# Mental Health Services Act

WELLNESS • RECOVERY • RESILIENCE

3 YEAR PLAN

**FY 2020-2023**

**MADERA COUNTY**

**BEHAVIORAL HEALTH SERVICES**

**(MCBHS)**

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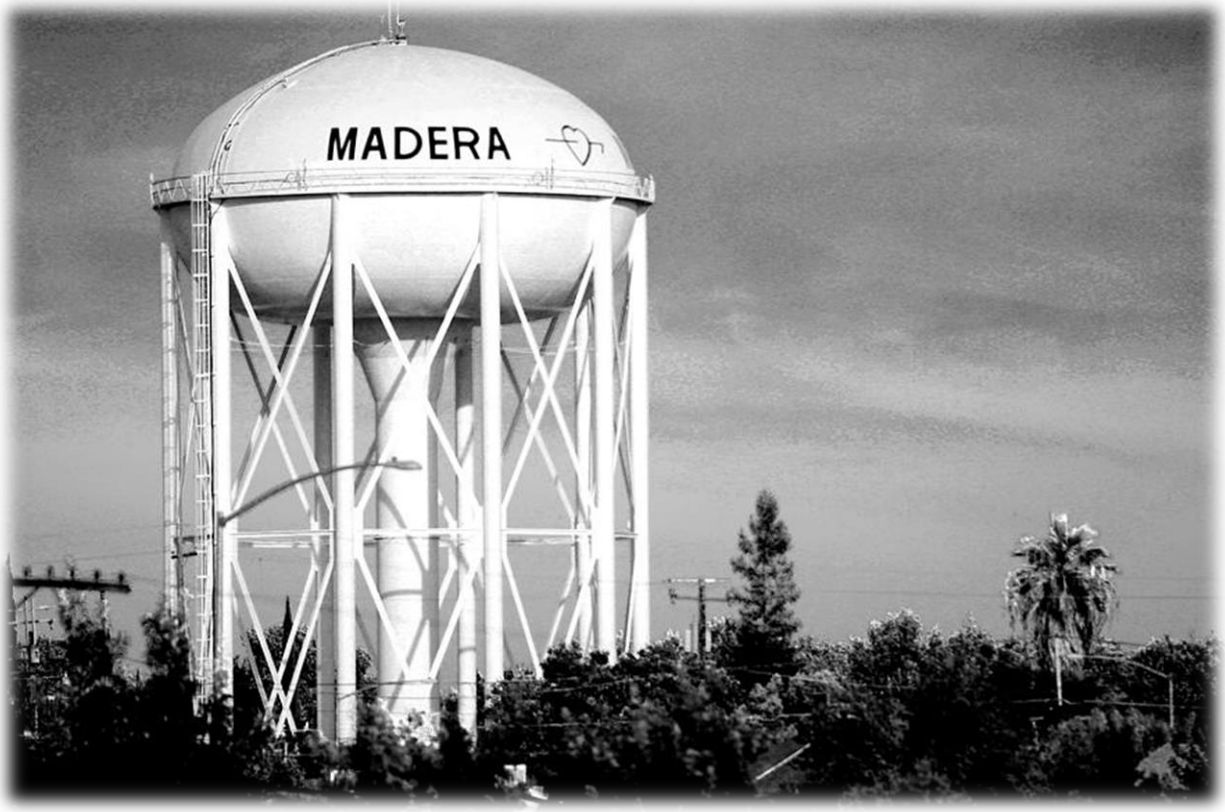
## Mental Health Services Act

# Madera County Introduction



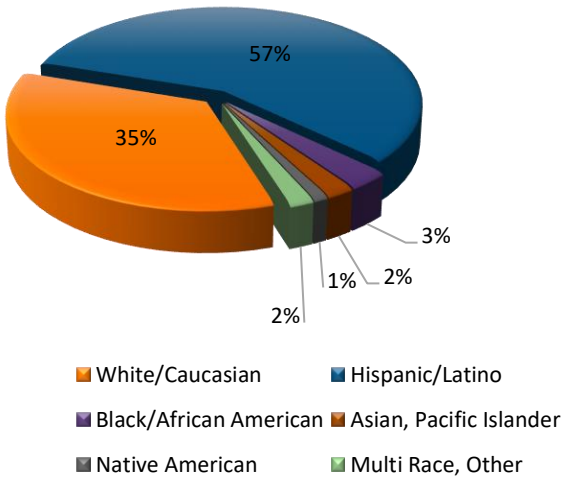
# General Information


Madera County is in the geographic center of California. It spans 1,374,160 acres (2,147 miles) and is considered the heart of the Central Valley. It features a great qualify of life and has a low cost of living. The median price of homes sold is $282,700. It also sits on some of the richest agricultural land in the nation which is why agriculture is one of Madera County's largest industries. The agricultural industry has a gross value of just over $2 billion annually. Government and manufacturing are also amongst the largest industries. Government accounts for 24% of the County's workforce and there are over 100 manufacturing and processing plants in the area. Since Madera is centrally located, it allows to for easy accessibility to metropolitan areas through State Highway 99, Highway 152, Highway 41 and Interstate 5. Los Angeles and San Francisco are only a 3-hour drive. Highway 41 also serves as the southern entrance to the beautiful Yosemite National Park.

# Demographic Information

According to the US Census fact finder, in 2017 Madera County had 154,440 residents. The Department of Finance calculates that as of July 2019, County of Madera has about 159,536 residents in the county.

## Population by Race/Ethnicity



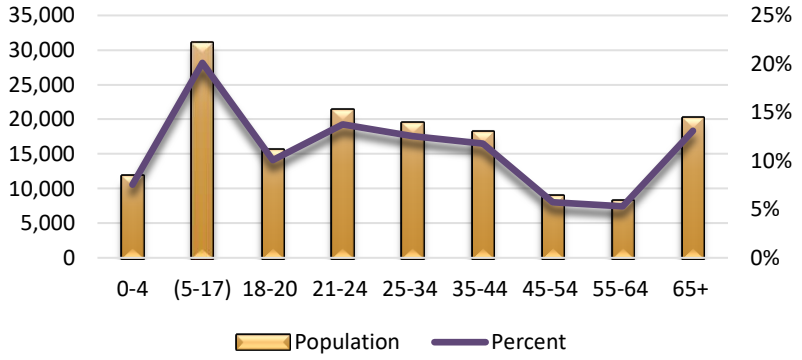

**Population estimate breakdown for Race/Ethnicity is as follows:**

| | |
|---|---|
| **1. Hispanic/Latino:** | **57%** |
| **2. White/Caucasian:** | **35%** |
| **3. Black/African American:** | **3%** |
| **4. Asian, Pacific Islander:** | **2%** |
| **5. Multi-race, other:** | **2%** |
| **6. Native American:** | **1%** |

Madera is a small county; however, it has a diverse population when it comes to Race/Ethnicity. There are two dominant populations. Those populations are Hispanic/Latino and White/Caucasian. Latinos make up 57% of the population and the White/Caucasian community occupies 35% of the population. They are then followed by the African American population who occupy 3% of the population.

*Data Source: Fact Finder tool, 2017 U.S. Census Bureau

## Population by Age



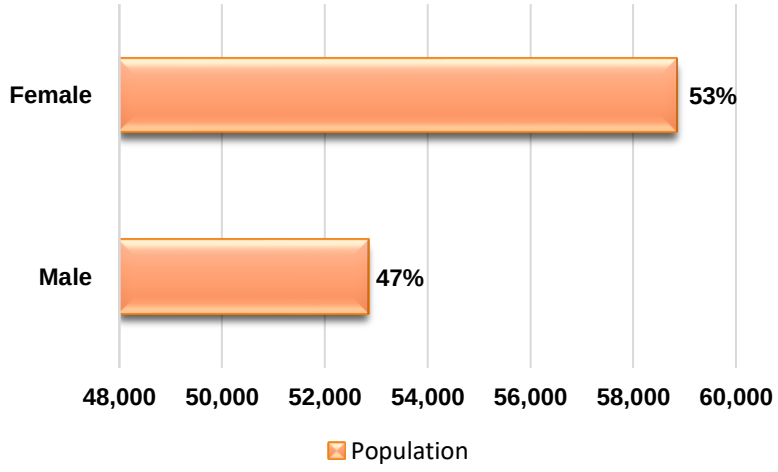

**Age breakdown:**

| | |
|---|---|
| **0-4:** | **7.57%** |
| **5-17:** | **20.11%** |
| **18-20:** | **10.10%** |
| **21-24:** | **13.76%** |
| **25-34:** | **12.57%** |
| **35-44:** | **11.77%** |
| **45-54:** | **5.74%** |
| **55-64:** | **5.31%** |
| **65+:** | **13.07%** |

Approximately 51.54%% of the population is under 25 years old, while 35.39% of the population is 25 - 64 years of age. The senior population is relatively small, with only 13.07% being over the age of 65. With that information highlighted, 75.87% of the population is 44 and younger and only 24.13% is 45 and older which emphasizes the fact that Madera County has a younger population. The age range between 5-17 years old has the highest percentage with 20.11% in that age range. Madera County has a noticeably young population and it is expected that the need for Prevention and Early Intervention programs (page 63) will be expected to rise.

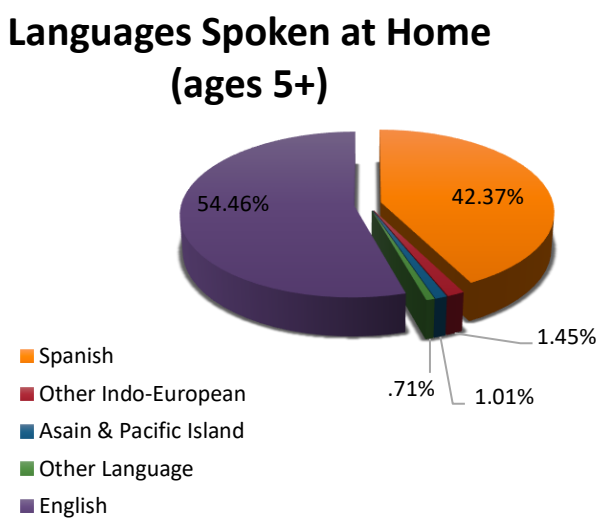
*Data Source: Fact Finder tool, 2017 U.S. Census Bureau

## Population by Gender




There are 6% more females in Madera County than males. Females take up 53% of the population and Males make up 47%.

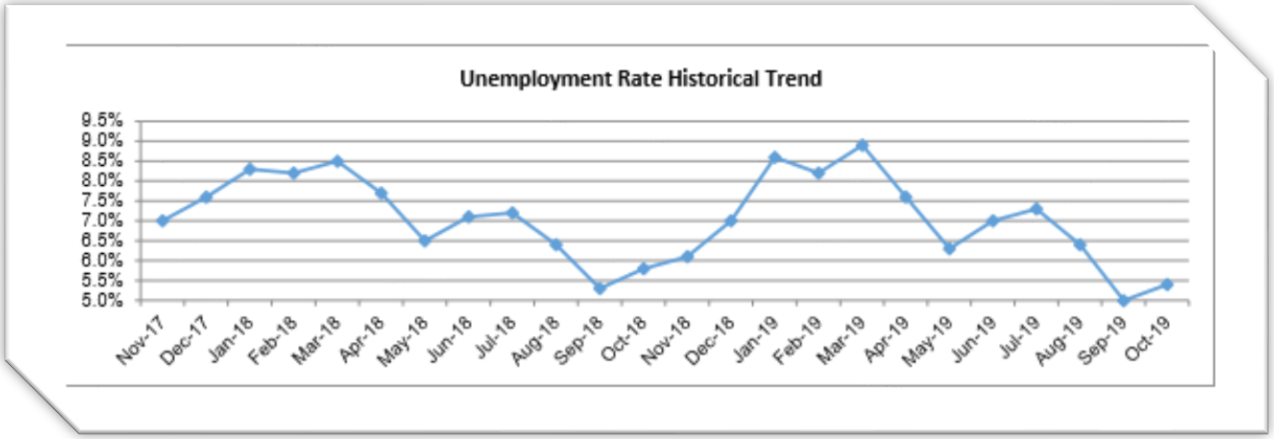
*Data Source: Fact Finder tool, 2017 U.S. Census Bureau




The top two languages spoken at home are English and Spanish. Spanish is a threshold language in the County of Madera.

*Data Source: Fact Finder tool, 2017 U.S. Census Bureau

The unemployment rate in the Madera County was 5.4 percent in October 2019, up from a revised 5.0 percent in September 2019, and below the prior year estimate of 5.8 percent. This compares with an unadjusted unemployment rate of 3.7 percent for California and 3.3 percent for the nation during the same period.




As of March 2020, due to COVID-19, the Employment Development Department (EDD) has Madera County at a 10.5% unemployment rate vs California that rose to 5.3%.

*Data Source: State of California, Employment Development Department*

# Community Program Planning Process (CPPP)

# MHSA Overview

In November 2004, California voters passed Proposition 63 now known as the Mental Health Services Act (MHSA). MHSA provides funding to increase resources to support county mental health programs. The funding for MHSA is attained by a 1% tax on incomes over $1 million. MHSA was created with different components to better address the continuum of care necessary to revamp the public mental health system. The guiding standards for planning, implementing, and evaluating programs are:

- Community collaboration
- Cultural competence
- Client and family driven services
- Wellness, recovery, and resilience focused
- Integrated service experiences for clients and families

The Mental Health Services Act was created on the notion that community stakeholders would take an active role in partnering with the county on mental health service needs. Every year Madera County holds various stakeholder meetings to gather feedback for community needs and direction on drafting the MHSA Three-Year Program and Expenditure Plan or Annual update. Welfare and Institutions Code (WIC) 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan followed by Annual Updates for the Mental Health Services Act (MHSA) programs and expenditures.

# The Stakeholder Process

Madera County Behavioral Health Services (MCBHS) understands the importance of having the community aligned and involved in the planning process. MCBHS is committed to being inclusive of all stakeholders, family members, and community members who wish to take part in the planning process. For this reason, Community Program Planning Process (CPPP) meetings are held at local community centers and libraries which deliver easy accessibility (ADA), adequate parking and free interpreting services provided upon request. Every year, in the span of a month, several meetings are held in different regions of Madera County. This practice has allowed MCBHS to establish a consistent communication pathway for the community to identify areas of needed improvement. Besides being updated on several topics such as program planning, mental health policy, and implementation of programming, stakeholders are also provided with educational material regarding mental health. The focus is to receive

feedback and provide community education on mental health to make informed decisions on community needs.

The plan is drafted and presented at a public hearing which is held by the local Behavioral Health Board. Stakeholders are given a 30-day public comment period on the drafted MHSA plan before its adoption.

## Local Review Process

For Fiscal Year (FY) 19-20 due to COVID-19, all in person community meetings were canceled. MCBHS had to transition to online presentations/resources to ensure the safety of the community while still allowing for stakeholder participation in the planning process. Depending on the outcome of COVID-19, future planning meetings may look vastly different. The need to incorporate social distancing and conduct virtual or online resources may continue for an undisclosed amount of time. Madera County will be looking at ways to service their demographic by increasing its online presence. The goal is to begin conducting these meetings not only virtually/online but year-round to allow accessibility, participation, and an adjustment period in this new process.

## Personnel

A Program Supervisor has been assigned as the MHSA coordinator. The coordinator is responsible for organizing and carrying out the planning meetings. The MHSA coordinator is also responsible for ensuring that a diverse audience attends each meeting. The coordinator posts meeting information at various community centers, libraries, and the MCBHS website so that unserved and underserved populations including those with Serious Mental Illness (SMI) and/or Serious Emotional Disturbance (SED) and their family have the opportunity to participate in the CPPP. Meetings are held in different regions of Madera County as a convenience to the stakeholder. They are given updated program information and education to receive solid feedback. Comments are collected directly by the coordinator both in person and electronically. Meetings are documented through MCBHS' website, community centers, and by sign in sheets.

The MHSA Coordinator had also conducted 63 one on one interviews with stakeholders to see what patterns emerge from the dialogues. As previously mentioned, due to Covid-19 for FY 19-20 in person community presentations were halted. MCBHS transitioned to online resources to

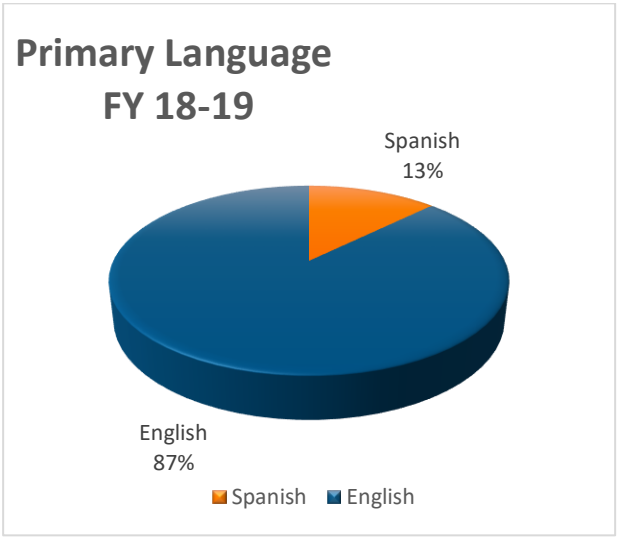
keep the community informed. The MHSA coordinator will continue his efforts to increase MCBHS' online presence.

## Stakeholder Participation

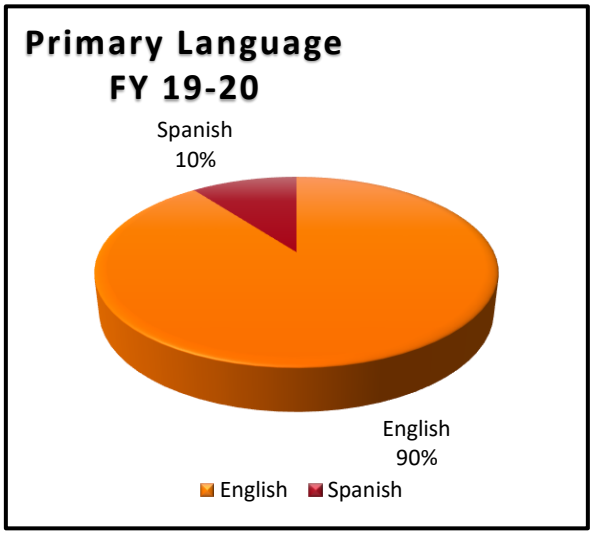
During the Community Planning Process Presentation, stakeholders are given an opportunity to provide feedback. Attendees of the Community Planning meeting are given hardcopy surveys and they are collected once completed. Those that did not attend are able to go to MCBHS' website and fill out the survey at their earliest convenience. A series of questions are asked to better understand the needs of the public. Attendees are asked to rate issues from the most important to least important. Although participants were encouraged to complete the entire survey, it is not mandatory. Stakeholders had the option to only answer questions they felt comfortable answering so each topic may differ in the number of responses collected.

Below are the results of the surveys collected for Fiscal Year 2018-2019 and Fiscal Year 2019-2020. For FY 18-19, there was a total of 58 surveys collected during the planning process. Surveys collected were mostly hardcopy. For FY 19-20, a total of 91 stakeholders completed a survey. Due to Covid-19, all in person presentations were canceled for FY 18-19 and all responses collected were from online surveys.

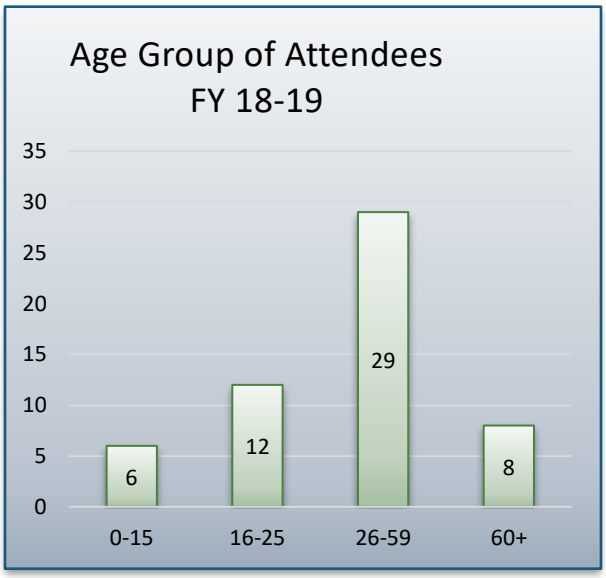
### Participation Demographic Information for FY 18-19 and FY 19-20:



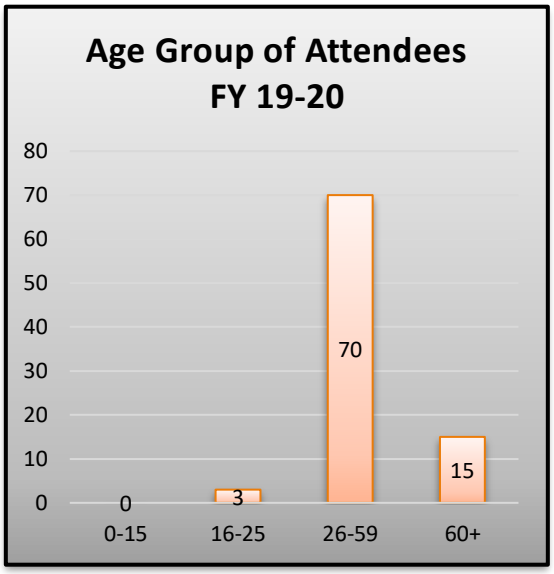

*55 responses



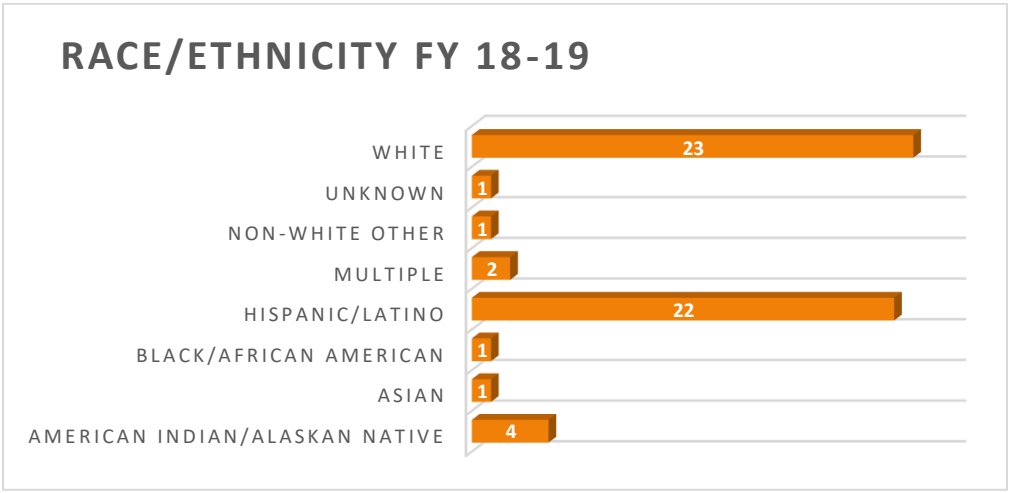

*87 responses



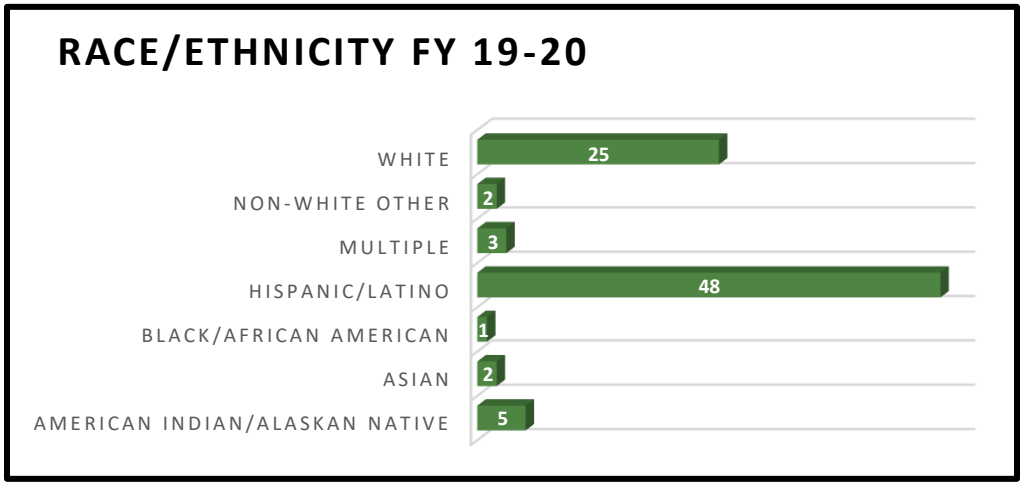

*55 responses



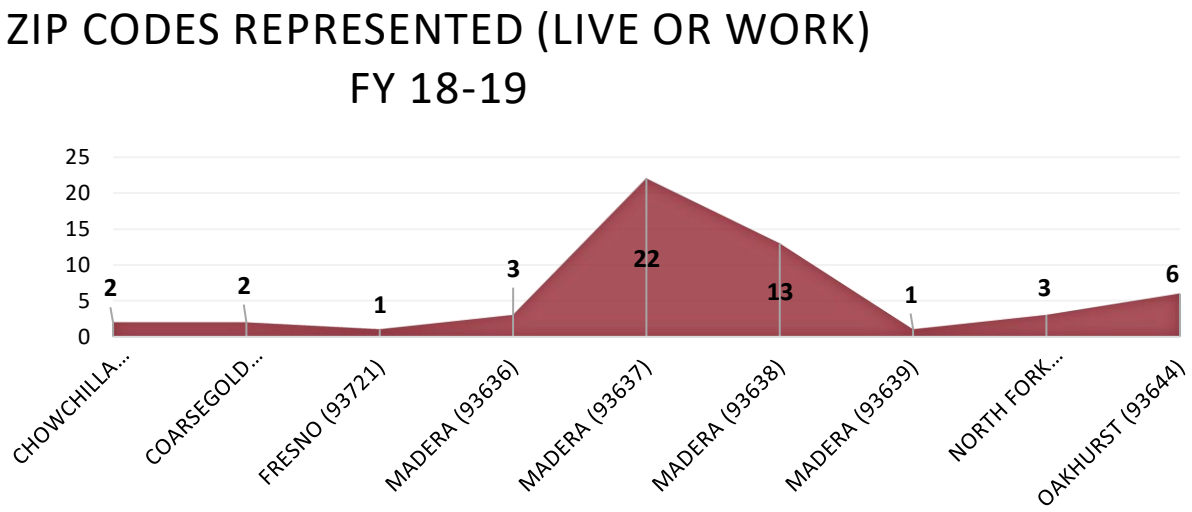

*88 responses



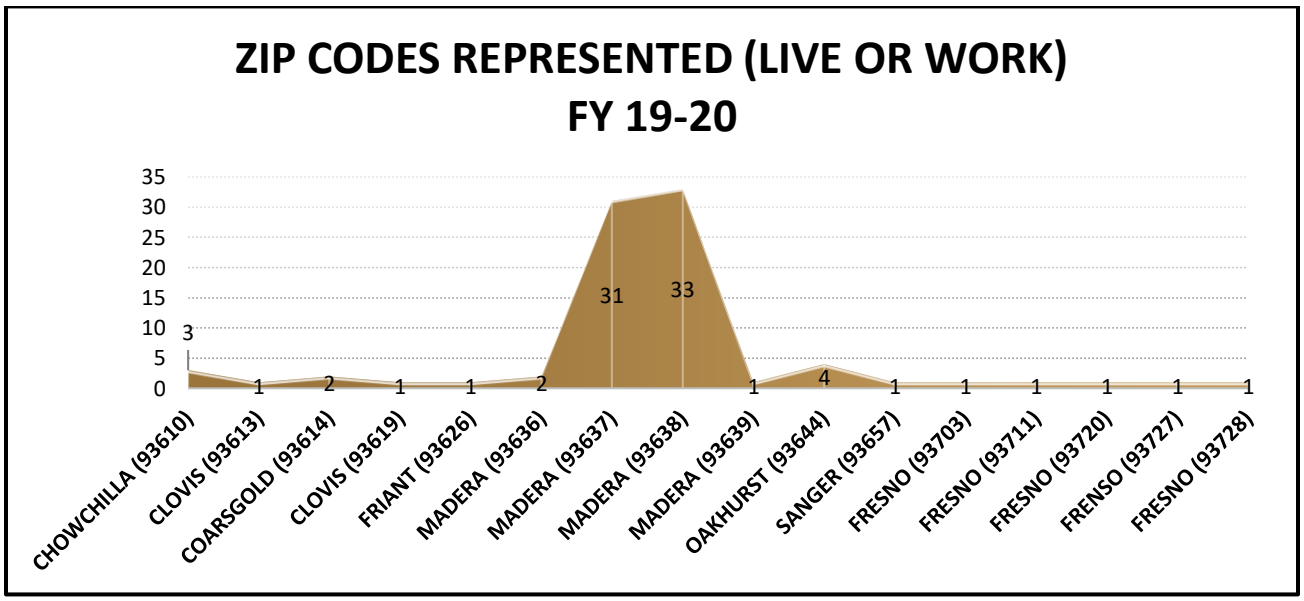

*55 responses




*86 responses




*53 responses




*85 responses

Based on the above participation data, including but not limited to, race, language, and geographic location of stakeholders who participated in the planning process, the patterns show that stakeholders reflect the diversity of the demographics in Madera County. For both fiscal years, the majority of those who contributed have a primary language of English which correlates with 54.5% of Madera County's residents age 5+ having a primary language of English. The data also reflects a strong presence within the Latino and White population which pairs accordingly with the overall county demographic. There was a noticeable difference in stakeholder age. The participation rate for TAY and younger fell in FY 19-20 from the previous

year. Although stakeholder presentations were halted in FY 19-20 because of COVID-19 safety measures, there was more participation in the stakeholder survey process overall and more of the geographic region was covered. The numbers almost doubled from 53 to 91 participants.

Due to the increase in participation, Madera will push to have a stronger online presence for the community planning process. While numbers increased in attendees, Madera County still had a hard time attracting Spanish speakers. The County of Madera will need to focus on finding betters methods of outreach to the Spanish speaking population to have a better grasp on the issues needed within that community as well as outreaching to 25 and younger if online surveys will continue in the future. There remains a lack of participation in the mountain communities and Madera County will need to create a stronger focus on those areas.

## Stakeholder Recommendations

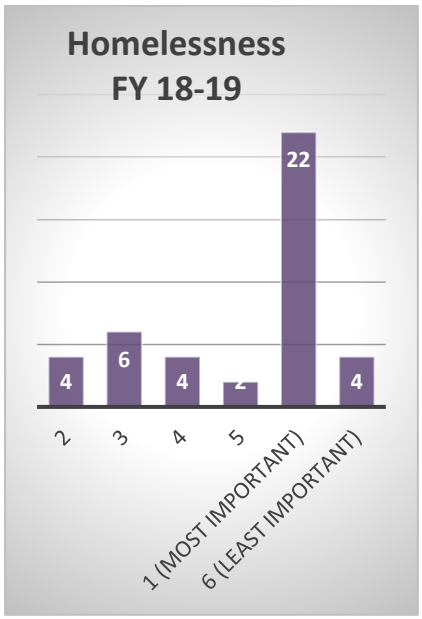
Stakeholders were asked for feedback and recommendations. They were tasks with ranking issues within each category. Those categories are:

- Children/Youth/Transitional Age Youth Full Service Partnership (FSP)
- Adult/Older Adult Full Service Partnership (FSP)
- Prevention and Early Intervention
- Innovation

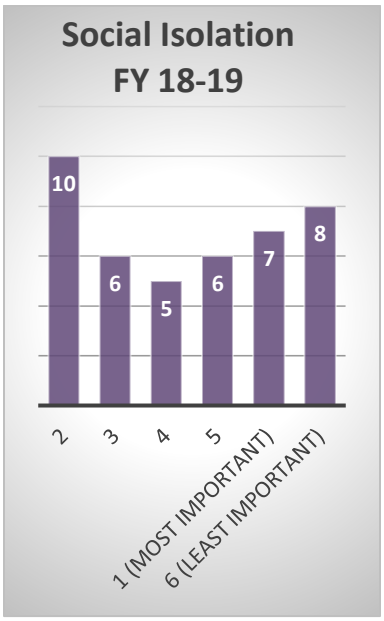
The pages that follow list information collected from participating stakeholders during the community planning meetings for both Fiscal Years 2018-2019 and 2019-2020. As previously mentioned, attendees are asked to rate issues from the most important to least important. Although participants were encouraged to complete the entire survey, it is not mandatory. Stakeholders had the option to only answer questions they felt comfortable answering so each topic may differ in the number of responses collected.

### *Children/Youth/Transitional Age Youth (FSP) priorities:*

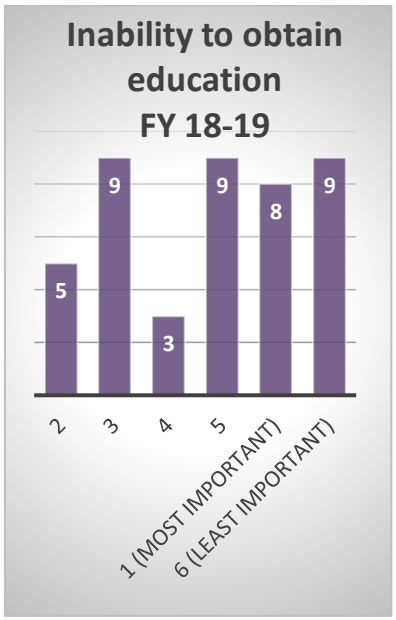
6 Topics covered in FY 18-19 & 19-20: Homelessness, Social Isolation, Inability to obtain education, Out-of-home placement, Juvenile Justice/Involvement, Juvenile Justice/Incarceration.



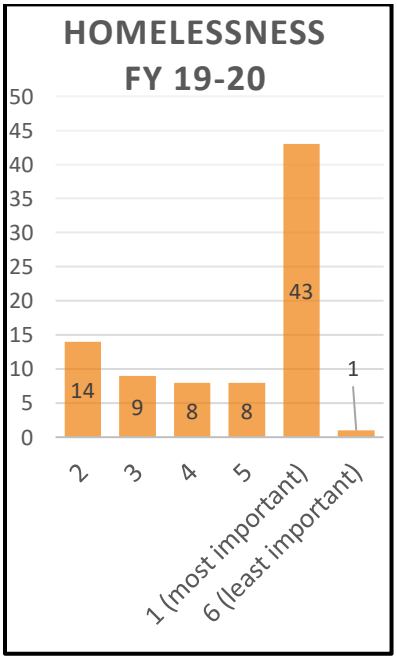

*42 votes collected



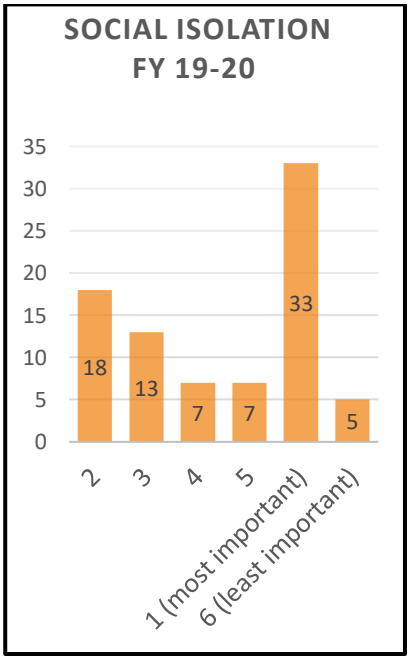

*42 votes collected



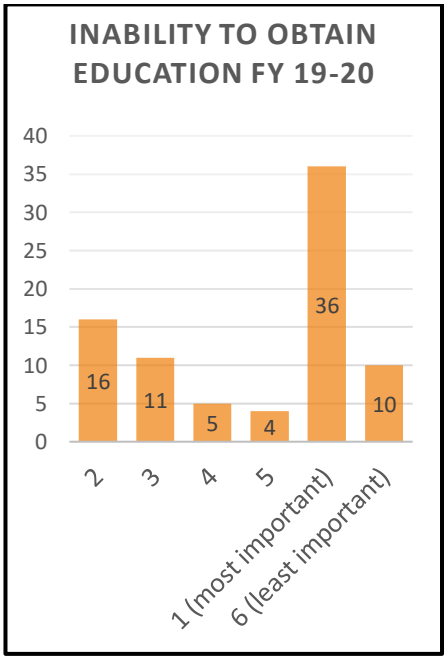

*43 votes collected



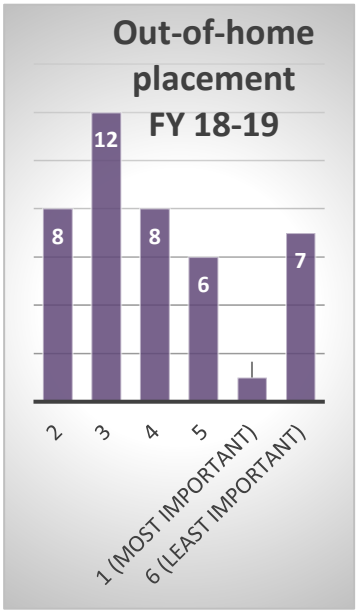

*83 votes collected



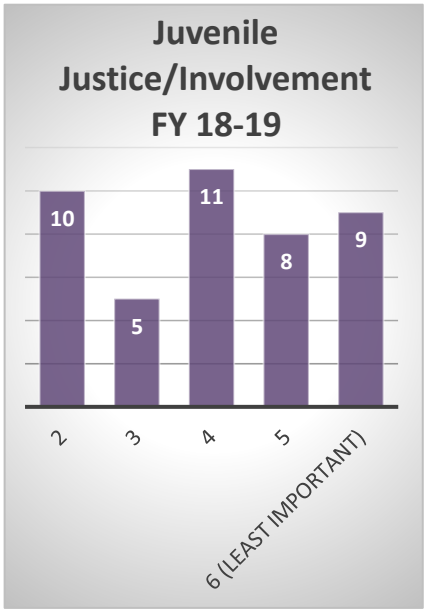

*83 votes collected



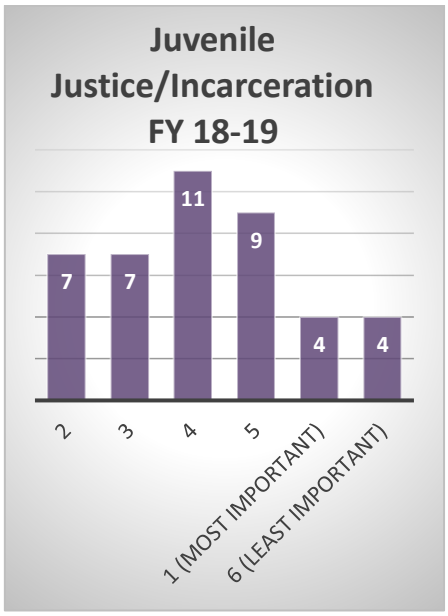

*82 votes collected




*42 votes collected




*43 votes collected

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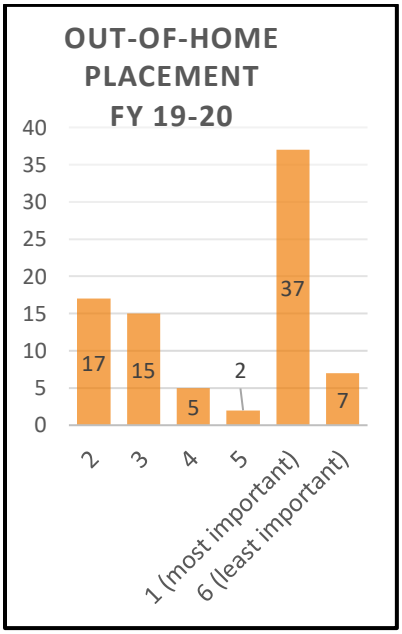


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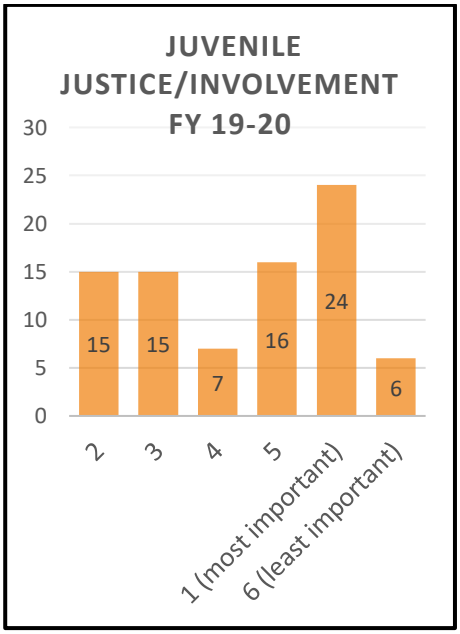


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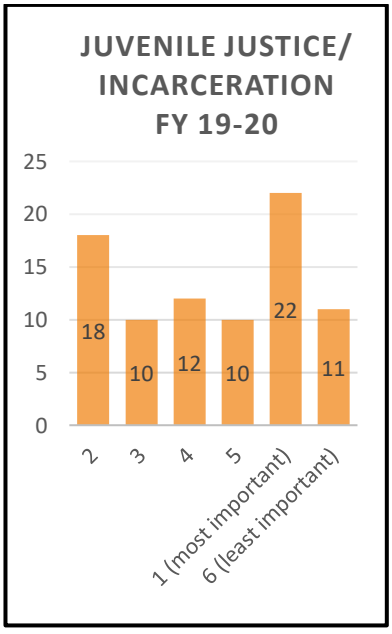
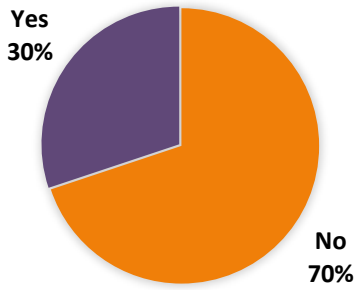



*83 votes collected

Homelessness (**#1**) was overwhelmingly rated as the main priority for both years. In FY 18-19 that was followed by Social Isolation (**#2**) which collected 17 total votes as first and second priority. Inability to Obtain an Education received 13 total votes (first and second priority) and although Juvenile Justice/Involvement did not receive any votes as the most important, it received 10 votes for second priority. In FY 19-20, Out of Home Placement (**#2**) was voted as a top priority behind Homelessness (**#1**)**.** Inability to Obtain and Education and Social Isolation

also received several votes. Stakeholders are genuinely concerned with the housing situation of children, youth, and transitional age youth. Stakeholders were also asked:

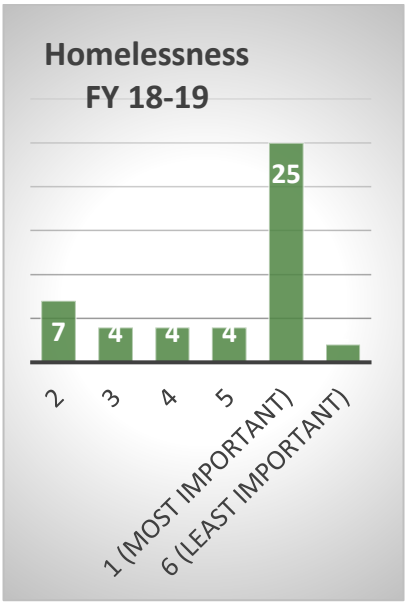
**Are there other populations that should be included?**



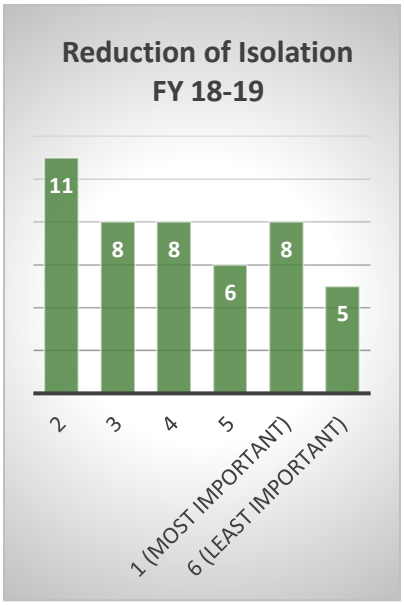

| **30% of Stakeholders believe that other populations should be considered. Below is the feedback received. Populations that should be included:** |
|---|
| Seniors |
| Substance abuse prevention |
| Access to transportation and resources |
| Ages 0-5 and their education |
| Children living in poverty |
| Compromised Parenting / Lack of Structure in Home |
| Elderly |
| Foster and fosters leaving housing. |
| Home safety unit. |
| Homeless with severe mental illness |
| Human trafficking victims |
| Human trafficking, drug/alcohol abuse |
| Katie-A |
| LGBTQ |
| Maternal Mental Health |
| Migrant |
| Substance users |
| SUD |
| The transitional age should go up to 30 years old. |
| Transgender Youth |
| Trauma incidents |
| Youth experiencing/experianced trauma |
| Youth with substance abuse and mental health issues, and teen pregnancy and the effects on their mental health |

### *Adult/Older Adult (FSP) priorities:*

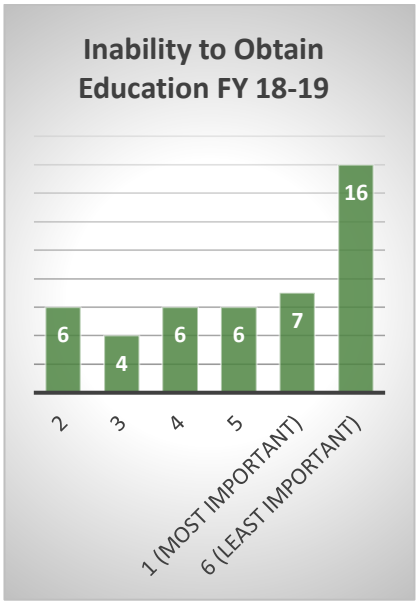
6 Topics covered in FY 18-19 & 19-20: Homelessness, Reduction of Isolation, Inability to obtain education, Involuntary Treatment/Hospitalizations, Reducing Incarcerations of Mentally Ill Adults, Out-of-home placement/institutionalization. In FY 19-20, Involvement with the Justice System was added, and Reducing Incarcerations of Mentally ill Adults was removed.



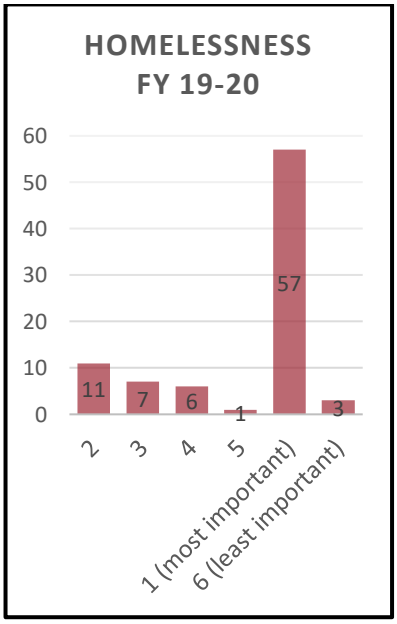

*45 votes collected



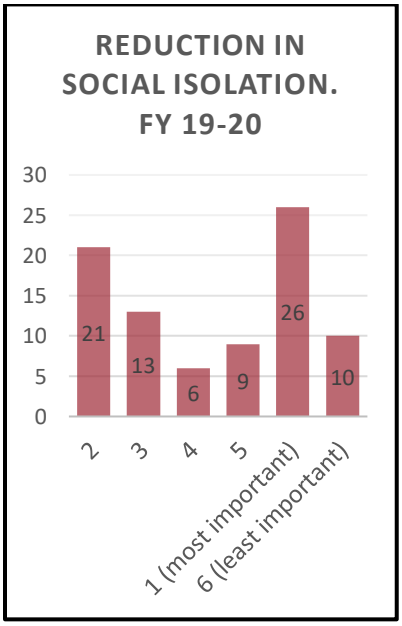

*46 votes collected



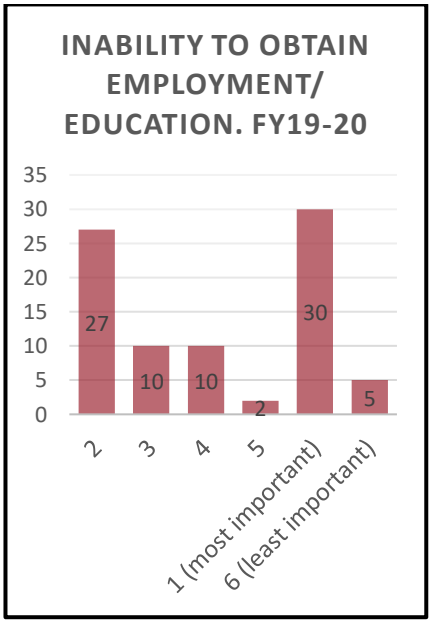

*45 votes collected



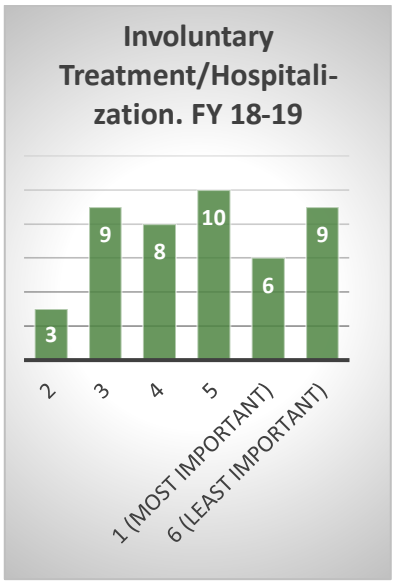

*85 votes collected



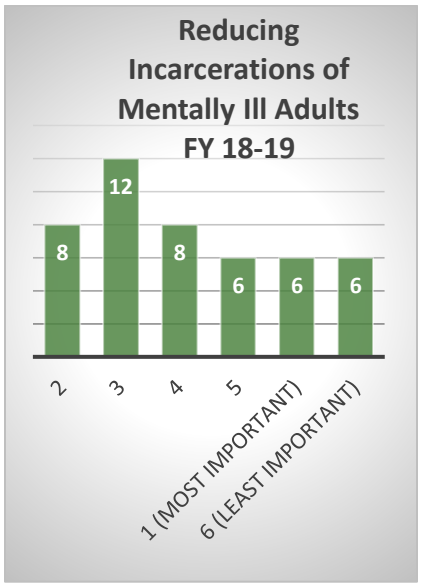

*85 votes collected




*84 votes collected




*45 votes collected

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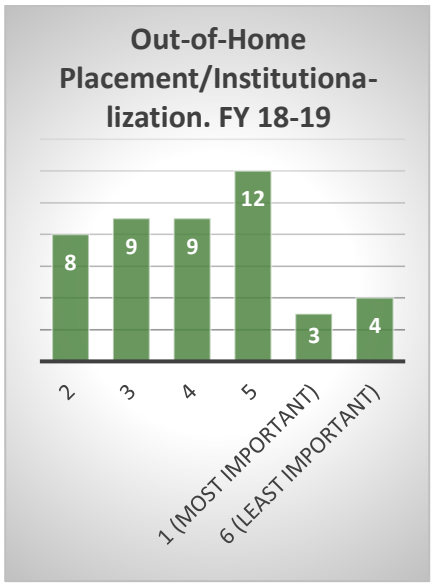


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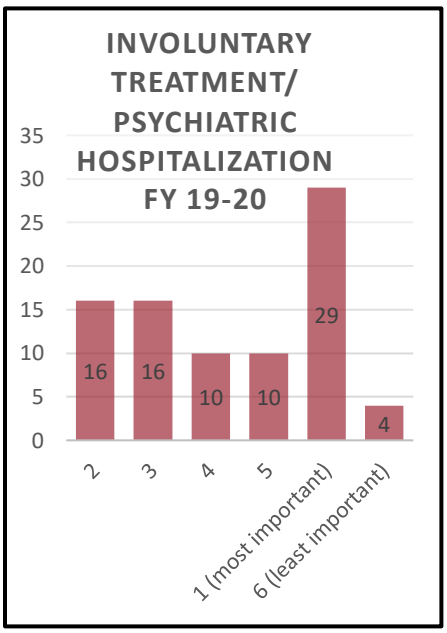


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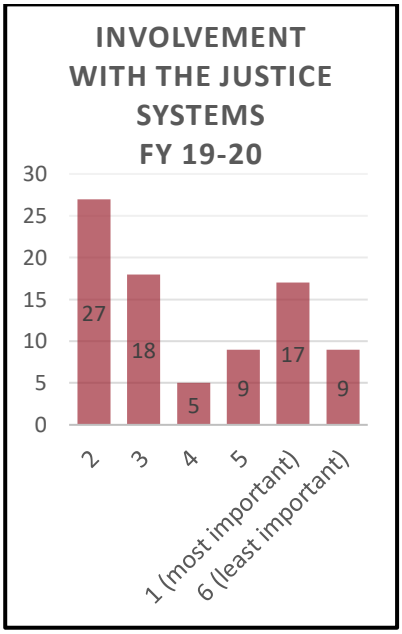


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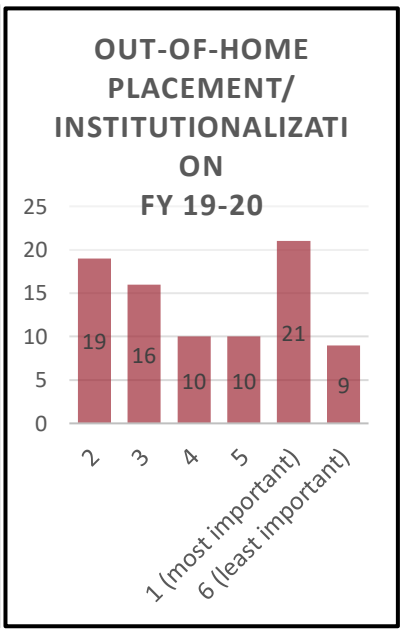
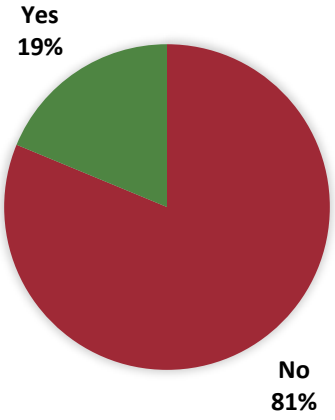



*85 votes collected

Stakeholders are also concerned with homelessness for the adult and older adult population. In FY 18-19, Homelessness (**#1**) collected 25 votes for most important, Reduction of Isolation (**#2**) gathered 19 votes combined for first and second priority and Reducing Incarcerations of Mentally ill collected a combined 14 votes. In FY 19-20, Homelessness (**#1**) dominated as the top priority again with 57 votes. Inability to Obtain Employment/Education (**#2**) followed acquiring 30 votes for most important and 27 votes as second priority. Homelessness is a major concern for the community and Madera County Behavioral Health Services (MCBHS) has taken a hard look at their capacity to reduce homelessness. MCBHS is currently working on new

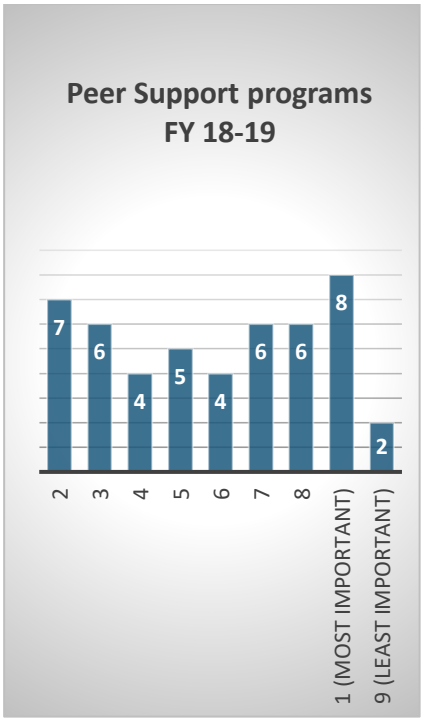
housing projects to address the issue of homelessness (*No Place Like Home*, page 90). Stakeholders were also asked: **Are there other populations that should be included?**




| **19% of Stakeholders believe that other populations should be considered. Below is the feedback received. Populations that should be included:** |
|---|
| **93637** |
| **Adults living in poverty** |
| **Homeless with severe mental illness** |
| **LGBTQ** |
| **Parents often left out yet live with the situation daily** |
| **Parolees ex-inmates** |
| **Perinatal and Postpartum families** |
| **Perinatal Mental Health** |
| **Seniors** |
| **Single Males19-70 years of age** |
| **Substance / Drug Use** |
| **Substance abuse prevention** |
| **Substance use** |
| **SUD** |
| **Transportation to services and resources** |
| **Young Adult ages 21-25** |

### *Prevention and Early Intervention (PEI) priorities:*

9 Topics covered in FY 18-19 & 7 topics covered in FY 19-20: Peer support programs, Suicide prevention, Providing early intervention services for mental illness to keep disability from progressing, Obtaining basic education about mental illness, Reducing stigma and discrimination related to mental illness, Access and linkage to treatment (when an individual accesses prevention services and needs treatment services), Outreach for increasing recognition of early signs of mental illness, Reducing social isolation related to mental illness, Prevention services (services to reduce risk factors and increase protective factors related to mental illness). In FY 19-20, Improved Timely Access was added. Peer Support Programs, Obtaining Basic Education about Mental Illness and Reducing Social Isolation Related to Mental Illness were removed.

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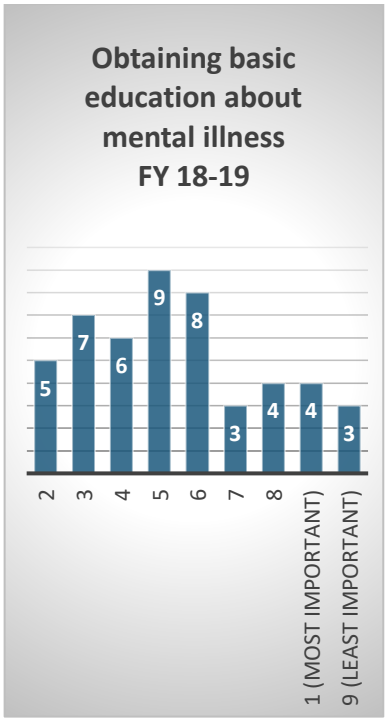


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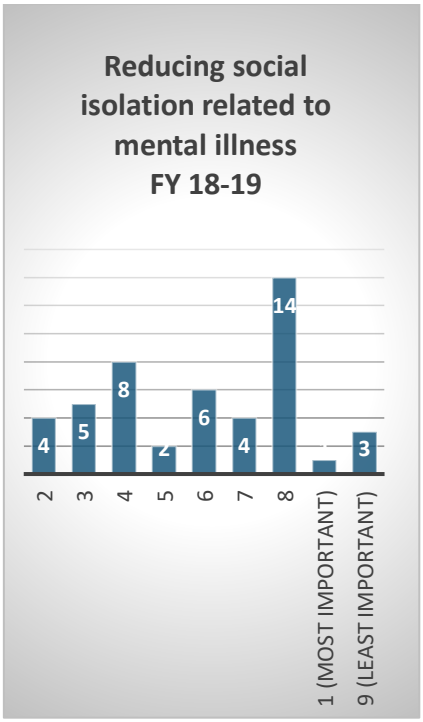


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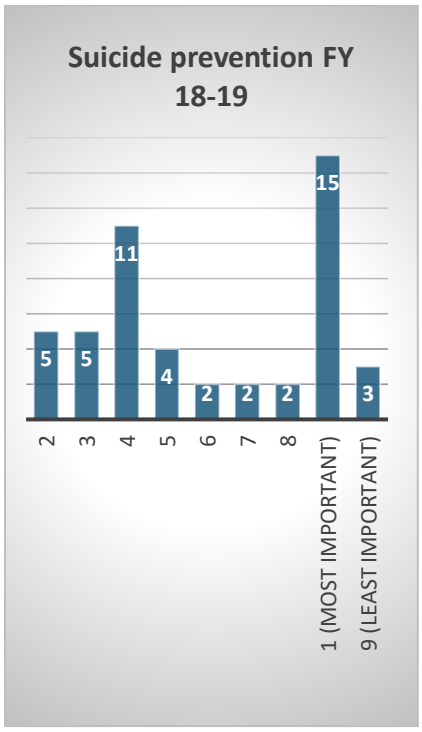


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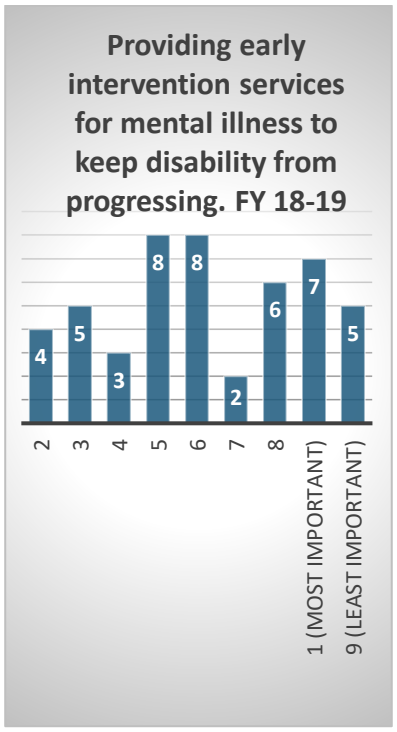


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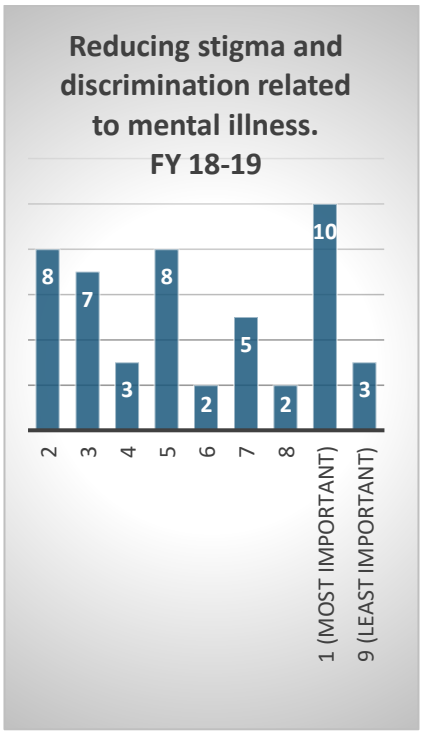


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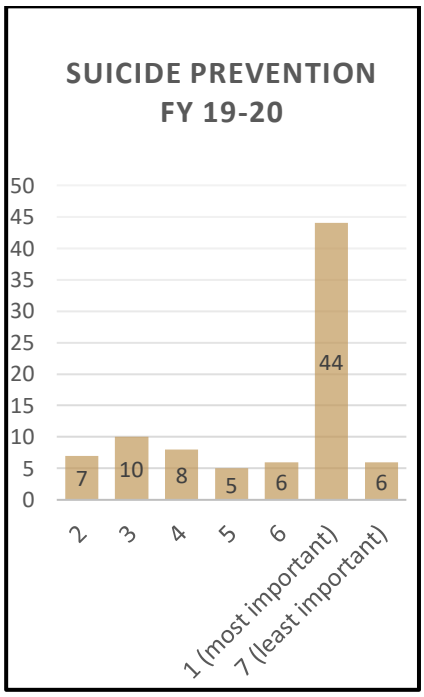


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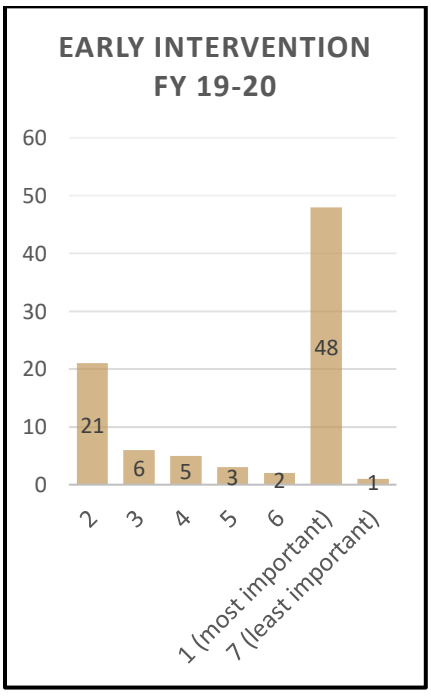


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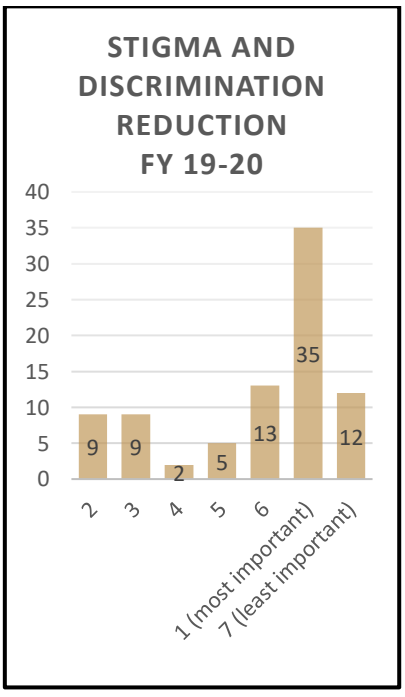


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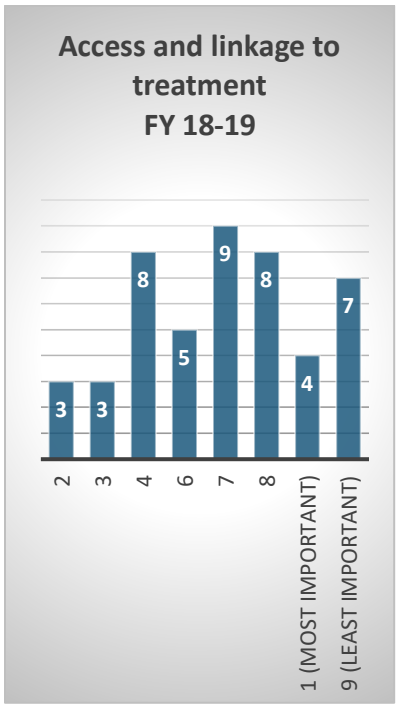


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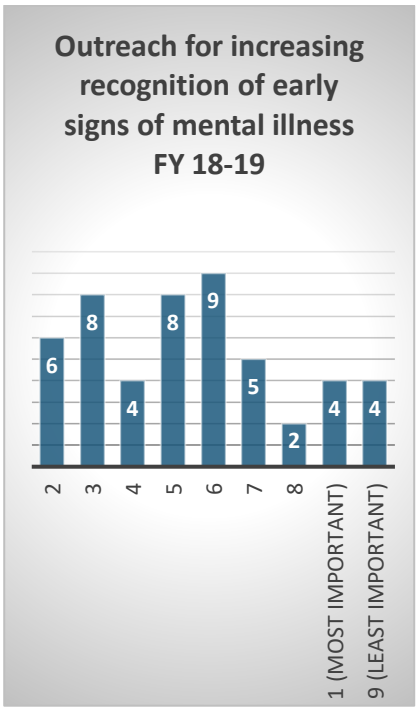


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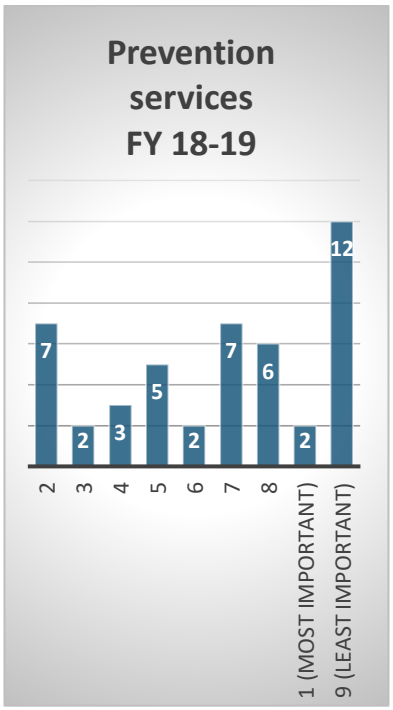
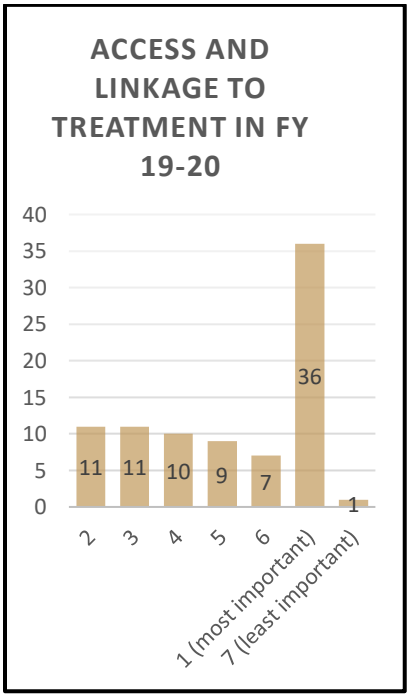



*46 votes collected

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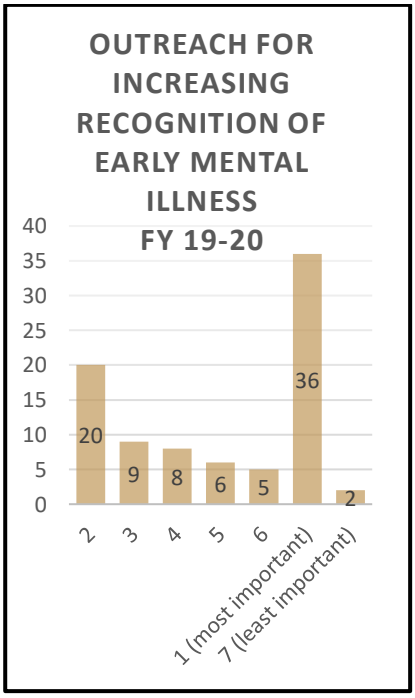


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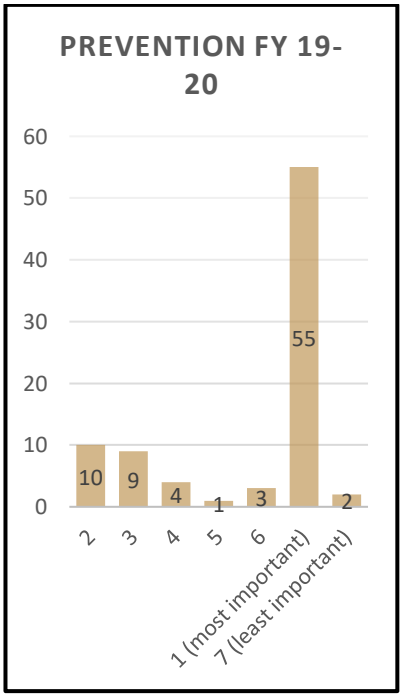


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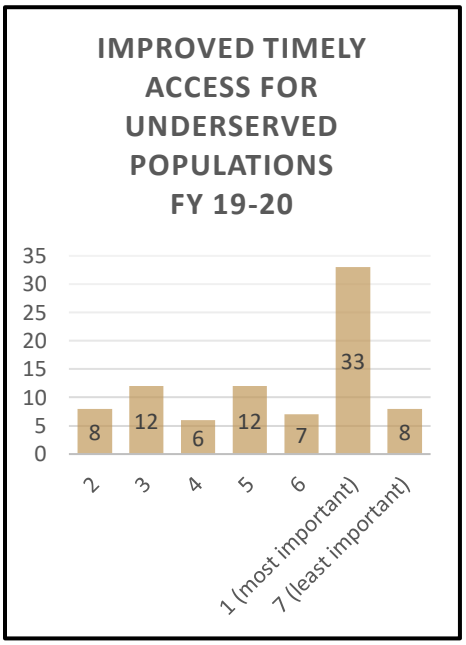
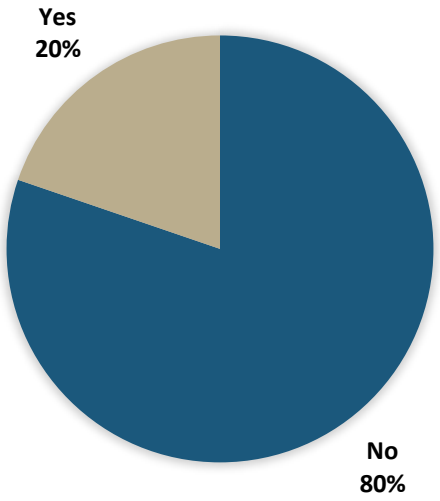



*86 votes collected

Stakeholders were also asked:

**Are there other populations that should be included?**

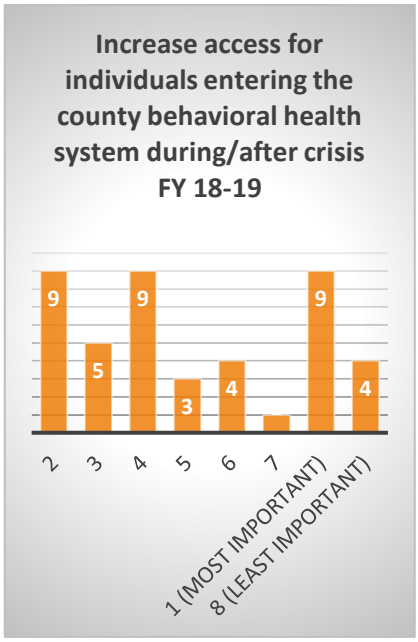



| **20% of Stakeholders believe that other populations should be considered. Below is the feedback received. Populations that should be included:** |
|---|
| **Access to language services that will enable patients to understand and be understood** |
| **Access to resources and transportation** |
| **College age population** |
| **Ease of language availability / diverse services** |
| **Everyone that needs help; need to get in.** |
| **Homeless x2** |
| **Issues with self esteem** |
| **Parent support** |
| **Parents need some way to communicate** |
| **Resiliency** |
| **SUD** |
| **The elderly** |
| **Transportation and Child care to seek treatment** |
| **Trauma Care** |
| **Women of child bearing years and older women 55 +** |

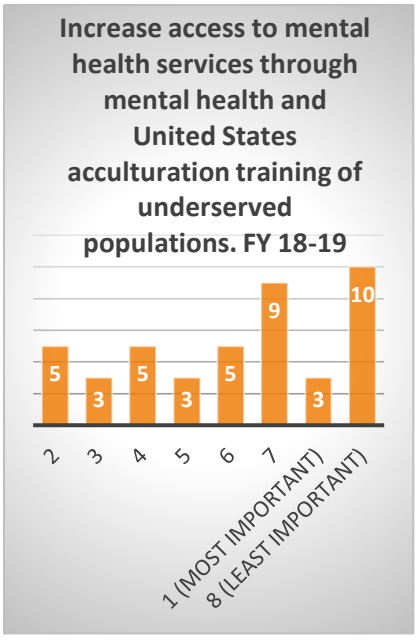
During FY 18-19, Madera County Stakeholders felt that Suicide Prevention (**#1**) should be the priority as it collected 15 votes. Stigma and Discrimination (**#2**) followed which gathered a combined score of 18 (for first and second priority) and Peer Support Programs received a combined 15 votes. In FY 19-20, the priority shifted to different categories. For this fiscal year, Prevention Services (**#1**) lead with 55 votes followed by Early Intervention (**#2**) which acquired 48 votes. Although suicide prevention collected 44 votes as stakeholder's priority and 7 votes for second priority (51 combined), Outreach for Increasing Recognition of Early Mental illness amassed 56 combined points for first and second priority. Prevention and Early intervention services is particularly important for Madera County residents and Prevention services was listed as a top priority for both years. The county is currently working on reassessing how Prevention and Early intervention services can be offered due to COVID-19 safety restrictions.

### *Innovation (INN) priorities:*

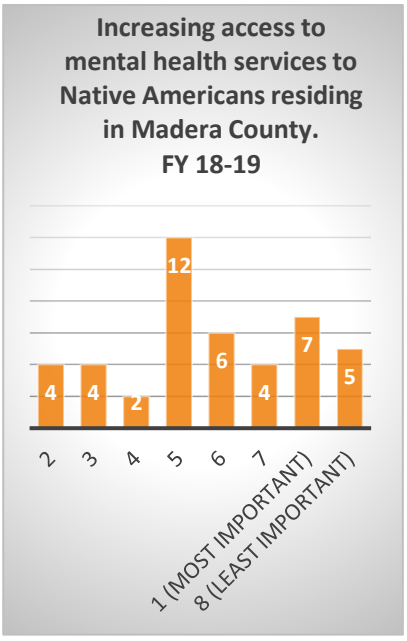
8 Topics covered in FY 18-19 & 6 Topics covered in FY 19-20: Increase access for individuals entering the county behavioral health system during/after crisis, Increasing access to mental health services to Native Americans residing in Madera County, Increase the quality of mental health services (including measurable outcomes), Increase access to mental health services through mental health and United States acculturation training of underserved populations, Increase access to primary care through coordination of services, Increase access to mental health services to underserved groups, Promote organizational/community collaboration to mental health supports for foster parents, Increase Access to County Behavioral Health Services for individuals ages of 16 to 25. In FY 19-20, Promote Interagency and Community Collaboration Related to Mental Health Services Supports or Outcomes, Increase Access to Mental Health Services (e.g. people experiencing trauma barriers to access), Increasing Mental Health Services and Supports through Technology and Predicting Needs were added. The following were removed: Increase access for individuals entering the county behavioral health system during/after crisis, Increase access to mental health services through mental health and United States acculturation training of underserved populations, Increasing access to mental health services to Native Americans residing in Madera County, Increase access to primary care through coordination of services, and Promote organizational/community collaboration to mental health supports for foster parents.



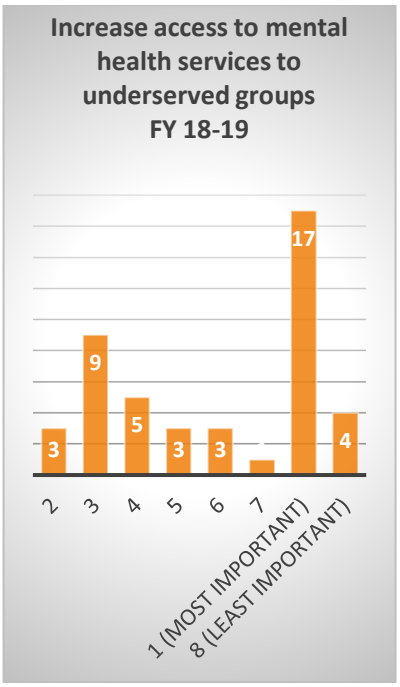

*44 votes collected




*43 votes collected




*44 votes collected

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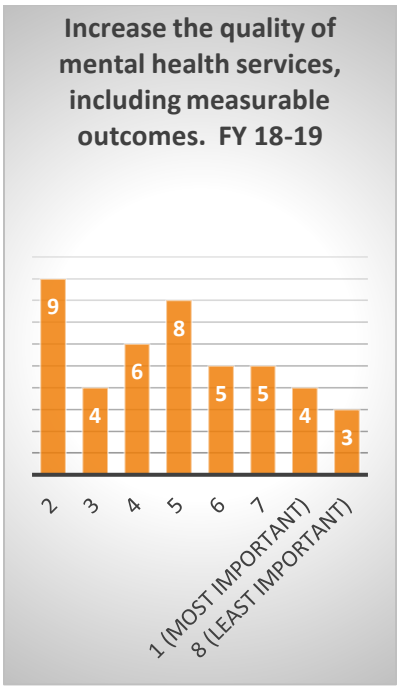


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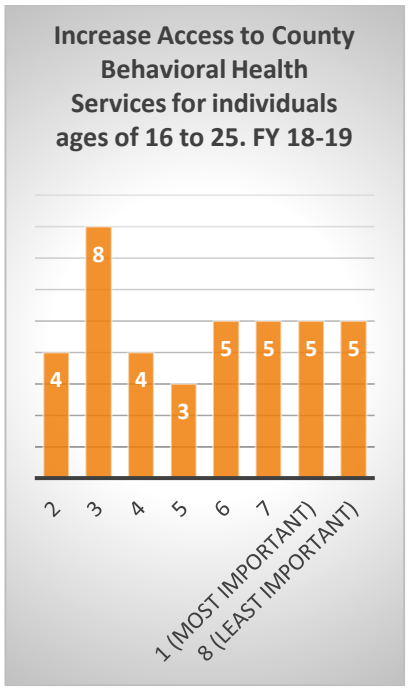


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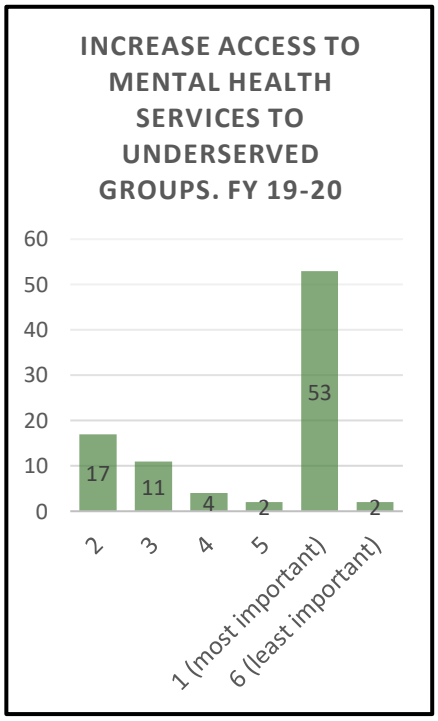


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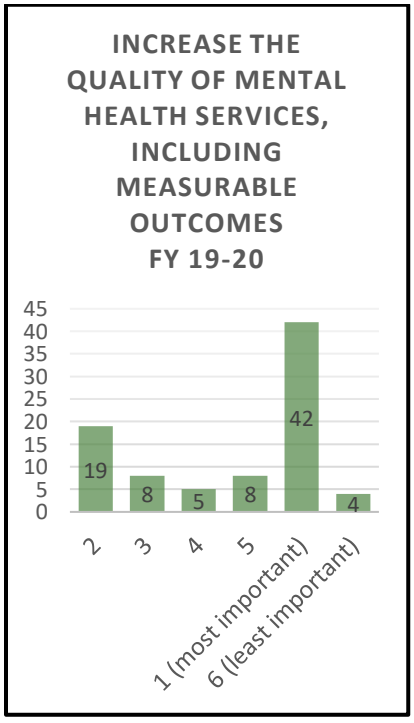


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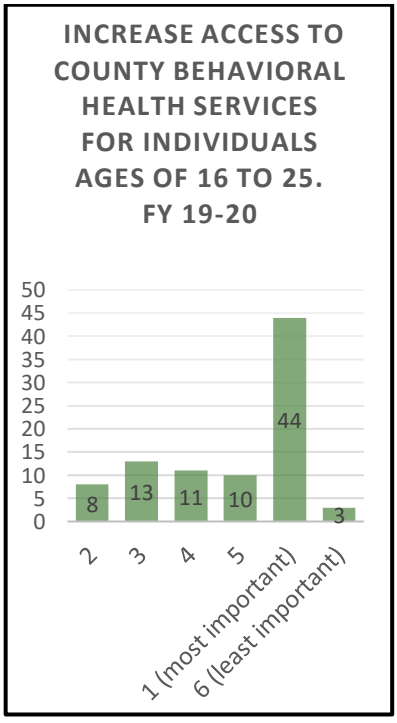


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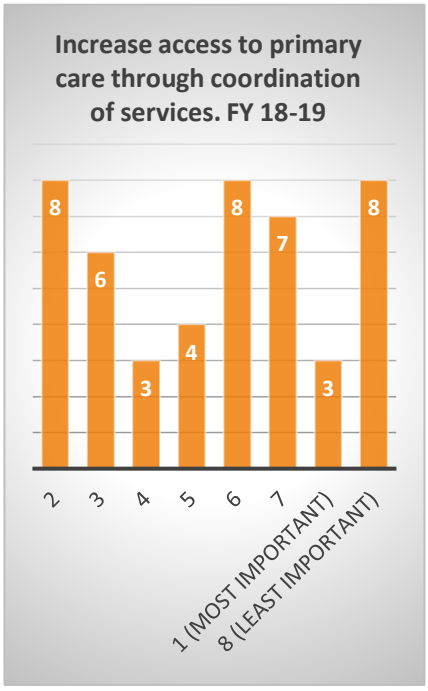


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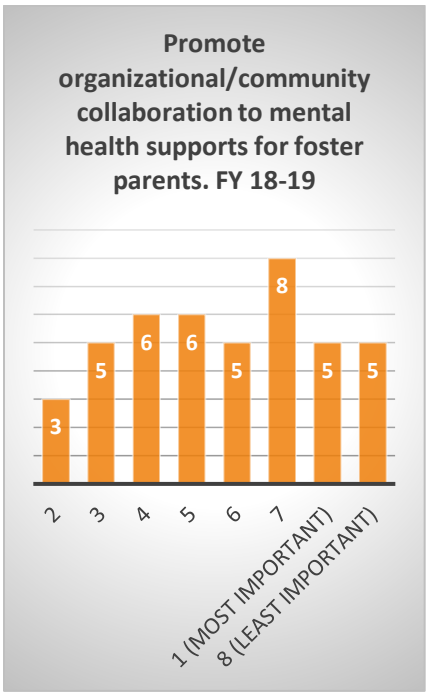


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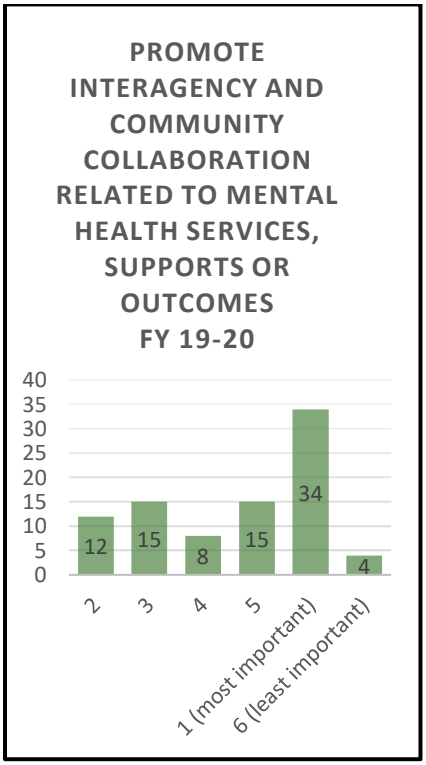


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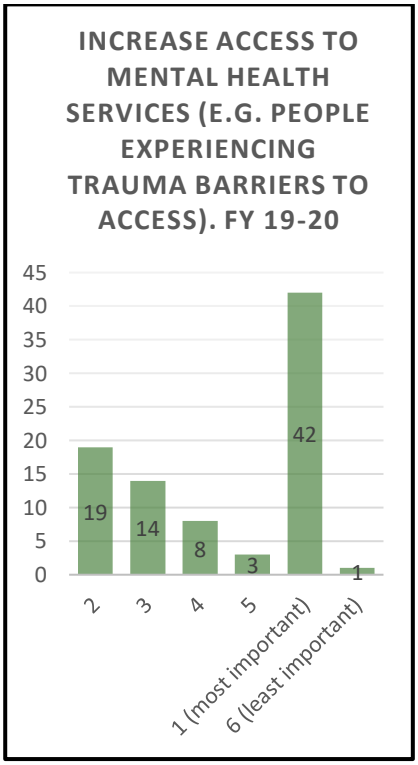


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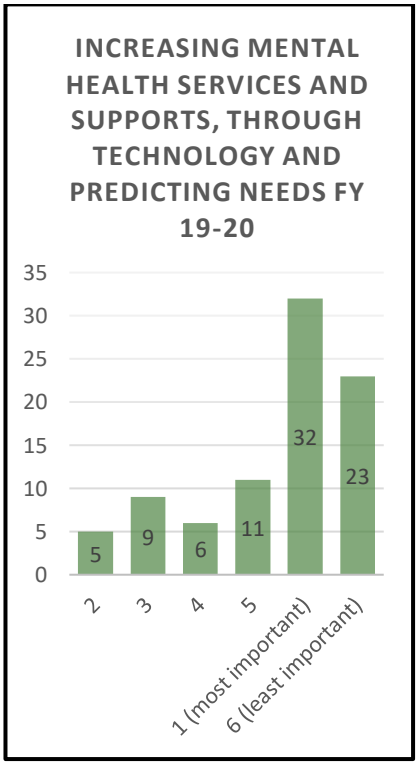



*86 votes collected

In FY 18-19, Madera County residents voted to Increase Access to Mental Health Services to Underserved Groups (**#1**) with 17 votes for primary priority. They also wanted to Increase

Access for Individuals Entering the County behavioral Health System During/After Crisis (**#2**). In FY 19-20, 53 people also voted to Increase Access to Mental Health Services to Underserved Groups (**#1**) as well as to Increase Access to County Behavioral Health Services for individuals ages of 16 to 25 (**#2**). Both increasing the quality and access of mental health services received several votes. Madera County agrees with the community's top priority in this category for both FY 18-19 and 19-20. There is currently a proposed INN project that is focused on an underserved group. Please see the INN component (*Project D.A.D.,* page 84) for more information.

| **MCBHS asked for feedback on any additional needs/topics that should be considered. Comments received:** |
|---|
| Required classes in school in Jr. High and High school on various MH topics, Anger Mgmt, Coping skills, substance use, etc. |
| A lot of clients are interested in community resources but lack access due to transportation |
| I am without resources-adult child schizophrenia- video doctor only-need more appointments closer monitoring an in-person psychiatrist at least one third of visits. Video appointment is inadequate to evaluate a person who is serious and also doctors should cooperate with disability. |
| Importance of self-awareness such as self-esteem issues, weight problems, self-care. |
| Increase access to Maternal and Paternal Mental Health Services |
| It is difficult to rank priorities when all the options are vital to a vibrant mental health system. |
| Maternal mental health |
| SUD |
| Trauma related treatment for families that have experience trauma together or through generational trauma, as there is minimum support/services for those families, as agencies do not collaborate to provide comprehensive services to those families and for them to process and heal together. |
| Necesitamos más grupos de apoyo para madres, padres, y adolescentes. Los grupos ayudan mucho porque reúnen a personas que están pasando o que han pasado por experiencias similares y compartan sus experiencias y sentimientos personales. Grupos de apoyo tienen muchos beneficios para la comunidad como sentirse menos solo o aislado, disminuir la angustia, la depresión y la ansiedad.<br>*Spanish Translation - We need more support groups for mothers, fathers, and teens. Support groups help so much because they bring people together who have gone through similar experiences and they are able to share their experiences with one another. Support groups benefit the community by helping with anxiety, depression, isolation and reducing stress.* |

### *Individual Stakeholder Interviews:*

For FY 19-20, the MHSA coordinator conducted 63 interviews with key stakeholder who have also partnered with The Department of Behavioral Health. Stakeholders included: Central Star Crisis Residential Unit, Hope House, Mountain Wellness Center, External stakeholders, Social Workers, Madera Unified School District, School Psychologists, Doors of Hope, Program Managers in Social Services, Program manager of Adult Probation, Fourth Street Church of God, Madera County Workforce Investment Corporation, Madera Community Hospital, Juvenile probation, Housing Authority of Madera County, Special Education Local Plan Area, CASA Director, Valley Children's Health Care, Madera Food Bank, and Camarena.
Responses were categorized into the following categories, stakeholders were asking for more: collaboration, community resources, education, training, online trainings, housing, and facilities. Below are the individual recommendations recorded by the MHSA Coordinator.

## Individual Interview Recommendations

| | |
|---|---|
| We recommend developing online services, especially, for youth and young adults. Raising aware of the purpose of PEI services. We will continue to increase visibility in the community, especially in the Mountain areas. | Some challenges are that these at-risk youth, often move to different schools, which disrupts the emotional bonding. This group has stating WRAP plans for managing risk factor that might compromise their wellbeing. |
| Inter-agency integration<br>The program recommends more clinical services in community settings (therapist), community-based services; outside a clinic setting<br>: • Establish a host/sponsor for the coalition<br>• Continue support for a regional collaboration<br>• Create a sustainable and reliable data monitoring system<br>• Expand the stakeholder base to include the business sector<br>• Establish a PMAD warm line<br>• Continue the media campaign and information blitz<br>• Support the care navigator and community health worker | The main challenges are lack community resources for self-sufficiency, including housing options. Some of the housing that we have for our clients are being up graded to in more expensive housing. This will increase the rent that our clients, which will likely make their housing unaffordable<br><br>Have outings from the center and access primary care services. They would like to have Transition Age Youth services at the center. This writer suggested contacting the Youth Empower Program for engaging the TAY. |
| The program recommends more clinical services in community settings (therapist), community-based services; outside a clinic setting | The biggest challenged now is funding a larger facility to meet the service demand |

| | |
|---|---|
| MWC participants would like education on Adverse Child Experiences, ASIST, WRAP and more education on types like these. In addition, they would have some focus on LGBT supports. They asked for more housing, especially for the homeless, including mental illness. | The Crisis Clinician stated that she hopes they have resources, including more crisis/triage staff. She stated there needs to be more diversion strategies. |
| Parenting is one way to address these challenges and in the beginning of life through adulthood. The lack of consistency is the problem. The hope is that youth and their parents receive help over generations, to address trauma and basic living needs. In addition, shifting to focusing to the cause of mental illness, and not just symptoms of the cause. | Parenting training about parenting and motivation skill to overcome some of the ACEs that that have in their families for generations. |
| Create older adult services through FSP and PEO education services at senior centers and housing (Housing Authority and Parks a Recreations. | Discussed developing a community coalition to address issues that no one organization can do. At this time there is a Suicide Coalition, with many of the stakeholders that would be relevant to this idea. |
| Connect with other schools, citizens, and developing mentors and focus on community building. | Receive mental training and collaborate more other groups for social connectedness and trauma. |
| Amenable for training from mental health services, mental health prevention services (training/outreach)<br><br>The discussion was on lack of resources to help access different types of housing. | There largest problem is lack of housing for these individuals. This compromises people's ability to obtain their daily living needs. This cause cycling in and out of jail. This causes problems to change their lifestyle. Some of the problems are limits to live in the county, for protected individuals that compromise options to change their lifestyle. |
| Access to daily living needs to change lifestyle. Needs community interventions for social connectedness, for positive esteem, and engaging multiple agencies that can help probationers to meet basic needs all at once. | In addition, more trauma training, activities for men (e.g. sports and other healthy rhythm bound activities), Using play for engagement. |
| Increase innovation projects for our common client populations (mental health/public health), especially address problems with health, mental health, and social challenges. This would include many types of services (e.g. police, code enforcement, probation, etc.). In addition, create outreach/engagement and family activities. | There was a request from PH for training and education from behavioral health services. In addition, developing engagement processes, leading to education, and treatment needs. |
| The pastor stated that he would take this BHS program supervisor to the MMA meeting to education them on the trauma informed approach. | Provide training on Trauma Informed presentation. She is requesting more mental health education and training. We also discussed more collaboration between BHS and Workforce. |

| | |
|---|---|
| The Director requested more mental health training on mental health topics | More training on parting skills and motivation skills to overcome some of the impact of ACE's on families from generations. |
| Develop family supports for people that are experiencing trauma/mental illness | The Administrator stated that there is a great need for whole family services, as a family approach. In addition, active learning to developing knowledge and skills (health fairs, interactive play/en vivo). |
| Discussed generally about family systems and social environment as cause of mental illness approach. | Discussed using the school grounds to coalesce positive social connections to build resilience resource for children and families. Discussed these for the high school with positive behavioral interventions. |
| The Nurse was amiable to work with BHS and other agencies, for common goals. | We discussed opportunities to collaborate with other agencies through the trauma informed lens. |
| Coordinator amenable to collaborate with agencies on trauma collaboration with many agencies. Saint Frances and Pope – (Go to the People) | Another issue is social supports for people that are experiencing mild and moderate mental illness. |
| Discussed collaboration with other local agencies to address the challenges lack of basic needs for people that are experiencing mental illness. | The biggest problem now is that the program has outgrown the facility. More space and more relationship. |

- *End of Individual Recommendations*

# MHSA Three-Year Program and Expenditure Plan

## Direction for Public Comment

MCBHS is releasing its current Mental Health Services Act Three-Year Plan for public review. The 30 day public review will be from 5/17/20 to 6/17/20. A copy of the Plan may be found at www.maderacounty.com and will be available at the Behavioral Health Services front desk. A copy may also be requested by contacting David Weikel at (559) 673-3508. A Public Hearing regarding this plan will be held during the Behavioral Health Board meeting held on 6/17/20. The public can submit comments by any of the methods listed below.

At the Public Hearing on June 17, 2020
By fax: (559) 675 7758
By telephone (559) 673-3508
By E-mail to david.weikel@maderacounty.com
In Writing: Madera County Behavioral Health Services.
Attention: David Weikel, Psy.D. ASW
209 E 7th St
Madera, Ca 93638

## MHSA Publication

The county is circulating a draft MHSA Three-Year Program and Expenditure Plan for public review starting on 5/17/20 and ending on 6/17/20 (30 calendar days).

The mental health board will then conduct a public hearing on 6/17/2020, at the close of the 30-day public comment period.

# Board of Supervisors

The Three-Year Program and Expenditure Plan may be approved by The County Board of Supervisors once the review period ends. Once adopted by The County Board of Supervisors, it will be submitted within 30 days to the Department of Health Care Services (DHCS).

The plan will be signed, dated and certified by the county Board of Supervisors, Director of Behavioral Health Services, and Auditor-Controller.

# Community Services and Supports (CSS)

# CSS Component Overview

A goal of MHSA is to reduce the long-term effects of untreated mental illness and serious emotional disorders by implementing Community Services and Supports (CSS) aimed at serving unserved, underserved, and at-risk populations. The CSS component intends to target these areas through different outlets. Per the regulations, those outlets are community collaboration, cultural competence, client and family driven services and systems, wellness focus, which includes concepts of recovery and resilience, integrated service experiences for clients and families. The CSS services component provides access to an expanded range of care for people living with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED). Providing housing to those who are homeless or at risk of homelessness also falls under the CSS component. As the largest component of MHSA, 76% of funding is directed toward CSS.

### Mental Health Services and Supports

Including, but not limited to:

- Mental health treatment, including alternative and culturally specific treatments.
- Peer support.
- Supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education.
- Alternative treatment and culturally specific treatment approaches.
- Personal service coordination/case management to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative and/or other community services.
- Needs assessment.
- ISSP (treatment plan) development.
- Crisis intervention/stabilization services.

### Other Mental Health Services and Supports

Including, but not limited to:

- Food.
- Clothing.
- Housing services.
- Cost of health care treatment.
- Cost of treatment of co-occurring conditions, such as substance abuse.
- Respite care.

## Service Categories Summary

CSS is composed of four services categories which are: (1) Full-Service Partnerships, (2) General System Development, (3) Outreach and Engagement, (4) MHSA Housing Program. Although there is specifically an outreach and engagement category, each category participates in outreach and engagement.

**(1) Full-Service Partnerships (FSP):** This is Madera County's most intensive and comprehensive outpatient program for the high-risk acuity population (individuals living with the most severe mental illness or emotional disturbance) and their families. Participants receive case management services, crisis intervention, financial assistance services (emergency rent/bill assistance), transportation assistance, help with socialization, and short-term emergency housing. The Mental Health Services Act (MHSA) mandates that at least 50% of CSS funds be spent on FSP services.

**(2) General System Development (SD):** This is used to improve the services of all consumers and families served in the Mental Health system. It provides funding for expanding, enhancing, and supporting overall mental health services. There are two components within SD, which are:

a) *Expansion*- Serves all ages and is intended to accommodate the demands needed for services related to issues linked to community outreach, community education and any other community factors that may present a need for an increase in services.
b) *Supportive Services and Structure*- Helps provides administrative staff and other resources such as supportive housing. An example of supportive housing is one that provides both housing and case management services. CSS funds are not to be used for person incarcerated in state prison nor paroles from state prison.

**(3) Outreach and Engagement:** Provides continual activities that outreach, identify, educate, and engage unserved individuals and communities. Services are provided in collaboration with our partner agencies, families, and adults. *All categories participate in outreach and engagement.

**(4) MHSA Housing Program:** Provides supportive housing services for individuals with serious mental illness and their families.

# Full Service Partnerships (FSP)

The Full Service Partnership (FSP) program provides treatment and support recovery for individuals and their families who are living with severe mental illness (SMI) or severe emotional disturbance (SED). Clients served have multiple risk factors and complex mental health needs. Clients can often be at risk of losing home placement, school placement, or have had difficulties stabilizing, which has resulted in multiple hospitalizations or possible incarcerations. These clients often have many psychosocial stressors and need intensive case management services to establish stability and safety in their lives. Usually, clients and their family are already working with other agencies, such as (Madera Unified School District, Probation, Childcare Welfare Services, and other community agencies). The following services are offered to beneficiaries enrolled in the Full Service Partnerships.

## Services offered

### Assessment and Collateral

An assessment is initially done with clients to evaluate the status of their mental, emotional, or behavioral health. The assessment includes but is not limited to one or more of the following: mental status determination, analysis of clinical history, analysis of relevant cultural issues and history, diagnosis, and the use of testing procedures.

A support person is then identified in the client's life for the purpose of assisting to accomplish the goals in the client plan. Collateral may include but is not limited to, consultation and training of the significant support person(s) to assist in better use of specialty mental health services by the client, achieving a better understanding of mental illness, and family counseling with the significant support person(s).

### Individual and Group Therapy

MCBHS provides individual or group therapies and interventions that are designed to provide reduction of mental disability and support restoration, improvement, or maintenance of functioning consistent with the goals. Those goals are in areas of learning, development, independent living, and enhanced self-sufficiency that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis

stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

## Crisis Intervention

A service lasting less than 24 hours, to or on behalf of a client for a condition that requires a timelier response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy.

## Case Management Services

*Targeted Case Management* (TCM, linkage and brokerage), includes a broad array of services designed to assist and support clients. Through face to face contact or telephone contact, Madera County assists clients in accessing medical, educational, social, prevocational, vocational, rehabilitative, or other needed community services. The service may include, but is not limited to, communication, coordination, and referral. Service delivery, client's progress, placement services and plan development are closely monitored to ensure proper client access and service delivery.

*Rehabilitation Case Management,* includes but is not limited to, assistance in improving, maintaining, or restoring a clients or group of clients functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.

## Medication Services

MCBHS provides these services that include prescribing, administering, dispensing, and monitoring psychiatric medications or biologicals that are needed to alleviate the symptoms of mental illness.
Service activities may include (but are not limited to):

- Evaluation of the need for medication,
- Evaluation of clinical effectiveness and side effects
- Obtaining informed consent
- Instruction in the use, risks, and benefits of medication
- Alternatives for medication
- Collateral and plan development related to the delivery of the service and/or assessment of the beneficiary.

## Individual Services and Support Plan (ISSP)

Madera County Behavioral Health Services (MCBHS) ensures that an ISSP (treatment plan) is developed by a Personal Service Coordinator/Case Manager for each client. The Case Manager is responsible for developing the treatment plan with the client, and the client's family (when appropriate). The treatment plan is developed in collaboration with other agencies that have a shared responsibility for services and/or supports to the client. The services may also include services that are necessary to address unforeseen circumstances in the client's life that have not yet been included in the ISSP.

Madera County Behavioral Health Services ensures that a Case Manager or other qualified individual known to the client/family is available to respond to the client/family during work hours. For afterhours care, Alameda community partner provides the service.

## After hour care

Madera County is responsible for ensuring that a Personal Service Coordinators (PSC)/Case Manager is available to respond to a client/family 24 hours a day, 7 days a week. As a small county, Madera meets the requirement through a community partner rather than exclusively through the Personal Service Coordinators (PSCs)/case managers or team members. In accordance with FSP guidelines, the service Alameda After Hours Line provides access to FSP services 24 hours a day and 7 days a week (24/7).

The purpose of the FSP After-Hours program is to provide screening, support, and referral services for program participants outside standard county business hours. The focus is to provide immediate after-hour interventions that will reduce negative outcomes for individuals. FSP staff provide pertinent and timely information to the Crisis Line, allowing for individualized interactions.

## Specialized Staff

Madera County Behavioral Health Services (MCBHS) understand the importance of having qualified staff deliver program services. Services are delivered through a team approach which consist of Clinicians and Case Managers. The county designates a Personal Service Coordinator (PSC)/Case Manager for each client (family included) to better serve their individual needs. A treatment plan is also created with the client and with their family. MCBHS recognized that having culturally and linguistically competent staff is important when providing such important

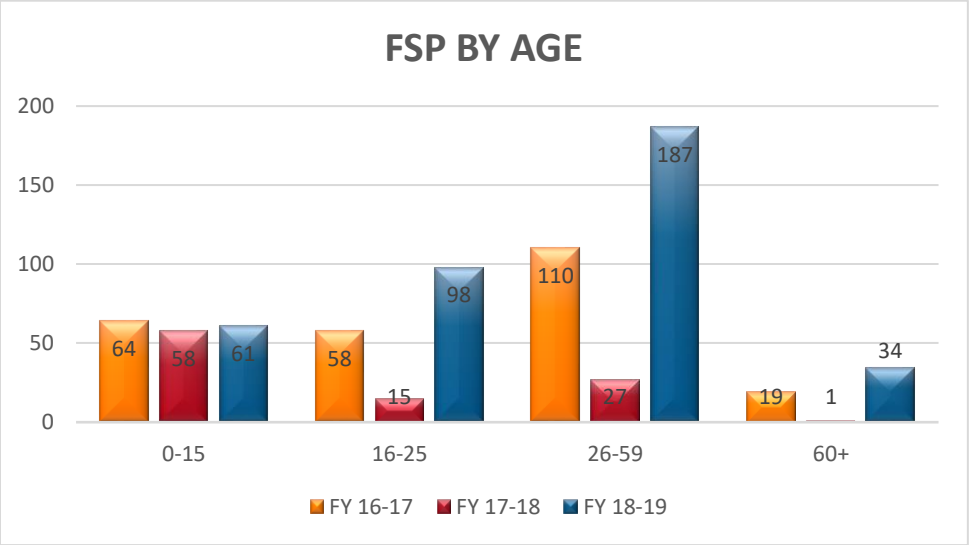
services. For this reason, in FY 19-20, MCBHS has added the addition of an Ethnic Services Manager to keep staff abreast of topics involving racial/ethnic communities. The Ethnic Service Manager will ensure that Madera County continues to strive for Cultural Competence.

## FSP Age Groups

The County provides FSP services to all age groups. Those include Children/Youth, Transitional Age Youth (TAY), Adults and Older Adults. The age range for those programs are as follows: Ages 0-15 fall under children; ages 16-26 are Transitional Age Youth; ages 26-59 are Adult; ages 60+ are considered Older Adult. The goal of the FSP team is to provide a multi-disciplinary collaborative team approach to service delivery by partnering with other agencies to meet the whole needs of the client and family. There is strong collaboration and consultation with the other agencies to ensure lines of communication are open to support each client and their unique needs.

The impacts of COVID-19 are yet to be known and Madera County expects the number of clients in each age group to increase. Coming up with a breakdown of the number of FSP clients to be served is challenging based on historical data. Depending on whether one checks the CPPP presentation or the actual update, there are different numbers for the same requirements. It is hard to see a trend or know which of the previous data is accurate. This makes it difficult to assess or understand why the numbers appear so low for FY 17-18. MCBHS needs improvement with data collection and they are currently working on a new EHR system to correct the issue. Below is a history of some previously recorded data:

| FSP BY AGE | FY 16-17 | FY 17-18 | FY 18-19 |
|---|---|---|---|
| 0-15 | 64 | 58 | 61 |
| 16-25 | 58 | 15 | 98 |
| 26-59 | 110 | 27 | 187 |
| 60+ | 19 | 1 | 34 |




As mentioned, there is a big difference in FY 17-18 as well as a disparity with the Older Adults (60+) and the TAY population. It has been challenging for MCBHS to attract clinicians in prior years but partnering with CSUF may assist in acquiring the additional staff needed to meet these disparities. Program descriptions per age are listed in the next section.

# Programs offered

## *Children's and Transitional Age Program overview:*

Children's Full Service Partnership program is designated for children (Children ages 0-15 and TAY ages 16-26) families who are facing complex and challenging stressors and concerns due to a child's mental illness that has negatively impacted the child's ability to function socially, emotionally, and academically. Often the child or the family is facing significant emotional, psychological, or behavioral problems that are interfering with the child's wellbeing and is negatively affecting the child's ability to progress age appropriately and meet developmental tasks.

General Qualifications for Children and Transitional Age Youth:
The qualifications are that the child has meet Medi-Cal necessity and demonstrates impairments in multiple areas of life functioning such as self-care, school functioning, family relationships, and the ability to successfully engage and participate in the community. In addition, the child might also experience the following:

- At risk of home placement loss or has already been removed from the home

- The mental disorder and related impairments have been present for more than six months or are likely to continue for more than one year without treatment.
- Psychotic features
- Risk of Suicide
- Risk of violence due to mental illness
- Risk of being incarcerated in juvenile hall

For Transitional Age Youth the following criteria might also be met in addition to meeting Medical Necessity for the FSP Program:
They are unserved or underserved and one of the following might be present:

- Homeless or at risk of becoming Homeless
- Aging out of the child and youth mental health system
- Aging out of the child welfare system
- Aging out of the juvenile justice system
- involved in the criminal justice system
- At risk of involuntary hospitalization or institutionalization
- Having experienced first episode of serious mental illness

## *Other Mental Health services available to FSP Children and Transitional Age Youth*

**Intensive Case Coordination (ICC), Child Family Team Meetings within FSP program for Children and TAY**

Within Children's/TAY FSP program clients (ages 0-25) who also qualify for Intensive Case Coordination and Intensive Home-Based Services due to the acuity of the mental health symptoms and have risk factors present. Each minor within the FSP program is screened and referred if appropriate for Intensive Case Coordination (ICC), Home Based Services (HBS), or Therapeutic Behavioral Health services (TBS) if client/family accepts the additional services. Services are defined below.

**Definition of ICC services:**

Planning, implementing, and carrying out Child and Family Team meeting to assist the minor, family, and their support system in identifying concerns, goals, and develop a plan for service delivery with multiple agency involvement. Interagency consultation and collaboration to provide services in a multidisciplinary manner to ensure client's complex mental health needs are being met for the purposes of stabilization and maintenance in the least restrictive

setting. Upon initial screening and referral, a Child Family Team Meeting is coordinated within 30 days with follow up meetings at every 90 days or sooner if needed.

**Intensive Home-Based Services and Therapeutic Behavioral Health Services.**
Both Intensive Home-Based Services and Therapeutic Behavioral Health services are additional services that most FSP minor clients could qualify for (up to age 21 with Full Scope Medi-Cal) given the high acuity and intensity of their mental health needs and associated risk factors.

**Definition of IHBS:**
IHBS services are provided by contracted provider JDT Consultants. Family and youth participate with IHBS team/specialist to gain skills and techniques necessary to help youth manage and reduce complex behavioral problems to improve overalls social and emotional functioning. IHBS provider will developed their own target goals based on the referral and assessment to reduce risk factors and help sustain placement within the home, school, and community setting. IHBS plan is reviewed and monitored every 30 days to authorize for ongoing services with the input of IHBS staff, family input, and FSP staff.

**Definition of TBS Services:**
Therapeutic Behavioral Services are very similar to IHBS but it has a much more narrow focus and is intended for a shorter period of time. The focus of TBS services is to reduce high risk behaviors due to a serious emotional problem. It also focuses to reduce the need for hospitalizations, out of home placement, and institutions. This service is also provided by a contracted provider JDT Consultants. The TBS provider will develop specific measurable goals to target specific behaviors. Every 30 days TBS staff, FSP staff, and family will meet to discuss progress, client's responsiveness to services, areas of ongoing needs, and authorize additional services if needed.

## *Adult / Older Adult Program overview:*

Adult Full Service Partnership program is designated for Adults (ages 26+) who have been diagnosed with a Serious Mental Illness and who would benefit from an intensive service program. Often the adults identified for the FSP program have multiple risk factors and continue to be at risk of home placement loss, need for institutional care, inpatient hospitalizations, homelessness, or incarcerations. The program embraces the belief to do "whatever it takes". Initial focus of services is to help each client stabilize, create safety, reduce risk factors, and maintain placement within our community setting. FSP service providers lead treatment driven by the client and tailor interventions based on specific client needs. Providers are in tune and mindful of client's culture and strive to provide culturally competent services in a multidisciplinary team approach.

Often many of the adult clients served within the FSP program are involved with multiple agencies such as, Probation, DSS, Social Security Administration, Public Guardian, Workforce, Department of Rehabilitation, and various other agencies. The treatment team consists of the clinical case coordinator and a case manager who work together in collaboration with other agencies to meet the whole needs of the client. Services offered include individual therapy, group therapy, case management services, collateral services, and rehabilitation for individuals who often have a co-occurring mental illness and substance use disorders. In addition, FSP treatment team assists clients with addressing their psychosocial stressors such as housing, employment, education, and other areas of need to help each client work toward self-sufficiency and independence.

**General Qualifications for Adult and Older Adult:**

Adults ages 26-59 and Older Adults ages 60+, who meet Medical necessity due to a mental health disorder resulting in substantial functional impairments or symptoms, or they have a psychiatric history that shows that, without treatment, there is imminent risk of decompensation with substantial impairments or symptoms. In addition, the adult client might experience the following:

- Due to a mental illness and related impairments they are likely to become disabled as to require public assistance.
- They are unserved and at risk of homelessness or becoming homeless.
- Involved in the criminal justice system.
- Frequent inpatient hospitalizations and need for crisis stabilizations for mental health treatment.
  At risk of being institutionalized or losing out-of-home care

# General Systems Development (GSD)

General Systems Development, also referred to as Expansion, is intended to accommodate increased demands for services and expanding, enhancing, and supporting overall mental health services. It can also be used to employ staff to provide these services. In addition, this program facilitates family mental health education. Madera Country Behavioral Services works in collaboration with other community programs and/or services. Supportive services along with housing also falls under this category.

## Supportive Services

This component aims to improve and develop services provided for children, youth, adults, and older adults. MCBHS does its best to provide a full spectrum of care. This program helps

develop resources in Madera County, including collaboration with the Housing Authority, City of Madera Redevelopment Agency, Community Action Agency, Department of Social Services and Turning Point of Central California. This program develops through collaboration, it links the limited housing resources with consumer and family members in need of housing. Since affordable and safe housing is a challenge for this population, MCBHS continues to collaborate and advocate for consumers, while seeking new housing opportunities.

The Supportive Services and Structure program seeks to provide information about public mental health services and to identify community members who can assist in providing support and education on mental health issues to the community at large. Another focus of this program is to develop much needed housing resources for the homeless mentally ill. This program also provides data collection related to CSS, housing needs, and Performance Improvement Project (PIP) process for the system. A Housing Specialist is assigned to facilitate shared housing resources in Madera County, including collaboration with the Housing Authority, City of Madera Redevelopment Agency, Community Action Agency, Department of social Services, and Turning Point of Central California

When Madera County Behavioral Health Services works in collaboration with other non-mental health community programs and/or services, only the costs directly associated with providing the mental health services and supports, as specified above, shall be paid under the General System Development Service Category

## Housing services

The housing program is designed to stabilize a person's living situation while also providing supportive services onsite. Supportive services assist the client, and client's family (when appropriate) in obtaining and maintaining housing.

Housing services, including, but not limited to:

- rent subsidies
- housing vouchers
- house payments
- residence in a drug/alcohol rehabilitation program
- transitional and temporary housing.

** More housing resources and information under MHSA Housing Program (Page 88)*

# Outreach and Engagement

Madera County is a small rural county with limited resources. Due to the limited resources, many of the CSS outreach and engagement activities occurred within FSP and GSD while engaging consumer, family members, and potential consumers. Once the PEI program was approved in 2010, the Wellness Center programs now fall under the PEI category. However, the Full-Service Partnership (FSP) still heavily relies on the Wellness Centers (*Hope House and Mountain Wellness Center*, Page 74). FSP staff will often refer and recommend classes, group session and/or services to keep their population engaged. The Wellness Centers also provide supportive services such as food, clothing, and shelter. Outreach events are also held by our Wellness Centers throughout the year.

**Clear View Outreach Event by Hope House**


*Faith Based Community Partner*
*Outreach, Resource and Referrals*

# Issue Resolution

If any issues should arise with any services offered through the Mental Health Services Act (MHSA), clients have the right to express any concerns or problems. Besides a matter covered by a formal Appeal, complaints are considered grievances. There will not be any discrimination against clients who file a grievance.
A priority of Madera County is to ensure that clients and community stakeholders have access to a dedicated grievance process and resolve dissatisfaction with the MHSA community program planning process, delivery of MHSA funded mental health services, appropriate use of funds, and/or consistency between program implementation and approved MHSA plans.

Problem resolution brochures and posters are available at all sites providing county mental health services and on the county website. Clients and community stakeholders may file a grievance at any time either orally or in writing. Grievance forms and self-addressed envelopes are available for clients and community stakeholders at all provider sites.

# MHSA Program Evaluation

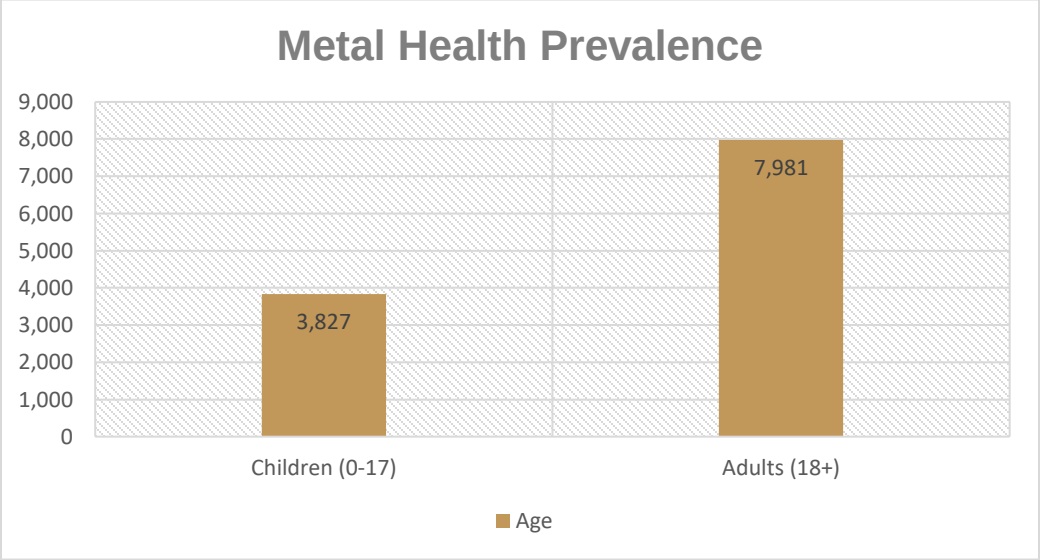
In the interest of Madera County Behavioral Health Services (MCBHS) to continue to be successful in their programs and services offered, MCBHS assesses their capacity to continue to effectively provide the programs and services offered. It is important to understand the strengths and limitations of the county and service providers to accurately meet the needs of Madera County's racially and ethnically diverse populations. The results of this assessment are also used to develop the MHSA Three Year Program and Expenditure plan.

## Information considered:

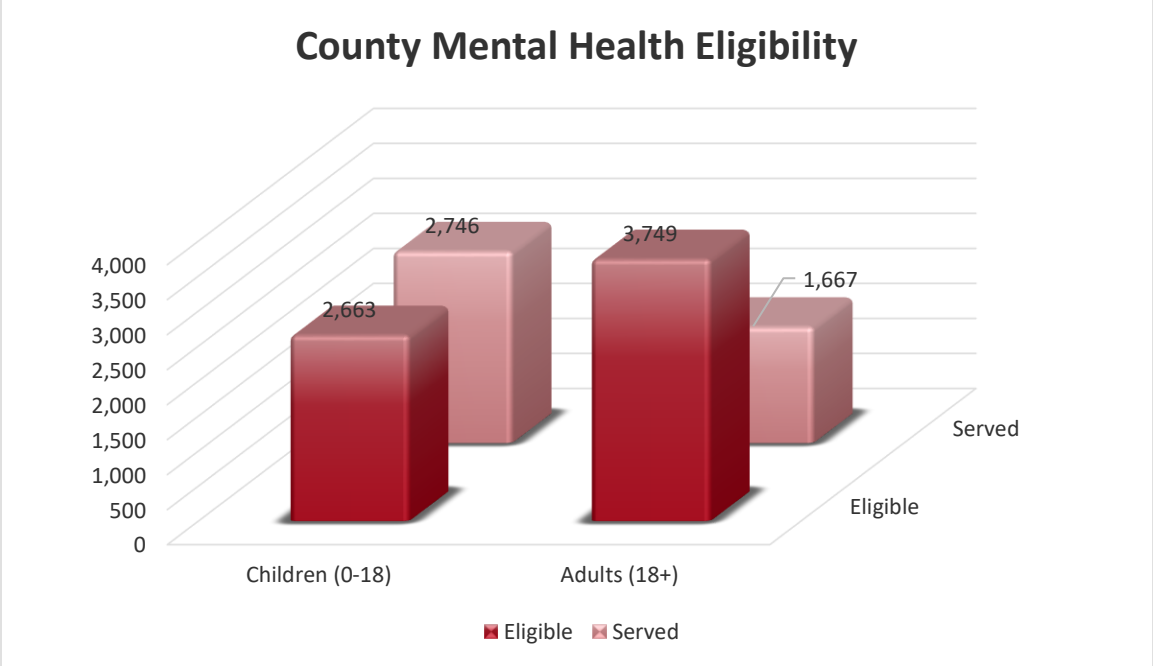
The following pages show information that is relevant in conducting a needs assessment as well as the following information:

- Total population for Madera County is 159,536.
- 73,392 residents fall below the 200% Federal Poverty Line (Medi-Cal) according to the Department of Finance.
- The Department of Health Care Services (DHCS) estimates 6,022 of that population is eligible for services.

**Estimated people with *any* diagnosable mental illness: 11,808**




**County Mental Health Eligibility**



| Countywide Estimated Population Enrolled in Medi-Cal for Madera County by Ethnicity, race, age & gender, for Calendar Year 2018 and Penetration Rate for Fiscal Year (FY) 2016-17. | | | | |
|---|---|---|---|---|
| *Race/Ethnicity* | *Medi-Cal Eligible* | *Medi-Cal Beneficiaries Served* | *Penetration Rate* | *Statewide Penetration Rate* [1] |
| **White/Caucasian** | 12,487 | 1,061 | 8.50% | 5.50% |
| **Hispanic/Latino** | 48,025 | 1,626 | 3.40% | 3.50% |
| **Black/African American** | 1,485 | 153 | 10.30% | 7.80% |
| **Asian, Pacific Islander** | 1,106 | 26 | 2.40% | 1.90% |
| **Native American** | 425 | 28 | 6.60% | 6.10% |
| **Multi Race, Other** | 0 | 0 | N/A | N/A |
| **Unknown /Other** | 7,783 | 385 | 5.00% | 4.70% |
| **Total** | 71,311 | 3,279 | 4.60% | 4.10% |
| ***Age*** | | | | |
| **0-5** | 10,523 | 144 | 1.40% | 1.50% |
| **6-18** | 21,014 | 1,194 | 5.70% | 5.40% |
| **18-59** [2] | 33,413 | 1,706 | 5.10% | 4.50% |
| **60+** [3] | 6,360 | 235 | 3.70% | 1.70% |
| ***Gender*** | | | | |
| **Female** | 37,936 | 1,760 | 4.60% | 3.80% |
| **Male** | 33,374 | 1,519 | 4.60% | 4.40% |

[1]Statewide penetration rates were adapted from The DHCS Statewide Aggregate Specialty Mental Health Services Performance Dashboard, pages 10 and 25, on the web page: https://www.dhcs.ca.gov/services/MH/Documents/2018_SMHS_Dash_Combined_Report_non-ADA_7-18.pdf

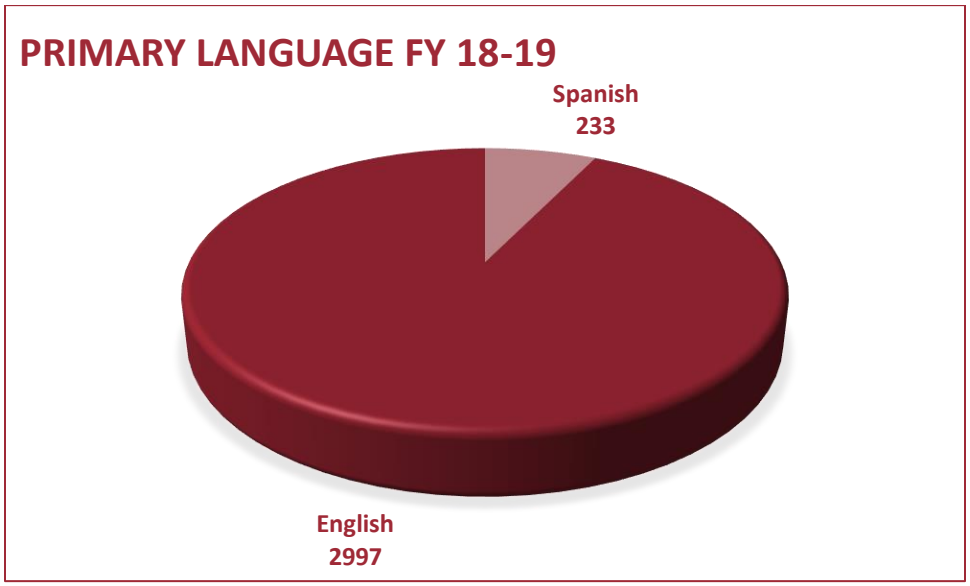
[2]For statewide penetration rate this percentage represents ages 18-64

[3]For statewide penetration rate this percentage represents ages 65+

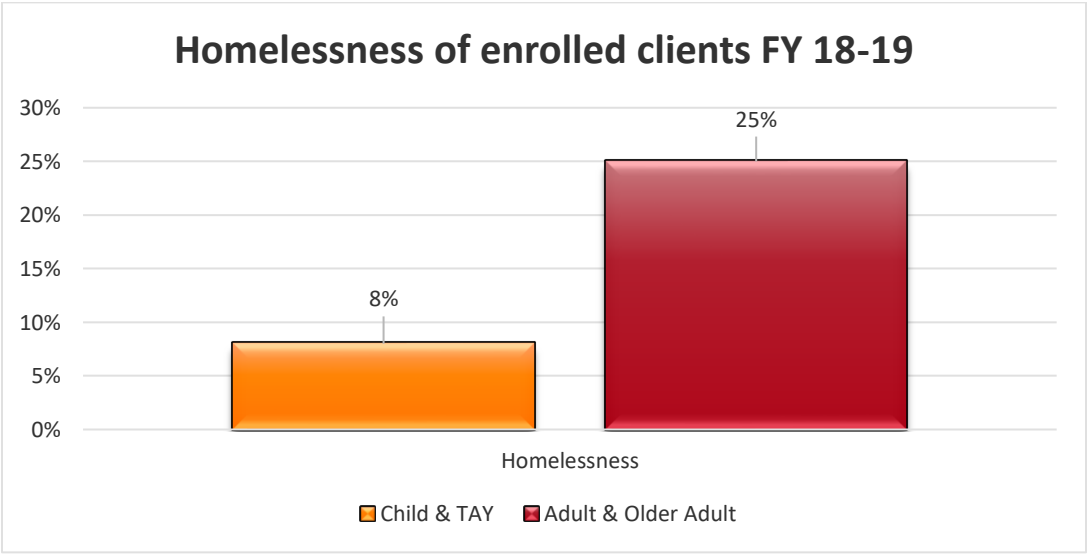
The penetration rate for Hispanic/Latinos is 3.4%, which is almost the same as the statewide rate of 3.5%. The penetration rate is higher than the statewide average for Black/African American, with a penetration rate of only 10.30% compared to the statewide average of 7.8%; However, the total percentage of beneficiaries is only 2%, so the percentages can be misleading because of the low numerator and denominator. Conversely, the penetration rate for

White/Caucasian (20% of the Medi-Cal population) is 8.5% compared to 5.5% statewide. The penetration rates for Asian/Pacific Islander and Native American are also much higher than the statewide average.

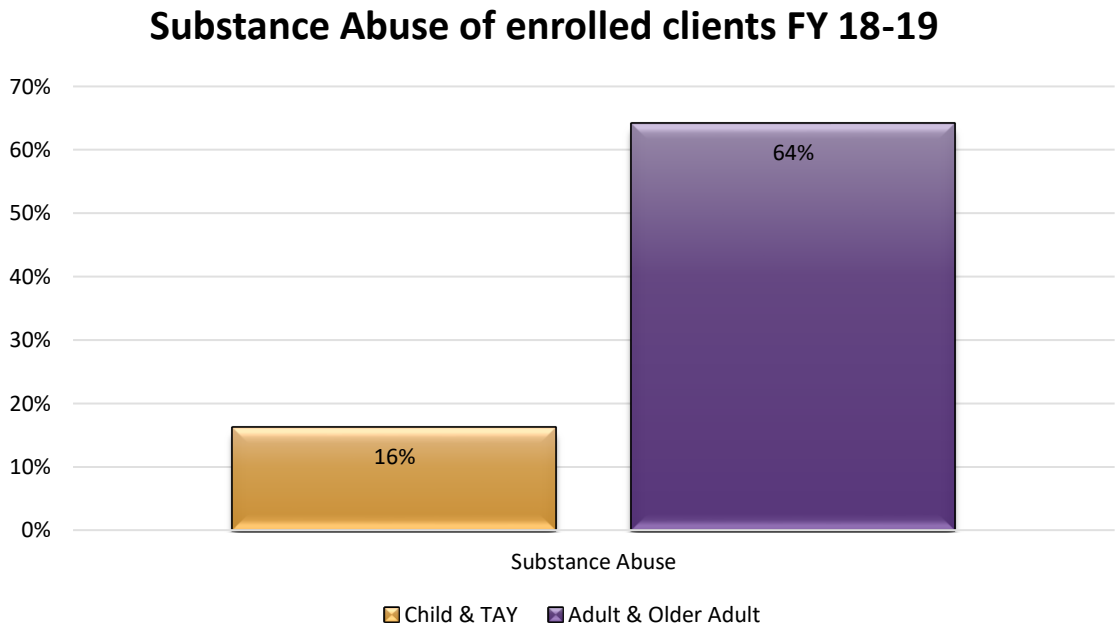
***Number of older adults, adults, transition age youth and children/youth by reported primary language***




***Full Service Partnership Child, TAY, Adult and Older Adult Homeless Indicator from DCR data Outcomes Report FY 2018-2019***



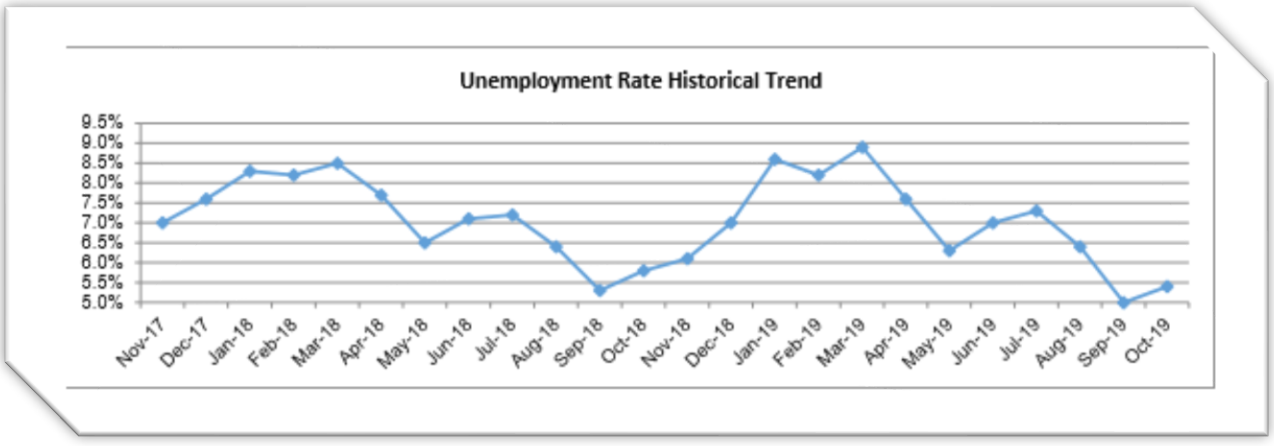
***Full Service Partnership Child, TAY, Adult and Older Adult Substance Abuse Indicators from DCR data Outcomes Report FY 2018-2019***




***Unemployment Rate***

In October 2019, the unemployment rate was 5.4% compared to the state which stood at 3.7%.

As of March 2020, due to COVID-19, the Employment Development Department (EDD) is showing Madera County at a 10.5% unemployment rate vs California that rose to 5.3%.



## Challenges

Some of the challenges stem from Madera County being a rural community. The population is dispersed and without adequate transportation to properly serve the community. The area has a high poverty rate and there are several issues with homelessness and substance abuse. Also, attracting clinicians has always been challenging.

## Strengths

One of the strengths for Madera County is that its employees resemble the demographics of the community and show bilingual proficiency in the Spanish threshold language with 42% of staff speaking Spanish. Madera County has developed a strong relationship with local universities to create an avenue to recruit mental health clinicians.

## Needs

Although Madera County Behavioral Health Services (MCBHS) has 42% of staff who speak Spanish, the Spanish speaking population is still underserved. Mental Health clinician recruitment continues to be a need. Madera County is located between two larger counties who can pay more and offer more opportunities in the off-work hours. The commute from these areas make Madera County a last resort when considering employment.

## Services to address needs

Madera County has developed a relationship with California State University Fresno (CSUF) master's in social work program to attract social work students to come to Madera County for internship activity. Madera County uses an MHSA stipend to support these students while they complete their clinical internship with MCBHS. The students are included in all supervision and trainings. This was done to allow students to experience working in Madera County with the hopes that it would encourage them to apply for positions upon graduation. This has been an effective tool and a positive mutual relationship. Madera County has been able to hire several of these students upon graduation, allowing an increase in bilingual staff. MCBHS expects the relationship with CSUF to further help fill the need for clinicians which will help tackle the needs of Madera County.

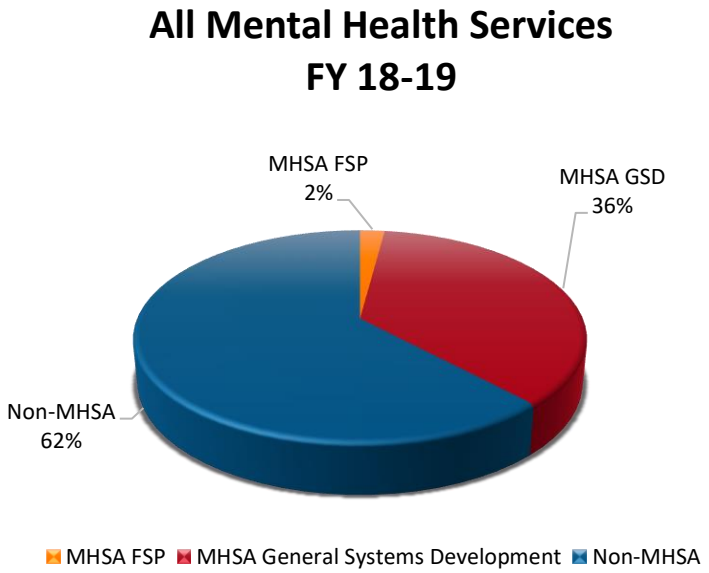
*Madera County Behavioral Health Services does not know the full impact that COVID-19 will have on future needs and services, for this reason, MCBHS will need to remain flexible.

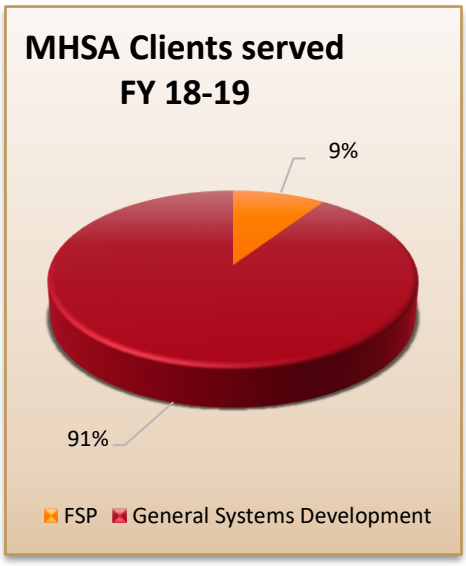
# CSS Performance Outcomes

The information compares statistics to previous years. Madera County Behavioral Health Services (MCBHS) has found discrepancies in recorded numbers. Not only is the software system cumbersome, there has not been a consistent method of extracting data. How the staff member inputs variables into the reporting system will drastically affect the outcome. Unfortunately, there are several different outcomes reported for the same category. Also, the County's Electronic Health Record (EHR) system does not match the Data Collection and Reporting (DCR) system. MCBHS is moving towards a new EHR system to accurately compile data and help correct the issue.

## Community Services and Supports Outcomes

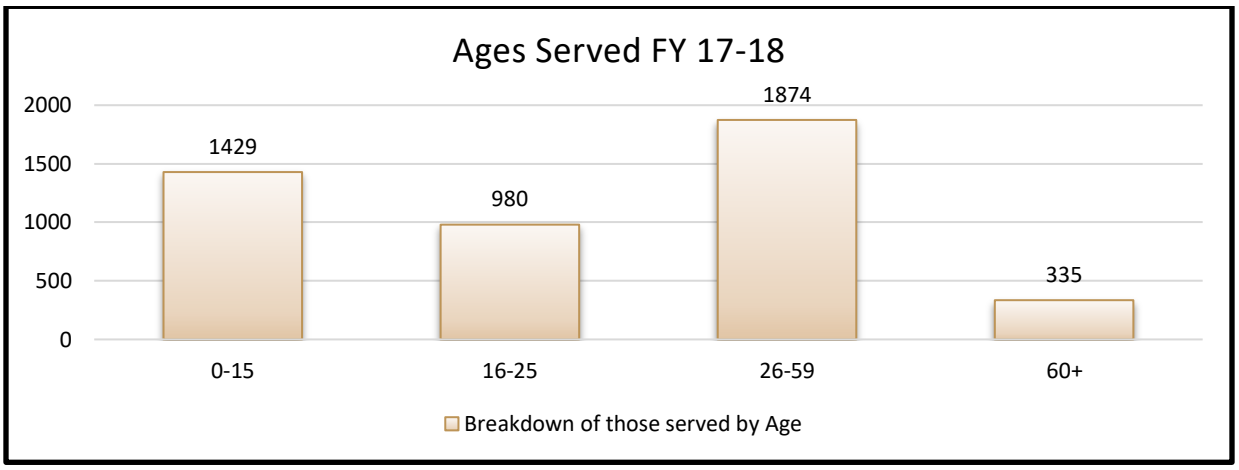
During Fiscal Year (FY) 18-19 Madera County served **4,105** which is slightly lower than FY 17-18 in which 4,518 were reported served.



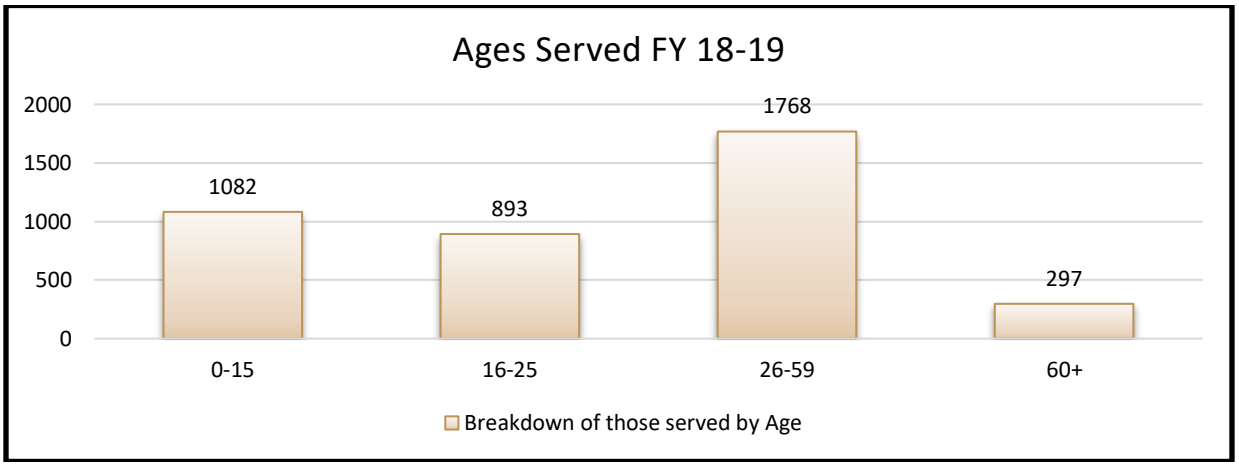




*Information reported on CPPP presentation

*Comparison of Ages Served in FY 17-18 & FY 19-20*

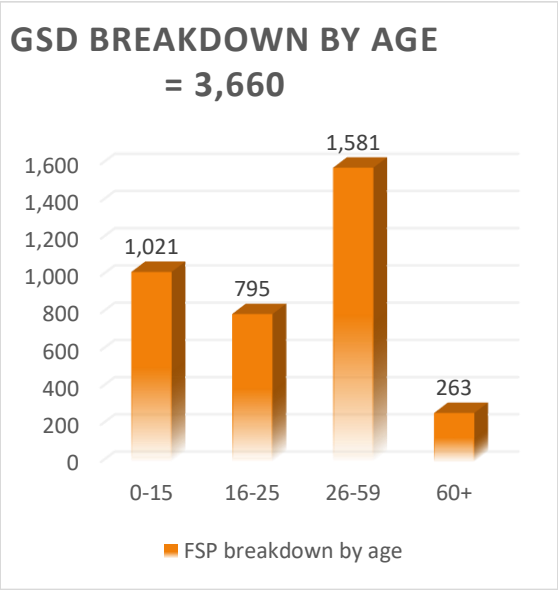


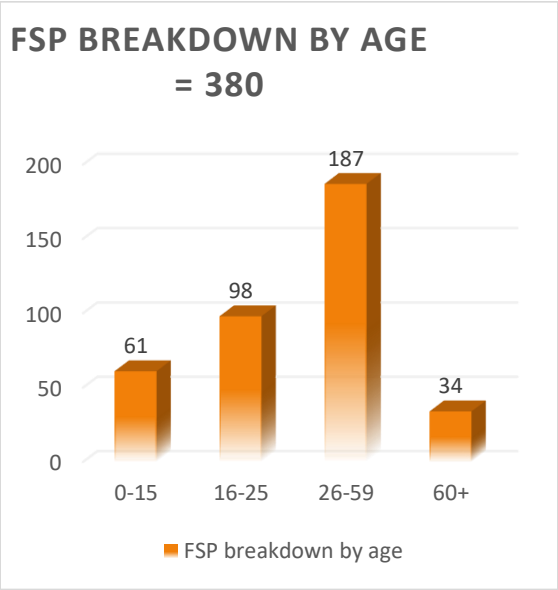

*reported 4,518 served in previous Annual update but compiled by age adds up to 4,618



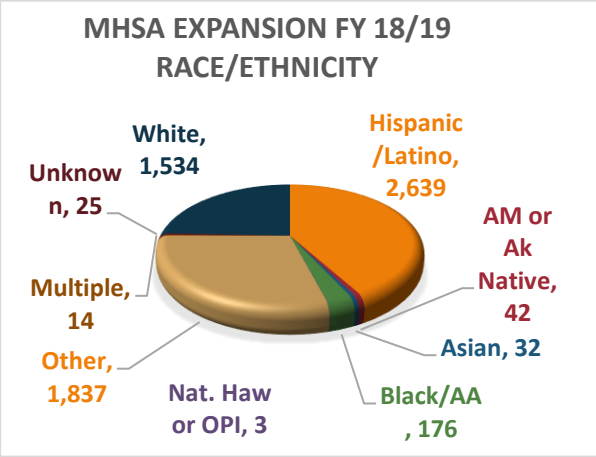

*reported 4,105 served in CPPP presentation but compiled by age adds up to 4,040

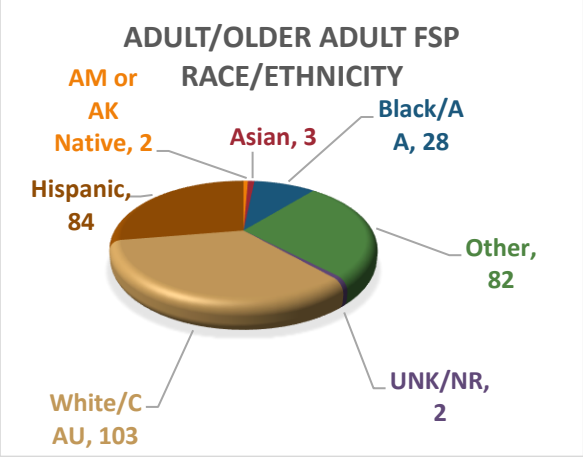
*FY 18-19 Age Breakdown by GSD and FSP*



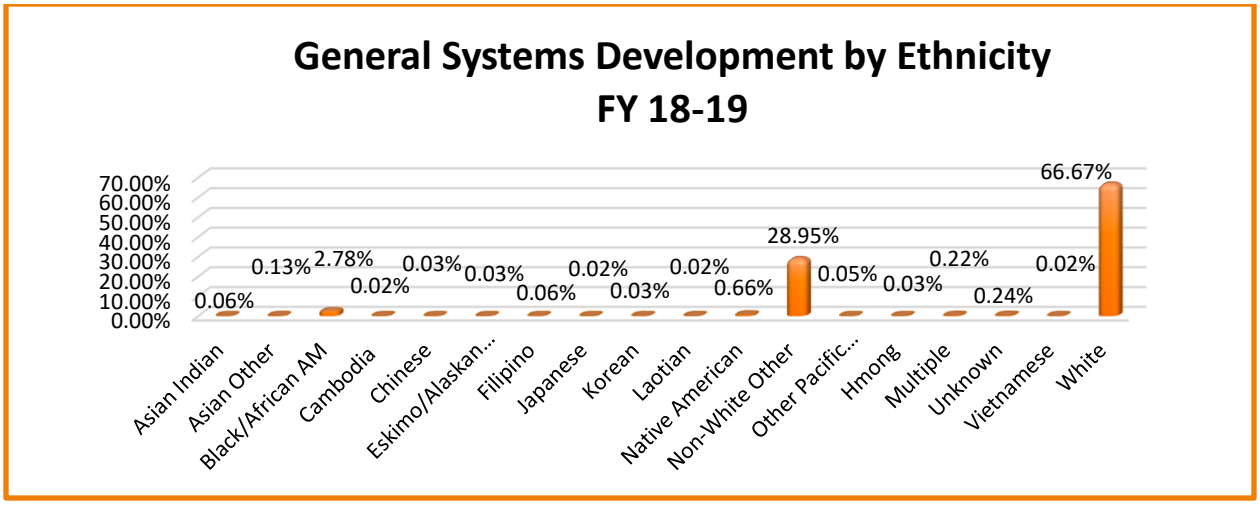

*Information reported on CPPP presentation



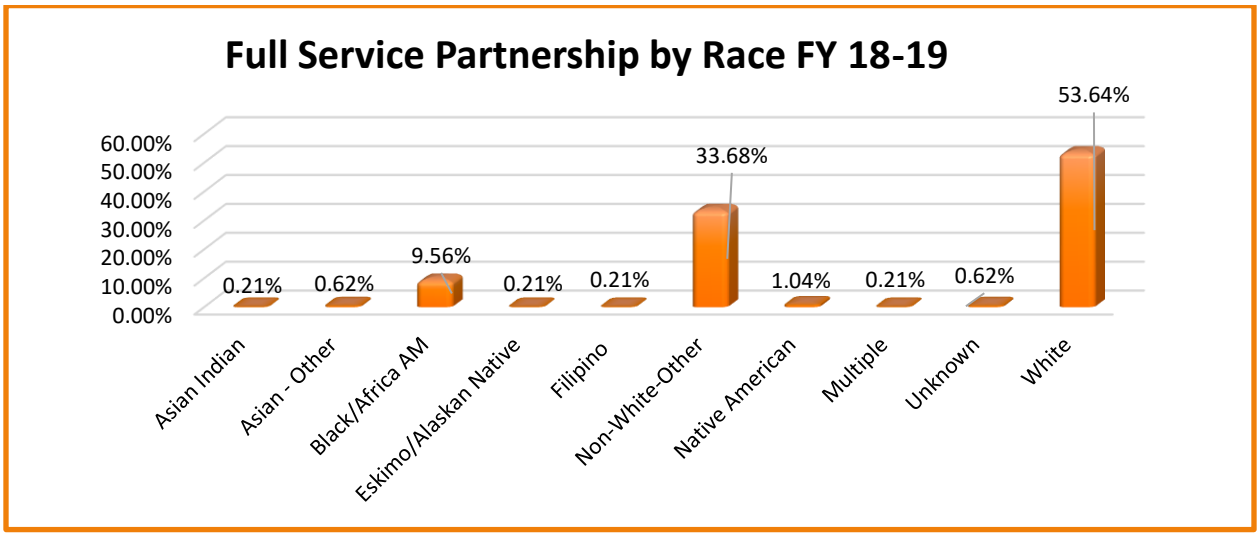




*Information reported on CPPP presentation

*FY 18-19 Detailed Ethnicity and Race Information*

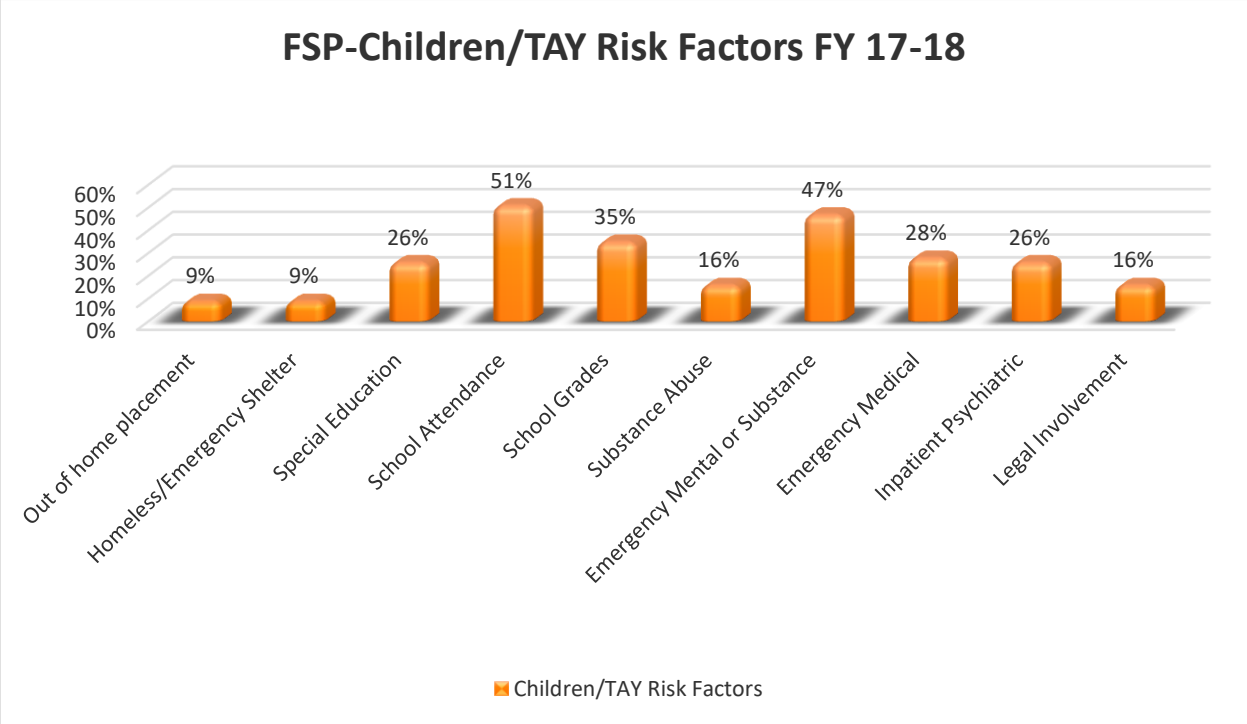



*Information reported on CPPP presentation

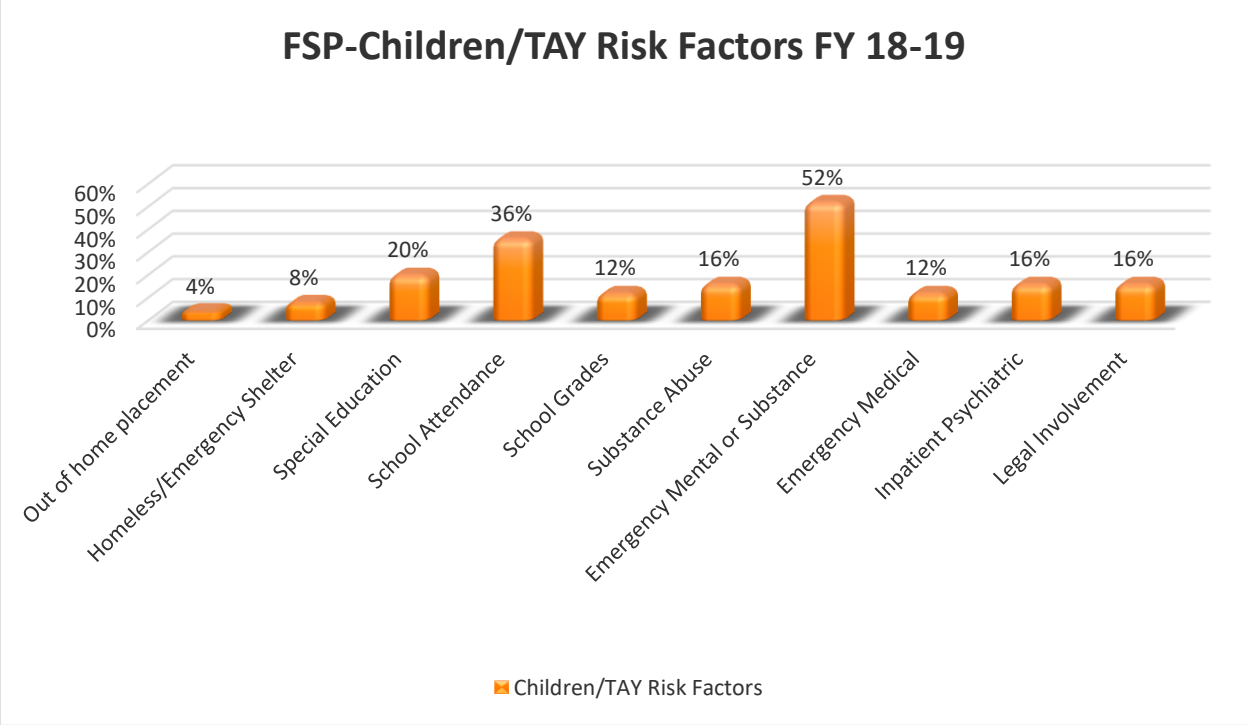



*Information reported on CPPP presentation

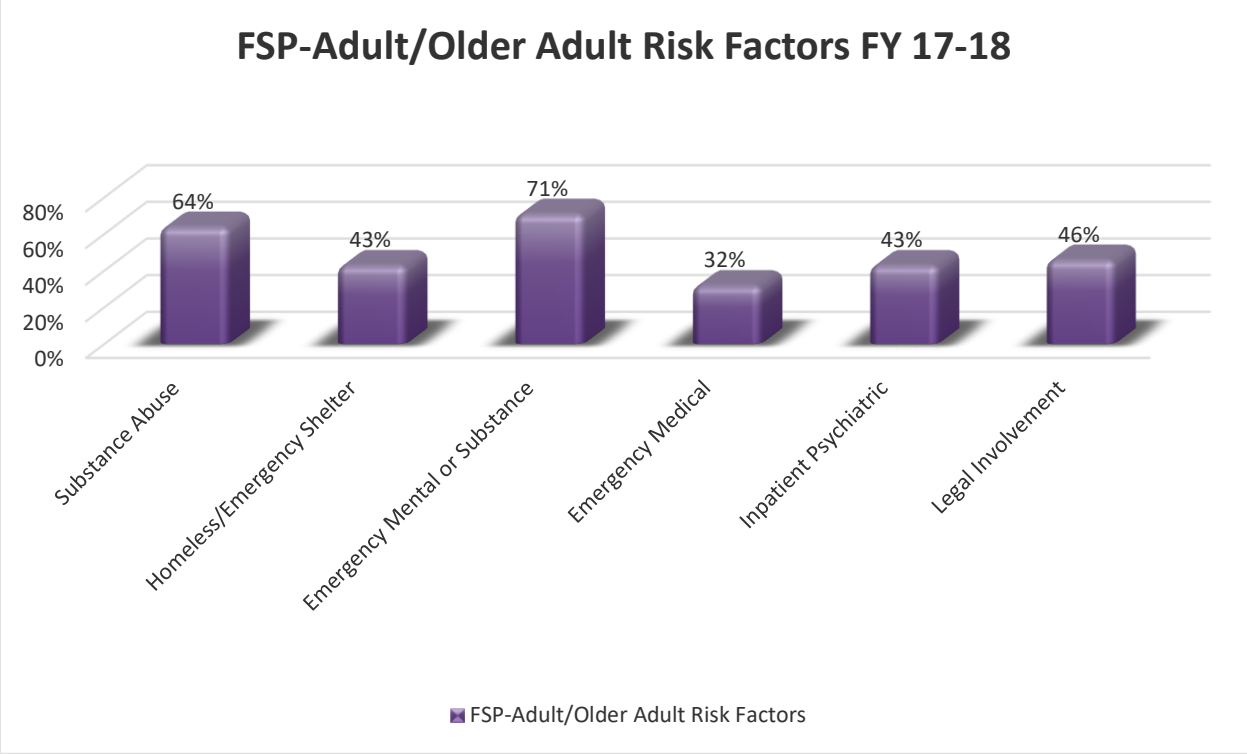
*Madera DCR Data Outcomes Report findings, FY 17-18 & FY 18-19*



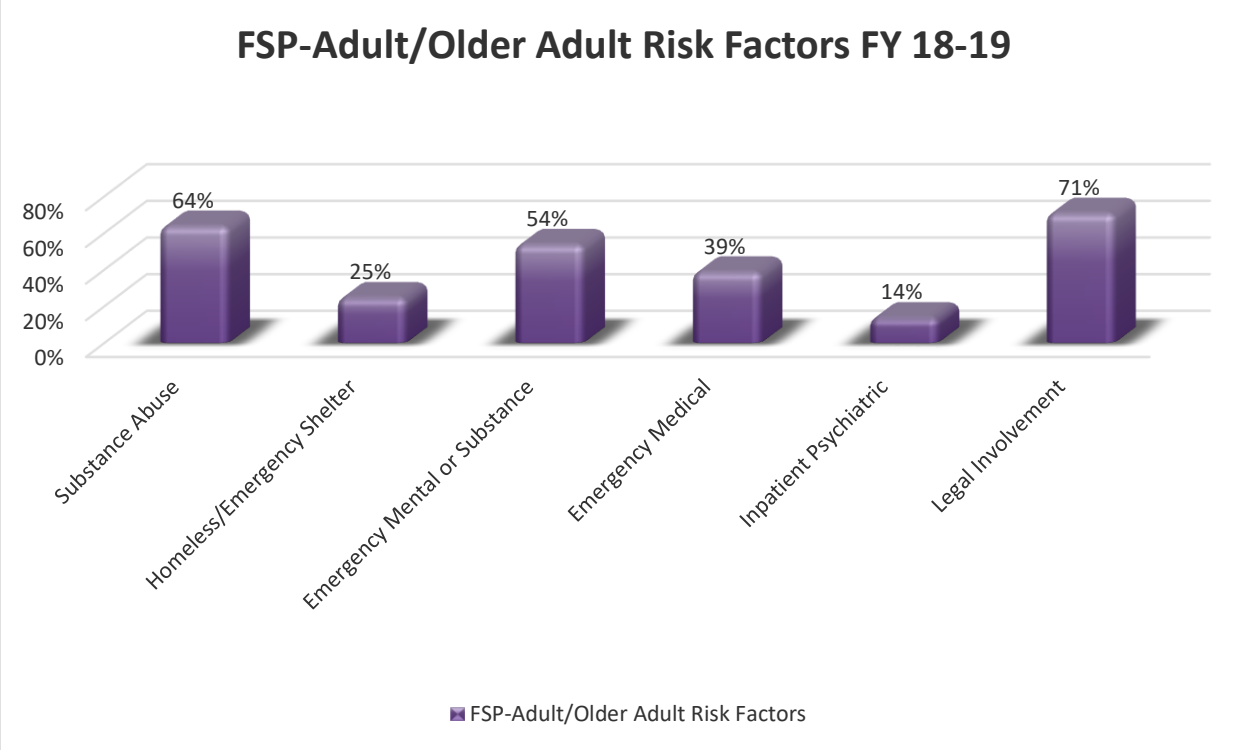

*Information reported on previous Annual Update



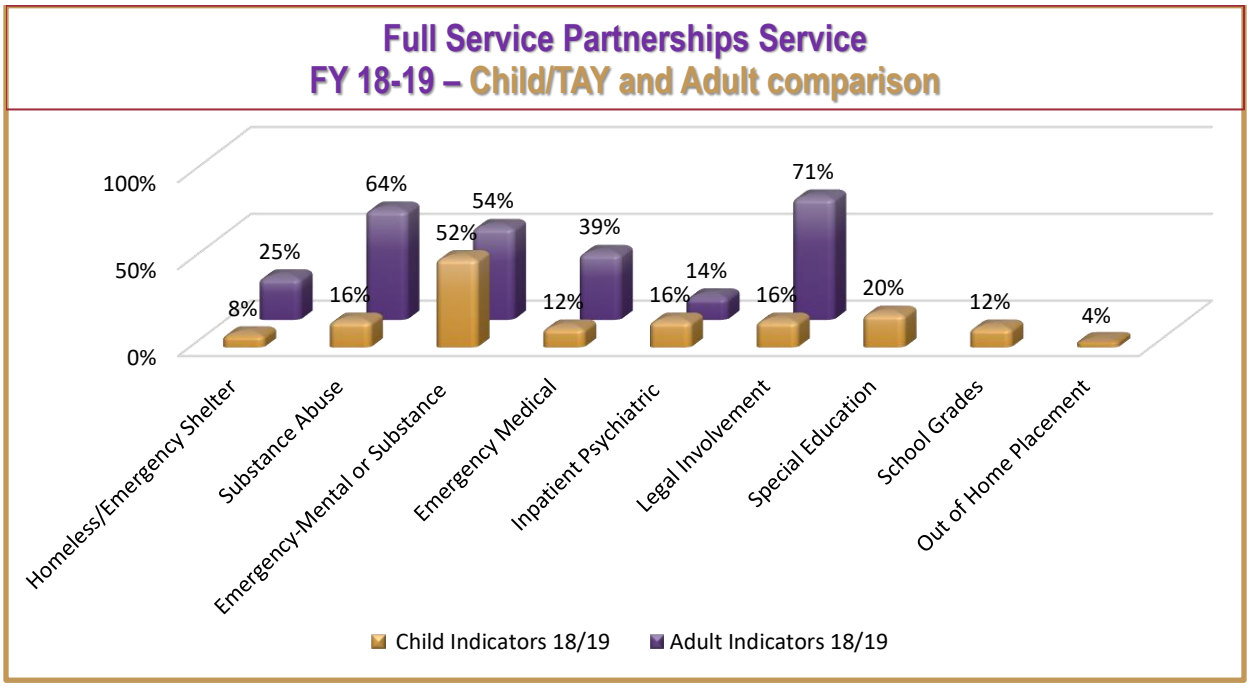

*Information reported differs from information presented on CPPP 2020 presentation. Values updated for accuracy.




*Information reported on previous Annual Update




* Information reported differs from information presented on CPPP 2020 presentation. Values updated for accuracy.




*Information reported differs from information presented on CPPP 2020 presentation. Values updated for accuracy.

The DCR report for Fiscal Year 2018-2019 shows that the highest risk factors in FY 18-19 is Emergency Mental or Substance (52%) and School Attendance (36%). However, School Attendance was the biggest risk factor in the previous year and dropped to 36% from a reported 51% in FY 17-18. Madera County has also been successful in lowering all other categories in Children/TAY risk factors except for Emergency Mental or Substance which increased 5%. Legal Involvement and Substance Abuse stayed the same from the previous reported fiscal year.

| Percentage of Change in Child Risk Factors from FY 17-18 to FY 18-19 | |
|---|---|
| Out of home placement | **-5%** |
| Homeless/Emergency Shelter | **-1%** |
| Special Education | **-6%** |
| School Attendance | **-15%** |
| School Grades | **-23%** |
| Substance Abuse | **0%** |
| Emergency Mental or Substance | **+5%** |
| Emergency Medical | **-16%** |
| Inpatient Psychiatric | **-10%** |
| Legal Involvement | **0%** |

The DCR report also shows that the highest risk factors for Adults in FY 18-19 is Legal Involvement (71%) and Substance Abuse (64%). Legal Involvement increased from the previous year by 25%. The biggest improvement is from Inpatient Psychiatric which decreased by 29%. There was also an 18% drop in Homeless/Emergency shelter. Only two categories showed an increase in percentage, the rest decreased except for Substance Abuse which reported no change.

| Percentage of Change in Adult Risk Factors from FY 17-18 to FY 18-19 | |
|---|---|
| Substance Abuse | **0%** |
| Homeless/Emergency Shelter | **-18%** |
| Emergency Mental or Substance | **-17%** |
| Emergency Medical | **+7%** |
| Inpatient Psychiatric | **-29%** |
| Legal Involvement | **+25%** |

Overall, in CSS, Madera County has successfully addressed and improved risk factors. That is displayed by comparing FY 17-18 to FY 18-19; 10 categories showed a reduction, 3 categories showed an increase and 3 reported no change. For being a smaller county, MCBHS has been able to positively impact 63% of the 18-19 DCR report. Under the Adult category, the DCR report for 17-18 had the same number of participants as the DCR report for FY 18-19. Under the Children/TAY category, the DCR report for 17-18 differed by having 18 participants less in FY 18-19.

# Prevention and Early Intervention (PEI)

# PEI Component Overview

The purpose of this component is to prevent mental illness from becoming severe and disabling and the other is to find ways to improve timely access to services for underserved populations. This is accomplished by providing education/training and outreach to MCBHS' clients, caregivers, and community members. These programs are designed to identify individuals who are at risk of developing mental illness and who are demonstrating early signs of mental illness and/or emotional disturbance. Once identified, they are connected to different types of resources. Services aim to strengthen skills, reduce risk factors and to enhance resilience through education, training, and treatment. MCBHS is committed to keeping people healthy by providing early intervention on an illness, thus drastically reducing susceptibility to the negative effects of mental illness.

MCBHS must include at least one of each program in the following categories:

- Access and linkage to treatment program
- Stigma and discrimination reduction program
- Prevention and early intervention program
- Outreach for increasing recognition of early signs of mental illness
- Suicide prevention (optional)

The Mental Health Services Act (MHSA) allocates 19% of the Mental Health Services Fund to the Prevention and Early Intervention (PEI) component. MCBHS attempts to collect demographic information but depending on the type of event, it is not always possible. Partial information is collected and listed below.

# PEI programs

| Total Individuals Served **3,735**<br>FY: 2018-2019 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Age Group Total** | | | | **Gender Total** | | **Race/Ethnicity Total** | | | | |
| 0-15 | 16-25 | 26-59 | 60+ | Male | Female | Hispanic / Latino | White/ Caucasian | Black/ African Am. | Other/ Unknown | More than 1 Race |
| **900** | **642** | **856** | **178** | **143** | **461** | **354** | **115** | **31** | **25** | **31** |

## Prevention and Early Intervention

**Program name: Community Resiliency**

Total Served: **12,507**

Types of Service offered: Family Fun Day; Parenting Classes; Self-Care Trainings for Youth and Adults; MUSD Parent Newsletters.

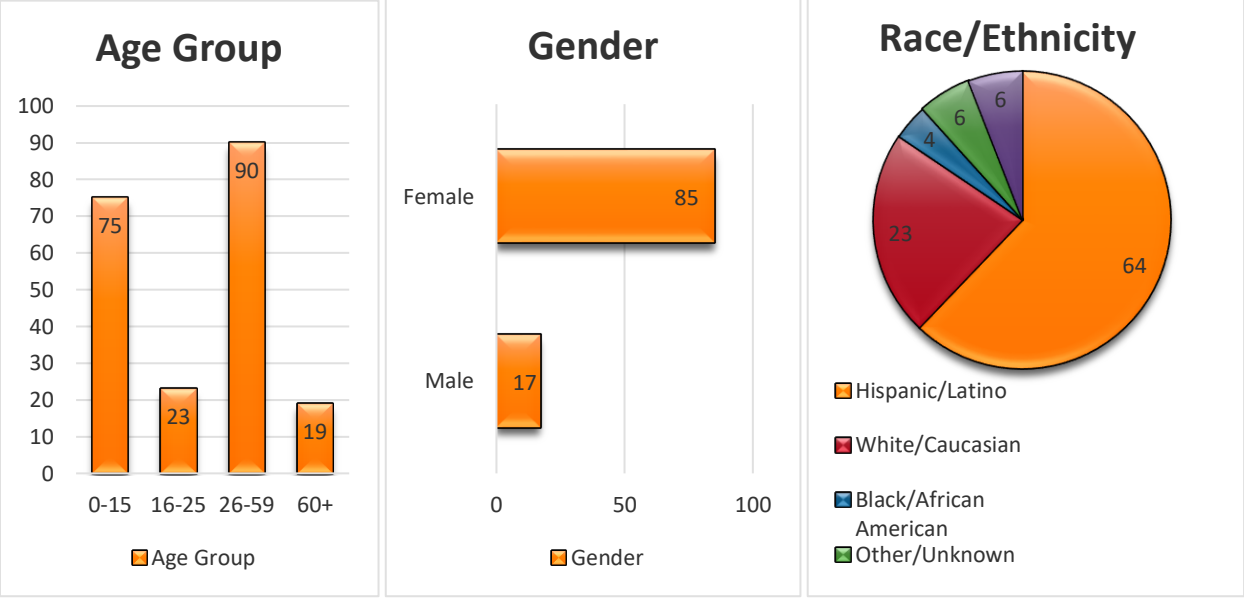
Description: Community trainings, events and newsletter articles are important because they teach youth, parents, and families resiliency skills in order to reduce the risk factors for developing a serious mental illness.

**PREVENTION AND EARLY INTERVENTION EVENT DISPLAY**

| Date | City | Training | Number of Participants | Type of Participants |
|---|---|---|---|---|
| **7/3/2018** | Madera | Career Club | 6 | Community |
| **7/17/2018** | Madera | Career Club | 4 | Community |
| **7/27/2018** | Madera | Foster Care Youth | 4 | Community |
| **8/7/2018** | Madera | Career Club | 6 | Community |
| **8/15/2018** | Madera | Career Club | 10 | Community |
| **8/21/2018** | Madera | Career Club | 10 | Community |
| **9/4/2018** | Madera | Career Club | 10 | Community |
| **9/5/2018** | Madera | Stress Reduction | 22 | Students |
| **9/18/2018** | Madera | Career Club | 10 | Community |
| **10/2/2018** | Madera | Career Club | 10 | Community |
| **10/16/2018** | Madera | Career Club | 10 | Community |
| **11/6/2018** | Madera | Career Club | 8 | Community |
| **11/20/2018** | Madera | Career Club | 5 | Community |
| **11/29/2018** | Madera | Stress Reduction Parent Teen | 38 | Teens |
| **12/4/2018** | Madera | Career Club | 6 | community |
| **12/6/2018** | Madera | Stress Reduction Foster | 8 | Foster Parents |
| **12/18/2018** | Madera | Career Club | 8 | Community |
| **1/8/2019** | Madera | Career Club | 5 | community |
| **2/5/2019** | Madera | Career Club | 8 | Community |
| **2/19/2019** | Madera | Career Club | 5 | Community |
| **2/1/2019** | Madera | MUSD Newsletter | 12000 | Community |
| **3/5/2019** | Madera | Career Club | 9 | Community |
| **3/19/2019** | Madera | Career Club | 5 | Community |
| **4/9/2019** | Madera | Career Club | 8 | Community |
| **4/23/2019** | North fork | Stress-North fork Coffee house | 6 | Youth |
| **5/7/2019** | Madera | Career Club | 10 | community |
| **5/9/2019** | Madera | Mother's day self-care event | 8 | BHS |
| **5/11/2019** | Madera | Self-Care 8 grade Student | 65 | High school |
| **5/18/2019** | Madera | Family Fun Festival | 180 | community |
| **6/4/2019** | Madera | Career Club | 4 | community |
| **6/6/2019** | Coarsegold | Stress-Anxiety Chukchansi | 12 | Community |
| **6/18/2019** | Madera | Career Club | 7 | Community |

## Program Results

### Population Served




## Access and Linkage to Treatment

**Name of Program: Community Presentations/Screening Events**

Total Served: 371

Types of Service offered: Mental Health Presentations/Screenings; Trauma Presentations/Screenings.

Program Details: Problem Identification and Referral are used when an individual (and when appropriate their family) comes in contact with PEI staff members and appears to be experiencing symptoms of serious mental illness and 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 and 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.

Description: Community presentations provide participants with the knowledge of signs and symptoms of mental illness, definition of severe and persistent mental illness, provides a screening tool (ACES) and referral to services if requested. It is important to know what resources are available and where to get help.

**ACCESS AND LINKAGE TO TREATMENT EVENTS DISPLAY:**

| Date | City | Location | Participant Served |
|---|---|---|---|
| **7/12/2018** | Madera | Sierra Vista Head Start | 23 |
| **7/26/2018** | Madera | Los Niño's Head Start | 16 |
| **8/30/2018** | Madera | Mis Angelitos Head Start | 23 |
| **9/6/2018** | Madera | Eastern-Arcola Migrant Head | 19 |
| **9/11/2018** | Madera | Mis Angelitos Head Start | 30 |
| **9/20/2018** | Madera | Sunset Head Start | 15 |
| **10/4/2018** | Madera | Eastin Arcola | 15 |
| **10/17/2018** | Madera | Cottonwood Head Start | 8 |
| **11/1/2018** | Madera | Eastin Arcola | 12 |
| **11/13/2018** | Chowchilla | Chowchilla Head Start | 5 |
| **11/15/2018** | Madera | Ruth Gonzales Head Start | 11 |
| **12/3/2018** | Madera | B Street Head Start | 1 |
| **12/13/2018** | Madera | Mill view Head Start | 10 |
| **1/9/2019** | Madera | North fork Head Start | 4 |
| **1/10/2019** | Madera | Oakhurst Head Start | 6 |
| **1/15/2019** | Madera | Los Niño's Head Start | 18 |
| **1/17/2019** | Chowchilla | Chowchilla PKU | 5 |
| **1/17/2019** | Fairmead | Fairmead Head Start | 6 |
| **1/18/2019** | Madera | Valley West Head Start | 4 |
| **1/24/2019** | Madera | Mis Angelitos Head Start | 15 |
| **1/29/2019** | Madera | Madera First Five | 4 |
| **2/5/2019** | Madera | Sierra Vista Head Start | 31 |
| **2/21/2019** | Madera | Ruth Gonzales Head Start | 15 |
| **2/25/2019** | North fork | Tribal TANF | 7 |
| **2/26/2019** | Chowchilla | Chowchilla Head Start | 6 |
| **2/28/2019** | Oakhurst | Oakhurst Head Start | 4 |
| **3/1/2019** | Madera | Mis Tesoro's Head Start | 5 |
| **3/4/2019** | Madera | East Side Head Start | 10 |
| **3/7/2019** | Madera | Sunset Head Start | 12 |
| **3/13/2019** | North fork | North fork Head Start | 4 |
| **4/2/2019** | Madera | Madera First Five | 6 |
| **4/30/2019** | Madera | Desmond Middle School | 6 |
| **6/26/2019** | Chowchilla | Chowchilla First Five PKU | 8 |
| **7/10/2019** | Madera | Madera First Five PKU | 7 |

*Demographic information was not collected for access and linkage to treatment

**Program Results:** 371 participants were referred for treatment.

## Outreach for increasing recognition of early signs of mental illness

**Name of Program: Mental Health First Aid and First Responder Trainings**
Total Served: **733**
Types of Service offered: MHFA-Adult & Youth; Community Presentations; First Responder Training
Program Details: Services are specialized forms of information dissemination and education. Education services listed below. These services help community members recognize and respond effectively to the needs of people that exhibit early signs of serious mental illness.
Description: Mental Health Trainings teach the participant how to identify the signs and symptoms of a mental illness and encourage the person to get appropriate professional help. Educating the community is not only empowering but a strong tool that can be used to combat mental illness.

**Events display on following page*

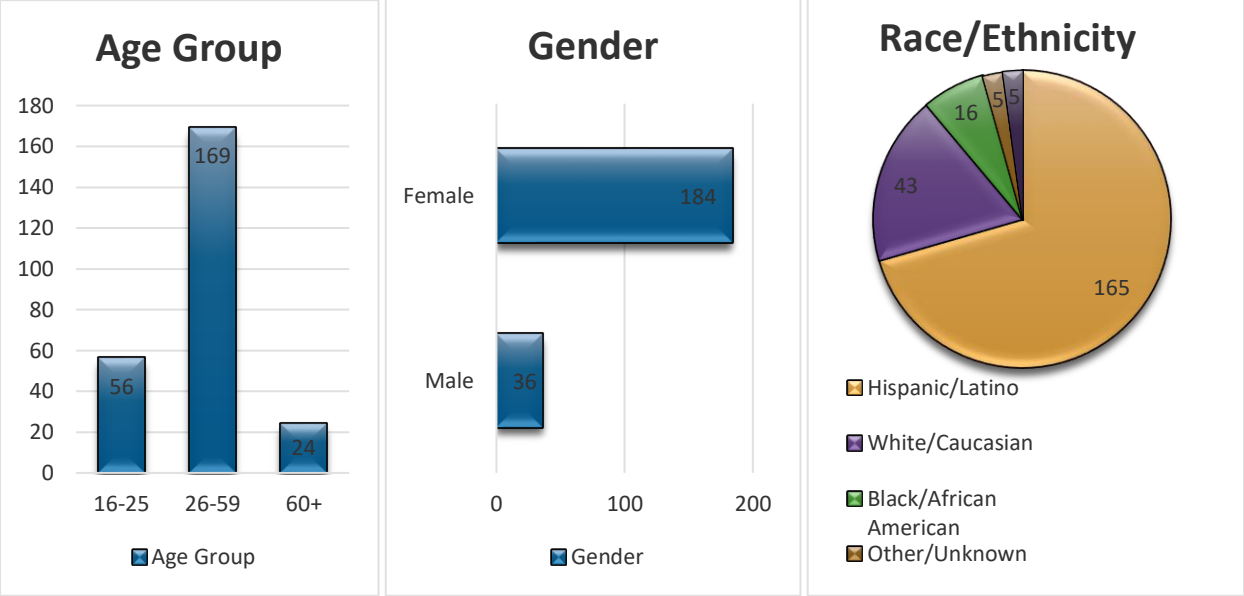
**OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS EVENTS DISPLAY**

| Date | City | Course | Number of Participants | Type of Participant |
|---|---|---|---|---|
| **7/23/2018** | Madera | M.H 101 Madera Rehab Center | 20 | Staff |
| **9/11/2018** | Madera | MH 101 Training | 15 | Workforce Staff |
| **9/18/2018** | Madera | M.H. 101 | 6 | Valley State |
| **1/30/2019** | Madera | M.H and Trauma Valley Teen | 23 | Teen Valley |
| **2/6/2019** | Madera | MUSD counselors self-care | 55 | Staff |
| **2/20/2019** | North fork | Suicide Intervention | 7 | Tribal Staff |
| **3/15/2019** | Madera | DSS Mental Health Training | 45 | Staff |
| **3/27/2019** | Madera | DSS Mental Health Training | 30 | Staff |
| **4/10/2019** | Chowchilla | Dairy land Suicide Intervention Presentation | 87 | Middle school Students |
| **4/12/2019** | Madera | DSS Mental Health Training | 50 | DSS Staff |
| **4/18/2019** | Madera | DSS Mental Health Training | 39 | DSS Staff |
| **4/29/2019** | Madera | M.H MUSD Parent Resource | 11 | MUSD Staff |
| **5/6/2019** | O'Neal's | Minarets Youth Suicide Training | 13 | High school |
| **5/15/2019** | Oakhurst | Oak Creek Suicide Intervention Presentation | 150 | Middle school Students |
| **6/11/2019** | Madera | Mental Health Intervention Victim Services | 4 | Staff |
| **9/7/2018** | Madera | MHFA-Adult | 8 | Corrections |
| **9/14/2018** | Madera | MHFA-Adult | 22 | Community |
| **9/19/2018** | Madera | MHFA-Adult | 36 | Promoters |
| **9/25/2018** | Madera | MHFA-Adult | 6 | Corrections |
| **10/12/201** | Madera | MHFA-Y | 21 | Community |
| **11/9/2018** | Madera | MHFA-Adult | 20 | ER Nurses |
| **11/16/201** | Madera | MHFA-Adult | 23 | ER Nurses |
| **12/21/201** | Madera | MHFA-Adult | 8 | ER Nurses |
| **4/19/2019** | Madera | MHFA-Y | 18 | Community |
| **5/10/2019** | Madera | MHFA-Adult | 16 | Community |

***MFHA-Adult programs are also Stigma and Discrimination programs**

## Program Results

### Population Served




Participants were given a pre-test and post-test on their confidence level with the topics discussed. The measure went from 1-being not so confident to 5-being the most confident. The average scores for participants who attended the trainings went from 3.29 before the training to 4.4 after completing the training.

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## Suicide Prevention Programs

**Name of Program: Know the Signs Campaign**

Total Served: **757**

Types of Service offered: CalMHSA: Know the Signs Campaign; School activities; ASIST; safeTALK; Suicide Collaborative.

**CalMHSA: Know the Signs Campaign** - MCBHS partnered with Madera Unified School District, Dairy land School District and Chawanaki School District to distribute "Suicide Prevention Know the Signs materials" during suicide prevention month. The material was distributed in 6 local middle and high schools.

**safeTALK Trainings** – How to prevent suicide by recognizing signs, engaging someone, and connecting them to an intervention resource for further support. 5 trainings were provided with a total of 36 participants attending the trainings.

**ASIST-** Applied Suicide Intervention Skills Training teaches how to recognize someone who may be at risk for suicide, how to intervene and promote safety and how to identify appropriate supports to help keep the person safe. 6 trainings were given with 86 participants.

**Suicide Collaborative** - The Madera County Suicide Collaborative is a partnership between Madera County Behavioral Health, Madera County Unified School District, Madera County Public Health Department and other community-based organizations within the county. Their mission is to support Prevention, Intervention, Post-Vention of suicide through community conversation with the goal of reducing suicide and promoting community wellness. Their vision is a suicide safer community and promotion of wellness. Behavioral Health Services role is to aid in the development of the suicide strategic plan for the county. To provide community awareness and education on suicide and mental health, ensure the sustainability of the collaborative and guide in best practices for the community in regard to suicide and mental health. The Suicide Prevention Collaborative of Madera County meets monthly to implement prevention and outreach interventions.

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## Stigma and Discrimination Program

**Name of Program: EMM Campaign**

Total Served: **1586**

Types of Service offered: CalMHSA: Each Mind Matters Campaign; M.H. School Lunch Activities; Community Outreach Events; Collaborative Meetings.

Program Details: Services are specialized information dissemination and education services. 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.

Description: The Each Mind Matters Campaign and materials assist in reducing discrimination and educating the community on mental health. During the fiscal year 2018/19 stigma reduction materials where distributed during local community health fairs and school events.

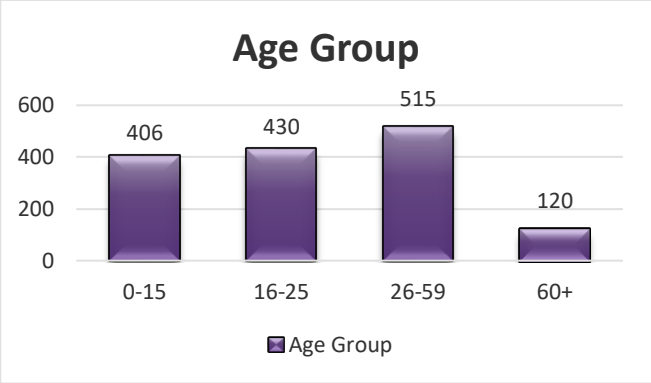
**STIGMA AND DISCRIMINATION PROGRAM DISPLAY**

| Date | City | Event Name | Number of Participants |
|---|---|---|---|
| **7/1/2018** | Chowchilla | Healthy | 50 |
| **8/3/2018** | Madera | Camarena | 200 |
| **8/11/2018** | Madera | Youth Soccer | 56 |
| **8/21/2018** | Madera | Madera | 100 |
| **8/23/2018** | Madera | Sierra vista | 90 |
| **9/18/2018** | Madera | MCC Health | 35 |
| **9/28/2018** | Madera | CAP MC | 87 |
| **10/18/201** | Madera | National | 90 |
| **10/23/201** | Madera | Trinity | 50 |
| **10/27/201** | Madera | Parent | 100 |
| **10/30/201** | Madera | First Five | 40 |
| **11/3/2018** | Oakhurst | Oakhurst | 20 |
| **12/12/201** | Madera | Senior | 15 |
| **3/7/2019** | Madera | Madison | 50 |
| **3/21/2019** | O'Neal's | Minarets | 200 |
| **4/11/2019** | Madera | Disable | 60 |
| **5/1/2019** | Madera | Madera High | 80 |
| **5/2/2019** | Madera | Madera | 60 |
| **5/6/2019** | O'Neal's | Minarets | 40 |
| **5/7/2019** | Madera | Senior | 25 |
| **5/14/2019** | Chowchilla | Chowchilla | 75 |
| **5/14/2019** | Madera | Lincoln Elem | 35 |
| **5/16/2019** | Madera | Yosemite | 55 |

***MFHA-Adult programs under Outreach for increasing recognition of early signs of mental illness, are also Stigma and Discrimination programs.**

## Program Results

The number above represent estimation of the population seen at the information table or event. An Estimated 29% of the participants are TAY.




Madera County does not have any prior procedures in place for measuring changes in attitude, knowledge or behavior related to mental illness. A pilot project to implement the Reported and Intended Behavior Scale (RIBS): a stigma-related behavior measure, was halted due to COVID-19.

# Wellness Programs

**Total Served: 523**

**Hope House**
117 North R St, Suite 103
Madera CA 93637
Phone # (559) 664-9021
Adult Services, 9am - 2pm
Youth Services, 3pm - 6pm

**Mountain Community Wellness Center**
49774 Road 426, Suite B
Oakhurst CA 93644
Phone # (559) 334-6444
Adult Services, 9am – 4PM

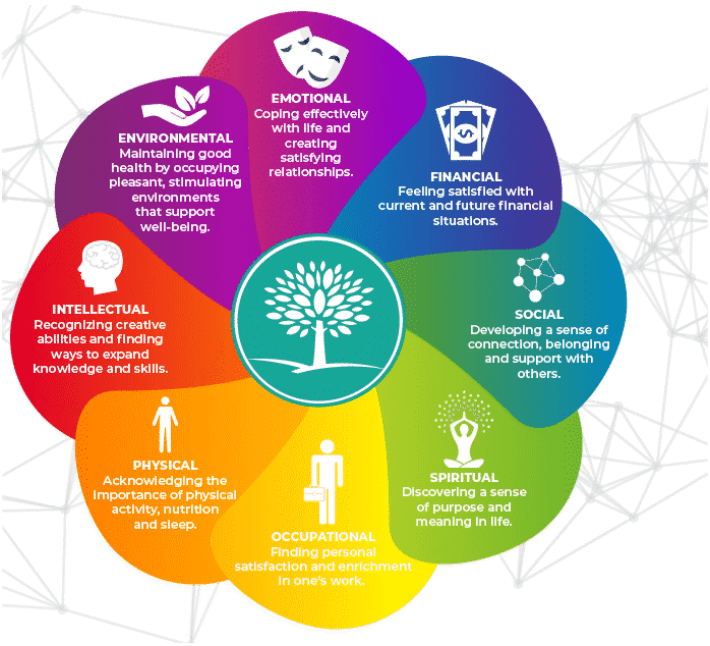
**Turning Point Community Program: Hope House Youth Program (ages 16-18):**
BHS partners with Turning Point Hope House of Madera County, as a wellness community support center for the mentally ill TAY population (ages 16-18). Hope House is an after-school resource spot for the TAY group with positive vibes for growth, maturity, and wellness. The Center has a kitchen, shower, laundry room and transportation available to its members. The center offers an array of groups and activities that enhance treatment. Examples of activities and groups include:

- Game time
- Ted Talks (Anxiety, Depression etc.)
- Movie Time
- Self-care
- Art Classes
- Cooking

**Turning Point Community Program: Hope House & Mountain Wellness Center Adult Program (ages 18+):**

BHS also partners with Turning Point Hope House of Madera County and Mountain Wellness Center; a wellness and a community support center for mentally ill adults (age 18+). Hope House and Mountain Wellness Center are socialization centers for individuals living with mental illness and it is available to all prospective, current, and former clients of Madera County Behavioral Health. The Center has transportation available to its members and has an array of groups and activities that enhance treatment and provide additional support to clients. Services target emotional, spiritual, intellectual, physical, environmental, financial, occupational, and social areas. Examples of services include:

- Peer Support Groups
- Consumer Employment Opportunities
- Socialization Skills
- Art Class
- Exercise Class
- Life Skills Instruction
- Addiction Recovery Groups
- Computer Lab
- Laundry Facilities
- Showers




***Hope House and Mountain Wellness Center are guided by SAMHSA's dimensions of WELLNESS***

**Kings View Skills 4 Success, Youth Empowerment Program (High School)**

MCBHS also partners with Youth Empowerment Program which focuses on youth and their families and provides services in rural Madera communities. They provide peer support groups at local high school sites. Teens can refer themselves but are often referred by school administration, counselors, and teachers. Some are also referred from probation and social services. As needed, referrals are made to mental health services for both youth and their families. Groups are kept small with no more than 12 per session. The program uses a group facilitation method with a focus on encouraging youth participation. Teens begin by establishing group rules, guidelines, and confidentiality agreements. They tend to develop a sense of community and begin to disclose problems. The program works to identify the early warning signs and symptoms of mental illness and provide age appropriate tools to manage them. This program works with youth to develop resources, life skills, strategies, and support

systems to improve their self-esteem and assist them in creating successful and mentally healthy lives.

Topics include:

- Anger management
- Suicide
- Leadership
- Communication skills
- Depression and Bi-Polar
- Stigma
- Positive mental health
- Bullying
- Building positive decision making
- Relationship building
- Life choices.

# Statewide PEI

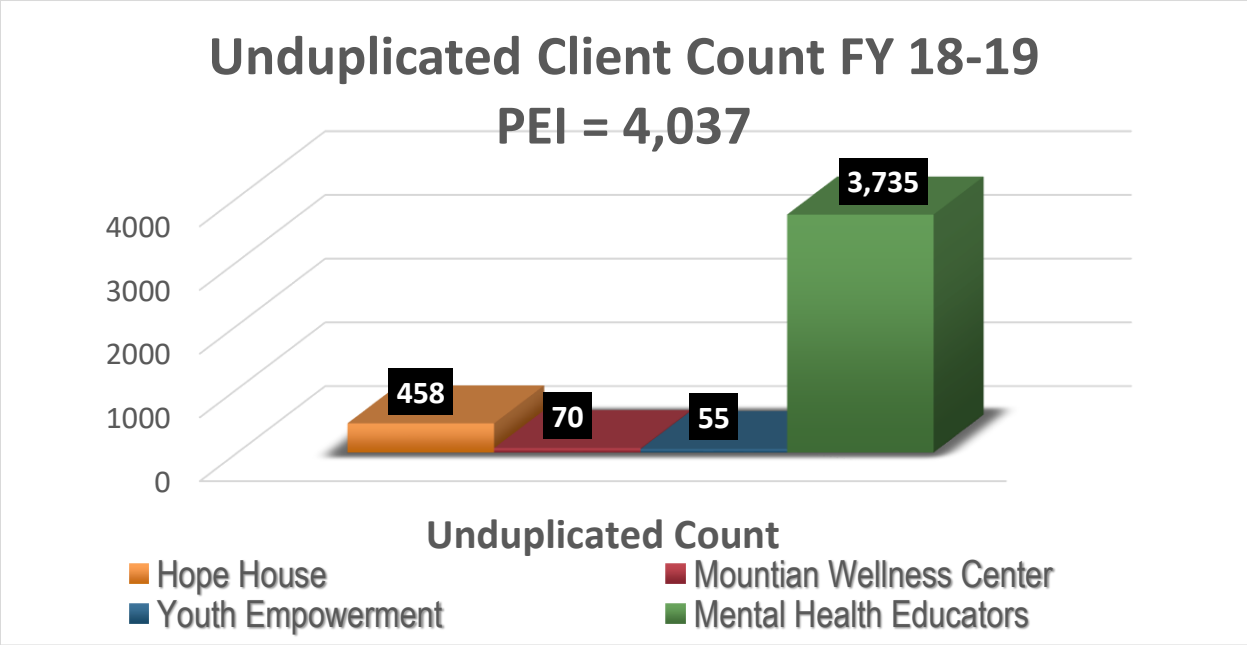
Some programs also perform statewide Prevention and Early Interventions services on behalf of Madera County. CalMHSA Joint Powers Authority (JPA) allows CalMHSA to perform statewide Prevention and Early Intervention services in Stigma and Discrimination programs and Suicide Prevention programs (Central Valley Suicide Prevention Hotline).

# PEI Performance Outcomes

As previously mentioned, the information below compares statistics to previous years. Madera County Behavioral Health Services (MCBHS) has found discrepancies in recorded numbers. The software system is cumbersome and there has not been a consistent method of extracting data. How the staff member inputs variables into the reporting system will drastically affect the outcome. Unfortunately, there are several different outcomes reported for the same category. Also, the County's Electronic Health Record (EHR) system does not match the Data Collection and Reporting (DCR) system. MCBHS is moving towards a new EHR system to accurately compile data and help correct the issue.

## Prevention and Early Intervention Outcomes

During Fiscal Year (FY) 18-19 Madera County served **4,037** under PEI which is slightly lower than FY 17-18 in which 4,454 were reported served.




*Information reported on CPPP presentation

A new naming agreement began in the middle of the fiscal year. Which means Health Educators, Hope House, Mountain Wellness Center and Youth Empowerment would have one naming convention in the first half of the fiscal year and a different one for the second half.

**Hope House** and **Mountain Wellness** Center were not able to transition to the new naming agreement; therefore, they only have information on the number of clients served for each program and monthly visits.

*Hope House:* 458 unduplicated participants served, 962 monthly visits.

*Mountain Wellness:* 70 unduplicated participants served, 50 monthly visits.

**Youth Empower Program (YEP)** had some of the data in the naming convention, but not all. Youth Empowerment Program's previous naming convention was similar to the new naming convention. YEP was able to convert some of the data from their old naming convention to the new convention (but still has data missing from the new data categories).

*Youth Empowerment Program:* 55 unduplicated participants served.

| Ages | 0-15 | 16-24 | Total |
|---|---|---|---|
| Amount served | 23 | 32 | 55 |
| Percentage | 41.82% | 58.18% | 100% |

| Current Identity | |
|---|---|
| Female | Male |
| 30 | 25 |
| 54.55% | 45.45% |

| Race and Ethnicity | | | | | |
|---|---|---|---|---|---|
| *American Indian of Alaskan Native* | Black or African American | Hispanic/ Latino | Native Hawaiian or Other of Pacific Islander | White/ Caucasian | Total |
| 4 | 2 | 36 | 1 | 10 | 53 |
| 7.55% | 3.77% | 67.92% | 1.89% | 18.87% | 100% |
| | | | | | |

| Sexual Orientation | | | | | |
|---|---|---|---|---|---|
| Another Sexual Orientation | Bisexual | Declined to Answer | Gay or Lesbian | Heterosexual or Straight | Total |
| 2 | 4 | 3 | 1 | 43 | 53 |
| 3.77% | 7.55% | 5.66% | 1.89% | 81.13% | 100.00 |

*Information reported on CPPP presentation

The **Health Educator** went back through data and changed the old naming agreement to the new naming agreement, which is why there is data in the new categories.

*Suicide Prevention* – 757 served

- safe TALK – 36 participants
- ASIST – 86 participants
- Know the Signs at local Madera Unified School District.
  - 6 schools
- Formed - Madera Suicide Prevention Collaborative

| Age | Participants | Percentage |
|---|---|---|
| 0-15 | 412 | 64.68% |
| 16-25 | 128 | 20.09% |
| 26-59 | 82 | 12.87% |
| 60+ | 15 | 2.35% |

| Race/Ethnicity | Participants | Percentage |
|---|---|---|
| Latino | 118 | 59.00% |
| White | 43 | 21.50% |
| Black/African American | 11 | 5.50% |
| Other | 11 | 5.50% |
| More than 1 race | 17 | 8.50% |

*Stigma and Discrimination Reduction* - 1,586 Served

| Age | Participants | Percentage |
|---|---|---|
| 0-15 | 406 | 27.60% |
| 16-25 | 430 | 29.23% |
| 26-59 | 515 | 35.01% |
| 60+ | 120 | 8.16% |

*Outreach for Recognition of Early Signs of Mental Illness* - 733 Served

| Age | Participants | Percentage |
|---|---|---|
| 16-25 | 430 | 40.38% |
| 26-59 | 515 | 48.36% |
| 60+ | 120 | 11.27% |

| Race/Ethnicity | Participants | Percentage |
|---|---|---|
| Latino | 165 | 72.05% |
| White | 43 | 18.78% |
| Black/African American | 16 | 6.99% |
| Other | 5 | 2.18% |
| More than 1 race | 0 | 0% |

*Access and Linkage- This category connects people to treatment services.*

- 371 people were referred for treatment

*Prevention and Early Intervention* - This category recognizes the early signs of potentially severe and disabling mental illness. It provides social skill building and education. These individuals often have mild to moderate mental illness.

- 12,507 people were served in this program

| Age | Participants | Percentage |
|---|---|---|
| 0-15 | 944 | 32.80% |
| 16-25 | 719 | 24.98% |
| 26-59 | 1,017 | 35.34% |
| 60+ | 198 | 6.88% |

| Sexual Orientation | Amount | Percentage |
|---|---|---|
| **Gay or Lesbian** | **1** | **0.04%** |
| **Heterosexual or Straight** | **2,631** | **99.62%** |
| **Bisexual** | **4** | **0.15%** |
| **Questioning or unsure of sexual orientation** | **0** | **0.00%** |
| **Queer** | **0** | **0.00%** |
| **Another sexual orientation –** | **2** | **0.08%** |
| **Declined to answer** | **3** | **0.11%** |

| Race/Ethnic Group | Participants | Percentage |
|---|---|---|
| **American Indian or Alaska Native** | **4** | **0.70%** |
| **Black or African American** | **33** | **5.75%** |
| **Native Hawaiian or Pacific Islander** | **1** | **0.17%** |
| **White** | **125** | **21.78%** |
| **Other** | **25** | **4.36%** |
| **More than one race** | **31** | **5.40%** |
| **Hispanic or Latino** | **354** | **61.67%** |
| **Declined to answer** | **1** | **0.17%** |

** Information listed may differ from prior data displayed*

The categories for PEI services were not standardized across all the programs because most transitioned from the old naming convention to the new one. Besides having issues with data collection in the County's EHR system, the PEI program just began to link collecting data. A measure was just created to begin to use the state PEI reporting form. From this point forward, more data will be made available to our stakeholders. PEI will be placing more emphasis on schools. Due to COVID-19 affecting the school system, there is not a projected date to begin emphasis in schools.

# Innovation (INN)

# Innovation Component Overview

Innovation (INN) projects are a way to test methods that address the behavioral health needs of unserved and underserved populations through time limited projects (max is 5 years). It is an opportunity to try new approaches in current or future practices in the community. An INN project must serve one or more of the following purposes: it should increase access to underserved groups, enhance or introduce a new approach to improve the quality of services, encourage interagency and community collaboration and/or improve access to mental health services. Individuals identified as SMI are referred to MCBHS for assessment.

# Innovation Projects

*Past Projects*

**Began July, 2010 - June 30,2013 - Innovation project, no name given**
Purpose: Use peer support staff to support individuals leaving crisis services to access follow up behavioral health services, successfully reintegrate into the community and reduce the rate at which people experiencing mental health crisis return to the hospital emergency room. The Peer Support Workers of the original INN project were integrated into the existing mental health system and expanded from three to six peer staff. Three of the positions are fulltime with benefits.

**Perinatal MH Integration Project (PMHIP) –**

Madera County Behavioral Health Services (MCBHS) INN project is named the Perinatal MH Integration Project (PMHIP), which was named Nurture2Nurture Madera (See evaluation attached for the last annual evaluations). 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 operationalize the interagency collaboration process is a perinatal program focused 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 generated by contracted organization. PMAD is the most frequent health complication of pregnancy. Any level of PMAD effects as much as 70% of childbearing women. 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: 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 Madera County Behavioral Health Services poverty rate (19.5%), and the Madera County needs 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.

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## *Terminated Projects*

**INN Tele Social**

INN Tele-Social Support Services primary objective is to address one of the negative effects of mental illness, which is social isolation. Social isolation can also occur when a client is placed out-of-the-home in an acute psychiatric hospital, Institute for Mental Disease (IMD), Board and Care Facility or group home. While there are staff members in these settings, they are unable to fill the same recovery and wellness roles as individuals who have a positive socio-emotional bond with the client (e.g. clinical staff, family, close friends and peer support). With the use of Tel communication, the goal is to facilitate ongoing social support from friends, family, and peer support that can be a positive influence on a person's wellbeing. The expected outcomes of this project are increasing social support to promote recovery, reducing the amount of time in out-of-county placements and recidivism.

**Reason for termination:**
INN Tele-Social was developed to allow staff, families, and support systems to see clients placed in facilities. Having no local facilities, when clients are placed in residential facilities or acute hospital settings they are located out of county. This has resulted in distance from their support systems which include family, peers, and Behavioral Health Staff. After determining test site programs, tablets were purchased, a secure program to facilitate online meeting was obtained, and staff trained to use the program. The initial conversations with the hospitals' stated that they were excited participate in this project. Behavioral Health Staff recognized the value in more frequent contact with their client, as well as opportunities to facilitate family involvement. Immediately, initiation of the program resulted in challenges. The hospitals had not anticipated the staff time it would require monitoring the clients using the electronic equipment, nor the space required for the interview room. They reported that staffing patterns did not allow for the ability to be flexible with the opportunity to use the equipment. Once available, staff expressed discomfort in using the technology as opposed to face to face visits with clients. They reported finding the technology to be clumsy, and not user friendly for those

who are technology challenged. As a result, the program floundered with little use and has been discontinued.

In accordance with WIC 3910.020 with the approval of the stakeholder this project had an early termination.

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*Proposed Project Information*

Project name: **Project D.A.D. (Dads, Anxiety, & Depression)**

Reason: This is based on the local Perinatal Mental Health Integration Project (PMHIP) that integrates behavioral health and medical care towards early identification of post-partum depression to improve behavioral health outcomes for the mother and baby. During the past 5 years of implementation, the PMHIP witnessed signs and symptoms of paternal postpartum depression in a noteworthy number of new fathers. This phenomenon is the motivation for this innovation project.

Intentions: This project increases access to mental health services to an underserved population. There is a lot of information and studies related to maternal mental health, the primary problem is the lack of service capacity targeting the mental health of new fathers. This void allows for undiagnosed and untreated paternal mental health disorders that can have lasting impacts on the mental health of the related infant, mother, and even the overall future success of the family unit. This project makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population (new fathers).

Plan: *Project DAD* is based on interagency collaboration between the PMHIP, behavioral health providers, medical providers, Women, Infants and Children (WIC) and other agencies serving women of child-bearing age to aid in identifying fathers who may suffer from Perinatal Mood and Anxiety Disorders (PMAD). The component of integrating strategic outreach and supports for fathers in settings that traditionally targeting mothers is itself innovative. Through interagency collaboration, *Project DAD* will aim to impact systemic and environmental change by:

1) Educating the service system/providers on paternal Perinatal Mood and Anxiety Disorders. (PMAD).

2) Implementing tools to assess the extent to which the service system/providers are “father-friendly” and skilled at identifying and addressing parental PMAD

3) Supporting the service system/providers in the incorporation of "father-friendly" policies that enhance their environment and service delivery for new fathers.

The expectation is that the implementing the adaptations above to include new fathers, this expanded service can be implemented quickly in Madera County.

Estimated number of clients expected to be served: In 2018, there were roughly 2,200 births in Madera County. Given these rates of occurrence and what we know about treatment, it is estimated that 220 fathers experienced paternal postpartum depression during that year, most of which went undiagnosed and untreated.

Based on these numbers, *Project Dad* expects to serve 25 unduplicated dads annually through screenings, assessments, and/or treatment as needed. An additional 300 dads will be reached with education to build awareness of postpartum depression.

Evaluation of effectiveness: The evaluation will be conducted within the context of the four priority outcomes. The *Project DAD* evaluation will assess the degree to which the project successfully:

1. Increased screening for paternal PMAD);
2. Increased provider training and education for paternal PMAD;
3. Increased paternal PMAD service capacity; and
4. Increased interagency collaborative services for paternal PMAD

A data analytic system that permits combining data contributed by the various staff and collaborators will be used. Pre-intervention data will serve as an initial baseline, and data will be used to calculate transformed difference values to assess change over the 12-month program period. In other words, this approach will allow us to examine the magnitude of the impact of specific strategies on target parent population outcomes. This procedure will allow us to develop a descriptive picture of change in behavior, attitude, and knowledge for segments of the reporting period, which can then be summed to estimate *Project DAD*'s over- all effectiveness.
This project will begin in 2020 and continue for five years.

## *Current INN Projects*

Madera County Behavioral Health Services (MCBHS) currently does not have an approved Innovation (INN) project. Previous proposed plans were not approved due to not being unique or not having enough support systems to carry out the project.

# Stakeholder Involvement with INN Project

MCBHS ensures that staff and stakeholders are meaningfully involved in all phases (planning process, funding, outcomes) of the Mental Health Services Act Innovation Component. The Community Program Planning Process meeting is posted to the County website, in community forums, and information is emailed to staff regarding the CPPP. Stakeholders are also updated regularly at the local Behavioral Health Board meetings and project results are also distributed during this meeting.

Behavioral Health Board Meetings are held monthly on the third Wednesday of each month from 11:30 am to approximately 1:00 p.m. All meetings are open to the public. Residents who have an interest in public funded behavioral health programs/ treatment services in Madera County are encouraged to attend. The Board participates in the planning process, advises the County Behavioral Health Services Director and the Board of Supervisors on aspects of the County Behavioral Health Programs and reviews community behavioral health needs, services, facilities, and special programs.

Stakeholders are also updated on projects during the Maternal Wellness Coalition meetings which was formed out of a previous innovation project, the Perinatal MH Integration Project.

# INN Performance Outcomes

Madera County Behavioral Health Services (MCBHS) does not have an innovation project. There is a project pending approval. Therefore, an evaluation of the effectiveness of the program is not possible.

A great result from a previous project is the Maternal Wellness Coalition. This coalition was formed out of a previous innovation project, the Perinatal MH Integration Project. They are focused on At-Risk (for Serious Mental Illness), the mild to moderate population and grew from 24 to 65 members. Collaborating stakeholders increased from 24 to 78. MCBHS is hoping that the coalition process can be used for many future projects.

# MHSA Housing Program

# Local Government Special Needs Housing Program (SNHP)

The MHSA Housing Program embodies both the individual and system transformational goals of MHSA through a unique collaboration among government agencies at the local and state level. Up until May 30, 2016, the Department of Health Care Services (DHCS) and the California Housing Finance Agency (CalHFA) jointly administered the MHSA Housing Program. The replacement program is the Local Government Special Needs Housing Program (SNHP). The responsibility is for overseeing the mental health system and ensuring that consumers have access to an appropriate array of services and supports; and county mental health departments, which have the ultimate responsibility for the design and delivery of mental health services and supports. Unless these funds are spent by May 30, 2021 they will revert to the State. The shared housing portion of this program is operated by the Non-Profit MMHSA Housing Inc. This program provides permanent supportive housing for the target population as identified in the Mental Health Services Act.

Counties must spend the above Mental Health Services Funds to provide "housing assistance" to the target populations identified in Welfare and Institutions Code (W&I) Section 5600.3 (W&I Section 5892.5 (a)(1)). Housing assistance means rental assistance or capitalized operating subsidies; security deposits, utility deposits, or other move-in cost assistance; utility payments; moving cost assistance; and capital funding to build or rehabilitate housing for persons who are seriously mentally ill and homeless or at risk of homelessness (W&I Section 5892.5 (a)(2)).

# MMHSA Shared Housing

P Street House (Hinds House)-

BHS has a P Street House that is a four bedroom home located near the FSP program at Pine Recovery and Turning Point Community Program. Clients are often placed at P street house when they need low-income housing as they work in treatment to gain employment, resources, skills, and the tools needed to transition into independent living. While at P Street House, residents are provided with intensive services to help them work toward goals of independence and self-sufficiency by learning the life skills necessary to function independently within the community. The P Street House also teaches them responsibility. They are placed with housemates which gives them the opportunity to practice the new skills. They are assigned chores and tasked with keeping their rooms and common areas clean.

Shared Housing in Chowchilla-

Another housing option available to clients is MHSA Shared Housing in Chowchilla. This is a four plex. Clients can be placed in a unit with another roommate. All clients placed into this

shared housing unit receive intensive services to help them gain tools to work toward independence and self-sufficiency.

Madera Village - No Place Like Home

Madera Village is an exciting housing program currently in development. It is located at the crossroads of Highway 99 and Madera Avenue.
Self-Help Enterprises, in partnership with Madera County Behavioral Health Services (BHS), is developing a 56-60-unit apartment complex for an affordable rental project in Madera. The project will provide multifamily housing units targeted to low- and very-low income homeowners. The project will set aside fourteen units as designated supportive housing for people referred from Madera County Behavioral Health Services.

| | |
|---|---|
| Total Units | 56-60 |
| Madera County BHS Units | 14 |
| Total Project Funding | $23,970,559 |
| County Funding (BHS) | $4,925,436 (NPLH) |

**Other Community short-term housing available to MHSA clients:**

Emerson House

Madera Behavioral Health Services has ten beds available to adult clients who are currently involved in BHS services, homeless, and whom are also at risk of reoffending. Beds are located at the Madera Rescue Mission and can be used for temporary housing, up to 90 days with the goal of establishing long terms housing in our community. Although it is short term, this allows the clinical team an opportunity to place the client in a clean, structured, safe, and stable environment until community resources can be accessed to work toward long-term housing.

Shunammite

Shunammite House is a supportive housing program offered by partner agency Madera County Community Action Program. Madera County Behavioral Health Services works closely with the housing program to offer mental health supports to the residents of this program. The program provides services to women with issues of mental and physical health by encouraging structure, improvement, dedication, and goal achievement. Women qualify for this housing if they have been homeless for over year. Beds are limited.

Veteran's Housing

Downtown Madera Veterans and Family Housing is a proposed 48-unit affordable housing development for low and very low-income households. Madera County BHS has agreed to contribute $500,000 for the project to set aside 7 units as designated supportive housing for people referred by Madera County BHS.

**Crisis Treatments**

Adult Crisis Residential

Therapeutic or rehabilitative services are provided in a non-institutional residential setting which provides a structured program as an alternative to hospitalization. This is for clients experiencing an acute psychiatric episode or crisis who do not have medical complications that require nursing care. The service includes a range of activities and services that support clients in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, seven days a week.

Crisis Residential Unit (Star Behavioral Health) in Merced County

Madera County Behavioral Health also has a contract with Star Behavioral Health to provide Crisis Residential Services to behavioral health clients of Madera County for the age group of 18-59.

The Crisis Residential Unit or *The CRU* is a short-term program that offers recovery-based treatment options, services, and interventions in a home-like setting 24 hours a day, and 365 days a year. The CRU serves residents of the Counties of Calaveras, Madera, Mariposa, Merced, Stanislaus, and Tuolumne, with 16 beds for adults aged 18-59 who are experiencing serious psychotic episodes or intense emotional distress who might otherwise face hospitalization and/or incarceration. Services provided by the CRU include psychiatric evaluation and group counseling. CRU is a voluntary Crisis Residential Treatment facility that allows residents to practice real-world recovery by participating in the day-to-day activities of running a household, including basic living skills and social/interpersonal skills. Residents learn valuable coping skills to remain stable and gain the ability to successfully transition back to community living after a period of psychiatric crisis and recovery.

CRU Services include:

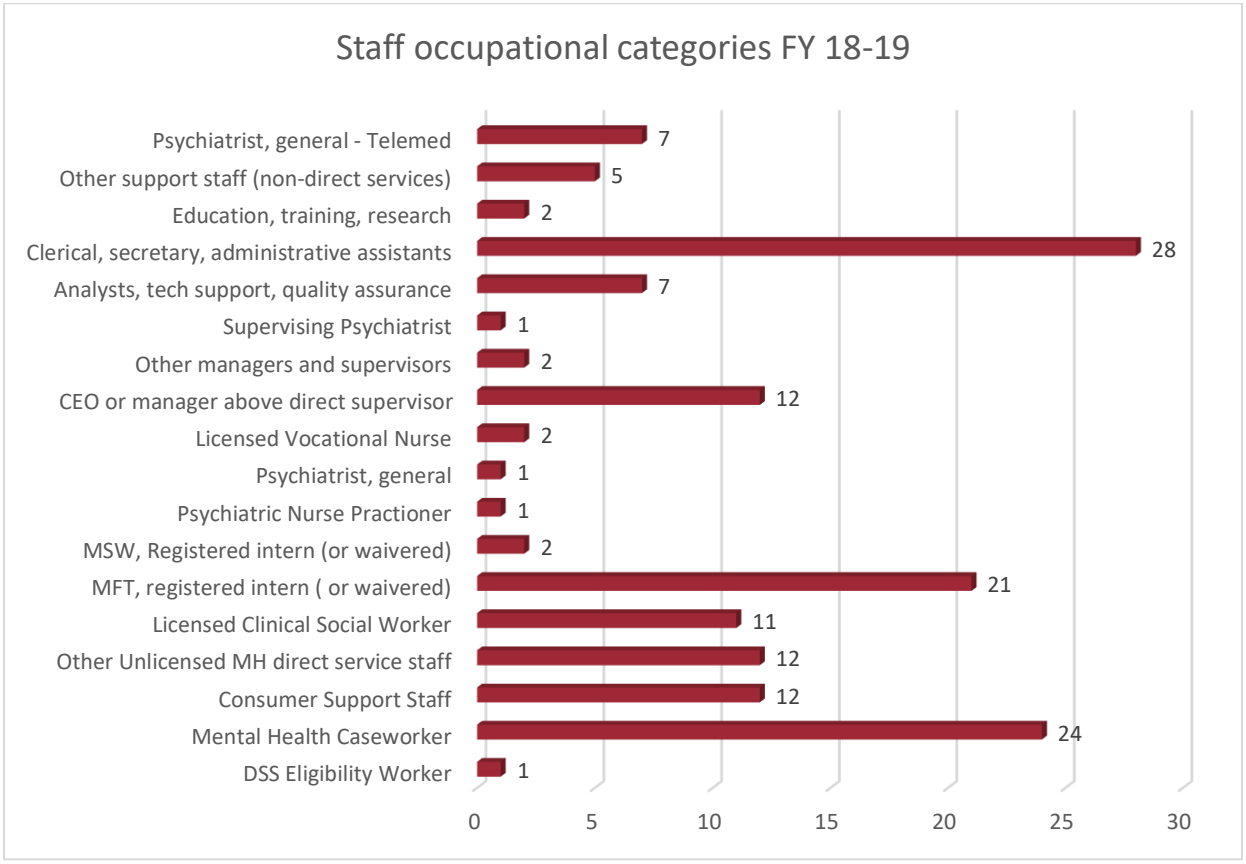
- Provides services 24 hours a day and 365 days a year and includes assessment, physical and psychological evaluation, mental health, and case management services, in addition to assistance locating permanent housing.
- Therapeutic and Mental Health Services
- Rehabilitation/recovery services, including substance use rehabilitation services
- Family inclusion
- Pre-vocational or vocational counseling
- Medication evaluation and support services
- Daily exercise and health/wellness education
- Crisis intervention

# Workforce Education and Training (WET)

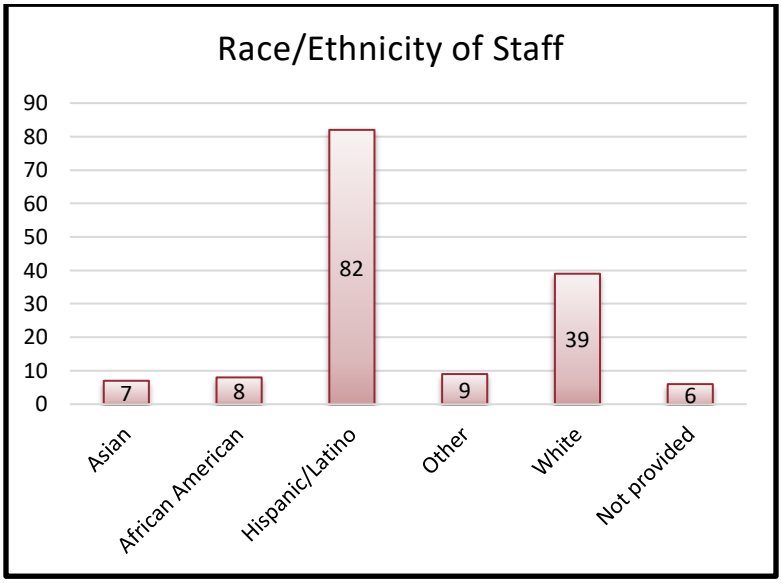
# WET program Overview

The Workforce Education & Training (WET) component provided an opportunity to increase the diversity of the workforce that provides services to Madera County. This was accomplished by training staff, clients, and community members to develop skills and maintain a culturally and linguistically competent workforce that can provide client-and family driven services. It also served to provide outreach to unserved and underserved populations. This service was a onetime 10-year project. The funding has ended so this program has been closed.

Madera County Behavioral Health Services (MCBHS) staff information is listed below. During FY 18-19, MCBHS had 151 people employed in their department. This is a slight increase from FY 17-18 when MCBHS had a total of 142 employees.



For FY 18-19, the Race/Ethnicity of most staff stayed consistent in comparison to the previous fiscal year. There was however a 5% decrease in White personnel from FY 17-18 to FY 18-19. A total of 74 employees reported speaking another language other than English which translates into 49% of MCBHS' workforce who identify as bilingual, 42% being bilingual in the Spanish threshold language.




| Staff languages spoken other than English | | | |
|---|---|---|---|
| **Armenian** | **1** | **Spanish** | **64** |
| **Gujarati/ Kutchi** | **1** | **Italian** | **1** |
| **Hmong** | **1** | **Thai** | **1** |
| **Hindi /Punjabi** | **2** | **Laos** | **1** |
| | **1** | **Conv. Cambodian** | **1** |

Although WET funds have been exhausted, as a rural community, MCBHS encourage staff to apply for federally funded programs. Staff is provided with resources and information on which programs may be available to them.

# Capital Facilities and Technological Needs (CFTN)

# CFTN Component

The Capital Facilities and Technological Needs (CFTN) component of the Mental Health Services Act (MHSA) was designed to enhance the existing public mental health services infrastructure. It provides funding for building projects and increasing technological capacity to improve mental illness service delivery. It provides resources for the acquisition and development of land, construction, or renovation of buildings. It also supports the development and maintenance of information technology for the delivery of MHSA services and supports. CFTN funding is a one-time funding.

# CFTN project

CFTN funds were used towards the acquisition of the Department of Behavioral Health's main clinic site (7th street building). It is a County owned facility that is used for the delivery of MHSA services to clients and their families. It is also used for administrative offices. The 7th street building offers outpatient mental health services for children, adults, older adults, and families. Other services included but not limited to are: Crisis intervention, managed care, prevention services, psychiatric and medication support services and compliance and privacy services.

With a centralized location in downtown Madera, securing the 7th street building helped the mental health system facilitate accessible and quality services to support clients and their families.

The technological needs funding allowed for the opportunity to update the existing technology systems and get the building ready for staff to provide services the public.

Since the CFTN funding was onetime funding, the County of Madera has exhausted their funding stream for this component.

# FISCAL

# Budget

Each Mental Health Services Act (MHSA) component has a unique budget. The budget addresses only the active components. A few components have been approved, fully funded and completed while others have ongoing funding.

| MHSA Components | Date Approve | End Date |
|---|---|---|
| Community Services and Support (CSS) Plan | May 15, 2006 | On going plan |
| Prevention and Early Intervention (PEI) Plan | April 26, 2010 | On going plan |
| Prevention and Early Intervention (PEI) Plan Statewide Plan | November 29, 2010 | On going plan |
| Workforce Education and Training (WET) | November 19, 2010 | June 30, 2013 |
| MHSA Shared Housing Project Hinds House also known as P Street House (first resident Sept 26, 2011) | June 3, 2010 | operational |
| MHSA Shared Housing Project Chowchilla (first resident Aug 2012) | October 10, 2011 | operational |
| Local Government Special Needs Housing Program (SNHP) | May 30, 2016 | |
| No Place Like Home Assistance Grant | May 25, 2018 | |
| Capital Facilities | December 28, 2010 | Sept 2013 |
| Innovation #1 Access into Services & Physical Health by Pharmacist | April 17, 2009 | June 30, 2013 |
| Innovation #2 Perinatal Mental Health Integration Project | June 1, 2010 | June 30, 2019 |
| Innovation #3 Tele-Social Support Service Project | November 18, 2016 | 2019 |
| Innovation #4 Dads, Anxiety, & Depression (DAD) | Pending | |

**Salaries & Benefits** are based on the current Madera County Salary Schedule with adjustments for any approved salary increase as approved by the Board of Supervisors. Employee Benefits are based on the current Madera county benefits package that includes FICA 6.08%, Medicare 1.42% and health insurance.

**General Office, and Indirect Expenditures** includes the necessary costs for operation such as, communication costs, included phones, T-1 data lines and general operation. These estimates are based on Madera County BHS past history and Madera County current County Administrative Office budget policies.

**Countywide Administration (A-87)** the countywide cost allocation for County Administration expenditures are per the County Administrative Office budget policies.
All Contract services budget amounts are based on the existing contracted rate and the estimated services to be dedicated to MHSA activities.

There are no significant changes in any of the approved components; however, the additional funding will be used to enhance existing services by the addition of staff. The additional staffing will allow Madera staff to work more efficiently in serving all age groups, and individualized and flexible service delivery, and to make mandatory reporting and the data collection process less cumbersome and more cost efficient. All services are driven by the five fundamental concepts listed in the Introduction/Executive Summary: community collaboration, cultural competency, client/family driven with a wellness/recovery/ resiliency focus, and integrated service experience.

The MHSA Component are:

1. CSS includes the FSP TAY FSP Adult, Expansion and Supportive Services and Structure System Development, and CSS Administrative.
    A. The FSP TAY server children/TAY age 0-15 and 16-25 who are identified through the school, social services, probation, or other sources. These children/TAY will be at risk of out-of-home placement, at risk of placement in a higher level of care and/or at risk of school failure and/or at risk of making an unsuccessful transition to adulthood because of their untreated serious emotional disorder. Emphasis of services and supports will be on achieving hope, personal empowerment, respect, social connections, safe living with families, self-responsibility, self-determination, and self-esteem.
    B. The FSP Adult server ages 26 – 59 and Older Adults ages 60 and over, who are at risk of or currently involved in the criminal justice system because of their untreated severe mental illness. Staff will focus on reducing homelessness, incarceration, and hospitalization, and assist participants in obtaining housing, income, and an increased support system. Additionally the program will help older adults who are at risk of hospitalization or being institutionalized and staff will focus on reducing homelessness, isolation, excessive emergency room visits, nursing care and/or hospitalization, and assist participants in maintaining their

independence with a support system that allows them to remain in their own home.

C. The TAY & Adult FSP programs personal services coordinators will assist participants to obtain "whatever it takes" (including safe and adequate housing, transportation, child care, health care, food, clothing, income, vocational and educational support, alcohol/drug counseling, education about their illness and recovery, support for family and significant others, crisis services, mental health treatment, social and community activities, supportive relationships, etc.)

D. The Expansion System Development program allowed for expanded service delivery to accommodate the anticipated increase in the demand for service as a result of increased community education and outreach, and the identification of individuals who have been unserved or underserved county-wide. The services will be provided at four sites: Madera, Oakhurst, Chowchilla Counseling, and Pine Recovery Center. Contracted services include Serenity Village, which provides supportive housing and case management services.

E. The Supportive Services and Structure program seeks to provide information about public mental health services and to identify community members who can assist in providing support and education on mental health issues to the community at large. Another focus of this program is to develop much needed housing resources for the homeless mentally ill. This program also provides data collection related to CSS, housing needs, and PIP process for the system. A Housing Specialist facilitate shared housing resources in Madera County, including collaboration with the Housing Authority, City of Madera Redevelopment Agency, Community Action Agency, Department of social Services, and Turning Point of Central California.

F. Administration to sustain the costs associated with the concerted amount of administration support required for ensuring ongoing community planning, implementation and monitoring of our MHSA programs and activities

2. PEI includes Community Outreach and Wellness Center for Madera and Oakhurst. The Connected Community Project will have several components. Two of those will be the client directed wellness/empowerment center also known as Hope House and Mountain Wellness Center. Another will be an outreach component offered to the community with an emphasis on underserved and unserved individuals. That component will consist of Promotores/Community Workers who will be paid/volunteer staff through Hope House. Outreach to rural population for development of Prevention/Early Intervention Actives such as Wellness, Recovery Action Plan (WRAP) Services, education about their mental illness, recovery, and resiliency. The contracted services include the Wellness Recovery Center and Wellness Recovery Action Plan (WRAP).

3. INN includes proposed Dads, Anxiety, & Depression (DAD) The non-administrative components are contracted services.

A. INN Dads, Anxiety, & Depression (DAD) is a new project pending MHSOAC final approval. This project will facilitate access to appropriate services for fathers with mild to moderate mental illness. Services provided will include stress

management skills, and interpersonal social skills, as a means of recovery, wellness, and social resilience.

B. INN Administrated Support is ongoing and necessary function of the INN component. These expenditures are necessary to ensure compliance with MHSA & INN mandates such as plan development, plan evaluation, ongoing community and stakeholder outreach and engagement. This would include a portion of the MHSA Coordinator wages collaborate, develop new project, obtain MHSOAC approval, and implement the plan. Ongoing operational expense such as phone general build expenditures, support wages, which support the INN program.

4. CalMHSA Joint Powers Authority (JPA) Allows CalMHSA to perform statewide Prevention Early Intervention (PEI) services to increase cost efficiency for Central Valley Suicide Prevention Hotlines (CVSPH) Regional Program. This subcontracted service is provided for Madera, Mariposa, Merced, Kings, Tulare, and Stanislaus. This is a 24/7 program, which is accredited by the American Association of Sociology, and answers calls through its participation in the National Suicide Prevention Lifeline.

5. MHSA Housing completes

A. MHSA Shared Housing Projects Hinds House, and Chowchilla are funded through the rent collection and CalHFA operational reserves held by the State.

B. Local Government Special Need Housing Program (SNHP) funds are to provide financing for the development of permanent supportive rental housing, which include units restricted for occupancy by individuals with serious mental illness and their families who are homeless or at risk of homelessness (MHSA Clients). Eligible Projects are 5 or more Rental Housing Units, or Shared Housing with 1-4 units within in a single-family home, duplex, tri-plex or four-plex.

C. No Place Like Home has funded the Technical Assistance Grant to develop the application for the Shared Housing Project. The Shared Housing Project make available mental health supportive services to a project's tenants for at least 2 years and will coordinate the provision of or referral to other services.

# MHSA Revenue and Expenditure Report (RER)

The county submitted the Annual MHSA Revenue and Expenditure Report (RER) by December 31, 2019. The RER has been posted on the county website.

RER summary shown on next page.

DHCS 1822 B (02/19)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**
**Fiscal Year: 2018-19**
**Component Summary Worksheet**

| **County:** | Madera | **Date:** | Dec 31 2019 |
|---|---|---|---|

| | | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|
| **SECTION 1: Interest** | | **CSS** | **PEI** | **INN** | **WET** | **CFTN** | **TOTAL** |
| 1 | Component Interest Earned | $282,660.77 | $70,665.19 | $18,596.10 | | | $371,922.06 |
| 2 | Joint Powers Authority Interest Earned | | | | | | $0.00 |

| | | A | B | C |
|---|---|---|---|---|
| **SECTION 2: Prudent Reserve** | | **CSS** | **PEI** | **TOTAL** |
| 3 | Local Prudent Reserve Beginning Balance | | | $6,674,739.00 |
| 4 | Transfer from Local Prudent Reserve | | | $0.00 |
| 5 | CSS Funds Transferred to Local Prudent Reserve | $0.00 | | $0.00 |
| 6 | Local Prudent Reserve Adjustments | | | $0.00 |
| 7 | Local Prudent Reserve Ending Balance | | | $6,674,739.00 |

| | | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|
| **SECTION 3: CSS Transfers to PEI, WET, CFTN, or Prudent Reserve** | | **CSS** | **PEI** | **WET** | **CFTN** | **PR** | **TOTAL** |
| 8 | Transfers | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

| | | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|
| **SECTION 4: Program Expenditures and Sources of Funding** | | **CSS** | **PEI** | **INN** | **WET** | **CFTN** | **TOTAL** |
| 9 | MHSA Funds | $4,497,656.53 | $1,393,446.34 | $430,887.90 | $0.00 | $0.00 | $6,321,990.77 |
| 10 | Medi-Cal FFP | $3,177,087.18 | $0.00 | $0.00 | $0.00 | $0.00 | $3,177,087.18 |
| 11 | 1991 Realignment | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| 12 | Behavioral Health Subaccount | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| 13 | Other | $25,427.51 | $0.00 | $0.00 | $0.00 | $0.00 | $25,427.51 |
| 14 | **TOTAL** | **$7,700,171.22** | **$1,393,446.34** | **$430,887.90** | **$0.00** | **$0.00** | **$9,524,505.46** |

| | | A |
|---|---|---|
| **SECTION 5: Miscellaneous MHSA Costs and Expenditures** | | **TOTAL** |
| 15 | **Total Annual Planning Costs** | $0.00 |
| 16 | **Total Evaluation Costs** | $0.00 |
| 17 | **Total Administration** | $737,313.25 |
| 18 | **Total WET RP** | |
| 19 | **Total PEI SW** | $35,131.00 |
| 20 | **Total MHSA HP** | |
| 21 | **Total Mental Health Services For Veterans** | $90,263.93 |

# Funding

## Community Services and Supports (CSS)

CSS services are consistent with CSS funds in accordance with regulation guidance, less than 49% of the CSS funds are in support of GSD.

This funding is used to provide one or more of the following:

- Mental health treatment (alternative/cultural)
- Peer support.
- Supportive services with employment, housing. and/or education.
- Wellness centers.
- Personal service coordination to assist clients with accessing medical, educational, social, vocational rehabilitative or other services.
- Individual Services and Supports Plan development.
- Crisis intervention/stabilization services.
- Family education services.
- Project-Based Housing program.

**AB114 MHSA Reversion**

A portion of the above components may be funded with AB114 MHSA reversion funds are deemed to have been reverted and reallocated to the county of origin for the purposed for which they were originally allocated (WIC Section 5892.1 (a)). Upon approval of this plan the INN and PEI reverted funds will support the current program. This includes the INN FY13-14 funds of $322,878, and PEI FY14-15 of $157,051.

**Guidelines for MHSA funding**

MHSA Allocations may use up to 20% of the average amount of funds allocated to the county for the previous five years, may fund technological needs and capital facilities, human resource needs and a prudent reserved (WIC Section 5892(b))

**Prudent Reserve**

Per Information Notice 19-017, funds will be moved to a CSS account and spent over the next 5 years. Needs will be evaluated, and projects considered for how best to use those funds. Madera County will seek community input prior to implementation by utilizing community resources channels.

## Prevention and Early Intervention (PEI)

The future revenue report will line up with the plan and be consistently labeled.

## Innovation (INN)

MCBHS is currently pending the approval of a proposed program. The plan is currently in development and information cannot be provided at this point.

## Workforce Education and Training (WET)

WET dollars have been fully funded.

## Funding Summary

Listed on next page.

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Funding Summary

County: Madera | Date: May 19,2021

| | MHSA Funding | | | | | | |
|---|---|---|---|---|---|---|---|
| | A | B | C | D | | E | F |
| | Community Services and Supports | Prevention and Early Intervention | Innovation | Workforce Education and Training | MHSA HS | Capital Facilities and Technological Needs | Prudent Reserve |
| **A. Estimated FY 2020/21 Funding** | | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 6,091,536 | 475,394 | 183,303 | N/A | 977,522 | 0 | |
| 2. Estimated New FY2020/21 Funding | 6,055,592 | 1,135,423 | 378,474 | | | | |
| 3. Transfer in FY2020/21 (a) | (34,000) | | | | | 0 | 34,000 |
| 4. Access Local Prudent Reserve in FY2020/21 | | | | | | | 0 |
| 5. Estimated Available Funding for FY2020/21 | 12,113,128 | 1,610,817 | 561,777 | 0 | 977,522 | 0 | |
| **B. Estimated FY2020/11 MHSA Expenditures** | 5,547,920 | 1,051,404 | 216,000 | 0 | 977,522 | #REF! | |
| **C. Estimated FY2021/22 Funding** | | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 6,565,208 | 559,413 | 345,777 | 0 | | #REF! | |
| 2. Estimated New FY2021/22 Funding | 4,751,858 | 1,187,965 | 312,622 | | | | |
| 3. Transfer in FY2021/22a/ | 0 | | | | | 0 | 0 |
| 4. Access Local Prudent Reserve in FY2021/22 | | | | | | | 0 |
| 5. Estimated Available Funding for FY2021/22 | 11,317,066 | 1,747,378 | 658,399 | 0 | | #REF! | |
| **D. Estimated FY2021/22 Expenditures** | 5,936,274 | 1,101,585 | 216,185 | 0 | | #REF! | |
| **E. Estimated FY2022/23 Funding** | | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 5,650,446 | 713,284 | 104,757 | 0 | | #REF! | |
| 2. Estimated New FY2022/23 Funding | 5,154,549 | 1,288,637 | 339,115 | | | | |
| 3. Transfer in FY2022/23a/ | 0 | | | | | 0 | 0 |
| 4. Access Local Prudent Reserve in FY2022/23 | | | | | | | 0 |
| 5. Estimated Available Funding for FY2022/23 | 10,804,995 | 2,001,921 | 443,872 | 0 | | #REF! | |
| **F. Estimated FY2022/23 Expenditures** | 6,351,814 | 1,154,576 | 218,862 | 0 | | #REF! | |
| **G. Estimated FY2022/23 Unspent Fund Balance** | 4,453,181 | 847,345 | 225,010 | 0 | | #REF! | |

| **H. Estimated Local Prudent Reserve Balance** | |
|---|---|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2020 | 1,960,331 |
| 2. Contributions to the Local Prudent Reserve in FY 2020/21 | 9,802 |
| 3. Distributions from the Local Prudent Reserve in FY 2020/21 | 0 |
| 4. Estimated Local Prudent Reserve Balance on June 30, 2021 | 1,970,133 |
| 5. Contributions to the Local Prudent Reserve in FY 2021/22 | 9,851 |
| 6. Distributions from the Local Prudent Reserve in FY 2021/22 | 0 |
| 7. Estimated Local Prudent Reserve Balance on June 30, 2022 | 1,979,984 |
| 8. Contributions to the Local Prudent Reserve in FY 2022/23 | 9,900 |
| 9. Distributions from the Local Prudent Reserve in FY 2022/23 | 0 |
| 10. Estimated Local Prudent Reserve Balance on June 30, 2023 | 1,989,884 |

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.