MADERA COUNTY BEHAVIORAL HEALTH SERVICES MENTAL HEALTH SERVICES ACT
THREE YEAR PLAN
FISCAL YEARS 2017-2020

Amended November 30, 2018

MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN
FY 2018-19 ANNUAL UPDATE
May 16, 2018

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MHSA COUNTY PROGRAM CERTIFICATION

County/City: **Madera**

☐ Three-Year Program and Expenditure Plan

☒ Annual Update

Local Mental Health Director:	**Program Lead**
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Local Mental Health Mailing Address:	
Madera County Behavioral Health Services	
PO Box 1288	
Madera, CA 93639-1288	

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.

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_____.

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.

All documents in the attached annual update are true and correct.

Local Mental Health Director (PRINT) Signature Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: **Madera**

☐ Three-Year Program and Expenditure Plan
☒ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Dennis P. Koch, MPA	Name: Todd Miller
Telephone Number: (559) 673-3508	Telephone Number: (559) 675-7703
E-mail: dennis.koch@co.madera.ca.gov	E-mail: Todd.Miller@co.madera.ca.gov
Local Mental Health Mailing Address: Madera County Behavioral Health Services PO Box 1288 Madera, CA 93639-1288	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue 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 (MHSA), 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 MHSA 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.

Local Mental Health Director (Print) _____ Signature _____ Date _____

I hereby certify that for the fiscal year ended **June 30, 2018**, 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, 2018**. I further certify that for the fiscal year ended **June 30, 2018**, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA 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 if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

County Auditor Controller / City Financial Officer (PRINT) _____ Signature _____ Date _____

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

COUNTY DEMOGRAPHICS BACKGROUND

Madera County is a small rural county in the center of California. It has two incorporated cities, Madera and Chowchilla. There are unincorporated population centers in the mountain region of the county. The primary industries, in order of primacy are: 1) government, 2) agriculture, 3) education, 4) health care, and social services, and 5) trade, transportation and utilities. The Medi-Cal eligibility threshold non-English language for Madera County is Spanish (47.5%). Please see chart below for further demographics.

Demographic Comparison of California and Madera County (US Census)		
	California	**Madera**
Total Population (2016)	39,250,01	154,697
Population % Change (2015 to 2016)	1%	-1%
Persons under 5 years (2015)	6.4%	7.6%
Persons under 18 years (2015)	23.3%	27.5%
Persons 65 Years and Older (2015)	13.3%	13.1%
Female (2015)	50.3%	51.8%
Male (2015)	49.7%	48.1%
Black/African American (2015)	6.5%	4.3%
American Indian/Alaska Native alone (2015)	1.7%	4.5%
Asian alone (2015)	14.7%	2.6%
Native Hawaiian and Other Pacific Islander alone (2015)	0.5%	0.3%
Two or More Races (2015)	3.8%	2.5%
Hispanic or Latino (2015)	38.8%	56.7%
White alone (2015)	38%	35.1%
Veterans (2011 - 2015)	1,777,410	8,578
Foreign Born persons percentage change (2011-2015)	27%	21.6%
Language other than English spoken at home of persons 5 years+	43.8%	44.7%
High School Graduate or Higher, % of persons age 25 Years+	81.8%	70.8%
BA degree or higher % of persons age 25 years+ (2011-2015)	31.7%	13.3%
With disability, under age 65 years (2011-2015)	6.8%	8.9%
Persons without health insurance, under age 65 years	9.7%	13%
Civilian labor force, total, % of population age 16 years+ (2011-	63.1%	49.9%
Persons in poverty	15.3%	22.6%
Children, living in poverty	**23%**	**28%**

Other Demographics		
	California	**Madera**
Unemployment Rate (CA EDD 2017)	5.2%	9.5%
Social Security Disability (2015 CA DSS)	1,292,302	4,806
Households Food Stamps Recipients (2016 CA DSS)	2,238,024	8,953
TANF/CalWORKs Recipients (2016 CA DSS) % of county pop	**.002% (94,630)**	**7,907**

According to the data from our Electronic Health Record, Madera County Behavioral Health Services (MCBHS) served 3,546 people during FY 16/17 with its outpatient mental health services. The age groups of the individuals served was:

Ages

- 1,159 Children/Youth (0-15 years)
- 695 Transition Age Youth (16-25 years)
- 1,440 Adults (26-59 years)
- 252 Older Adult (60+ years)

MCBHS provides mental health services to CalWORKs recipients referred from the Madera County Department of Social Services. During FY 16/17, MCBHS CalWORKs served a total of 156 individuals in mental health and 4 in substance use. The total age groups for mental health and substance use was:

- 24 Children/Youth (0-15 years)
- 45 Transition Age Youth (16-25 years)
- 95 Adults (26-59 years)
- 0 Older Adult (60+ years)

Outpatient Race and Ethnicity for the Last Two Fiscal Years		
	FY 15/16	**FY 16/17**
American Indian or Alaskan Native	59	34
Asian	25	6
Black/African American	176	62
Hispanic	1,836	1,960
Multiple	9	6
Native Hawaiian /Other Asian Pacific	10	8
Non-White Other	1,661	434
Unknown	39	11
White	1,518	788

Race (Total = 1,349)	Ethnicity (Total = 1,960)
• 6 Asian-Other • 62 Black/African American • 1 Filipino • 3 Hawaiian Native • 1 Asian Indian • 34 Native American • 434 Non-White-Other • 2 Other Pacific Islander • 6 Multiple • 11 Unknown • 1 Vietnamese • 788 White	• 1357 Mexican American/Chicano • 2 Cuban • 5 Puerto Rican • 596 Other Hispanic Latino

COUNTY CHALLENGES

With available funding, the department was able to serve 56% of its mental health services target population (6,183 with serious mental illness with an income below 200% of the national poverty line) in fiscal year 2016-17. The estimated number of people in Madera County that have an alcohol or drug diagnosis was 6,008 in Madera County. MCBHS' Substance Use Disorder (SUD) treatment services provided substance abuse services to 605 individuals in FY 16-17, which is 10% of the number of qualifying individuals experiencing substance use/addiction. There are social barriers that compromise access to behavioral health services; including cultural, stigma, language and knowledge barriers

INTRODUCTION

The Mental Health Services Act

Proposition 63 was passed in 2004 and became the Mental Health Services Act (MHSA) law in 2005. This law generates funding for public mental health services through a 1% tax on personal income over $1 million. Over the past 13 years, MHSA has funded new and innovative mental health services. During the recent economic downturn it became the largest funding source for public mental health outpatient services. Without MHSA funds MCBHS's staffing might have been reduced to a third of what it was before the downturn. MHSA has helped increase the amount of mental service provided to underserved communities. MHSA provided funds for outreach and education activities. The approach of these activates helped to better engage underserved populations, by going to community sites where these population frequent. The education and outreach services created culturally and appropriate ways of increasing engaging in mental health services.

MHSA Legislative Changes

AB 100 was passed into law in March of 2011. This law eliminated the State Department of Mental Health (DMH). In addition, it reduced and changed the oversight responsibilities of the Mental Health Services Oversight and Accountability Commission (MHSOAC). The oversight entity for MHSA services was replaced with the "State" for the distribution of MHSA funds. Furthermore, due to the State's fiscal crisis, AB 100 allowed some MHSA funding for FY 11/12 to be used for non-MHSA programs, and for $862 million dollars to be redirected to fund Early Periodic Screening, Diagnosis and Treatment (EPSDT), Medi-Cal Specialty Managed Care, and Education Related Mental Health for students.

On June 27, 2012, the AB 1467 trailer bill made additional changes to state law, including amendments to MHSA and new requirements for MHSA Innovation (INN) plans. It retained the provision that the County INN and Prevention and Early Intervention plans be approved by the MHSOAC, the MHSA three-year plans and annual updates

be adopted by *local county boards of supervisors* and submitted to the MHSOAC within 30 days after board adoption. The bill also required that plans and updates to include: 1) certification by the county mental health director to ensure county compliance with pertinent regulations, laws and statutes of the Act, including stakeholder engagement and non-supplantation requirements, and 2) certification by the county mental health director and the county auditor-controller that the county had complied with any fiscal accountability requirements, and all expenditures were consistent with the MHSA.

Purpose of the Plan

The Mental Health Services Act Three-Year Plan (Three-Year Plan) describes the MHSA services and resources that are provided to communities in Madera County. County mental health departments are required to develop a Three-Year Plan, which includes descriptions of MCBHS' MHSA services, for community stakeholder review and recommendations. This plan provides information regarding MCBHS' MHSA service outcomes and projected expenditure for future services. AB114 implemented prevision for funds subject to reversion as of July 1, 2017. These funds are deemed to have been reverted and reallocated to the county of origin for the purposes for which they were originally allocated (WIC Section 5892.1(a). Madera County plans to utilize the INN FY13-14 funds of $322,878 in the two approved INN projects and pending the MHSOAC the INN Youth empowerment project. Madera County plans to utilized the PEI FY14-15 funds of $157,051 in our two ~~extsing~~exiting PEI projects as approved by the stakeholders. Madera County will utilize a first in first out accounting methodology to spend the funds by June 30, 2020

Direction for Public Comment

MCBHS is releasing its current Madera County's Mental Health Services Act Three-Year Plan Update for public review. The plan is based on legal requirements public review. The 30 day public review will be from April 18, 2016 to May 16, 2017. A copy of the Plan may be found at https://www.maderacounty.com/government/behavioral-health-services/mental-health-services-act-informationand will be available at the Behavioral Health Services front desk. You may request a copy by contacting David Weikel at (559) 673-3508. A Public Hearing regarding this plan will be held during the Behavioral Health Board meeting on May 16, 2018 at 11:30 am at the Madera Community Hospital, 1250 East Almond Avenue, Madera, CA 93637. You may comment in the following ways:

1. At the Public Hearing
2. By fax: (559) 675 7758
3. By telephone (559) 673-3508
4. By E-mail to david.weikel@maderacounty.com
5. Writing to:

   Madera County Behavioral Health Services
   Attention: David Weikel, PsyD, ASW
   Madera, CA 93639

STAKEHOLDER PROCESS

CCR § 3300 & § 3315 states this section of the Plan shall include a description of the Community Program Planning and Local Review Process. The following is a brief description of these processes, which were a part of this plan's development.

Community Program Planning

1. *A description of the local stakeholder process including date(s) of the meeting(s) and any other planning activities conducted.*

The Community Program Planning Process for Madera County Behavioral Health Services (MCBHS) MHSA services includes an update and review of the following MHSA components: Community Services and Supports (including housing), Prevention and Early Intervention, and Innovation. The community was engaged in the planning process through focus groups, individual contacts, questionnaires, and agency meetings. The draft plan was posted to our website and the link to the plan was widely distributed electronically.

The stakeholder meeting dates for 2018 were as follows:

- April 10th Chowchilla Library 3pm - 5pm
- April 19th Oakhurst Library 1:30pm – 3:30 pm
- April 12th Madera Ranchos Library 1pm - 3pm
- April 13th North Fork Library 1pm - 3pm
- April 5th Madera Library 1pm - 3pm

Meetings were held at the county library sites because they have handicap accessible buildings with adequate parking. Interpreters (language and sign) are made available for free, upon request. Water and snacks were also provided for participants in an effort to attract more people to attend meetings.

Local Review Process

1. The draft plan was distributed electronically for public comment to community stakeholders and any other interested party who requested a copy of the draft plan. This was distributed for print at the county sites and allied partner agencies.

The Local Review Process of the draft plan was from April 18, 2016 to May 16, 2016. The majority of the circulation of planning information was by e-mail which announced the dates, times and location of the community stakeholder meetings announcements. The announcement included an electronic survey link with information about MHSA services, non-MHSA mental health services, and substance use services provided by MCBHS. This information was distributed to the County Departments, local media and distributed to local agencies.

Community Program Planning Process Results

The Community Planning Process outcomes are listed below; the information includes stakeholder preferences for MHSA services and a small part for SUD prevention. Fifty-seven (57) people, referenced as "community stakeholders," participated in the planning process, please see below for their demographics.

The community stakeholders who attended the planning meetings primarily spoke English; however many of the participants were bilingual. The majority of the stakeholders were between the ages of 26 and 59 years old with 90% reporting as residents of the City of Madera.

The participating stakeholders recommended the emphasis of the **Child/Youth/Transition Age Youth Full Service** to be on youth experiencing: 1) Inability to Obtain Education, 2) Reduce Social Isolation, and 3) Out of Home Placement. These recommendations are listed by level of importance with one (1) being the most important. The stakeholders also emphasized the importance of addressing substance abuse and drug addiction.

The participating stakeholders recommended the emphasis of the **Adult and Older Adult Full Service Partnership** to be on adults and older adults experiencing: 1) Homelessness, 2) Reduce Social Isolation, and 3) inability to Obtain Education/Employment. These recommendations are listed by level of importance with one (1) being the most important. Additional areas of importance were substance abuse and drug addiction.

The primary recommendations for **Prevention and Early Intervention** services where: 1) Suicide Prevention, 2) Obtaining Basic Education about mental illness, and 3) Outreach for Increasing Recognition of Early Signs of Mental Illness. These recommendations are listed by order of importance. One of the stakeholder's also recommended housing.

The top three recommendations for **Innovation** services, in order of importance, were: 1) Increasing Access to Mental Health Services to Underserved Groups (e.g. partnership with CSUF Public Health Mobile Unit), 2) Increase Access to Mental Health Services (e.g. people experiencing trauma barriers to access), and 3) Increase the Quality of Mental Health Services, Including Measurable Outcomes. In addition, the participating

stakeholders also recommended Increasing Mental Health Services and Supports through Technology and Predicting Needs.

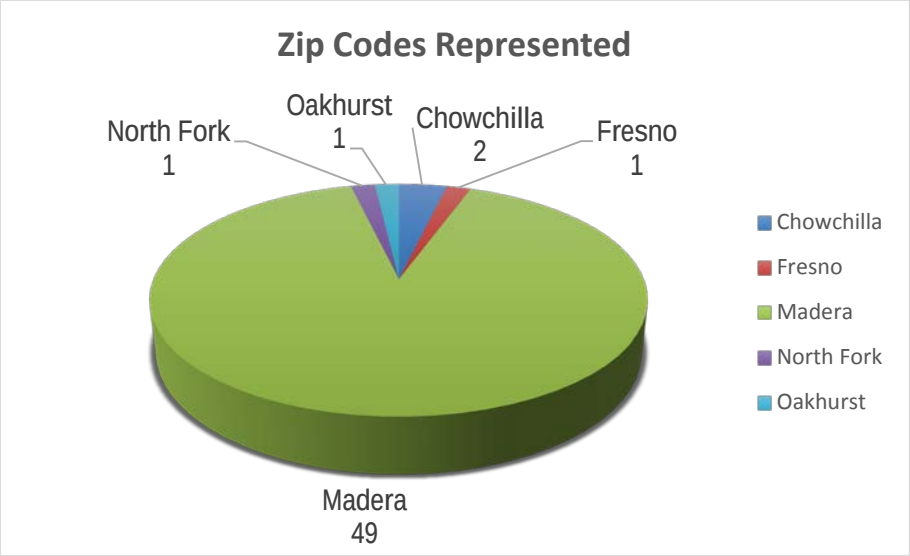
The recommendations for **Substance Use Prevention** services were to keep the same goals and objectives from last year. In addition, they recommended services that 1) create supported living, focused on recovery and home visit based care, good support for young adults, include groups in the community and not just at Behavioral Health Services, and innovative ways to get all youth motived, engaged and provided education.

Demographics

Primary Language		
English	**85.96%**	49
Spanish	19.30%	11
Other	1.75%	1

Age Group		
0-15	3.51%	2
16-25	24.56%	14
26-59	**50.88%**	29
60+	21.05%	12

Race/Ethnicity		
American Indian/Alaskan Native	1.75%	1
Asian	0.00%	0
Black/African American	1.75%	1
Hispanic/Latino	**50.88%**	29
Multiple	7.02%	4
Native Hawaiian/Other Pacific Islander	1.75%	1
Non-White Other	1.75%	1
Unknown	0.00%	0
White	31.58%	18
Other (please specify)	3.51%	2



Some of the participants did not provide there zip code.

Full Service Partnerships

The information below relates to services provided by the Full Service Partnership focused on intensive outpatient services for children and youth from ages 0 to 25 years of age.

Children, Youth and Transition Age Youth (1 = the most important)													
	1		2		3		4		5		6		Total
Inability to Obtain Education	31%	13	12%	5	19%	8	10%	4	19%	8	10%	4	42
Incarceration	16%	7	14%	6	14%	6	18%	8	18%	8	20%	9	44
Out-of-Home Placement	11%	5	18%	8	25%	11	23%	10	9%	4	14%	6	44
Reduction in Social Isolation	9%	4	24%	11	13%	6	18%	8	16%	7	20%	9	45
Justice Systems Involvement	9%	4	20%	9	17%	8	26%	12	26%	12	2%	1	46
Homelessness	28%	13	11%	5	15%	7	7%	3	11%	5	28%	13	46

Other populations that Are Recommended to be Included	
	Responses

No	79.55%	35
Yes. What would that population be?	20.45%	9
Respondents	**Yes.** What would that population be?	
1	All people need healthy housing	
2	New Comers	
3	**Drug Addiction**	
4	Veterans and their families	
5	UNKNOWN	
6	**Substance abuse**	
7	**Substance abuse**	
8	more agencies, hospitals, clinics etc.	
9	**Substance Abuse**	

The information below relates to services provided by the Full Service Partnership focused on intensive outpatient services for Adults and Older Adults from ages 26 to 60+ years of age.

Adults and Older Adults (1 = the most important)													
	1		2		3		4		5		6		Total
Homelessness	**42%**	17	17%	7	15%	6	5%	2	5%	2	17%	7	41
Reduction of Social Isolation	18%	7	21%	8	13%	5	23%	9	5%	2	21%	8	39
Involvement with the Justice Systems	3%	1	20%	8	20%	8	18%	7	30%	12	10%	4	40
Involuntary Treatment/Psychiatric Hospitalization	20%	8	15%	6	20%	8	20%	8	20%	8	5%	2	40
Out-of-Home Placement/Institutionalization	2%	1	17%	7	15%	6	24%	10	20%	8	22%	9	41
Inability to Obtain Education/Employment	19%	8	12%	5	21%	9	7%	3	19%	8	21%	9	42

Other Populations That Are Recommended to be Included		
No	90.48%	38
Yes. What would that population be?	9.52%	4
	Answered	**42**
	Skipped	**15**

Respondents	**Yes.** What would that population be?
1	Helping young adults
2	**Drug addiction**
3	Veterans and their families
4	**Substance Abuse**

Prevention and Early Intervention Services

The information below is related to the Prevention and Early Intervention (PEI) services recommendations for the MHSA PEI services for next year.

Prevention and Early Interventions Below (1 = the most important)																		
	1		2		3		4		5		6		7		8		9		Total
A. Obtaining basic education about mental illness	19%	7	19%	7	0%	0	11%	4	14%	5	8%	3	0%	0	17%	6	11%	4	36
B. Outreach for increasing recognition of early signs of mental illness	8%	3	11%	4	27%	10	8%	3	14%	5	11%	4	16%	6	3%	1	3%	1	37
C. Suicide prevention	25%	9	14%	5	22%	8	6%	2	3%	1	22%	8	3%	1	0%	0	6%	2	36
D. Reduce stigma and discrimination related to mental illness	8%	3	11%	4	14%	5	19%	7	6%	2	11%	4	11%	4	11%	4	8%	3	36
E. Reduce social isolation related to mental illness	3%	1	9%	3	6%	2	11%	4	29%	10	6%	2	14%	5	11%	4	11%	4	35
F. Provide early intervention services for mental illness to keep disability from progressing	8%	3	8%	3	17%	6	14%	5	6%	2	17%	6	14%	5	11%	4	6%	2	36
G. Peer Support Programs	16%	6	16%	6	0%	0	11%	4	5%	2	8%	3	24%	9	8%	3	11%	4	37

H. Access and linkage to treatment (when an individual accesses prevention services and needs treatment services)	3%	1	6%	2	8%	3	11%	4	14%	5	6%	2	8%	3	28%	10	17%	6	36
I. Prevention (services to reduce risk factors and increase protective factors related to mental illness)	18%	7	13%	5	8%	3	5%	2	8%	3	8%	3	8%	3	11%	4	21%	8	38

Other Recommendations for PEI		
No	97.06%	33
Yes. What would they be?	2.94%	1
Respondents	Response Date	Yes. What would they be?
1		**Housing**

Innovation

The information below provides the recommendations for new MHSA Innovation projects.

Innovation Projects for Funding Options (1 is most important)													
	1		2		3		4		5		6		Total
Increase access to mental health services to underserved groups (e.g. partnership with CSUF Public Health Mobile Unit)	44%	16	3%	1	6%	2	28%	10	11%	4	8%	3	36
Increase the quality of mental health services, including measurable outcomes	11%	4	21%	8	29%	11	8%	3	29%	11	3%	1	38
Promote interagency and community collaboration related to mental health services, supports or outcomes	8%	3	21%	8	26%	10	18%	7	15%	6	13%	5	39
Increase access to mental health services (e.g. people experiencing trauma barriers to access)	28%	10	36%	13	17%	6	17%	6	0%	0	3%	1	36
Increase Access to County Behavioral Health Services for individuals ages of 16 to 25	13%	5	18%	7	13%	5	22%	8	29%	11	6%	2	38

Are there other priority issues to address with innovation funding?	0%	0	7%	2	10%	3	7%	2	13%	4	63%	19	30

Other Priority Issues to Address with Innovation	
	Responses
1	Increasing Mental Health Services and Supports Through Technology and Predicting Needs
2	Increasing Mental Health Services and Supports Through Technology and Predicting Needs
3	Drug Addiction
4	Providing staff with tools for the programs/to assist the groups identified.
5	Increasing Permanent Supportive Housing for the Mentally Ill Homeless Population

Below are recommendations for Substance Use Disorder Prevention Services.

Keep the same goals and objectives?		
Answer Choices	**Responses**	
Yes	**66.67%**	20
No	20.00%	6
If No, what should they goals or objectives be?	13.33%	4
	Answered	**30**
	Skipped	**27**
Respondents	If No, what should they goals or objectives be?	
1	Create Supported Living, Focused on Recovery, Home Visit Based Care.	
2	Good Support for Young Adults and Always Support	
3	Also Include Groups in the Community not Just at MCBHS	
4	Innovative Ways In Getting All Youth Motivated, Engaged, and provide Education.	

PROGRAMS AND PERFORMANCE OUTCOMES

WIC § 5847 states the MHSA Plan and Plan Updates shall describe the following programs: Community Services and Supports, Prevention and Early Intervention, Innovation, Capital Facilities and Technology, Workforce Education and Training needs related to staff shortages and staff development needs, and information related to the

County's Prudent Reserve funding.

Community Services and Supports (CSS)

The CSS services include intensive outpatient services, regular outpatient services and short-term emergency housing. MCBHS Full Service Partnership (FSP) teams provide intensive services for people with the greatest behavioral health outpatient needs. There have been no changes to FSP services. Madera County's Department of Corrections, in partnership with MCBHS, was able to obtain a Mentally Ill Offender Crime Reduction Act (MIOCR) grant. This grant launched an FSP for individuals released from jail. This collaboration established a Behavioral Health Court (BHC). The FSP serves individuals who have both legal and behavioral health needs that need FSP level services.

The **Children/TAY Full Service Partnership**, serves children and youth ages 0 – 25, including foster youth and their families, who are experiencing serious emotional and behavioral disturbances. This team provides wrap-around/system of care like services, in concert with multiple organizations. As defined in WIC § 5851, these children and youth experience serious emotional and behavioral disturbances, which compromise their ability to meet their daily living needs.

The Number of Children, Youth and Transition Age Youth Served by The Program		
Total FY 2015-16	**Child/Youth/TAY**	**81**
Total FY 2016-17	**Child/Youth/TAY**	**125**

The second FSP is the **Adult/Older Adult Full Services Partnership**, which serves Transition Age Youth (TAY), adults and seniors with serious and persistent mental illness. The number of TAY, adults and seniors served by program and the cost per person is listed below. The services provided comply with WIC § 5806 and WIC § 5813.5 and are modeled after the Assertive Community Treatment model and MIOCR services.

The Number Served by the Program		
Total FY 2015-16	Adult/Older	66
Total FY 2016-17	Adult/Older	127

The CSS services also include System Development (SD) funding for expanding, enhancing and supporting the overall mental health services. This program has helped to build and retain MCBHS' capacity to provide treatment services and accommodate additional administrative burdens related to increases in direct services. There are two SD components, **Expansion and Supportive Services and Structure.** Expansion

serves all ages and is intended to accommodate increased demands for services related to community outreach and community education and other community factors that would increase the demand for services. Supportive Services and Structure provide administrative staff time, and other resources such as supportive housing. CSS funds are not to be used for person incarcerated in state prison or paroles from state prison. Madera County stakeholders previously identified the following priority populations for CSS services, which are experiencing one or more of the following:

Prevention and Early Intervention Program (PEI)

MCBHS' PEI services have been reconfigured to comply with the new PEI regulations. The two new program configurations are the prevention services and the early intervention services.

Prevention Program. The Prevention Program services focus on 1) reducing risk factors that contribute to the development of serious mental illness/serious emotional disturbance, and 2) building protective factors that promote holistic wellbeing. These are conceptually divided into Primary, Secondary and Tertiary prevention services.

Primary Prevention includes universal, selective and indicated preventive interventions. Primary Prevention seeks to reduce the incidents of serious mental illness and related disability. Secondary Prevention is aimed at reducing the number of people that develop serious mental illness and related disability through early detection and treatment of diagnosable mental illness (prevention does not provide treatment services, but increases access to treatment service). Tertiary prevention works on reducing the consequence of developing mental illness disability impairment, enhance rehabilitation, and prevent relapses and recurrences of mental illnesses.

Mental Health and Wellbeing Promotion is continually provided before Primary prevention through Tertiary prevention. It is provided across the spectrum of Prevention to increase the social and personal factors that contribute to mental health and wellbeing. These interventions promote the mental wellbeing of those who are not at risk, those who are at increased risk, and those who are suffering or recovering from mental health problems (World Health Organization's report Prevention of Mental Disorders: Effective Interventions and Policy Options, 2004, paged 16-17).

The Prevention program provides the following services Information Dissemination, Education, Problem Identification and Referral (Access and Linkage to Treatment), Community Based Process, Alternatives, and Environmental.

- Information Dissemination includes the distribution of information (e.g. speaking engagements, brochure distribution, resource directories, public service announcements) regarding mental illness and mental health treatment services

to general audiences such as health fairs and community events. This is a one way communication aimed at raising awareness and providing accurate information about mental illness and mental health service access.

- Education service provide two way communication and is aimed at increasing knowledge and skill development related to identifying individuals with mental illness in community settings (school class rooms, parenting classes, peer lead groups, and trainings), providing appropriate social support, access to community resources, and how to access treatment when indicated.
- Problem Identification and Referral (Access and Linkage to Treatment) services facilitate access to mental health treatment services when it appears an individual is experiencing serious mental illness. PEI staff will assist consumers in obtaining the intake appointment and follow up to confirm the referred individual attends their assessment appointment and is appropriately linked to services.
- Community-Based Process services include participating in community based collaborations with organizations that serve the same target population as mental health but provide other services to individuals that are at risk of developing mental illness or are currently experiencing serious mental illness (e.g. advisory boards, task forces, interagency collaborations, strategic planning, and neighborhood action groups). This process facilitates the development of mental health protective factors by increasing access to community resources.
- Alternatives are strategies that include developing settings that are designed to purposely reduce the risk of developing or exacerbation of mental illness symptoms and provide protective factors through skill and resource development (e.g. social, basic needs, vocational, educational, wellness centers).
- Environmental strategies seek to change focus on changing community standards and attitudes, and promoting personal safety in community settings (e.g. addressing NIMBY issues related to fair housing and safe neighborhoods).

The specialized programs under the Prevention Program are 1) Access and Linkage to Treatment Services, 2) Outreach for Increasing Recognition of Early Signs of Mental Illness, 3) Stigma and Discrimination Reduction, 4) Suicide Prevention, 5) Improving Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations.

1. Access and Linkage to Treatment Services (Problem Identification and Referral) are used when an individual (and when appropriate their family) comes in contact with PEI staff members, appears to be experiencing symptoms of serious mental illness, is not in treatment services, and appears that they would benefit from receiving treatment services.

   The individual will be given the phone number to call to schedule an intake assessment and PEI staff will follow up with the individual and/or treatment staff to confirm the individual attended the assessment appointment. Upon request, PEI staff will educate and assist the individual with the assessment access.

2. Outreach for Increasing Recognition of Early Signs of Mental Illness services are specialized forms of Information Dissemination and Education and Education services listed above. These services help community members recognize and respond effectively to the needs of people that exhibit early signs of serious mental illness.

3. Stigma and Discrimination Reduction services are specialized Information Dissemination and Education services listed above. These services focus on reducing and eliminating the negative attributions associated with mental illness (such as criminalization and dangerousness), which are a barrier to accessing mental health services, housing, employment, education, positive peer influence, other basic needs and general social acceptance. This service helps to change the misperceptions of individuals with mental illness to reduce the risk and protective factors related to promoting wellbeing.

   Examples of stigma and discrimination reduction activities are: social marketing, speakers' bureaus, targeted education/training, anti-stigma advocacy, web-based campaigns, and multiple types of stigmas (e.g. race, gender, and age, regional). These programs will be culturally adapted when needed, facilitate access to treatment when appropriate, and be provided in non-stigmatizing and easily accessible sites.

4. Suicide Prevention services are specialized Information Dissemination and Education services listed above which are applicable to Promotion through Tertiary PEI services. Its focus is on reducing suicide risk. Examples of activities include: public information campaigns (targeted at specific), suicide prevention networks, capacity building (e.g. Community-Based process interventions), cultural adaptations, peer informed models, screening programs, training/education, access and linkage to treatment and improving access to underserved communities.

5. Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations are a specialized service of the Problem Identification and Referral (Access and Linkage Services) listed above. This service focuses on increasing access to appropriate mental health services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services for an individual or family from an underserved population, as defined in Title 9 California Code of Regulations Section 3200.300, who need mental health services because of risk or presence of a mental illness. The services are provided in a cultural appropriate, easily accessible and non-stigmatizing and non-discriminatory site for the individual, and family when appropriate.

The specialized services under the Prevention Program will be tracked as subcategories of the five main categories of services.

Early Intervention Program. The Early Intervention Program is the bridge into treatment services. It will include treatment, other interventions and relapse prevention to overcome mental illness or related disability early in its emergence. If the person's mental illness has never been treated, treatment staff, in partnership with the client, will estimate the time between onset of the mental illness and access to outpatient mental health treatment. For individuals experiencing first onset of mental illness and do not have symptoms indicative of psychosis, treatment will be provided up to 18 months. For persons with symptoms indicative of psychosis the individual will be provided with up to 4 years of treatment. If it is determined that the individual required an extended time period, they will be transferred to the next level of care that is indicated.

Performance Outcomes: WIC § 5848 states that MHSA Plans and Plan Updates shall include reports on the achievement of performance outcomes for MHSA services. Below are the *Community Services and Supports* (CSS) service results (evaluations/performance outcomes) for FY 2016-17.

Full Service Partnerships

Below is information from FY 16-17. It is presented in charts and graphs to more easily see the trends for each.

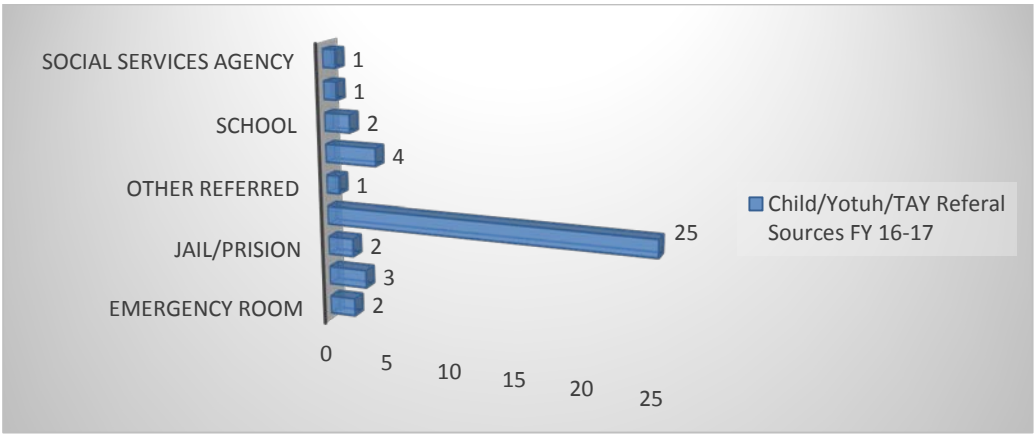
Our electronic health record shows that MCBHS served 240 individual in our Full Service Partnerships in FY 16-17. The full services partnerships served 64 individuals between 0-15, 61 individuals between16-25, 111 adults between the ages of 26-59 and 16 individuals 60 years old or older, in FY 16/17. Twelve of these clients were likely counted twice as they were aging into an older age category. The Race and Ethnicity are the following:

Race/Ethnicity for All FSPs FY 16/17	
Asian-other	2
Black/African American	28
Eskimo/Alaskan Native	1
Filipino	1
Korean	1
Hispanic/Latino	100
Native American	6
Non-White Other	98
Multiple	3
Unknown	4
White	95

Children/TAY Full Service Partnership

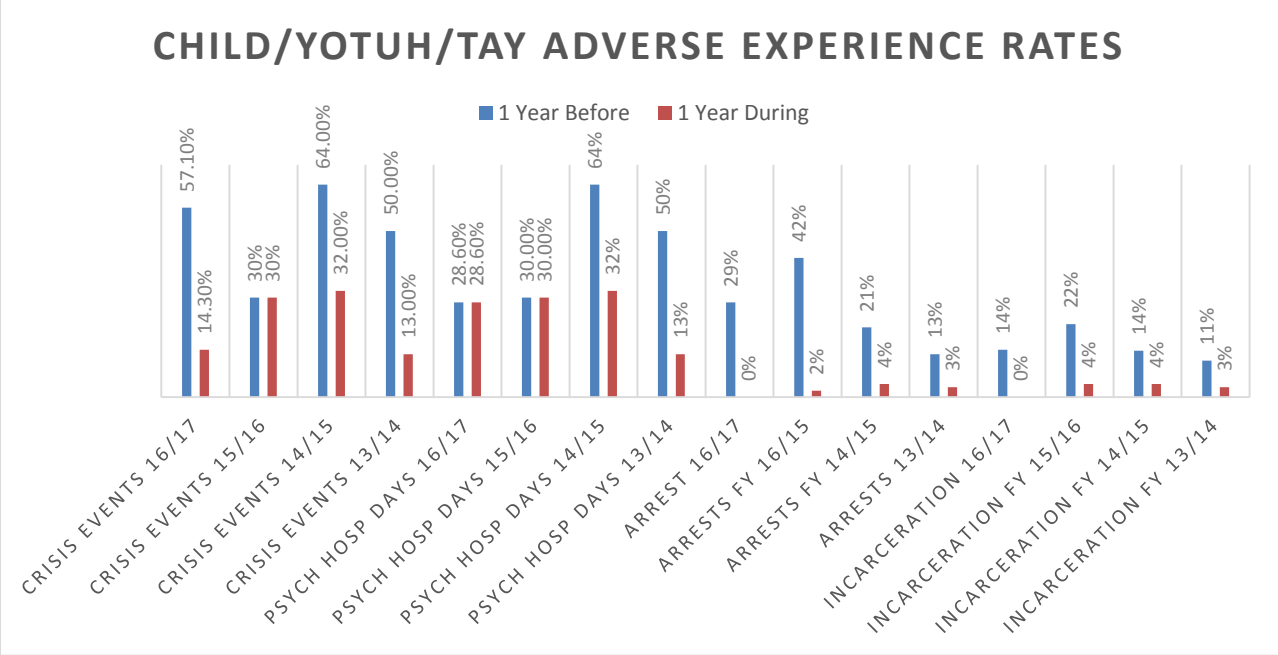
There was a glitch in downloading the data from the Data Collection Recording (DCR), which allow only some of the data to be produced. The DCR's current location is now being moved from one site to another. The graph below shows the referral sources for this program. While it appears that referrals are largely internal referrals from the

outpatient clinic, referrals are often completed by MCBHS staff to expedite service access when the original source was actually an external to MCBHS.



In FY 16-17, the three largest groups in FSP 1, by race/ethnicity, identified as Other (21), Hispanic (20), and White/Caucasian (15). Because people are required to choose a race category before they can choose an ethnicity category, people of Hispanic decent chose Other or White before choosing Hispanic. This is likely because, when the categories are counted together, they exceed 100% of the total participant county.

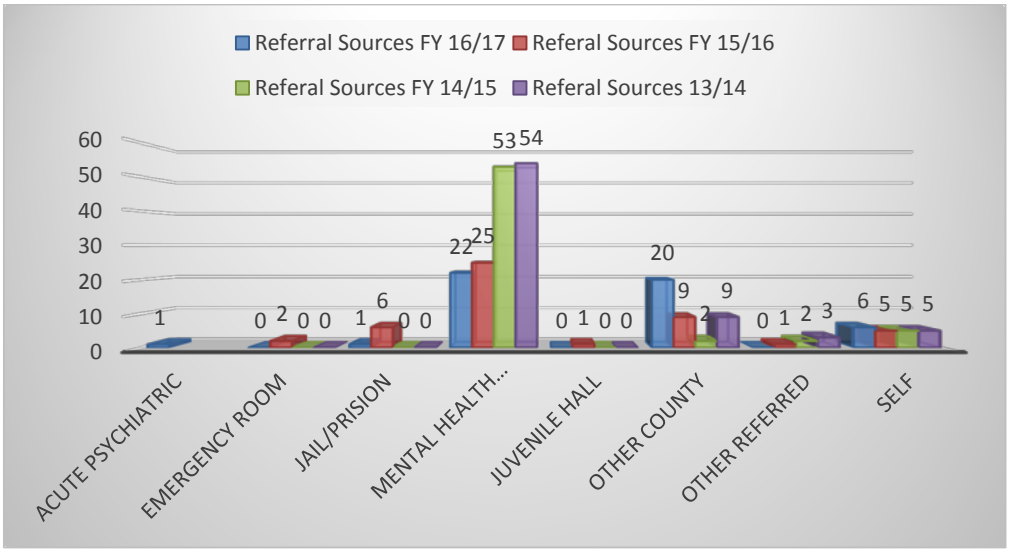
After two years of FSP services, there were significant reductions in the rate of adverse experiences related to mental illness listed below.

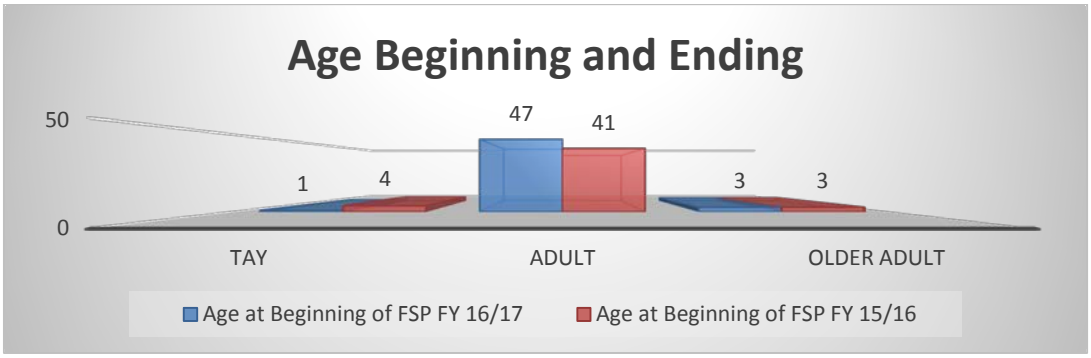


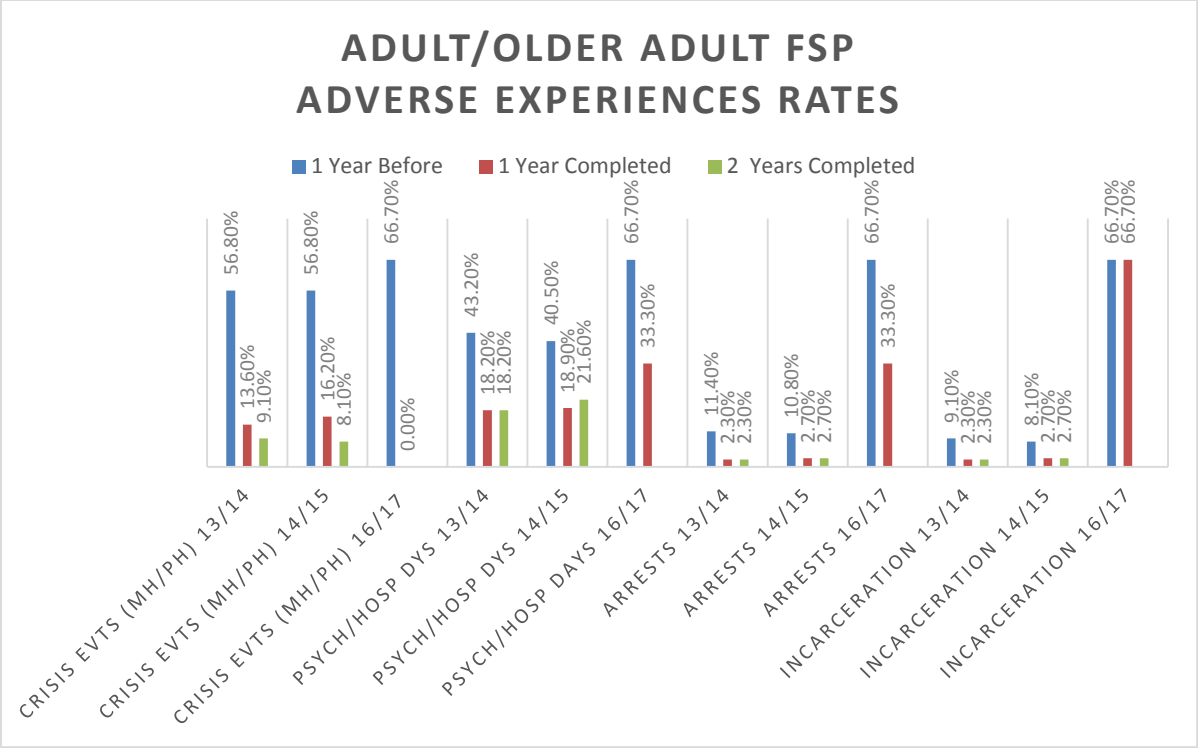
Adult/Older Adult Full Services Partnership

The graph on the following page shows the referral sources for this program. It appears

the referrals are largely from the outpatient clinic. However MCBHS staff often complete the referrals forms to expedite service requests from organizations outside of MCBHS.

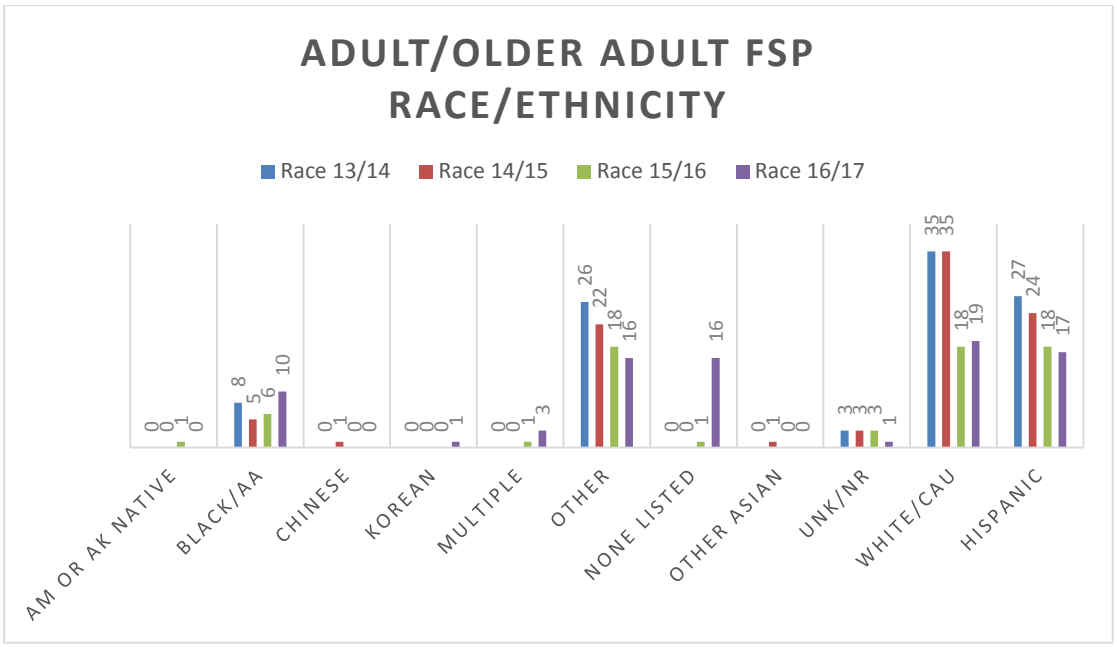


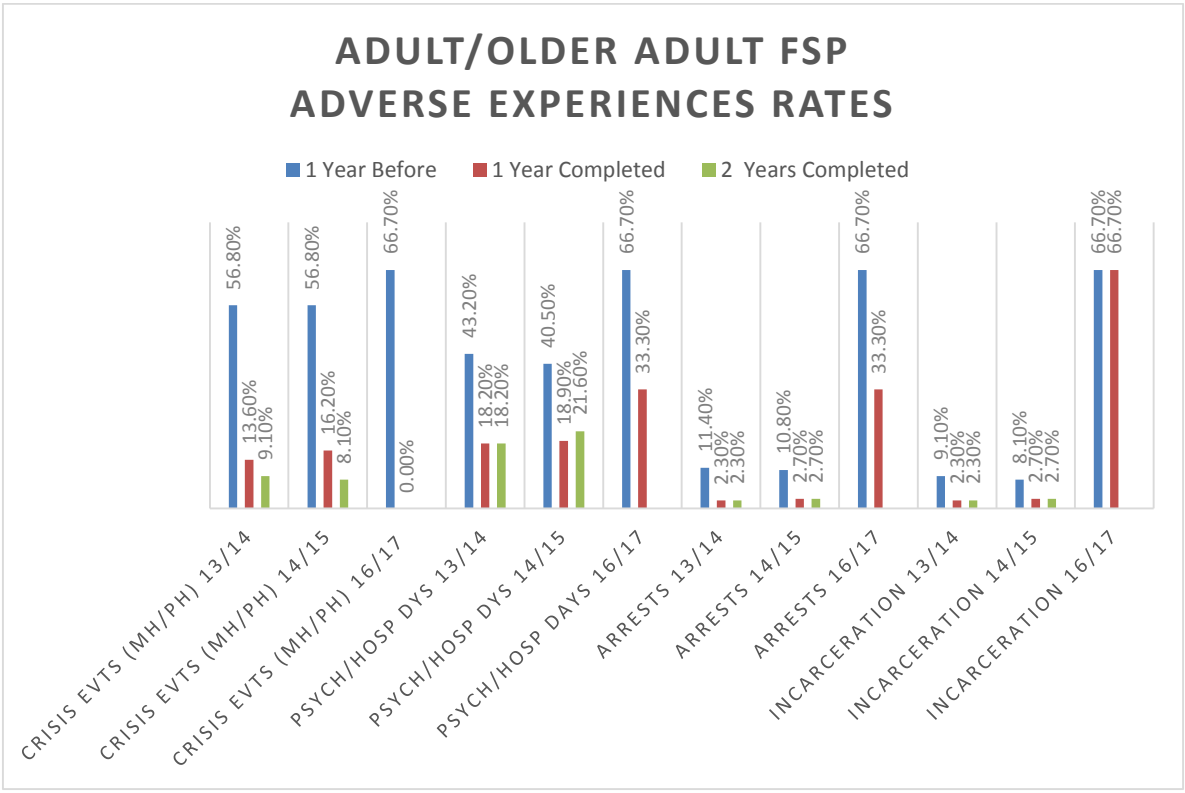


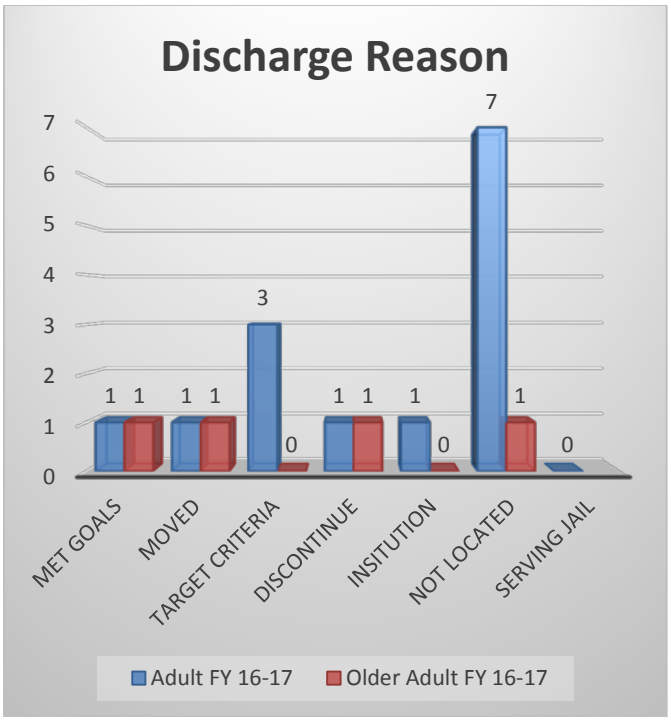


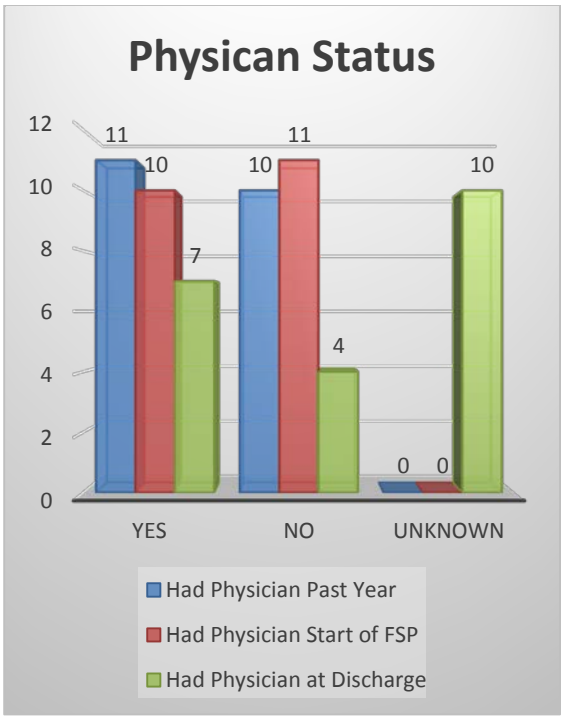
The three largest race/ethnicity groups in FSP 2 identified as White, Hispanic and Other. In FY 14/15 50.7% identified as White, 34.8% identified as Hispanic, and 31.9% identified as other. In FY 15-16 the three largest groups were Other, White, and Hispanic and each were 27% of the total clients served in FSP 2. In FY 16-17 the top three race/ethnicity category were 28% White, 25% Hispanic/Latino, and 24% were Other. Clients are required to choose a Race category before choosing an Ethnicity category. Therefore the total amount of Race and Hispanic exceed 100% of the total FSP participants.

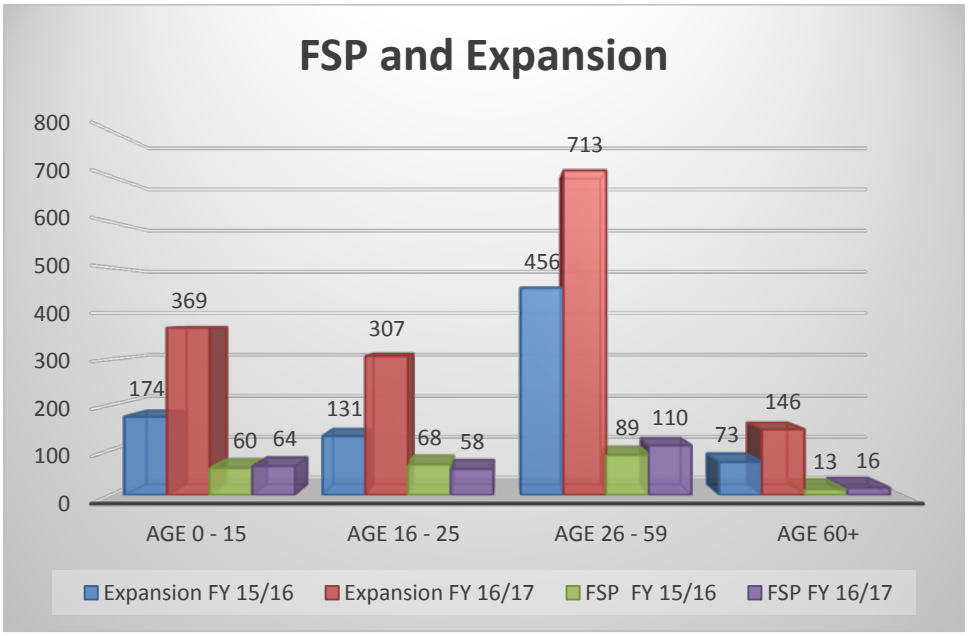
After two years of FSP services, there were significant reductions in the rate of adverse experiences related to mental illness listed below. Most adults are in FSP services for one to two years. The number of adults that attended FSP services for two years is lower than the number that attend for one year. The adults that attend for longer periods of time have higher needs than the adults that attend for shorter time periods.


ADULT/OLDER ADULT FSP
RACE/ETHNICITY
Race 13/14
Race 14/15
Race 15/16
Race 16/17
0 0 1 0
8 5 6 10
0 1 0 0
0 0 0 1
0 0 1 3
26 22 18 16
0 0 1 16
0 1 0 0
3 3 3 1
35 35 18 19
27 24 18 17
AM OR AK NATIVE
BLACK/AA
CHINESE
KOREAN
MULTIPLE
OTHER
NONE LISTED
OTHER ASIAN
UNK/NR
WHITE/CAU
HISPANIC


ADULT/OLDER ADULT FSP
ADVERSE EXPERIENCES RATES
1 Year Before
1 Year Completed
2 Years Completed
56.80% 13.60% 9.10%
56.80% 16.20% 8.10%
66.70% 0.00%
43.20% 18.20% 18.20%
40.50% 18.90% 21.60%
66.70% 33.30%
11.40% 2.30% 2.30%
10.80% 2.70% 2.70%
66.70% 33.30%
9.10% 2.30% 2.30%
8.10% 2.70% 2.70%
66.70% 66.70%
CRISIS EVTS (MH/PH) 13/14
CRISIS EVTS (MH/PH) 14/15
CRISIS EVTS (MH/PH) 16/17
PSYCH/HOSP DYS 13/14
PSYCH/HOSP DYS 14/15
PSYCH/HOSP DAYS 16/17
ARRESTS 13/14
ARRESTS 14/15
ARRESTS 16/17
INCARCERATION 13/14
INCARCERATION 14/15
INCARCERATION 16/17


Discharge Reason
7
6
5
4
3
2
1
0
1 1
1 1
3
0
1 1
1
0
7
1
0
MET GOALS
MOVED
TARGET CRITERIA
DISCONTINUE
INSTITUTION
NOT LOCATED
SERVING JAIL
Adult FY 16-17
Older Adult FY 16-17


Physican Status
12
10
8
6
4
2
0
11
10
7
10
11
4
0 0
10
YES
NO
UNKNOWN
Had Physician Past Year
Had Physician Start of FSP
Had Physician at Discharge


FSP and Expansion
800
700
600
500
400
300
200
100
0
174
369
60
64
131
307
68
58
456
713
89
110
73
146
13
16
AGE 0 - 15
AGE 16 - 25
AGE 26 - 59
AGE 60+
Expansion FY 15/16
Expansion FY 16/17
FSP FY 15/16
FSP FY 16/17

Expansion

The Expansion services increase the capacity of outpatient services. Without this funding there would be a significant reduction of clients served in outpatient services. The EHR reports the following information for age groups, ethnicity and race:

Expansion Race/Ethnicity FY 16/17			
Hispanic/Latino	569	Laotian	1
Asian Other	13	Native American	44
Black/African American	136	Non-White-Other	888
Chinese	2	Other Pacific Islander	2
Eskimo/Alaskan Native	2	Hmong	3
Filipino	5	Multiple	13
Guamanian	1	Unknown	38
Hawaiian Native	3	Vietnamese	1
Asian Indian	4	White	1,235
Korean	1		

Ages	
0 – 15	185
16 - 25	156
26 – 59	210
60+	23

Prevention and Early Intervention (PEI)

Prevention and Early Intervention (PEI) programs designed to prevent mental illnesses from becoming severe and disabling. The standards for these programs are defined in WIC § 5840. The description below describes PEI programs and program components/activities including;

- The number of children, adults, and seniors to be served in each PEI program that provides direct services to individuals/groups.
- The cost per person for PEI (separated out by Prevention versus Early Intervention programming) that provides direct services to individuals/groups.

Madera County's PEI services provide education and outreach services to the community to;

- Assist community members in identifying people that may be in danger of developing serious mental illness that can lead to disability or
- Are in the early stages of experiencing mental illness.

The general approach is to build protective factors to promote mental health and reduce risk factors that contribute to developing mental illness. Madera County originally developed two programs with this goal in mind.

Social Ecological Model & Behavioral Health Services

- **Individual** – personal attitudes, beliefs, and skills/behavior
- **Interpersonal Relationships** – people closest to individuals who influence their behavior (e.g. family, friends, close friends)
- **Organizations** – Common organizational rules and policies that direct people's behavior which provide social identity and role definition
- **Community** – Areas of individual's community that reinforce social norms/culture that affect an individual's behavior (e.g. schools, worksites, religious groups)
- **Social Structure** – Local, state and national laws that affect personal behavior through

Madera County Behavioral Health Prevention and Early Intervention Services follows the general strategy of the Social Ecological Model. While services do provide 1 to 1, group education and peer support, it also focuses on organizational, community and social contextual interventions that help create a more accepting and knowledgeable about mental illness. This promotes the help first idea, which facilities resiliency and social inclusion.

The first program is the **Community Outreach & Wellness Centers,** which has two "drop-in-centers." The program provides outreach and education services to community members. These services prevent the impact of mental health risk factors. This is accomplished by providing environments that purposefully reduce factors that compromise a person's mental health and can lead to or exacerbate a person's mental illness. In addition, it provides individuals with services to build mental health protective factors, such as access to resources that promote their independent living skills and social skills.

The second program is the **Community and Family Education program** which builds community protective social factors. It does this through educating the community on how to recognize someone that is at risk of or is experiencing mental illness and how to support them to access behavioral health services if needed. This program offers training in specific educational curriculums to any member of the public including clients, client family members, and staff, such as Mental Health First Aid, ASIST, SafeTALK and culturally based parenting classes.

In addition to these programs, the Youth Empowerment Program was developed to focus specifically on the TAY age group (16-25), which are at risk for developing serious mental illness. This program focuses on providing services in the local high schools and outreach in community events where TAY are likely to attend.

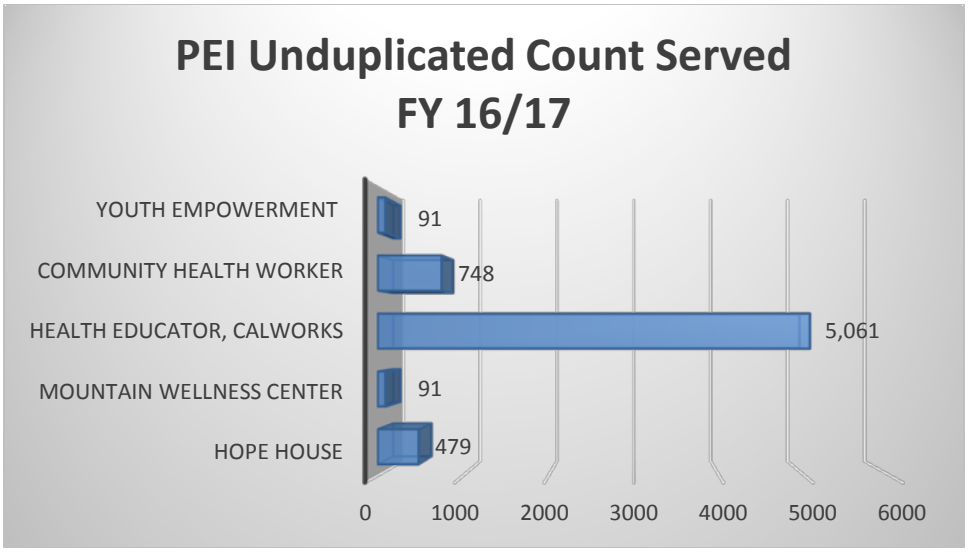
In FY 2013-14 Madera County Department of Behavioral Health Services initiated the development of outcomes for its MHSA funded prevention services, based on the models developed for substance use prevention services in the California Outcome Measurement System (CalOMS). These services do not include clinical treatment services such as therapy and medication services.

Using the Institute of Medicine's model of interventions as a reference, these include services that fall in the areas of Promotion and Prevention including the categories of Universal, Selective and Indicated Prevention. Categories of services were created that could be counted across all prevention programs. These categories are listed below were:

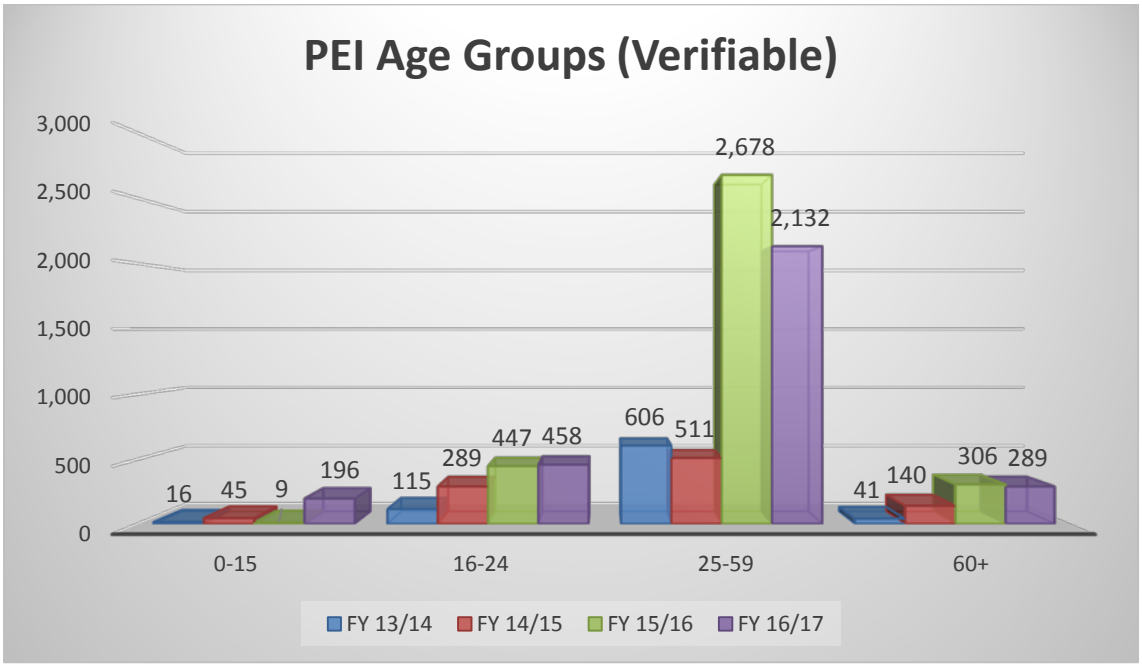
- Information Dissemination,
- Education,
- Problem Identification and Referral,
- Community Based Process,
- Alternatives, and
- Environmental.

The first two categories have to do with exchanging information to promote people's mental health. Problem Identification and Referral services occur when staff encounter a person that may have serious mental illness symptoms and who staff refer for a clinical assessment for treatment. Community Based Process and Environment services attempt to change the social environment in communities to promote mental health and reduce risk of mental illness development or exacerbation. Alternative interventions have to do with purposefully creating a particular activity or venue that has reduced mental illness risk factors and promote mental health protective factors. This service model is still in development.

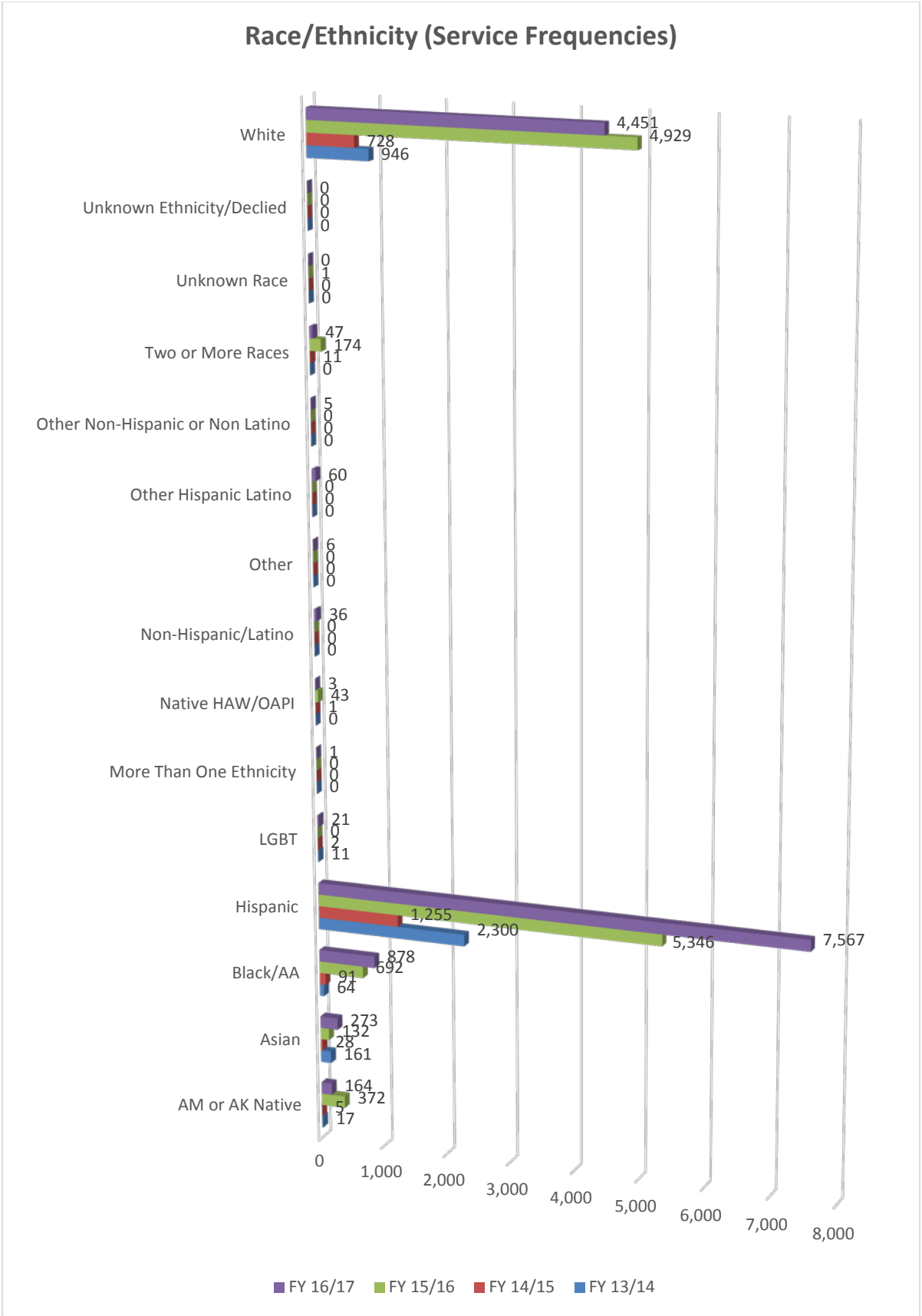
Performance Outcomes: WIC § 5848 states that Plans shall include reports on the achievement of performance outcomes for MHSA services. Below are some of the outcomes (evaluations or performance) for the PEI programs separated out by Prevention versus Early Intervention (when possible) for FY 2014-15, FY 2015-16, and FY 16-17. This is a count of the number of services provided, as MCBHS is still working on developing an unduplicated count.



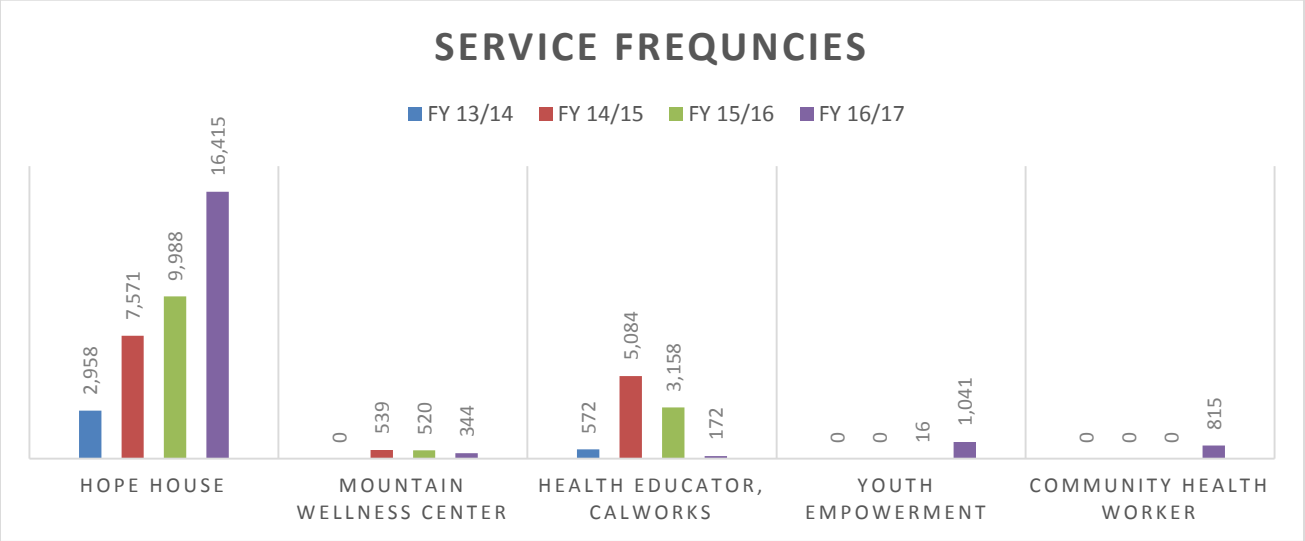
Total Unduplicated Count: 6,470 Individuals



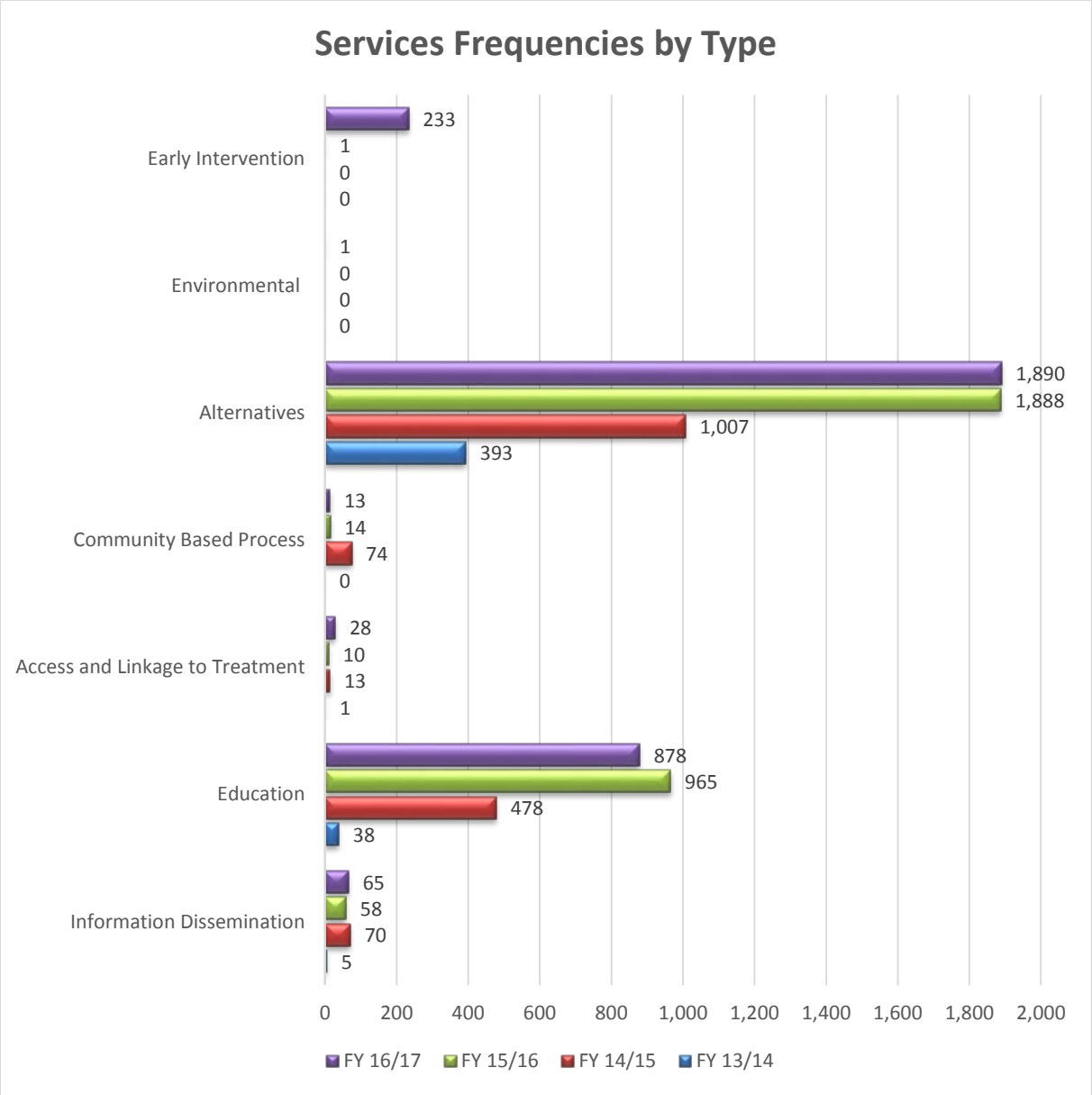
PEI Age Groups (Verifiable) Totals and TAY%		
	Totals	**Percent TAY**
FY 14/15	778	17%
FY 15/16	985	34%
FY 16/17	3,440	13%


Race/Ethnicity (Service Frequencies)
White
4,451
4,929
728
946
Unknown Ethnicity/Declied
0
0
0
0
Unknown Race
0
1
0
0
Two or More Races
47
174
11
0
Other Non-Hispanic or Non Latino
5
0
0
0
Other Hispanic Latino
60
0
0
0
Other
6
0
0
0
Non-Hispanic/Latino
36
0
0
0
Native HAW/OAPI
3
43
1
0
More Than One Ethnicity
1
0
0
0
LGBT
21
0
2
11
Hispanic
7,567
5,346
1,255
2,300
Black/AA
878
692
91
64
Asian
273
132
28
161
AM or AK Native
164
372
5
17
0
1,000
2,000
3,000
4,000
5,000
6,000
7,000
8,000
FY 16/17
FY 15/16
FY 14/15
FY 13/14

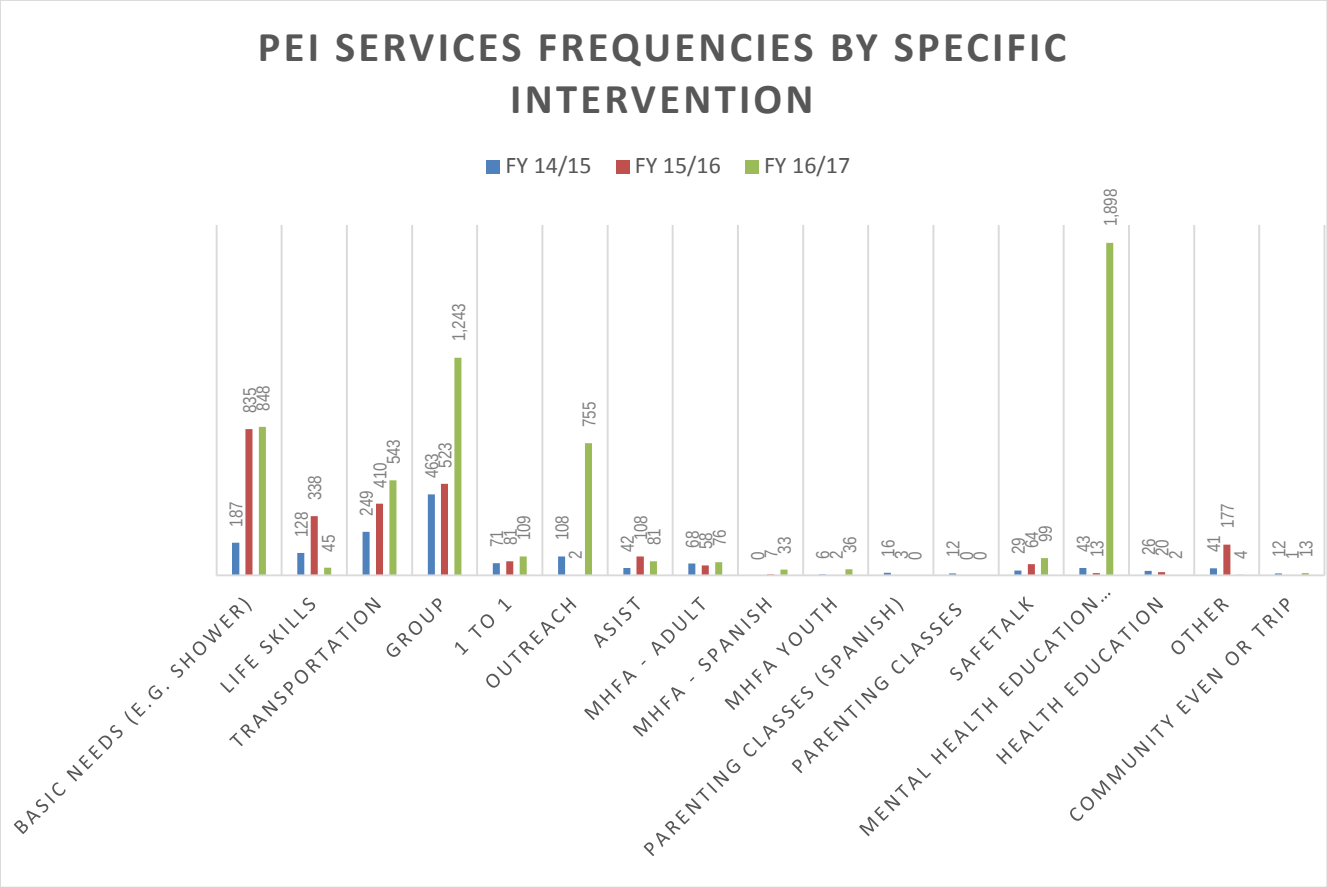
Race/Ethnicity (Service Frequencies)				
	FY 13/14	FY 14/15	FY 15/16	FY 16/17
AM or AK Native	17	5	372	164
Asian	161	28	132	273
Black/AA	64	91	692	878
Hispanic	2,300	1,255	5,346	7,567
LGBT	11	2	0	21
More Than One Ethnicity	0	0	0	1
Native HAW/OAPI	0	1	43	3
Non-Hispanic/Latino	0	0	0	36
Other	0	0	0	6
Other Hispanic Latino	0	0	0	60
Other Non-Hispanic or Non-Latino	0	0	0	5
Two or More Races	0	11	174	47
Unknown Race	0	0	1	0
Unknown Ethnicity/Declined	0	0	0	0
White	946	728	4,929	4,451



Amount of Services by Program FY 16-17	
Hope House	6,770
Mountain Wellness Center	650
Mental Health Educators	1,008
CalWORKs	263
Youth Empowerment Program	174
Community Health Worker	156



The charts above show the frequencies of all services by fiscal year and these services categorized by the main service types for Hope house, Mountain Wellness Center, the Mental Health Educator and the Youth Empowerment Program.


PEI SERVICES FREQUENCIES BY SPECIFIC INTERVENTION
FY 14/15
FY 15/16
FY 16/17
187
835
848
128
338
45
249
410
543
463
523
1,243
71
81
109
108
2
755
42
108
81
68
58
76
0
7
33
6
2
36
16
3
0
12
0
0
29
64
99
43
13
1,898
26
20
2
41
177
4
12
1
13
BASIC NEEDS (E.G. SHOWER)
LIFE SKILLS
TRANSPORTATION
GROUP
1 TO 1
OUTREACH
ASIST
MHFA - ADULT
MHFA - SPANISH
MHFA YOUTH
PARENTING CLASSES (SPANISH)
PARENTING CLASSES
SAFETALK
MENTAL HEALTH EDUCATION...
HEALTH EDUCATION
OTHER
COMMUNITY EVEN OR TRIP

FY 16-17 Type of Service Locations					
Service Locations	Hope House	Mountain Wellness Center	Mental Health Educator, CalWORKs, & CHW	Youth Empowerment Program	FY 16-17 Total Service Locations
Behavioral Health Services	0	0	35	0	35
Church/Faith Center	1	0	2	0	3
Community At Large	6	0	18	0	24
Community Drop In Center	2	0	4	0	6
Conference/Conventions	0	0	2	0	2
Correction/Facility-Youth	0	0	1	0	1
County Provider	0	0	11	0	11
Entertainment Venues (Sports, Concerts, etc.)	5	0	0	0	5
Fairgrounds	7	0	1	0	8
Government Offices	0	0	12	0	12
Group Home	1	0	1	0	2
Health Center/Clinic	0	0	1	0	1
Homeless Shelter	1	0	18	0	19
Hope House	2,079	0	0	1	2,080
Hospital	2	0	2	0	4
Hotel/Motel	0	0	1	0	1
Library	0	0	1	0	1
Madera County Behavioral Health Services	0	0	33	0	33
Mall/Shopping Center	2	1	2	0	5
Mountain Wellness Center	0	334	0	0	334
Other	7	0	124	0	131
Park	8	0	11	0	19
Public Housing	0	0	9	0	9
Recreational Activity Site	71	1	0	0	72
Residence	0	0	2	0	2
School Site - Alternative/Continuation	0	0	19	41	60
School Site - Elementary	0	0	6	0	6
School Site - Middle School	0	0	3	0	3
School Site - High School	0	0	5	113	118
School Site - Pre-School	0	0	35	0	35
Senior Center/Housing	0	0	33	0	33
Tribal Office/Site	0	0	3	0	3
University/College Campus	0	0	2	0	2
Youth Club/Center	0	0	0	16	16
Totals	2192	336	362	171	3061

Community Based Process The table below shows MCBHS' participation in community collaboration building for PEI services.

Community Based Process Participation		
Location	Participants	Service Population
Washington School	300	Children and Families
Griffin Hall Soup Kitchen	6	Homeless
Pan Am Center	8	Community Members
Coalition for Justice Madera	36	Community Members
Madera Community College	31	Students
Department of Social Services	11	Community Members
Department of Social Services	8	Community Members
Old Man's Park - Downtown	18	Homeless
Behavioral Health Services	6	Community Members
Griffin Hall Soup Kitchen	6	Homeless
Madera Rescue Mission	5	Homeless
Public Housing	2	Community Members
Camarena Health	10	Community Members

Outreach for Increasing Recognition of Early Signs of Mental Illness (Potential Responders)

FY 15/16		FY 16-17	
Total Served = 2,073		Total Served = 2,519	
Individuals	Event		Event
41	Farmers Market	4	4TH SQUARE CHURCH
17	PEI Group Wellness	3	800 Yosemite Center Seniors
25	Oakhurst Health Fair-Camarena	6	ANGELS OF GRACE THRIFT STORE
50	Health Fair Camarena	74	Behavioral Health Services
35	Town Hall meeting	6	Bergen senior center
56	Parenting Class	2	CAMARENA HEALTH CLINIC
100	Life Games	6	Casa de la Raza
80	Community College Fair	105	Church/Faith Center
50	Veteran's Stand down	16	Community At Large
3	Coalition for Justice Health fair	11	Community/Drop-In Center
12	Pregnant Parenting Teen Youth conf.	30	Conference/Convention
23	Migrant Head Start	13	Correctional Facility - Youth
7	Trinity Lutheran Church Group	202	County/Provider Office
7	Harvest Festival	3	Courthouse Park
400	Foster Kids Presentation	11	Department of Social Services
5	Intercultural/Interfaith Festival	4	Fairground
5	Parenting Presentation	29	First 5 Madera
1	Migrant Head Start	51	Government Offices
80	Kick Butts Event	35	Griffin Hall Soup Kitchen
100	Spring extravaganza	16	Health Center/Clinic
1	Healthy Teen Fair-CCJ	12	Homeless Shelter
514	Health Education	3	Hope House
221	Alcohol Awareness Activity	20	Hospital
5	Pioneer Technical school	1	Hotel/Motel
11	Chowchilla Head Start	8	Kennedy Street Recreation Room-Housing Authority
60	Parenting Class	5	Las Brisas Senior village
50	SUD Presentation X3	5	Library
2	Spring Extravaganza	31	Madera Community college
22	Week of the Child	8	Madera County Community Action Partnership
18	Health Fair Camarena	8	Madera Flea Market Fair grounds
9	Safe Kids Presentation	12	Madera Rescue Mission
5	Parenting Class	18	MADERA SWAP MEET
2	Perinatal Women's Program	1	Mall/Shopping Center
4	Camarena Women's Conference	28	McNally Park food giveaway by
12	Directing Change Screening	12	Migrant Head Start
9	Victim Services Volunteers	1	Migrant Housing
1	Parenting Class	15	Millview Park
30	MH Presentation	8	Pan Am center
		216	Park
		3	Public Housing
		11	Rescue mission
		1	Residence
		7	School Site - Alternative/Continuation
		180	School Site - Elementary
		461	School Site - High School
		23	School Site - Middle School
		354	School Site - Preschool
		4	Senior Center
		32	Tribal Office/ Site
		400	WASHINGTON SV\CHOOL
		4	Youth Club/Center

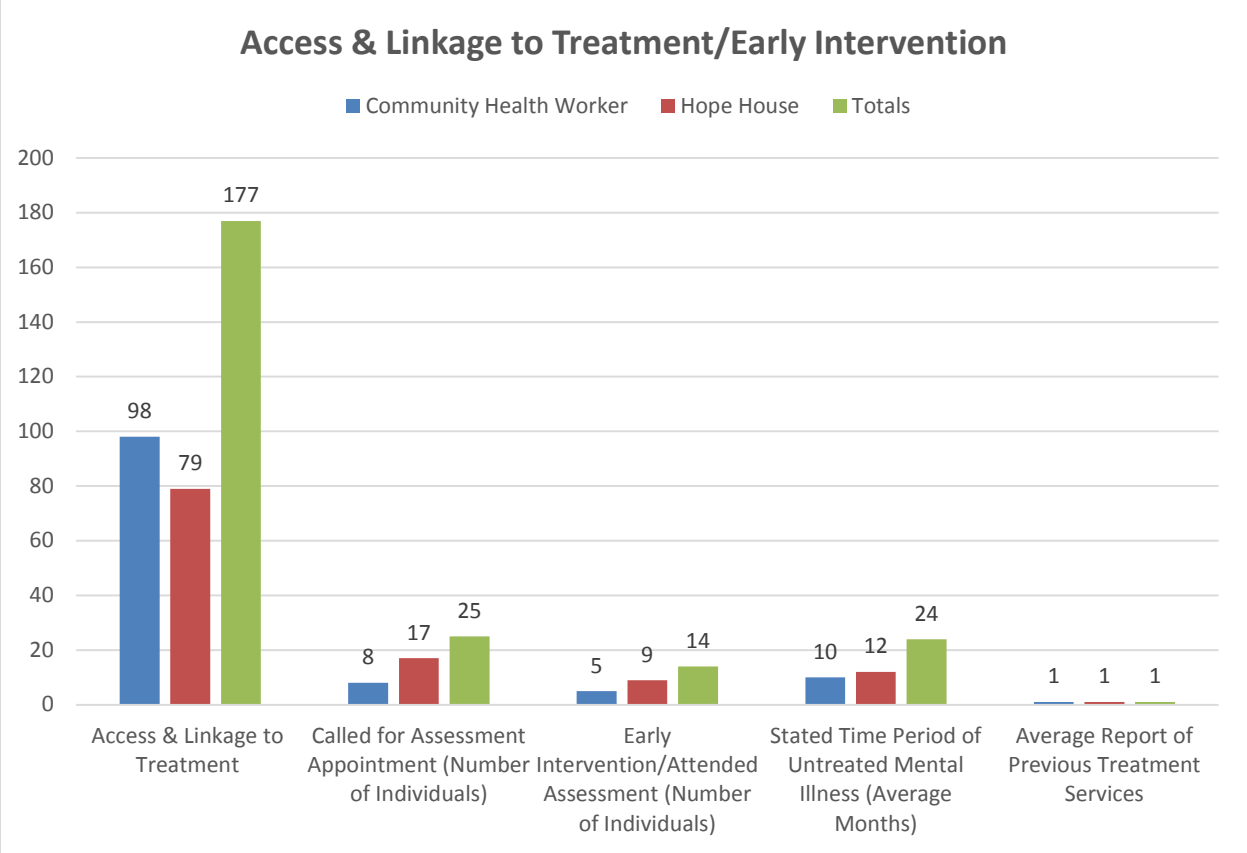
The current Suicide Outreach and Stigma Reduction services consist of the evidence based training and education lasted below. All of this occurred outside of the MCBHS.

Suicide Reduction Outreach Activities (Potential Responders)			
FY 15/16		FY 16/17	
Total Individuals Served = 554		Total Individuals Served = 325	
safeTALK	5	ASIST	12
safe TALK	3	MHFA-Youth	8
safe TALK	2	MHFA-Spanish	13
safe TALK	22	safe TALK	14
Mental health/suicide-Teen Valley	27	Safe Talk	22
ASIST	14	MHFA	18
safe TALK	3	safe TALK	15
MHFA	6	ASIST	16
safe TALK	20	safe TALK	7
safe TALK	22	safe TALK	6
safe TALK	9	MHFA	10
Mental Health- 5150	10	ASIST	12
Mental health/suicide	11	safe TALK	12
safe TALK	18	MHFA	16
Mental Health- 5150	8	ASIST	16
safe TALK	7	ASIST	12
Mental Health- 5150	10	MHFA	12
Mental Health Education	60	safe TALK	11
Mental Health- 5150	16	MHFA-Youth	20
MHFA	7	safe TALK	12
MHFA	15	ASIST	13
ASIST	21	MHFA-Spanish	20
Mental Health- 5150	25	MHFA-Youth	8
Mental Health- 5151	26	MHFA-Adult	20
safe TALK	3		
safe TALK	7		
MHFA	6		
safe TALK	4		
safe TALK	6		
Youth Mental Health	20		
MHFA	12		

Stigma Reduction Outreach (Potential Responders)	
Locations	Number of Participants
Total	2,337
800 Yosemite Senior Complex	51
BERGON SENIOR CENTER	14
Macarena Health	80
Community Action Partnership	23
Chowchilla High School	84
Chukchansi Park	240
Church/Faith Center	32
COALITION FOR JUSTICE MADERA	1
Community/Drop-In Center	6
Cottonwood Head Start	6
Department of Social Services	12
Desmond Middle School	850
First Five Madera	8
Griffin Hall Soup Kitchen	4
Health Center/Clinic	1
Kennedy Senior Center	2
LAS BRISAS SENIOR CENTER	22
Madera Community College	71
Madera High School	300
Madera Rescue Mission	9
Mall/Shopping Center	1
Oakhurst Community College	40
Old Man's Park Down Town	18
Pan Am Senior Center	29
Park	182
Public Housing	23
School Site - High School	30
Senior Center/Housing	40
Sunset Head Start	5
Valley Children's Hospital	50
Wilson Middle School	100
Yosemite Manor	3

Access and Linkage and Brokerage to Treatment/Early Intervention services is initiated at community settings/organizations, and county departments. The system of tracks data related to 1) identifying individuals that might benefit from treatment services, 2) assisting individuals to make the call for a clinical intake assessment, and 3) facilitating the individuals' clinical assessment appointment (including confirming first attended appointment), 4) ask the individual about their duration of untreated mental illness and 5) and the number of previous treatment services.

Access and Linkage and Brokerage to Treatment/Early Intervention Assessment	
Individuals FY 15/16	81
Individuals FY 16/17	26



MCBHS' outreach and education services in community setting are the primary way of improving timely access to treatment by underserved populations.

Improving Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations			
FY 15/16			
Total Served = 2,064			
Individuals	Event	Individuals	
100	Farmers Market	250	Alcohol Awareness Activity
28	PEI Group Wellness	20	Pioneer Technical school
25	Oakhurst Health Fair-Macarena	5	Chowchilla Head Start
50	Health Fair Macarena	20	Parenting Class
35	Town Hall meeting	60	SUD Presentation X3
100	Life Games	50	Spring extravaganza
80	Community College Fair	55	Week of the Child
50	Veteran's Stand Down	280	Alcohol Awareness Activity
35	Coalition for Justice Health Fair	50	Health Fair Macarena
12	Parenting Class	18	Safe Kids Presentation
50	Pregnant Parenting Teen Youth conf.	50	Macarena Women's Conference
12	Migrant Head Start	4	Directing Change Screening
23	Trinity Lutheran Church Group	12	Victim Services Volunteers
7	Harvest Festival	6	MH Presentation
7	Foster Kids Presentation	50	Kick Butts Event
400	Intercultural/Interfaith Festival	80	Spring extravaganza
5	Parenting Presentation	100	Healthy Teen Fair-CCJ
5	Migrant Head Start		

Improving Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations					
FY 16/17					
Total Served = 4,720					
Alpha/Cottonwood Migrant Head Start	15	Farmers Market	20	Los Nanos Head Start	13
Angels of Grace Thrift store	120	First 5 Madera	83	Los Nanos Migrant Head Start	8
BHS Self-care presentation	6	First Five Chowchilla	15	Luau	86
BLS Wellness Group	39	Head start	3	Madera Community College	71
Macarena Health Fair	80	Head start-Valley West	13	Madera High School Mental Health	300
CAP MC Stress	23	Healthy Chowchilla Event	100	Madera PKU	7
Chowchilla Career Day	42	HIV group Presentation	8	Madera Week of the Child	100
Chowchilla Head Start	8	Farmers Market	20	Map Wellness Group	5
Chowchilla Week of the Child	30	First 5 Madera	83	May Day for Children's hospital	240
Community at Large	120	First Five Chowchilla	15	Migrant Head Start- Miss Tesoro's	18
Cotton Wood Head Start	11	Head start	3	Migrant Head Start-Miss Angelinos	12
Department of Social Services	632	Head start-Valley West	13	Migrant Head Start-Ruth Gonzales	14
Desmond Middle School	676	Healthy Chowchilla Event	100	Migrant Head Start-Sierra Vista	20
Eastern-Arcola Migrant Head Start	23	HIV group Presentation	8	Mill view Elementary	12
Easton Arcola	7	Farmers Market	20	Mill view Sports Complex	10

Improving Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations			
FY 16/17			
Continued (Pt. 2)			
Miss Angelinos Migrant Head Start	43	Rescue Mission	12
Miss Tesoro's Head Start	10	Shunnimite	8
Northfork Head Start	5	Sierra vista Migrant Head Start	133
Oakhurst Community College	40	Smoke Out	31
Oakhurst Head Start	6	Spanish Mental Health	5
Oakhurst Week of the Child	30	Stress Reduction	18
Pan Am Center	8	Suicide Awareness	18
Parent Institute for Quality Ed.	23	Sunset Head Start	18
Parenting Class	21	TANF Community Center	8
Park	60	Teen Depression and Suicide Prevention Children's Hospital	50
Parkwood Elementary	8	Trinity Lutheran Church	30
Pomona Migrant Head Start	11	Valley West Head Start	8
Pregnant Teen Conference	30	Verdell Mckelvey Head Start	12
Probation JJS	24	Washington Elementary-Trauma	29
Public Health	8	Washington School	300
Public Housing	60	Yosemite Manor (Older Adult)	30
Residence	60	Youth Soccer Clinic	50
Ruth Gonzales Head Start	15		
Senior Center	4		

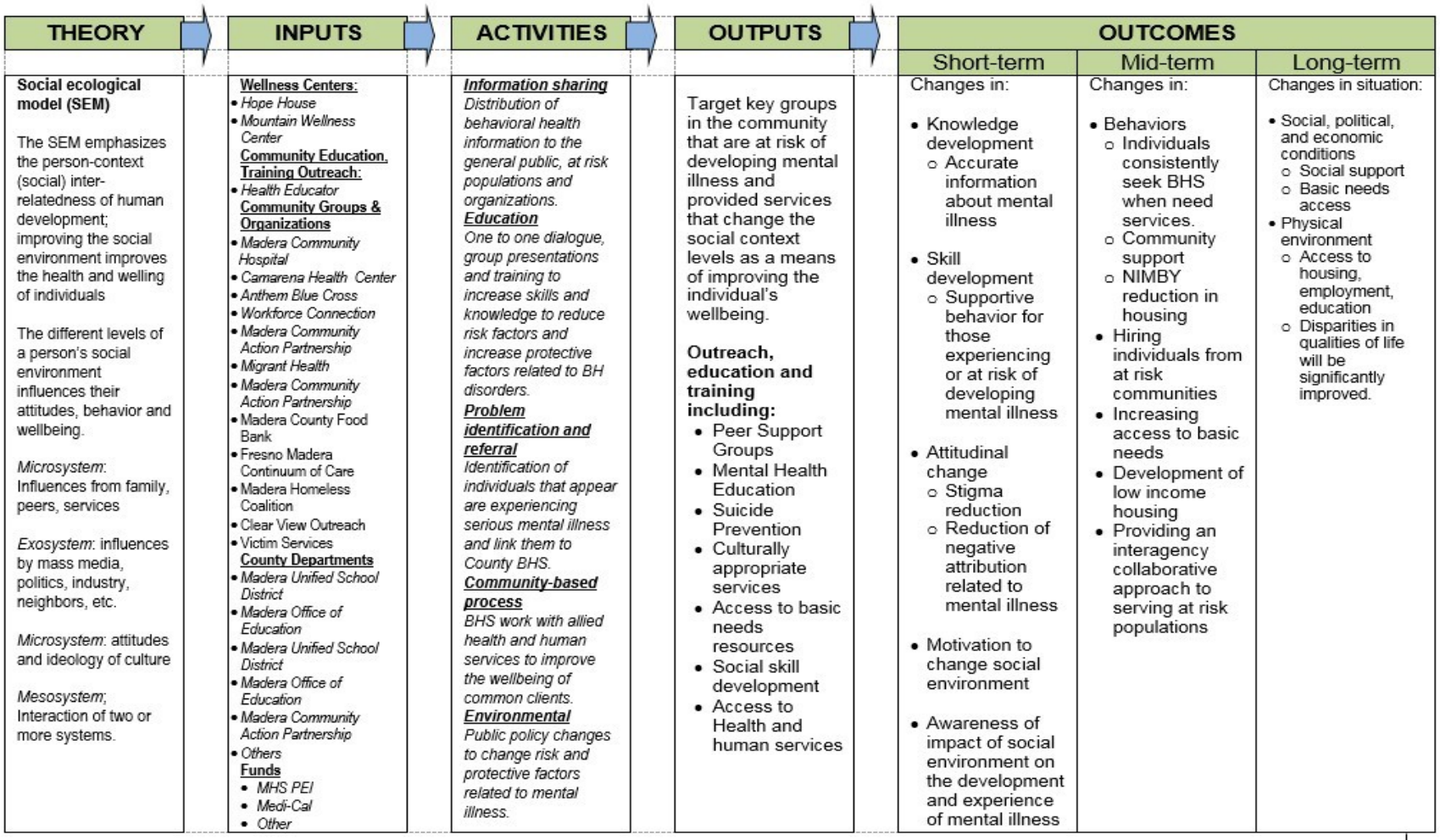
The information below represents the number of people that were willing to disclose their sexual orientation and gender identity.

Sexual Orientation FY 16-17						
	Hope House	Mountain Wellness Center	MH Educator, Community Health Worker and CalWORKs	YEP	Totals FY 16/17	Totals FY 15/16
Gay or Lesbian	1	0	0	6	7	0
Heterosexual or Strait	14	0	1	107	122	109
Bisexual	0	0	1	18	19	0
Questioning or Unsure	1	0	0	5	6	0
Queer	0	0	0	1	1	0
Another Sexual Orientation	0	0	0	2	2	0
Decline to Answer	3	4	10	2	19	0

Gender Assigned at Birth FY 16-17						
	Hope House	Mountain Wellness Center	MH Educator, Community Health Worker and CalWORKs	YEP	Totals FY 16/17	Totals FY 15/16
Male	17	0	18	121	156	3
Female	9	0	144	162	315	106
Decline	0	4	79	0	83	0

Current Identity FY 16-17						
	Hope House	Mountain Wellness Center	MH Educator, Community Health Worker and CalWORKs	YEP	Totals FY 16/17	Totals FY 15/16
Male	19	0	34	112	165	3
Female	11	0	38	152	201	106
Transgender	0	0	0	0	0	0
Genderqueer	0	0	0	3	3	0
Questioning/Unsure	0	0	0	3	3	0
Another Gender	0	0	0	0	0	0
Decline to Answer	0	0	95	2	97	0

Madera County Behavioral Health Prevention and Early intervention LOGIC MODEL



Innovation (INN)

In accordance with WIC § 5830 Counties may expend Innovation (INN) funds for ***time limited*** projects upon approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC). These funds are for new or changed services. The MHSOAC determines if these projects meet statutory requirements for this category of service. If INN projects prove to be successful, the county may choose to continue it by transitioning the project to another category of funding as appropriate. The main goal of an INN project is to improve mental health services delivery by increasing staff knowledge and learning rather than simply providing new services. The INN program does not fund ongoing services, but are used to pilot or test new service approaches.

The primary purpose of this project is to **Promote Interagency and Community Collaboration Related to Mental Health Services, Supports or Outcomes**. Madera County Behavioral Health Services (MCBHS) INN project is named the Perinatal Mental Health Integration Project (PMHIP), which was named Nurture2Nurture Madera. This project was contracted with the California Health Collaborative to implement this service and evaluation. Within the first year, the stakeholders named the coalition group the Maternal Wellness Coalition. The services that will operationalize the interagency collaboration process is a perinatal program focusing on mother's that are at risk of developing a serious mental illness or in the early stages of developing a mental illness, especially Perinatal Mood and Anxiety Disorder (PMAD), which is specific to pregnancy. The following statistics were generate by contracted organization. PMAD is the most frequent health complication of pregnancy. Any level of PMAD effects as many as 70% of childbearing women. Madera County's PMAD prevalence is as high as 20%, which is three times the national rate among low-income women. The US Census indicates the following significant risk factors in Madera County: high teen births rates by Latinas 51.8% in Madera, as compared to 34.9% in California, and by Whites 17.2% in Madera, as compared to 9.2% in California. Madera has a high county poverty rate (19.5%), and the county need for mental health services ranks third among California counties.

Therefore, the collaborative approach to providing services for this population was chosen to facilitate access to services from multiple resources. The evidence based model of measuring and improving service integration and access to resources for daily living needs is the Pathways Model. This model is promoted by the federal Agency of Healthcare Research and Quality. The model has been implemented in multiple states, rural to urban areas, and for many underserved or inappropriately serviced populations with success.

Performance Outcomes: WIC § 5848 states that Plans shall include reports on the achievement of performance outcomes for MHSA services. The performance outcomes the county has for INN programs are shown below. These performance outcomes cover are for FY 16-17.

Perinatal Mental Health Integration Project Survey Monkey Data

	FY 15-16	FY 16-17
Total Individuals	153	225
Total Contacts	Not Collected	4,778

Types of Service

	FY 15-16	FY 16-17
Groups	21	108
1 to 1	10	285
Outreach Events	16	3,271
Collaborative Strength	0	5
Stakeholder Meeting	N/A	130
Training Stakeholder Satisfaction Surveys	0	122
Perinatal Mood and Anxiety D/O Awareness Surveys	304	300
Team Meetings	0	50
Client Satisfaction Survey	0	24
Client Satisfaction Interviews	0	15
Referrals to Nurture to Nurture – Madera (N2N is Coalition Hub)	90	141
PHQ 9 Screenings at Madera Hospital – At Risk Moms	60	217
Unduplicated Clients Were Served by N2N	0	64
Workshop Trainings	9	139
Non-Medical Personnel	26	0

Outreach Event Name

FY 16-17	Outreach Service Population	Outreach Attendance
National Night Out	Professionals, Parents, Children	300
Madera Behavioral Health Services - Family Festival	Professionals, Parents, Children	250
Parents Community Engagement Conference	Professionals, Parents, Children	250
Spooktacular	Parents and Children	250
Child Support Services	Professionals and Community members	25
Back to School Night	Parents, Teachers, Children	500
Macarena Health (FQHC) Health Fair	Parents, Professionals, Children	200
Farmers Market	Parents, Children	20
Health and Career Day	Students, Teachers	100
Washington Elementary School Community - Community Fair	Parents, Children	500
Women's Conference	Women	200
Sierra Vista Elementary School - Open House	Parents, Children, Teachers	500
Total		**3,095**

Collaboration Measures FY 16-17

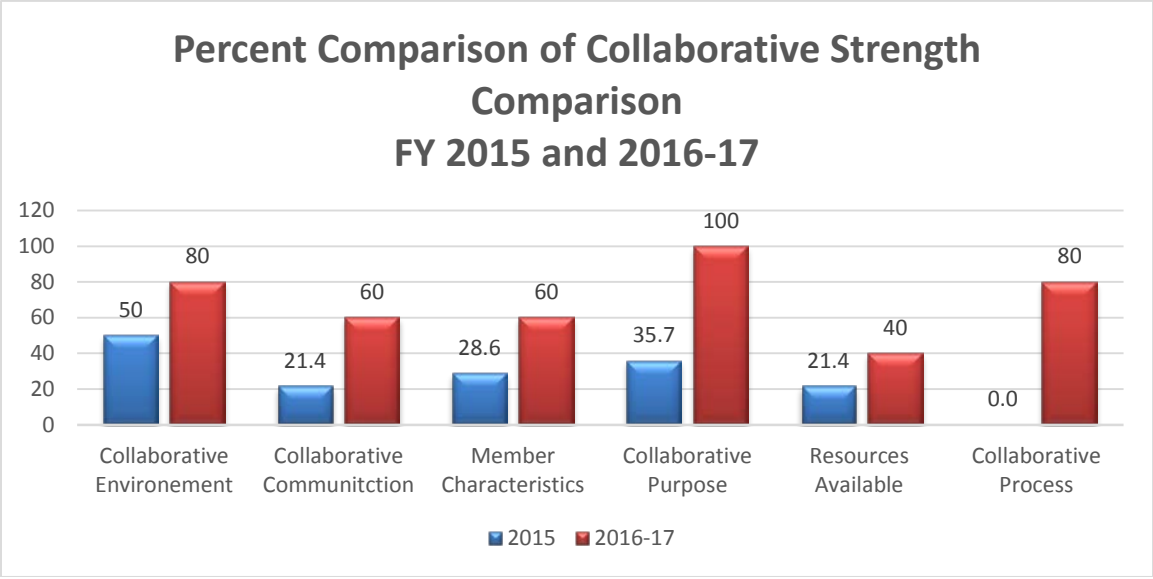
Wilder Survey Results		
Collaborative Strength	Likert-type Survey	5 Respondents

This information is from the enclosed attachment from the Perinatal Mental Integration Project. Survey results show a greater percent of respondents who "Agree" or "Strongly Agree" in 2016-2017 than the previous year's respondents, and this is true across all dimensions. The greatest increases for this year are seen in the areas of (a) Collaborative Process
(Δ=65.7%), (b) Collaborative Purpose (Δ=64.3%), and (c) Collaborative Communication (Δ=38.6%). The least amount of change is seen in the Resource Available domain (Δ=18.6%).

Comparison of Collaborative Strengths Dimensions Between 2015 and 2016

	2015 n = 14	FY 2016-2017 n = 5	t
	3.77 (.30)	**4.10 (.29)**	**1.75**
Collaborative Environment			
Collaborative Communication	**3.43 (.48)**	**4.12 (.41)**	**2.84***
Member Characteristics	**3.55 (.60)**	**4.10 (.38)**	**-1.90**
Collaborative Purpose	**3.78 (9.38)**	**4.03 (.06)**	**-1.44**
Resources Available	**3.40 (.49)**	**3.60 (.42)**	**-.79**
Collaborative Process	**3.25 (.59)**	**4.18 (.36)**	**3.25****

Notes: * $p < .05$. ** p ,.001. n =14 in 2015. n = 5 in FY 2016-2017.



Stakeholder Satisfaction 2015 & FY 2016-17		
Survey Dimension	Average Percent Satisfied (2015)	Average Percent Satisfied (2016-17)
Planning & Implementation	72	62.9
Leadership	77	67
Diversity of Perspective	67	65
Progress and Capacity	67	67.5

Groups and Trainings Topics/Type FY 16-17

	People	Sessions
Class on Children and Family Health at Madera Community College	22	1
Crossing Lines	19	1
First 5 Baby Shower	24	3
Maternal Depression Support Groups	56	7
Maternal Wellness Coalition	19	2
Nurturing Parenting Classes	95	14
PEI Providers Meeting - Goals	8	1
Perinatal Mood and Anxiety Disorder Training	308	32
Perinatal Mood and Anxiety Disorder - Phone Support	28	28
Perinatal Mood and Anxiety Disorder Support Group	336	54

Organizations and Individuals Represented FY 16-17

	People	Sessions
Health Care	222	11
Law Enforcement	1	1
Community Member	3,766	38
Behavioral Health Client	142	142
Behavioral Health Staff	38	4
Social Services	38	3
CBO	38	3
Education/Schools	15	3
Maternal Wellness Coalition	19	1
Nurture to Nurture Madera	4,759	410
WIC	17	17

Pre and Post Results from the Trainings FY 16-17

	Pre	Post
12.2% Net Gain in PMAD Understanding (p. < .0001)	139	115

Race/Ethnicity

	15/16	16/17
African American	0	9
White/Caucasian	16	44
Native Hawaiian/OPI	8	1
Two or More Races	0	17
Other Race	1	1
Unknown/Decline to Answer	0	32
Hispanic/Latino	26	234
Non-Hispanic Latino	1	15
Other Hispanic or Latino	0	13
More Than One Ethnicity	0	3
Unknown/Decline to Answer	0	3

Language

	FY 15/16	FY 16/17
American Sign Language	0	0
Armenian	0	0
English	13	152
Hmong	0	0
Portuguese	0	0
Spanish	15	123

Ages of Direct Service Clients

	FY 15/16	FY 16/17
0-15	0	0
16 - 24	5	192
25-59	16	418
60+	0	30
Decline to Answer	0	333
Total	21	973

Sexual Orientation

	FY 15/16	FY 16/17
Gay or Lesbian	0	0
Heterosexual	9	0
Bisexual	0	0
Questioning or Unsure	0	0
Queer	0	0
Another Sexual Orientation	0	0
Decline to Answer	0	497

Gender at Birth

	FY 15/16	FY 16/17
Male	0	0
Female	57	243
Decline to Answer	0	172

Current Identification

	FY 15/16	FY 16/17
Female	2	85
Male	0	0
Decline to Answer	0	414

Service Location Types

	FY 15/16	FY 16/17
Behavioral Health	46	3
Church/Faith Center	4	0
Community at Large	7	0
Community Drop In Center	12	12
Community Based Organization	0	1
Conference	1	0
County Offices	5	2
Elementary School	1	9
Fair Grounds	2	1
Government Offices	2	2
High School	0	1
Health Clinic	9	4
Hospital	2	3
Library	0	1
Middle School	3	2
Park	5	3
Police Station	5	0
Pre School	1	4
Recreational Activity Site	0	3
Superior Courts	0	1
University/College	0	1

Prevention Specialty Services Areas FY 16-17

Outreach for Increasing Recognition of Early Signs of Mental Illness (Primary)	34
Stigma and Discrimination Reduction (Secondary)	0
Suicide Prevention (Secondary)	0
Improving Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations (Tertiary)	0
Other	0

Access and Linkage to Treatment/Early Intervention FY 16-17

Access and Linkage to Treatment	0
Early Intervention	0

Key Finding
1. Relatively low levels of PMAD awareness exist for Madera residents; efforts to increase awareness continue.
2. Estimates of Madera County PMAD prevalence rates are at least 19.5%.
3. N2N referrals have increased.
4. PMHIP and the MWC appear to have enhanced the capacity to identify and treat women with PMAD.
5. N2N support services and competency training indicate that are effective.
6. Two measures indicate an enhanced coalition strength.
7. Key Informant Interviews indicate that coalition members benefit professionally from their MWC membership; their clients were reportedly better served by coalition members and their agencies.

Next Steps

Over the next 18 months the Nurture 2 Nurture Madera and the Maternal Wellness Coalition will be developing a sustainability plan for the collaboration that has been created. In addition, there will be a push to capture all of the data requirements. We found that the data gathered by the county and the project didn't always match and some data was not captured at all.

For more information about the innovation project please review Attachment 1.

Workforce Education and Training (WET)

As of March 22, 2018, the MCDBH had 146 people working for the Department. Race/Ethnicity breakdown is in the table below. For this update we looked at the past three years to see progress on achieving goals related to increasing the number of individuals of Hispanic decent and individuals that are Spanish speaking. See the chart below.

BHS Staffing Race/Ethnicity				
	2017	**2016**	**2015**	**2014**
White	45	46	43	50
Hispanic	82	80	65	55
African American	8	10	7	10
Asian	4	5	3	3
Other	8	7	8	9

Staffing Data	
Needs	**Improvements (2013 – 2017)**
• **Psychiatrist (especially certified specialties)** • **Registered Nurses** • **LCSW/LMFT Therapists** • **ASW/MFT (Pre-licensed)** • **Certified AOD Counselor** • **Hispanic/Spanish Speaking Direct Service Providers**	• **11% Increase in Hispanic Clinicians 45% - 56%** • **23% Increase in Spanish Speaking Staff 25% - 47%** • **Overall Hispanic Employees in MCBHS 56%**

According to the US Census, persons of Hispanic/Latino descent it Madera County is 56% and White (alone) was 36.4%. Given this very general percentage comparison, MCBHS has made some advancement in the number if Hispanic clinicians and peer support. MCBHS' primary workforce diversity needs are staff member that are of Hispanic/Latino decent, especially in the professional level categories of direct services practitioners. Persons of African American, Native American, Mixteco, and Farsi decent are also needed.

The top mental/behavioral health workforce language proficiency needed for MCBHS is Spanish. The department also has need for persons that speak Mixteco, Hmong, Farsi or Sign Language.

More financial incentive programs, such as stipends and loan assumptions, for a broader range of staff would encourage individuals to work for county mental health. This would be true for our high need areas listed above.

The Medi-Cal population in Madera County in 2017 was 70,663. Approximately, 8.94% (6,183 people) of the population in the county likely has a serious mental illness. MCBHS served 3,546 in treatment services during FY 2016-17. MCBHS would benefit from a 4% overall increase in staffing (and funding) to meet the demand for services to meet its target population. However, there has not been an increase in funding to meet the demand.

The staff positions mentioned in the chart above continue to be hard to fill. MCBHS has had success with using tele-psychiatry to help meet the needs for psychiatrists. There is a great need for cultural competency training that provides information which can be immediately implemented and is not limited to ethnic and consumer culture. Succession planning is important as "Baby Boomers" retire and there are fewer individuals in the workforce with the specialized training/education to replace them. Leadership, management and organization development training is greatly needed to help the Department adapt to the tremendous scope and rate of change that is presently occurring

BUDGET SECTION

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Madera

Date: April 19,2018

	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 2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	9,788,128	2,702,573	580,416	N/A	0	
2. Estimated New FY2017/18 Funding	5,394,863	1,469,167	354,925			
3. Transfer in FY2018/19[a/]	0				0	0
4. Access Local Prudent Reserve in FY2018/19						0
5. Estimated Available Funding for FY2018/19	15,182,991	4,171,740	935,341	0	0	
B. Estimated FY2018/19 MHSA Expenditures	5,547,920	1,469,167	307,310	0	0	
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	9,635,071	2,702,573	628,031	0	0	
2. Estimated New FY2018/19 Funding	5,919,235	1,479,809	389,423			
3. Transfer in FY2018/19[a/]	0				0	0
4. Access Local Prudent Reserve in FY2018/19						0
5. Estimated Available Funding for FY2018/19	15,554,306	4,182,382	1,017,454	0	0	

D. Estimated FY2018/19 Expenditures	5,825,316	1,542,625	410,756	0	0	
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	9,998,644	2,707,248	269,241	0	0	
2. Estimated New FY2019/20 Funding	5,154,549	1,288,637	339,115			
3. Transfer in FY2019/20[a/]	0				0	0
4. Access Local Prudent Reserve in FY2019/20						0
5. Estimated Available Funding for FY2019/20	15,153,193	3,995,885	608,356	0	0	
F. Estimated FY2019/20 Expenditures	6,351,814	1,619,756	431,294	0	0	
G. Estimated FY2019/20 Unspent Fund Balance	8,801,379	2,376,129	177,062	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	6,729,240
2. Contributions to the Local Prudent Reserve in FY 2017/18	80,751
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	6,809,991
5. Contributions to the Local Prudent Reserve in FY 2018/19	81,720
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2019	6,891,711
8. Contributions to the Local Prudent Reserve in FY 2019/20	82,701
9. Distributions from the Local Prudent Reserve in FY 2019/20	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	6,974,412

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.

BOARD OF SUPERVISORS ADOPTION

- **WIC § 5847** states that the County mental health program shall prepare a Plan adopted by the County Board of Supervisors. Please include evidence that the Board of Supervisors adopted the Plan and the date of that adoption.