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

MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN
FY 2019-20 ANNUAL UPDATE
April 22, 2019

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Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Madera

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Connie Moreno-Peraza, LCSW	Name: Todd Miller
Telephone Number: (559) 673-3508	Telephone Number: (559) 675-7707
E-mail: connie.moreno-peraza@maderacounty.com	E-mail: todd.miller@maderacounty.com
Local Mental Health Mailing Address: Madera County Beahvioral Services PO Box 1288 Madera, CA 93639-1288	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

CONNIE MORENO-PERAZA
Local Mental Health Director (PRINT)

Signature 11-19-20
Date

I hereby certify that for the fiscal year ended June 30, 2018, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 6/30/2020 for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2020, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Todd E. Miller
County Auditor Controller / City Financial Officer (PRINT)

Signature 11/18/20
Date

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

MHSA MADERA COUNTY BEHAVIORAL HEALTH SERVICES PROGRAM CERTIFICATION

Madera County Behavioral Health Services/City: **Madera**

☒ Three-Year Program and Expenditure Plan

☐ Annual Update

Local Mental Health Director:	**Program Lead**
Name: Dennis P. Koch, MPA	Name: David Weikel, PsyD, ASW
Telephone Number: (559) 673-3508	Telephone Number: (559) 673-3508
E-mail: dennis.koch@co.madera.ca.gov	E-mail: david.weikel@maderacounty.com
Local Mental Health Mailing Address:	
Madera County Behavioral Health Services	
PO Box 1288	
Madera, CA 93639-1288	

I hereby certify that I am the official responsible for the administration of Madera County Behavioral Health Services/city mental health services in and for said Madera County Behavioral Health Services/city and that the Madera County Behavioral Health Services/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and non-supplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three- Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the Madera County Behavioral Health Services Board of Supervisors on_.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

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

Local Mental Health Director (PRINT) Signature Date

MHSA MADERA COUNTY BEHAVIORAL HEALTH SERVICES FISCAL ACCOUNTABILITY CERTIFICATION[1]

Madera County Behavioral Health Services/City: **Madera**

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

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

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the Madera County Behavioral Health Services has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a Madera County Behavioral Health Services which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

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

BACKGROUND DEMOGRAPHICS INTRODUCTION

Madera County is at the geographic center of California. Madera County's population was 154,440 in 2017 (American FactFinder).

Madera County Behavioral Health Services have two incorporated cities, Madera and Chowchilla. There are unincorporated population centers in the mountain region of the Madera County. Madera City is the seat of Madera County. Madera County was formed in 1893 from Fresno during a special election held in Fresno on May 16, 1893. Citizens residing in the area, that was to become Madera County, voted 1,179 to 358 for separation from Fresno and the established of Madera County.

Madera County is mostly covered by the State Center Community College District centered on Fresno City College in Fresno. Other districts with territory within Madera County Behavioral Health Services also include the West Hills Community College District and the Merced Community College District.

According to the California Employment Development Department (EDD), there were 638 types of industry in Madera County Behavioral Health Services in 2018. The five types of organizations, which employ the most people in Madera County were 1) Service-Providing (17,972), 2) Goods-Producing (12,912), 3) Natural Resources and Mining (7525), 4) Education and Health Services (5618), and Health Care and Social Assistance (5556). The primary types of organizational industries, in order of primacy are: 1) Private Organizations (424), Federal Government (30), Local Government (17), and State Government. In addition, the unemployment rate in Madera County Behavioral Health Services was 4.2%

The number of people that are eligible for MediCal in 2018 was 70,876. The Medi-Cal eligibility threshold non-English language for Madera is Spanish, which is 41.1% of Madera County MediCal "eligibles" in 2018. Please see chart below for further demographics and at this Wikipedia website: https://en.wikipedia.org/wiki/Madera_Madera County Behavioral Health Services, California.

Demographic Comparison of California and Madera County Behavioral Health		
	California	Madera
Total Population (2018) (Estimate from CA Dept. of Finance)	39,809,635	[illegible]
Population % Change (2017 to 2018) (Estimate from CA Dept. of	0.8%	[illegible]
Persons under 5 years (2018) (US Census)	6.3%	[illegible]
Persons under 18 years (2018) (US Census)	22.9%	[illegible]
Persons 65 Years and Older (2018) (US Census)	13.9%	[illegible]
Female (2018) (US Census)	50.3%	[illegible]
Male (2018) (US Census)	49.7%	[illegible]
Black/African American (2018) (US Census)	6.5%	[illegible]
American Indian/Alaska Native alone (2018) (US Census)	1.7%	[illegible]
Asian alone (2018) (US Census)	15.2%	[illegible]
Native Hawaiian and Other Pacific Islander alone (2018) (US	0.5%	[illegible]
Two or More Races (2018) (US Census)	3.8%	[illegible]
Hispanic or Latino (2018) (US Census)	39.1%	[illegible]
White alone (2018) (US Census)	37.2%	[illegible]
Veterans (2013 - 2017) (US Census)	1,661,433	[illegible]
Foreign Born persons percentage change (2013-2017) (US	27%	[illegible]
Language other than English spoken at home of persons 5 years+	40.0%	[illegible]
High School Graduate or Higher, % of persons age 25 Years+ (2013-2017) (US Census)	82.5%	[illegible]
BA degree or higher % of persons age 25 years+ (2013-2017) (US Census)	32.6%	[illegible]
With disability, under age 65 years (2013-2017) (US Census)	6.9%	[illegible]
Persons without health insurance, under age 65 years	8.1%	[illegible]
Civilian labor force, total, % of population age 16 years+ (2013-2017) (US Census)	63.0%	[illegible]
Persons in poverty (US Census 2017)	13.3%	[illegible]
Children, living in poverty (US Census 2017)	[illegible]	[illegible]

Other Demographics		
	California	Madera
Unemployment Rate (CA EDD 2018)	4.1%	[illegible]
Social Security Disability (2017 CA DSS)	3%	[illegible]
Households Food Stamps Recipients (2018 CA DSS)	1,960,210 (5%)	[illegible]
TANF/CalWORKs Recipients (2018 CA DSS) % of Madera County Behavioral Health Services pop	[illegible]	[illegible]

According to the data from our Electronic Health Record, Madera County Behavioral Health Services (MCBHS) served 4,518 people during FY 17/18 with its outpatient mental health services. The age groups of the individuals served was:

Ages

- 1,429 Children/Youth (0-15 years)
- 980 Transition Age Youth (16-25 years)
- 1,874 Adults (26-59 years)
- 335 Older Adult (60+ years)

Race and Ethnicity for Non MHSA Clients	
Asian-Other	11
Black/African American	102
Chinese	2
Filipino	6
Hawaiian Native	2
Asian Indian	2
Japanese	2
Laotian	1
Native American	18
Non-White-Other	1,378
Other Pacific Islander	3
Hmong	1
Multiple	5
Unknown	14
White	617
Hispanic	1,063

MCBHS provides mental health services to CalWORKs recipients referred from the Madera County Behavioral Health Services Department of Social Services. During FY 17/18, MCBHS CalWORKs served a total of 139 individuals in mental health and 4 in substance use. The total age groups for mental health and substance use was:

- 27 Children/Youth (0-15 years)
- 28 Transition Age Youth (16-25 years)
- 88 Adults (26-59 years)
- 0 Older Adult (60+ years)

Outpatient Race and Ethnicity for the Last Two Fiscal Years		
	FY 16/17	FY 17/18
American Indian or Alaskan	34	47
Asian	6	41
Black/African American	62	192
Hispanic	1,960	2,490
Multiple	6	21
Native Hawaiian /Other Asian	8	10
Non-White Other	434	2,143
Unknown	11	31
White	788	1,689

Race (Total = 4,181)		Ethnicity (Total = 2,490)	
• 19	Asian-Other	• 1,566	Mexican American/Chicano
• 192	Black/African American	• 1	Cuban
• 3	Chinese	• 4	Puerto Rican
• 2	Eskimo/Alaskan Native	• 919	Other Hispanic Latino
• 8	Filipino		
• 4	Hawaiian Native		
• 4	Asian Indian		
• 3	Japanese		
• 1	Korean		
• 2	Laotian		
• 45	Native American		
• 2,143	Non-White-Other		
• 6	Other Pacific Islander		
• 6	Hmong		
• 21	Multiple		
• 31	Unknown		
• 2	Vietnamese		
• 1689	White		

MADERA COUNTY BEHAVIORAL HEALTH SERVICES CHALLENGES

With available funding, the department was able to serve 4,518 people during FY 17/18, of its mental health services target population. This target population target is the number of people that qualify for Med-Cal (70,876) ***and*** having serious mental illness/serious emotionally disturbance (5,670). This estimate comes from Dr. Holzer's research. His system counts households that qualify for Medi-Cal and experience serious mental illness/serious emotional disturbance. Mental illness/serious emotional disturbance cause social barriers that compromise people's ability to access to basic needs, social connections, education/employment, etc. Behavioral health services help people manage these challenges and help people to overcome their disability, so they can have happy and productive lives. This includes sensitivity to people's cultural, managing the social stigma related to mental illness, in their preferred language and knowledge/skills to overcome related barriers.

According to Department of Healthcare Services (DHCS) Madera County was able to increase services for its children, youth client from 899 in FY 13/14 to 1,412 in FY 16/17. This is a 59% increase. Our contracted Information Technology provides annual data for

our Electronic Health Record (EHR) and showed that we served the 38.4% of the Holzer estimate (Medi-Cal and SMI/SED), which are people that qualify for MediCal and experience SMI/SED.

The DHCS report shows that, in FY 16/17 Children/Youth age 0 – 2 and 3 -5 had the lowest penetration rates 5,906 (0-2) and 5,857 (3-5). The children/youth 12-17 penetration rates was 11,846) (3.8%) of "eligibles." The penetration rates for FY 16/17 by race/ethnicity were Black 9.1% (650), Hispanic 3.4% (26,995) and White 5.5% (5,117). While people of Hispanic descent had the lowest percentage of access, they dwarfed the amount of people accessing mental health services. In addition, Blacks having the highest penetration might may mean that they are inappropriately served.

According to Department of Healthcare Services (DHCS) Madera County was able to increase services for its Adult/Older Adult client from 1,315 in FY 13/14 to 1,687 in FY 16/17, which is a 29%. Older Adults (65+) had the lowest penetration rate, which was 2.4% (4,251). Young Adult penetration rate was 4.8% (18,892) and Middle Age Adults 6.5% (10,545) accessed more often. This is concerning since the Boomer Generation is the largest population in the country.

According to the DHCS report for FY 16-17, the lowest penetration percent rates for race/ethnicity is Hispanic (3.3%) and the highest penetration was for Blacks (10.4%), however the total individuals that accessed services was Hispanics (18,756). Only 996 Blacks were served. The amount of Whites served was 9,229 (7.8% of population served). There was a significant of individuals identifying as Unknown for Race, 3,772 (5.9% penetration rate).

The concerns for lack of access to mental health services for Older Adults and Children ages 0 – 5, seem to have access barriers. In addition, we will look at Blacks and people identifying as Unknown to see if we can serve these populations better.

MADERA COUNTY BEHAVIORAL HEALTH SERVICES CHALLENGES

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*These populations seem **unserved and underserved**. There are concerns about lack of access to mental health services for **Older Adults and Children ages 0 – 5**. These ages seems to have access barriers. In addition, we will look at Blacks and people identifying as "Unknown Race" to see if we can serve these populations better.*

(B) The assessment data used shall include racial/ethnic, age, and gender disparities.

Madera County Behavioral Health Services served 80% of the people that qualified for public mental health services by having Serious Mental Illness/Serious Emotional Disturbance and Medi-Cal "eligibles", in the county. The adults last served by percentage of populations are Latinos (3%), Asian or Pacific Islander (3.3%), and Other (3.9%). However, 44% of our clients served were Hispanic. The least served populations by age were Older Adults (2.4% penetration rate) and children 0-5 years (1.7%). We estimate there are 266 individuals that qualify for our services for Serious Mental Illness or Serious Emotional Disturbance, qualify for Medi-Cal and identify themselves as being LGBT. There were a lot "Decline to State" responses to the question of gender identity. The individuals that did identify as LGBT, which we treated were 17, which is 6% of the 266. *We are developing an MHSA Innovation project to address these disparities in race/ethnicities, age and sexual orientation.*

Target Populations for Public Mental Health Services

To the extent resources are available, Madera County Behavioral Health Services Behavioral Health Services' primary goal (*public community mental health services*) is to serve its target populations identified in the following categories, which shall not be construed as establishing an order of priority:

- Seriously emotionally disturbed children or adolescents.
- Adults and older adults who have a serious mental disorder.
- Adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence.
- Persons who need brief treatment as a result of a natural disaster or severe local emergency.
- The short form for all of these is SED/SMI

Please refer Welfare and institution Code – WIC, Division 5, Part 2, Chapter 1 (http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5600.3.&lawCode=WIC)

To the extent resources are available, public mental health services, in this state, should be provided to priority target populations in systems of care that are client-centered, culturally competent, and fully accountable, and which include the following factors:

(b) Priority Target Populations. Persons with serious mental illnesses have severe, disabling conditions that require treatment, giving them a high priority for receiving available services.

(c) Systems of Care. The mental health system should develop coordinated, integrated, and effective services organized in systems of care to meet the unique needs of children and youth with serious emotional disturbances, and adults, older adults, and special populations with serious mental illnesses. These systems of care should operate in conjunction with an interagency network of other services necessary for individual clients.

(d) Outreach. Mental health services should be accessible to all consumers on a 24-hour basis in times of crisis. Assertive outreach should make mental health services available to homeless and hard-to-reach individuals with mental disabilities.

(e) Multiple Disabilities. Mental health services should address the special needs of children and youth, adults, and older adults with dual and multiple disabilities.

(f) Quality of Service. Qualified individuals trained in the client-centered approach should provide effective services based on measurable outcomes and deliver those services in environments conducive to clients' well-being.

(g) Cultural Competence. All services and programs at all levels should have the capacity to provide services sensitive to the target populations' cultural diversity. Systems of care should:

(h) Community Support. Systems of care should incorporate the concept of community support for individuals with mental disabilities and reduce the need for more intensive treatment services through measurable client outcomes.

(i) Self-Help. The mental health system should promote the development and use of self-help groups by individuals with serious mental illnesses so that these groups will be available in all areas of the state.

(j) Outcome Measures. State and local mental health systems of care should be developed based on client-centered goals and evaluated by measurable client outcomes.

(k) Administration. Both state and local departments of mental health should manage programs in an efficient, timely, and cost-effective manner.

(l) Research. The mental health system should encourage basic research into the nature and causes of mental illnesses and cooperate with research centers in efforts leading to improved treatment methods, service delivery, and quality of life for mental health clients.

(m) Education on Mental Illness. Consumer and family advocates for mental health should be encouraged and assisted in informing the public about the nature of mental illness from their viewpoint and about the needs of consumers and families. Mental health professional organizations should be encouraged to disseminate the most recent research findings in the treatment and prevention of mental illness.

Please refer Welfare and institution Code – WIC, Division 5, Part 2, Chapter 1 (http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5600.2.&lawCode=WIC)

The Mental Health Services Act

Proposition 63 was passed in 2004 and became the Mental Health Services Act (MHSA) law in 2005. This law generates funding for public mental health services through a 1% tax on personal income over $1 million. Over the past 15 years, MHSA has funded new and innovative mental health services. During the recent economic downturn it became the largest funding source for public mental health outpatient services. Without MHSA funds MCBHS's staffing might have been reduced to a third of what it was before the downturn. MHSA has helped increase the amount of mental service provided to underserved communities. MHSA provided funds for outreach and education activities. The approach of these activates helped to better engage underserved populations, by going to community sites where these population frequent. The education and outreach services created culturally and appropriate ways of increasing engaging in mental health services.

The funding and services provided by the Mental Health Services Act require active community ***stakeholder participation*** in developing the annual plan documents, which provide the resources through these services. The three parts of this process are the Community Program Planning Process, Local Review, and the Three-Year Program and Expenditure Plan.

Local Review Process for Community Planning

The Local Review Process of the draft plan was from May 15, 2019 to June 19, 2019. The majority of the circulation of planning information was by e-mail which announced the dates, times and location of the community stakeholder meetings announcements. The announcement included an electronic survey link with information about MHSA services, non-MHSA mental health services, and substance use services provided by MCBHS. This information was distributed to the Madera County Behavioral Health Services Departments, local media and distributed to local agencies.

The stakeholder meeting dates for 2019 were as follows:

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

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

Direction for Public Comment

MCBHS is releasing its current Madera County Behavioral Health Services Behavioral Health Services' Mental Health Services Act Three-Year Plan Update for public review. The plan is based on legal requirements public review. The 30 day public review will be from May 15, 2019 to June 19, 2019. A copy of the Plan may be found at https://www.maderacounty.com/government/behavioral-health-services/mental-health-services-act-information and will be available at the Behavioral Health Services front desk. You may request a copy by contacting David Weikel at (559) 673-3508. A Public Hearing regarding this plan will be held during the Behavioral Health Board meeting on May 16, 2018 at 11:30 am at the Madera Community Hospital, 1250 East Almond Avenue, Madera, CA 93637. You may comment in the following ways:

At the Public Hearing on June 19, 2019
By fax: (559) 675 7758
By telephone (559) 673-3508
By E-mail to david.weikel@maderacounty.com

Writing to:
Madera County Behavioral Health Services
Attention: David Weikel, Psy.D. ASW

Community Program Planning Process

A. Demographics

There were 59 people that attended the planning process.

Primary Language		
Answer Choices	Responses	
English	89.83%	53
Spanish	10.17%	6
Other language	0.00%	0
	Total	59
Age Group		
Answer Choices	Responses	
0-15 years old	10.17%	6
16-25 years old	22.03%	13
26-59 years old	54.24%	32
60 years or older	13.56%	8
	Total	59

Race/Ethnicity?	Responses	
American Indian or Alaska Native	5.08%	3
Asian or Asian American	3.39%	2
Black or African American	5.08%	3
Hispanic or Latino	40.68%	24
Multiple	3.39%	2
Native Hawaiian or other Pacific Islander	0.00%	0
Another race	0.00%	0
Unknown	0.00%	0
White or Caucasian	42.37%	25
	Total	59

Children/Youth/Transitional Youth Ages - Full Service Partnership: Rank the order of importance of each problems (1 mean the most important and 6 being the least most important)	1		2		3		4		5		6		Total	Score
Inability to obtain Education	32.73%	18	18.18%	10	12.73%	7	7.27%	4	14.55%	8	14.55%	8	55	4.04
Social isolation	13.56%	8	32.20%	19	16.95%	10	10.17%	6	11.86%	7	15.25%	9	59	3.8
Juvenile Justice/involvement	1.72%	1	13.79%	8	24.14%	14	27.59%	16	18.97%	11	13.79%	8	58	3.1
Juvenile Justice/incarceration	6.78%	4	15.25%	9	10.17%	6	33.90%	20	23.73%	14	10.17%	6	59	3.17
Homelessness	42.37%	25	10.17%	6	13.56%	8	5.08%	3	20.34%	12	8.47%	5	59	4.24
Out-of-county placement	3.39%	2	11.86%	7	22.03%	13	16.95%	10	8.47%	5	37.29%	22	59	2.73
													Total	59

Other recommendations (in stakeholder words):
1) Genetics
2) Drug addicts
3) Better lunch for public schools
4) Foster youth
5) Other ACEs like domestic violence
6) Crime victimization
7) Unwanted sexual contact
8) Reduce crisis and involuntary treatment/hospitalization
9) Parent education
10) Race
11) Friendships
12) Homeless
13) When to live or helping mentally ill people have more help
14) Disabled
15) Elderly
16) Chronically homeless.

Adult/Older Adult- Full Service Partnership: rank the order of importance of each problems (1 mean the most important and 6 being the least most important)														
	1		2		3		4		5		6		Total	Score
Homelessness	52.54%	31	25.42%	15	5.08%	3	6.78%	4	8.47%	5	1.69%	1	59	5.02
Reduction of Isolation	13.56%	8	32.20%	19	16.95%	10	15.25%	9	11.86%	7	10.17%	6	59	3.9
Reducing Incarceration of Mentally Ill Adults	13.56%	8	11.86%	7	38.98%	23	15.25%	9	13.56%	8	6.78%	4	59	3.76
Involuntary Treatment/Hospitalization	5.08%	3	8.47%	5	16.95%	10	33.90%	20	18.64%	11	16.95%	10	59	2.97
Out-of-county placement	5.08%	3	11.86%	7	15.25%	9	16.95%	10	35.59%	21	15.25%	9	59	2.88
Inability to Obtain Education	10.17%	6	10.17%	6	6.78%	4	11.86%	7	11.86%	7	49.15%	29	59	2.47
													Total	59

Other recommendations (in stakeholder words):

1) Pregnant mothers
2) Genetics
3) Drugs and alcohol
4) Overwhelmed by normal/financial obligations victimized
5) Disabled

Prevention and Early Intervention											
	1	2	3	4	5	6	7	8	9	Total	Score
Peer support services	13	12	7	3	6	3	6	7	2	59	6.03
Obtaining basic education about mental illness	6	9	9	7	7	9	4	4	2	57	5.68
Outreach for increasing recognition of early signs of mental illness	3	4	14	8	10	9	6	2	3	59	5.36
Suicide prevention	16	5	5	15	6	4	2	1	4	58	6.33
Reducing stigma related to mental illness	8	9	6	4	16	4	4	3	5	59	5.58
Reducing social isolation related to mental illness	0	4	8	6	2	15	7	15	2	59	4.19
Providing early services for people developing mental illness	5	6	4	4	7	9	11	6	7	59	4.54
Access and linkage to treatment services (when prevention services refer people to treatment for mental illness)	3	4	3	8	0	4	12	16	9	59	3.75
Prevention services (services to reduce risk factors and increase protective factors related to mental illness)	5	6	3	4	4	2	7	5	23	59	3.73
										Answered	59

Other recommendations (in stakeholder words):

1) Culture
2) Disabled
3) Community support

Innovation Projects are short term research project to improve our services										
	1	2	3	4	5	6	7	8	Total	Score
Increase access for individuals entering the county behavioral health system during or after crisis	19	12	6	7	3	5	1	6	59	5.8
Increase access to primary care through coordination or services	3	17	12	4	4	7	7	5	59	4.93
Increasing access to mental health services to Native American residing in Madera County	4	4	13	7	9	7	5	9	58	4.29
Increase access to mental health services to undeserved groups	14	2	10	15	8	5	1	4	59	5.32
Increase the quality of mental health services, including measurable outcomes	4	8	4	9	21	8	3	1	58	4.69
Promote inter-agency/community collaboration to mental health support for foster parents	4	6	3	6	5	18	13	4	59	3.83
Increase access to mental health services through mental health and United States acculturation training of undeserved populations	4	7	4	4	3	7	22	8	59	3.56
Increased access to County Behavioral Services for individuals ages 16 to 25 or 60+ years old	7	3	7	7	6	1	7	21	59	3.66

A. Community Program Planning Process Results

There were 59 people that participated in the CPPP. This year we had more participants in the 0-15 and 60+ year olds. There was an equal amount of Latinos and Whites.

The recommendations for the focus in Full Server Partnership (FSP) were focusing on the homeless in youth. In addition, the most people focused on inability to obtain an education for the Child/Youth/TAY FSP.

The most focus for the Adult/Older Adult FSP was people that are Homeless.

For Prevention and Early Intervention; most of the stakeholders focused on suicide prevention and peer support services in Prevention and Early Intervention. There were other mentions focusing up disabled people and community support. There was also mention about a program in Fresno that utilizes youth adults that have lived through depression to share with professional educators understanding youth adult's point of view (website www.thewild fire effect.org).

Regulations Related to the CPPP

Stakeholder (§ 3200.2700)

"Stakeholders" means individuals or entities with an interest in mental health services in the State of California, including, but not limited to: individuals with serious mental illness and/or serious emotional disturbance/ and/or their families; providers of mental health and/or related services such as physical health care and/or social services; educators and/or

representatives of education; representative of law enforcement; and any other organization that represents the interests of individuals with serious mental illness/and/or serious emotional disturbance and/their families. Training shall be offered, as needed, to those stakeholders, clients, and when appropriate, the client's family, who are participating in the Community Program Planning Process.

The Community Program Planning Process (CPPP) for Madera County Behavioral Health Services (MCBHS) MHSA services include a review of the following MHSA services:

- Community Services and Supports
- Prevention and Early Intervention,
- Innovation
- Capital Facilities and Technology (this onetime funding has been depleted)
- Work Education and Training (this onetime funding has been depleted)
- Specialty Limited Housing

The draft plan is posted to our department website for the Local Review Process and the link to the draft MHSA plan widely and distributed electronically.

§ 3300. Community Program Planning Process.

Madera County Behavioral Health Services (MCBHS) provides a Community Program Planning Process (CPPP) as the basis for developing the Three-Year Program and Expenditure Plans and updates. This process provides opportunities for community members to influence how these services are provided and which services will be provided. Madera County Behavioral Health Services provides resources for overall CPPP, ensuring that stakeholders have the opportunity to participate in the CPPP. Stakeholder participation includes representatives of unserved and/or underserved populations and family members of unserved/underserved populations, ensuring that stakeholders that reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity have the opportunity to participate in the CPPP and outreach to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate.

The CPP includes:

- Involvement of community stakeholders.
    - "Stakeholders" means individuals or entities with an interest in mental health services in the State of California, including but not limited to: individuals with serious mental illness and/or serious emotional disturbance and/or their families; providers of mental health and/or related services such as physical health care and/or social services; educators and/or representatives of education; representatives of law enforcement; and any other organization that represents the interests of individuals with

serious mental illness/ and/or serious emotional disturbance and/or their families.
- Training shall be offered, as needed, to those stakeholders, clients, and when appropriate the client's family, who are participating in the Community Program Planning Process.

§ 3315. Local Review Process.

Prior to submitting the Three-Year Program and Expenditure Plans or annual updates to the Department, the County shall conduct a local review process that includes 30-day public comment period. Madera County Behavioral Health services will submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy of the draft Three-Year Program and Expenditure Plan, or annual update, to representatives of stakeholders' interests and any other interested parties who request the draft.

- MCBHS will provide
  - Documentation that a public hearing was held by the Local Mental Health Board, including the date of the hearing
  - A summary and analysis of any substantive recommendations
  - A description of any substantive changes made to the proposed Three-Year Program and Expenditure Plan or annual update that was circulated.
  - MCBHS shall conduct a local review process that includes:
    - A 30-day public comment period.
    - Submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy of the update, to representatives of stakeholders' interests and any other interested parties who request the draft
    - A summary and analysis of any substantive recommendations and

A description of any substantive changes made to the proposed update that was circulated.

Completed after the CPP

(C) An explanation of how each program/service relates to the issues identified in the Community Program Planning Process, including how each program/service will reduce or eliminate the disparities identified.

The Full Partnership programs provide intensive outpatient to reduce the likelihood that youth would go to a psychiatric facility. These means many contacts per week and facilitating access to daily living needs.

Prevention and Early Intervention (PEI) services go to engage people in their community sites. PEI is often a bridge to treatment through developing engaging relationships with community settings. Many times people don't know that they have mental illness, so the education is a pathway to treatment when needed. By far, the largest group served are Latinos, which is Madera's threshold language.

Our oldest Innovation was also community based as well and focused on mother and children at risk of serious mental illness/serious emotional disturbances.

§ 3310. The Three-Year Program and Expenditure Plan

To receive Mental Health Services Act (MHSA) funds, Madera County Behavioral Health Services is submit a Three-Year Program and Expenditure Plan or update; comply with all other applicable requirements; obtain the necessary approvals in accordance with Welfare and Institutions Code Sections 5830, 5846, and 5847; and enter into a valid MHSA Performance Contract with the Department Health Services.

The Three-Year Program and Expenditure Plans address each of the following components:

§ 3615. Community Services and Supports Service Categories.

The Community Services and Supports (CSS) component contains four service categories:

- Full Service Partnership.
- General System Development.
- Outreach and Engagement.
- Mental Health Services Act Housing Program.

Community Services and Supports age categories are:

- Children and Youth who are between and 17 years of age
- Transition Age Youth are youth16 years to 25 years of age
- Adults are between 18 and 59 years of age
- Older Adult means an individual 60 years of age and older

PROGRAMS AND PERFORMANCE OUTCOMES

WIC § 5847 states the MHSA Plan and Plan Updates shall describe the following programs: Community Services and Supports, Prevention and Early Intervention, Innovation, Capital Facilities and Technology, Workforce Education and Training needs related to staff shortages and staff development needs, and information related to the Madera County Behavioral Health Services' Prudent Reserve funding.

Community Services and Supports (CSS)

The CSS services include intensive outpatient services, regular outpatient services and short-term emergency housing. MCBHS Full Service Partnership (FSP) teams provide intensive services for people with the greatest behavioral health outpatient needs. There have been no changes to FSP services. Madera County Behavioral Health Services' Department of Corrections, in partnership with MCBHS, was able to obtain a Mentally Ill

Offender Crime Reduction Act (MIOCR) grant. This grant launched an FSP for individuals released from jail. This collaboration established a Behavioral Health Court (BHC). The FSP serves individuals who have both legal and behavioral health needs that need FSP level services.

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

The Number of Children, Youth and Transition Age Youth Served by The Program		
Total FY 2016 - 17	Child/Youth/TAY	125
Total FY 2017-18	Child/Youth/TAY	978

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

The Number Served by the Program		
Total FY 2016-17	Adult/Older	747
Total FY 2017-18	Adult/Older	1,022

The CSS services also include System Development (SD) funding for expanding, enhancing and supporting the overall mental health services. This program has helped to build and retain MCBHS' capacity to provide treatment services and accommodate additional administrative burdens related to increases in direct services. There are two SD components, **Expansion and Supportive Services and Structure.** Expansion serves all ages and is intended to accommodate increased demands for services related to community outreach and community education and other community factors that would increase the demand for services. Supportive Services and Structure provide administrative staff time, and other resources such as supportive housing such as Serenity Village, which provides supportive housing and case management services. CSS funds are not to be used for person incarcerated in state prison or paroles from state prison. Madera County Behavioral Health Services stakeholders previously identified the following priority populations for CSS services, which are experiencing one or more of the following:

COMMUNITY SERVICES AND SUPPORTS REGULATIONS

§ 3610. General Community Services and Supports Requirements.

Madera County Behavioral Health Services incorporates the following principles in its Community Services and Supports services: the principles of the *Adult and Older Adult Mental Health Systems of Care*, including the *Integrated Services for the Homeless Mentally Ill Program*, in Welfare and Institutions Code (WIC) Section 5800 ET. Seq., the principles of the Children's Mental Health Services Act in WIC 5850 ET. Seq. and the General Standards in Section 3320.

Madera County Behavioral Health Services has established peer support and family education support services or expand these services to meet the needs and preferences of clients and/or family members (these are provided under the Prevention and Early Intervention services). Madera County Behavioral Health Services conducts outreach to provide equal opportunities for peers who share the diverse racial/ethnic, cultural, and linguistic characteristics of the individuals/clients served through Full Service Partnership services.

Madera County Behavioral Health Services provides wrap-around program for services to children in accordance with WIC Section 18250 et seq. Madera County Behavioral Health Services uses CSS funds to pay for those portions of the mental health programs/services for which there is no other source of funding available. When CSS programs/services include collaboration with the juvenile or criminal justice systems, Madera County Behavioral Health Services does not fund any law enforcement function and/or any function that supports a law enforcement purpose shall not be funded. Madera County Behavioral Health Services does not provide MHSA funded services to individuals incarcerated in state/federal prisons or for parolees from state/federal prisons. Madera County Behavioral Health Services uses MHSA funds for programs/services provided in juvenile halls and/or Madera County Behavioral Health Services jails only for the purpose of facilitating discharge.

§ 3620.05. Criteria for Full Service Partnerships Service Category

Madera County Behavioral Health Services' individuals selected for participation in the Full Service Partnership Service Category meet eligibility criteria in seriously emotionally disturbed/serious mental illness. Transition age youth, in addition to above, meet the following criteria: They are unserved or underserved and one of the following: homeless or at risk of being homeless, aging out of the child and youth mental health system, aging out of the child welfare systems, aging out of the juvenile justice system, involved in the criminal justice system, at risk of involuntary hospitalization or institutionalization or have experienced a first episode of serious mental illness.

Adults that qualify for FSP services, in addition to the above, must meet the criteria in either below: they are unserved and one of the following, homeless or at risk of becoming homeless, involved in the criminal justice system, and frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. Furthermore they are underserved and at risk of one of the following: homelessness, involvement in the criminal justice system, and institutionalization.

Older adults, in addition to above, must meet the criteria of below: They are unserved and one of the following and experiencing a reduction in personal and/or community functioning, homeless, at risk of becoming homeless, at risk of becoming institutionalized, at risk of out-of-home care, at risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. Furthermore Older Adults, qualify due to be underserved and at risk of one of the following: homelessness, institutionalization, nursing home or out-of-home care, frequent users of hospital and/or emergency room services as the primary resource for mental health treatment and Involvement in the criminal justice system. In addition, Full Service Partnership services shall not prevent the Madera County Behavioral Health Services from providing services to clients with co-occurring conditions, including substance abuse, physical conditions/disorders, and/or developmental disorders/disabilities.

§ 3620.10. Full Service Partnership Data Collection Requirements

Madera County Behavioral Health Services conducts a Partnership Assessment of the client at the time the full service partnership agreement is created between Madera County Behavioral Health Services and the client, and when appropriate the client's family. Madera County Behavioral Health Services. Madera County Behavioral Health Services collects information as appropriate including, but not limited to: general administrative data, residential status, including hospitalization or incarceration, educational status, employment status, legal issues/designation, sources of financial support, health status, substance abuse issues, assessment of daily living functions, when appropriate, and emergency interventions.

In addition to the previous information abuse, Madera County Health Services collects the following key event data: emergency interventions and changes in administrative data, residential status, educational status, employment status and legal issues/designation. In addition, the previous information, Madera County Behavioral Health Services, reviews and updates, through the Quarterly Assessment, the following information, which are: educational status, sources of financial support, legal issues/designation, health status, substance abuse issues.
The data required above shall be submitted to the Department within 90 days of collection, as required by Section 3530.30.

§ 3630. General System Development Service Category

Madera County Behavioral Health Services has developed and operated programs to provide mental health services to clients specified in Welfare and Institutions Code Section 5600.3 (a), (b) or and when appropriate the clients' families (see previous section Target Population).

Madera County Behavioral Health Services provides General System Development, which provides the following mental health services and supports: mental health

treatment, including alternative and culturally specific treatments, personal service coordination/case management/personal service coordination to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative or other community services, needs assessment, individual services and supports plan development, crisis intervention/stabilization services, project-based housing program and improve the Madera County Behavioral Health Services mental health service delivery system for all clients and their families.

§ 3620. Full Service Partnership Services

Madera County Behavioral Health Services operates programs to provide services under the Full Service Partnership Service Category. The services provided for each client with whom Madera County Behavioral Health Services has a full service partnership agreement may include the Full Spectrum of Community Services necessary to attain the goals identified by the client. The services provided may also include services Madera County Behavioral Health Services Behavioral Health Services, in collaboration with the client, and when appropriate the client's family, believe are necessary to address unforeseen circumstances in the client's life that could be. The full spectrum of community services consists of the following:

- 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, access to wellness centers, 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, plan development, crisis intervention/stabilization services and family education services.
- Non-mental health services and supports including, but not limited to: food, clothing, housing, including, but not limited to, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, and transitional and temporary housing, cost of health care treatment, cost of treatment of co-occurring conditions, such as substance abuse and respite care.
- Madera County Behavioral Health Services provides In Home Behavioral Services, therapeutic Behavioral Services, Intensive Case Coordination, and child Family Team Meetings to children to provide the widest array of interventions to assist the Child and Family.

Madera County Behavioral Health Services may pay for the full spectrum of community services when it is cost effective and consistent with the treatment plan. In addition, Madera County Behavioral Health Services directs the majority of its Community Services and Supports funds to the Full-Service Partnership Service Category.

- Services designed under General System Development and/or Outreach and Engagement that benefit clients and/or their families in Full Service Partnerships can be used on a pro-rated basis to meet the requirement in above information.
- Madera County Behavioral Health Services gives priority to populations that are underserved.
    - "Unserved" means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the Madera County Behavioral Health Services may be considered unserved.

Madera County Behavioral Health Services enters into a full service partnership agreement with each client served under the Full Service Partnership Service Category, and when appropriate the client's family. In addition, Madera County Health Services designates a Personal Services Coordinator (clinician) for each client. The clinician directs the treatment interventions with the support of case managers and the contracted wrap around services. The clinician has the single point of responsibility for that client/family.

- Madera County Behavioral Health Services provides a sufficient number of Clinicians/Case Managers to ensure that:
    - Availability is appropriate to the service needs of the client/family.
    - Individualized attention is provided to the client/family.
    - Intensive services and supports are provided, as needed.

Madera County Behavioral Health Services ensures that an ISSP (treatment plan) is developed for each client. In addition Madera County Behavioral Health Services ensures that the Personal Service Coordinator/Case Manager:

- Is responsible for developing the treatment plan with the client, and when appropriate the client's family.
    - The Personal Service Coordinator/Case Manager ensures that the treatment plan is developed in collaboration with other agencies that have a shared responsibility for services and/or supports to the client, and when appropriate the client's family.
- Is culturally and linguistically competent, or at a minimum, is educated and trained in linguistic and cultural competence, and has knowledge of available resources within the client's/families' racial/ethnic community.

Madera County Behavioral Health Services ensures that a Personal Service Coordinator/Case Manager or other qualified individual known to the client/family is available to respond to the client/family during work hours. To maintain 7 days a week contact for after-hour intervention, Alameda After Hours is contracted with to provided crisis intervention services by telephone. They are able to assist a client to work through a crisis, and to refer them to appropriate resources. When appropriate, the client can be relayed to a Madera County Behavioral Health Services Crisis Worker for follow up. Any

telephone call information is relayed to the Clinician by the MHP. Information is provided to the After Hours line on each FSP client to advise them of issues that might arise. .

- In the event of an emergency when a Personal Service Coordinator/Case Manager or other qualified individual known to the client/family is not available, the Madera County Behavioral Health Services shall ensure that another qualified individual is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour intervention. The Alameda After Hours provides those services.
- Madera County Behavioral Health Services meets this requirement through the use of community partners, such as community-based organizations, who are known to the client/family.

Madera County Behavioral Health Services provides services to all age groups; i.e., older adults, adults, transition age youth and children/youth, in the Full Service Partnerships Service Category. Madera County Behavioral Health Services may pay for short-term acute inpatient treatment, for clients in Full Service Partnerships when the client is uninsured for this service or there are no other funds available for this purpose. Madera County Behavioral Health Services does not use MHSA funds for long-term hospitals and/or long-term institutional care.

§ 3620.05. Criteria for Full Service Partnerships Service Category

Individuals selected for participation in the Full Service Partnership (FSP) Service Category must meet the eligibility criteria in Welfare and Institutions Code (WIC) Section WIC Section 5600.3(a) for children and youth, WIC Section 5600.3(b) for adults and older adults or WIC Section 5600.3(c) for adults and older adults at risk.

Transition age youth (age 16 – 25), in addition to above, must meet the following criteria: they are unserved or underserved and one of the following: homeless or at risk of being homeless, aging out of the child and youth mental health system, aging out of the child welfare systems, aging out of the juvenile justice system, involved in the criminal justice system, at risk of involuntary hospitalization or institutionalization and have experienced a first episode of serious mental illness

Adults, in addition to above, must meet the criteria if they are unserved and one of the following: homeless or at risk of becoming homeless, involved in the criminal justice system, frequent users of hospital and/or emergency room services as the primary resource for mental health treatment or they are underserved and at risk of one of the following: homelessness, involvement in the criminal justice system or institutionalization.

Older adults, in addition to (a) above, must meet the criteria in either (1) or (2) below: They are unserved and one of the following: experiencing a reduction in personal and/or community functioning, homeless, at risk of becoming homeless. at risk of becoming institutionalized, at risk of out-of-home care, at risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment or

they are underserved and at risk of one of the following: homelessness, institutionalization, nursing home or out-of-home care, frequent users of hospital and/or emergency room services as the primary resource for mental health treatment or involvement in the criminal justice system.

This section does not prevent the Madera County Behavioral Health Services from providing services to clients with co-occurring conditions, including substance abuse, physical conditions/disorders, and/or developmental disorders/disabilities.

§ 3620.10. Full Service Partnership Data Collection Requirements.

Madera County Behavioral Health Services conducts a Partnership Assessment of clients at the time the full service partnership agreement is created between the Madera County Health Services and the client, and when appropriate the client's family. Madera County Behavioral Health Services collects information as appropriate including, but not limited to: general administrative data, residential status, including hospitalization or incarceration, educational status, employment status, legal issues/designation, sources of financial support, health status, substance abuse issues, assessment of daily living functions, when appropriate, and emergency interventions.

Madera County Behavioral Health Services collects the following key event data: emergency interventions and changes in: administrative data, residential status, educational status, employment status and legal issues/designation. Madera County Behavioral Health Services reviews and update, through the Quarterly Assessment, the following information: educational status, sources of financial support, legal issues/designation, Health status and substance abuse issues. The data required by (a), (b), and (c) above shall be submitted to the Department within 90 days of collection, as required by Section 3530.30.

§ 3630. General System Development Service Category.

Madera County Behavioral Health Services operates programs to provide mental health services to clients who are evaluated to be Seriously emotionally disturbed children or adolescents, adults and older adults who have a serious mental disorder, Adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence, persons who need brief treatment as a result of a natural disaster or severe local emergency.or and when appropriate the clients' families. General System Development Funds may only be used to: Provide one or more of the following mental health services and supports: 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 employment, housing, and/or education, Wellness centers, personal service coordination/case management/personal service coordination to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative or

other community services, needs assessment, Individual Services and Supports Plan development, crisis intervention/stabilization services, family education services, project-based housing program, improve the Madera County Behavioral Health Services mental health service delivery system for all clients and their families and develop and implement strategies for reducing ethnic/racial disparities.

When the 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 in above, shall be paid under the General System Development Service Category.

§ 3630.15. Capitalized Operating Subsidy Reserve.

General System Development funds used by counties establish a Capitalized Operating Subsidy Reserve meet the following requirements: funds for the Capitalized Operating Subsidy Reserve shall be deposited into a Madera County Behavioral Health Services-administered account prior to occupancy of the Project-Based Housing, the amount deposited into the reserve account shall be based on the difference between the anticipated tenant portion of the rent minus revenue lost from anticipated vacancies and the estimated annual operating expenses of the Project-Based Housing and Operating subsidies for subsidized units shall be calculated on a 20-year projection, the calculation may or may not result in actual funds being available for the full 20 years and the amount to be deposited in the reserve shall be included in the work plan required.

Capitalized Operating Subsidies may be reduced or terminated under the following circumstances: The tenant occupying the Project-Based Housing has a rental subsidy from another source, the Project-Based Housing receives rental subsidies from non-General System Development funding sources, project-Based Housing that receive rent or operating subsidy contracts from other sources may receive Capitalized Operating Subsidies for expenses not covered by those subsidy contract(s), the Department or the Madera County Behavioral Health Services determines that the Project-Based Housing program is not following the work plan in the Madera County Behavioral Health Services' approved Three-Year Program and Expenditure Plan and/or update.

§ 3640. Outreach and Engagement.

Counties may develop and operate outreach programs/activities for the purpose of identifying unserved individuals who meet the criteria of Welfare and Institutions Code Sections 5600.3 (a), (b) or (c) in order to engage them, and when appropriate their families, in the mental health system so that they receive the appropriate services.

Outreach and Engagement funds may be used to pay for: Strategies to reduce ethnic/racial disparities, food, clothing, and shelter, but only when the purpose is to engage unserved individuals, and when appropriate their families, in the mental health system. Outreach to entities such as: community based organizations, schools, tribal communities, primary care providers, faith-based organizations, community leaders, those who are homeless and those who are incarcerated in Madera County Behavioral Health Services facilities. When Counties works in collaboration with other non-mental health community programs and/or services, only the costs directly associated with providing mental health services and supports shall be paid under the Outreach and Engagement Service Category.

Madera County Behavioral Health Services provides expansion of mental health treatment services, data collection, supportive housing, homeless and housing.

§ 3650. Community Services and Supports Component of the Three-Year Program and Expenditure Plan.

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

The Community Services and Supports (CSS) component shall include the following:

1. **Assessment of Mental Health Needs:** The County shall assess and submit a narrative analysis of the mental health needs of unserved, underserved/inappropriately served, and fully served county residents who qualify for MHSA services. According to the data from our Electronic Health Record (EHR), Madera County Behavioral Health Services Behavioral Health Services Behavioral Health Services (MCBHS) served: 4,518 people during FY 17/18 with its outpatient mental health services.

2. The age groups of the individuals served was:
    - 1,429 Children/Youth (0-15 years)
    - 980 Transition Age Youth (16-25 years)
    - 1,874 Adults (26-59 years)
    - 335 Older Adult (60+ years)

Race and Ethnicity for Non MHSA Clients	
Asian-Other	11
Black/African American	102
Chinese	2
Filipino	6
Hawaiian Native	2
Asian Indian	2
Japanese	2
Laotian	1
Native American	18
Non-White-Other	1,378
Other Pacific Islander	3
Hmong	1
Multiple	5
Unknown	14
White	617
Hispanic	1,063

MCBHS provides mental health services to CalWORKs recipients referred from the Madera County Behavioral Health Services Behavioral Health Services Department of Social Services. During FY 17/18, MCBHS CalWORKs served a total of 139 individuals in mental health and 4 in substance use. The total age groups for mental health and substance use was:

- 27 Children/Youth (0-15 years)
- 28 Transition Age Youth (16-25 years)
- 88 Adults (26-59 years)
- 0 Older Adult (60+ years)

Outpatient Race and Ethnicity for the Last Two Fiscal Years		
	FY 16/17	FY 17/18
American Indian or Alaskan Native	34	47
Asian	6	41
Black/African American	62	192
Hispanic	1,960	2,490
Multiple	6	21
Native Hawaiian /Other Asian Pacific	8	10
Non-White Other	434	2,143
Unknown	11	31
White	788	1,689

Race (Total = 4,181)		Ethnicity (Total = 2,490)	
• 19	Asian-Other	• 1,566	Mexican American/Chicano
• 192	Black/African American	• 1	Cuban
• 3	Chinese	• 4	Puerto Rican
• 2	Eskimo/Alaskan Native	• 919	Other Hispanic Latino
• 8	Filipino		
• 4	Hawaiian Native		
• 4	Asian Indian		
• 3	Japanese		
• 1	Korean		
• 2	Laotian		
• 45	Native American		
• **2,143**	**Non-White-Other**		
• 6	Other Pacific Islander		
• 6	Hmong		
• 21	Multiple		
• 31	Unknown		
• 2	Vietnamese		
• **1689**	**White**		

Information will From the Planning process will be here after the CPPP

Identification of Issues: Madera County Behavior Services will submit a list of community mental health issues resulting from lack of mental health services and supports, ***as identified through the Community Program Planning Process*** required by Section 3300.

One of the largest challenges is that Madera is the 8th poorest in the state. Another issue is that most people cannot identify a mental health symptom, because of the low literary level in most of the population. Most people don't know what a mental illness symptom. PEI helps people understand what mental illness in a non-stigmatizing way (See pages 14-17). The PEI program has increased exponentially over the last. Some of the other challenged at listed below.

The list shall include:

UCLA Center for Health Policy Research – 2015-2016		
	Madera	California
Adult With Income Less than 200% of the Federal Poverty Line	60%	37%
No Usual Source of Care	23.3%	18%
Delayed Getting Rx Drugs of Medications	17%	19%
Uninsured	19%	18%
Job-Based Income	41%	46%
Medi-Cal/HF	33%	27%
Bing Drinking	22%	35%
Engaged in Regular Walking in the Last Week	31%	39%
Current Smoker	18%	12%
Fair or Poor Health (age-adjusted)	26%	22%
Ever Diagnosed with Diabetes	13%	10%
Ever Diagnosed with High Blood Pressure	34%	29%
Current Asthma	10%	8%
Serious Psychological Stress in Past Year	9%	8%
Obese	32%	28%
Limited English Proficiency	28%	26%
Food Insecurity	20%	16%

Madera County has Full Service Partnerships for each of these age ranges:

Child 0-15, Transition Age Youth 16-25

	All Child & TAY	Child	TAY
Enrolled	43	28	15
Out of Home Placement	9%	14%	0%
Homeless/Emergency Shelter	9%	7%	13%
Special Education	26%	21%	33%
School Attendance	51%	57%	40%
School Grades	35%	46%	13%
Substance Abuse	16%	4%	40%
Emergency Mental or Substance	47%	57%	27%
Emergency Medical	28%	21%	40%
Inpatient Psychiatric	26%	25%	27%
Legal Involvement	16%	4%	40%
% with Any Listed Issues	95%	96%	93%
% with Any Listed Issues, Except Grades	95%	96%	93%

Adult 26-59 and Older Adults 60+

	All TAY, Adult & Older Adult	Adult	Older Adults
Enrolled	28	27	1
Substance Abuse	64%	67%	0%
Emergency Mental or Substance	71%	74%	0%
Emergency - Medical	32%	33%	0%
Inpatient Psychiatric	43%	44%	0%
Homeless/Emergency Shelter	43%	44%	0%
Legal Involvement	46%	48%	0%
% with Any Listed Issues	96%	100%	0%
% with Any Listed Issues, Except Grades	89%	93%	0%

The DCR Reports for Fiscal Year 2017-2018 show that the most client problems in the Child/Youth/Transition Age Full Service Partnership was: School Attendance (57%). The other most problematic issues in the Child category were: School Grades (46%) and Emergency Mental or Substance Use (57%). For the Transition Age Youth the other most problematic problems were Substance Abuse (40%), Emergency Medical Services (40%)

and Legal Involvement (40%). **The Child/Youth and TAY FSP will focus on clients with problematic behaviors related to low School Attendance (51%) and Emergency Mental or Substance (47%).**

The DCR Reports for Fiscal Year 2017-2018 show that the most client problems in the TAY/Adult/Older Adult Full Service Partnership was: Substance Use (64%), Emergency Mental or Substance (71%), and Legal Involvement (46%). **The TAY/Adult/Older Adult FSP will be focusing services on Substance Use (64%), Emergency Mental or Substance (71%), and Legal Involvement (46%).**

The inclusion criteria for the **Child/Youth Full** Service Partnerships is when a client is experiencing any of the following:

- At least one of these one of the following
    - Client is age 5-15 who is identified through the BHS, Education or Probation and:
        - Is identified as being as risk of out of home placement and/or at risk of school failure because of their untreated or under serious emotional disorder
          OR
        - Client is new to the system (BHS, DSS or Probation)

- The Priority Populations for **Child/Youth Full** Service Partnerships; client has/is
    - Co-occurring substance abuse or medical disorder
    - Uninsured or indigent or Medi-Cal recipient
    - Client is in the Juvenile Justice System
    - Lack of or no stable housing
    - Receiving services from Department of Social Services
    - In foster care or out of home placement
    - Is currently or in the past six months hospitalized or institutionalized
    - A Hispanic male between ages 10-15
    - Without social support system
    - Belongs to minority or disadvantaged group

- The inclusion criteria for the for **Transitional Full Service Partnerships**; client has/is
    - Age 16 – 25 who is uninsured or underserved, aging out of the Child Welfare and/Juvenile Justice System

    - AND

        - Youth are at risk for school failure or other unsuccessful transition to adulthood because of their untreated mental illness

          OR

        - Youth is new to the system (either BHS, DSS or Probation)

- The Priority Populations for **Transition Age Youth** Service Partnerships; client has/is
  - Co-occurring substance abuse or medical disorder
  - Uninsured or indigent or Medi-Cal recipient
  - Client is in the Juvenile Justice System
  - Receiving services from Department of Social Services
  - Unemployed or no income
  - In foster care or aging out of or leaving foster care
  - A Hispanic male between ages 16-19
  - Isolated, living alone, or without social support system
  - Belongs to minority or disadvantaged group

- The inclusion criteria for the for **Adult Full Service Partnerships**; client has/is
  - Age 20 – 59 who is severely mentally ill or has serious/emotional disorders/disturbances
  - Homeless or at risk of homelessness because of his/her untreated severe mental illness
  - New to the system, under-served or un-served, either by Community Behavioral Health Services or Mental Health agencies
  - Is 20-29 years old has been a resident of Madera county for at least one year
  - Involved in the criminal justice system because of his/her under treated/untreated severe mental illness

- The Priority Populations for **Adult** Service Partnerships; client has/is
  - Hispanic male
  - Consumer is a Veteran
  - Has been involved with other social/medical county services provided
  - Is/has been involuntarily hospitalized or institutionalized or hospitalized with higher level of care than warranted/needed
  - Is isolated, living alone, or without social support
  - Belongs to a minority or disadvantage group (Asian American, Latin, Asian Pacific Islander, Russian immigrant, Native American, African American, LGBT)

- The inclusion criteria for the for **Older Adult Full Service Partnerships**; client has/is
  - Severely mental ill or has serious emotional disorders/disturbances
  - Contact with law enforcement
  - Been significantly involved with other social/medical count services providers
  - An immigrant and/or non-English monolingual or has limited English language capability
  - Isolated, living or with limited social support at home

- Belongs to a minority or disadvantaged group (Asian American, Latin, Asian Pacific Islander, Russian immigrant, Native American, African American, LGBT)

Behavioral Health Court Program is under our MHSA/FSP services.

The program was designed to address needs of criminal defendants whose criminality is directly attributed to a mental illness. BHC program functions within a strong collaborative community based team approach by working directly with the court, attorneys, probation, and other community resources to assist the client in wellness and recovery. There is judicial supervision and oversight by probation and the courts. Every other Monday the clinical team, probation, attorneys, and the judge will met to staff each case to process progress or discuss any concerns to be addressed. The clients will report to court as directed by the judge to provide a self-report on their own progress. The overall goal of BHC is to provide multidisciplinary services to work toward stabilizing client's mental illness as well as work toward self-sufficiency and long-term stability to reduce recidivism and any future criminality. Program has sanctions for violations. A client has to complete all four phases of BHC before they can successfully graduate and complete the program. With a successful completion clients often have their charges dropped or reduced.

Currently we have one clinician assigned to BHC (Mark Duarte, LCSW) who provides therapeutic services along with our BHS psychiatrist and case manager. Case managers are very active and involved in cases as they assist with linking consumers to resources to meet some of their basic needs and take steps to reintegrate back into the community in a safe setting. We currently have ten beds available at the Madera Rescue Mission, designated for any client who is at risk of criminality due to their mental illness. We have utilized the ten beds to help BHC clients establish safety in our community upon release from jail. With their housing being safe and secure than our clinical team is able to progress in treatment by addressing their higher level of needs as well as provide therapy, rehabilitation, and case management services to assist with progression within the BHC program. Our team does an excellent job in providing collaborative multidisciplinary approach to services, which has been successful as each team member /agency has been a critical part in addressing the whole needs of the client.

Over the years we have had many successes. We had only one client who left the jail with no resources or supports in our community. Client was linked to the Madera Rescue Mission for housing. During this timeframe our team worked with client by addressing his mental health symptoms while linking him to department of social services, department of rehabilitation, and assisted him with filing for SSI. Several months later client moved into our P street house (MHSA housing) where he took the next steps in working toward independent living and gaining tools and skills necessary for long-term self-sufficiency. Client was approved for SSI, he went back to school to finish his BA, and moved into his own apartment shortly after. He successfully graduated BHC and had legal charges dropped. He was stepped down into outpatient services within behavioral health. He has not reoffended, he has not had any crisis stabilization needs due to his mental illness, and continues to thrive in our community.

The approach included addressing the identified using a Trauma-informed approach. This means that we look at the (biopychosocial) impact of trauma in families/individuals and how they contribute dysfunctional behaviors. The approach to changing social context to change behavioral has been around for decades. These context include family, neighborhood, community and policy.

Priority racial/ethnic and gender disparities

(i) Access to services

a. The access to services by age by the DCR is:
   i. 28 - Child/Youth
   ii. 15 - Transition Age Youth
   iii. 27 – Adult
   iv. 1 – Older Adult
b. The access to services by age by the our EHR
   i. 68 – 0-15
   ii. 57 – 16-25
   iii. 104 – 26-59
   iv. 7 – 60+

The lowest penetration rates for children and youth are ages 0 -11 years.

(ii) Gender/Race (from DCR)

a. Child/TAY
   i. 21 – Female
   ii. 22 –Male
   iii. 1 – American Native or Alaskan Native
   iv. 2 - Black or African American
   v. 23 – Other
   vi. 1 - Other Asian
   vii. 1 - Unknown/Not Reported
   viii. 15 - White or Caucasian
   ix. 27 – Hispanic

Although the penetration rates for Hispanics are the lowest in the county (26,995) they are, by far than largest population in the county, which dwarfs the rest of the other groups. The next two groups were Black (650) and White (5,117), which were: Black 9.1% penetration rates and white 5.5%.

Gender/Race (from DCR)
- 11 – Female
- 17 - Male
- 2 - Multiple
- 11 – Other
- 15 - White of Caucasian
- 10 – Hispanic

Gender/Race (from EHR)
- 162 – Female
- 207 – Male
- 1 - Asian –Other
- 19 - Black/African American
- 1 - Eskimo/Alaskan Native
- 1 – Filipino
- 1 – Korean
- 5 - Native American
- 92 – Non-White Other
- 2 – Multiple
- 4 – Unknown
- 91 - White

Quality of Care

Generally Madera County Behavioral Health services follow the World Health Organization, which include:

- Uniting and empowering people to improve the quality of care and promote human rights in behavioral health facilities and communities.

- The objectives of our services are to:

  - Improve the quality of care and human rights conditions in inpatient and outpatient mental health and social facilities.

  - Build capacity among people with mental health conditions, their families, and health workers to understand and promote human rights.

  - Strengthen civil society and citizen action to conduct advocacy and influence decision-making processes.

  - Reform local policies in line with best practice, the UN Convention on the Rights of Persons with Disabilities and other international human rights standards.

Access disparities of Native Americans, Rancherias and/or reservations

There are two recognized tribes in Madera County

- North Fork Rancheria
- Picayune Rancheria of Chukchansi Indians

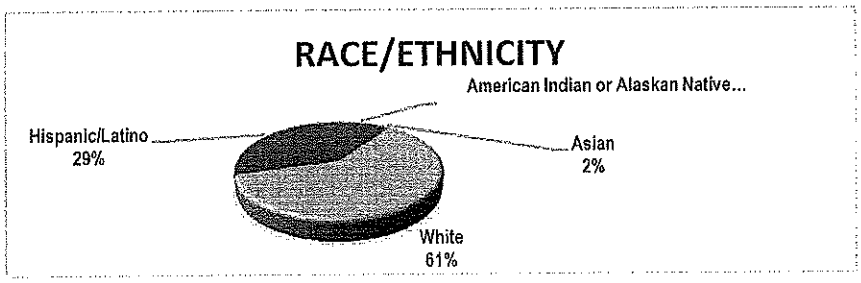
In addition, there are Native Americas from other tribes, but are not part of the local tribes.

In addition, there as regional hospital Central Valley Indian Health that serves multiple tribes and counties and has full scope health services, including behavioral health services.

Most of the Native Americans access these services for behavioral health services. Madera County Behavioral Health Services does serve some of the Native Americans that are not affiliated to the local tribes. It appears that the Native American tribes are providing the needs of their people in the most comprehensive and culturally appropriate way. Our Department has contacted the largest Rancheria for contracting services; however, the tribe stated they did not need to access behavioral health at the county clinics.

Disproportionate representation in the homeless population.

Madera County provided services to 78 homeless individuals in 2018 with PATH funding. Not all of the people disclosed their race/ethnicity. The race/ethnicity of these individuals that disclosed there race/ethnicity were 61% White, 29% Hispanic/Latino, 8% America Indian/Alaskan Native, and 2% Asian.



The number of people that indicated that they had accessed mental health services was 19 people. *None of these individuals disclosed there race/ethnicity.*

Disproportionate representation in the juvenile and/or criminal justice systems

Our Juvenile Full Service Partnership served 43 (FY 17-18) in the Child and Transition program, of which 40% of these individuals had legal involvement. The largest groups involved were White/Caucasian (15 Individuals) and Hispanic (27 individuals).

Our Adult Full Partnership served 28 Adult/Older Adults and 48% of these individuals (FY 17-18) had legal involvement. The largest groups involved were White/Caucasian (15 Individuals) and Other (11 individuals).

There doesn't appear to have a disproportionate representation of individuals with mental illness in the homeless population.

Disproportionate representation in foster care.

According to KidsData indicated the rate per 1,000 people in Madera County were: African American/Black (28.1), Hispanic/Latino (5.1), and White (7.2) according to KidsData. This information is from KidsData from 2015. It appears that African American/Black Youth have a disproportionate representation in the foster children in Madera County.

According to the US Census African American/Blacks individuals make up 4.2% of the population in Madera County, White individuals make up 34% of the population and Latinos/Hispanics comprise 58% of the population.

There doesn't appear to have a disproportionate representation of individuals with mental illness in foster care.

Disproportionate representation in school achievement, and drop-out rates.

Students not completing high school in Madera County was 11%, in 2015, according to KidsData.

There doesn't appear to have a disproportionate representation of individuals with mental illness in the homeless population, justice systems, foster care, or school drop outs.

Identification of Full Service Partnership Population: Madera County shall provide an estimate of the number of clients, in each age group, to be served in the Full Service Partnership Service Category for each fiscal year of the Three- Year Program and Expenditure Plans. The County shall describe how the selections for Full Service Partnerships will reduce the identified disparities.

The estimate of the numbers of client is each age group, per year is approximately:

- Child – 42
- TAY – 35
- Adult – 48
- Older Adult - 6

This comes from the average of the last few years and demand for services. The averages in the full

The Full Services Partnership Population

Proposed Programs/Services: Madera County shall provide: individuals with mental illness in the homeless populations, justice systems, foster care, or school drop outs.

The Full Service population includes individuals experiencing serious and persistent mental or serious emotional disturbance and are experience: substance abuse, emergency – mental or substance services, emergency medical services, inpatient psychiatric services, homelessness/emergency shelter services, legal involvement, out of home placement, special education, school attendance, and school grades.

Madera County Behavioral Health Services (MCBHS) provides and operates programs to provide services under the Full Service Partnership Service Category. The services provided for each client with whom MCBHS has a full service partnership agreement may include the Full Spectrum of Community Services necessary to attain the goals identified in the Individual Services and Supports Plan (ISSP). The services provided may also include services MCBHS, in collaboration with the client, and when appropriate the client's family, believe are necessary to address unforeseen circumstances in the client's life that could be, but have not yet been included in the ISSP.

To the best of MCBHS' ability, MCBHS provided the Full Spectrum of Community Services consists of the following:

- 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.
  - Wellness centers.
  - 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.
    - Family education services.
- Non-mental health services and supports including, but not limited to:
    - Food.
    - Clothing.
    - Housing, including, but not limited to, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, and transitional and temporary housing.
    - Cost of health care treatment.
    - Cost of treatment of co-occurring conditions, such as substance abuse.
    - Respite care.
- Wrap-around services to children in accordance with WIC Section 18250 ET. seq.
    - The County *may* pay for the full spectrum of community services when it is cost effective and consistent with the treatment plan.
- MCBHS directs the majority of its Community Services and Supports funds to the Full-Service Partnership Service Category.
    - Services designed under General System Development and/or Outreach and Engagement that benefit clients and/or their families in Full Service Partnerships can be used on a pro-rated basis to meet the requirement in above.

- MCBHS gives priority to populations that are unserved. "Unserved" means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.

- MCBHS entered into a full service partnership agreement with each client served under the Full Service Partnership Service Category, and when appropriate the client's family.

- MCBHS designates a Personal Service Coordinator (Clinician)/Case Manager for each client, and when appropriate the client's family, to be the single point of responsibility for that client/family.
    - MCBHS provided a sufficient number of Personal Service Coordinator (Clinician)/Case Manager to ensure that:
        - Availability is appropriate to the service needs of the client/family.
        - Individualized attention is provided to the client/family.
        - Intensive services and supports are provided, as needed.

- MCBHS ensure that a treatment plan is developed for each client.
- MCBHS ensures that the Personal Service Coordinator (Clinician)/Case Manager:

- Is responsible for developing the treatment with the client, and when appropriate the client's family.
  - The Personal Service Coordinator (Clinician)/Case Manager ensures that the treatment plan is developed in collaboration with other agencies that have a shared responsibility for services and/or supports to the client, and when appropriate the client's family.
- Is culturally and linguistically competent, or at a minimum, is educated and trained in linguistic and cultural competence, and has knowledge of available resources within the client's/family's racial/ethnic community.

- MCBHS ensures that a Personal Service Coordinator (Clinician)/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour intervention.
  - In the event of an emergency when a Personal Service Coordinator (Clinician)/Case Manager or other qualified individual known to the client/family is not available, the County shall ensure that another qualified individual is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour intervention.
  - MCBHS meets this requirement through the use of the Alameda After Hours Line.

- MCBHS provides services to all age groups; i.e., older adults, adults, transition age youth and children/youth, in the Full Service Partnerships Service Category.

- **County's Capacity to Implement:** MCBHS has been successfully providing FPS programs/services, successfully for over a decade. The assessment shall include:
  - MCBHS service providers has successfully able to meet the needs of racially and ethnically diverse populations. Their evaluation including assessment of bilingual proficiency in threshold languages (Spanish). The last cultural competence plan showed that direct providers who speak Spanish was 60%, which mirrors the percentage of the county.
  - There are no known barriers to implementing the proposed programs/services and methods of addressing these barriers.

Full Service Partnerships

Full Service Partnership for Children, Youth and Transitional Age Youth. The age range is 0 – 25. These individuals have problematic behaviors, due to mental illness/serious emotional distress that cause them to come to the attention of the adults. These behaviors cause them to disrupt their daily living. This behaviors include: out of home placement, homelessness, special education, school attendance, school grades, substance use, emergency mental health of substance abuse, emergency medical services, inpatient psychiatric services, and legal involvement.

Full Serve Partnership for Adults and Older Adults. The age range for this group is 26+. These individuals have problematic behaviors, due to mental illness/serious

emotional distress that cause them to come to the attention of the adults. These behaviors cause them to disrupt their daily living. This behaviors include: substance use, emergency mental health of substance abuse, emergency medical services, inpatient psychiatric services, homelessness, legal involvement.

The participants in the full service partnerships are provided therapy, rehabilitation, housing assistance, transportation, case management, etc.

The clinician are carrying an average of 20 clients. The average case load for FSPs is Child – 42; TAY – 35, Adult – 48, and Older Adult – 6 annually.

Performance Outcomes: WIC § 5848 states that MHSA Plans and Plan Updates shall include reports on the achievement of performance outcomes for MHSA services. Below are the *Community Services and Supports* (CSS) service results (evaluations/performance outcomes) for FY 2017-18.

Below is information from FY 17-18. It is presented in charts and graphs to more easily see the trends for each. Our electronic health record shows that MCBHS served 240 individual in our Full Service Partnerships in FY 17-18. The full services partnerships served 64 individuals between 0-15, 61 individuals between16-25, 111 adults between the ages of 26-59 and 16 individuals 60 years old or older, in FY 17/18. Twelve of these clients were likely counted twice as they were aging into an older age category. The Race and Ethnicity are the following:

Race/Ethnicity for All FSPs	FY 16/17	FY 17/18
Asian-other	2	1
Black/African American	28	19
Eskimo/Alaskan Native	1	1
Filipino	1	1
Korean	1	1
Hispanic/Latino	100	96
Native American	6	5
Non-White Other	98	92
Multiple	3	2
Other Asian	0	1
Unknown	4	4
White	95	91

Children/TAY Full Service Partnership

The graph below shows the referral sources for this program. While it appears that referrals are largely internal referrals from the outpatient clinic, referrals are often completed by MCBHS staff to expedite service access when the original source was actually an external to MCBHS.

Children/Youth/TAY FSP - 1 Referral Sources FY 17-18	
Family	25.6%
Mental Health Facility	55.8%
Other County	11.6%
Other Referred	2.3%
Social Services Agency	4.7%

In FY 17-18 the three largest groups in FSP 1, by race/ethnicity, identified as
After two years of FSP services, there were significant reductions in the rate of adverse

Children/Youth/TAY FSP 1 – Race/Ethnicity FY 17-18	
Race	
American Native or Alaska Native	2.3%
Black o African American	4.7%
Other	53.5
Other Asian	2.3%
Unknown/Not Reported	2.3%
White or Caucasian	34.9%
Hispanic	
Yes	62.8%
No	37.2%

Adult/Older Adult Full Services Partnership

The graph on the following page shows the referral sources for this program. It appears the referrals are largely from the outpatient clinic. However MCBHS staff often complete the referrals forms to expedite service requests from organizations outside of MCBHS.

FSP2 – Adult/older Adult Referral Sources FY 17-18	
Emergency Room	3.6%
Jail/Prison	3.6%
Mental Health Facility	53.6%
Other county	32.1%
Self	7.1%

In FY 17-18 the three largest groups in FSP 1, by race/ethnicity, identified as
After two years of FSP services, there were significant reductions in the rate of adverse

FSP2 – Adult/older Adult – Race/Ethnicity FY 17-18	
Race	
Multiple	7.1%
Other	39.3%
White or Caucasian	53.6%
Yes	35.7%
No	64.3%

Expansion (General Systems Development)

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

Expansion Race/Ethnicity FY 2017-18			
Hispanic/Latino	868	Laotian	1
Asian Other	11	Native American	23
Black/African American	80	Non-White-Other	728
Chinese	1	Other Pacific Islander	3
Eskimo/Alaskan Native	1	Hmong	6
Filipino	4	Multiple	14
Hawaiian Native	2	Unknown	14
Asian Indian	2	Vietnamese	2
Japanese	2	White	1,072

Expansion Ages FY 2017-18	
0 – 15	592
16 - 25	486
26 – 59	935
60+	173

PREVENTION AND EARLY INTERVENTION

Regulations

§ 3701. Definitions.

"Prevention and Early Intervention regulations" means sections 3200.245 and 3200.246 of Article 2, sections 3510.010, 3560, 3560.010, and 3560.020 of Article 5, and Article 7. "**Program**" as used in the Prevention and Early Intervention regulations means a stand-alone organized and planned work, action or approach that evidence indicates is likely to bring about positive mental health outcomes either for individuals and families with or at risk of serious mental illness or for the mental health system. "**Strategy**" as used in the Prevention and Early Intervention regulations means a planned and specified method within a Program intended to achieve a defined goal.

"Mental illness" and **"mental disorder"** as used in the Prevention and Early Intervention regulations means, a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological or biological processes underlying mental functioning. Mental illness is usually associated with significant distress or disability in social, occupational, or other important activities. An expected or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental illness. Socially variant behavior (e.g. political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental illness unless the variance or conflict results from a dysfunction in the individual, as described above.

"Serious mental illness," "serious mental disorder" and "severe mental illness" as used in the Prevention and Early Intervention regulations means, a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. These mental illnesses include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders.

The definition above is applicable to serious emotional disturbance for individuals under the age of 18, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the individual's age according to expected developmental norms.

§ 3705. Prevention and Early Intervention Component General Requirements.

Madera County Behavioral Health Services shall include in its Prevention and Early Intervention Component:

- At least one Early Intervention Program as defined in Section 3710.

- At least one Outreach for Increasing Recognition of Early Signs of Mental Illness Program as defined in Section 3715.
- At least one Prevention Program as defined in Section 3720
    - Small counties may opt out of the requirement to have at least one Prevention Program if:
        - The Small Madera County Behavioral Health Services obtains a resolution from the Board of Supervisors that the Madera County Behavioral Health Services cannot meet this requirement.
- A Small Madera County Behavioral Health Services that opts out of the requirement in (a)(3) above shall include in its Three-year Program and Expenditure Plan and/or Annual Update documentation describing the rationale for the Madera County Behavioral Health Services' decision and how the Madera County Behavioral Health Services ensured meaningful stakeholder involvement in the decision to opt out.
- At least one Access and Linkage to Treatment Program as defined in Section 3726
- At least one Stigma and Discrimination Reduction Program as defined in Section 3725
- The Strategies defined in Section 3735.

The Madera County Behavioral Health Services *may* include in its Prevention and Early Intervention Component:

- One or more Suicide Prevention Programs as defined in Section 3730.

(1) A Madera County Behavioral Health Services that utilizes this provision shall not also opt-out of the requirement to have at least one Prevention Program under subdivision (a)(3) or of the requirement to have at least one Access and Linkage to Treatment Program under subdivision (a)(4).

§ 3706. General Requirements for Services.

Madera County Behavioral Health Services serves all ages in one or more Programs of the Prevention and Early Intervention Component. In addition, Madera County Behavioral Health Services strive to serves at least 51 percent of the Prevention and Early Intervention Fund shall be used to serve individuals who are 25 years old or younger. In addition, Madera County Behavioral Health Services Behavioral Health programs serve parents, caregivers, or family members with the goal of addressing MHSA outcomes for children or youth at risk of or with early onset of a mental illness can be counted as meeting the requirements in above information described in the beginning of this paragraph.

§ 3710. Early Intervention Program.

Madera County Behavioral Health Services shall offer at least one Early Intervention Program as defined in this section. "Early Intervention Program" means treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence

Early Intervention Program services shall not exceed eighteen months, unless the individual receiving the service is identified as experiencing first onset of a serious mental illness or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four years.

- For purpose of this section, "serious mental illness or emotional disturbance with psychotic features" means, schizophrenia spectrum and other psychotic disorders including schizophrenia, other psychotic disorders, disorders with psychotic features, and schizotypal (personality) disorder). These disorders include abnormalities in one or more of the following five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms.

Early Intervention Program services may include services to parents, caregivers, and other family members of the person with early onset of a mental illness, as applicable. Madera County Behavioral Health Services may combine an Early Intervention Program with a Prevention Program, as long as the requirements in Section 3710 and Section 3720 are met Madera County Behavioral Health Services Behavioral Health shall include all of the Strategies in each Early Intervention Program as referenced in Section 3735

§ 3715. Outreach for Increasing Recognition of Early Signs of Mental Illness.

Madera County Behavioral Health Services provides Outreach for *Increasing Recognition of Early Signs of Mental Illness Program*. "Outreach" is a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. "Potential responders" include, but are not limited to, families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, emergency medical service providers, people who provide services to individuals who are homeless, family law practitioners such as mediators, child protective services, leaders of faith-based organizations, and others in a position to identify early signs of potentially severe and disabling mental illness, provide support, and/or refer individuals who need treatment or other mental health services. Outreach for Increasing Recognition of Early Signs of Mental Illness may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.

Madera County Behavioral Health Services (MCBHs) provides Outreach for Increasing Recognition of Early Signs of Mental Illness as a Strategy within all its Prevention and Early Intervention services. The MHSA Coordinator and the Full Service Partnership (FSP) programs provide Outreach for Increasing Recognition of Early Signs of Mental Illness in the community. Our MHSA FSP's provide these services in collaboration with our partner agencies, families and adults. Our Children's Mental Health Services provide these services, with and without collaborating with MHSA Prevention Services.

§ 3720. Prevention Program.

Madera County Behavioral Health Services Behavior Health Services provides shall a Prevention Programs as defined in the California Code of Regulations. "*Prevention Program*" means a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes (e.g. suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness and removal of children from their homes) as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.

"*Risk factors for mental illness*" means conditions or experiences that are associated with a greater than average risk of developing a potentially serious mental illness. Risk factors include, but are not limited to, biological, including family history and neurological, behavioral, social/economic, and environmental. Examples of risk factors include, but are not limited to:

1. A serious chronic medical condition
2. Adverse childhood experiences
3. Experience of severe trauma
4. Ongoing stress
5. Exposure to drugs or toxins including in the womb,
6. Poverty
7. Family conflict or domestic violence,
8. Experiences of racism and social inequality, prolonged isolation, traumatic loss (e.g. complicated, multiple, prolonged, severe)
9. Having a previous mental illness
10. A previous suicide attempt, or
11. Having a family member with a serious mental illness

Prevention Program services may include relapse prevention for individuals in recovery from a serious mental illness. Prevention Programs may include universal prevention if there is evidence to suggest that the universal prevention is an effective method for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average.

Madera County Behavioral Health Services combines Early Intervention Program with Prevention Program primarily with individuals in the Transitional Age Youth and sometimes with younger individuals (the requirements in Section 3710 and Section 3720 are met). In addition, across the age range, Outreach for Increasing Recognition of Early Signs of Mental Illness services will identify individuals that have untreated mental illness. Madera County Behavioral Health Services includes all of the Strategies in each Prevention Program as referenced in Section 3735.

§ 3725. Stigma and Discrimination Reduction Program.

Madera County Behavioral Health Services often provides Stigma and Discrimination Reduction Program services together with the Outreach for Increasing Recognition of Early Signs of Mental Illness. This is because the outreach education raises awareness of what mental illness is and how to addresses the challenges related to it, including stigma.

"Stigma and Discrimination Reduction Program" means the Madera County Behavioral Health Services Behavioral Health's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.

Examples of Stigma and Discrimination Reduction Programs include, but are not limited to, social marketing campaigns, speakers' bureaus and other direct-contact approaches, targeted education and training, anti-stigma advocacy, web-based campaigns, efforts to combat multiple stigmas that have been shown to discourage individuals from seeking mental health services, and efforts to encourage self-acceptance for individuals with a mental illness. Stigma and Discrimination Reduction Programs include approaches that are culturally congruent with the values of the populations for whom changes in attitudes, knowledge, and behavior are intended. Madera County Behavioral Health Services includes all of the Strategies in each Stigma and Discrimination Reduction Program as referenced in Prevention and Early Intervention Strategies.

§ 3726. Access and Linkage to Treatment Program

Madera County Behavioral Health Services offer at least one Access and Linkage to Treatment Program as defined in this section. "Access and Linkage to Treatment Program" means a set of related activities to connect children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by Madera County Behavioral Health Services mental health programs.

- Examples of Access and Linkage to Treatment Programs, include but are not limited to, Programs with a primary focus on screening, assessment, referral, telephone help lines, and mobile response.

Madera County Behavioral Health Services Access and Linkage to Treatment Program services offer Access and Linkage to Treatment as a Strategy within all Prevention and Early Intervention Programs. Madera County Behavioral Health Services includes all of

the Prevention and Early Intervention Strategies in the Access and Linkage to treatment. Access and Linkage to Treatment Program are provided through other Mental Health Services Act components as long as it meets all of the requirements in this section.

§ 3730. Suicide Prevention Programs.

Madera County Behavioral Health Services *may* offer one or more Suicide Prevention Programs, *but is* ***not required***. Suicide Prevention Programs means organized activities that the Madera County Behavioral Health Services undertakes to prevent suicide as a consequence of mental illness. *This category of Programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness.*

- Suicide prevention activities that aim to reduce suicidality for specific individuals at risk of or with early onset of a potentially serious mental illness ***can be a focus of a Prevention Program pursuant to Section 3720 or a focus of an Early Intervention Program pursuant to Section 3710.***

Suicide Prevention Programs pursuant to this section include, but are not limited to, public and targeted information campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines or web-based suicide prevention resources, and training and education.

Madera County Behavioral Health Services shall include all of the Strategies in each Suicide Prevention Program as referenced in Section 3735, which is Prevention and Early Intervention Strategies.

§ 3735. Prevention and Early Intervention Strategies.

Madera County Behavioral Health Services *shall* include all of the following Strategies as part of each Program listed in Sections 3710 through 3730 of Article 7: The *Prevention and Early Intervention Strategies are designed and implemented to help create Access and Linkage to Treatment.*

- *Access and Linkage to Treatment means connecting children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by Madera County Behavioral Health Services mental health programs.*

Strategies are designed, implemented, and promoted in ways that *Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations*.

- "Improving Timely Access to Services for Underserved Populations" means to increase the extent to which an individual or family from an underserved population as defined in Title 9 California Code of Regulations Section 3200.300 who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.
- Services shall be provide in convenient, accessible, acceptable, culturally appropriate settings such as primary healthcare, schools, family resource centers, community-based organizations, places of worship, shelters, and public settings unless a mental health setting enhances access to quality services and outcomes for underserved populations.

In addition to offering the required Improve Timely Access to Services for Underserved Populations Strategy, the Madera County Behavioral Health Services may also offer Improve Timely Access to Services for Underserved Populations as a Program. Programs will be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory

- "Strategies that are Non-Stigmatizing and Non-Discriminatory" means promoting, designing, and implementing Programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming, and positive.
- Non-Stigmatizing and Non-Discriminatory approaches include, but are not limited to, using positive, factual messages and approaches with a focus on recovery, wellness, and resilience; use of culturally appropriate language, practices, and concepts; efforts to acknowledge and combat multiple social stigmas that affect attitudes about mental illness and/or about seeking mental health services, including but not limited to race and sexual orientation; co-locating mental health services with other life resources; promoting positive attitudes and understanding of recovery among mental health providers; inclusion and welcoming of family members; and employment of peers in a range of roles.

§ 3740. Effective Methods.

For each Program and each Strategy in Article 7 (Prevention and Early intervention), Madera County Behavioral Health Services Behavioral Services shall use effective methods likely to bring about intended outcomes, based on one of the following standards, or a combination of the following standards:

- (1) Evidence-based practice standard: Evidence-based practice means activities for which there is scientific evidence consistently showing improved mental health

outcomes for the intended population, including, but not limited to, scientific peer-reviewed research using randomized clinical trials.

- (2) Promising practice standard: Promising practice means Programs and activities for which there is research demonstrating effectiveness, including strong quantitative and qualitative data showing positive outcomes, but the research does not meet the standards used to establish evidence-based practices and does not have enough research or replication to support generalizable positive public health outcomes.

- (3) Community and or practice-based evidence standard: Community and or practice-based evidence means a set of practices that communities have used and determined to yield positive results by community consensus over time, which may or may not have been measured empirically. Community and or practice-defined evidence takes a number of factors into consideration, including worldview, historical, and social contexts of a given population or community, which are culturally rooted.

§ 3750. Prevention and Early Intervention Component Evaluation.

For each Early Intervention Program the Madera County Behavioral Health Services will attempt to evaluate the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness by measuring reduced symptoms and/or improved recovery, including mental, emotional, and relational functioning. The Madera County Behavioral Health Services shall select, define, and measure appropriate indicators that are applicable to the Program.

For each Prevention Program the Madera County Behavioral Health Services shall measure the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning. The Madera County Behavioral Health Services shall select, define, and measure appropriate indicators that are applicable to the Program.

For each Early Intervention and each Prevention Program that the Madera County Behavioral Health Services designates as intended to reduce any of the other Mental Health Services Act negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness, the Madera County Behavioral Health Services shall select, define, and measure appropriate indicators that the Madera County Behavioral Health Services selects that are applicable to the Program.

For each Stigma and Discrimination Reduction Program referenced in Section 3725, the Madera County Behavioral Health Services shall select and use a validated method to measure one or more of the following:

1. Changes in attitudes, knowledge, and/or behavior related to mental illness that are applicable to the specific Program.
2. Changes in attitudes, knowledge, and/or behavior related to seeking mental health services that are applicable to the specific Program.

Madera County Behavioral Health Services offer Suicide Prevention services (referenced in Section 3730), the Madera County Behavioral Health Services uses validated methods to measure changes in attitudes, knowledge, and/or behavior regarding suicide related to mental illness that are applicable to the specific Program. The suicide prevention services include the following evidence based practices: Applied Suicide Intervention Skills Training, Mental Health First Aid, and Suicide Alertness for everyone (safeTALK).

For each Strategy or Program to provide Access and Linkage to Treatment the Madera County Behavioral Health Services shall track:

1. Number of referrals as defined in subdivision (b) (3) (F) of section 3560.010 to treatment, and kind of treatment to which person was referred.
2. Number of persons who followed through on the referral as defined in subdivision (b)(3)(F) of section 3560.010 and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which the person was referred.
    a. The Madera County Behavioral Health Services may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.

3. Duration of untreated mental illness.
    a. Duration of untreated mental illness shall be measured for persons who are referred as defined in subdivision (b)(3)(F) of section 3560.010 to treatment and who have not previously received treatment as follows:
        1. The time between the self-reported and/or parent-or-family-reported onset of symptoms of mental illness and entry into treatment, defined as participating at least once in treatment to which the person was referred.
    b. The Madera County Behavioral Health Services may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.
4. The interval between the referral as defined in subdivision (b)(3)(F) of section 3560.010 and engagement in treatment, defined as participating at least once in the treatment to which referred.

a. The Madera County Behavioral Health Services may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.

For each Strategy or Program to Improve Timely Access to Services for Underserved Populations the Madera County Behavioral Health Services shall measure:

1. Number of referrals as defined in subdivision (b) (4) (G) of section 3560.010 of members of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset.
2. Number of persons who followed through on the referral as defined in subdivision (b) (4)(G) of section 3560.010 and engaged in services, defined as the number of individuals who participated at least once in the Program to which the person was referred.
    a. The Madera County Behavioral Health Services may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.
3. Timeliness of care.
    a. Timeliness of care for individuals from underserved populations with a mental illness is measured by the interval between referral as defined in subdivision (b)(4)(G) of section 3560.010 and engagement in services, defined as participating at least once in the service to which referred.

Madera County Behavioral Health Services shall design the evaluations to be culturally competent and shall include the perspective of diverse people with lived experience of mental illness, including their family members, as applicable.

In addition, to the required evaluations listed in this section, the Madera County Behavioral Health Services may also, as relevant and applicable, define and measure the impact of Programs funded by Prevention and Early Intervention funds on the mental health and related systems, including, but not limited to education, physical healthcare, law enforcement and justice, social services, homeless shelters and other services, and community supports specific to age, racial, ethnic, and cultural groups. Examples of system outcomes include, but are not limited to, increased provision of services by ethnic and cultural community organizations, hours of operation, integration of services including co-location, involvement of clients and families in key decisions, identification and response to co-occurring substance-use disorders, staff knowledge and application of recovery principles, collaboration with diverse community partners, or funds leveraged.

§ 3755. Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update.

The Prevention and Early Intervention Component of the Three-Year Program and

Expenditure Plan or Annual Update includes the following general information

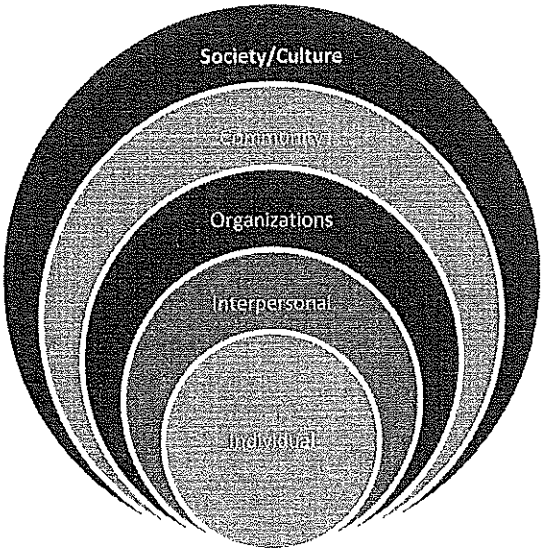
MCBHS ensured that staff and stakeholders involved in the Community Program Planning process required by Title 9 California Code of Regulations, Section 3300, were informed about and understood the purpose and requirements of the Prevention and Early Intervention Component, by having community planning meetings at the local libraries. In addition, electronic surveys for community members and for partner agencies were sent out and short MHSA presentations at community meetings (see pages 14 -17 for the CPPP outcomes).

MCBHS tries to involve community stakeholders meaningfully in all phases of the Prevention and Early Intervention Component of the Mental Health Services Act, including program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations. Most of these individuals are part of our Behavioral Health Board.

A brief description, with specific examples of how each Program and/or Strategy funded by Prevention and Early Intervention funds will reflect and be consistent with all applicable Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320.

Prevention and Early Intervention Program (PEI)

Social Ecological Model & Behavioral Health Services



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

Madera County Behavioral Health Prevention and Early Intervention Services follows the general strategy of the Social Ecological Model. While services do provide 1 to 1, group

education and peer support, it also focuses on organizational, community and social contextual interventions that help create a more acceptance and knowledgeable about mental illness. This promotes the help first idea, which facilities resiliency and social inclusion.

Access and Linkage to Treatment/Early Intervention Assessment
Individuals FY 17/18
None Recorded This Year

MCBHS' outreach and education services in community setting are the primary way of improving timely access to treatment by underserved populations. However, in FY 17/18 Madera County Behavioral Health Services did not have a method to track the Access and Linkage to Treatment/Early Intervention Services. One of our first steps was listing "Prevention Services," in the referral sources in our EHR for intake clinicians, which will allow us to track Access and Linkage to Treatment. In addition, we are developing a process to facilitate Access and Linkage referrals for Early Intervention in our mental health child and youth services. In addition, these individuals will be referred back to Prevention Services "Family Festivals" which uses the basic tenets of play as a way to build social resilience. These events include multiple types of agencies including county and county organizations, community nonprofits, and faith based organizations.

Madera County's Prevention and Early Intervention (PEI) services started in 2006. In the beginning there was one Mental Health Educator that provided primarily mental health education and training to professionals and community members. In addition, there was one Wellness Center in the county seat. Since that time, we have added one more Wellness Center, a dedicated Mental Health Educators focused at junior high school and high school students that are at risk or experiencing the early signs mental illness. In addition, we added a dedicated Mental Health Educator focused on mental health homeless outreach and Older Adults.

Madera County has one Prevention and Early Intervention Program that is composed of county staff and contractors. What the MHSA call prevention programs, Madera County calls prevention services. Any of the individual PEI staff members can provide any of these services, except Early Intervention. Since our preventions services don't have clinicians, our process for Early Intervention, consists Access and Linkage to our regular treatment services.

The Mental Health Educators provide the bulk of the Outreach for Increasing Recognition of early Signs of Mental Illness through training and community education activities to professionals and included community members, including people that are primarily Spanish speaking. In addition, the Mental Health Educators provided services for improving Access to Mental Health Services for individuals and/or from Underserved populations, because they are always providing servicing in community settings. In addition, the Mental Health Educators provide Suicide Prevention Services by providing Mental Health First Aid, ASSIST, and SafeTalk on a regular basis to all of our partner agencies and community members, including Spanish Speaking Only population.

The Wellness Centers and School Based program primarily provide Stigma and Discrimination Reduction services at their sites. In these situations, the individuals with mental illness or at risk of developing mental illness can discuss mental illness topics with little or no stigmatizing behaviors from others.

Madera County's Prevention Program encompasses all the services provided by Madera's mental health prevention services, which includes the Wellness and School Based Services as well as Mental Health Educator services. The Prevention Program provides, include a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.

Risk factors for mental illness" means conditions or experiences that are associated with a greater than average risk of developing a potentially serious mental illness. Risk factors include, but are not limited to, biological including family history and neurological, behavioral, social/economic, and environmental. Examples of risk factors include, but are not limited to, a serious chronic medical condition, *adverse childhood experiences*, experience of severe trauma, ongoing stress, exposure to drugs or toxins including in the womb, poverty, family conflict or domestic violence, experiences of racism and social inequality, prolonged isolation, traumatic loss (e.g. complicated, multiple, prolonged, severe), having a previous mental illness, a previous suicide attempt, or having a family member with a serious mental illness.

The Prevention Program services may include relapse prevention for individuals in recovery from a serious mental illness. The Prevention Program services include universal prevention if there is evidence to suggest that the universal prevention is an effective method for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average. These services provide non-stigmatizing and non-adverse social spaces where people are able to talk about their mental health challenges without reprisal. Madera combines Early Intervention Program services with Prevention Program services.

Madera County includes all of the strategies in the Prevention Program; which is the overall umbrella for PEI Services. These include Prevention and Early Intervention Strategies provided include Access and Linkage to Treatment. These service are designed, implemented, and promoted in ways that Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations. PEI services include prevention services linking people to Early Intervention/Treatment services as quickly as possible.

Madera County Improves Timely Access to Services for Underserved Populations, through communication, education. These services are usually started at health fairs and or education/training session. Usually, people go to outreach events or education trainings, which prompts them to seek out staff to facilitate access to treatment services. Many of them realize they need mental health services because (or a significant other) because of their experience. Staff provided services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services. Services are provided in convenient, accessible, acceptable, culturally appropriate settings such as primary healthcare, schools, family resource centers, community-based organizations, places of worship, shelters, and public settings unless a mental health setting enhances access to quality services and outcomes for underserved populations. Prevention staff may also offer improve timely access to services for Underserved Populations. These are designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory. This means promoting, designing, and implementing services in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming, and positive atmosphere.

- Madera County Behavioral Health Services has adopted the following standards in planning, implementing, and evaluating the programs and/or services provided with Mental Health Services Act (MHSA) funds. There is planning, implementation and evaluation process includes, the Community Program Planning Process; development of the Three-Year Program and Expenditure Plans and updates; and the manner in which the County delivers services and evaluates service delivery.
    - Community Collaboration, as defined in Section 3200.060.
    - Cultural Competence, as defined in Section 3200.100.
    - Client Driven, as defined in Section 3200.050.
    - Family Driven, as defined in Section 3200.120.
    - Wellness, Recovery, and Resilience Focused.
    - Integrated Service Experiences for clients and their families, as defined in Section 3200.190.

The planning process was robust for the first years of MHSA's development; however during the economic crash, the participation decreased significantly. We still get some feedback from our wellness centers, prevention programs, sitting in on community meetings to get some feedback. We still use the county libraries because they have the accommodations help us with people have special needs. The libraries cover the main areas in Madera and the librarians like bringing in more people to their buildings.

Wellness Centers and School Based Services

Identification of the target population for the specific Program including:

(A) Demographics relevant to the intended target population for the specific Program, including, but not limited to, age, race/ethnicity, gender or gender identity, primary language used, military status, and sexual orientation.

The Wellness Centers and School Based Services are primarily site based. There are two wellness center, one in Oakhurst and one in Madera. The centers primarily provide their services at their site, but they do some outreach at and education. The centers provide a non-stigmatizing and welcoming atmosphere. In addition, they are places where they can practice and improve social skills and develop peer support. The centers split their time between adults and older adults in the morning and Transition Age Youth in the afternoon and early evening. This service is run by a nonprofit.

The School Based services are program primarily provided at local high schools. The School Based services are program primarily provided at local high schools. This service is a peer support and wellness program providing prevention and wellness activities, mental health education, socialization, and life and leadership skills.

Both programs primarily see Latinos, as Latinos are the largest population in Madera County, except in the mountain, where there are mostly White people.

Both the high school program and the Wellness Centers are Prevention Programs that also provide Linkage and Access to Treatment and Linkage to Treatment. The treatment services are provided by our regular treatment services. The Wellness Centers and School Based Services work well with people that are quite ready to access treatment services. Some of the older adults develop resilience by developing social skills and other resources. The school based services, give youth a place to process there challenges and get ready for treatment. The adult services do see some homeless individuals. One of the main things we have started is ACEs screeners, because it is not a stigmatizing than mental health jargon.

Mental Health Mental Health Educators

The Mental Health Provides evidence based presentation education such as Mental First Aid, safeTALK, and ASSIST. In addition, she provides specific mental health training by request. In addition, she provides outreach events such as health fairs. In addition, the Mental Health Educator also collaborates with many partner agencies, such as schools, probation, social services, faith based organizations, law enforcement and other sectors, primarily for training.

(B) The mental illness or illnesses for which there is early onset.

There are no clinicians in the Prevention and Early Intervention. Our PEI staff are Health Educators and some of them have lived experience.

Since we don't have clinicians in the PEI, we have standardized the process to facilitate "Access and Linkage to Treatment" and connect to BHS "Early Intervention", which is our regular treatment services.
Because we don't have clinicians we came up with a process to make this process. The process will be using ACEs screeners, because we know that trauma causes mental illness (and other health and social problems).

1. The first step is having the person/potential participant complete the ACEs screener.
2. The second step will be giving the person the ACEs Risk Factors and Outcomes document and educating them on the negative problems that come from ACEs.
3. If the person wants to discuss more about mental illness impairment, they can ask the questions on the Sheehan Disability Scale to elaborate on how much this experiences impact them.
4. Lastly, if the person would like to access treatment services, PEI staff will facilitate the phone call with the potential participant, so they will know what to say on the call (this is one of the most confusing parts of access treatment because of the technical the jargon).
5. If possible, PEI staff will make copies of the documents for the intake clinician.

Brief description of how each participant's early onset of a potentially serious mental illness will be determined.

A clinician from our regular treatment intake team will assess the individual for medical necessity and income requirements (e.g. qualifies for Medi-Cal).

Madera County Behavioral Health Services, Prevention and Early Intervention Services Mental Health Educator identifies an individuals may have serious mental illness, the individuals or families are referred to treatment services. The largest problem is that many people in Madera County cannot identify symptoms of mental illness and if they can identify mental symptoms, they don't know where to access mental health services. Another problem is transportation, however, the Health Plans are beginning to address this issue through providing transportation. In addition, is still a problem, but the trainings are helping this this issue. These services are intended to bring about mental health and related functional outcomes including reduction of the negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) for individuals with early onset of potential mental illness.

The programs for prevention and early intervention include outreach, education, training, and linkage linking individual that appear to have untreated mental illness to mental health services and other needed resources. MHSA prevention services seek to reduce the negative outcomes as a consequence of untreated mental illness referenced in Welfare

and Institutions Code Section 5840, subdivision (d), which includes: The program shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness and removal of children from their homes. These are the list of mental health indicators that the MCBHS seek to measure reduction of prolonged suffering as referenced in Section 3750, subdivision (a). Some of the problems are connecting with basic needs, do you being a poor county (Madera is the 6th poorest in the state.

The main negative outcome as a consequence of Adverse Childhood Experiences/Trauma are list the indicators that the MCBHS will use to measure the intended reductions. In 2017-18, Madera's PEI program started to focus on trauma because it causes untreated mental illness, suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness and removal of children from their homes. So our PEI program is now looking through the lens of trauma and is as relevant in treatment as it is in prevention services.

The evaluation methodology includes how many organizations and individuals and individuals have been training and are using the lens of ACES and trauma. Our first intervention were 10 trainings from 9/19/17 to 12/4/18. The number of people that are trained was 1,379. The PEI team has renamed itself the Trauma and Resilience Coalition. We will collect data on how many more people have been trained in trauma informed principles and how larger our coalition will grow. The outcomes will be measured by more people trained and coming together looking through the trauma lens. As we started training people with low literacy and non-English speaking individuals, we realized that trauma informed/ACEs greatly resonated with them and they understood about what mental illness is through this lens. We believe that this answered the question, "where does mental illness come from and how do we deal with it."

The Early Intervention Program is likely to reduce the relevant Mental Health Services Act negative outcomes as referenced in Welfare and Institutions Code Section 5840, subdivision (d) by providing the following information:

Our primary push is outreach and engagement, community training (including training for partner agencies, creating non-stigmatizing social spaces (Wellness Centers and school sites. The idea behind this is changing social environment to change behavior. These approach comes from pioneers like Dr. Kurt Lewin. Dr. Lewin realized that people will adapt to their social environment and this is what we have been doing with our ACEs/Trauma initiative. This includes safe places, developing a common language, predicable social spaces and basic needs. This is a set of practices that communities have used and determined to yield positive results by community consensus over time, which may or may not have been measured empirically. Community and or practice-defined evidence takes a number of factors into consideration, including worldview, historical, and social contexts of a given population or community, which are culturally rooted.

Wellness Centers and School Based Services

These services provide stigma reduction activities all year. These settings provided a non-stigmatizing social environment where they can connect with others that have the same or similar challenges.

Hope House

Hope House Unduplicated Participants - 453

Hope House FY 17/18	
Adults	430
26 to 59 Services	1909
60+ years old	15
High School Age 25 Years old	23
Services for Age 16 – 25	239

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

Hope Houses Race/Ethnicity FY 17-18 - Services	
White	1,802
Black African American	610
American Indian and Alaska Native	103
Asian or Asian Indian/South Asian	149
Native Hawaiian and Other Pacific Islander	7
Unknown/Decline to Answer	10
Hispanic Latino.	5,062

Sexual Orientation Responses	
Total Number of Responses	32
Heterosexual or Straight	32
Male	27
Female	5

Service activity locations (Other Than Hope House)	
Community At Large	5
Community Drop In Center (other than Hope House)	2
Entertainment Venue (sports, etc.)	1
Faith Based Organization	1
Fair Grounds	10
Local Park	1
Mall/Shopping	1
Other events away from Hope House	25
Recreational Activities	1

There were no recordings of access and Linkage to Treatment or Early Intervention services.

Mountain Wellness Center

Unduplicated participant count for FY 17/18 was 75

FY 17/18, Mountain Wellness Center Services Provided	
83	Services to people between the ages of 16-25 years
1,296	Services to people aged 25-59
346	Services to people 60+ years old

Services/Activities at Mountain Wellness Center FY 17/18	
371	Groups
48	Transportation services & Other Activities

Race/Ethnicity Participants FY 17/18	
569	White
4	Native Hawaiian and Other Pacific Islander
554	Unknown/Decline to Answer (Race)
190	Hispanic/Latino

Mountain Wellness Center Participant's Ages	
11	16-24
81	25 -59
47	60+yrs.

All participants declined to disclose their sexual orientation, gender assigned at birth, and current identity.

Most of the services provided Mountain Wellness Center were provided at the center. However, they did go to the local fairground, a baseball game in Fresno and a movie at a local theater.

There was no data for Access and Linkage to Treatment, Early intervention, and Early Intervention; however the Mountain Wellness Center is in the same building where they attend treatment services. Several participants at the Mountain Wellness Center also attend the county treatment services.

Youth Empowerment Program

The Youth Empowerment Program served *110 unduplicated participants in FY 17/18* and focus primarily on serving high school students that are at risk of developing mental illness symptoms or are in the initial phases of developing mental illness symptoms.

FY 17/18 Youth Empowerment Program	
924	Services to People Ages 0-15 Years Old
1,248	services for youth ages 16-24
9	TAY older than 18

Youth Empowerment Program Provided	
926	Total Services Provided
136	Support groups
2	1 to 1 Education/Support Services

Youth Empowerment Program Race/Ethnicity of Participants FY 17/18	
10	Asian or Asian Indian/South Asian
21	Black/African American
431	Hispanic/Latino
3	Other Hispanic or Latino
12	Native Hawaiian and Other Pacific Islander
4	Two or More Races
69	White

Youth Empowerment FY 17/18 Ages	
62	0 – 15
84	16-24

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

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

Youth empowerment FY 17/18 - Current Identity	
54	Male
87	Female
1	Questioning

Youth Empowerment Program – Service Location FY 17/18	
35	School Site – Alternative/Continuation
108	School Site – High School
2	Youth Center

The Youth Empowerment Program participated in *83 Outreach for Increasing Recognition of Early Signs of Metal Illness* events in FY 17/18

Mental Health Educators

Mental Health Educators Participant Counts by Age FY 17/18	
Mental Health Educator	
0-15	709
16-25	1,271
26-59	1,454
60+	679
Community Health Worker	
16-25	709
26-59	53
60+	21

FY 17/18 Health Educators Service Categories	
88	Mental Health Education Groups
86	1 to 1 Mental Health or Physical Education sessions
13	Outreach Events

The unduplicated number of participants served by the Mental Health Educators were a **total of *3,816 participants***.

Mental Health Coordinator Training/Classes Provided		
3	ASIST	36 participants
7	MHFA Adult	103 participants
2	MHFA – youth	21 participants
1	MHFA – Spanish	13 participants
4	safeTALK	55 participants
48	Mental Health Education (customized)	1,468 participants

The Organizations and Individuals Represented at the trainings were:	
54	Community Members
87	Behavioral Health Clients
2	Behavioral Health Staff
1	Social Services
2	Faith based
2	CBO
1	Family Member of Behavioral Health Client
6	Education/Schools
4	Corrections

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

Race/Ethnicity of Participants *Contacted Outreach*	
346	Hispanic/Latino
2	Other Hispanic of Latino
11	Other Race
3	Non-Hispanic or non-Latino
120	Unknown/Decline (Ethnicity)
32	Unknown/Decline to Answer (Race)
16	White

Language Spoken	
100	English
125	Spanish

Age	
15	0-15
66	16-24
130	25-59
32	60+

Sexual Orientation		Gender at Birth		Current Identity	
86	Declined to Answer	85	Female	2	Female
		1	Decline to Answer	85	Decline to Answer

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

	Prevention Specialty Services (MHCOAC)
52	Outreach for Increasing Recognition of Early Signs of Mental Illness
24	Stigma and Discrimination Reduction
9	Suicide Prevention

INNOVATION

Regulations

§ 3905. Required Approval.

Madera Behavioral Health Services (MCBHS) will expend Innovation Funds for a specific Innovative Project only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project. MCBHS will expend Innovation Funds only to implement one or more Innovative Projects.

§ 3910. Innovative Project General Requirements.

Madera County will design and implement an Innovative Project to do one of the following: Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention, make a change to an existing practice in the field of mental health, including but not limited to, application to a different population and apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.

Madera County Behavioral Health Services will not use a mental health practice or approach that has already demonstrated its effectiveness, unless the Madera County Behavioral Health Services provides documentation about how and why it is adapting the practice or approach, consistent with subdivision (a)(2) above and with section 3930(c)(3). For example, the change can include specific *adaptation(s) to respond to unique characteristics of Madera County or a community within Madera County such as an adaptation for a rural setting of a mental health practice that has demonstrated its effectiveness in an urban setting, or vice versa.*

For purposes of this section, a mental health practice is deemed to have demonstrated its effectiveness if there is documentation in mental health literature of the effectiveness of the practice. "Mental health literature" refers to any report, published or online, including, but not limited to, peer-reviewed articles, nationally circulated (online or print) articles, reports of conference proceedings, program evaluation reports, and published training manuals.

Primary Purpose: MCBHS selects from one of the following as its primary purpose for developing and evaluating the new or changed mental health practice referenced in subdivision (a) of this section.

1. Increase access to mental health services to underserved groups as defined in Title 9 California Code of Regulations, Section 3200.300,
2. Increase the quality of mental health services, including measurable outcomes,
3. Promote interagency and community collaboration related to mental health services or supports or outcomes,

4. Increase access to mental health services.

Focus on Mental Health and Mental Illness: An Innovative Project may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solve persistent mental health challenges, including but not limited to, administrative, governance, and organizational practices, processes, or procedures; advocacy; education and training for services providers, including nontraditional mental health practitioners; outreach, capacity building, and community development; system development; public education efforts; research; services and interventions, including prevention, early intervention, and treatment.

1. "Persistent mental health challenge" means a priority issue related to mental illness or to an aspect of the mental health service system that the Madera County Behavioral Services, with meaningful stakeholder involvement, decides to address by designing and evaluating an applicable Innovative Project.
2. The challenge addressed must be consistent with the selected primary purpose for Innovative Projects referenced in subdivision (c) of this section.

§ 3910.010. Time-Limited Pilot Project.

An Innovative Project shall have an end date that is not more than five years from the start date of the Innovative Project. The "Start date" means the date the County begins the implementation of the Innovative Project. The "End date" means the date the County finalizes the decision whether to continue the Innovative Project.

Madera County Behavioral Health Services designates the timeframe to complete the Innovative Project based on the complexity of the evaluation and the approach to be evaluated. If, after the Innovative Project has been approved by the Mental Health Services Oversight and Accountability Commission, the Madera County Behavioral Health Services determines a need to extend the length of the Innovative Project, Madera County Behavioral Health Services will, within 30 days of the decision, notify the Mental Health Services Oversight and Accountability Commission of the new start date and/or end date of the Innovative Project. In no case shall the Innovative Project last longer than five years.

Madera County Behavioral Health Services will have a preliminary plan, from the outset, about how it will decide whether to continue an Innovative Project. If applicable, Madera County Behavioral Health Services will have a plan about how to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project at the conclusion of implementation with Innovation Funds.

§ 3910.015. Continuation of an Innovative Project.

After completion of the evaluation pursuant to section 3915 (i.e. when the evaluation questions are answered), Madera County Behavioral Health Services, with meaningful involvement of stakeholders, shall decide whether and how Innovative Projects or elements of Innovative Projects, will be continued and incorporated into the local mental

health delivery system and with what other funding sources, if funding is required. An Innovative Project proven to be successful that Madera County Behavioral Health Services, with meaningful stakeholder involvement, chooses to continue, in whole or in part, shall not be funded with Innovation Funds. To continue a successful Innovative Project, Madera County Behavioral Health Services will transition the Project, or successful elements of the Project, if funding is required, to another category of funding. In some instances, Madera County Behavioral Health Services may be able to incorporate successful practices demonstrated through an Innovative Project into existing mental health programs or services without the need for additional funds.

§ 3910.020. Early Termination of an Innovative Project.

Madera County Behavioral Health Services, with meaningful involvement from stakeholders, may terminate an Innovative Project prior to the planned end date.
Madera County Behavioral Health Services will notify stakeholders and the Mental Health Services Oversight and Accountability Commission within 30 days of the Madera County Behavioral Health Services' decision to terminate an Innovative Project prior to the planned end date, including the reasons for the decision. If the Innovative Project provides services for individuals with serious mental illness, the notification shall include a description of the steps the Madera County Behavioral Health Services took to protect and provide continuity of services for those individuals with serious mental illness who were being served. If applicable, Madera County Behavioral Health Services, prior to terminating an Innovative Project, will take all reasonably necessary steps to protect and provide continuity of services for individuals with serious mental illness.

Madera County Behavioral Health Services may, without involvement of stakeholders, terminate an Innovative Project prior to the planned end date, due to unforeseen legal, ethical or other risk-related reasons. Madera County Behavioral Health Services will inform stakeholders and the Mental Health Services Oversight Accountability Commission as soon as possible but in no case more than 30 days after the decision to terminate, including the reasons for the termination. If the Innovative Project provides services to individuals with serious mental illness, the notification shall include a description of the steps Madera County Behavioral Health Services took to protect and provide continuity of services for those individuals who were being served.

§ 3915. Innovative Project Evaluation.

Madera County Behavioral Health Services will design a method for evaluating the effectiveness and feasibility of the Innovative Project and shall conduct the evaluation according to the method designed. The evaluation will measure intended mental health outcomes selected by Madera County Behavioral Health Services that are relevant to the risk of, manifestation of, and /or recovery from mental illness or to the improvement of the mental health system. Madera County Behavioral Health Services will select appropriate indicators to measure the intended mental health outcomes.

The evaluation will include a measurement related to the selected primary purpose. For example, if the primary purpose is to increase access to mental health services, the evaluation must include a measurement of access. The evaluation will assess the impact of whatever element(s) of the Innovative Project are new and /or changed, compared to established practices in the field of mental health. The evaluation shall use quantitative and/or qualitative evaluation methods to determine which elements of the Innovative Project contributed to successful outcomes in order to support data-driven decisions about incorporating new and/or revised mental health practices into the Madera County Behavioral Health Services' existing systems and services and disseminating successful practices. Madera County Behavioral Health Services will collect and analyze necessary data to complete the evaluation. The evaluation will be culturally competent and must include meaningful involvement by diverse community stakeholders.

§ 3935. Innovative Project Change Request.

If, after the Innovative Project has been approved by the Mental Health Services Oversight and Accountability Commission, Madera County Behavioral Health Services determines the need to change the Innovative Project as described in 3925, the Madera County Behavioral Health Services will submit a Change Request for approval by the Mental Health Services Oversight and Accountability Commission. The Change Request shall describe the change, the reasons for the change, and stakeholder involvement in the decision. Madera County Behavioral Health Services may submit the Innovative Project Change Request to the Mental Health Services Oversight and Accountability Commission as part of a Three-Year Program and Expenditure Plan, Annual Update, or as a separate request. If Madera County Behavioral Health Services submits the Innovative Project Change Request as a separate request and not part of a Three-Year Program and Expenditure Plan or Annual Update, the County shall document how it complied with the community planning and the local review requirements in Title 9 California Code of Regulations sections 3300 and 3315.

Current Innovation (INN)

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

Perinatal Mental Health Integration Project (PMHIP)

Madera County Behavioral Health Services (MCBHS) INN project is named the Perinatal Mental Health 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 generate 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.

See attached 17-18 data for last year's accomplishments. The five year evaluation will be completed at the end of June 2019.

INN Tele Social

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 on line 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 to monitor 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. The Final evaluation is currently being written.

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

INN Administration Project

The INN projects provide exciting opportunities to learn something new that has the potential to transform the mental health system. An Innovation program is defined as one that contributes to learning and which, tries out new approaches that can inform current and future practices. All plans must be approved by the MHSOAC before the plan can be implemented. The plan development begins with the community and stakeholder input for suggestion and/or topics of interested. The Department then begins the process of researching and/or development of a unique project. Due to the intensive nature of the component, Madera is requesting an INN Administrative project that would capture the development as well as, the ongoing administrative actives, which occurs with there isn't an approved INN project. This project would fund such items as the ongoing Operational and Indirect Expenditures to support on going and/or new and developing INN projects. The indirect costs, which represent the expenses of doing business that are not directly tied to a function or activity. The Indirect cost is distributed among all the MHSA program, which may be allocated toward indirect or administrative costs. This includes support and administrate staff wages, operation expenditures.

Over the last 12 years there has been a large increase administratively in MHSA programs. Initially, there was one Mental Health Services Act Coordinator to develop the initial projects. These came one after another and the administration was manageable with one person, however, over the years, more reports were required by type and by volume. Initially there was one MHSA plan document to complete and know there are three required; the main MHSA document, the Innovation projects, Prevention and Early Evaluation and an Innovation Evaluation. All of these documents include extensive research and program development. At this time we need more administrative resources to keep up on the administrative workload.

INN Living Well Madera - New Proposed Project

Living Well Madera

In the 2018 Community Planning Process, stakeholders stated the top three recommendations for **Innovation** services, *in order of importance*, were: 1) Increasing Access to Mental Health Services to Underserved Groups (e.g. partnership with CSUF Public Health Mobile Unit), 2) Increase Access to Mental Health Services (e.g. people experiencing trauma barriers to access), and 3) Increase the Quality of Mental Health Services, Including Measurable Outcomes. In addition, the participating Stakeholders also recommended Increasing Mental Health Services and Supports through Technology and Predicting Needs.

The Madera County Behavioral Health Services (BHS) picked the category of Innovation projects of Increasing Access to Mental Health Services to Underserved Groups. We did this because it was top stakeholder recommended category. In addition, the research shows that the access rated to public mental health services has been consistently low for many years in California. The most underserved were youth 0 – 11, 18-20, Older Adults and Latinos. The research states that the main access problems are: Lack or mental health providers, not believing mental health services can help people, stigma, and attitude (believing they can mental illness by themselves, poverty, transportation, not enough mental health providers, and not being able to identify mental illness symptoms. In addition, Harvard stated that some of the challenged is toxic stress, lack of core life skills, and positive responsive relationships in families and the in the community. This project will create interventions that promote wellbeing through positive relationships. In addition, help people access to treatment services, starting in community setting.

Performance Outcomes: WIC § 5848 states that Plans shall include reports on the achievement of performance outcomes for MHSA services. The performance outcomes the Madera County Behavioral Health Services has for INN programs are shown below. These performance outcomes cover are for FY 17-18.

§ 3930. Innovation Component of the Three-Year Program and Expenditure Plan and Annual Update.

To request approval to use Innovation Funds for a specific Innovative Project, California counties submit to the Mental Health Services Oversight and Accountability Commission, before an Innovative Project Plan for each new Innovative Project to be funded. The Innovation component of the Mental Health Services Act Three-Year Program and Expenditure Plan or Annual Update includes an Innovative Project Plan with the following general information for each new Innovative Project:

1. A description of how Counties ensured that staff and stakeholders involved in the Community Program Planning process required by Title 9 California Code of Regulations, Section 3300 were informed about and understood the purpose and requirements of the Mental Health Services Act Innovation Component

2. A description of a County's plan to involve community stakeholders meaningfully in all phases of Innovative Projects, including evaluation of the Innovative Project and decision-making regarding whether to continue the Innovative Project, or elements of the Project, without Innovation Funds.

The Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update includes an Innovative Project Plan that includes a description of an Innovative Project including but not limited to the following information:

Perinatal Mental Health Integration Project (PMHIP)

The primary purpose of this Innovation Project was to promote effective interagency and community collaboration related to mental health services, support and outcomes. The first reason for this is that people with significant mental illness problems have a lot of unmet needs that need to be met simultaneously. In addition, these individuals are living at the poverty level, which means they do not have the resources to meet their needs. Because these individuals need to have many needs met all at once from multiple agencies, the task of accessing the resource from all these organization and resources can be daunting. Often, these individuals don't have the ability to meet organizational requirements to access resources, because they live at the poverty line. This project started with young poor mothers with mental health challenges. The project used a virtual one stop approach where mothers could access one coordinating agency to access all of her and her children's/needs. We believed starting with helping poor mothers and their children was a population that would engage multiple agencies to help this population by developing a collaborative process. The idea was to start with this population, and then grow to serve more needy populations.

The reason that this was a priority in Madera County was that agencies were meeting in groups to help people leaving in poverty and with mental illness, but they didn't have an effective collaborate process to effectively help these people, all at once.

One of the first things that was created was a case management process that was the same across systems and which developed a coalition steering group to guide all of the resources through one door, connected to many doors. This type of collaborative process for people with mental health challenges has need been done this way in Madera County.

Ultimately, we established a collaboration for other populations and including other sectors (e.g. police officers). Our steering committee has been steadily growing and has consistent participation at every meeting. The idea is to expand the topics/populations/organizations that will use the collaborative process for other multiple types of needs and people.

The activities Madera County Behavioral Health Services implemented, as part of the Innovative Project, contributed to bringing about the changes and achievements of the

Innovative Project. The Innovative Project contributed to the development and evaluation of a new or changed practice within the field of mental health. (See attachment: Annual PMHIP FY 2017-18: Annual Process Evaluation) the new mental health approach was developed, piloted, and evaluated.

Madera County Behavioral Health used a professional evaluator through a contracted agency (California Health Care Collaborative) to evaluate the effectiveness of the Innovative Project.

The evaluation included the collaborative development and functioning, which increased access to resources for the target populations (mothers/families, qualify for Medi-Cal, young mother and families). The collaborative processes developed and provided a way to better need of our target population. The increased case management and counseling services directly increased access needed resources.

See the enclosed Evaluation for the evaluation methods used to assess the project's outcomes. It will provide information regarding how the evaluation assessed the effectiveness of the new project, including new changes in mental health practice.

Madera County will continue the Innovative Project and expand its scope. Madera County Behavioral Health Services plan to protect and provide continuity for individuals of services clients in the project, after the end of implementation with Innovation Funds. They will be transferred to Madera County Behavioral Health Services for ongoing treatment as needed. Many of the participants were in the mild to moderate mental health range.

The total length of the Innovative Project was five year. This time period allowed sufficient time for the development of a strong functioning Coalition group. In addition, it has developed on ongoing evaluation process, process of coalition decision-making processes and organizational culture, and including new effective practices and lessons learned.

Summary of the Innovation Evaluation Outcomes

The goal of this project was to develop a coalition process that will better meet the needs of our target population. This approach allows participants to access multiple resources/organizations quickly. The target population is living at the poverty line, which makes it very difficult for them to access the wellness resources they require mentally, physical and socially. The overall coalition goal was to develop an effective community collaborative process to facilitate access to multiple needed resources all at once. The population was young mothers experiencing mental health symptoms, which compromise their ability to provide with their basic needs, mental health needs, medical needs and many other resources, quickly.

Because of the collaborative services delivery process, the number of referrals to the program increased by 170.9% in FY 17-18 and the unduplicated participant rose by 25%,

since FY 16/17. The participant satisfaction increased in FY 17/18 to 96% of participant's surveyed, meaning they were Excellent (the highest on a Likert Scale). Between 85.7% and 100% stated that would recommend theses services).

The programs staff provided: 81 Information Groups, 3,866+ Outreach Services, and 43 Trainings/Workshops. Workshop participants show a positive knowledge increase regard Perinatal Mood and Anxiety Disorder (PMAD) (38.7%; $p < .0001$), meaning they had a better understanding of PMAD.

The Symptoms-Level Change Strengthening Coalition had, generally, robust increase in Collaborative Strength, stayed about the same from last fiscal year. The Coalition members believed they provide better client services and, they and their organization benefits from being a coalition member. This sentiment suggests a high level of synergy among the coalition members (named Maternal Wellness Coalition), and it is a belief also found in the stakeholder interviews. A major concern for the coalition is needing more funding to accomplish the project's mission.

The project's Awareness and Prevalence Survey was giving to 322 respondents. It showed that there is still a weak understanding of PMAD. It indicated that more education regarding: 1) symptoms of postpartum depression, 2) knowledge between "baby blues" and postpartum depression, 3) resources for treatment of PMAD, 4) the serious nature of depression during pregnancy and 5) the program. Participants completed 347 PHQ-9 depression screeners in FY 17/18.

The active coalition members have increased by 40% in membership. Training, education, and outreach venues have expanded to include: victim services, teen outreach, housing services, law enforcement, and government officials.

The project has been a tremendous success. A working coalition process has been established. It consists of the all the organizations needed to meet the needs of the target population. This helps participants to quickly get their needs met. All of the main organizations that we wanted to be engaged are regularly participating in the coalition meetings and are more effectively working with their partner agencies to serve their populations.

MHSA Housing Program

Local Government Special Needs Housing Program (SNHP)
The MHSA Housing Program embodies both the individual and system transformational goals of the MHSA through a unique collaboration among government agencies at the local and State level. Until May 30, 2016 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 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 back 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 Housing has a 4 bedroom home in Madera that provides residence for 4 individuals in a shared housing setting. Mariposa apartments in Chowchilla is a 4 plex with two bedrooms in each apartment. Each apartment provides a shared housing opportunity. Shared housing provides its own unique set of situations and the apartments have generally had only one resident, with the exception of families. There are currently 4 males in the P St. home. There are currently 6 residents in the Mariposa apartments. In 2017-18 there have been 16 persons who have been assisted through this housing program.

No Place Like Home Program ("NPLH")

Additionally, Madera County received a noncompetitive allocation award by the Department of Housing and Community under the No Place Like Home Program ("NPLH" or "Program"). As a condition of this award the County will make mental health supportive services available to a project's NPLH tenants for at least 20 years. For more information click on the links below regarding the "No Place Like Home Program".

The No Place Like Home Program [5849.1 - 5849.15]

1. https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=5.&title=&part=3.9.&chapter=&article=
2. https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=5.&title=&part=4.5.&chapter=&article=

Workforce Education and Training (WET)

Workforce Education and Training

The goal of the Workforce Education & Training (WET) component was to develop a diverse workforce. Clients and families/caregivers are given training to help others by providing skills to promote wellness and other positive mental health outcomes, they are able to work collaboratively to deliver client-and family-driven services, provide outreach to unserved and underserved populations, as well as services that are linguistically and

culturally competent and relevant, and include the viewpoints and expertise of clients and their families/caregivers. This service was a onetime 10 year project. These services' funding has ended, so this program has been closed.

As of FY 17/18 the MCDBH had 142 people working for the Department. Race/Ethnicity breakdown is in the table below. For this update we looked at the past three years to see progress on achieving goals related to increasing the number of individuals of Hispanic decent and individuals that are Spanish speaking. See the chart below. Spanish is BHS' threshold. There are 36 direct clinical service staff that that speak Spanish. The 36 clinical staff speak Spanish (24% of the staff in our organization) included:

- 1 Medical Director
- 1 Psychiatrist
- 1 Division Manager
- 1 Supervising Mental Health Clinician
- 4 Licensed Clinicians
- 14 Pre-licensed Clinicians
- 14 Case Workers

The overall Spanish speaking staff are 64 people; which is 45% of the total department staff. In addition, 55% of staff are Hispanic.

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

Number of All Staff Languages Spoken			
2019		**2018**	
1	Armenian	1	Armenian
1	Gujrati	1	Gujrati
1	Kuchi	1	Kuchi
1	Hindi	1	Hindi
2	Punjabi	2	Punjabi
60	Spanish	1	Hmong
1	Italian	65	Spanish
1	Thai	1	Italian
1	Laos	1	Thai
1	Conv. Cambodian	1	Laos
		1	Conv. Cambodian

According to the US Census, persons of Hispanic/Latino descent in Madera County Behavioral Health Services is 56% and White (alone) was 31%. Given this very general percentage comparison, MCBHS has made some advancement in the number of Hispanic Language, in clinicians and support staff. The top mental/behavioral health workforce language proficiency has been met in our last review for the state, through county staff and contractors.

The Medi-Cal population in Madera County Behavioral Health Services in 2017 was 70,663. Approximately, 8.94% (6,183 people) of the population in the Madera County Behavioral Health Services likely has a serious mental illness. MCBHS served 3,546 in treatment services during FY 2017-18. MCBHS would benefit from a 4% overall increase in staffing (and funding) to meet the demand for services to meet its target population. However, there has not been an increase in funding to meet the demand.

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

Capital Facilities and Technological Needs

The Capital Facilities and Technological Needs (CFTN) component worked towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. Funds used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families.

Technological Needs funding provided opportunities to improve or replace existing technology systems and/or develop capital facilities (buildings) to meet increased needs of the local mental health system.

MCBHS used the Capital Facilities and Technology funding to purchase and renovate our main clinic site. This funding was onetime funding and our county has exhausted this funding stream, and was used to purchase a new site for our main clinic site.

FY 19/20 BUDGET SECTION

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. Others, have ongoing funding.

MHSA Components	Date Approved
Community Services and Support (CSS) Plan	May 15, 2006
Prevention and Early Intervention (PEI) Plan	April 26, 2010
Prevention and Early Intervention (PEI) Statewide Plan	November 29, 2010
PEI Training, Technical Assistance & Capacity Building	November 19, 2010
Workforce Education and Training (WET)	, 2010
MHSA Shared Housing Project Hinds House	June 3, 2010
MHSA Shared Housing Project Chowchilla	October 10, 2011
Local Government Special Needs Housing Program (SNHP)	May 30, 2016
No Place Like Home Assistance Grant	May 25, 2018
Capital Facilities	December 28, 2010
Innovation #1 Access into Services & Physical Health by Pharmacist	April 17, 2009
Innovation #2 Perinatal Mental Health Integration Project	June 1, 2010
Innovation #3 Tele-Social Support Service Project	November 18, 2016
Innovation #4 Living Well Madera	
Innovation Administrated Support	

All Madera County Employee's salary are based on the current Madera County Salary Schedule with adjustments for any approved salary increase as approved by the Board of Supervisors. Employs 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.

INN Administrative Budget includes Salary and Benefits for Administrative and Fiscal Staff, Information and Technology Budget includes general operating expenditures, which are necessary to support the MHSA programs. These expenditures include but limited to phone, rent, office supplies, network connectivity and other administrative actives.

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 Tele-Social Support Services, proposed Living Well Madera, and Continuing Administrated Support. The non-administrative components are contracted services.
   a. 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
   b. INN Living Well Madera is a new project pending MHSOAC final approval. This project will facilitate access to appropriate services for people that have mild to moderate mental illness (i.e. FQHC's and other basic living resources) well provide stress management skills, and interpersonal social skills, as a means of recovery, wellness and social resilience
   c. 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.

A portion of the above components maybe 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.

Guide lines for MHSA funding

1. 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))
2. MHSA funds dedicated to a local Prudent Reserve can only be accessed in accordance with WIC Section 54847 (b) and 5847 (f). To access these funds the current funding level must not be adequate to continue to serve the same number of individuals as the county has been serving in the previous fiscal year and DHCS/MHSOAC must approve the plan.

BOARD OF SUPERVISORS ADOPTION

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

MHSA Three-Year Plan Attachments