population to be served are the employees of ACBH. They range in age from transitional aged youth to older adults. Their demographic data is also diverse, in fact, it is more diverse than the population they serve. Languages used to communicate will be primarily English and Spanish, if preferred.

RESEARCH ON INN COMPONENT

- A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

ACBH contacted three other counties to determine if they have existing programs or approaches similar to the proposed project. Fresno, Calaveras and Mono counties all have loan repayment programs and other types of smaller incentives, but nothing compared to what the proposed project would be providing.

Conversations with Sutter Amador Hospital also occurred to determine if there are best practices they are utilizing to recruit professionals that ACBH could adopt. Other than loan repayment and scholarship incentives, they are not providing any other support to recruit or retain workforce outside of the norm.

ACBH is proposing a model that encompasses recruitment incentives and develops ongoing support for employees to encourage retention. The proposed model creates a menu of options for employees so that they feel supported in their professional development but also their personal life as well. Research shows that unless an employer provides support that encourages work and life balance, retention is near impossible. This model will strive to support assistance with lifestyle, positive work environment, professional development and career advancement pathways, thus creating a new system that prioritizes employees at all levels of employment. No other program, other than what is being utilized by larger employers outside of the public mental health system, is able to provide all components required to truly support their workforce in a comprehensive way.

- B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

Efforts made to investigate existing models or approaches close to what ACBHS is proposing were diligently made. The efforts include discussions with other counties, scientific research, and an analysis into corporations that have high retention rates.

Discussions with Other Counties:

First, contact was made with Calaveras, Mono and Fresno counties regarding their recruitment and retention activities. Calaveras County reported that they do not have a workforce retention and/or recruitment program other than their participation with the Mental Health Loan Assumption Program/Student Loan Repayment Program through the California Department of Health Care Access and Information (HCAI). Calaveras County reported that even the loan repayment program wasn't succeeding in retention efforts.

Amador County is in a similar situation as Calaveras. No 'program' is in place that supports workforce recruitment and retention, however, efforts at the state level are being pursued through the HCAI loan repayment program. Although this is a benefit to offer employees, it is not enough to retain them. Within six months of the first round of loan repayment awards to ACBH staff, one employee has already resigned. Calaveras expressed the same challenges. While loan repayment options are rewarding to staff, offering it as a standalone incentive, is just not sufficient to retain qualified employees in rural settings.

Secondly, Fresno County, which is a much larger county, with more funding and staff offered the following:

- Residence Stipends: This is specific to medical interns and provides a monthly payment for students who are placed within their system of care.
Amador does not have medical interns.
- National Health Services Corporation (NHSC): Fresno is an NHSC certified site to support scholarships and loan repayment programs to medical (doctor's and RN's) as well as behavioral health professionals, in turn for service commitments to NHSC site certified organizations.
Amador County was recently NHSC site certified in 2022. This is a robust program, however, will only assist a small portion of our workforce.
- Hybrid Work Schedule: Fresno offers alternative work schedules and administrative staff are able to work remotely.
Amador County offers alternative work schedules and flexible working hours to all employees.
- Relias: Fresno offers online learning that includes CEU's and CMU's for all staff.
Amador offers the full Relias Learning program to all staff, with CEU's and CMU's.
- Loan Repayment Program for Psychiatrists: This is a specific loan program Fresno offers to psychiatrists working in their system of care.
Amador offers their loan repayment program through HCAI to psychiatrists as well and they have not participated.
- HCAI Central Region Partnership: Through the HCAI Central Region Partnership, Fresno is offering loan repayment programs and pipeline development programs.
Amador is participating in these efforts, specifically to loan repayment program.
- Bilingual Skilled Positions: Fresno is also offering incentives for bilingual positions.
Amador offers differential pay for bilingual staff.
- Paid Internships: Fresno allows staff to utilize their work within their system of care as a part of their internship through their education.
Amador allows students to use their work as their internships and make accommodations for employees to ensure all aspects of the internship requirements are met (e.g. supervision, type of services provided, etc.)

Fresno offers a robust menu of options to ensure all parts of their workforce are supported in retention efforts. Some programs Fresno offers do not apply to Amador's smaller workforce and system of care, however, when it is applicable, Amador has explored the same options as their larger counterpart. Even with the NHSC, hybrid and flexible work schedule, training programs, internship and bilingual pay differential, Amador is still struggling to meet its rural

workforce needs. Although Amador is a smaller county, ACBH is currently doing all it can to address this ongoing challenge.

Finally, Mono County is larger in geographical size, smaller in population, yet extremely rural and vast. They struggle as an isolated county to recruit and retain a workforce that meets their unique needs as well. Here is a snapshot of what they provide in their retention and workforce activities:

- HCAI Loan Repayment Program: Mono offers their loan repayment program, managed through the central region partnership, to all behavioral health employees. Everyone is eligible because in their isolated, rural communities, every position is difficult to fill. They offer up to \$10,000 per year and up to \$60,000 total.
Amador provides the same incentive and divided the total amount by the number of applicants.
- Internal Loan Repayment Program: Mono uses a portion of their Workforce, Education & Training funds to support an internal loan repayment program in return for a service commitment.
Once the loan repayment cycle through HCAI has expired and if it is successful in retention, ACBH would consider this option to build something internally for all staff.
- Mono allows all staff to use their regular working hours to study for their licensure and certification exams and to take the exam itself. This includes mental health, substance use and peers.
Amador does allow staff to use their regular working hours to study for licensure and certification exams as well.
- In order to create a career pathway for Personal Services Coordinators and Peers, Mono has created a Behavioral Health Services Coordinator position that has three levels (I/II/III) and this provides non-educated staff an opportunity to advance in their career. One unique component of this position is that they are a part of the on-call team for case management support.
Amador has not considered creating a new position, however, it is currently exploring leveraging the use of peers in order to alleviate the duties of the on-call crisis staff.

Mono County is very similar to Amador in their offerings to recruit and retain their workforce. Although Amador has not quite implemented some of the offerings Mono has, ongoing investigation into what is feasible to address local needs is underway and will be implemented as appropriate.

After reviewing other counties efforts, they are no more robust than what Amador has already implemented or is working towards implementing. No other county is doing anything that isn't already considered a best practice or meets their specific workforce needs. Thus, supporting the notion that an Innovations project such as this one is necessary to implement and try new practices/approaches that support recruitment and retention in rural and remote settings.

Scientific Research:

Secondly, research into workforce recruitment and retention best practices was conducted. The International Journal of Advance Research in Computer Science and Management Studies

published a research article, 'Review Paper – Study on Employee Retention and Commitment'. The objective of the review paper was to identify the best practices and methods used across industries to help enhance commitment and employee retention. A comprehensive examination of twenty different factors that contribute to recruitment and retention was done and highlighted the following:

The reasons for low turnover which employees have mentioned are work experience, career development, independence, etc. All these motives of employees help organizations to align HR practices accordingly and help them with employee retention (Brigitte Kroon and Charissa Freese 2013). Also employees must be able to see a clear career path in the organization, only then they will stay for long (Gaurav Bagga 2013). (Mehta, Kurbetti, & Dhankhar, 2014)

Career opportunities have the strongest impact on employee commitment while the impact of financial rewards is less. Ways recommended for reducing employee attrition are career development, considered to be one of the most important factors. Providing great career development opportunities makes the employees to stay in the company for long and at the same time enhances their loyalty to the firm. Also creating a positive social work environment and adding content to the jobs and tasks to be done by the employees enhances employee satisfaction and commitment (Meganck, 2007). (Mehta, Kurbetti, & Dhankhar, 2014)

Career development opportunities are not something that is considered when developing internal recruitment and retention strategies at the national, state or local level. None of the aforementioned efforts include any internal career advancement pathways, only 'college to county' pipeline programs. Currently at ACBH, if a Clinician is hired, they only receive a different classification if they are unlicensed at the time of hire and become licensed during their tenure. Additionally, there are no pathways to advance for Personal Services Coordinators unless they return to school to become a clinician. This could be playing a factor into the low retention rate experienced by clinical/direct service staff. With career development being considered as one of the most important factors when it comes to employee retention, this is a gap that ACBH will seek to address in this Innovations project.

In addition to career development, other factors identified within the research were:

Various reasons cited regarding employees decision to stay were organizational culture, support from peers and superiors, growth opportunities, issues related to compensation, employee engagement activities, training and development, positive work environment and good working conditions (Satyawadi, Joshi, & Shadman, 2011) (Mehta, Kurbetti, & Dhankhar, 2014)

This research also alluded to the importance of communication between leadership and the workforce regarding their needs. Instead of continuing to develop programs that are not addressing the full spectrum of the issue, the research continues to state:

Further it is suggested that HR managers should take into account what employees' value in the organization as that would lead to a better retention policy which can be accomplished

through open communication process and negotiation. They should contribute as a strategic partner... (Mehta, Kurbetti, & Dhankhar, 2014)

The research is encouraging organizations to work towards career development pathways, training, and creating positive and supportive work environments that foster communication and engaging employees as partners in developing programs to retain them. However, then, why at the national, state and local level are none of the research-based suggestions being pursued? Instead, continuous investment in loan repayment programs and onboarding incentives are offered, which is enticing at the time of hire, but not enough to encourage the workforce to stay.

ACBH's proposed project will engage the workforce as key strategic partners prior to implementing strategies to encourage their retention.

The Journal of Rural Health published a research paper titled 'Factors in Recruiting and Retaining Health Professionals for Rural Practice' and concluded that although financial incentives work well for recruitment efforts, retention efforts require a different approach.

"We conclude from this study that a number of factors are associated with recruitment and/or retention of health professionals to rural areas. Successful recruitment is supported by loan forgiveness programs, rural training programs and practicum experiences, as well as competitive salaries and professional opportunities. Retention efforts must focus on the provision of economic incentives, such as earnings potential and promotion opportunity, professional development, and community appeal." (Zina M. Daniels, Betsy J. VanLeit, Betty J. Skipper, PhD, & Robert L. Rhyne, 2007)

The research provides more robust approaches that aren't necessarily being considered in a collective way. Individual counties or entities may be applying some of these concepts to meet their workforce needs, however, they are not considered 'best practices' in the behavioral health field, most likely, because they have not yet been implemented.

This Innovations project would aim to incorporate best practices such as career development and engaging the workforce in a meaningful way to seek out protocols that would work in retention efforts to meet our staffing needs.

Corporate Analysis:

Some of America's largest corporations have taken the research provided above and put it to practice.

Lowe's Companies (Lowe's) is one of the top retailers to work for in the United States. On average, employees at Lowe's Companies stay with the company for 4.1 years. This retention rate is double that of Amador County's.

Lowe's offers a variety of positions in retail, merchandising, technology, customer support, supply chain and more. They promote growth within the company and offer a variety of programs to 'grow your own' workforce. They offer a 10-week internship program for

students, MBA's and recent graduates in all fields they offer (sales, finance, merchandising, marketing, etc.). They also offer training on diversity and inclusion and partner with organizations to support all employees through a diversity, equity and inclusion lens. In addition they offer, 'tracks to trades', which is a career pipeline program where employees are paid while they learn a 'trade'. All the while they provide a complete and comprehensive benefits package. The focus on Veterans and active military members is exemplary and they provide extensive training and education for all positions through Lowe's U (University).

Another retail company, Starbucks, has a 60% employee turnover rate. Other national chain retailers have between 150% and 400% employee turnover rate. Starbucks is in the top 30% of similar sized companies in its ability to retain quality employees. 41% of employees would not leave Starbucks if they were offered a job for more money while 66% are excited to go to work each day.

This is because employee engagement and retention is at the forefront of Starbucks hiring policies and procedures. Starbucks offers free coffee, competitive pay, bonuses, ongoing training and professional development as well as many other perks for both part time and full time employees. The benefits packages are unique and tailored to meet all employees' needs with discounted stock options, an expanded parental leave program which also provides up to \$10,000 in family expansion support. Education is also offered to eligible employees by covering 100% of tuition at Arizona State University in pursuit of a Bachelor's Degree. Starbucks not only provides free product and a 30% discount on store products, but employees are also appreciated through rewards programs, affiliate discounts and other free subscriptions.

They provide a culture of inclusion, creating opportunities for all. They work in the communities they operate in and always strive to have ethical and environmentally friendly standards. They also offer a wide variety of employment opportunities from retail, corporate (accounting, technology, design, administrative support and more), as well as culinary program. Employees feel supported and have career pathways that encourage them to grow.

Both corporations are not perfect, but they prioritize retention by creating career pathways that encourage all employees to grow and pursue higher positions within the organization. As a result, corporate models are proving more successful in retention of employees than the public behavioral health system of care.

Public behavioral health systems of care are not addressing career pathways, supportive work culture and training as retention efforts even though research supports it. Additionally, the research based practices and approaches have been successful in other non-mental health settings, such as globally recognized corporations. It is evident that the public behavioral health system has prioritized recruitment efforts through loan repayment incentives, however, when it comes to the retention component, more needs to be done. Adopting practices that are research based and proven to work in non-mental health settings is critical to meet the unique workforce needs of rural behavioral health systems of care.

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

- A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

The learning goals listed below have been prioritized because they will help us understand if the development of the proposed project model is working and assist in determining when and how adjustments and adaptations need to be made.

Learning Goal #1:

Will ACBH be able to increase the length of time clinical and PSC positions are retained?

Learning Goal #2:

Will ACBH be able to meet unique workforce needs through the implementation of this project?

Learning Goal #3:

Will ACBH be able to improve and/or maintain staff morale as a result of the increased support through staff appreciation and self-care activities?

- B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The learning goals relate to the key elements/approaches that are adapted because of how they are evaluated (see Evaluation Plan below).

Furthermore, the learning goals are clear, direct and manageable to measure. The premise of the proposed project is that the development and implementation of a comprehensive recruitment and retention model will increase retention rates, provide more engagement with staff regarding what their needs are and how ACBH can support them in meeting those needs, and increase staff morale to create a positive work environment.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

<p>Learning Goal #1: Will ACBH be able to increase the length of time clinical and PSC positions are retained?</p>	<p>Desired Outcomes & Evaluation: Baseline data shows that the majority of clinical staff work for ACBH less than two years. Personal Services Coordinators (PSC's) average length of employment is two years. The goal would be to increase the length of time from two years to three years or more for clinical and PSC positions during the Innovation period.</p>
<p>Learning Goal #2: Will ACBH be able to meet unique workforce needs through the implementation of this project?</p>	<p>Desired Outcomes & Evaluation: This will be measured through staff surveys and internal analytical data, which includes measuring participation.</p> <p>This will also be measured by developing more robust communication pipelines between staff and leadership so that staff goals can be supported through professional development and other components developed through this model.</p> <p>Innovations meetings will be held regularly and include key staff members evaluating the proposed project. This will ensure each component of the model is reviewed and properly evaluated on an ongoing basis.</p> <p>By analyzing staff feedback ACBH will be able to determine what is working and what isn't, as well as what should be sustained and what shouldn't. It also provides an opportunity to find out why certain options are being pursued and others aren't –an opportunity to learn and have the flexibility to make changes that meet our unique workforce needs.</p>
<p>Learning Goal #3: Will ACBH staff be able to improve and/or maintain staff morale as a result of the increased support through staff appreciation and self-care activities?</p>	<p>Desired Outcomes & Evaluation: This will be measured through staff surveys and through the communication pipelines that will be developed as a component of this proposed project.</p> <p>Surveys will be conducted at the onset of the program and for each survey thereafter, a question will be included that specifically asks about morale and feeling supported in the workplace.</p> <p>Innovations meetings will also be held regularly and include key staff members evaluating the proposed project to ensure that feedback they receive is being documented. This will provide flexibility to make changes in the event efforts are not working as originally intended.</p> <p>These evaluation measures will provide ACBH the information it needs to determine if staff are feeling appreciated and supported in the work they do, which will lead to improved morale.</p>

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

The County does not plan to contract out the INN project or project evaluation.

COMMUNITY PROGRAM PLANNING

ACBH utilizes a mixed model when conducting its Community Program Planning Process (CPPP) each year. A survey is distributed throughout the county and is available in online and paper formats. It is also translated to Spanish by our community partner organization in an effort to include the Spanish speaking community's voice. Focus groups are also conducted throughout the CPPP time period and reach various communities and groups in order to solicit diverse responses. The entire CPPP process also requires targeted outreach to solicit responses from the following groups: Veterans, Older Adults, Spanish speaking community members, Native Americans, LGBTQ+, Consumers, Family Members, ACBH Staff (including substance use), Social Service Providers, Community Based Organizations, Amador County Unified School District, Amador County Office of Education, Medical Providers, Sutter Amador Hospital, local law enforcement agencies including but not limited to the Amador County Sheriff's Department and Probation, organizations that support those with Developmental Disabilities and childcare providers and supporting organizations/agencies. The information provided throughout this process is utilized all year long to support MHSA and departmental planning efforts.

In Amador County's FY 2020-2023 MHSA Three-Year Plan CPPP, an overwhelming response to open-ended questions related to the workforce, lack of providers and retention of providers. Some of the comments included the following statements:

"NOT ENOUGH PROVIDERS- CONTRACT WITH MORE PROVIDERS IMMEDIATELY. You must contract with more providers so there can be more services, in more places, for more clients, with quicker appointment times. There are more people who need help than you can serve, you must work to increase capacity immediately by enticing providers to serve clients in Amador County.

"More provider options for medi-cal"

"Behavioral health needs to address not only "clients" but the health of service providers, organizations/agencies offering the services, leadership, the community at large, and all of our systems."

As a result of the feedback received, ACBH included a question in the next year's CPPP that asked about strategies to improve behavioral health services. Specifically, the question asked:

What are the top three most important strategies to promote the mental health of Amador County residents?

Out of twelve options to choose from, respondents were asked to choose their top three. In FY 21/22, the option, ‘Recruit and retain high quality behavioral health staff’ was in the top three choices, overall. The same question was posed in FY 22/23, producing the same result as the year prior.

Stakeholders have continued to identify for three years now that recruitment and retention of behavioral health staff should be prioritized as a top strategy to improve and promote the mental health of Amador County residents.

Discussions about workforce are ongoing during the Amador County Behavioral Health Advisory Board (ACBHAB) meetings. Education about reasons why it is so difficult to retain mental health professionals and solutions for trying to overcome those challenges are a point of discussion not only with the ACBHAB, but with community partners as well.

The proposed project will be posted for 30 days, discussed at the Mental Health Services Act/Cultural Competency Steering Committee, Latino Engagement Committee, Native American Round Table meeting and the LGBTQ+ Workgroup meeting in order to ensure all underserved groups are involved in this proposed project’s public comment period. Additionally, the public hearing will be advertised using targeted outreach to the groups listed above, local media and email communication.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSAOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

A) Community Collaboration

Community collaboration within Amador County is very strong. Furthermore, workforce challenges have been experienced by every single organization and agency within county lines. This is a very hot topic at community meetings and in one-on-one conversations with other community partners and agencies. The community will be engaged in this project and its efforts in the following ways:

- Community meetings will provide forums where updates about this project will be provided and discussed. This will not only offer opportunities for our community partners to learn more about the project, but to also offer insight around implementation challenges that arise.
- MHSA/Cultural Competency Steering Committee meets bi-monthly and a standing agenda item specific to Innovations projects is always discussed. This meeting is open to the public, and key stakeholders attend as well. During this

time, ACBH will provide updates, challenges and successes around the proposed project so that bidirectional learning can occur.

- Amador County Behavioral Health Advisory Board meetings provide an opportunity to also update the board and other attendees, which are also critical stakeholders, on the proposed project.
- Shared learning will be a key component of this proposed project. If methods are introduced through the model and are successful, meetings with community groups and organizations that are facing workforce challenges will be scheduled to discuss opportunities for them to utilize best practices created as a result of the project. To take this a step further, ACBH may host a workshop on this proposed project that highlights successes, lessons learned and share best practices as well in order to truly support shared learning across the community.

B) Cultural Competency

Cultural Competency is prioritized at all levels within the ACBH system of care and will continue to be prioritized throughout the implementation of this proposed project. All programs are developed in an effort to be able to provide culturally and linguistically appropriate services, with providers who are culturally competent in an array of areas specific to LGBTQ+, Veterans, Hispanic and Latino, Native Americans and more. The workforce at ACBH tends to be more diverse than the population served, and, as a result, this provides the opportunity for flexibility when specific situations arise that require culturally appropriate care. For example, ACBH employs four Spanish-speaking employees.

When ACBH is unable to provide cultural and linguistically appropriate services, partnerships have been built with community partners to assist ACBH providers in ensuring the consumer is receiving the most appropriate care to meet their needs. For example, if a Spanish speaking individual comes into crisis during after hours, our Promotores de Salud provide translation services to ensure the individual is able to receive an appropriate level of care.

Cultural Competency training is also provided annually to ACBH staff and is required to be completed by all MHSA-funded contract providers. Ongoing training is provided upon request and is offered continuously so that staff and community partners are able to meet the cultural and linguistic needs of any individual and/or family seeking mental health treatment. In addition to training, ACBH issues monthly newsletters to all staff. These newsletters provide deeper dives into the respective month's observances. For example, February is Black History Month, June is PRIDE, etc. This provides staff with snippets of information, along with resources to learn more.

ACBH also updates and completes a robust Cultural Competence Plan, annually. It highlights the objectives and strategies to address Cultural Competence and ensure it is infused into all aspects of the ACBH system of care. You can find that plan by going here: [Cultural Competency Plan 2022](#)

C) Client-Driven

This proposed project is completely client driven because of the negative impacts the ACBH workforce challenges has had on consumers of behavioral health services. In summary, this is what has been reported directly by clients in support of this proposed project:

- Clients receiving services at ACBH provided feedback over the course of three CPPP processes that recruiting and retaining behavioral health staff is a top priority.
- Their comments and feedback continue to advocate for more therapists, psychiatrists and better retention of mental health staff.
- When there are a lack of providers, clients quality of care suffers because they have longer wait times to access services.
- Mental health treatment is negatively impacted when there is a high rate of turnover among providers. Clients engage, build rapport and then have to start over. This is not conducive to quality care.

In addition, to the above, ACBH protocols require that the client, in collaboration with their mental health provider, develop treatment goals and a plan to meet those goals, together. Clients participate in all aspects of their treatment and are partners, not patients, in their mental health care.

This proposed project aims to support clients and their needs, in an effort to retain staff and provide quality mental health treatment to support clients in meeting their treatment goals. Going above and beyond, and trying all that ACBH can to improve the workforce challenges it faces, is a directive from the clients being served and will be woven into all aspects of the proposed project.

D) Family-Driven

Families have also advocated for several years now for recruitment and retention of behavioral health providers. Families providing support to the children and adults receiving services at ACBH are also negatively impacted by high turnover rates within the workforce. This is extremely challenging as a caregiver or a family member to bear witness to.

It is ACBH protocol to provide support to families and caregivers through community based partnerships such as the National Alliance for the Mentally Ill (NAMI) Amador. NAMI Amador provides family support through support groups and Family-to-Family courses that provide education about being a family member or caregiver of someone with a mental illness as well as support and tips for how to manage that role. Additionally, ACBH offers collateral support for client's family members and caregivers, as well as information on other community based resources such as wellness workshops.

In essence, this proposed project is a directive by families and caregivers, just as much as it is a directive from the clients ACBH serves. Families and caregivers are incorporated into all levels of service ACBH provides to its clients and as result, they are negatively impacted with workforce challenges as well. If the proposed project is successful, family and caregivers will also see a positive change because clients will be receiving more consistent care.

E) Wellness, Recovery, and Resilience-Focused

This proposed project focuses on the wellness, recovery and resiliency of the clients ACBH serves, but also shifts it to expand this focus to the individuals providing the services.

ACBH protocol provides for a recovery model of care, not a medical model. ACBH understands that in order to achieve wellness, recovery oriented principles that are focused on client strengths need to be applied. As the client moves forward in treatment, with support, they find their resilience and overcome their challenges. The focus on the clients and their wellness is a top priority, however, this proposed project would expand ACBH protocol to include the same supports for the workforce.

Research shows that a supportive and positive work environment retains employees. If ACBH took the wellness, recovery and resilience-focused model and applied it to the support they provide to their workforce, perhaps better outcomes in retention rates would be received. The proposed project provides just that – a wellness support model for staff that could include a variety of things that help them recover from the intense work they do daily with clients and focus on the strengths they do have in order to build employee resilience.

F) Integrated Service Experience for Clients and Families

ACBH strives to provide an integrated service experience for clients and families/caregivers. However, this doesn't always happen when turnover occurs and the agency is short staffed. In fact, it negatively impacts the service experience because there are longer durations between appointments, longer wait times to access services altogether and non-urgent needs could take longer to attend to.

This proposed project will help to alleviate the negative impacts caused by high turnover rates and improve the service experience for clients and families.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

The project evaluation is culturally competent because ACBH prioritizes cultural competence throughout its entire system of care. It is infused through training, policies, procedures and an active cultural competence plan. Furthermore, monthly activities are initiated that ensure education,

training and support is available so that all staff are able to not only provide services, but interact with each other in culturally sensitive ways.

The staff person overseeing the project evaluation is both the MHSA Programs Coordinator and the Ethnic Services Manager (ESM). This provides a unique opportunity to ensure that the project design, implementation and evaluation is done using a lens of cultural sensitivity. If challenges arise in ensuring the project evaluation is being conducted in a culturally competent way, the ESM has access to resources, support and expert guidance to assist and develop strategies to ensure that cultural sensitivity is achieved.

The MHSA Programs Coordinator has direct access to all of the stakeholders involved in the behavioral health system of care and engages with them regularly. Bi-monthly MHSA/Cultural Competency Steering Committees are held where key stakeholders gather to discuss MHSA and Cultural Competency initiatives. Innovations has a standing agenda item and this group will be used to discuss the proposed project in its entirety. This will ensure key stakeholders are engaged and have the opportunity to provide meaningful feedback throughout the course of the proposed project.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

Through the evaluation process, the County will be able to determine what components of the model are successful and which ones are not. In the last year of evaluation, the INN Team will meet to analyze data and determine what components were most successful in recruitment and retention efforts over the course of the project.

Between Community Services and Supports (CSS), and Workforce, Education & Training (WET) funding, it is anticipated that successful components of the proposed project will continue without utilizing INN funds following project completion.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

Since ACBH serves individuals with serious mental illness, the workforce will be providing direct services to these individuals and families. The plan to protect continuity of care for these individuals upon project completion is to do due diligence and carry forward the successful components of the proposed project so that workforce continues to be retained, which provides for a continuity of care for the clients being served. Not only will continuity of care be preserved as a result of the sustainability of the project, but the quality of services will increase because the workforce will be supported in more meaningful ways.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

- A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

Information about the proposed project will be primarily disseminated through key stakeholder groups such as the Mental Health Services Act (MHSA)/Cultural Competency Steering Committee and the Amador County Behavioral Health Advisory Board meetings. Both the MHSA/Cultural Competency Steering Committee and the Amador County Behavioral Health Advisory Board meet regularly, every other month, and have standing agenda items for Innovations Projects. During these meetings, updates on the proposed project will be provided and open discussion will be held in order to promote ongoing communication between stakeholders.

ACBH also disseminates information to stakeholders through the Community Announcements email distribution. This is a twice weekly email that contains resources, information, notices and more. ACBH uses this to provide outreach to the larger community. Approximately 500 individuals, community members, agencies, organizations and more are included in this widespread distribution.

Additionally, one-on-one discussions occur regarding proposed projects and other MHSA-related items regularly. ACBH also cross-pollinates by mentioning this type of innovative work at other workgroup meetings and committees (Amador SPEAKS, Children & Families Program Committee, LGBTQ+ Round Table, etc.) that are attended regularly.

Furthermore, information about the proposed project, such as the approved project model and the annual evaluation reports will be posted to Amador's Network of Care Website, under the MHSA banner.

- B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

'Rural Behavioral Health Workforce'
'Workforce Retention'
'Staff Morale'
'Recruitment and Retention'
'Retention Strategies'

TIMELINE

- A) Specify the expected start date and end date of your INN Project

The proposed project will start July 1, 2023, ending on June 30, 2028.

B) Specify the total timeframe (duration) of the INN Project

The proposed project will have a total timeframe of five years.

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Year	Key Activities	Deliverables
FY 2023-24	<p>Develop core INN Team to carry out planning, implementation and evaluation.</p> <p>INN Team develops mechanisms to solicit stakeholder/staff feedback on priorities for recruitment and retention efforts.</p> <p>INN Team develops evaluation plan based off the Implementation Timeline developed.</p> <p>Project Implementation</p>	<p>Team members identified and meetings commence.</p> <p>Collects data based off of surveys, focus groups and other mechanisms developed in order to gain feedback.</p> <p>Implementation Timeline developed which includes details of implementation for each specific strategy.</p> <p>Evaluation Plan developed which includes data collection instruments, administration schedule & infrastructure</p> <p>Collect baseline data</p> <p>If necessary, initiate contracts and MOU's to implement proposed project strategies</p> <p>MHSA Annual Update Evaluation Report</p>
FY 2024-25	<p>Project implementation, regular INN Team review of project implementation which includes data review, lessons learned and adjustments needed to project</p>	<p>Data collection and reporting for review at stakeholder meetings and within the workgroup</p> <p>Ongoing review and updates to Implementation Plan, in order to ensure strategies are effective and that new strategies are appropriately implemented.</p>

		MHSA Annual Update Evaluation Report – which includes lessons learned and changes made as a result of the learning
FY 2025-26	Continued project implementation	<p>Data collection and reporting for review at stakeholder meetings and within the workgroup</p> <p>Ongoing review and updates to Implementation Plan, in order to ensure strategies are effective and that new strategies are appropriately implemented.</p> <p>MHSA Annual Update Evaluation Report – which includes lessons learned and changes made as a result of the learning</p>
FY 2026-27	Continued project implementation	<p>Data collection and reporting for review at stakeholder meetings and within the workgroup</p> <p>Ongoing review and updates to Implementation Plan, in order to ensure strategies are effective and that new strategies are appropriately implemented.</p> <p>MHSA Three Year Plan Evaluation Report – which includes lessons learned and changes made as a result of the learning</p>
FY 2027-28	Continued project implementation and sustainability transition	<p>Data collection and quarterly reports for review at stakeholder meetings and within the workgroup</p> <p>Sustainability plan development to continue successful strategies implemented by the project using MHSA funds and other internal resources.</p> <p>Development of Sustainability Transition Plan</p> <p>MHSA Annual Update Evaluation Report – which includes lessons learned and changes made as a result of the learning.</p>

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSAs funds are being utilized:

- A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- C) BUDGET CONTEXT (if MHSAs funds are being leveraged with other funding sources)

BUDGET NARRATIVE

Amador County's Workforce Recruitment & Retention Strategies Innovation Project will offer a menu of options to address employee burnout, turnover, retention and professional development.

Due to the ongoing crisis coverage challenges, this project will increase standby pay by \$2/hour and also offer a shift differential of 10% for the clinicians called out after hours. The total budgeted for standby increase over the five year period is \$305,012 and shift differential equates to \$244,579. In addition, a retention stipend would be offered to each crisis response staff on an annual basis (\$1500 per year cumulative), this is budgeted for a five year total of \$645,525.

To address career development, higher education costs and pipeline fill - Amador County would like to use this funding to implement an internal scholarship program and supplement an existing college scholarship program. The internal scholarship program would offer \$1,500 annually to each SUD Counselor, Case Manager and Medical Assistant to continue their education. This would require a service commitment, with the end goal being increasing licensed staff pool. The existing college scholarship would be increased by an additional \$5,000 per year. Amador County would also create an internal loan repayment program of \$2,500 annually, with service commitment. The budgeted expenditures for these programs are \$82,500 for internal scholarship, \$25,000 for supplementing existing scholarship and \$187,500 for staff loan repayment.

Amador County has a housing shortage and to assist staff, home loan down payment assistance would be offered of \$2,500 per year of service commitment. For those staff members relocating to Amador County, \$2,500 in one time funds would be offered. \$37,500 is the total budget for housing options.

Many of the careers in behavioral health require licensing fees, testing, and continuing education. Amador County would offer all employees \$100 per year for required registration and licensing, \$500 every other year for testing costs and \$1,000 maximum annually for successful completion of CEU's. The total five year budget for these continuing costs is \$101,250.

Lastly, to address all staff morale - \$1,000 per quarter would be budgeted to create a series of programs to offer team building or self-care activities. Total budgeted would be \$20,000.

Administration and evaluation of this project is budgeted at \$346,263.

**Please note that this is a maximum budget amount. Activities implemented will be prioritized based on staff / stakeholder feedback.*

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
1.	Salaries	\$142,497	\$190,505	\$238,762	\$287,280	\$336,072	\$1,195,116
2.	Direct Costs	\$85,750	\$85,750	\$85,750	\$85,750	\$85,750	\$428,750
3.	Indirect Costs	\$48,982	\$59,064	\$69,198	\$79,386	\$89,633	\$346,263
4.	Total Personnel Costs						\$ 1,970,129
	OPERATING COSTS*						
5.	Direct Costs						
6.	Indirect Costs						
7.	Total Operating Costs						\$
	NON-RECURRING COSTS (equipment, technology)						
8.							
9.							
10.	Total non-recurring costs						\$
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
11.	Direct Costs	\$5000	\$5000	\$5000	\$5000	\$5000	\$25,000
12.	Indirect Costs						
13.	Total Consultant Costs						\$25,000
	OTHER EXPENDITURES (please explain in budget narrative)						
14.							
15.							
16.	Total Other Expenditures						\$
	BUDGET TOTALS						
	Personnel (total of line 1)						\$1,195,116
	Direct Costs (add lines 2, 5, and 11 from above)						\$453,750
	Indirect Costs (add lines 3, 6, and 12 from above)						\$346,263
	Non-recurring costs (total of line 10)						\$
	Other Expenditures (total of line 16)						\$

TOTAL INNOVATION BUDGET							\$1,995,129
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*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
1.	Innovative MHSAs Funds	\$262,229	\$320,319	\$378,710	\$437,416	\$496,455	1,895,129
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	Total Proposed Administration						\$1,895,129
EVALUATION:							
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
1.	Innovative MHSAs Funds	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$100,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	Total Proposed Evaluation						\$100,000
TOTALS:							
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
1.	Innovative MHSAs Funds*	\$282,229	\$340,319	\$398,710	\$457,416	\$516,455	\$1,995,129
2.	Federal Financial Participation						\$
3.	1991 Realignment						\$
4.	Behavioral Health Subaccount						\$
5.	Other funding**						\$
6.	Total Proposed Expenditures						\$1,995,129
* INN MHSAs funds reflected in total of line C1 should equal the INN amount County is requesting							
** If “other funding” is included, please explain within budget narrative.							

ATTACHMENT 'F'

Mental Health Services Act (MHSA)

Community Program Planning Process - Evidence



Melissa Ausilio <mausilio@amadorgov.org>

Community Program Planning Process --Now Open!

1 message

Melissa Ausilio <mausilio@amadorgov.org>

Tue, May 28, 2024 at 3:44 PM

Bcc: Trina Ozier <tozier@calvoices.org>, Trixxie Smith <tsmith@calvoices.org>, Danelle Bohall <DBohall@trcac.org>, kgregorius@arcofamador.org, Stacey Larson <slarson@atcaa.org>, James Burke <jburke@amadorgov.org>, Tyx Pulskamp <tyxpulskamp@gmail.com>, "nina@first5amador.com" <nina@first5amador.com>, Shilpa Rasmusson <shilparasmusson@gmail.com>, Rachelle José de Mattos-Saldate <rachelle@amadorcollegeconnect.org>, sarina@amadorcollegeconnect.org, Lori Halvorson <lhalvorson@nexusyfs.org>, shartmann@nexusyfs.org, Amanda Avila <aavila@acusd.org>, Stephanie Hess <stephanie.hess@acusd.org>, Emma Swett <eswett@nexusyfs.org>, Antoinette Del Rio <adelrio@edcoe.org>, Josue Guerra <jguerra@cttp.net>, Pat Porto <pporto@atcaa.org>, Denise Cloward <dcloward@atcaa.org>, Debbi Kempker <debbiekempker@gmail.com>, Keith Persons <kpersons@calvoices.org>, "Chelsea Yule, LCSW" <chelseayule@gmail.com>, Jennifer Beach Chambers <jbeachchambers@calvoices.org>, Ashley Carnicello <Ashley@operationcare.org>, Karen Vaughn <kvaughn@amadorgov.org>, Melissa Cranfill <mcranfill@amadorgov.org>

Hello MHSA/Cultural Competency Steering Committee Members,

Our Community Program Planning Process is now open! Thank you all again for assisting with this process. We appreciate your help in getting the word out and soliciting feedback. Please have your staff complete the survey and ask your members in all of your programs to complete the survey. If you have a friend, family member or contact who has an interest in mental health services, please ask that they participate as well.

If you'd like to host a focus group, please let me know. We have our first community-based focus group coming up next Thursday 6/6 at 3:00pm here at Amador County Behavioral Health.

Work group members, I will be sending an email shortly with tomorrow's agenda. If you are interested in attending this meeting and have not yet received an invite, please let me know.

Here is the general information (with attachments) on how to participate in the Community Program Planning Process:

The Community Program Planning Process is an important way to provide input about the mental health needs in our community. The feedback provided acts as a guide and informs future planning of behavioral health services in our community. We are currently seeking input now through June 27th from anyone who has an interest in mental health either working or living in Amador County. There are two ways you can participate -- through discussions held in a focus group format OR by completing the Community Survey either online or in paper format. You may also choose to participate in both the focus group group discussions and the survey as well. More info on both are detailed here:

Focus Groups:

In order to have meaningful discussions around mental health services in Amador County, focus groups will be taking place throughout the month of June. If you would like to schedule a focus group with your community group or organization, please reach out to Melissa Ausilio.

The first of several community based focus groups is scheduled for June 6th at 3:00pm and is being held at Amador County Behavioral Health - Health and Human Services conference room E located at 10877 Conductor Blvd, Sutter Creek, CA 95685. The flyer is attached. If you are unable to attend, more will be scheduled so stay tuned!

Community Survey:

We encourage you, the people you serve, your friends, family and neighbors to complete the survey. You can access the survey by going to this link: <https://www.surveymonkey.com/r/CPPP24> .

If you need hard copies of the survey, have any questions or want to learn more, feel free to contact Melissa Ausilio at (209) 223-6311 or mausilio@amadorgov.org.

Thank you,

Melissa Ausilio
Behavioral Health Non-Clinical Program Coordinator
Amador County Behavioral Health Department

10877 Conductor Blvd. Suite 300A
Sutter Creek CA 95685
(209) 223-6311

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3 attachments

 **ACBHFocusGroup06.06.2024.pdf**
1892K

 **2024 Community Planning Flyer.pdf**
83K

 **2024 Community Survey 05.28.2024.pdf**
166K

Amador County Behavioral Health wants to hear from you!

The **Community Program Planning Process** is an important way to provide input about the mental health needs in our community. We are currently seeking input now through June 27th from anyone who has interest in mental health either working or living in Amador County.

Community Survey:

We encourage you, the people you serve, your friends, family and neighbors to complete the survey. You can access this survey by going to this link:

<https://www.surveymonkey.com/r/CPPP24> or scanning the QR code.



Focus Groups:

In order to have meaningful discussions about mental health needs in our community, focus groups will be taking place through the end of June:

DATE/TIME	HOST	LOCATION
June 12th @11:30am	Sierra Wind Wellness & Recovery Center	10354 Argonaut Ln Jackson, CA
June 18th @10:00am	Amador Senior Center	229 New York Ranch Rd Jackson, CA
June 25th @1:00pm	Nexus Upcountry Community Center: Senior Socials	19725 Hwy 88 Unit B Pine Grove, CA
June 25th @5:30pm	NAMI Amador County	First 5 Amador, 975 Broadway, Jackson, CA

Stay tuned to our Community Announcements for more upcoming focus group dates!

If you have any questions, need hard copies of the survey, or to schedule a focus group with your community organization, please contact: Melissa Ausilio at (209) 223-6311 or mausilio@amadorgov.org





Melissa Ausilio <mausilio@amadorgov.org>

your proof for 6-7

1 message

Patty Claveran <PClaveran@ledger.news>
To: Melissa Ausilio <mausilio@amadorgov.org>

Thu, Jun 6, 2024 at 8:09 AM

On Jun 4, 2024, at 10:27 AM, Melissa Ausilio <mausilio@amadorgov.org> wrote:

Thank you, Patty!

On Mon, Jun 3, 2024 at 12:47 PM Patty Claveran <PClaveran@ledger.news> wrote:
Thanks, I will send you a tear sheet fro 5-31 :)

On Jun 3, 2024, at 9:48 AM, Melissa Ausilio <mausilio@amadorgov.org> wrote:

Good morning, Patty,

For our 6/7 ad, can you please have your designer add the following focus groups to the ad:

6/12 @ 11:30am
Sierra Wind Wellness & Recovery Center
10354 Argonaut Ln, Jackson, CA

6/25 @ 5:30pm
NAMI Amador County General Meeting
located at First 5 Amador
975 Broadway, Jackson CA

Additionally, can you send me our 5/31 ad for our records?

Thank you!

Melissa Ausilio
Behavioral Health Non-Clinical Program Coordinator
Amador County Behavioral Health Department
10877 Conductor Blvd. Suite 300A
Sutter Creek CA 95685
(209) 223-6311

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Melissa Ausilio
Behavioral Health Non-Clinical Program Coordinator
Amador County Behavioral Health Department
10877 Conductor Blvd. Suite 300A
Sutter Creek CA 95685
(209) 223-6311

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 **ACBH 6-7-24.pdf**
1358K

Kennebec Mini BBQ, Beer & Wine
 A Family Tradition
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... & MUCH MORE!

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 e-mail: argonautcarehome@gmail.com

AMADOR COUNTY BEHAVIORAL COMMUNITY

JOIN US WEDNESDAY

Chamber NEW DATE!
JULY 17TH

JULY MIXER

RS OPEN: 5:30 TO 7:00 | \$10 PER PERSON

RESHMENTS | NO HOST BAR | BRING A RAFFLE PRIZE

VOLCANO COMMUNICATIONS GROUP

19888 CHURCH STREET, PINE GROVE

Christmas in July Turkey Dinner!

PLEASE BRING A NON-PERISHABLE FOOD DONATION FOR THE INTERFAITH FOOD BANK

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NEED NOT BE A CHAMBER MEMBER TO ATTEND

AMADOR COUNTY BEHAVIORAL HEALTH SERVICES ACT


Amador County Behavioral Health is asking for feedback on current mental health programs and services. And we want to hear from YOU!


Tell us your thoughts on:

- How well mental health is supported in Amador County.
- Suggestions for improvement on future mental health programs.
- Ideas to better mental health in Amador County.

Visit - <https://bit.ly/CPPP24> - to fill out this short survey or scan the QR code below

CONSULTANT SURVEY





For all other questions or information please email maustic@amadorgov.org

- + Social Services
- + IHSS Public Authority
- + Special Districts
- Tree Mortality Task Force
- UC Cooperative Extension
- + Veterans Services

We offer services in English and non-English. Please call our office to request information or services.

[Welcome to Amador County Behavioral Health](#)

[Language Assistance Taglines](#)

Additional information:

[Notice of Privacy Practices](#)

[Amador County Behavioral Health Practice Guidelines 05-2020](#)

Amador County Behavioral Health is asking for feedback on current mental health programs and services, And we want to hear from YOU!

[2024 Community Planning Survey Flyer](#)

[2024 Community Planning Survey_ \(Spanish\) Flyer](#)

QUALITY IMPROVEMENT

[Annual Quality Improvement Program 2022-2023 Work Plan](#)

[Annual Quality Improvement Program 2021-2022 Work Plan Evaluation](#)

The Behavioral Health Website will be updated within 30 days of any update.



Melissa Ausilio <mausilio@amadorgov.org>

Radio Ad for Behavioral Health Community Planning

Melissa Ausilio <mausilio@amadorgov.org>
 To: "mike kvgradio.com" <mike@kvgradio.com>

Thu, May 30, 2024 at 10:06 AM

Hello Mike,

Thank you so much for your generous support with pricing and additional 6 spots. This sounds great, thank you for your assistance with our Community Program Planning Process. We appreciate you all!

Best,
 Melissa

On Thu, May 30, 2024 at 9:46 AM mike kvgradio.com <mike@kvgradio.com> wrote:

Good morning Melissa,

I have spoken to the powers that be and we can do the 30 spots for \$300.00. In fact, I'm going to add 6 spots to the total for added value. This way starting Monday June 3rd we can run your ad twice a day Monday through Friday until June 26th. I will get you a order confirmation as soon as I can. I hope this works.

Thank you,

Mike Meserole
 KVGC
 (209)625-5235

From: Melissa Ausilio <mausilio@amadorgov.org>
Sent: Tuesday, May 28, 2024 9:36 AM
To: mike kvgradio.com <mike@kvgradio.com>
Subject: Fwd: Radio Ad for Behavioral Health Community Planning

Good morning,

It's nice to e-meet you, Mike. I have recently joined Amador County Behavioral Health, I look forward to working with you.

I am following up on the email below, we need a radio spot recorded and running as soon as possible through June 26. We would like 30 spots, I have attached the script. Let me know if you have any questions.

Thank you,
 Melissa Ausilio

----- Forwarded message -----

From: Melissa Ausilio <mausilio@amadorgov.org>
Date: Thu, May 23, 2024 at 9:19 AM
Subject: Radio Ad for Behavioral Health Community Planning
To: <sales@kvgradio.com>

Good morning,

I recently joined the team here and would love to connect to place a Radio Ad promoting our 2024 Mental Health Services Act (MHSA) Community Survey. I can be reached at the number below, I'm happy to set up a time to meet

with you.

Thank you,

Melissa Ausilio
Behavioral Health Non-Clinical Program Coordinator
Amador County Behavioral Health Department
10877 Conductor Blvd. Suite 300A
Sutter Creek CA 95685
(209) 223-6311

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Melissa Ausilio
Behavioral Health Non-Clinical Program Coordinator
Amador County Behavioral Health Department
10877 Conductor Blvd. Suite 300A
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Melissa Ausilio <mausilio@amadorgov.org>

ACBH 2024 Community Survey - Deadline 7/31

Melissa Ausilio <mausilio@amadorgov.org>

Mon, Jul 29, 2024 at 10:06 AM

Bcc: Anita Saxton <anita.s@ionemiwok.net>, Amanda Ramos <aramos@jacksoncasino.com>, Chelsie Wiggs <cwiggs@jacksoncasino.com>, "Chelsea Yule, LCSW" <chelseayule@gmail.com>, Jeff Brown <jeffbrown@amadorgov.org>, Steve Christensen <christensen668@sbcglobal.net>, Jolie Chain <jolie.chain@gmail.com>, Jarret Benov <jbenov@amadorgov.org>, Melissa Cranfill <mcranfill@amadorgov.org>, Frank Axe <faxe@amadorgov.org>, John Murphy <jmurphy0729@aol.com>, Heather Mayfield <heather@amadorpregnancyhelpcenter.com>, krista.sweet@acusd.org, Ashley Harris <aharris105@student.cccd.edu>, Stacey Larson <slarson@atcaa.org>, Denise Cloward <dcloward@atcaa.org>, Katrina Ozier <tozier@calvoices.org>, rklotz@amadorcourt.org, marianneakerland@me.com, meg newell <megnewell@mac.com>, Trixxie Smith <tsmith@calvoices.org>, Pat Porto <pporto@atcaa.org>, clerkoftheboard@amadorgov.org, Heather Peek <hpeek@amadorgov.org>, Ashley Carnicello <ashley@operationcare.org>, Christie Gonzales <cgonzales@wellspacehealth.org>, Debbi 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Good morning,

Just a friendly reminder Amador County Behavioral Health's 2024 Community Survey deadline is this Wednesday, July 31st. In order to develop mental health programs that meet the needs of the people in our community, **we need to hear from YOU!**

Tell us your thoughts on:

- ***How well mental health is supported in Amador County,***
- ***Suggestions for improvement on future mental health programs,***
- ***Ideas to better mental health in Amador County.***

Please complete the survey today and share the survey with the people you serve, your friends, and your family:

Visit - <https://bit.ly/CPPP24> - to fill out the Community Survey or scan the QR code below:



Community Survey (Spanish) link: <https://bit.ly/CPPP24spa>

Thank you!

Melissa Ausilio
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2 attachments

 **2024 Community Planning Flyer v.3.pdf**
664K

 **2024 Community Planning (Spanish) Flyer 07.03.04.pdf**
254K

