



Behavioral Health Services

Non-MHSA Mental Health Services

MHSA Services

Need for Mental Health Services FY 16/17

Mental Illness Prevalence

- People with Any Diagnosable Mental Illness = 11,714
 - Adults (18+) = 7,918
 - Children (0-17) = 3797

County Mental Health Eligibility

- *Adult Eligible* = 3,719
- *Children Eligible* = 2,642
- **Served**
 - Adult (18+) **2,709 (60%)**
 - Children (0-18) **1,799 (40%)**

BHS Services

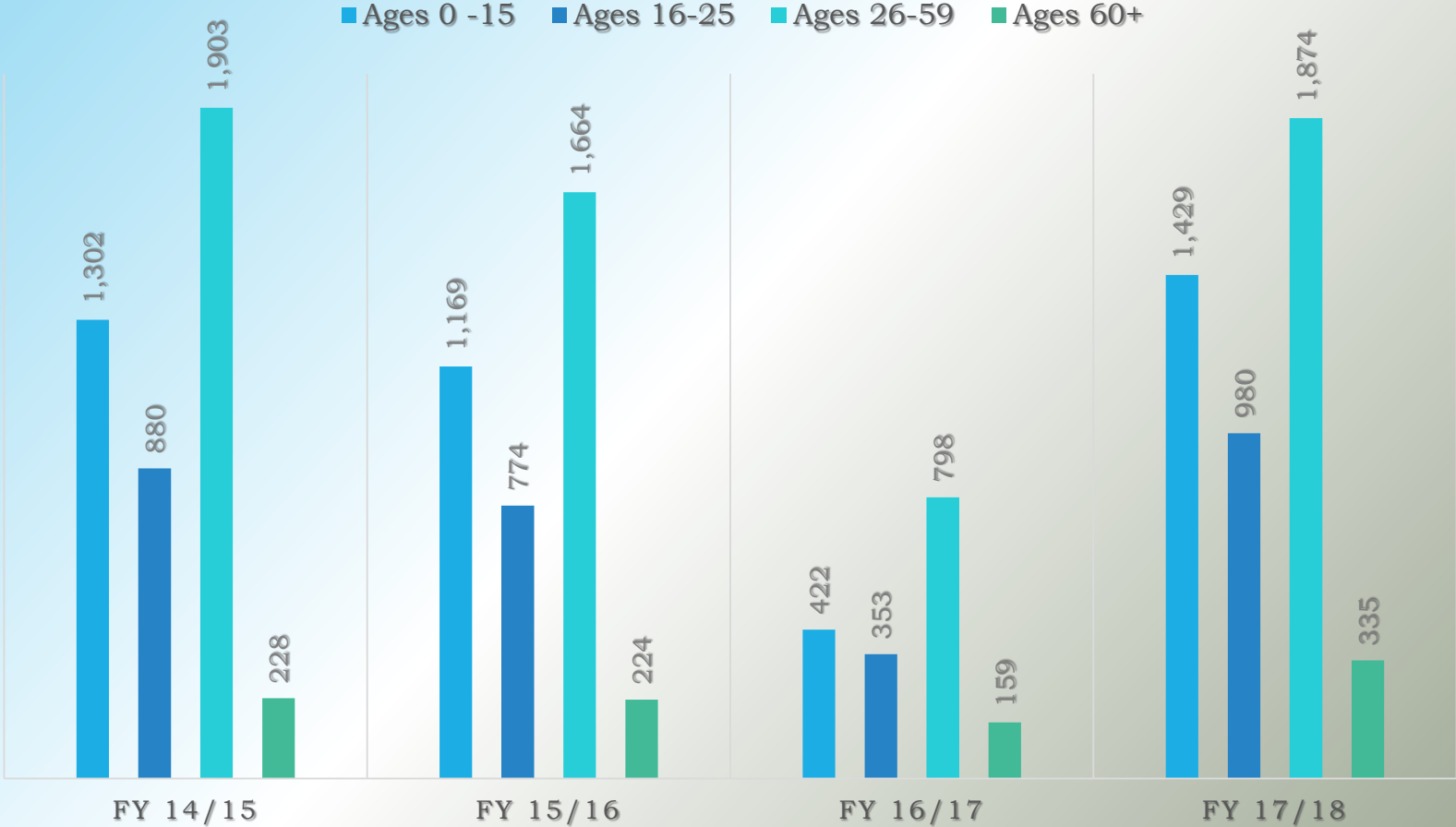
Outpatient

- Service Eligibility Screening
- Clinical Assessment
- Counseling/Therapy
 - Individual and Group
 - MH & SUD
- Psychiatric/Medication
- Crisis Services
- Case Management /Rehab

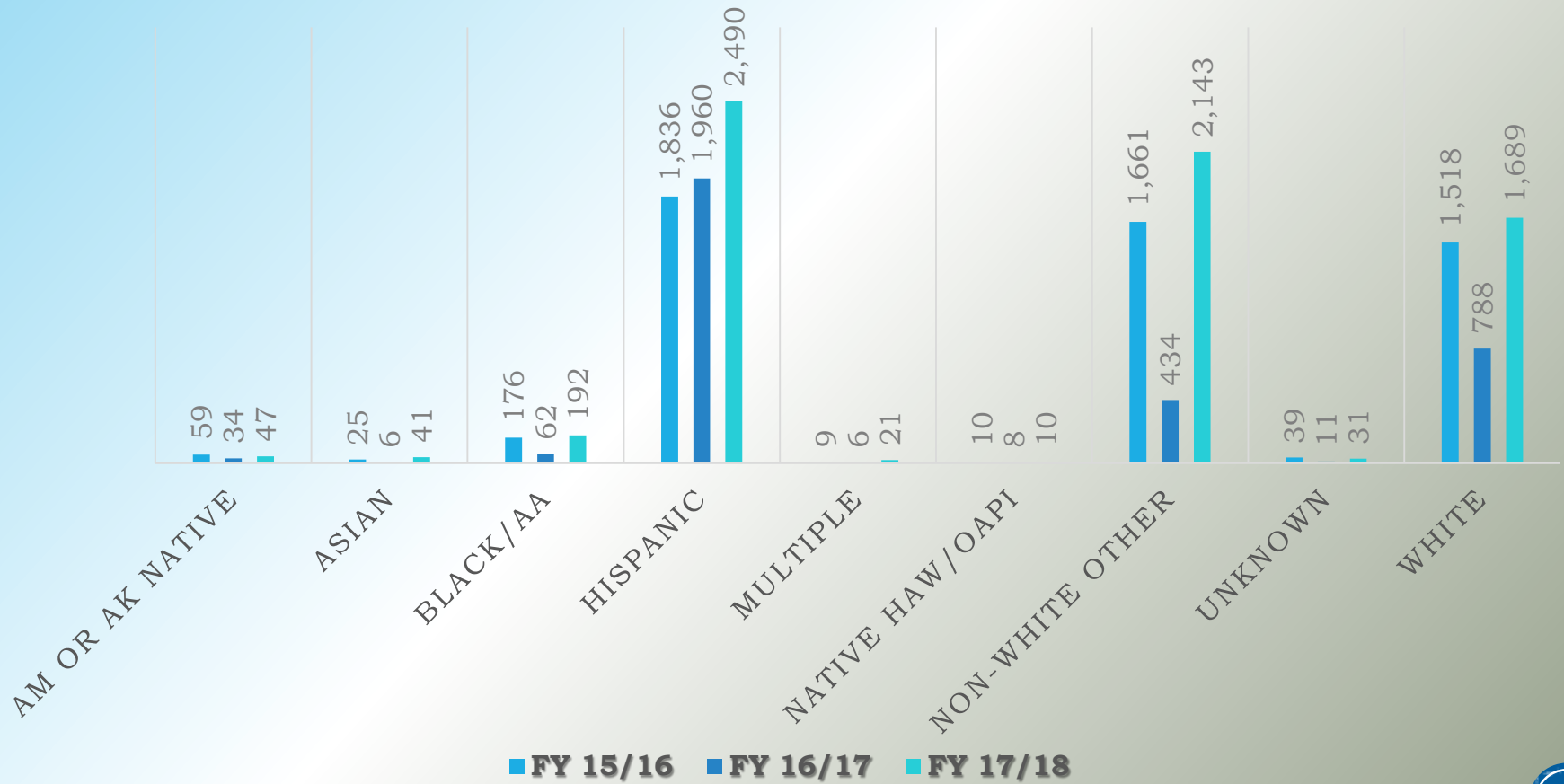
MHSA

1. Community Services & Supports
 1. Full Service Partnerships
 1. Child/TAY
 2. Adult/Older Adult
 2. System Development
 1. Expansion
 2. Supportive Services and Structure
2. Prevention & Early Intervention
3. Housing (for specific groups)
4. Statewide Projects
5. Workforce Education and Training

Outpatient Clients Served



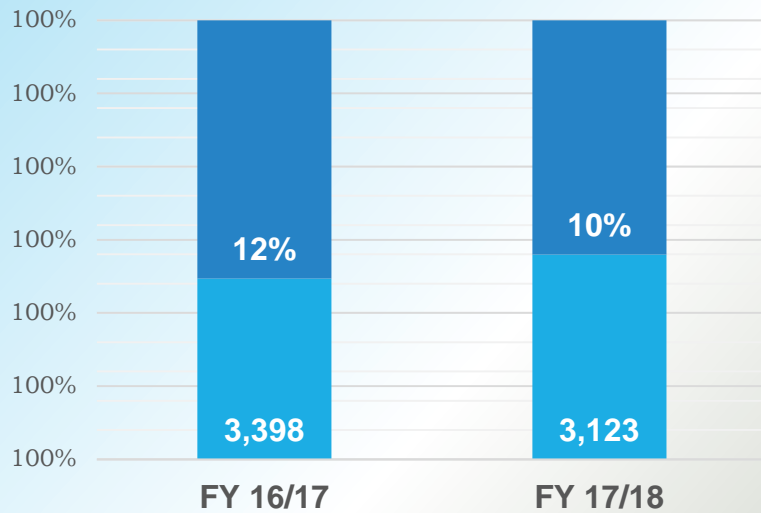
RACE/ETHNICITY SERVED OUTPATIENT TREATMENT



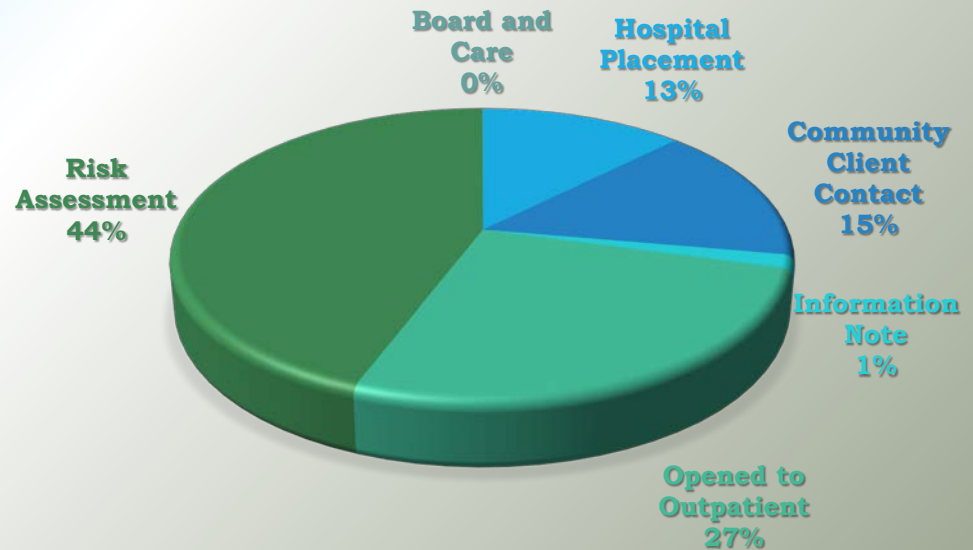
Crisis Response FY 16/17 & 17/18

Crisis Calls and Hospitalizations

■ Crisis Calls ■ Percent Hospitalized



CRISIS SERVICES OUTCOMES FY 17/18



Mental Health Services Act (MHSA)

**Community Services and Supports
Prevention and Early Intervention
Innovation
Time Limited Funds (Housing, WET)**

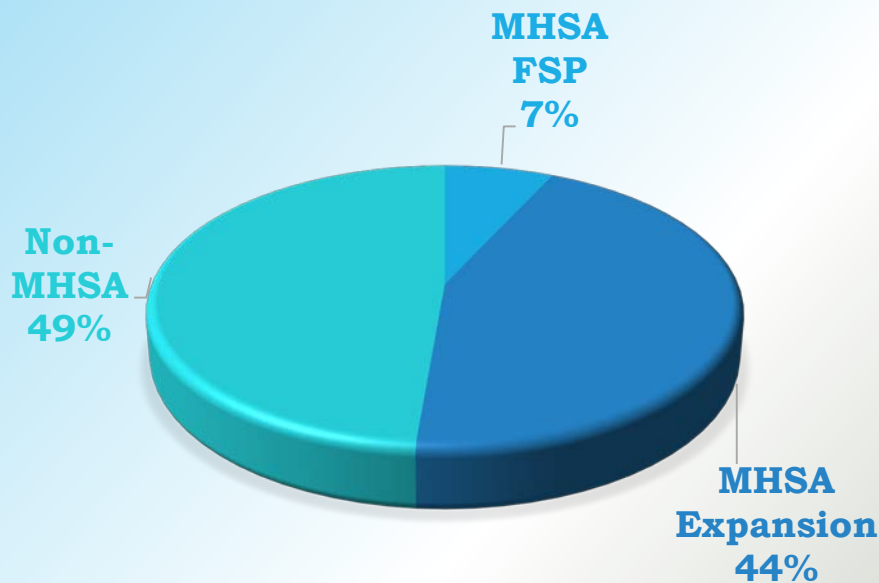
7

MHSA Values

- Community Collaboration
- Culturally and Linguistically Responsive
- Consumer/Family Driven
- Wellness, Recovery, & Resilience Focus
- Integrated Service Experience
- Reduction of Negative Outcomes of Untreated Mental Illness:
 - (1) Suicide.
 - (2) Incarcerations.
 - (3) School failure or dropout.
 - (4) Unemployment.
 - (5) Prolonged suffering.
 - (6) Homelessness.
 - (7) Removal of children from their homes.

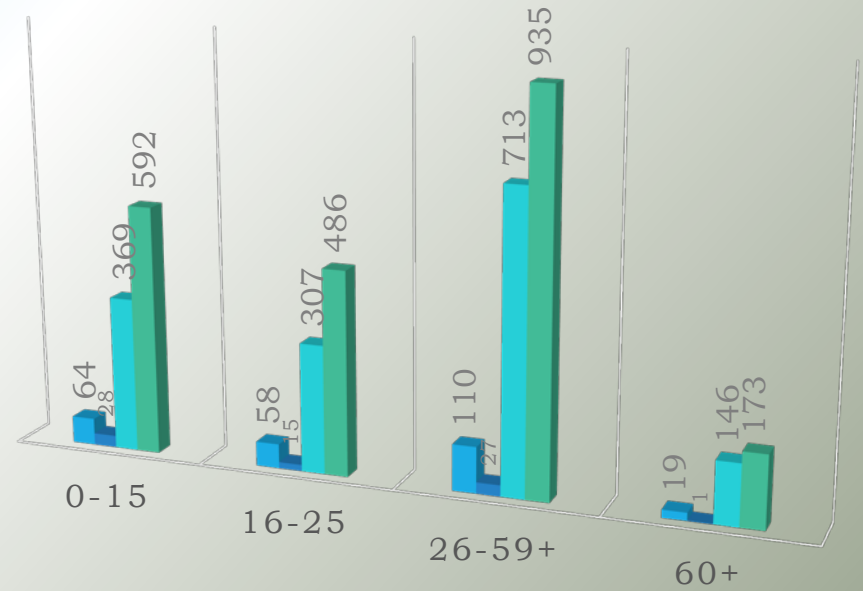
Mental Health Services Act Community Supports and Services (CSS) FY 16/17 & FY 17/18

MENTAL HEALTH TREATMENT SERVICES



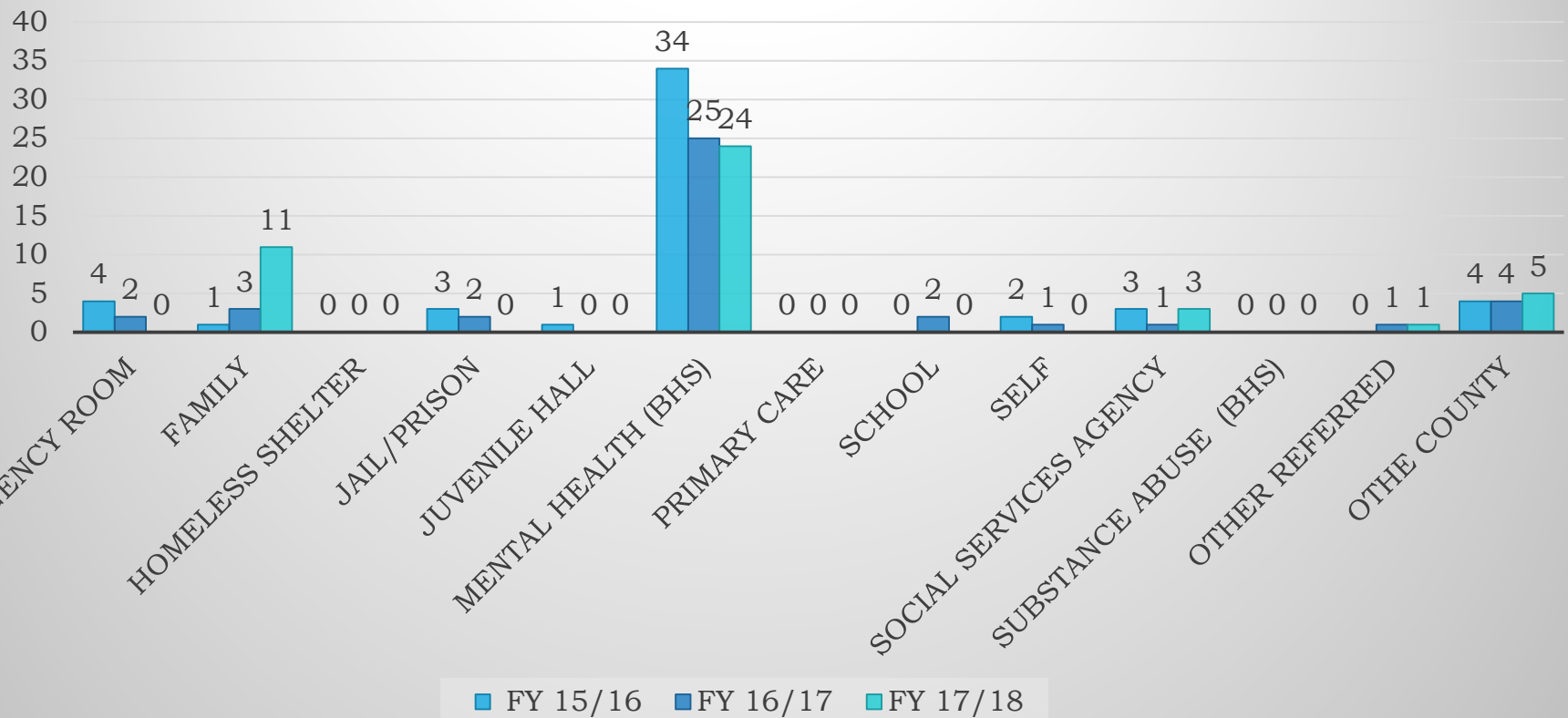
FSP AND EXPANSION/GD

- FSP FY 16-17
- FSP FY 17-18
- FY 16-17 Expansion
- FY 17-18 Expansion



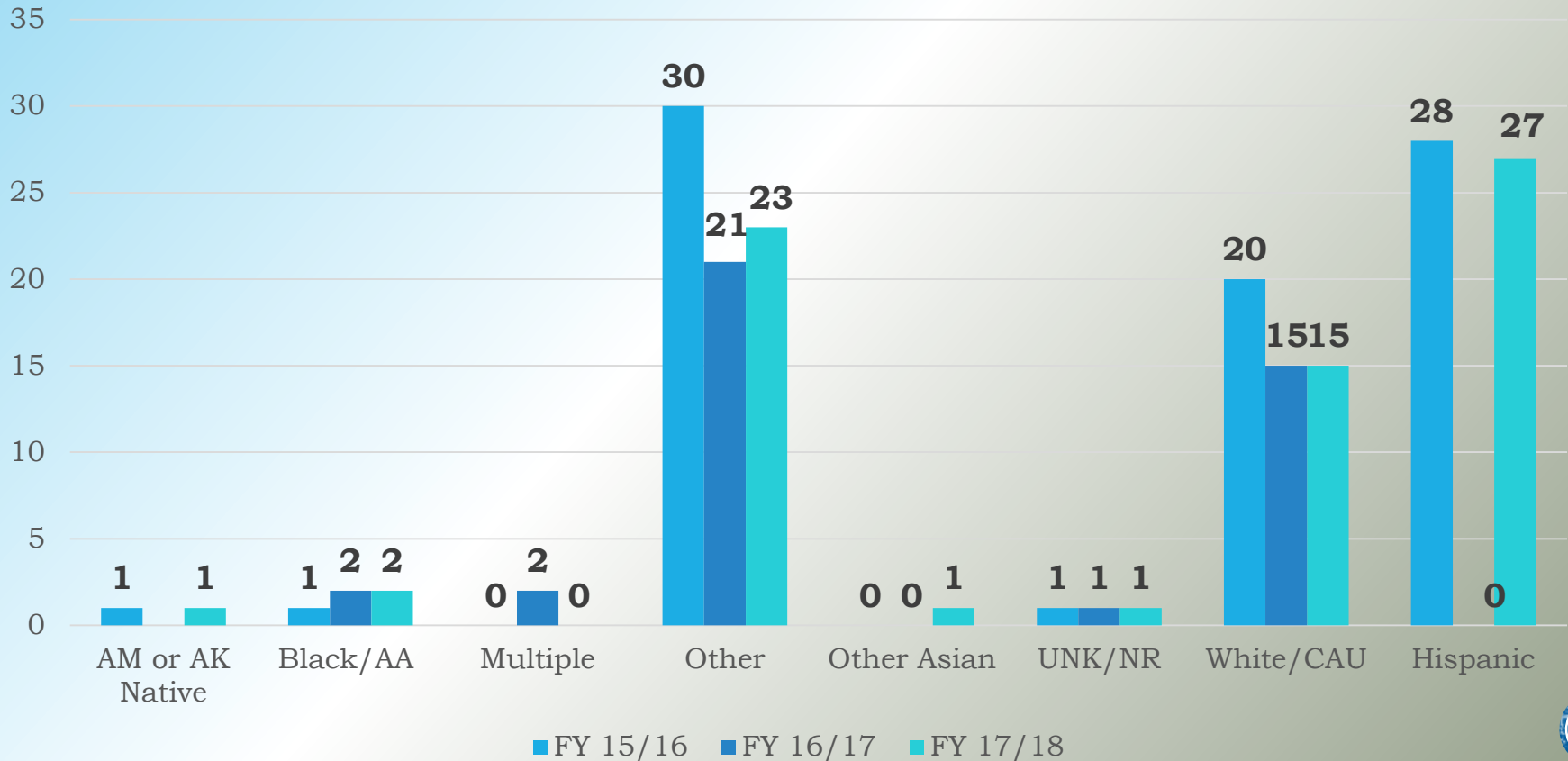
Full Service Partnerships Service Outcomes FY 16/17 & 17/18

Child/TAY FSP Referral Sources



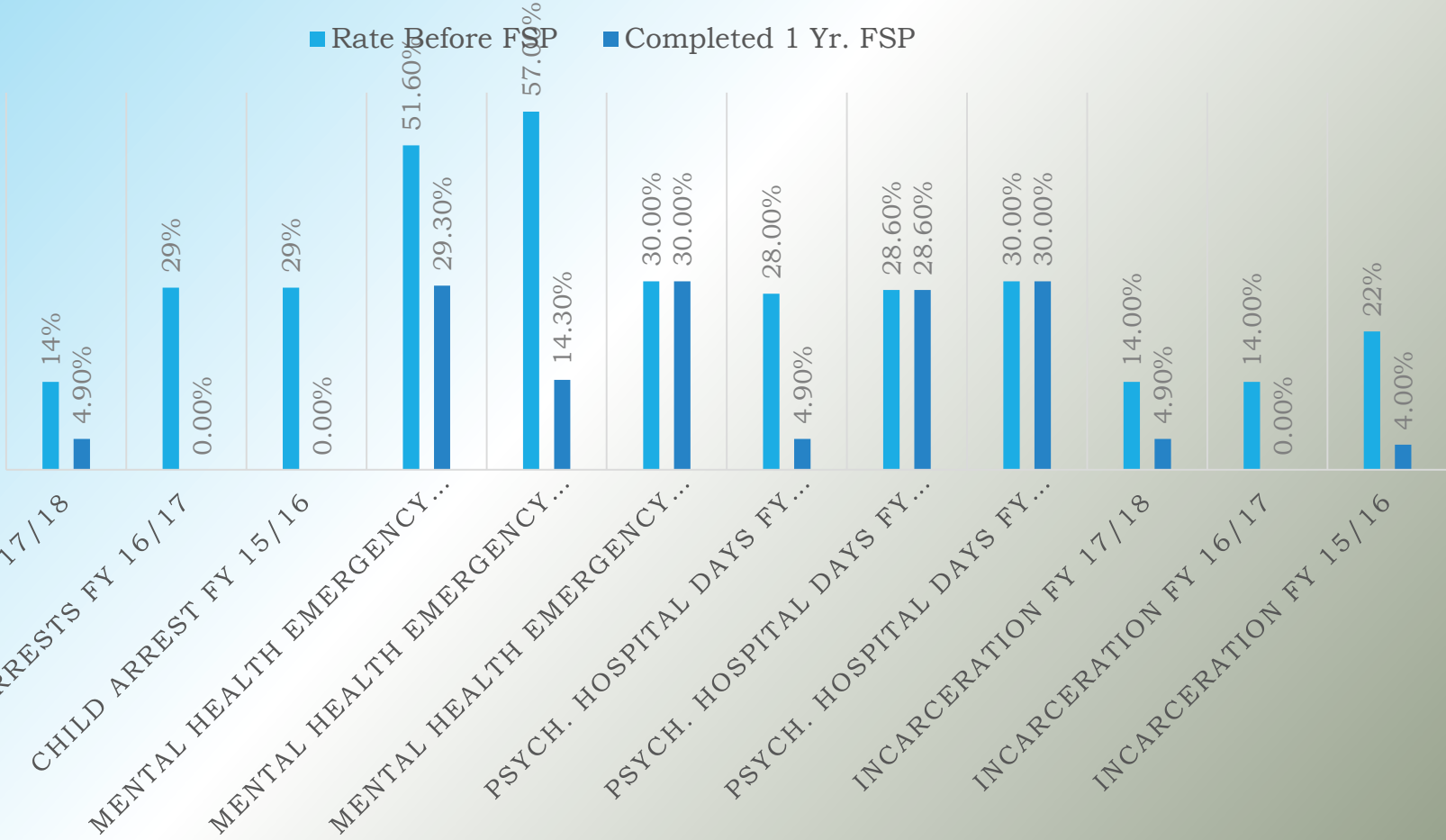
Full Service Partnerships Service Outcomes FY 15/16, 16/17 & FY 17/18

Child/TAY FSP Race/Ethnicity



Child/Youth/TAY - Full Service Partnerships Service Outcomes

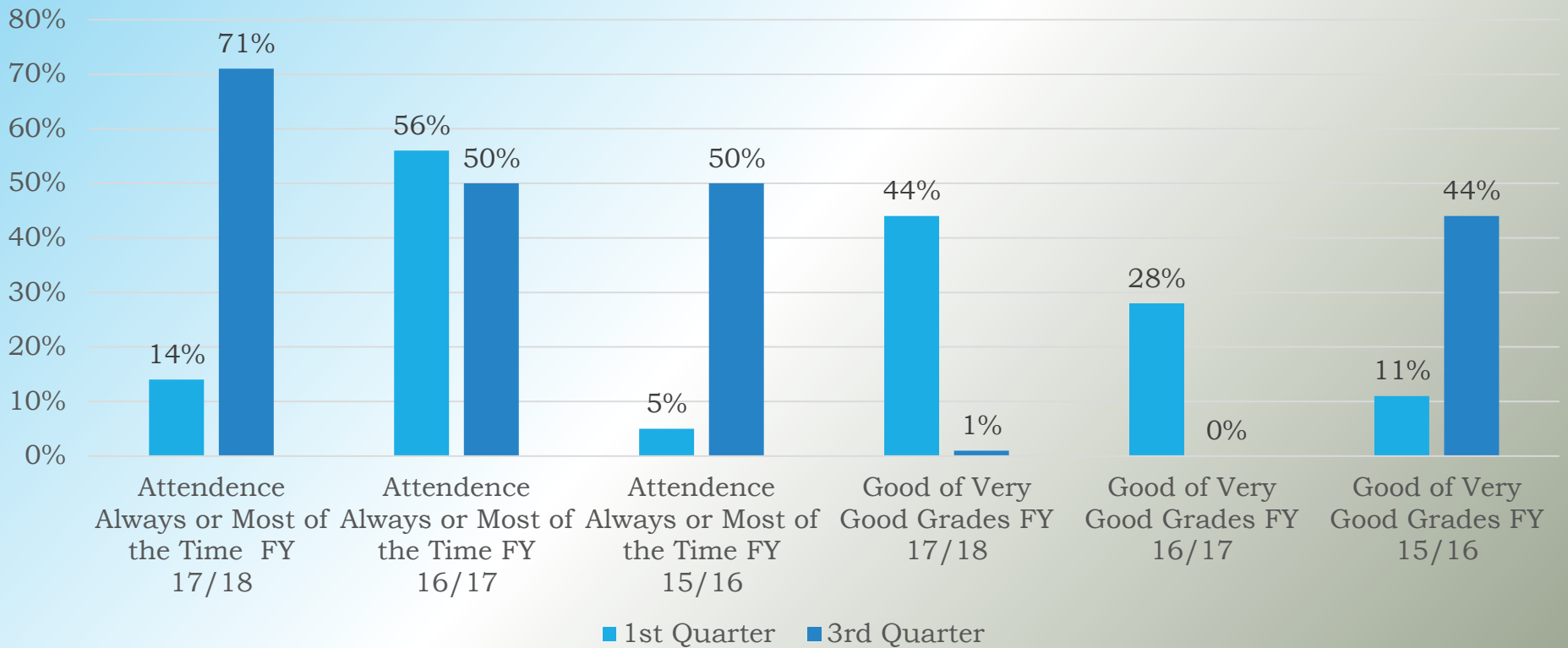
FY 15/16 - 17/18 – FREQUENCIES BEFORE FSP AND 1 YEAR



Full Service Partnerships Service Outcomes

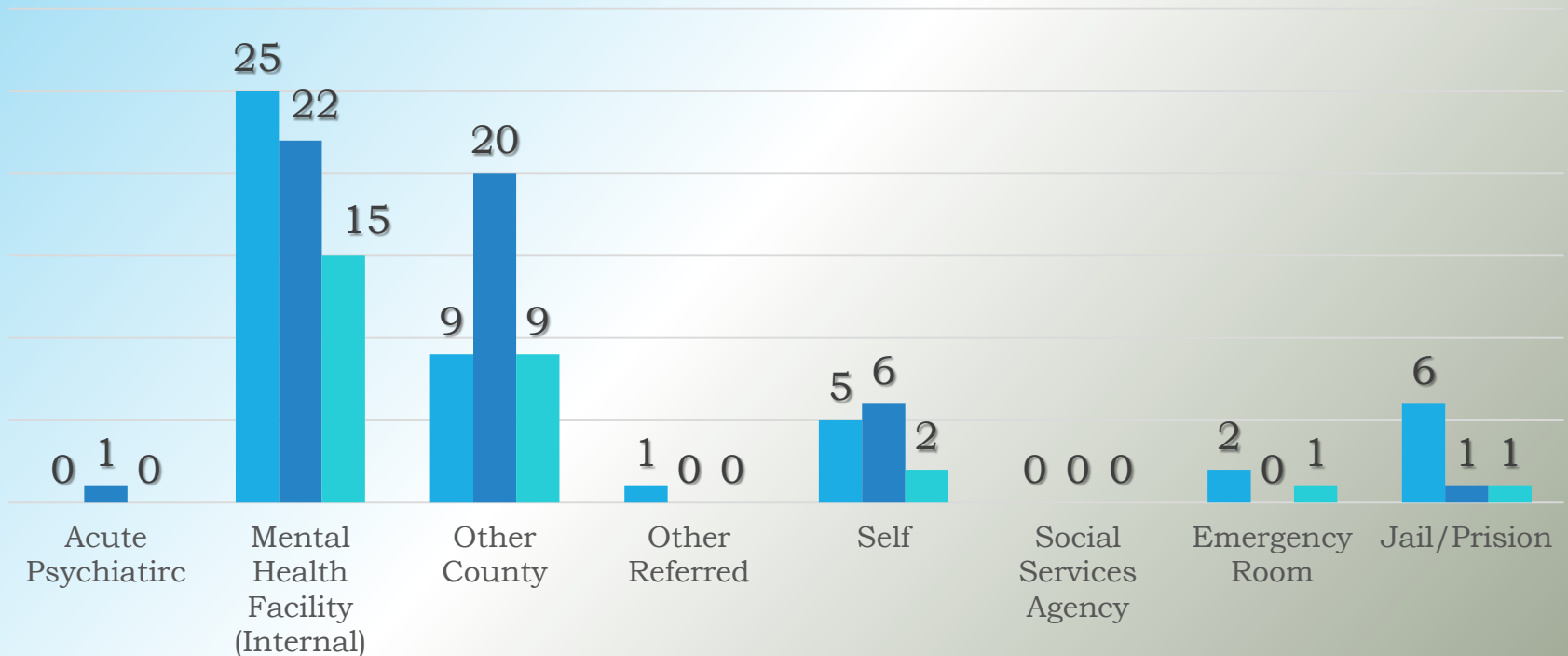
FY 16/17 and FY 17/18

(Time Frames Changed to Quarters and Not Years)



Full Service Partnerships Service Outcomes -FY 15/16, 16/17, 17/18

Adult/Older Adult FSP Referral Sources



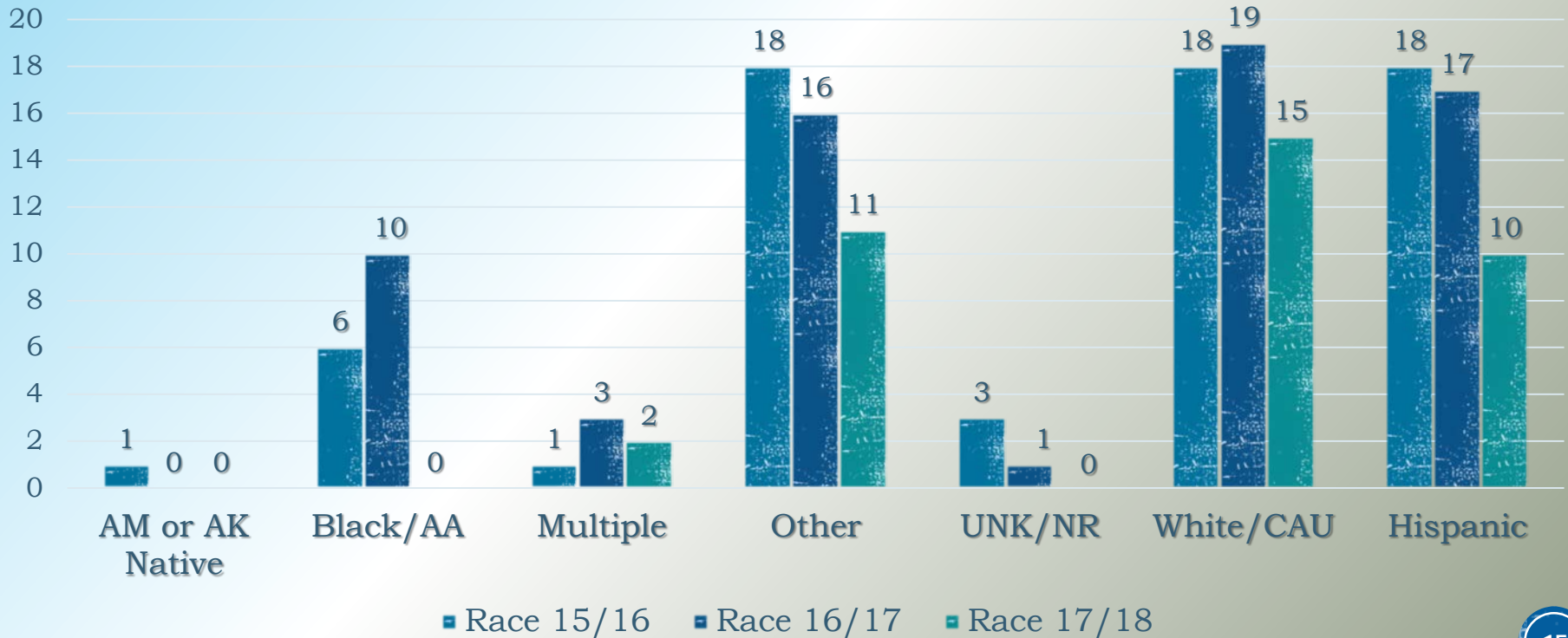
■ Referred by FY 15/16

■ Referred by FY 16/17

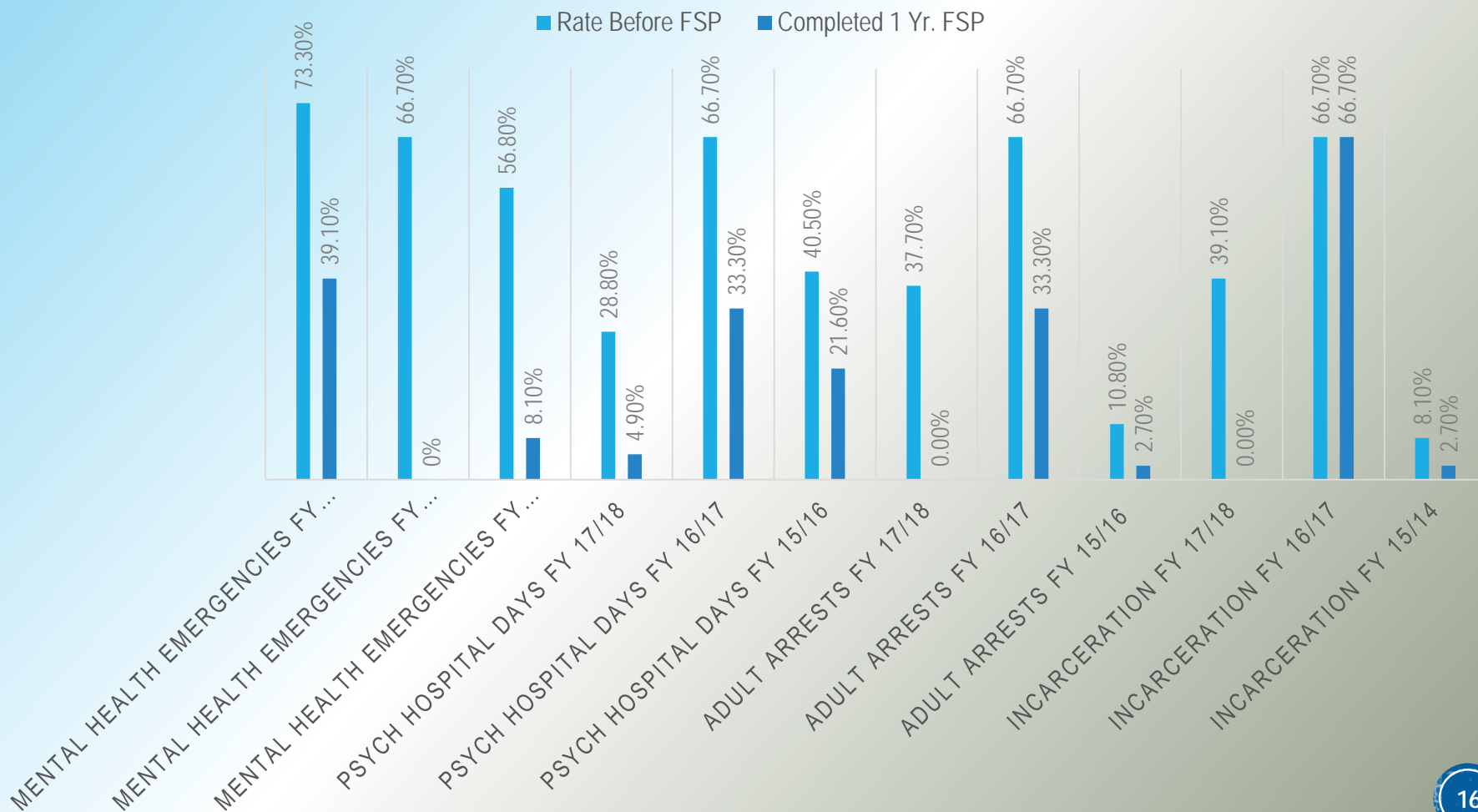
■ Referred by FY 17/18

Full Service Partnerships Service Outcomes FY 15-16, FY 16-17 & FY 17/18

Adult/Older Adult FSP Race/Ethnicity



Full Service Partnerships Service Outcomes FY 15/16, FY 16/17 & FY 17/18





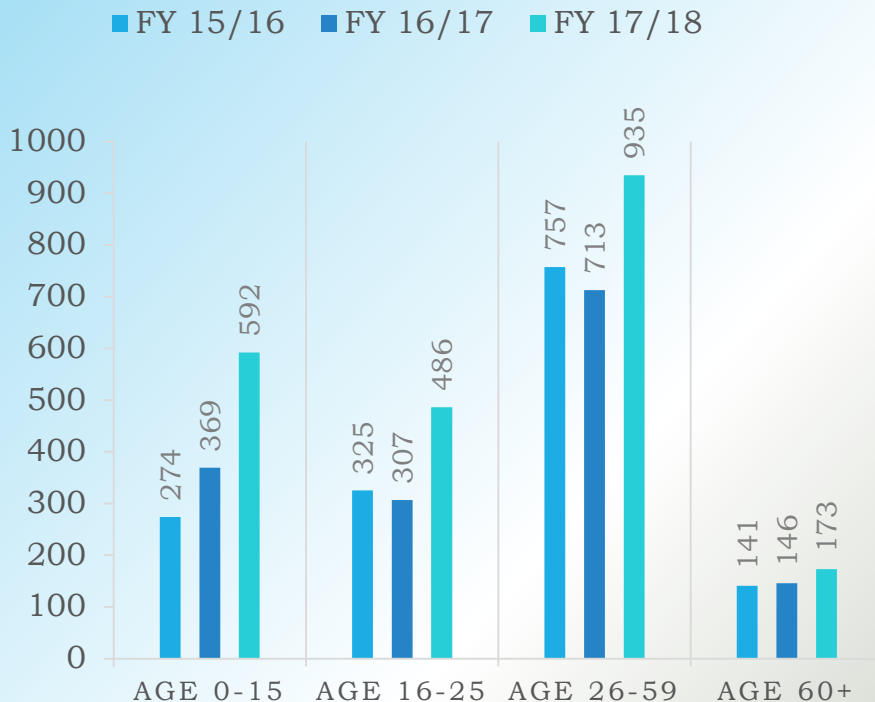
**Please rank
and rate
survey
options.**

**1, 2, 3 ... or
a, b, c**

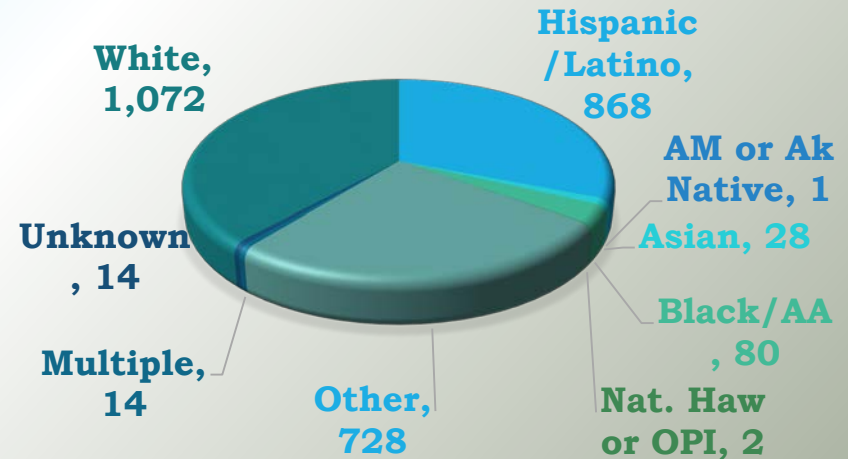


MHSA - System Development Service Outcomes FY 15/16, FY 16/17 & FY 17/18

MHSA EXPANSION – AGE BREAKDOWN



MHSA EXPANSION FY 17/18 RACE/ETHNICITY



- Supportive Services & Structure
 - Adds Administrative Support for Direct Services

Mental Health Services Act Prevention & Early Intervention (PEI) **Service Categories**

Purpose

- Mental Health Promotion & Disability Prevention
 - Promote Protective Factors
 - Reduce Risk Factors
- Programs
 1. Community Outreach & Wellness Centers
 2. Community & Family Education

1. Information Dissemination
2. Education
3. Access and Linkage to Treatment
4. Alternatives
5. Community Based Process
6. Environmental

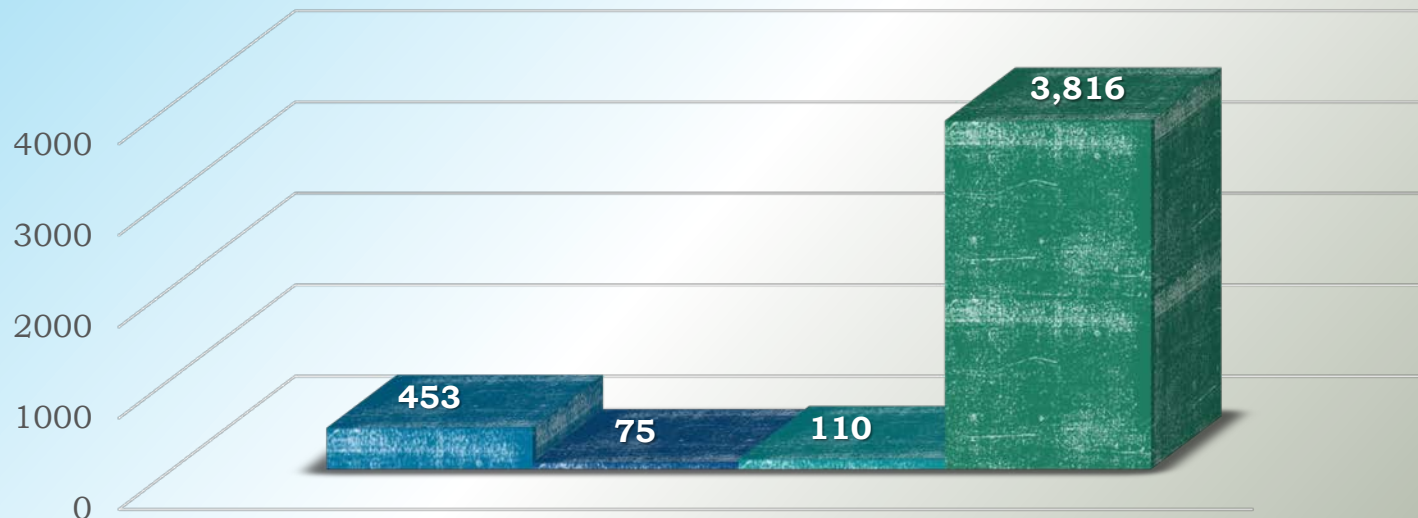
Social Ecological Model & Behavioral Health Services



- **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 organizations and other groups

Prevention and Early Intervention

Unduplicated Client Count
N = 4,454



Unduplicated Count

- Hope House
- Mountain Wellness Center
- Youth Empowerment
- Mental Health Educators

Hope House FY 17/18

Ages	
Adults	430
26 to 59	1,909
60+	15
High School Age	23
Ages 16-25	239

Race/Ethnicity - Services	
White	1,802
Black/African American	610
American Indian & Alaskan Native	103
Asian or Asian Indian/South Asian	149
Native Hawaiian and Other Pacific Islander	7
Unknown/Decline to Answer	10
Hispanic/Latino	5,062

Sexual Orientation	
Heterosexual of Straight	32
Male	27
Female	5

Hope House

Hope House Services Provided	
Peer Groups	625
Basic Needs (e.g. bathing, washing clothes)	504
Community Outreach Services	8
Community Events and Trips	42
Other Types of Services	331

Service Activity Locations (Other than Hope House)	
Community at Large	5
Community Drop in Center (other than HH)	2
Entertainment Venue (sports, etc.)	1
Faith Based Organization	1
Fair Grounds	10
Local Park	1
Mall/Shopping	1
Other Events away from Hope House	25
Recreational Activities	1

Mountain Wellness Center FY 17/18

Mountain Wellness Center <u>Services</u> Ages	
83	Ages 16-25
1,296	Ages 25-59
346	Ages 60+

Race/Ethnicity Participant <u>Services</u>	
569	White
4	Native Hawaiian and Other Pacific Islander
554	Unknown/Decline to Answer (Race
190	Hispanic/Latino

Mountain Wellness - <u>Ages</u>	
11	16-25
81	26-59
47	60

<u>Services/Activities</u> at Mountain Wellness Center	
371	Groups
48	Transportation Services & Other Activities

Youth Empowerment Program

FY 17/18

Youth Empowerment Program Services Count

924	Services to Youth Ages 0 - 15
1,248	Services to Youth Ages 16-24
9	Services Youth Older Than Sges18

FY 17/18

Youth Empowerment Program Services Provided

926	Total Services
136	Support Groups
2	1 to 1 Education/Support Services

FY 17/18

Youth Empowerment Program - Ages

62	0-15
84	16-24

FY 17/18

Youth Empowerment Program Race/Ethnicity of Participants

10	Asian or Asian Indian/South Asian
21	Black/African American
431	Hispanic/Latino
12	Native Hawaiian or Other Pacifica Islander
4	Two or More Races
69	White

Youth Empowerment Program

FY 17/18 Youth Empowerment Program Sexual Orientation	
7	Gay or Lesbian
109	Heterosexual
13	Bisexual
2	Questioning of Unsure or Sexual Orientation
2	Another Sexual Orientation
11	Decline to Answer

FY 17/18 Youth Empowerment Program Current Identity	
54	Male
87	Female
1	Questioning

FY 17/18 Youth Empowerment Program Gender Assigned at Birth	
55	Male
88	Female
1	Decline to Answer

FY 17/18 Youth Empowerment Program Outreach for Increasing Recognition of Early Signs of Mental Illness	
83	Outreach Services

Mental Health Educators FY 17/18

Mental Health Educators Participant Counts by - Age FY 17/18

Mental Health Educator	
0-15	709
16-25	1,271
26-59	1,454
60+	679
Community Health Worker	
16-25	709
26-59	53
60+	21

FY 17/18 Health Educators Services Categories

88	Mental Health Education Groups
86	1 to 1 Mental Health or Physical Education Sessions
13	Outreach Events

Unduplicated Participants Served

3,816

Mental Health Coordinator Training/Classes Participants – FY 17/18

3	ASIST	36
7	MHFA	103
2	MHFA - Youth	21
1	MHFA - Spanish	13
4	safeTALK	55
48	Mental Health Education (customized)	1,468

Mental Health Educators FY 17/18

Organizations and individuals Represented at Trainings – FY 17/18

54	Community Members
87	Behavioral Health Clients
2	Behavioral Health Staff
1	Social Services
2	Faith Based Organizations
2	CBO's
1	Family Member of Behavioral Health Client
6	Education/Schools
4	Corrections

Outreach Events FY 17/18

1	Autism Event
1	Back to School Night
2	BHS Family Festival
3	Camarena Health Fairs (FQHC)
1	Child Support Services Event (Professionals & Community)
2	First 5 Madera and Chowchilla
1	Homeless Awareness Event
1	Madera County Coalition for Justice
1	National Night Out (Professionals and Community)
1	Oakhurst Health Fair
1	Parent and Community Engagement Conference
1	Sierra Vista Back to School Event
2	Spooktacular – (Professionals & Community)
1	Tribal TANF Health Fair
1	Teen Parenting Conference
1	Walk Against Meth
1	Trinity Lutheran Church

Mental Health Educators FY 17/18

Outreach Race/Ethnicity Participants Contacted FY 17/18	
346	Hispanic/Latino
2	Other Hispanic Latino
11	Other Race
3	Non-Hispanic or Non-Latino
120	Unknown/Decline (Ethnicity)
32	Unknown/Decline (Race)
16	White

Outreach Language Spoken FY 17/18	
100	English
125	Spanish

Outreach Participants Ages FY 17/18	
15	0-15
66	16-24
130	25-59
32	60+

Sexual Orientation for Participants of Outreach Services – FY 17/18					
Sexual Orientation		Gender at Birth		Current Identity	
86	Declined to Answer	85	Female	2	Female
0		1	Decline to Answer	8	Decline to Answer
				5	

Type of Service Activity/Location FY 17/18

6	Behavioral Health Services
2	Church/Faith based Center
2	Community At Large
3	Drop in Center
1	Conference/Conventions
4	Correctional Facility - Youth
19	County/Provider Office
1	Fair Ground
4	Health Center/Clinic
3	Hospital
1	Mall/Shopping Center
2	Park
2	Recreational Activity – Family Festivals
5	School Site - Elementary
4	School Site – High School
2	School Site – Middle School
15	School - Preschool
1	Tribal Office/Site
2	University/College Campus
104	First 5 Madera County Resource Center
1	Department of Social Services

Mental Health Educators

Prevention Specialty Services (MHCOAC) FY 17/18

52	Outreach for Increasing Recognition of Early Signs of Mental Illness
24	Stigma and Discrimination Reduction
9	Suicide Prevention



**Please rank
and rate
survey
options.**

**1, 2, 3 ... or
a, b, c**



MHSA Innovation

Purpose

- Pilot new projects
- Primary Purpose Options:
 1. Increase access to MH services
 2. Increase access to MH services to underserved groups
 3. Increase the quality of mental health services (measurable outcomes)
 4. Promote interagency and community collaboration related to mental health services or supports or outcomes

Current & Proposed

- Current Initiatives Successfully Completed our Goal!!
 - It successfully Promoted Interagency & Community Collaboration, that included a wide range of organizations
 - The first project provided maternal wellness services (Nurture 2 Nurture Madera).
 - The next step is to develop other types services, using the coalition framework

3 More MHSA Innovation Ideas

Idea 1. Increasing Access to Mental Health Services

- Partnering with CSUF Nursing School Mobile Clinic
- Rational
 - Integrating mental health services would help to reach hard to reach populations
 - Increasing access reducing to distance between home and services
 - Reducing stigma related to mental illness by delivering services in a health setting
 - ACEs Screener

Idea 2. Increasing Access to Mental Health Services

- Addressing barriers to accessing daily living needs related to cognitive trauma.
 - Screening Adverse Childhood Experiences (ACEs) that compromise people's ability to meet their needs
 - Educate Impact of ACEs
 - Facilitate to needed daily living needs (e.g. Prevention Education, Treatment, Basic Living Needs)

Innovation Ideas

Innovation Idea 3

- **Increasing Access to Mental Health Services**
 - Technology based mental health services
 - Identify and Engage Individually More Frequently Through Technology
 - Assessments/Screenings
 - Supportive Services
 - Prevention and Early Intervention
 - Family and Client Support
 - Peer Support
 - Decrease Psychiatric Hospitalization and Emergency Services

Innovation Idea 4

- **Increasing Access to Mental Health Services**
 - Addressing the low public mental health access rate
 - Barriers Include
 - Belief (MH will be helpful)
 - Stigma (especially in rural areas)
 - Attitude (people believe they can impairment)
 - Family Poverty
 - Lack of Appropriate School Support
 - Lack of needed services (e.g. mental health/transportation)
 - Awareness (parents cannot identify symptoms of mental illness - only 22.7% of parents can Id these symptoms)
 - **3 Principles to improve outcomes**
 - Stress Reduction Resources
 - Life Skills (resource access, navigating systems, etc.)
 - Changing Social Spaces to Build Positive Relationships/Social & Connectedness

Current Intervention Project

Why a Coalition?

- Individuals in rural counties and living at the poverty line have many unmet needs; including access to mental health services, medical care (low or no literacy in mental illness), basic needs, transportation, employment, etc.
- Although there are resources to meet their many needs; they are challenged to access all these need from many organizations.
- Due to low income, low ability to access needed services, and the knowledge of what is troubling them, individuals and families do not needed resources
- The Conceptual Challenge is a Coalition/Collaboration that are made of Organizations
 - Coalitions are a Process and not an Organization, even though they are made up of organizations

Current Innovation Project

Primary Purpose

- Innovation Projects are Pilot Projects That Introduces New Practice or Approach
- Can Last Up to 5yrs
- Current Project Focused on:
 - Promote interagency and community collaboration related to mental health services or supports or outcomes
 - **This project will end in June 30, 2019**

Coalition Developed

- **Main purpose** - develop ability/ capacity to help people access many resources all at once, in a timely manner.
- Created a working **coalition** consisting of many of organizations
 - First services developed the coalition was perinatal services
 - The Hub Organization was Nurture2Nurture
 - Next step for Coalition is:
 - Sustainable funding
 - **Develop services for deferent types of needs** (e.g. Youth Involved Juvenile Justice, Quality of Life for Older Adults, Homelessness Individuals)

Innovation Outcomes

Hub Organization Clients - FY 17/18

- Client Outcomes
 - 170.9% Increase of Referrals
 - 25% Increase Participant Level
 - 96% Members Gave Highest Satisfaction Mark for Program
 - 85.7% to 100% Participants Would Refer people to Program
- Client Services
 - 81 Information Services
 - 3,866+ Outreach Groups
 - 43 Training Workshops
 - 37.8% Increase in Knowledge of Mood and Anxiety (related to perinatal challenges)

Coalition/System – FY 17/18

- 40% Coalition Members Increase from FY 16/17
 - Collaborative Strength Survey
 - Stakeholder Satisfaction
 - Key Semi-Structured Informant Interview

Nurture 2 Nurture Measures

Collaboration Measures FY 17-18

	FY 16/17	FY 17/18
Total Individuals	225 (duplicated)	80

Outreach		
Total	FY 16/17	FY 17/18
	3,095	3,866

Comparison of Collaborative Strengths Dimensions Between 2015 - 2018

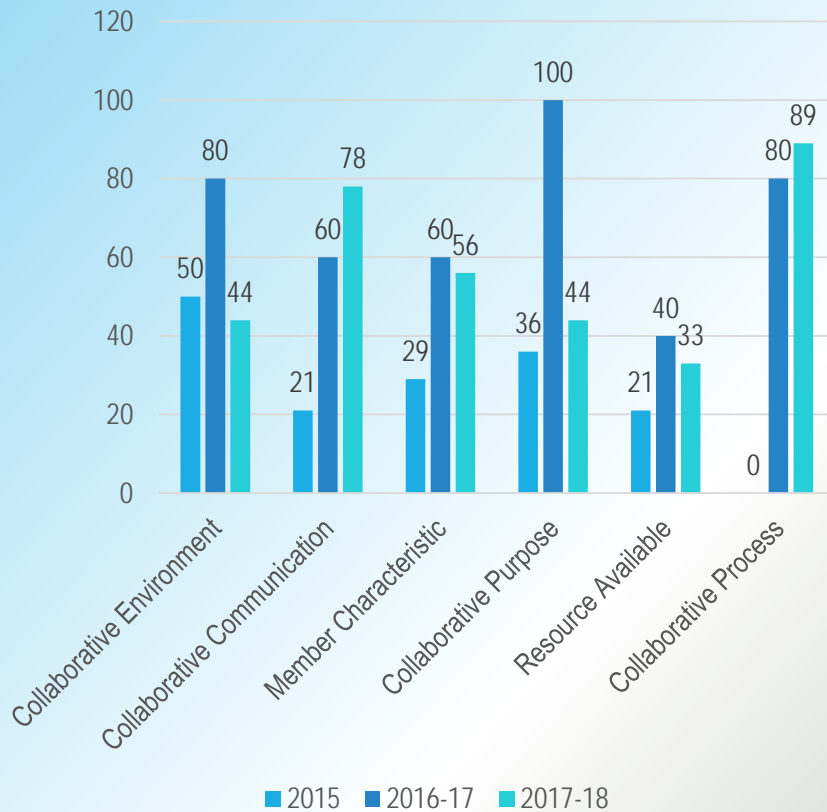
	2015	FY 2016-2017		FY 2017-2018	
	n = 14	n = 5	t	n=9	t
Collaborative Environment	3.77 (.30)	4.10 (.29)	1.75	3.87 (.59)	.49
Collaborative Communication	3.43 (.48)	4.12 (.41)	2.84*	4.29 (.55)	-.60
Member Characteristics	3.55 (.60)	4.10 (.38)	-1.90	4.00 (.72)	.12
Collaborative Purpose	3.78 (.38)	4.03 (.06)	-1.44	4.02 (.37)	.07
Resources Available	3.40 (.49)	3.60 (.42)	-.79	3.81 (.56)	.44
Collaborative Process	3.25 (.59)	4.18 (.36)	3.25**	4.34 (.43)	-.73

Notes: * p < .05. ** p ,.001. n =14 in 2015. n = 5 in FY 2016-2017 and FY 2017-18

Maternal Wellness Coalition Measures

Nurture 2 Nurture

Percent Comparison of Collaborative Strengths



Stakeholder Satisfaction 2015 & FY 2016-17

Survey Dimension	Average Percent Satisfied (2015)	Average Percent Satisfied (2016-17)	Average Percent Satisfied (2017-18)
Planning & Implementation	72	62.9	78
Leadership	77	67	76.3
Diversity of Perspective	67	65	71
Progress and Capacity	67	67.5	79.3

Nurture 2 Nurture Madera (N2N-M) & Maternal Wellness Coalition (MWC)

Race/Ethnicity	FY 15/16	FY 16/17	FY 17/18
American Indian or Alaska Native	0	0	5
Asian	0	0	0
Black or African America	0	9	12
Caucasian/White	16	44	63
Hispanic/Latino	26	234	288
Native Hawaiian or Pacific Islander	8	1	0
Two or More Races	0	171	0
Other	1	1	14
Unknown/Decline to State	0	32	0
Unduplicated	51	492	382

Participant Age FY 17/18	
Gender	Number of Responses
0-15	44
16-24	75
25-30	51
31-35	58
36-40	41
41-50	21
51-80	11
Unknown/Decline to Answer	13
Unduplicated	322

Nurture 2 Nurture Madera (N2N-M) & Maternal Wellness Coalition (MWC)

Language	FY 15/16	FY 16/17	FY 17/18
American Sign Language	0	0	0
English	13	152	145
Indigenous/Mexican	0	0	21
Spanish	15	123	145
Unknown/Decline to Answer	0	0	11
Unduplicated	28	275	322

Gender 17/18	
Male	54
Female	266
Transgender	0
Prefer not to Answer	2
Unknown	0
Unduplicated	322

Nurture 2 Nurture Madera (N2N) FY17/18

Maternal Wellness Coalition Measures of Growth			
Program Outcome Variables	Unduplicated Numbers 2016-17	Unduplicated Numbers 2017-18	Percent Increase
Maternal Wellness Coalition Membership – Community Services	15(34)	21(63)	40%(85.29%
Nurture2Nurture Referrals	141	382	170.9%
Nurture2Nurture Client Services	64	80	25%
Education and Training Workshops	31	43	38.7
Nurtutre2Nurture Events Outreach	72	78	8.33%
Events (Individuals)	N=3,274	N=3,866	18.08%

Nurture 2 Nurture Madera (N2N-M) & Maternal Wellness Coalition (MWC)

Key Finding

- **Relatively low levels of PMAD awareness exist for Madera residents; efforts to increase awareness continue.**
- **Estimates of Madera County PMAD prevalence rates are at least 19.5%.**
- **N2N referrals have increased.**
- **PMHIP and the MWC appear to have enhanced the capacity to identify and treat women with PMAD.**
- **N2N support services and competency training indicate that are effective.**
- **Two measures indicate an enhanced coalition strength.**
- **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.**

Key Findings

- Low levels of Awareness of Perinatal Mood and Anxiety Disorder (PMAD) in Madera
 - Efforts to increase awareness continue.
- Service Provides and Policy Makers are Increasing Awareness:
 - 170.9% increase of PMAD and the Coalition
- The Hub Organizations (N2N) direct service clients has gone up by 25%.
- N2N support services, workshops/education competency training continue to expand (i.e., 744 trainees)
 - high levels of increase in knowledge.
- Active coalition members has increased by 40%
 - collaborative strength and synergy is high.
- Sustainability measures are underway.



**Please rank
and rate
survey
options.**

**1, 2, 3 ... or
a, b, c**



MHSA Housing Projects

MHSA Housing Program

- Four Bedroom House - Supportive/Shared Housing Project – Madera
- Four-plex Supportive/Shared Housing Project – Chowchilla
- Additional Project: Seven Bedroom Apartment Project in Oakhurst Area
- One Time Housing Assistance to Prevent Homelessness

Workforce Education & Training

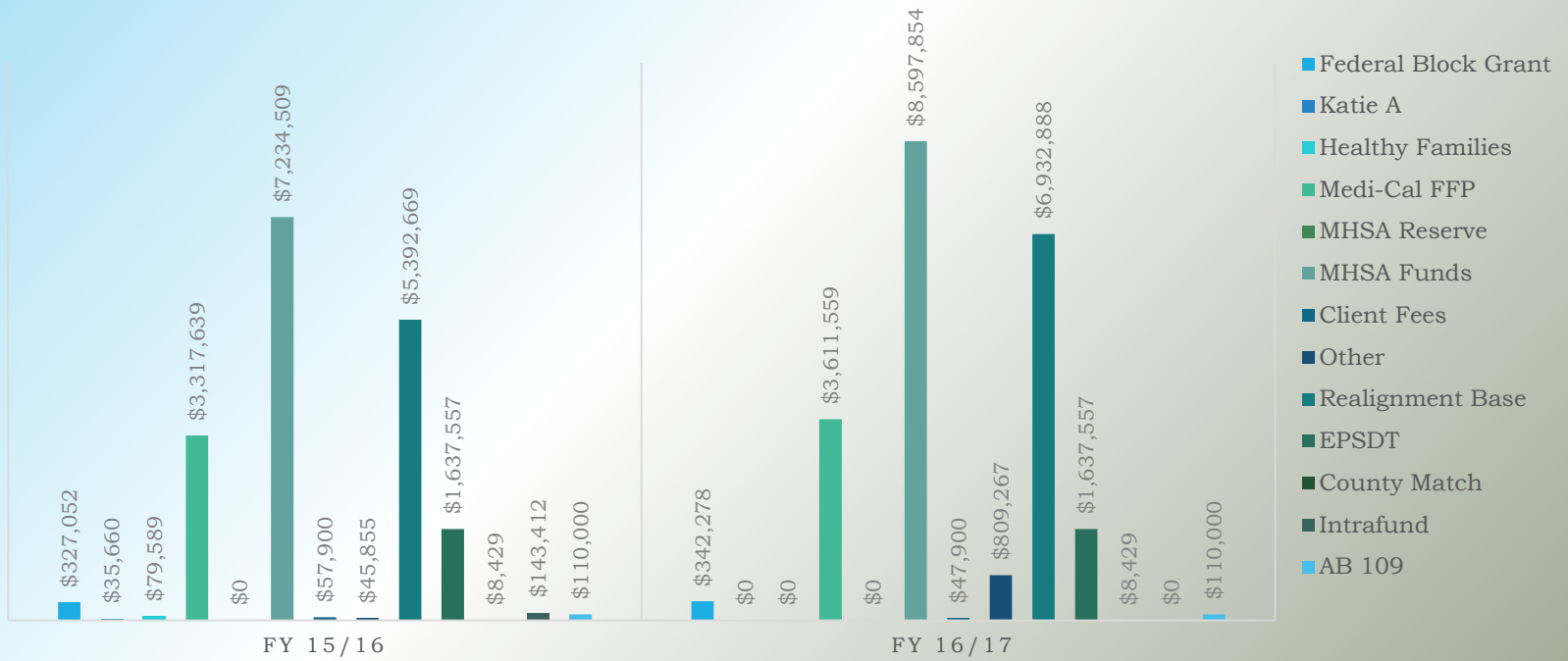
BHS Staffing Race/Ethnicity					
	2018	2017	2016	2015	2014
White	44	45	46	43	50
Hispanic	78	82	80	65	55
African American	7	8	10	7	10
Asian	6	4	5	3	3
Other	9	7	8	8	9
Total	142	155	148	126	127

Staffing Needs
<ul style="list-style-type: none"> • Psychiatrist (especially certified specialties) • Registered Nurses • LCSW/LMFT Therapists • ASW/MFT (Pre-licensed) • Certified AOD Counselor • Hispanic/Spanish Speaking Direct Service Providers
Spanish Speaking and Hispanic Thresholds
<p>45% of Staff Speak Spanish Fluently 55% of All Staff Are Hispanic 24% of Therapist Speak Spanish</p>

Madera Mental Health Funding Amounts by Category

FY 16/17 Total = \$22,876,502

MENTAL HEALTH BUDGET BREAKDOWN



Come to a Planning Meeting

Stakeholder Meeting Dates for 2019

Madera County Libraries

May 6 th Chowchilla Library	1 pm – 3pm
May 9 th North Fork Library	1 pm – 3pm
May 16 st Madera Ranchos Library	1 pm – 3pm
May 21 st Hope House Madera	10 am – 1pm
May 22 nd Mountain Wellness Center	10 am – 1pm
June 8 th Oakhurst Library	9 am – 12pm

Electronic Survey 2019

**Please Share Link to Our Planning Survey
Stakeholder Survey 2019**

Link <https://www.surveymonkey.com/r/YMN68G8>

Let us know if you would host state for this presentation

For further information call David Weikel

- Office Number (559) 673-3508
- Email: david.Weikel@maderacounty.com



- Thank you for your time and interest in improving mental health and substance abuse services to Madera County residents