Mental Health Services Act

WELLNESS • RECOVERY • RESILIENCE

ANNUAL PLAN UPDATE

FY 2022-2023
MADERA COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH SERVICES
(MCDBHS)

Thank you for your interest in the Madera County Department of Behavioral Health Services (BHS) Mental Health Services Act (MHSA) Three-Year Integrated Plan Annual Update for FY 2022-2023. In 2020, the MHSA Three-Year Plan was approved, this year, the annual update has gone through the stakeholder process and is being posted for public comment. The feedback the community provides is instrumental in the development of the Three-Year Plan and in helping us to effectively organize mental health services for Madera County residents.

I hope you will find the Three-Year Integrated MHSA Plan Annual Update for FY 2022-2023 informative and reflective of our efforts to remain focused on ensuring the MHSA Programs are responsive to the "at risk" and "underserved communities". Together we continue to take the necessary steps to support and promote health and wellness by meeting the unique needs of our communities, with focus of culturally appropriate care. We look forward to continuing our collaborations to promote wellness, recovery, and resilience throughout Madera County.

Thank you for taking the time to review and provide feedback on our MHSA Plan. The Behavioral Health Services Administration and our MHSA Leadership Team look forward to receiving your input. Please send input and comments to nick.avila-montes@maderacounty.com.

Sincerely,

Connie Moreno-Peraza, LCSW
Director, Department of Behavioral Health Service
County of Madera

Behavioral Health Services
P O Box 1288 Madera, CA 93639 • 559.673.3508 • MadCoServices.com • maderacounty.com

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MHSA COUNTY PROGRAM CERTIFICATION

County/City: **Madera**

☐ Three-Year Program and Expenditure Plan

☒ Annual Update

Local Mental Health Director:	Program Lead
Name: Connie Moreno-Peraza, LCSW Telephone Number: (559) 673-3508 E-mail: connie.moreno-peraza@maderacounty.com	Name: Nick Avila-Montes, LCSW Telephone Number: (559) 673-3508 E-mail: nick.avila-montes@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 county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and non-supplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three- Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 6/21/22.

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.

Connie Moreno-Peraza	[signature]	6-21-22
Local Mental Health Director (PRINT)	Signature	Date

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: David Richstone
Telephone Number: (559) 675-7703	Telephone Number: (559) 675-7703
Email: connie.moreno-peraza@maderacounty.com	Email: david.richstone@maderacounty.com
Local Mental Health Mailing Address: Madera County Behavioral Health Services PO Box 1288 Madera, CA 93639-1288	

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

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

CONNIE MORENO-PERAZA
Local Mental Health Director (PRINT)

[Signature]
Signature

6-6-22
Date

I hereby certify that for the fiscal year ended June 30, 2021, 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 12/27/2021 for the fiscal year ended June 30, 2021. I further certify that for the fiscal year ended June 30, 2021, 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.

DAVID E. RICHSTONE
County Auditor Controller / City Financial Officer (PRINT)

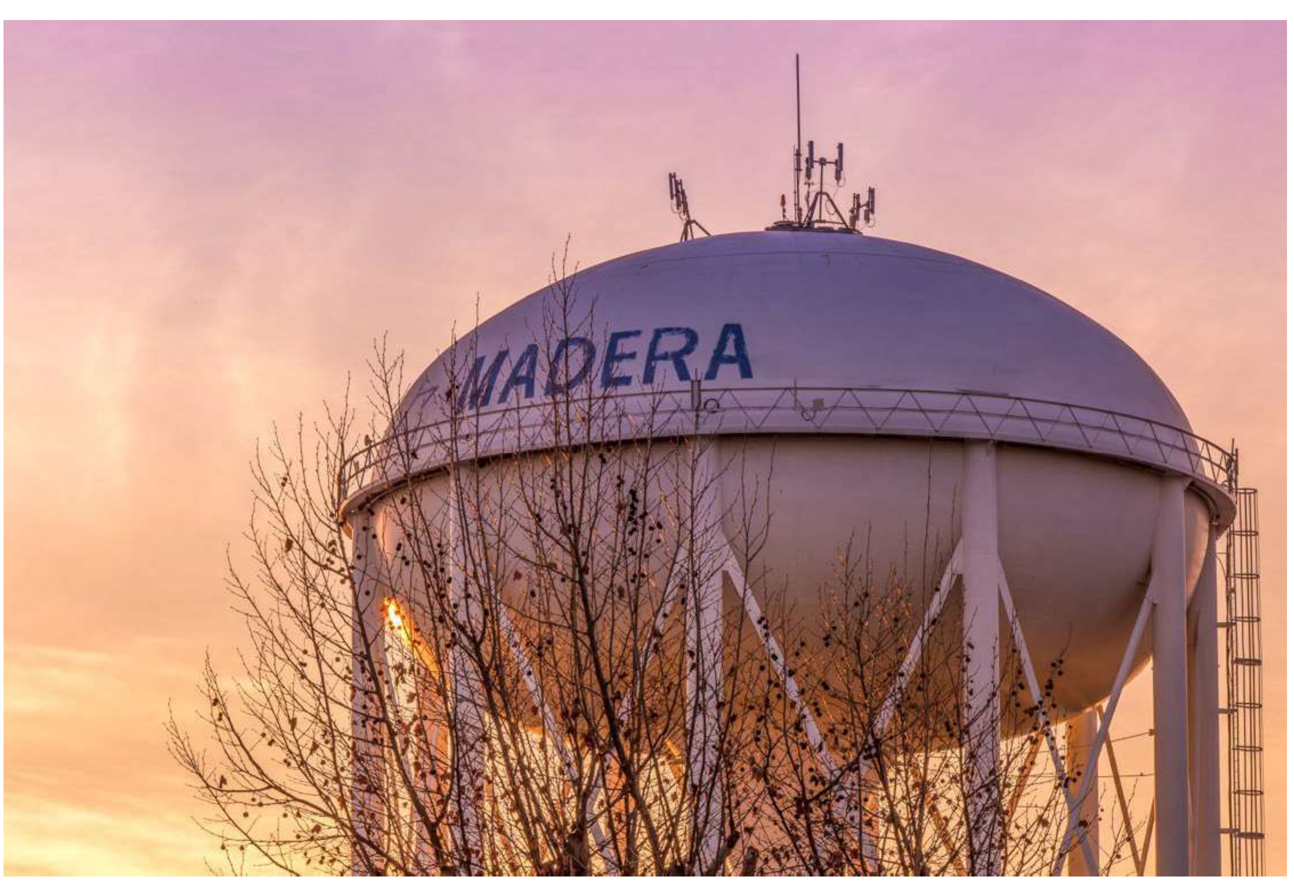
[Signature]
Signature

6/2/2022
Date

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

Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

Madera County Introduction

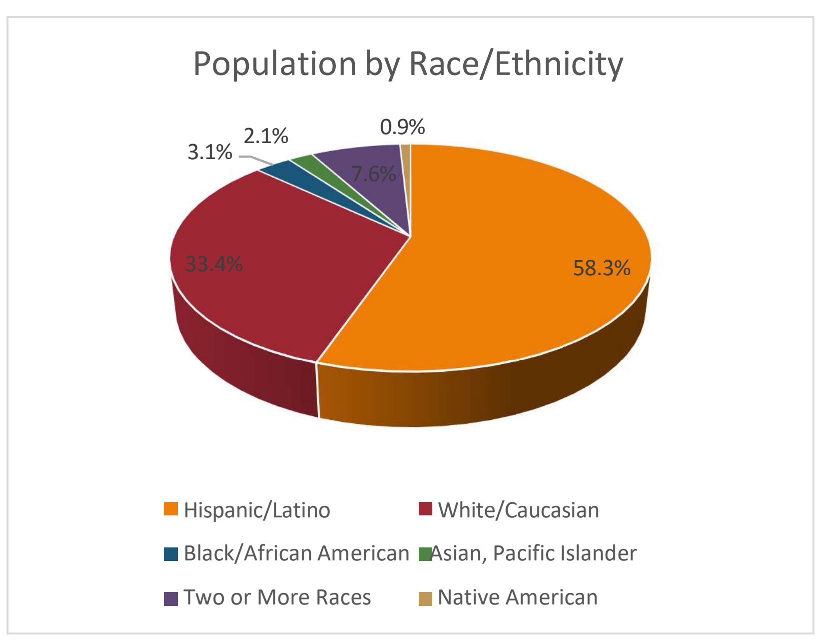


General Information

Madera County is in the geographic center of California. It spans 1,374,160 acres (2,147 miles) and is considered the heart of the Central Valley. It features a great qualify of life and has a low cost of living. The median price of homes sold is $420,000. It also sits on some of the richest agricultural land in the nation which is why agriculture is one of Madera County's largest industries. The agricultural industry has a gross value of just over $2 billion annually. Government and manufacturing are also amongst the largest industries. Government accounts for 24% of the County's workforce and there are over 100 manufacturing and processing plants in the area. Since Madera is centrally located, it allows to for easy accessibility to metropolitan areas through State Highway 99, Highway 152, Highway 41 and Interstate 5. Los Angeles and San Francisco are only a 3-hour drive. Highway 41 also serves as the southern entrance to the beautiful Yosemite National Park.

Demographic Information

According to the US Census fact finder, in 2020 Madera County had 155,925 residents. The Department of Finance calculates that as of July 2021, County of Madera has about 156,654 residents.

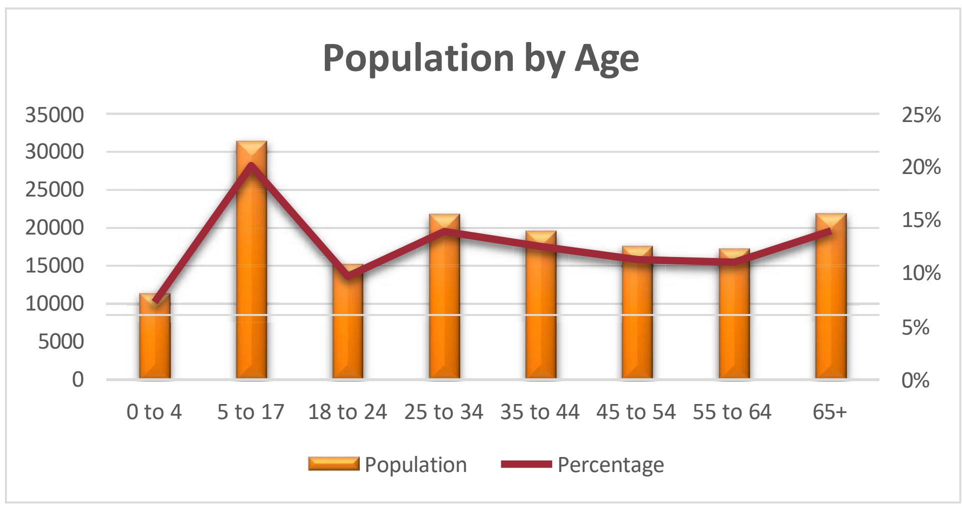


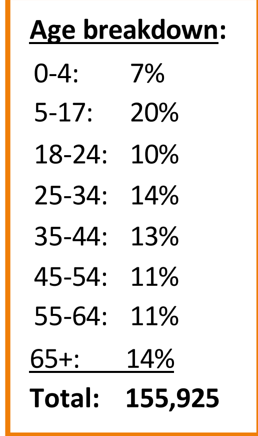
Population estimate breakdown for Race/Ethnicity is as follows:

1. Hispanic/Latino:	**58%**
2. White/Caucasian:	**33%**
3. Black/African American:	**3%**
4. Asian, Pacific Islander:	**2%**
5. Two or More Races:	**8%**
6. Native American:	**1%**

Madera is a small county; however, it has a diverse population when it comes to Race/Ethnicity. There are two dominant populations. Those populations are Hispanic/Latino and White/Caucasian. Latinos make up 58% of the population and the White/Caucasian community occupies 33% of the population. They are then followed by the African American population who occupy 3% of the population.

*Data Source: Fact Finder tool, 2020 U.S. Census Bureau



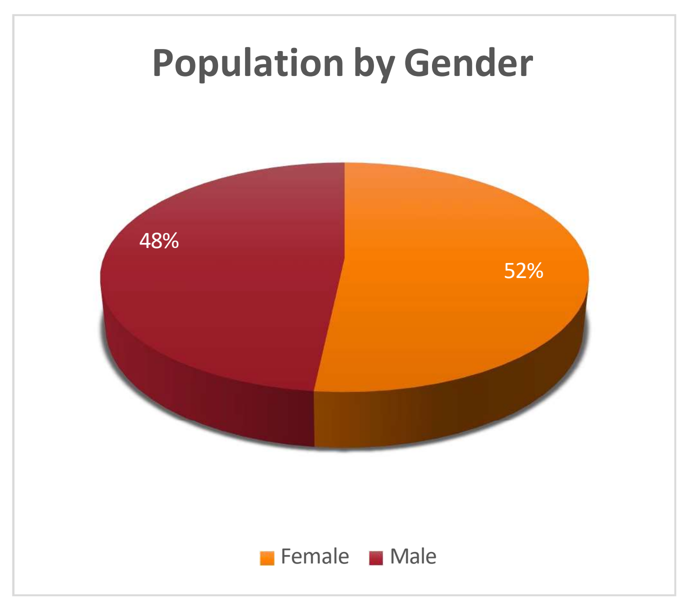


Age breakdown:

0-4:	7%
5-17:	20%
18-24:	10%
25-34:	14%
35-44:	13%
45-54:	11%
55-64:	11%
65+:	14%
Total:	**155,925**

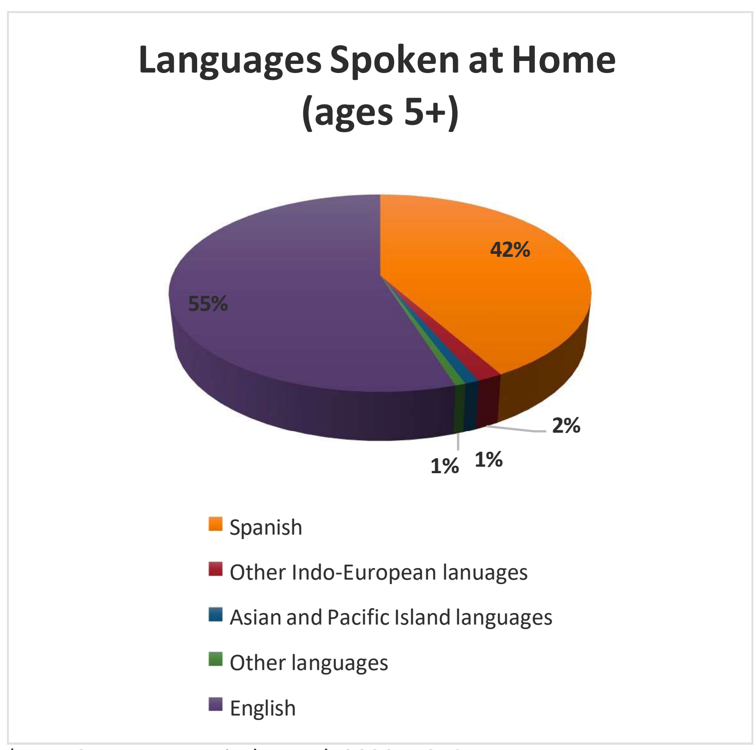
Approximately 37% of the population is under 25 years old, while 49% of the population is 25 - 64 years of age. The senior population is relatively small, with only 14% being over the age of 65. With that information highlighted, 64% of the population is 44 and younger and only 36% is 45 and older which emphasizes the fact that Madera County has a younger population. The age range between 5-17 years old has the highest percentage with 20% in that age range. Madera County has a noticeably young population, and it is expected that the need for Prevention and Early Intervention programs (page 81) will be expected to rise.

*Data Source: Fact Finder tool, 2020 U.S. Census Bureau



*Data Source: Fact Finder tool, 2020 U.S. Census Bureau

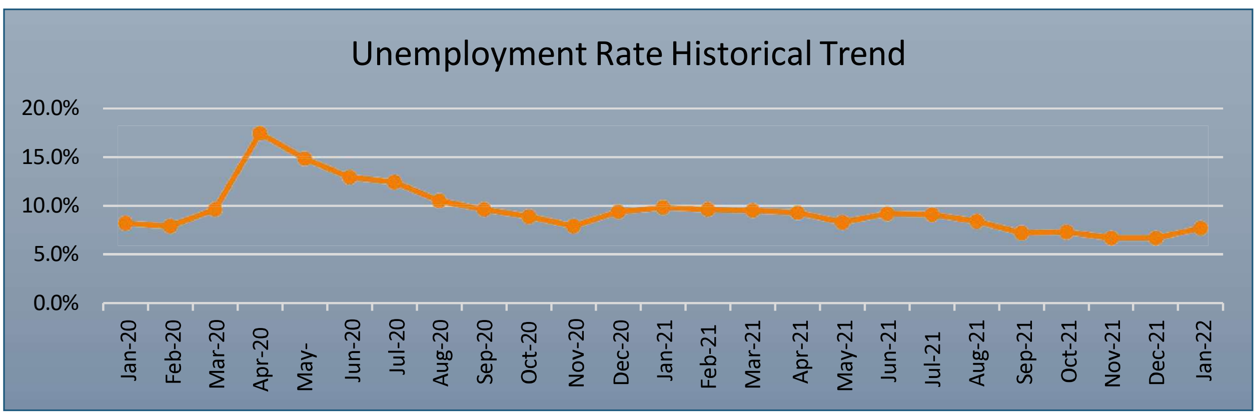
There are 4% more females in Madera County than males. Females take up 52% of the population and Males make up 48%.



*Data Source: Fact Finder tool, 2020 U.S. Census Bureau

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

The unemployment rate as of January 2022 is 7.7 percent, down from 9.8 percent from January 2021. This compares with an unadjusted unemployment rate of 5.8 percent for California and 3.8 percent for the nation during the same period.



Data Source: Bureau of Labor Statistics Data

Community Program Planning Process (CPPP)

MHSA Overview

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

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

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

The Stakeholder Process

Madera County Behavioral Health Services (MCDBHS) understands the importance of having the community aligned and involved in the planning process. MCDBHS is committed to being inclusive of all stakeholders, including clients and their family members, and community members who wish to take part in the planning process. For this reason, Community Program Planning Process (CPPP) meetings were held at various locations involving diverse groups/organizations including: HOPE House, Centro Binacional Para El Desarrollo Indena Oaxaqueno; Madera Together; Madera County Behavioral Health Board; Manna House (Oakhurst); CalViva; and Chowchilla Community Task Force. Some of these meetings were held virtually so all can participate and to ensure that stakeholders reflect the diversity of the demographics of the County. Furthermore, some of these meetings were held in Spanish to involve the Spanish speaking community. MCDBHS was able to receive feedback and provide community education on mental health to help make informed decisions on community needs.

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

Local Review Process

For Fiscal Year FY 19-20 due to COVID-19, all in person community meetings were canceled. MCDBHS decided to post information and send email surveys to ensure the safety of the community while still allowing for stakeholder participation in the planning process. For FY 20-21, due to the COVID-19 restrictions that were still in place, the community planning presentation was posted on the Madera County Behavioral Health page. A presentation for our internal stakeholders was also held at our Pine Recovery Center (PRC). The MHSA coordinator also sent information to different organizations via email. This was done to ensure that priorities from the previous year were still relevant.

In FY 21-22, MCDBHS resumed in-person community meetings. Meetings were also held virtually. Some of these meetings were advertised via Facebook, Twitter, MCDBHS website and flyers were posted and distributed throughout our clinics as part of our outreach efforts. Participants in the Community Program Planning Process were provided training followed by a survey to complete to help identify gaps in services. Training for adults/older adults consisted of a PowerPoint presentation that provided an overview of MHSA while Youth/TAY were provided training through a game of Jeopardy to help engage them on this topic. Clients and their family members and community members were provided with a $10 Wal-Mart gift card as an incentive to participate to help this process reflect the diversity of the County.

Personnel

Division Manager, Nick Avila-Montes is currently assigned as the MHSA coordinator. The coordinator is responsible for organizing and carrying out the planning meetings. The MHSA coordinator is also responsible for ensuring that a diverse audience attends each meeting. The coordinator usually posts meeting information at various community centers, libraries, and the MCDBHS website so that unserved and underserved populations including those with Serious Mental Illness (SMI) and/or Serious Emotional Disturbance (SED) and their family can participate in the CPPP. Prior to COVID-19, meetings were held in different regions of Madera County as a convenience to the stakeholder. At these meetings, they were given updated program information and education so that MCDBHS can receive solid feedback. Comments are collected directly by the coordinator both in person and electronically. Meetings were documented through MCDBHS' website, community centers, and by sign in sheets.

In FY 19-20, prior to the COVID restrictions, the MHSA Coordinator had conducted 63 one on one interviews with stakeholders to see what patterns emerged from the dialogues. As previously mentioned, in FY 19-20, in person community presentations were halted so MCDBHS transitioned to online resources to keep the community informed. The MHSA coordinator will continue efforts to increase MCDBHS' online

presence. For FY 20-21, the MHSA coordinator was unable to conduct interviews with stakeholders from different agencies.

In FY 21-22, MCDBHS experienced turnover that impacted this position which led to a MCDBHS Division Manager serving in this role. MCDBHS continues its efforts to recruit a staff member to designate as the MHSA coordinator.

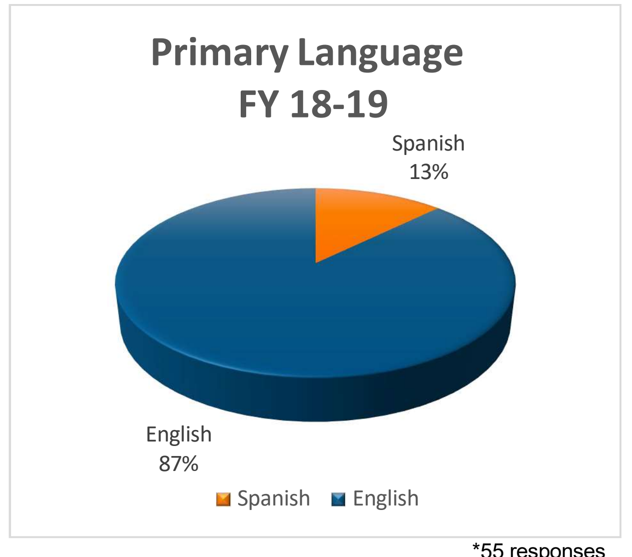
Stakeholder Participation

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

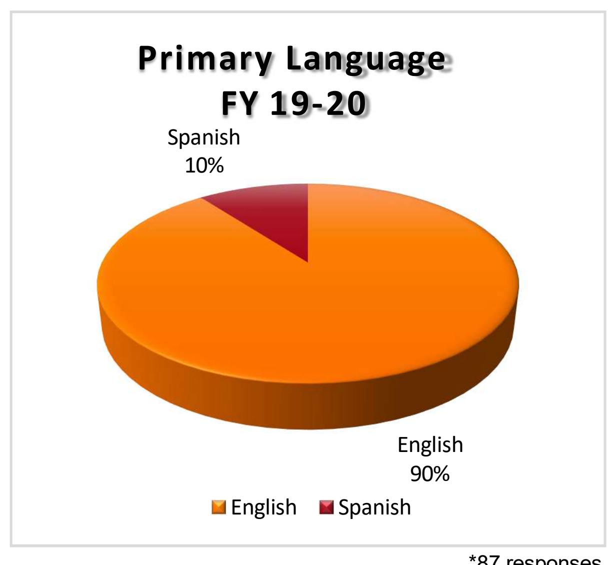
Below are the results of the surveys collected for FY 2018-2019, FY 2019-2020, FY 2020-2021, and FY 2021-2022. In FY 18-19, there were a total of 58 surveys collected during the planning process. Surveys collected were mostly hardcopy. In FY 19-20, a total of 91 stakeholders completed a survey. In FY 20-21, 48 surveys were collected. Due to Covid-19, after 2020, all in person presentations were canceled and all responses collected were from online surveys until 2022. In FY 21-22, in-person presentations resumed, and 86 surveys were completed after training on MHSA was provided.

The additional dollars that we will be able transferring from prudent reserve to CSS will allow MCDBHS to expand our services to the County. MCDBHS will utilize the feedback received from the stakeholders and the community over the past several years during the community planning process to strategically add staffing in outreach and engagement to better address the identified needs by the stakeholders and community. Outreach and engagement will be able to be community based so MCDBHS has a presence within the community and can provide education on the array of behavioral health services to include suicide prevention and housing. Outreach and engagement can identify and outreach those experiencing homelessness in our community, provide access to our services and link with housing programs. MCDBHS will work to hire culturally diverse staff that represent the community with a focus on those with lived experience if possible.

Participation Demographic Information for FY 18-19, FY 19-20, FY 20-21, FY 21-22:



*55 responses



*87 responses

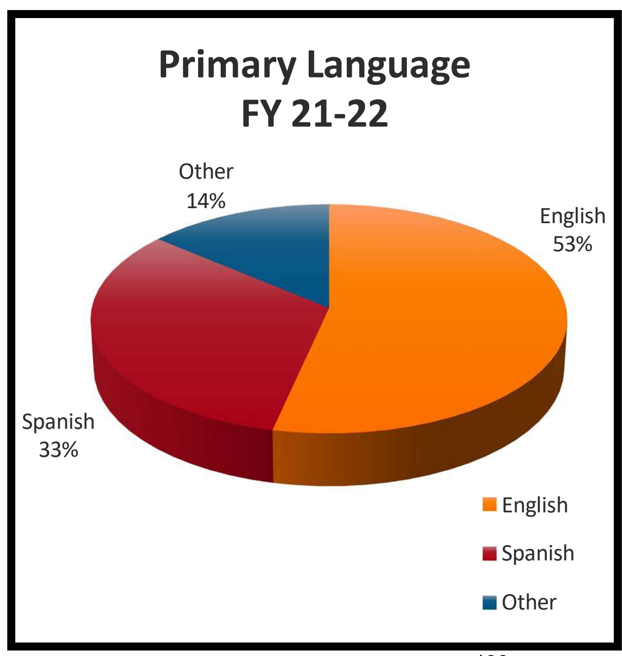
Primary Language
FY20-21

Spanish
9%

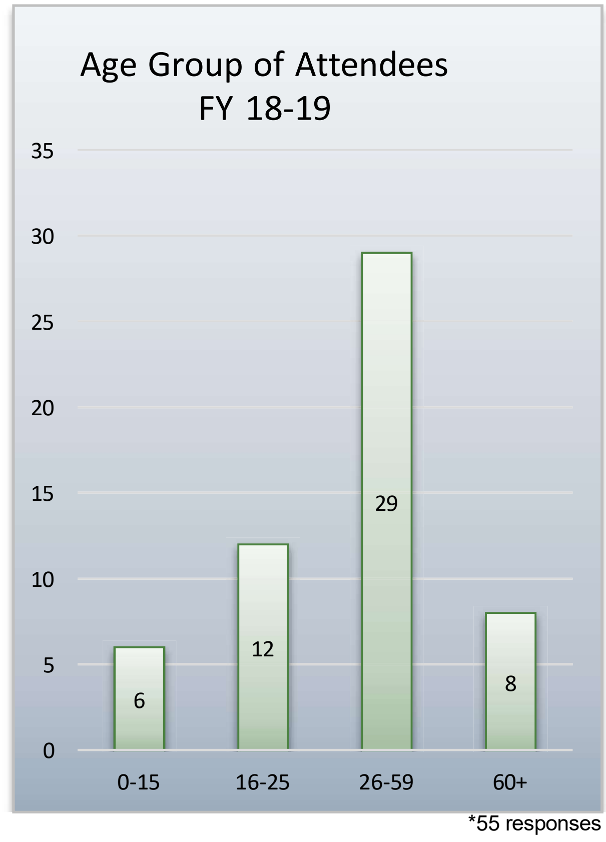
English
91%

English Spanish

*47 responses



*86 responses



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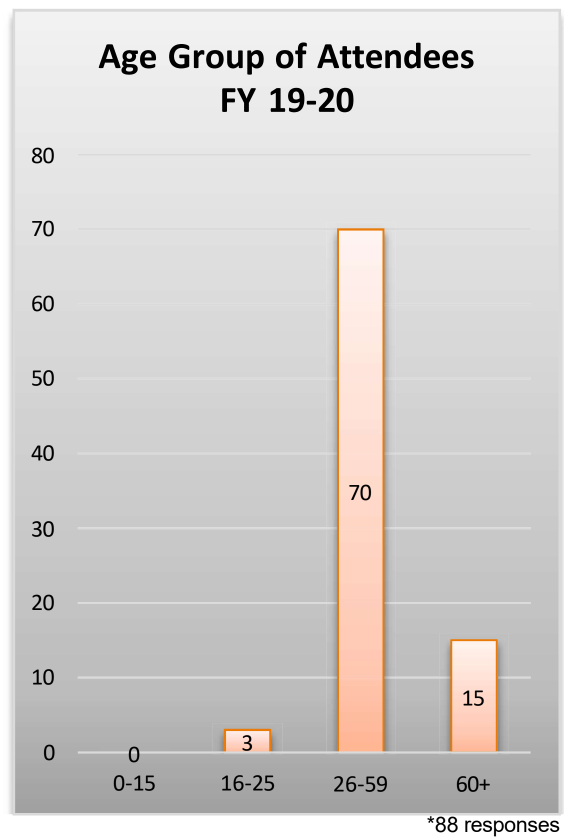
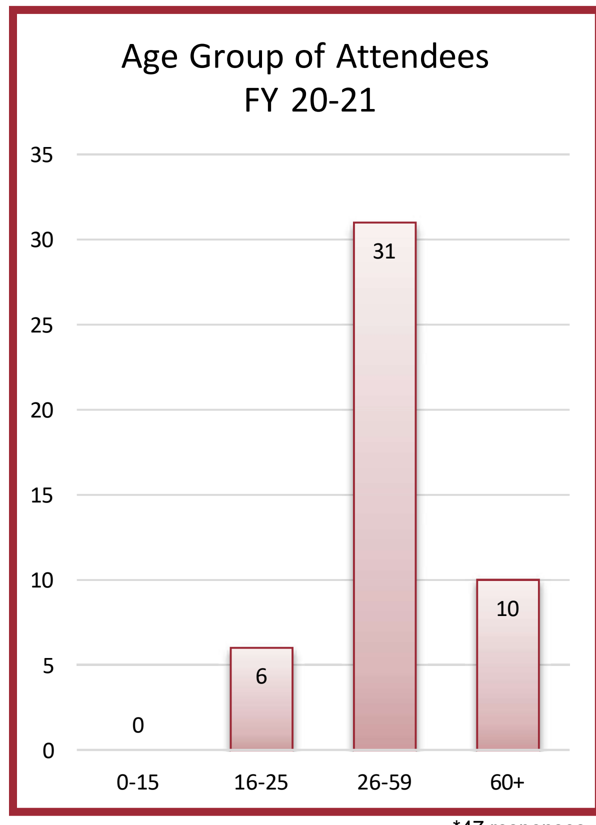
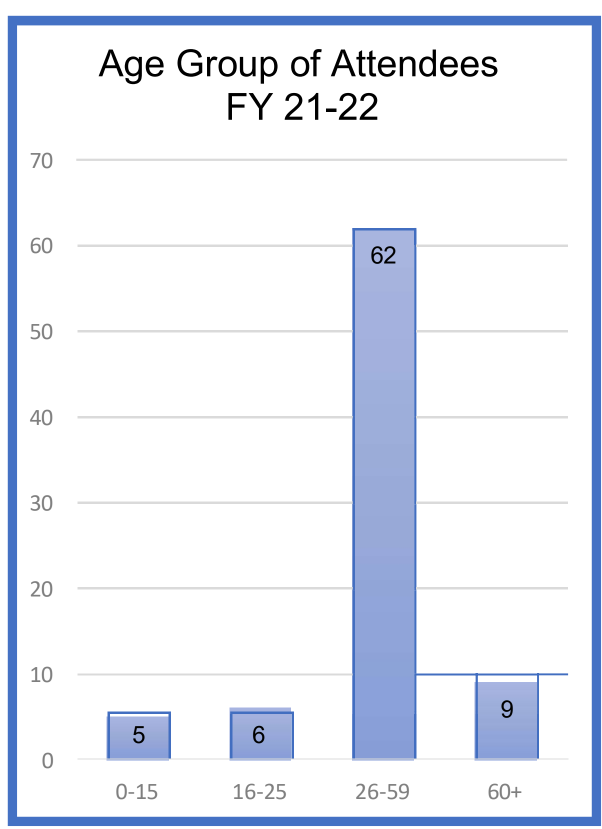


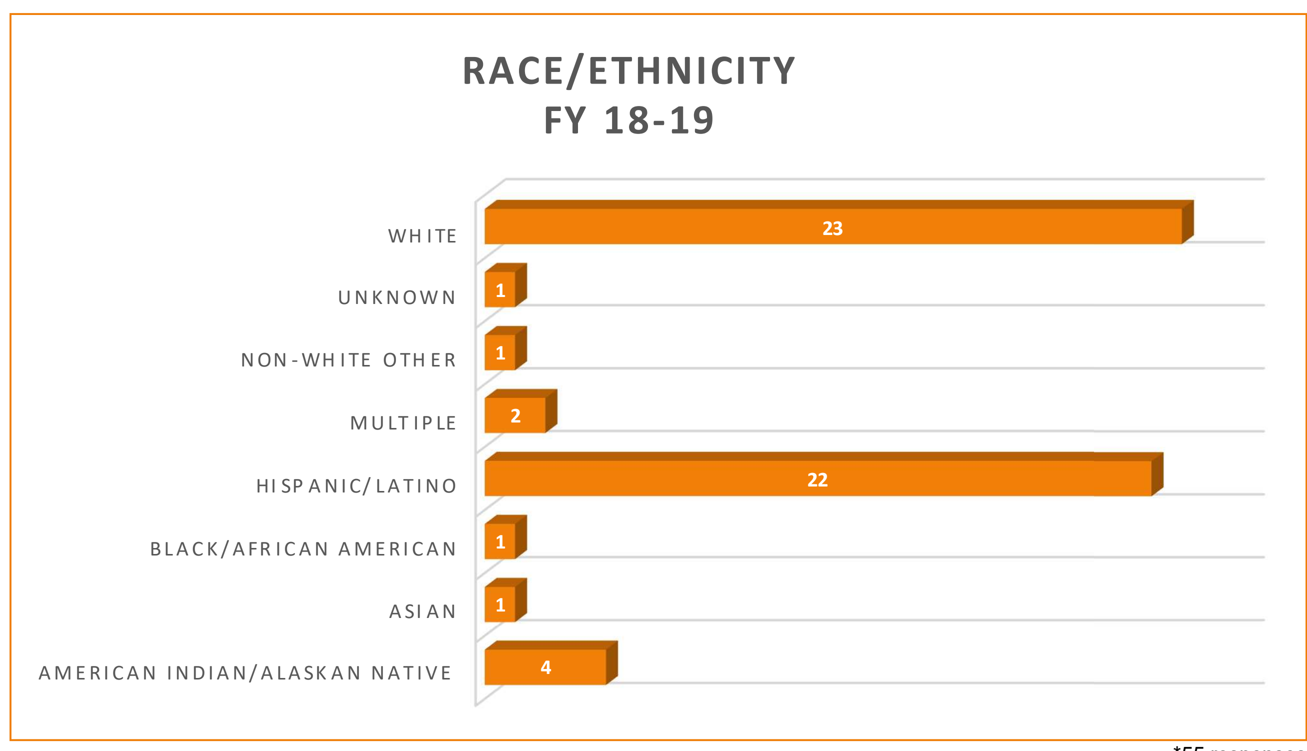
*88 responses



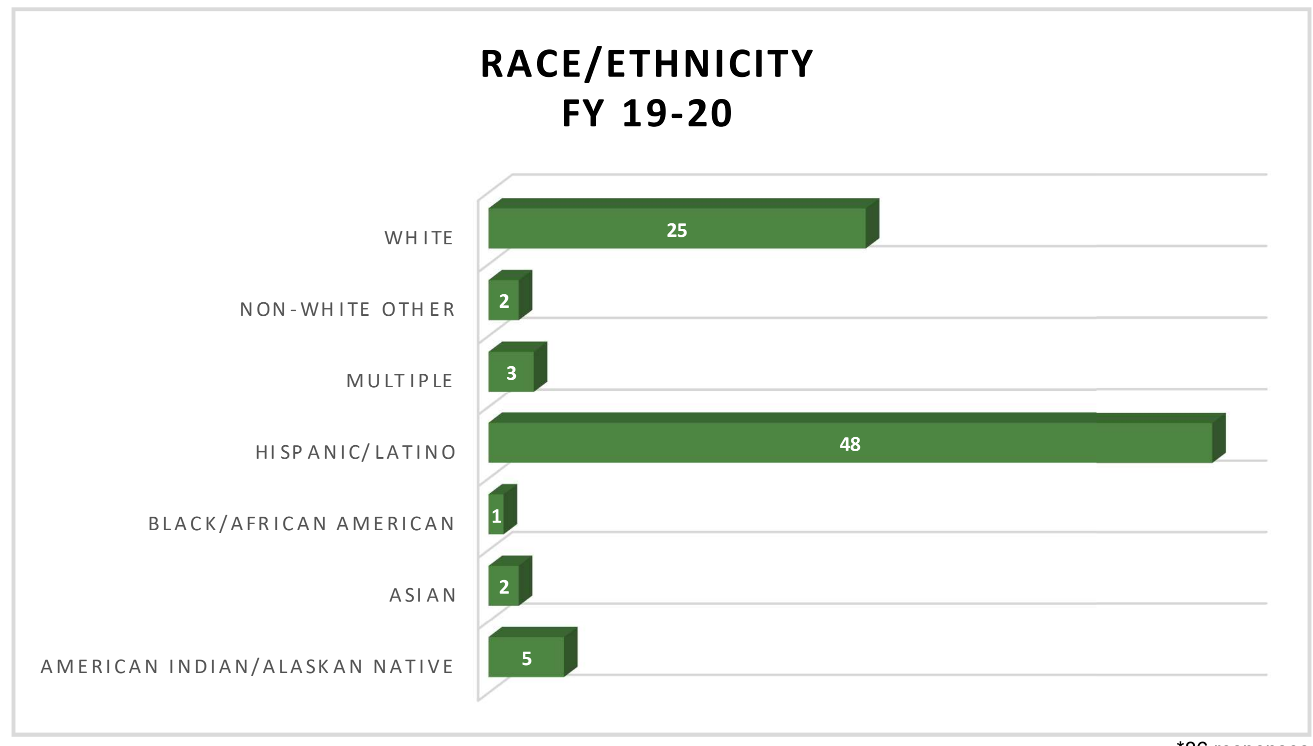
*47 responses



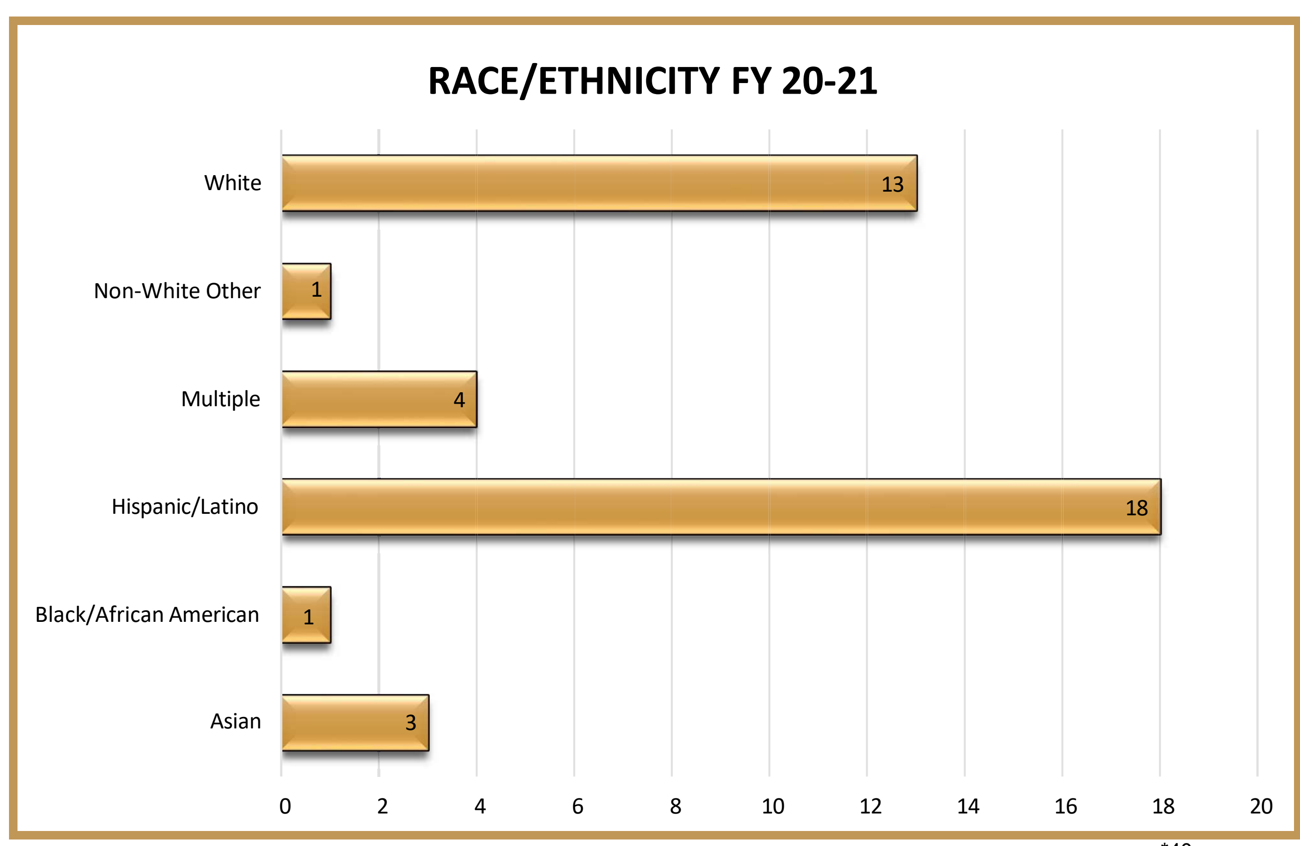
*82 Responses



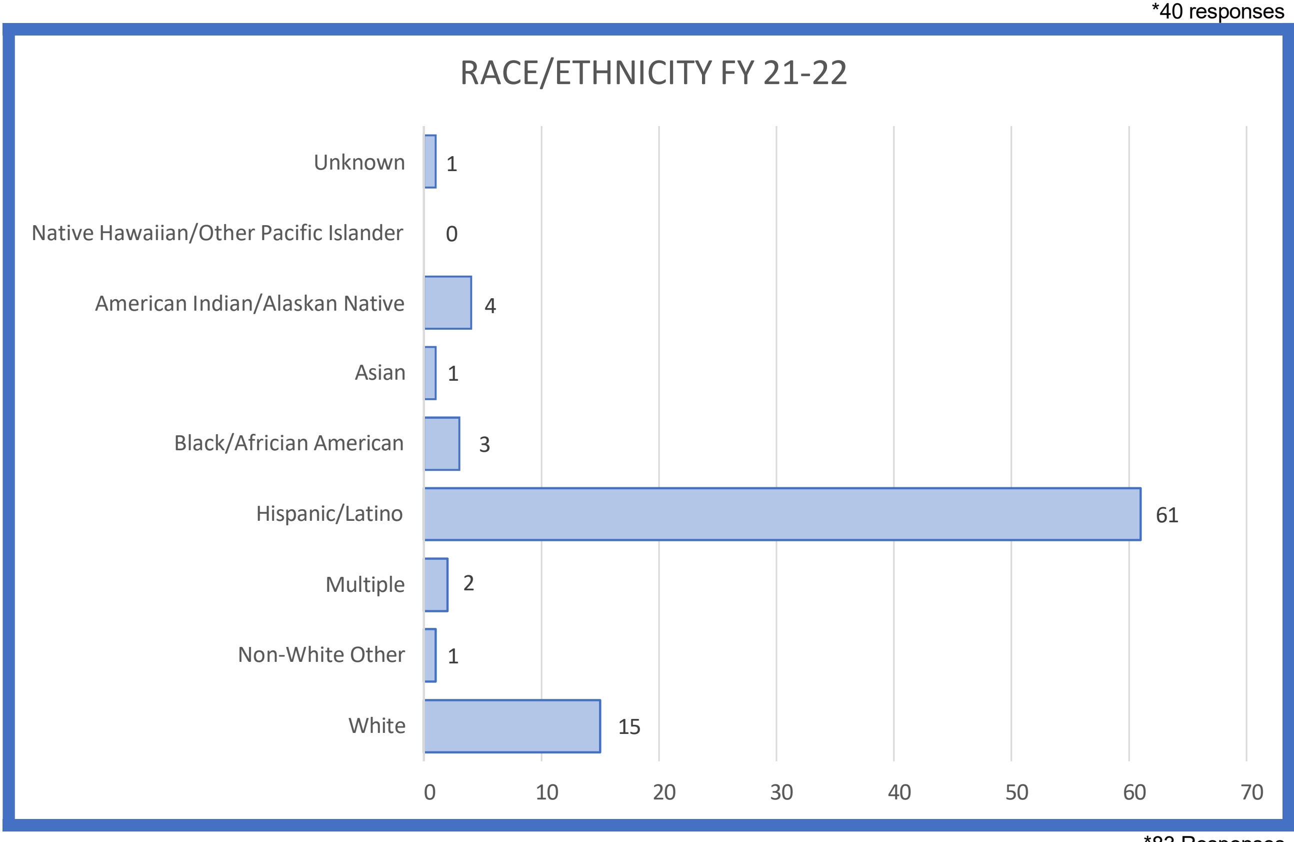
*55 responses



*86 responses

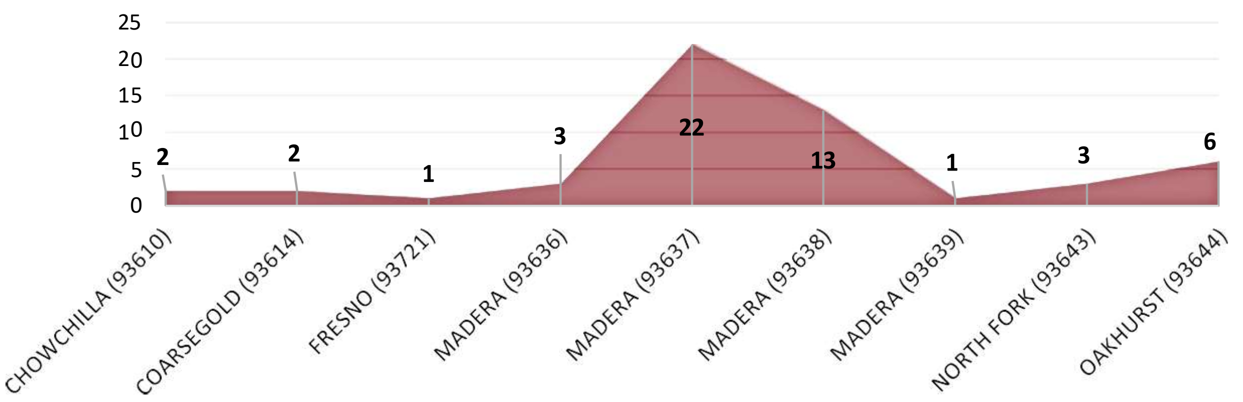


*40 responses

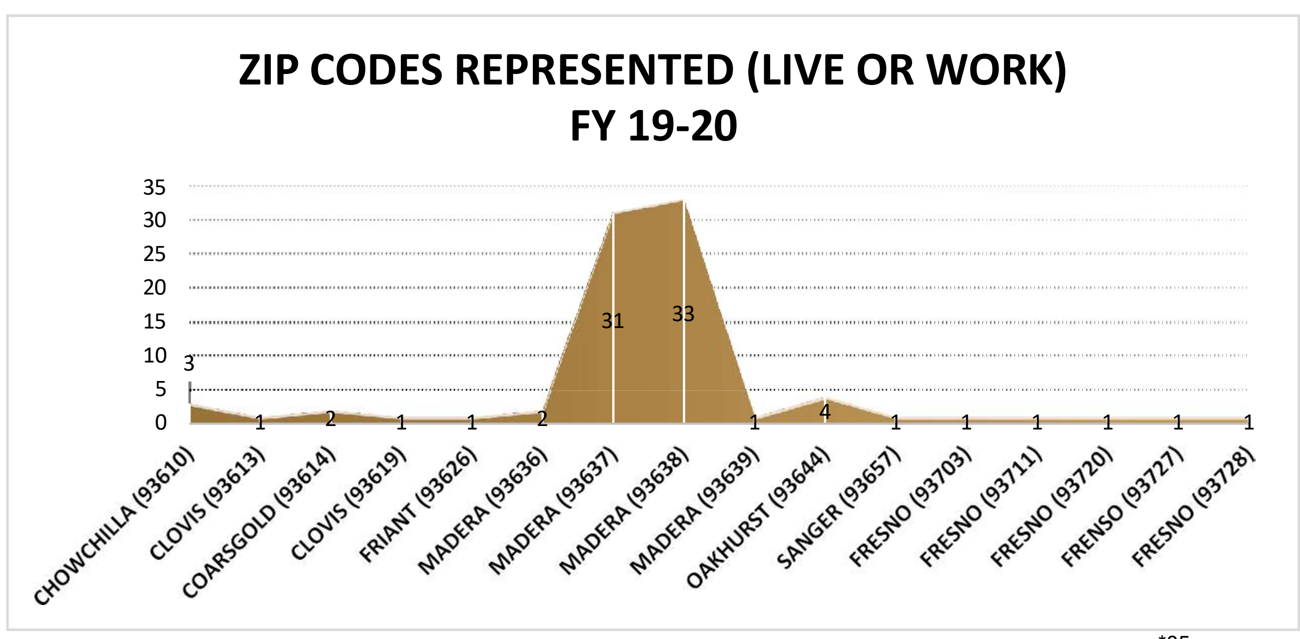


*83 Responses

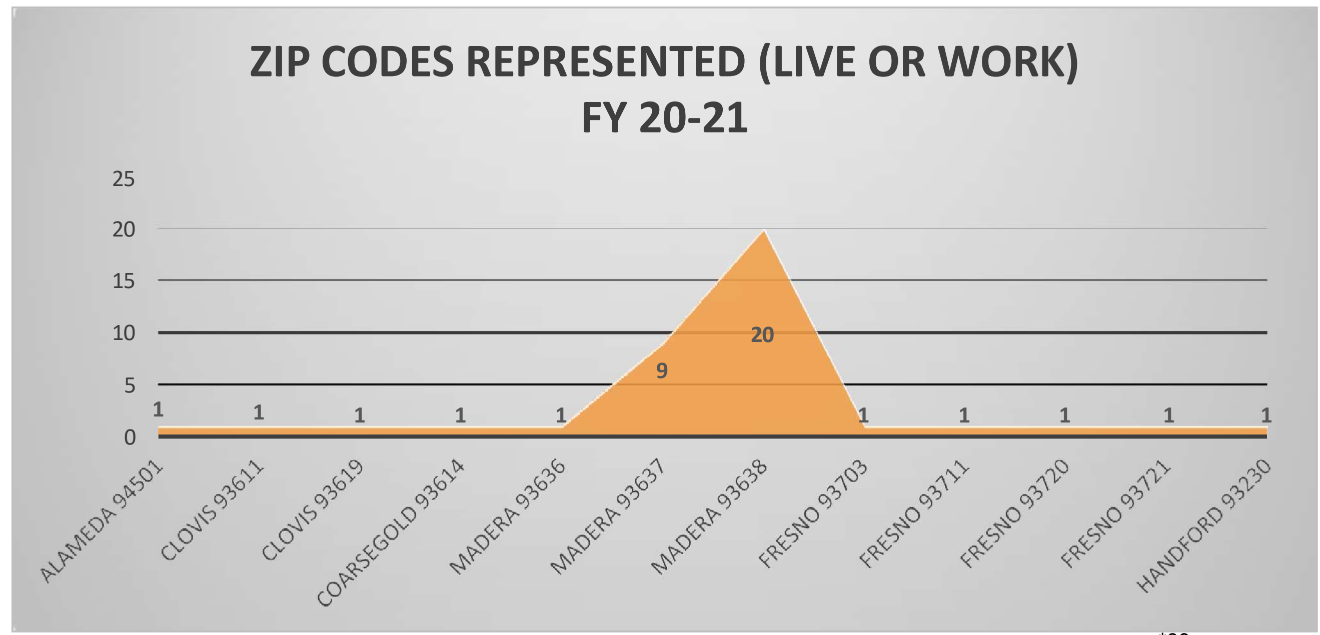
ZIP CODES REPRESENTED (LIVE OR WORK)
FY 18-19



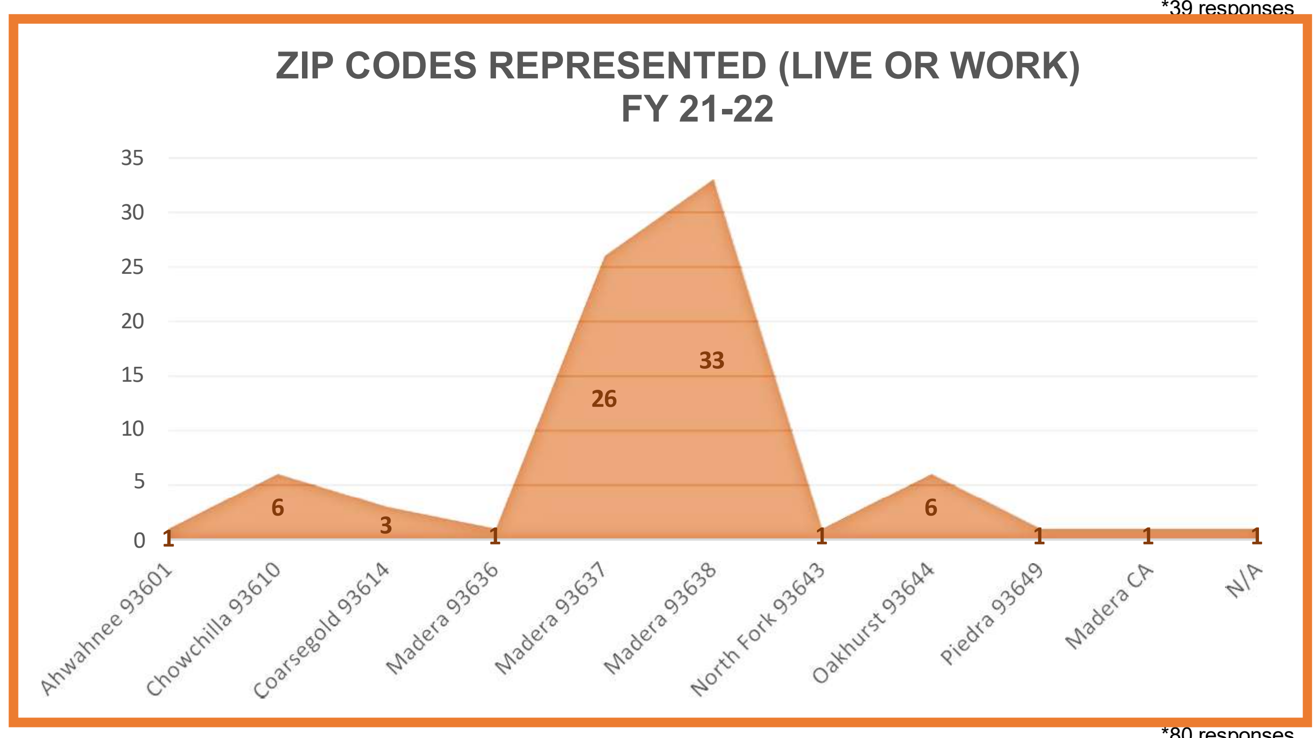
*53 responses



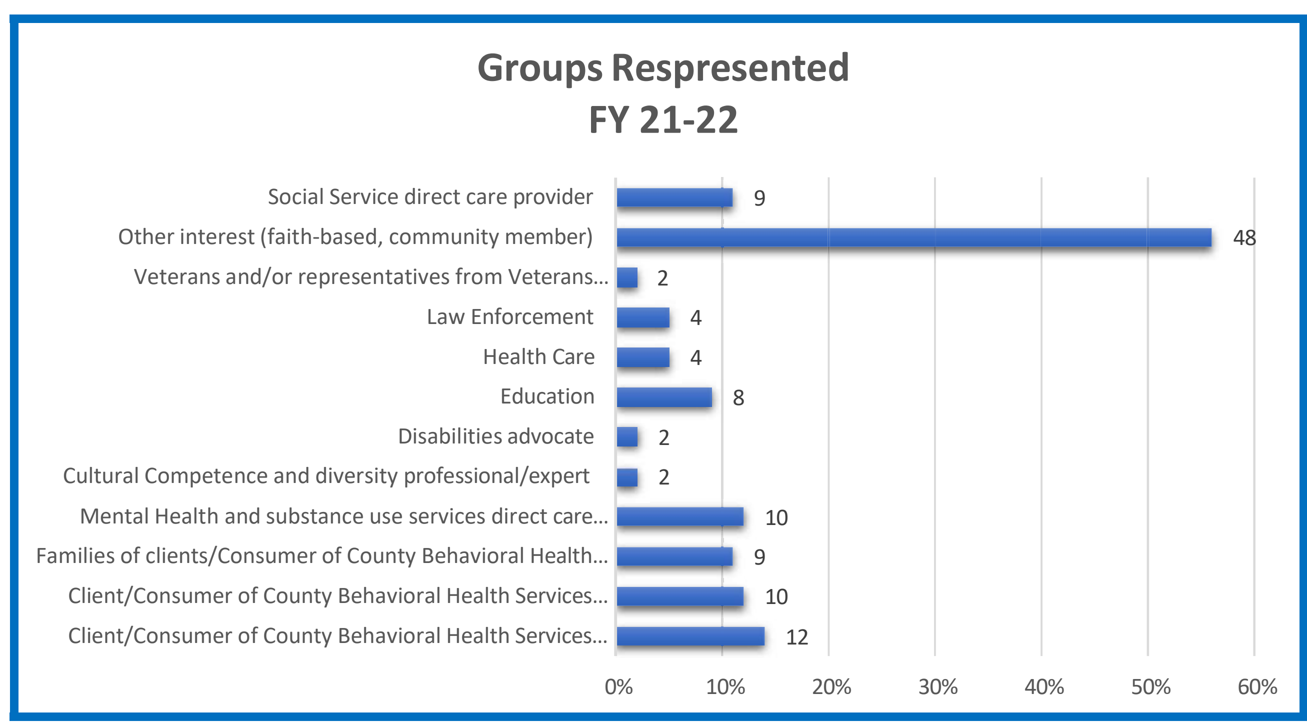
*85 responses



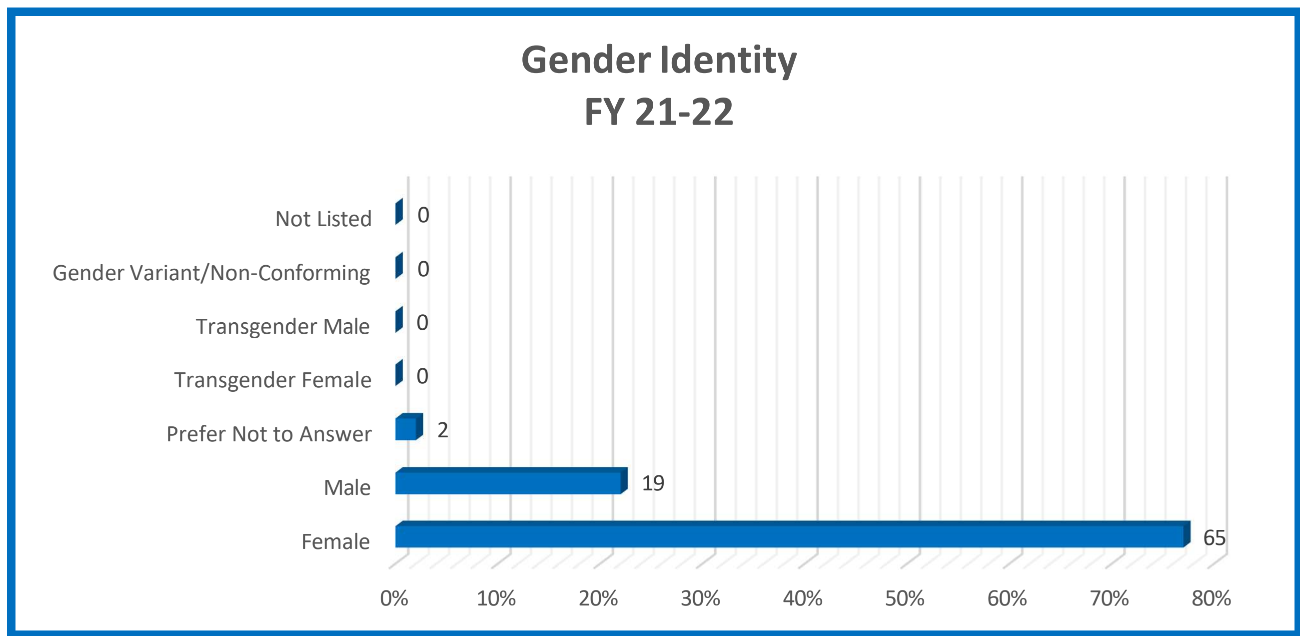
*39 responses



*80 responses



*86 responses



*86 responses

Based on the above participation data, including but not limited to, race, language, and geographic location, age, gender, and race/ethnicity stakeholders who participated in the planning process, the patterns show that stakeholders reflect the diversity of the demographics in Madera County. For previous fiscal years, the majority of those who contributed have a primary language of English which correlates with 53% of Madera County's residents age 5+ having a primary language of English. The data also reflects a strong presence within the Latinx and White population which pairs accordingly with

the overall county demographic. There is an increase in our Spanish Speaker's participation for FY 21-22 with a 24% increase from previous FY 20-21. There also was a noticeable difference in stakeholder age. The participation rate for TAY stayed consistent while ages 0-15 years old made a slight increase in FY 21-22. For FY 21-22, 36% stakeholder participants were Behavioral Health Clients and/or family members. 56% stakeholder participants were community members.

Madera County will push to have a stronger presence for the community planning process. Numbers increased in attendees for FY 21-22. Madera County can improve in consistency in conducting their stakeholder process and will explore increasing our planning and feedback time periods to allow for more time to gather input from the community. Madera County has improved in outreach for Spanish speakers. The County of Madera will continue to focus on finding better methods of outreach for our Spanish speaking population. This will help having a better understanding on the issues needed within that community. Madera County will also continue improving outreach to 25 and younger community stakeholders. There remains a lack of participation in the mountain communities and a stronger focus on those areas is needed.

Stakeholder Recommendations

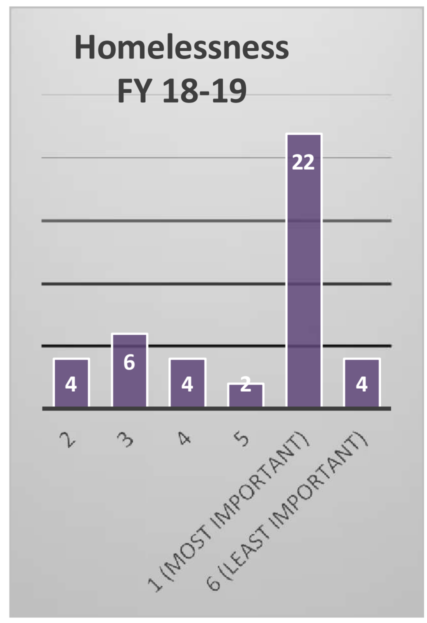
Stakeholders were asked for feedback and recommendations. They were tasks with ranking issues within each category. Those categories are:

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

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

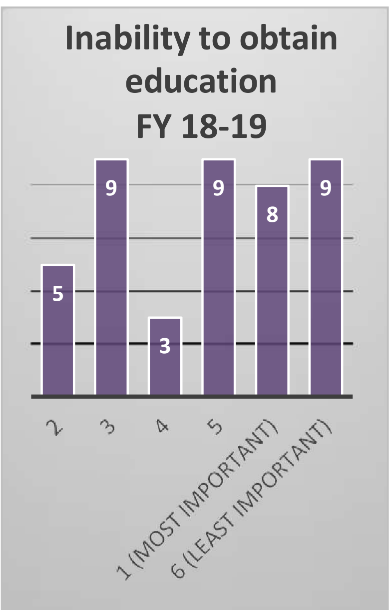
Children/Youth/Transitional Age Youth (FSP) priorities:

6 Topics covered in FY 18-19, 19-20 & 20-21: Homelessness, Social Isolation, Inability to obtain education, Out-of-home placement, Juvenile Justice/Involvement, Juvenile Justice/Incarceration.

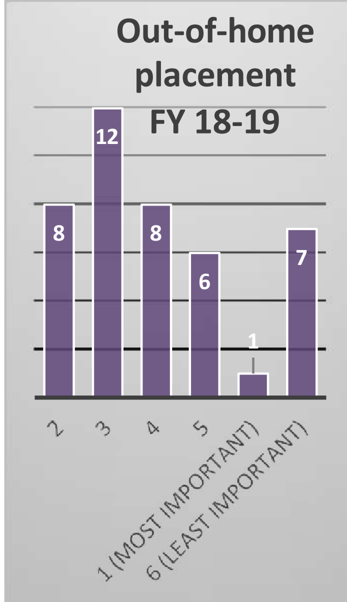


*42 votes collected

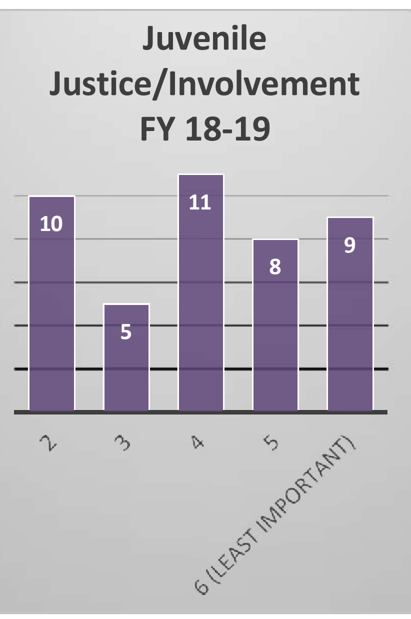
*42 votes collected



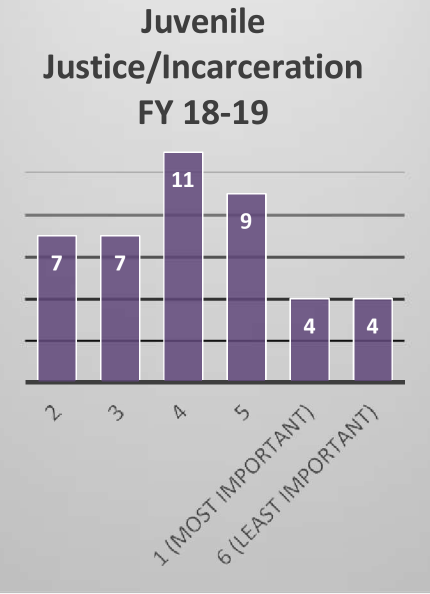
*43 votes collected



*42 votes collected



*43 votes collected



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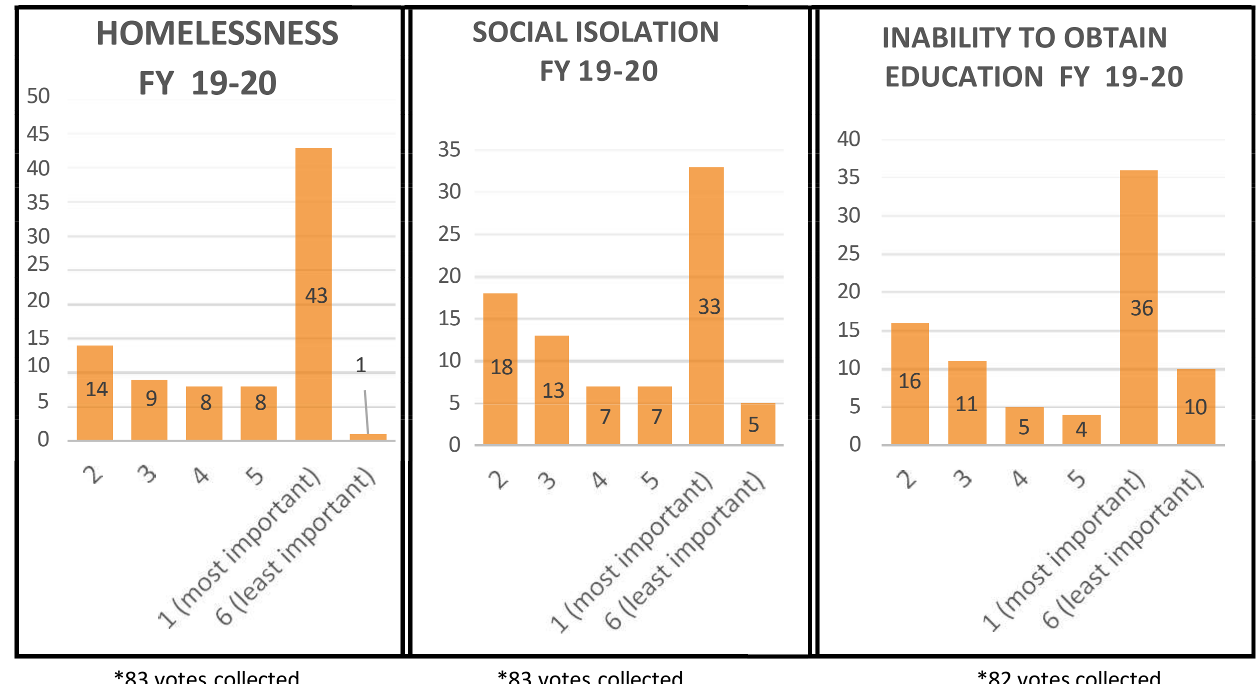
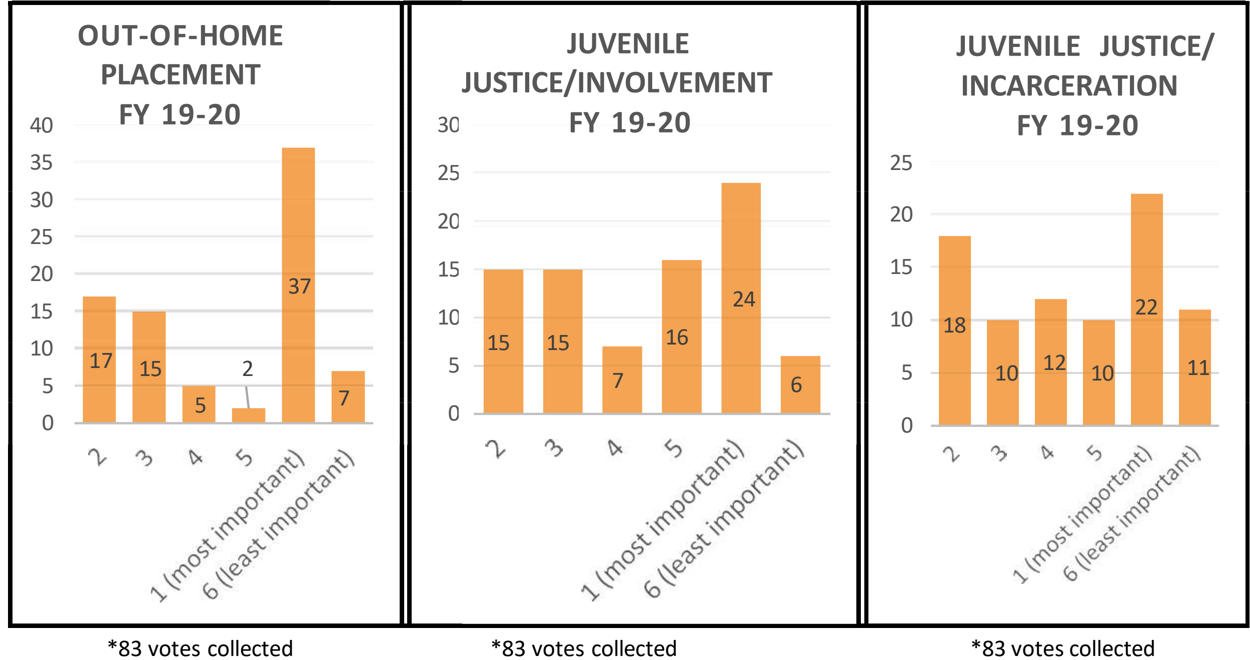


*83 votes collected

*83 votes collected

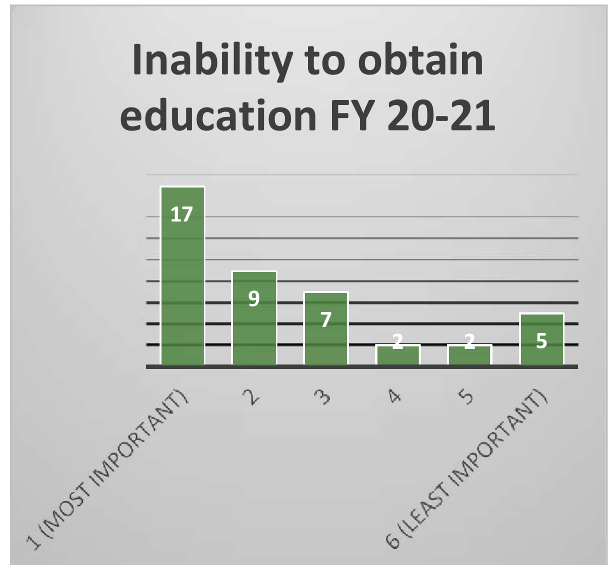
*82 votes collected



*83 votes collected

*83 votes collected

*83 votes collected



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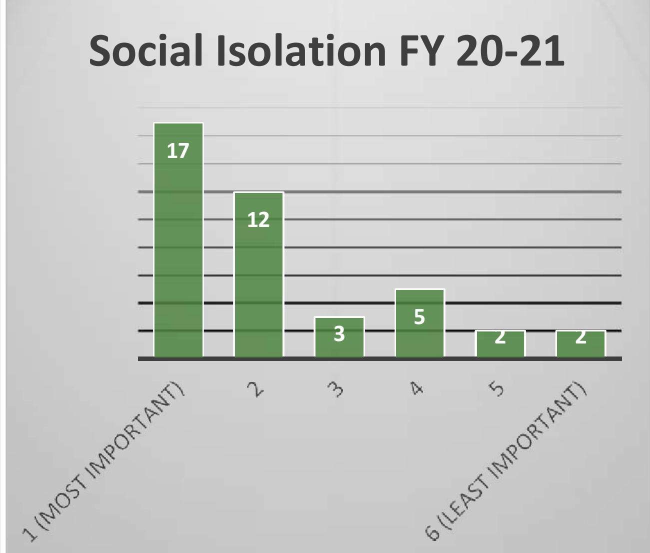
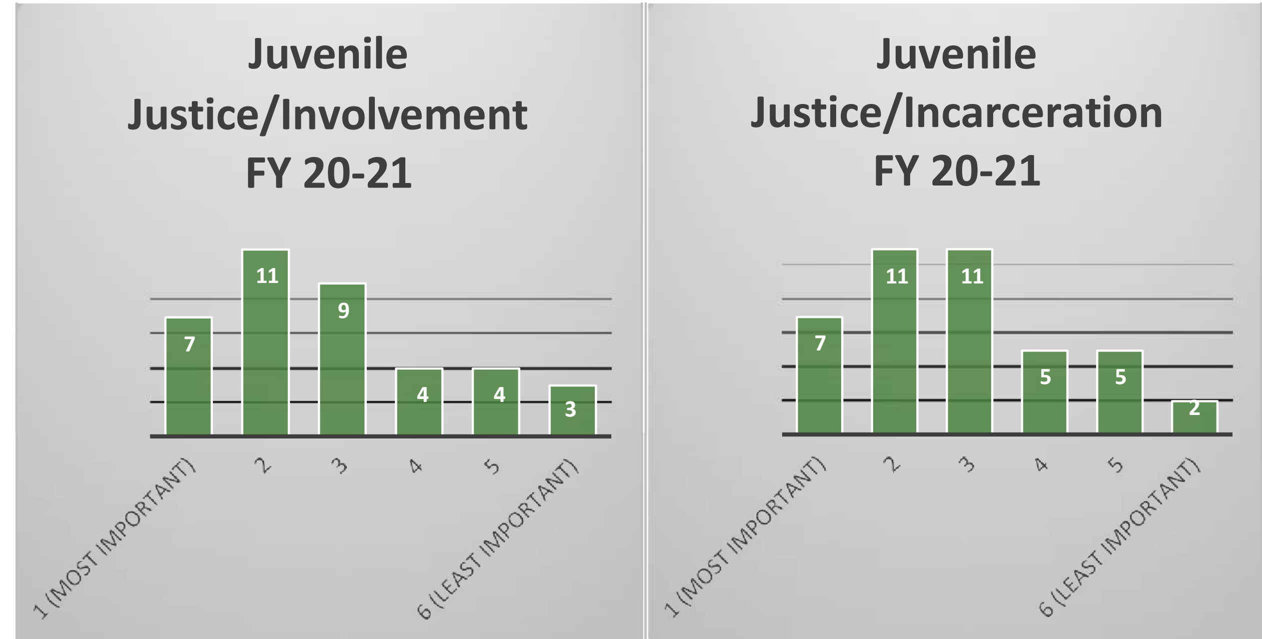


*41 votes collected



*38 votes collected

*41 votes collected

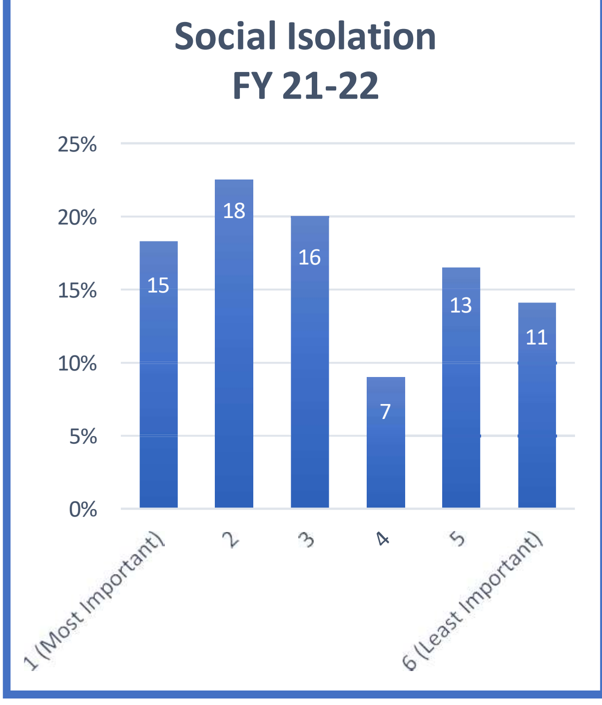
*43 votes collected

Out-of-home Placement FY 20-21

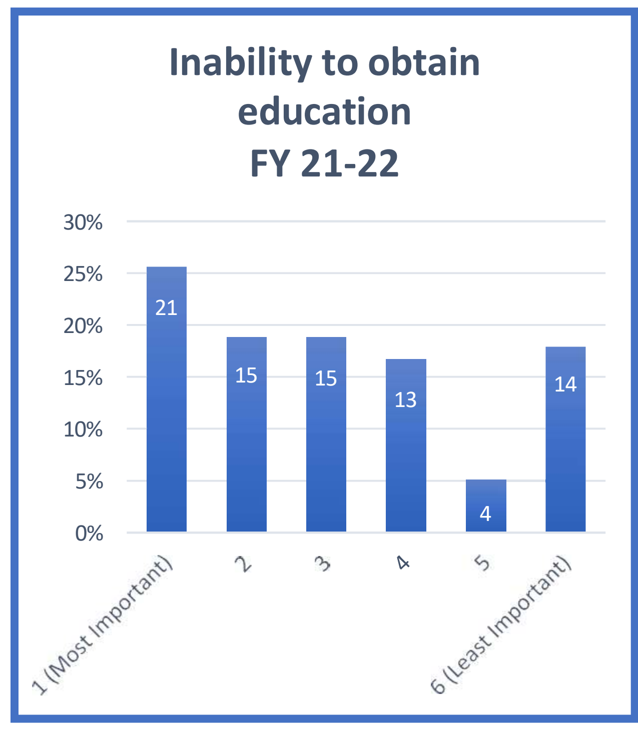
14
8
6
6
2
4
1 (MOST IMPORTANT)
2
3
4
5
6 (LEAST IMPORTANT)

*40 votes collected

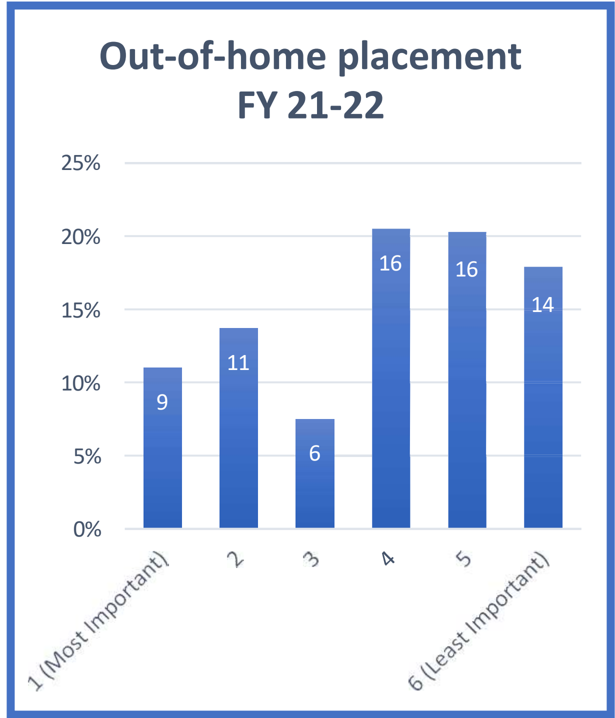
*84 votes collected



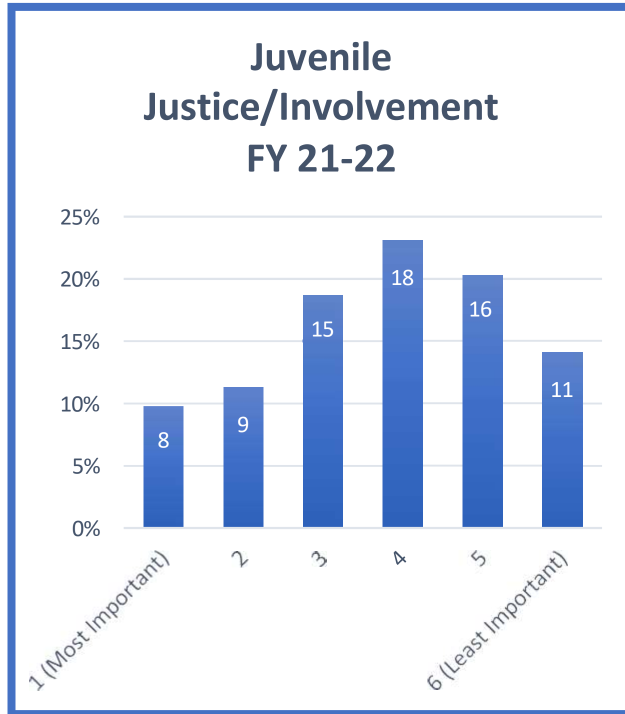
*80 votes collected



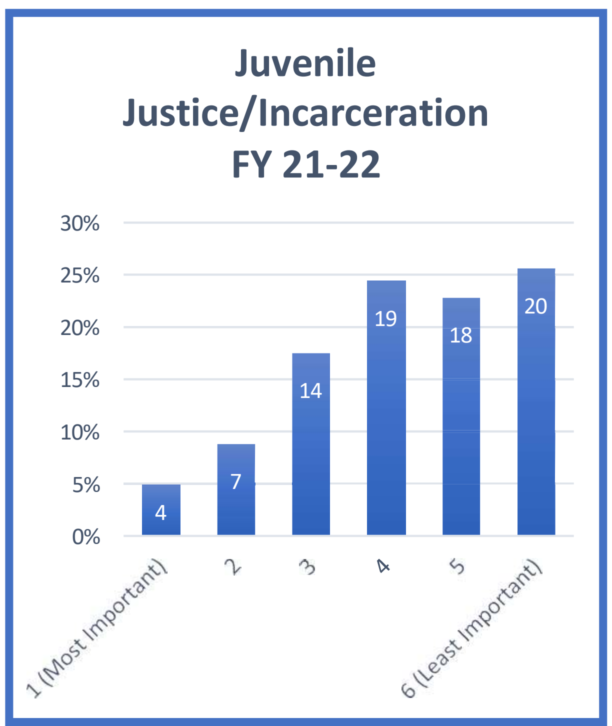
*82 votes collected



*72 votes collected



*77 votes collected



*82 votes collected

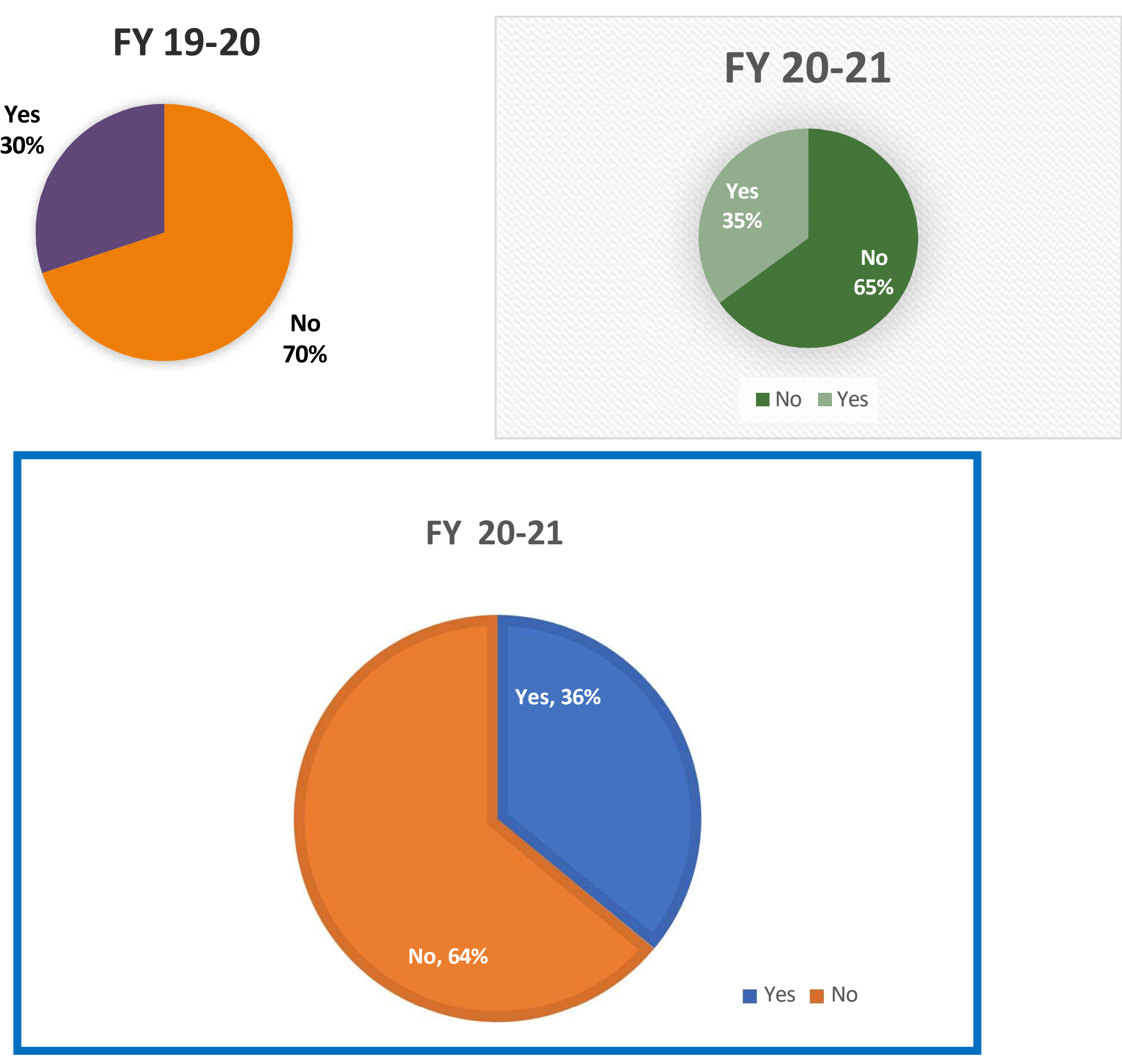
Homelessness (**#1**) was overwhelmingly rated as the main priority for all years. In FY 18-19 that was followed by Social Isolation (**#2**) which collected 17 total votes as first and second priority. Inability to Obtain an Education received 13 total votes (first and

second priority) and although Juvenile Justice/Involvement did not receive any votes as the most important, it received 10 votes for second priority. In FY 19-20, Out of Home Placement (**#2**) was voted as a top priority behind Homelessness (**#1**). Inability to obtain an education and Social Isolation also received several votes. Stakeholders are genuinely concerned with the housing situation of children, youth, and transitional age youth. In FY 20-21, Homelessness remained (**#1**) main priority. Followed by Social Isolation & Inability to obtain education (**#2** & **#3**).

Stakeholder priorities for the plan update (FY 21-22) still seem consistent with the previous determination. Homelessness (**#1**) with 25 votes collected followed by Inability to obtain education (**#2**) with 21 votes and Social Isolation (**#3**) with 15 votes.

Stakeholders were also asked:

Are there other populations that should be included?



In FY 19-20, 30% of Stakeholders believed that other populations should be considered. Below is the feedback received. Populations that should be included:
Seniors
Substance abuse prevention
Access to transportation and resources
Ages 0-5 and their education
Children living in poverty
Compromised Parenting / Lack of Structure in Home
Elderly
Foster and fosters leaving housing.
Home safety unit.
Homeless with severe mental illness
Human trafficking victims
Human trafficking, drug/alcohol abuse
Katie-A
LGBTQ
Maternal Mental Health
Migrant
Substance users
SUD
The transitional age should go up to 30 years old.
Transgender Youth
Trauma incidents
Youth experiencing/experianced trauma
Youth with substance abuse and mental health issues, and teen pregnancy and the effects on their mental health

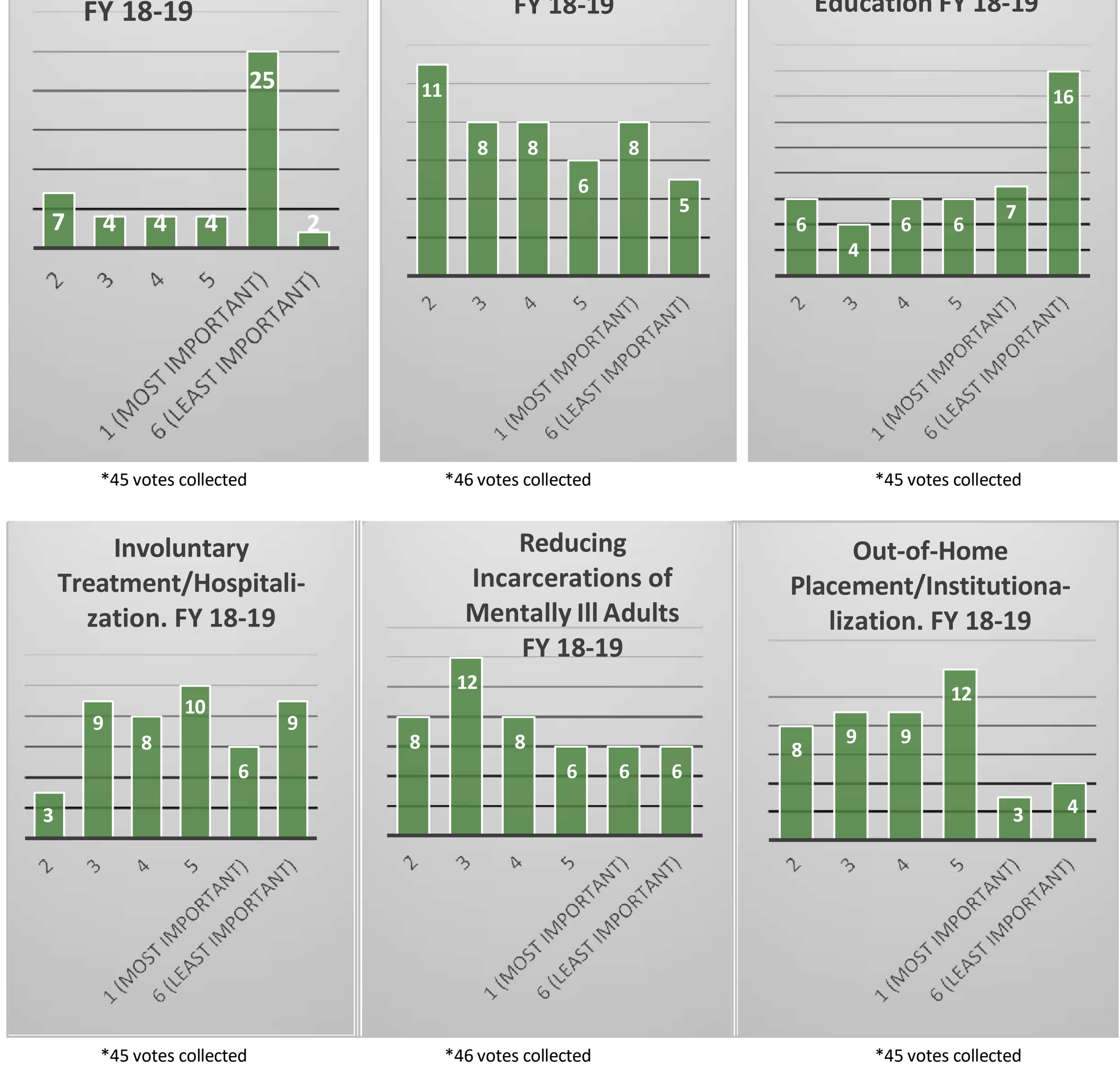
In FY 20-21, 35% of Stakeholders believed that other populations should be considered. Below is the feedback received. Populations that should be included:
Adults
Children or youth suffering from depression or anxiety.
Children/Youth in Foster children
college student receiving Disabled Students Programs and Services
family services
LGBTQIA
none
Perinatal Wellness

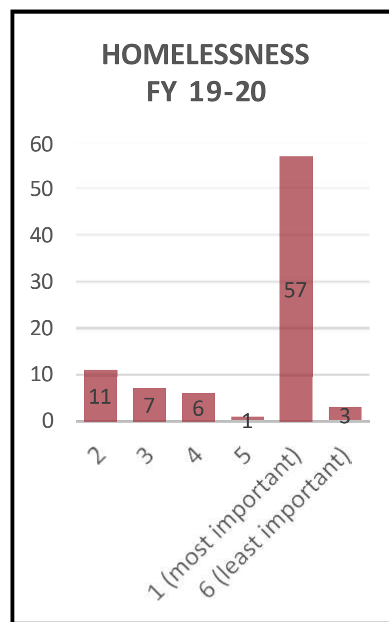
Questions were confusing! Thought I had to rank each category.
Single parent household
Single parents.
Veterans

In FY 21-22, 36% of Stakeholders believed that other populations should be considered. Below is the feedback received. Populations that should be included:
Tribal Youth and Tribal Elders 1200+ members
Cane de celebracion
Gangs
Jovenes que adan en pandillas
Adults need help also
Falta de vivenda
Grupo actividades juveniles entreniemento positivo
LGBTQ youth with mental issues or feel alone
LGBTQ Youth
LGBTQ
LGBTQ+ Community should be considered as well
LGBTQ+ Youth
Niños o jóvenes en pandillas
Personas de tercera edad sin beneficio
Transitional Age Youth
A los joventes que andan en pandillas
Adultos
Children in lower to middle income
Kids and teens in gangs
Limited work skills
Niños and jóvenes en pandillas
Personas mayores
Programa para niños en bullying en las escuelas
Runaways
Students struggling with grief due to loss, students that have been victims of sexual assault and students with family issues

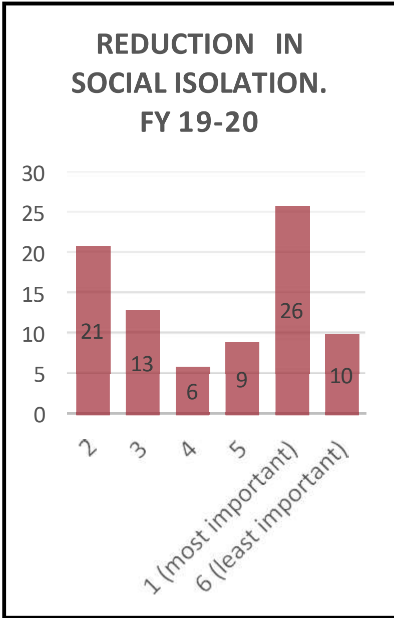
Adult/Older Adult (FSP) priorities:

6 Topics covered in FY 18-19, 19-20, 20-21 & 21-22: Homelessness, Reduction of Isolation, Inability to obtain education, Involuntary Treatment/Hospitalizations, Reducing Incarcerations of Mentally Ill Adults, Out-of-home placement/institutionalization. In FY 19-20, 20-21 Involvement with the Justice System was added, and Reducing Incarcerations of Mentally ill Adults was removed. In FY 21-22, Reducing Incarcerations of Mentally ill Adults was added, and Involvement with the Justice System was removed.

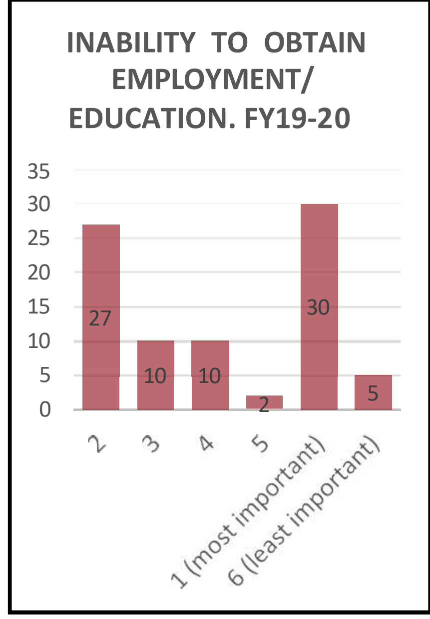




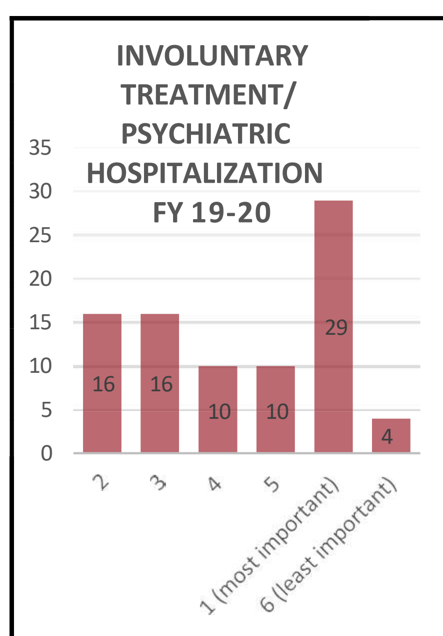
*85 votes collected



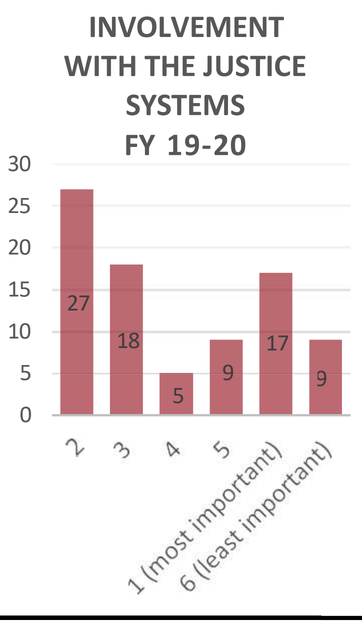
*85 votes collected



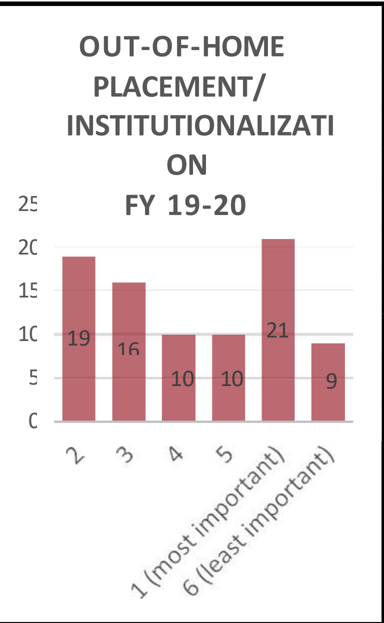
*84 votes collected



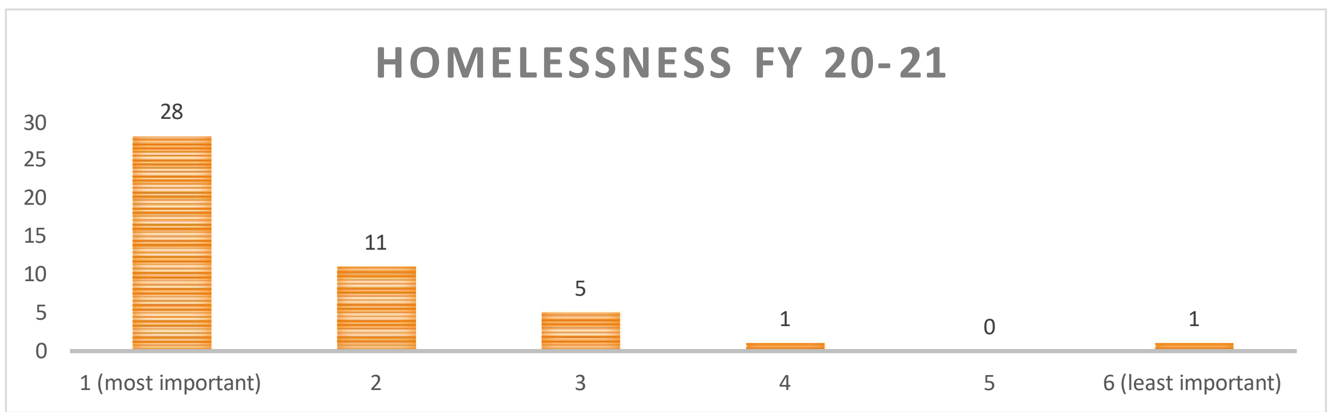
*85 votes collected



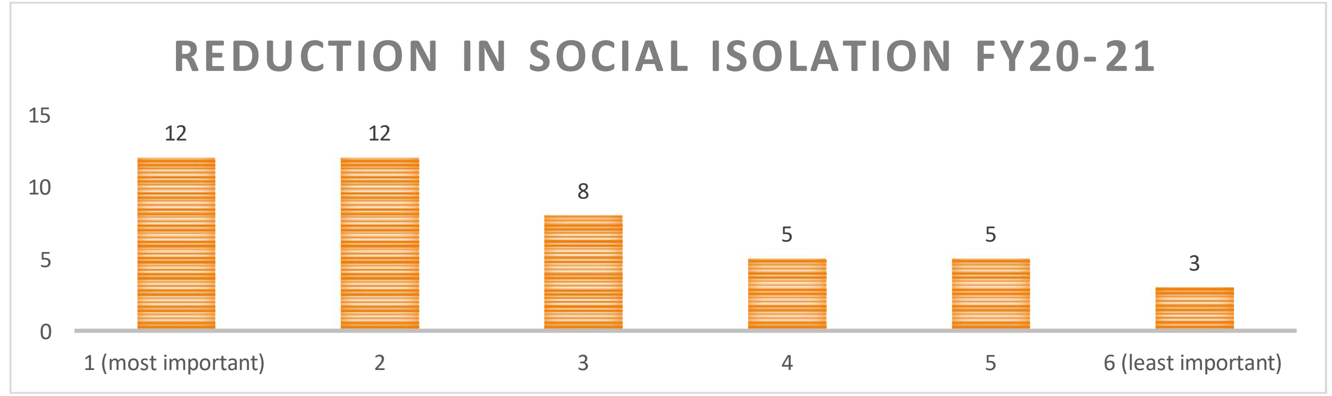
*85 votes collected



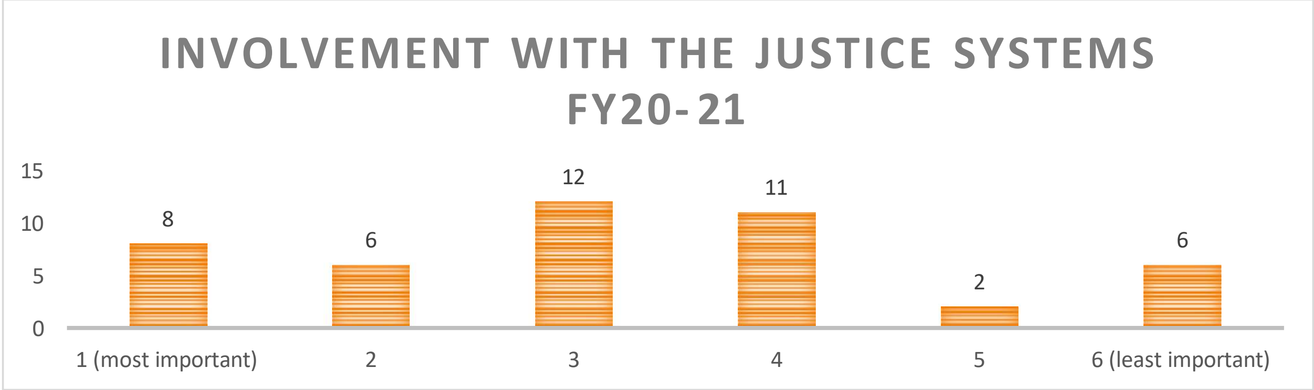
*85 votes collected



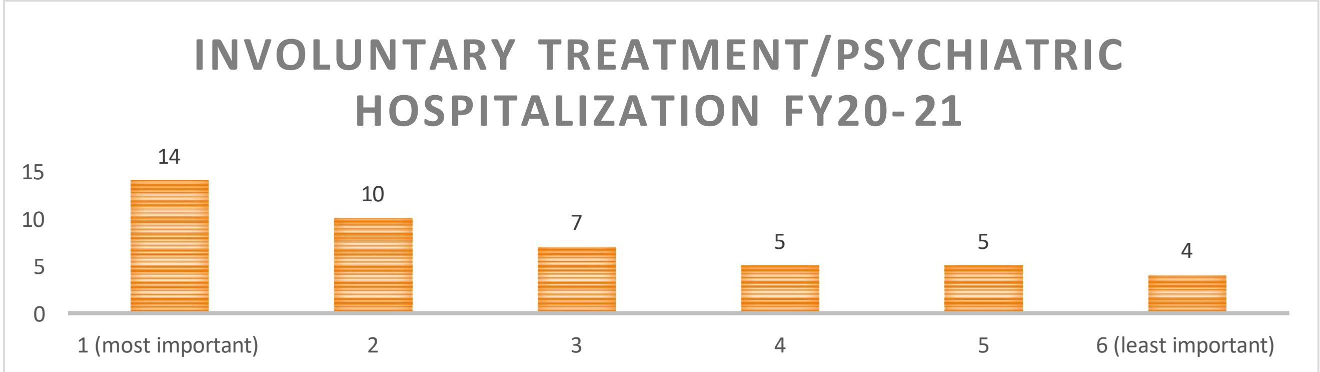
*46 votes collected



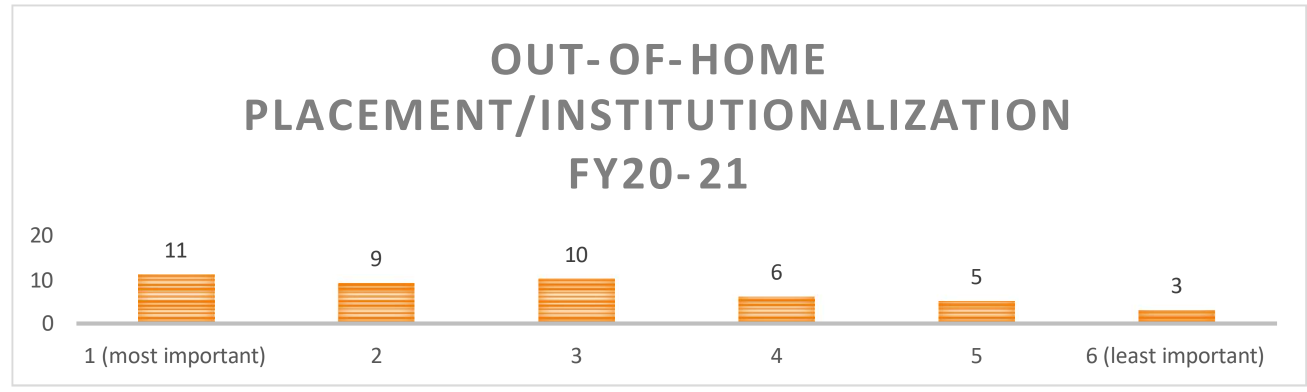
*45 votes collected



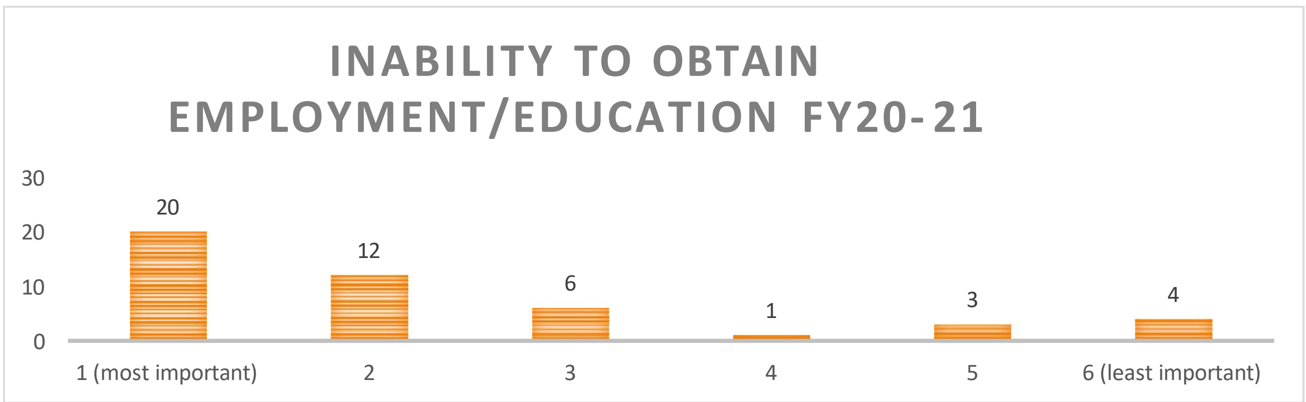
*45 votes collected



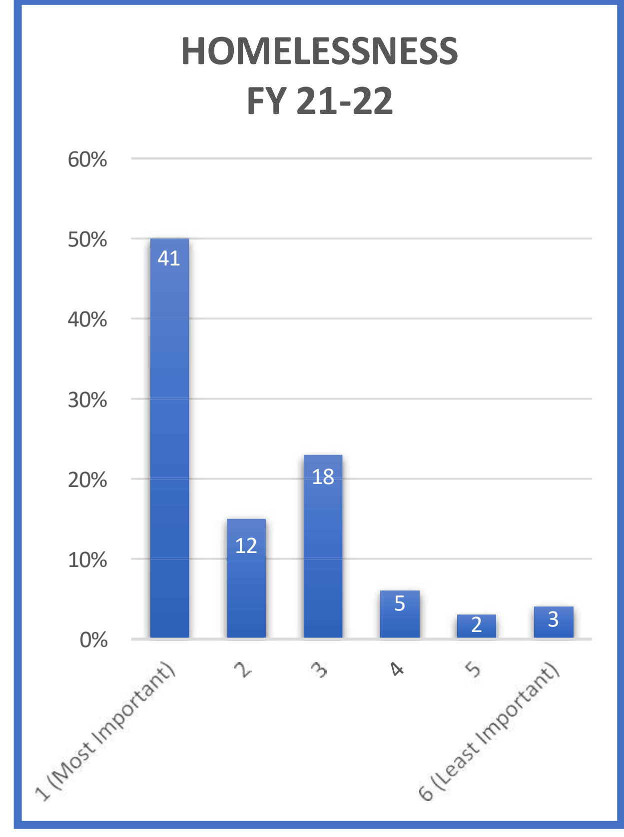
*45 votes collected



*44 votes collected



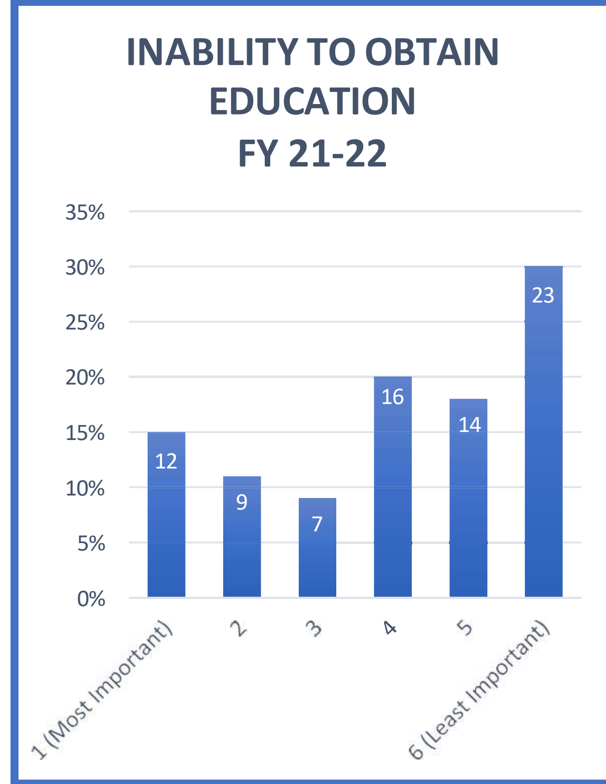
*46 votes collected



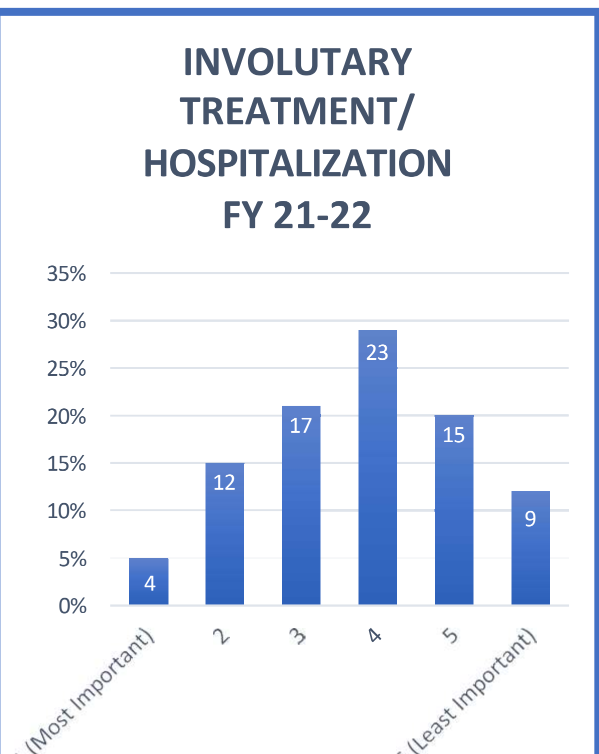
*81 Votes collected

REDUCTION OF ISOLATION
FY 21-22
25%
20%
15%
10%
5%
0%
11
17
10
12
14
11
1 (Most Important)
2
3
4
5
6 (Least Important)

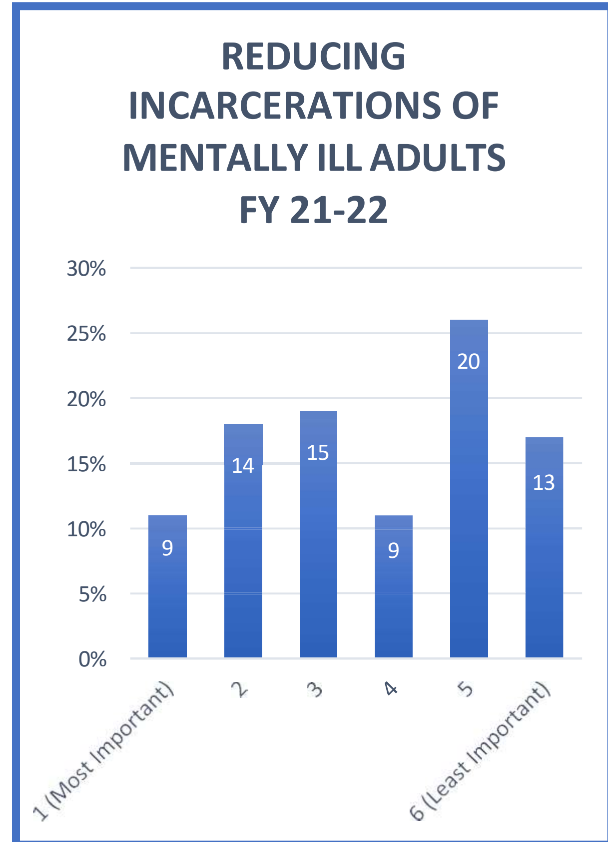
*75 Votes collected



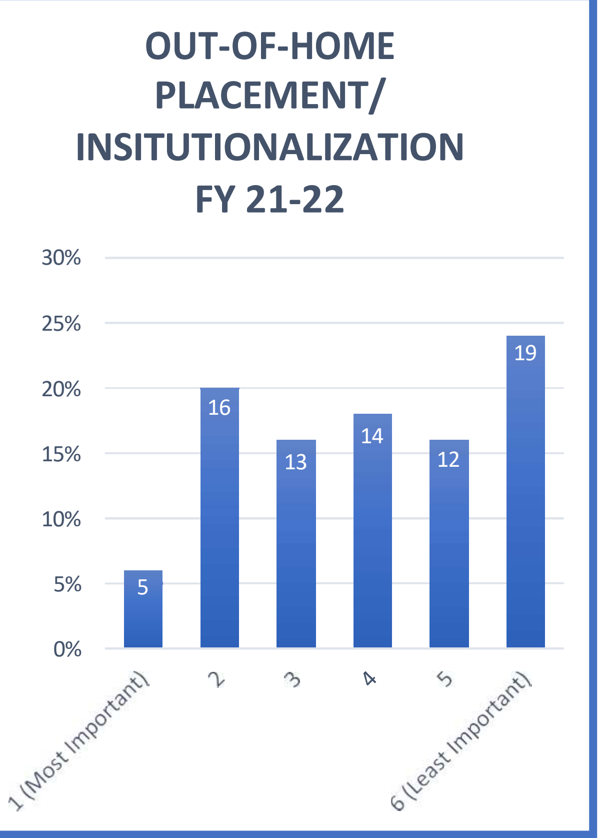
*81 Votes collected



*80 Votes collected



*81 Votes collected



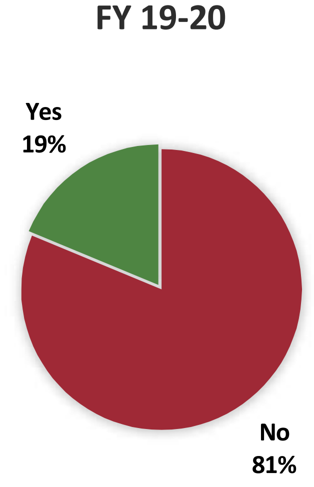
*75 Votes collected

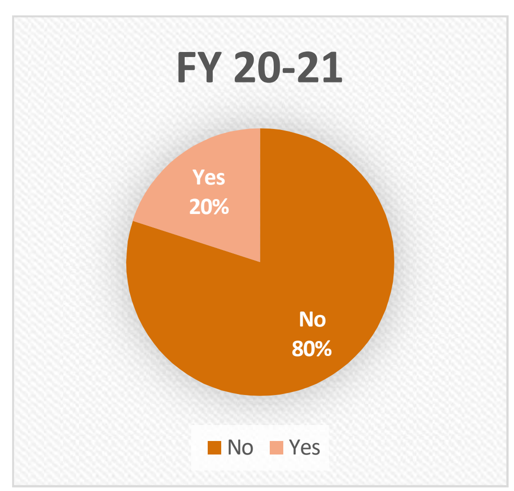
Stakeholders are also concerned with homelessness for the adult and older adult population. In FY 18-19, Homelessness (**#1**) collected 25 votes for most important, Reduction of Isolation (**#2**) gathered 19 votes combined for first and second priority and Reducing Incarcerations of Mentally ill collected a combined 14 votes. In FY 19-20, Homelessness (**#1**) dominated as the top priority again with 57 votes. Inability to Obtain Employment/Education (**#2**) followed by acquiring 30 votes for most important and 27 votes as second priority. In FY 20-21, Homelessness (**#1**) collected 46 votes for most important, Reduction of social isolation (**#2**) gathered 45 votes. In FY 21-22, Homelessness (**#1**) collected 41 votes for most important, inability to obtain education (**#2**) gathered 12 votes. Homelessness is a major concern for the community and Madera County Behavioral Health Services (MCDBHS) has taken a hard look at their capacity to reduce homelessness. MCDBHS used funding to support four housing projects. Four rooms at Hinds House, 8 rooms in the Chowchilla 4-Plex. Seven units have been funded at Esperanza Village and 16 units have been funded at Sugar Pine.

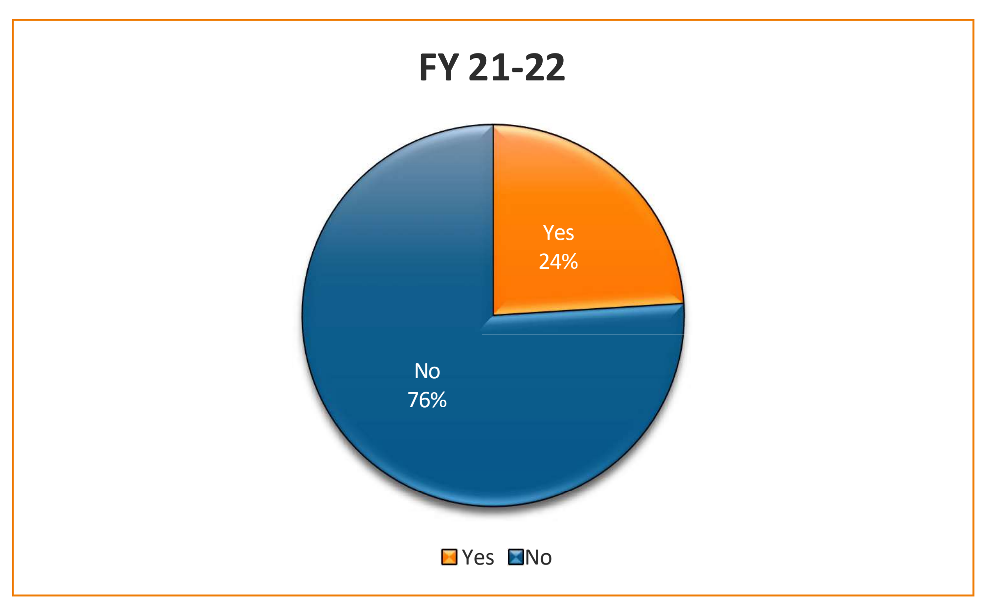
Stakeholder priorities for the plan update (FY 21-22) still seem consistent with previous determination and mirror FY 19-20 & FY 20-21. Homelessness (**#1**) followed by Inability to Obtain education (**#2**) are the top two priorities.

Stakeholders were also asked:

Are there other populations that should be included?







In FY 19-20, 19% of Stakeholders believe that other populations should be considered. Below is the feedback received. Populations that should be included:
93637
Adults living in poverty
Homeless with severe mental illness
LGBTQ
Parents often left out yet live with the situation daily
Parolees ex-inmates
Perinatal and Postpartum families
Perinatal Mental Health
Seniors
Single Males19-70 years of age
Substance / Drug Use
Substance abuse prevention
Substance use
SUD
Transportation to services and resources
Young Adult ages 21-25

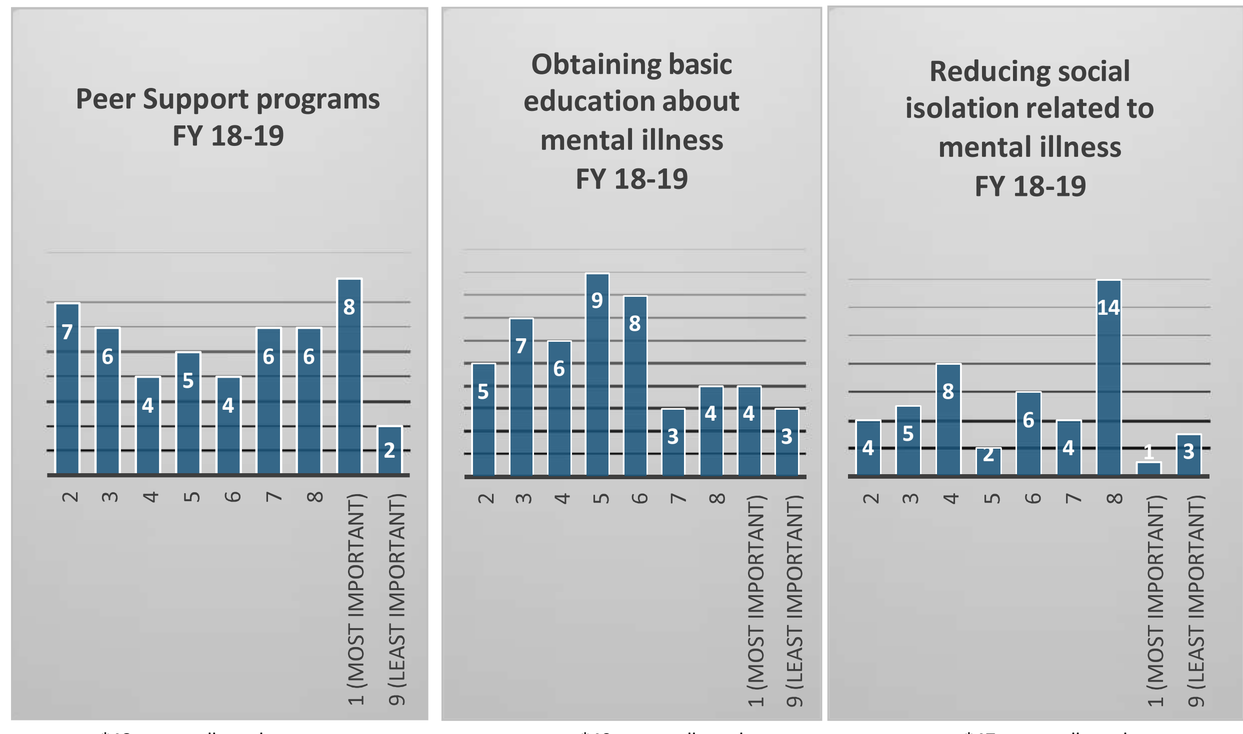
In FY 20-21, 20% of Stakeholders believe that other populations should be considered. Below is the feedback received. Populations that should be included:
Adults suffering from depression or anxiety
family services
Family Supports
Homelessness
Perinatal wellness
Special Ed high school students who are transitioning to high school and undocumented students
Too many to list
Veterans

In FY 21-22, 24% of Stakeholders believe that other populations should be considered. Below is the feedback received. Populations that should be included:
Como las personas que hablan otro dialecto
Las personas que se queda en la calle
LBGTQ+
Mas centros de rehabilitacion
Middle School-High School (Focus)
Personas sin estatos legales que no cuenta con seguro de salud
Que Hagia más centros de rehabilitación para adultos
Que hala más centros de rehabilitación
Tribal Youth
Uninsured
Actividades para personas sin hogar
Gangs
Jóvenes
Mas centros de rehabilitación

Parents-providing mental health educations for parents to stop the stigma when their children open about struggling with their mental health
Que haya más centros de servicios
Refugees/New Residents
The elderly

Prevention and Early Intervention (PEI) priorities:

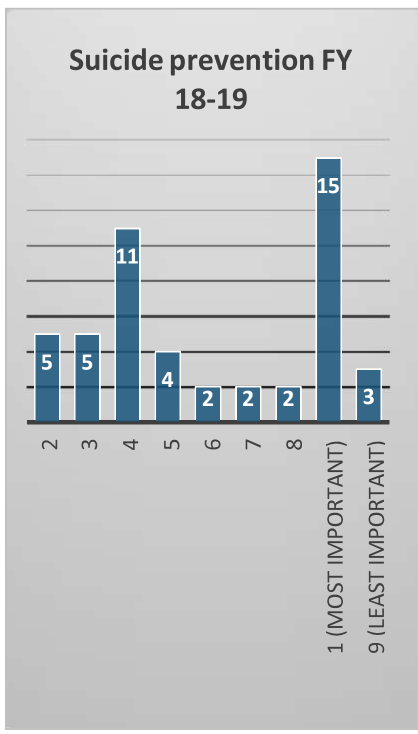
9 Topics covered in FY 18-19 & 7 topics covered in FY 19-20, 20-21: Peer support programs, Suicide prevention, Providing early intervention services for mental illness to keep disability from progressing, Obtaining basic education about mental illness, Reducing stigma and discrimination related to mental illness, Access and linkage to treatment (when an individual accesses prevention services and needs treatment services), Outreach for increasing recognition of early signs of mental illness, Reducing social isolation related to mental illness, Prevention services (services to reduce risk factors and increase protective factors related to mental illness). In FY 19-20, 20-21, Improved Timely Access was added. Peer Support Programs, Obtaining Basic Education about Mental Illness and Reducing Social Isolation Related to Mental Illness were removed. In FY 21-22, 9 topics were covered: Peer Support Programs, Reducing Stigma and Discrimination Related to Mental Health, Suicide Prevention, Obtaining Basic Education about Mental Health, Reducing Social Isolation Related to Mental Health, Prevention Services, Early Intervention, Outreach for increasing Recognition of Early Mental Illness, and Access and Linkage to Treatment.



*48 votes collected

*49 votes collected

*47 votes collected

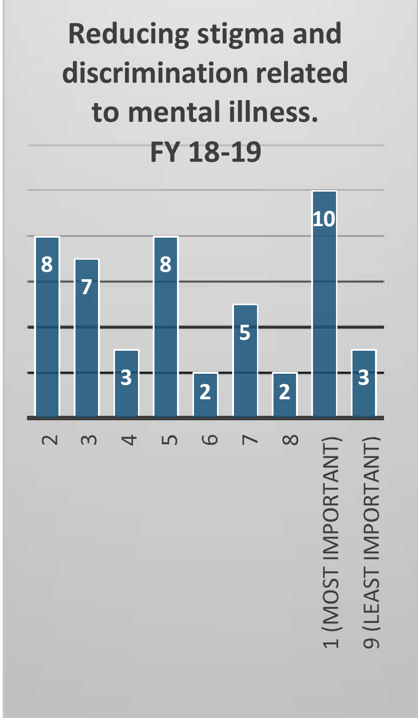


*48 votes collected

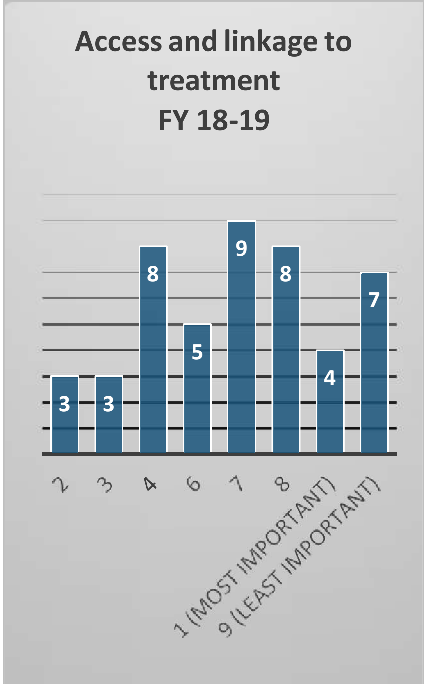
Providing early intervention services for mental illness to keep disability from progressing. FY 18-19

4
5
3
8
8
2
6
7
5
2
3
4
5
6
7
8
1 (MOST IMPORTANT)
9 (LEAST IMPORTANT)

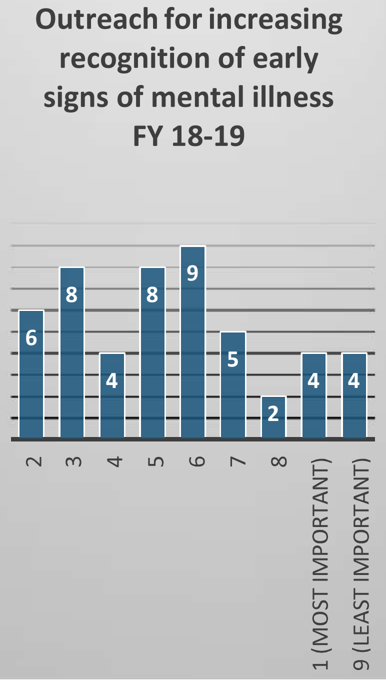
*49 votes collected



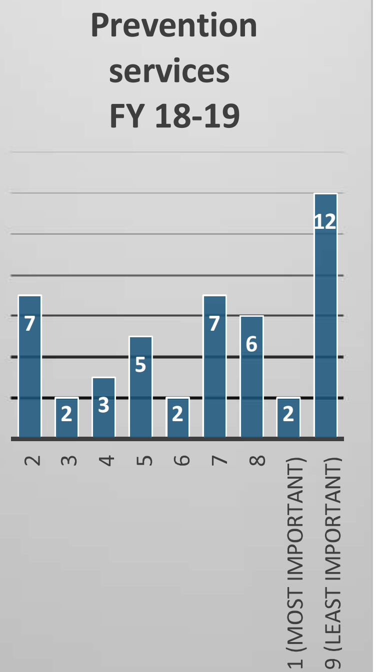
*48 votes collected



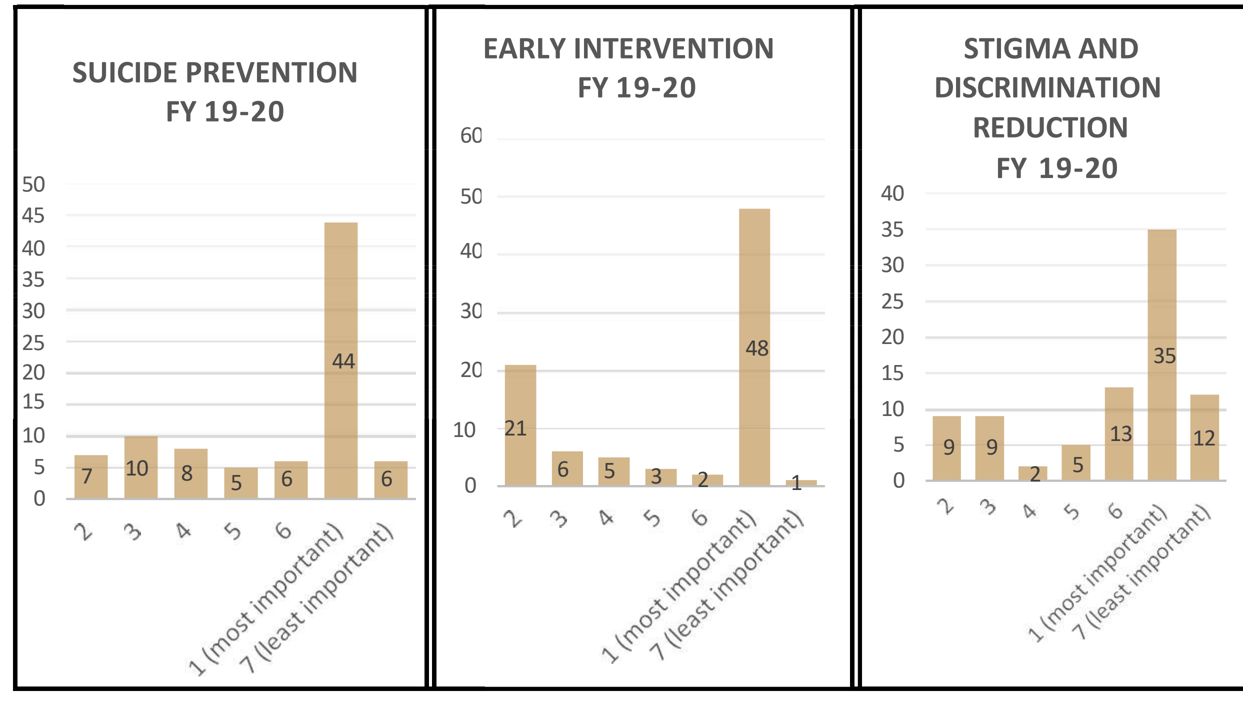
*48 votes collected



*50 votes collected



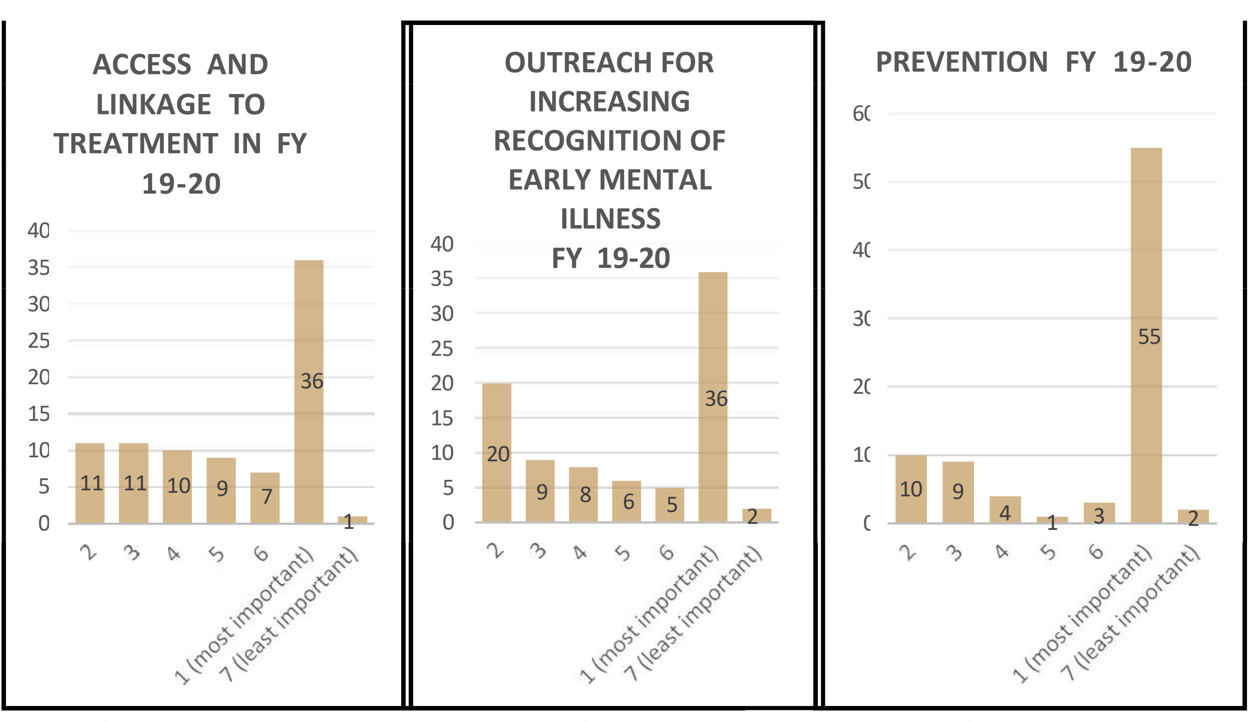
*46 votes collected



*86 votes collected

*86 votes collected

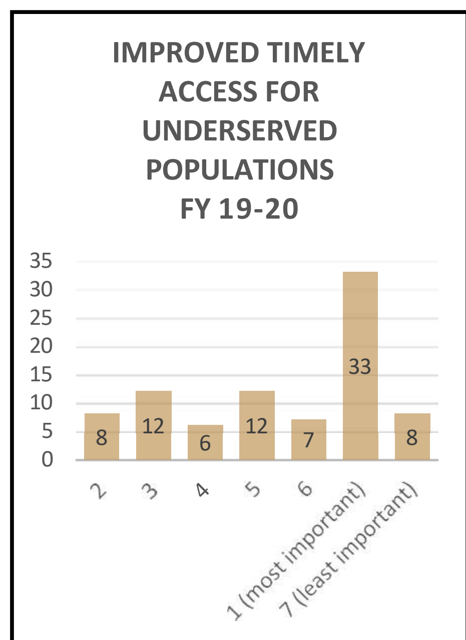
*83 votes collected



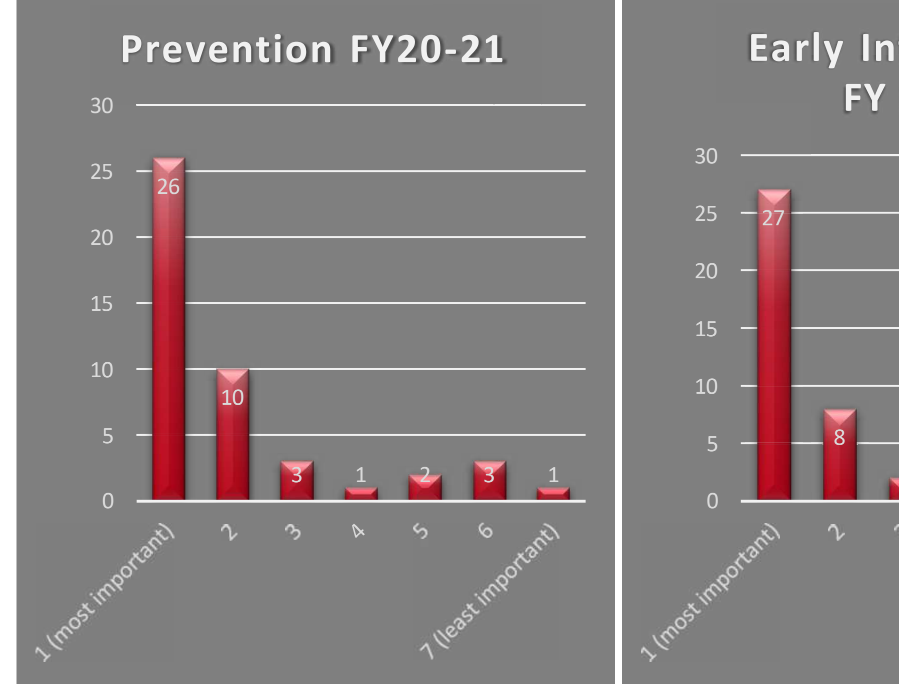
*85 votes collected

*86 votes collected

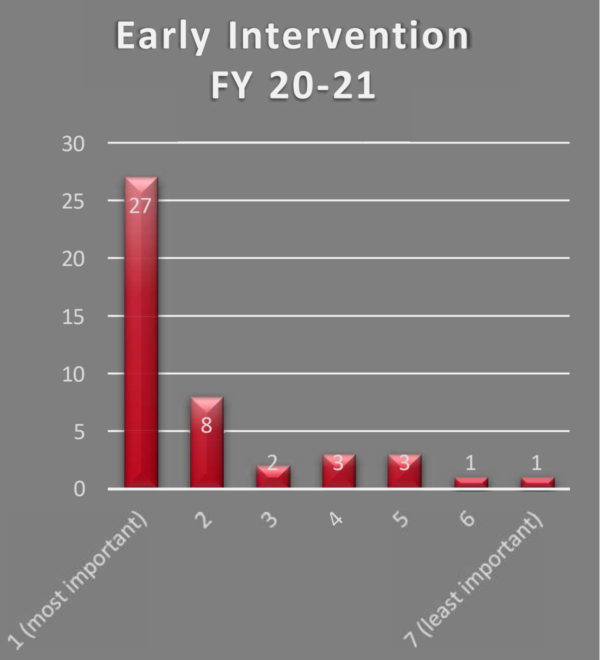
*84 votes collected



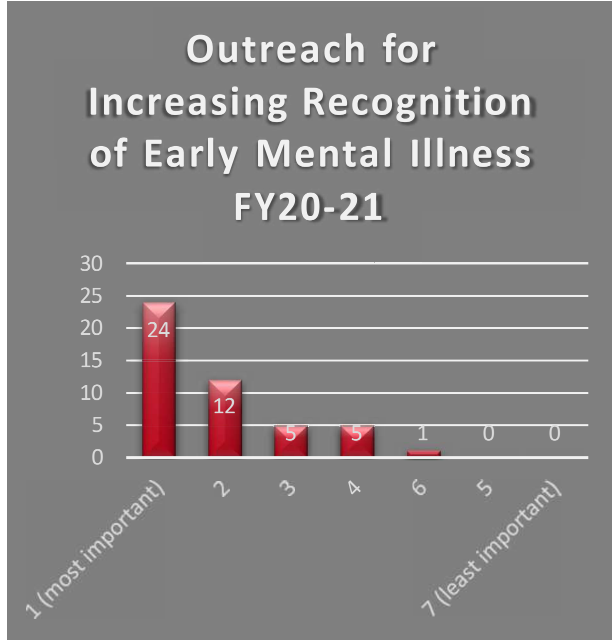
*86 votes collected



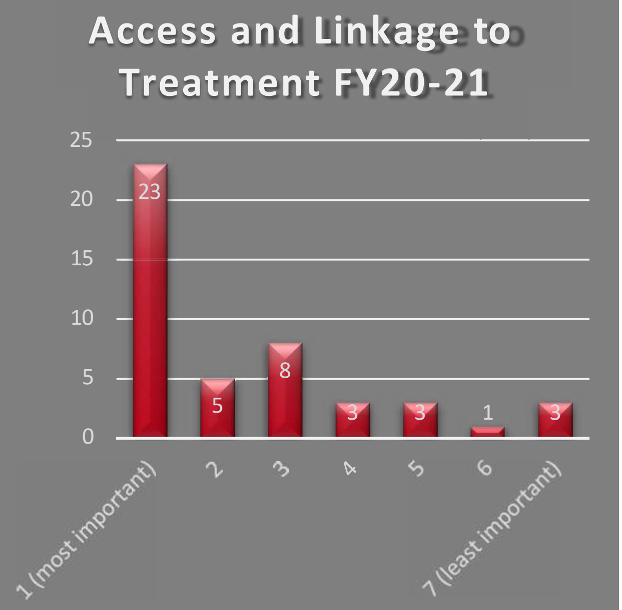
*46 votes collected



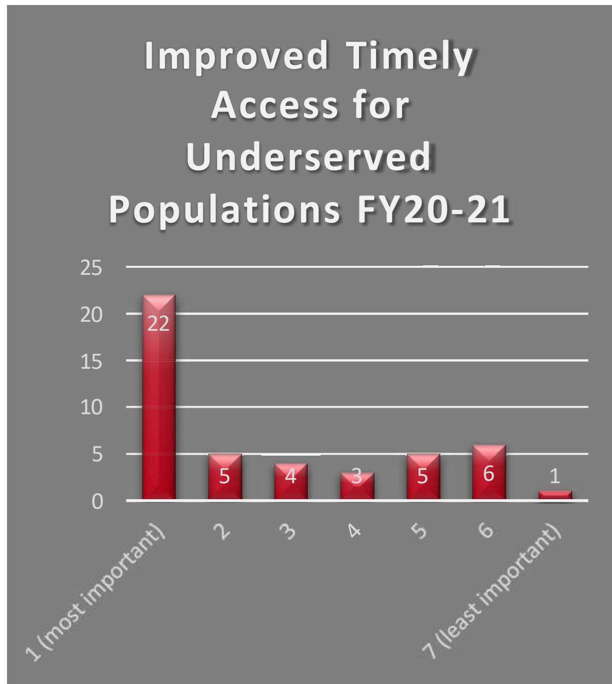
*45 votes collected



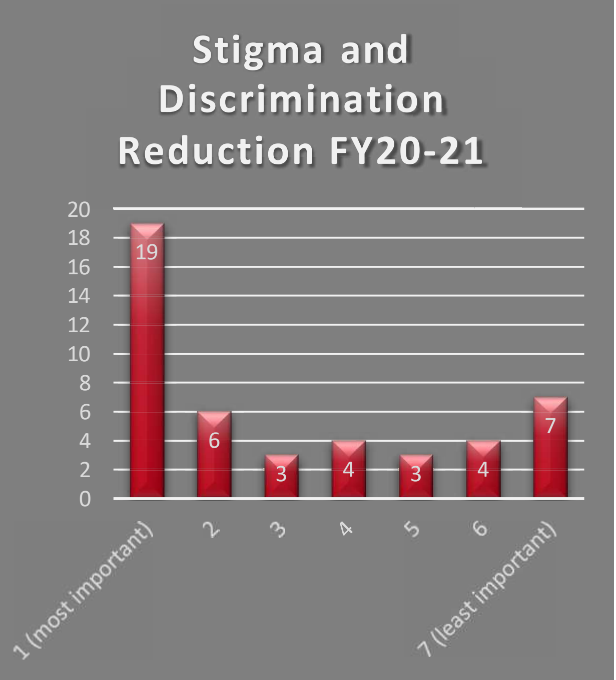
*47 votes collected



*46 votes collected



*46 votes collected



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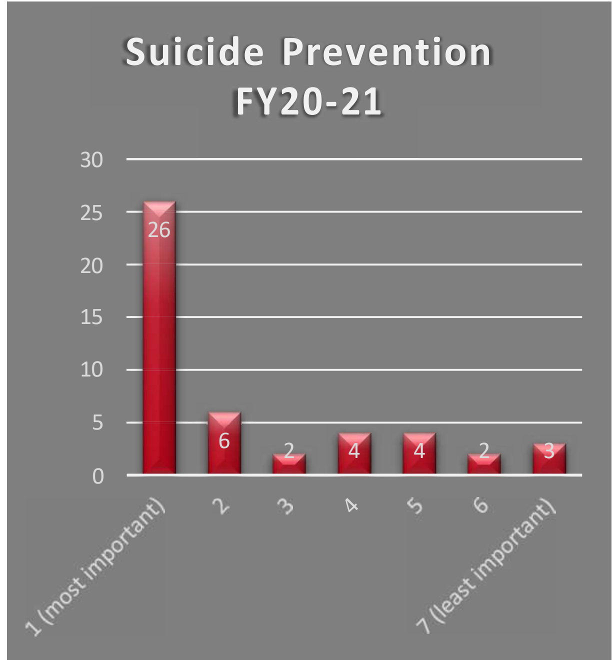

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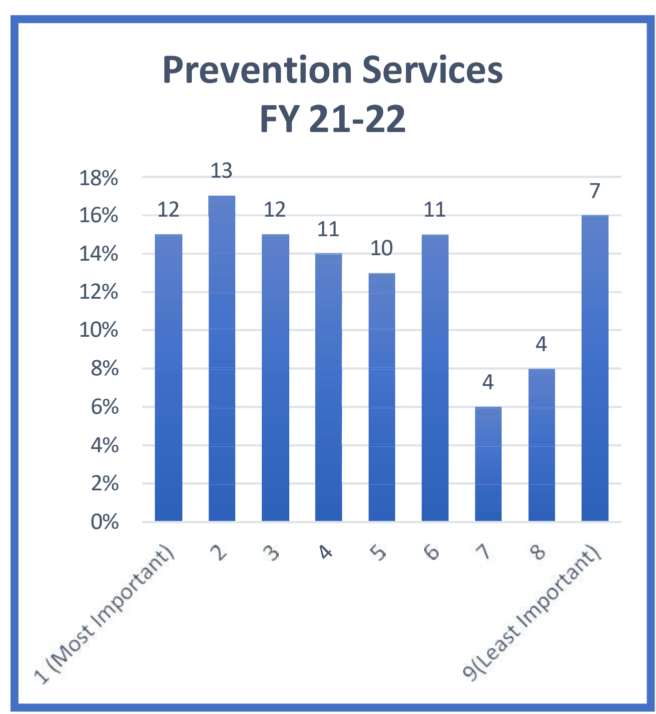
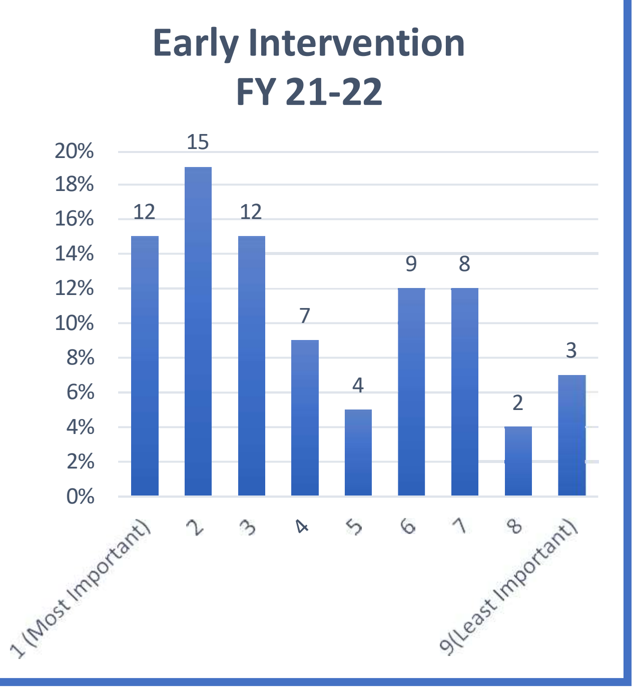
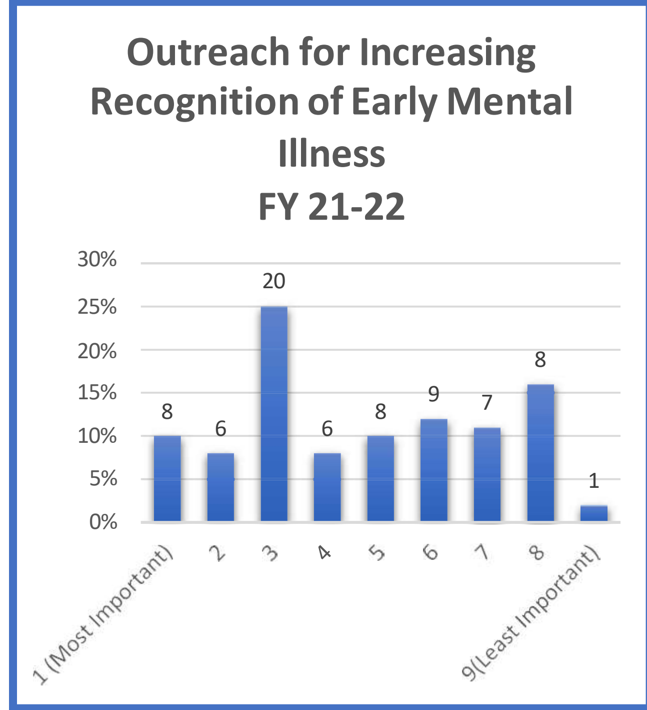


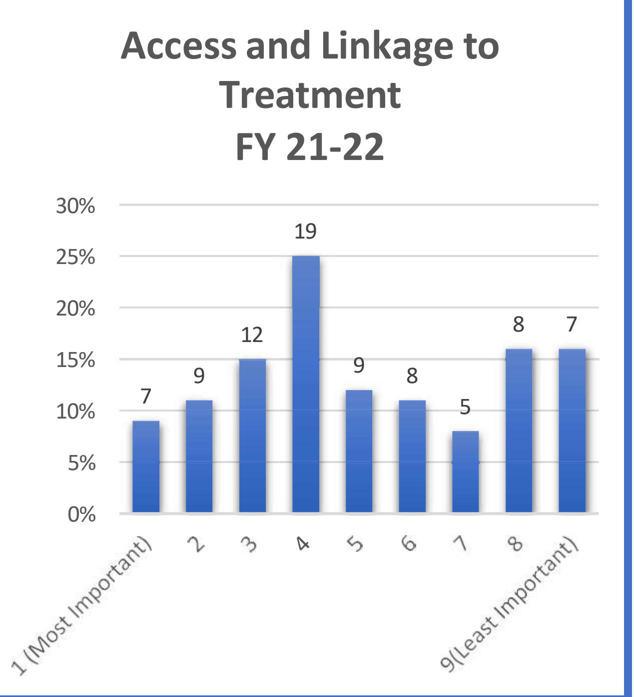
*84 votes collected



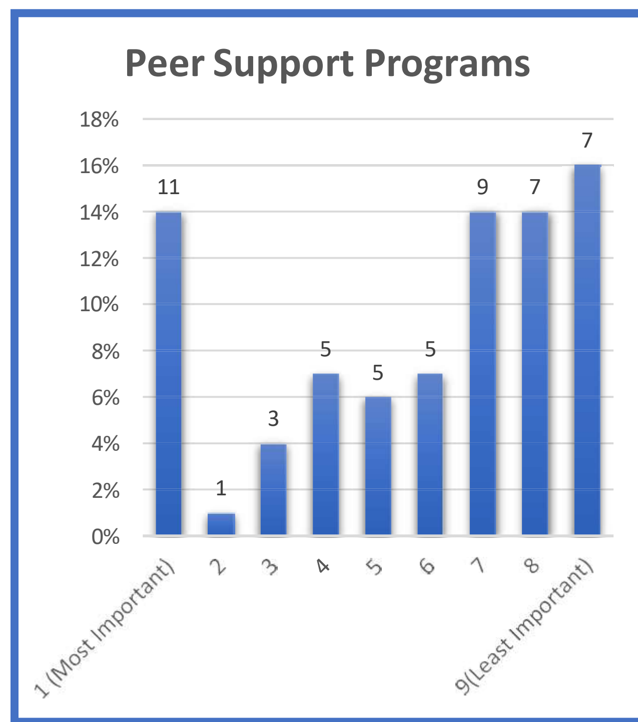
*72 Votes collected



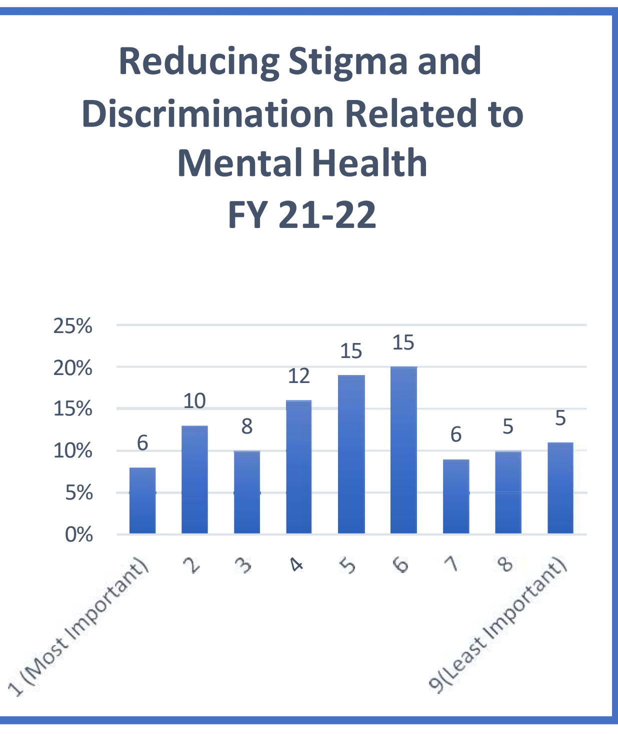
*73 votes collected



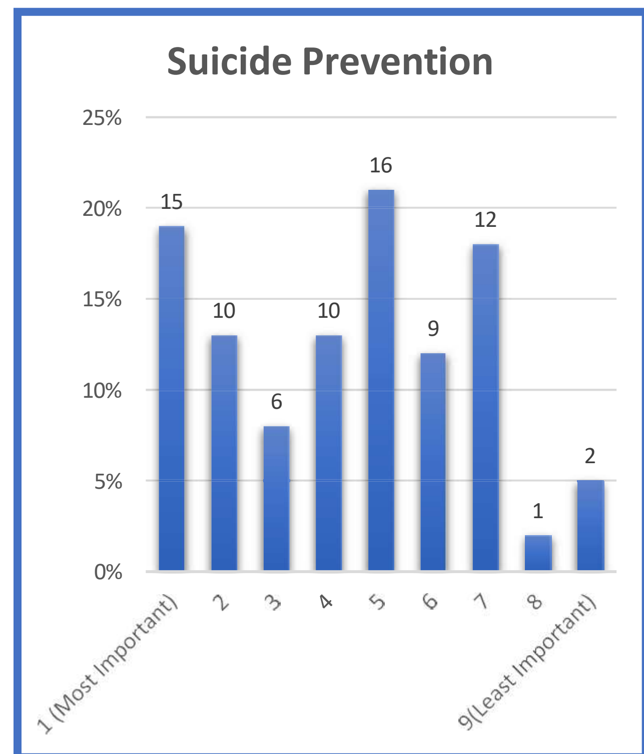
*84 Votes collected



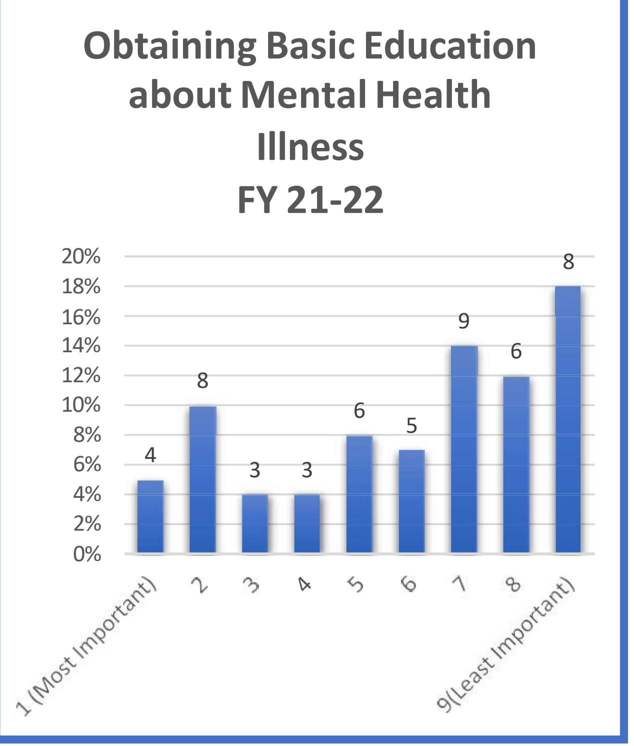
*53 votes collected



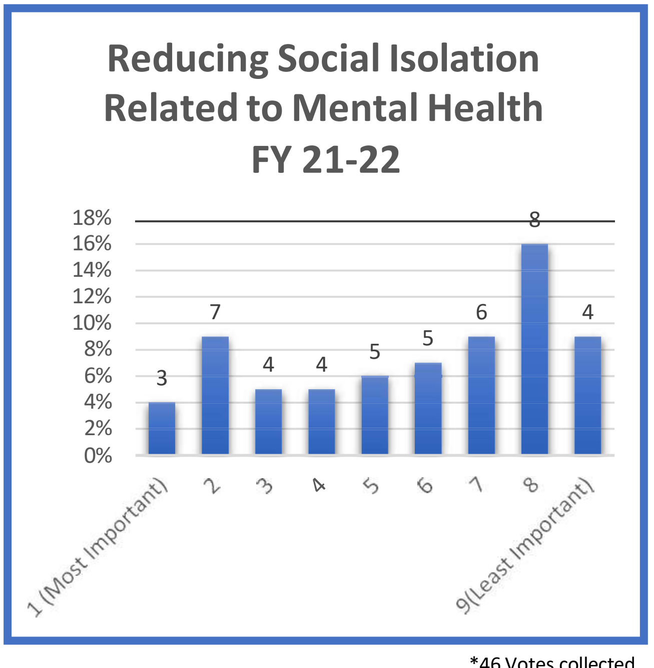
*82 Votes collected



*81 votes collected



*52 Votes collected



*46 Votes collected

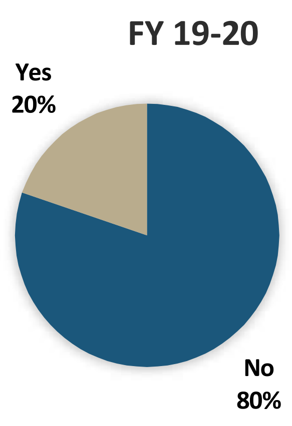
During FY 18-19, Madera County Stakeholders felt that Suicide Prevention (**#1**) should be the priority as it collected 15 votes. Stigma and Discrimination (**#2**) followed which gathered a combined score of 18 (for first and second priority) and Peer Support Programs received a combined 15 votes. In FY 19-20, the priority shifted to different categories. For this fiscal year, Prevention Services (**#1**) lead with 55 votes followed by

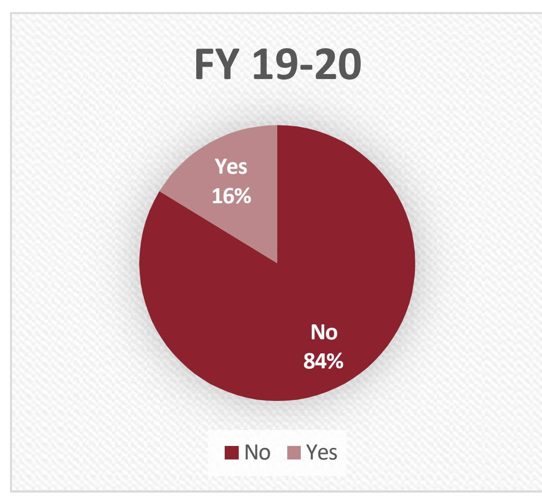
Early Intervention (**#2**) which acquired 48 votes. Although suicide prevention collected 44 votes as stakeholder's priority and 7 votes for second priority (51 combined), Outreach for Increasing Recognition of Early Mental illness amassed 56 combined points for first and second priority. Prevention and Early intervention services is particularly important for Madera County residents and Prevention services was listed as a top priority for both years. In FY 20-21 Early Prevention (**#1**) was most important with 27 votes. Prevention (**#2**) and Suicide Prevention (**#3**) were equal for second most important with 26 votes each.

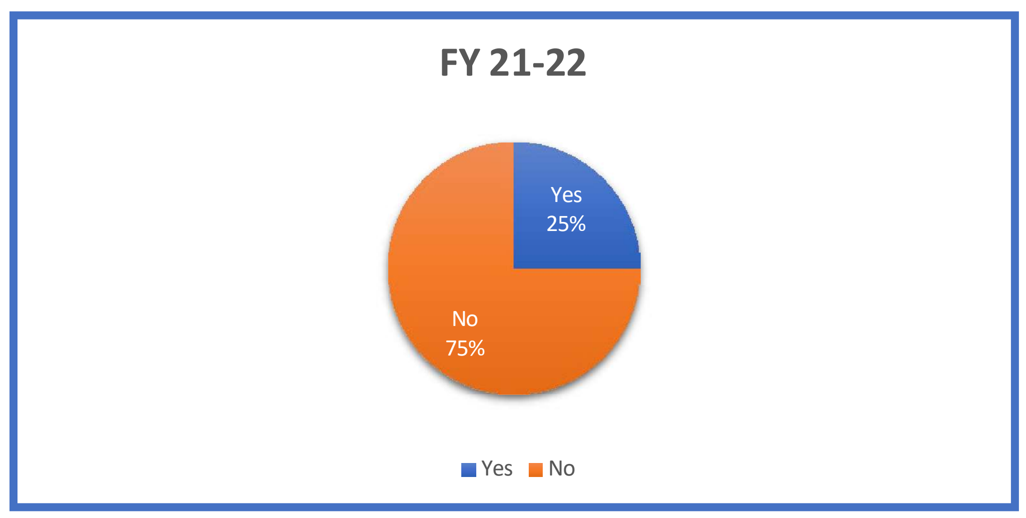
Stakeholder priorities for the plan update (FY 21-22) still seem consistent with previous FY 20-21 with slight changes. In FY 21-22 Suicide Prevention (**#1**) was the most important with 15 votes. Early Intervention (**#2**) and Prevention Services (**#3**) followed suicide prevention with 12 votes each. Although every year is different, Suicide Prevention has come up in the top three.

Stakeholders were also asked:

Are there other populations that should be included?







In FY 19-20, 2% of Stakeholders believed that other populations should be considered. Below is the feedback received. Populations that should be included:
Access to language services that will enable patients to understand and be understood
Access to resources and transportation
College age population
Ease of language availability / diverse services
Everyone that needs help; need to get in.
Homeless x2
Issues with self esteem
Parent support
Parents need some way to communicate
Resiliency
SUD
The elderly
Transportation and Childcare to seek treatment
Trauma Care
Women of childbearing years and older women 55 +

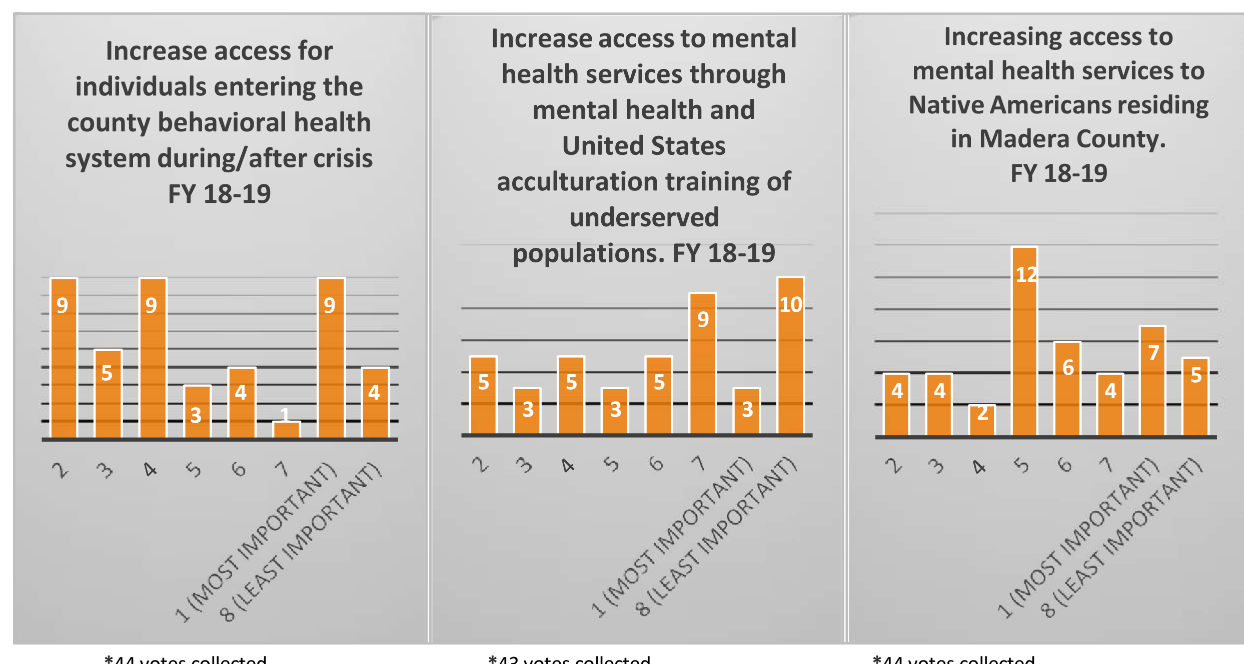
In FY 20-21, 16% of Stakeholders believe that other populations should be considered. Below is the feedback received. Populations that should be included:
Family Support
Undocumented adults and children without access to medical assistance
walk in crisis, walk in psychiatry, much more clinical and stabilization resources

In FY 21-22, 25% of Stakeholders believed that other populations should be considered. Below is the feedback received. Populations that should be included:
LGBTQ+
Mejorar el acceso para las poblaciones desatendidas
LGBTQ+ Meojorar el acesso para las poblaciones desatendidas
Mejorar el acceso para las poblaciones desatendidas (9 votes included)
Poblaciones LGBTQ+
Sexual Assault victims and grief support
Tribal All

Innovation (INN) priorities:

8 Topics covered in FY 18-19 & 6 Topics covered in FY 19-20 & FY20-21: Increase access for individuals entering the county behavioral health system during/after crisis, Increasing access to mental health services to Native Americans residing in Madera County, Increase the quality of mental health services (including measurable outcomes), Increase access to mental health services through mental health and United States acculturation training of underserved populations, Increase access to primary care through coordination of services, Increase access to mental health services to underserved groups, Promote organizational/community collaboration to mental health supports for foster parents, Increase Access to County Behavioral Health Services for individuals ages of 16 to 25. In FY 19-20 & FY 20-21, Promote Interagency and Community Collaboration Related to Mental Health Services Supports or Outcomes, Increase Access to Mental Health Services (e.g. people experiencing trauma barriers to access), Increasing Mental Health Services and Supports through Technology and Predicting Needs were added. The following were removed: Increase access for individuals entering the county behavioral health system during/after crisis, Increase access to mental health services through mental health and United States acculturation training of underserved populations, Increasing access to mental health services to Native Americans residing in Madera County, Increase access to primary care through coordination of services, and Promote organizational/community collaboration to mental health supports for foster parents.

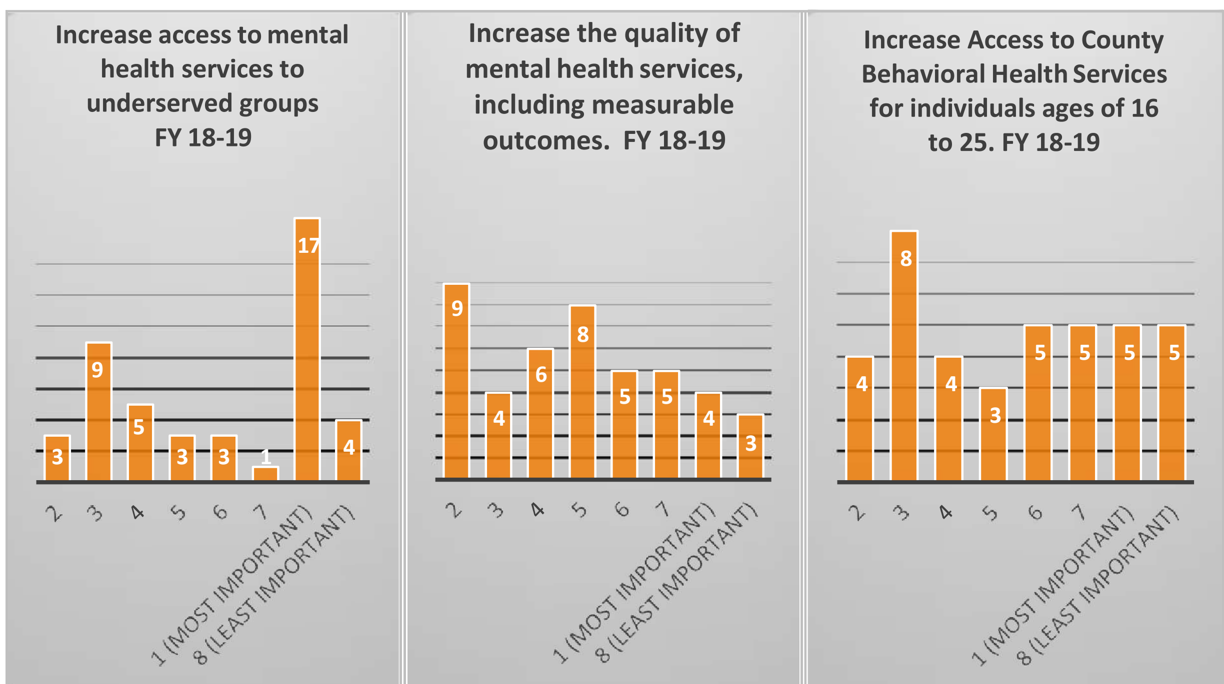
In FY 21-22, 5 topics were covered which included: Increase access to mental health services to underserved groups, increase quality of mental health services, including measurable outcomes, Promote Interagency and community collaboration related to mental services, support or outcomes, increase access to mental health services, and Increase access to county behavioral services for individuals aged 16-25 and 60+.



*44 votes collected

*43 votes collected

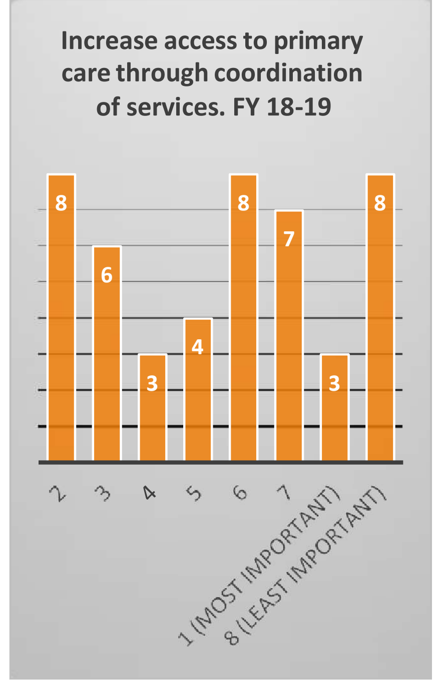
*44 votes collected



*45 votes collected

*44 votes collected

*39 votes collected

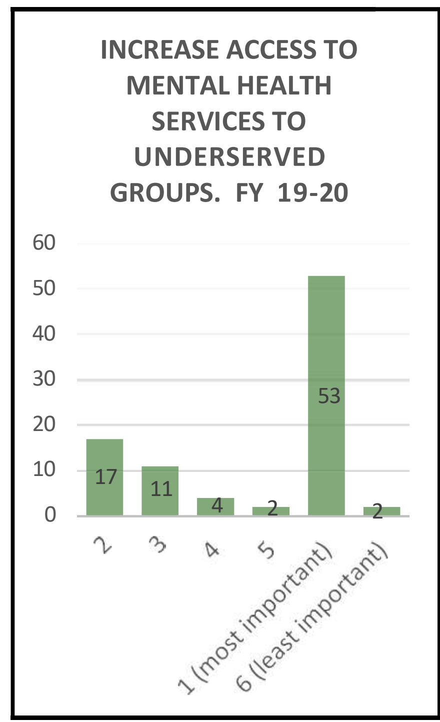


*44 votes collected

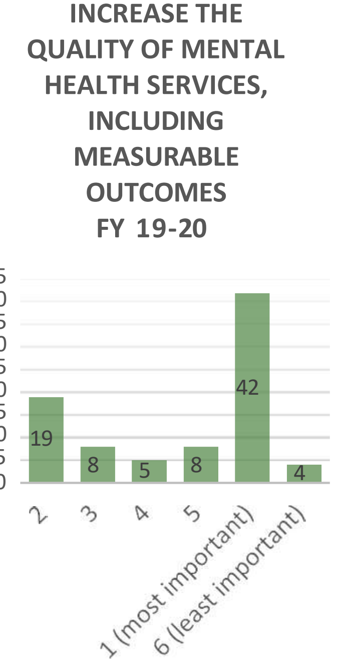
Promote organizational/community collaboration to mental health supports for foster parents. FY 18-19

3
5
6
6
5
8
5
5
2
3
4
5
6
7
1 (MOST IMPORTANT)
8 (LEAST IMPORTANT)

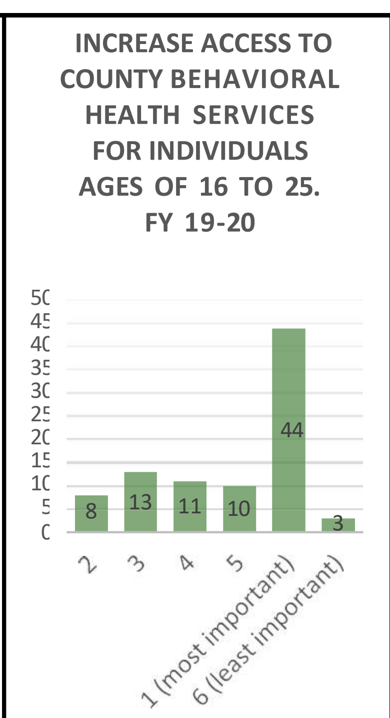
*39 votes collected



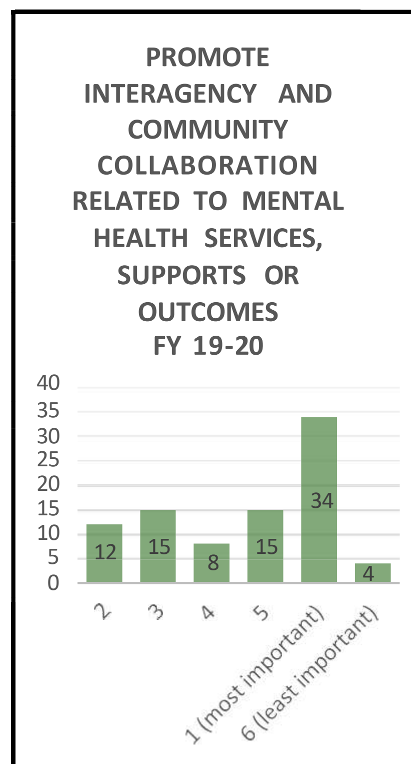
*89 votes collected



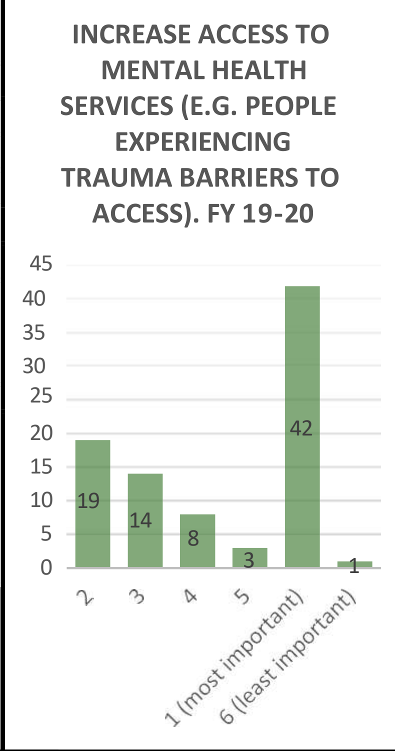
*86 votes collected



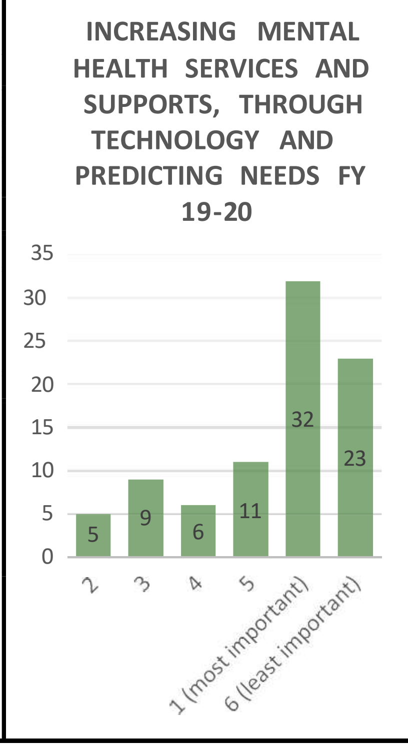
*89 votes collected



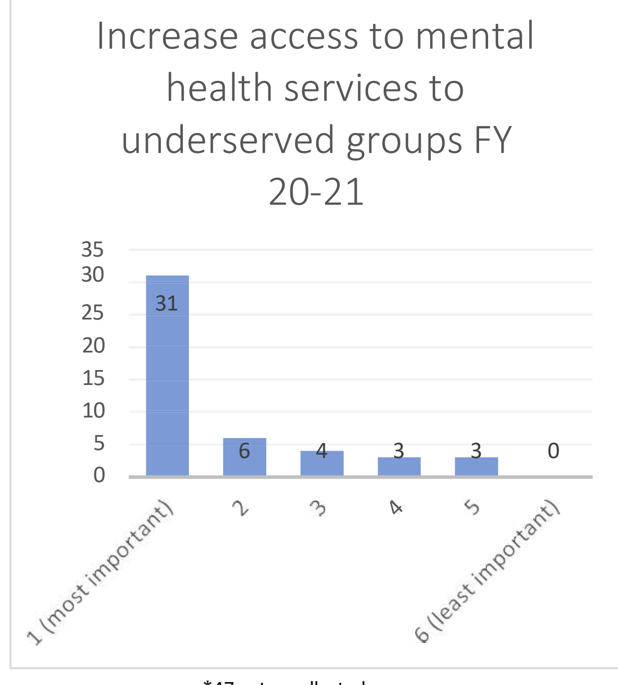
*89 votes collected



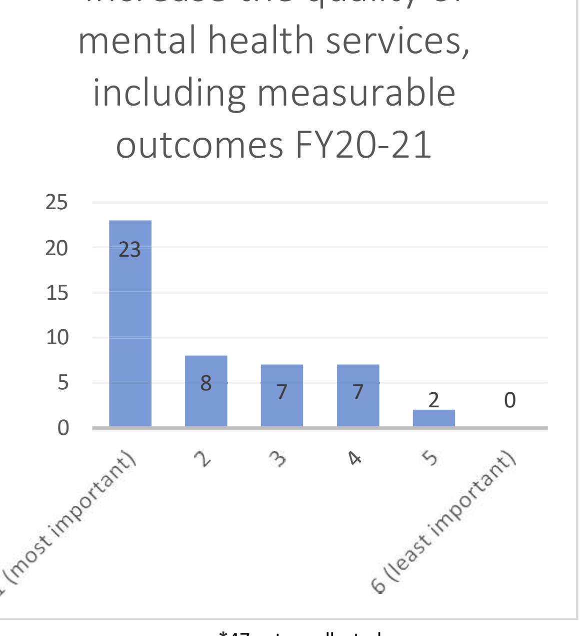
*87 votes collected



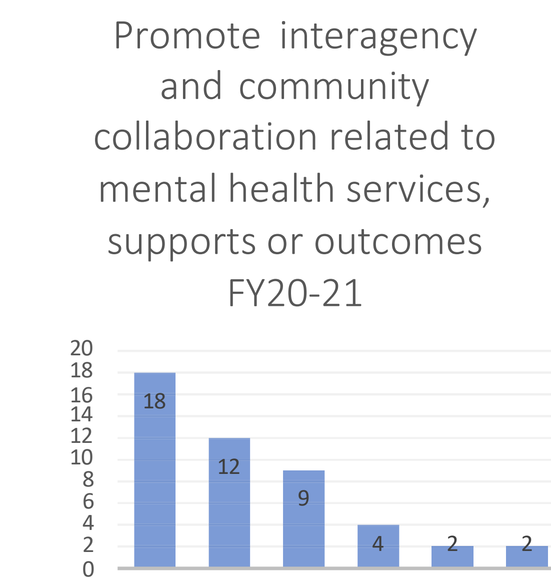
*86 votes collected



*47 votes collected

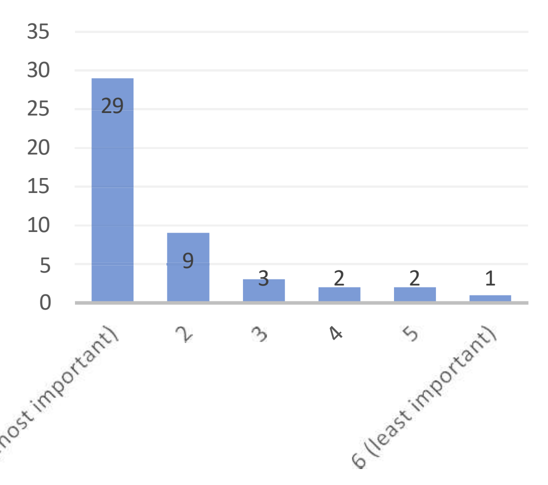


*47 votes collected

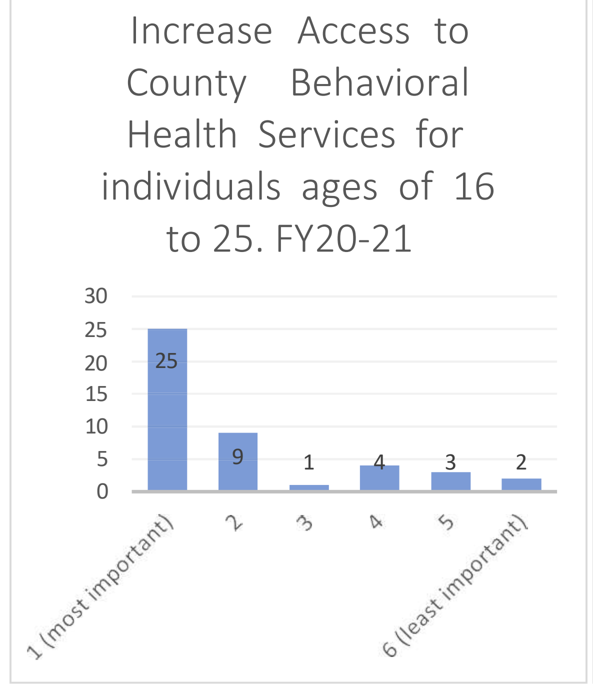


*47 votes collected

Increase access to mental health services (e.g. people experiencing trauma barriers to access) FY20-21



*46 votes collected

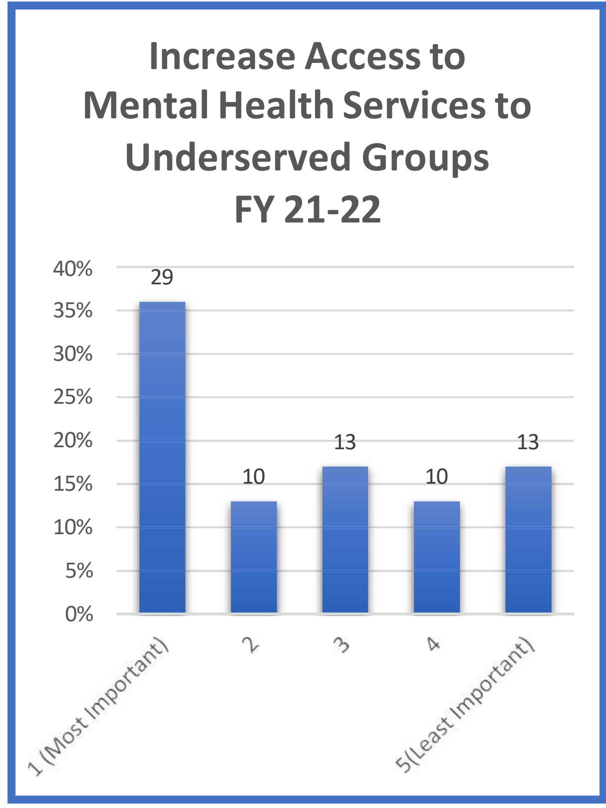


*44 votes collected

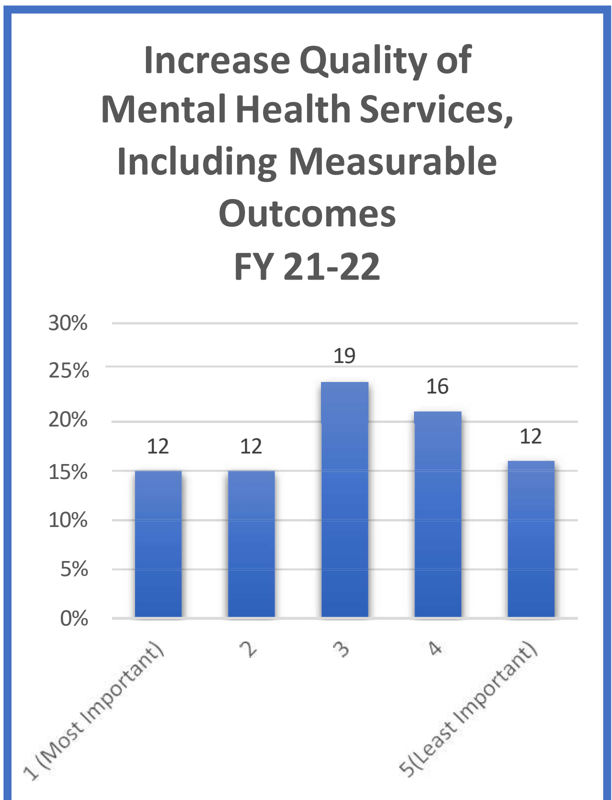
Increasing Mental Health Services and Supports, through Technology and Predicting Needs FY 20-21

20
18
16
14
12
10
8
6
4
2
0
1
9
5
1
10
1 (most important)
2
3
5
6 (least important)

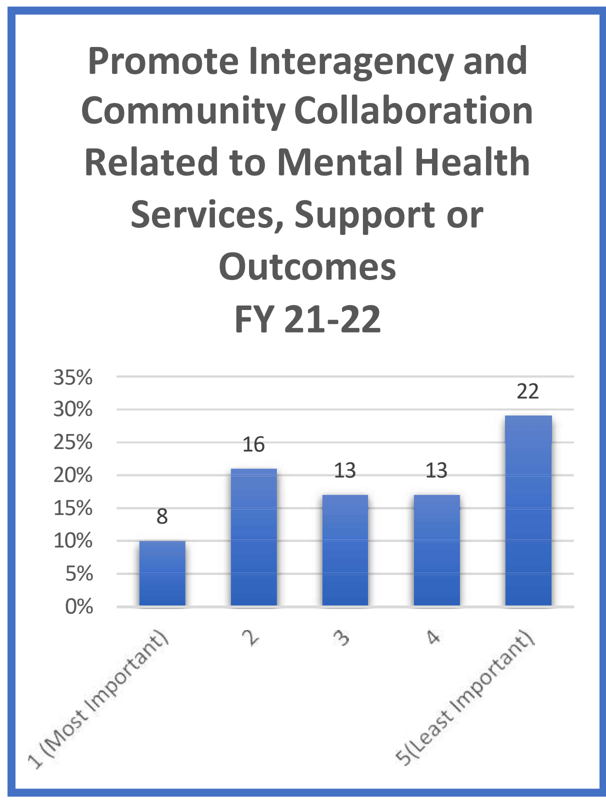
*43 votes collected



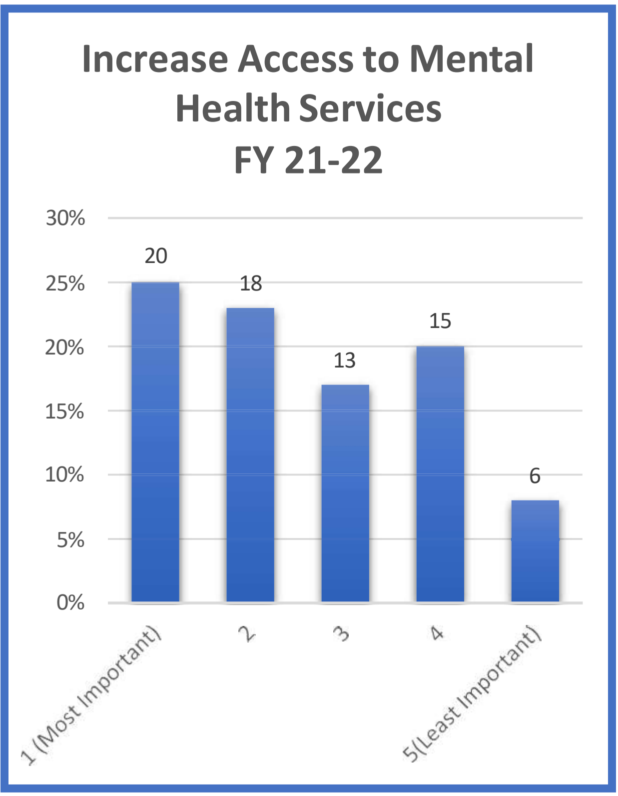
*75 votes collected



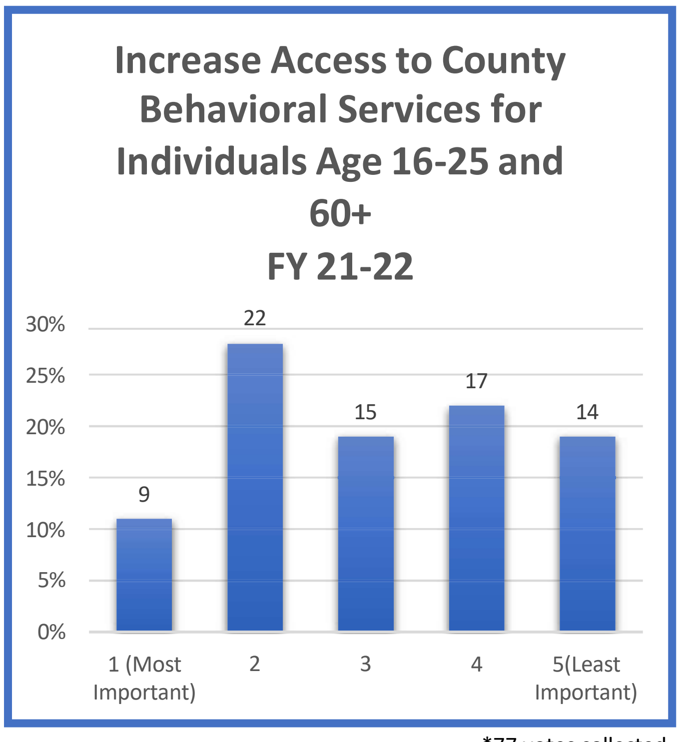
*71 Votes collected



*72 votes collected



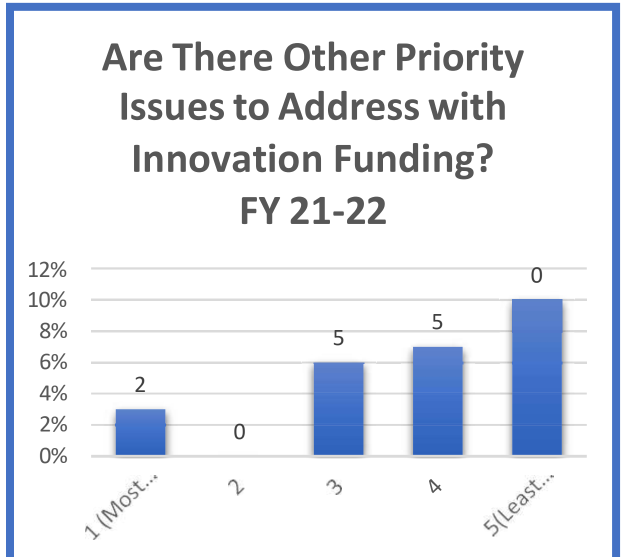
*72 Votes collected

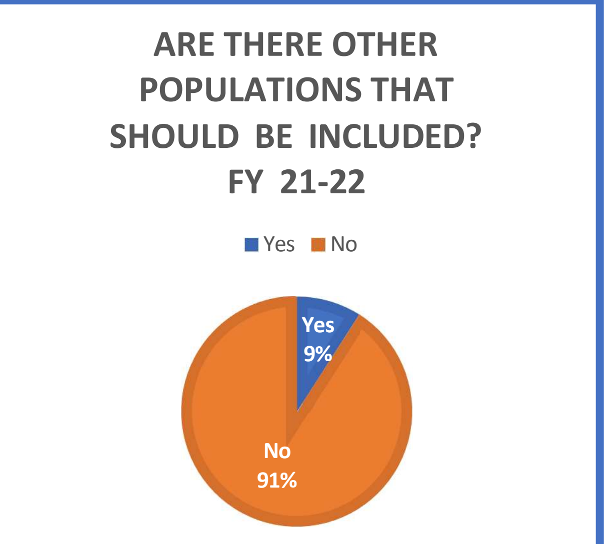


In FY 18-19, Madera County residents voted to Increase Access to Mental Health Services to Underserved Groups (**#1**) with 17 votes for primary priority. They also wanted to Increase Access for Individuals Entering the County behavioral Health System During/After Crisis (**#2**). In FY 19-20, 53 people also voted to Increase Access to Mental Health Services to Underserved Groups (**#1**) as well as to Increase Access to County Behavioral Health Services for individuals ages of 16 to 25 (**#2**). Both increasing the quality and access of mental health services received several votes. Madera County agrees with the community's top priority in this category for both FY 18-19 and 19-20. There is currently a proposed INN project that is focused on an underserved group. Please see the INN component for more information. In FY 20-21 the top two were: Increase Access to Mental Health Services to Underserved Groups (**#1**) and Increase access to mental health services (e.g. people experiencing trauma barriers to access) (**#2**).

Stakeholder priorities for the plan update (FY 21-22) still seem consistent with previous observations with Increase Access to Mental Health Services to Underserved Groups (**#1**) and Increase access to mental health services (e.g. people experiencing trauma barriers to access) (**#2**).

Stakeholders were also asked:





MCDBHS asked for feedback on any additional needs/topics that should be considered. These are the comments received from FY 19-20:
Required classes in school in Jr. High and High school on various MH topics, Anger Mgmt, Coping skills, substance use, etc.
A lot of clients are interested in community resources but lack access due to transportation
I am without resources-adult child schizophrenia- video doctor only-need more appointments closer monitoring an in-person psychiatrist at least one third of visits. Video appointment is inadequate to evaluate a person who is serious, and doctors should cooperate with disability.
Importance of self-awareness such as self-esteem issues, weight problems, self-care.
Increase access to Maternal and Paternal Mental Health Services
It is difficult to rank priorities when all the options are vital to a vibrant mental health system.
Maternal mental health
SUD
Trauma related treatment for families that have experience trauma together or through generational trauma, as there is minimum support/services for those families, as agencies do not collaborate to provide comprehensive services to those families and for them to process and heal together.
Necesitamos más grupos de apoyo para madres, padres, y adolescentes. Los grupos ayudan mucho porque reúnen a personas que están pasando o que han pasado por experiencias similares y compartan sus experiencias y sentimientos personales. Grupos de apoyo tienen muchos beneficios para la comunidad como sentirse menos solo o aislado, disminuir la angustia, la depresión y la ansiedad.

Translation - We need more support groups for mothers, fathers, and teens. Support groups help so much because they bring people together who have gone through similar experiences, and they are able to share their experiences with one another. Support groups benefit the community by helping with anxiety, depression, isolation and reducing stress.

MCDBHS asked for feedback on any additional needs/topics that should be considered. These are the comments received from FY 20-21:
Complementary and Alternative treatments need to be evaluated. Many studies being conducted by MAPS, the VA are looking into alternative treatments. California counties may also want to look into this. The revolving door of medications without the additional therapies and supports has not worked well. Maybe it is time to look at other options.
Free access to all
None of the categories address SUD issues. We need detox/rehab, active harm reduction, unlocked voluntary crisis stabilization, and walk in crisis and triage services. Particularly as regards juvenile services there is nothing about SUD and/or community and domestic trauma, but there are two redundant categories about the legal system which usually is an SUD outcome. Also, poverty is a HUGE issue regarding access, particularly in North Fork and outskirts of Oakhurst. So many people cannot physically access services (unreliable transportation, no childcare, no $$ for gas, too much time to drive to Oakhurst and back, too many dependents in house, etc). We also need billable clinical day treatment, not just the Hope House, and we need HUGE expansion of services in Oakhurst. And more community-based services/outreach for undocumented folks who are afraid to come in. Finally, how is "prevention" and "early intervention" defined by BHS? I first thought this was a question regarding Maternal Wellness' work in the community.
People at the provided phone to report possible mental concern about a student, should return phone calls

MCDBHS asked for feedback on any additional needs/topics that should be considered. These are the comments received from FY 21-22:
DBT TRAINING/CLASSES AND MINDFULNESS SKILLS
Interpersonal learning groups
LGBTQ
LGBTQ+
Las personas que trabajan en el campo
More outreach programs like today 3/30/22 contact the tribal

MCDBHS asked for any other comments regarding the mental health and or substance use services programs FY 21-22:
Thank you for your services. I think your services are great. but if we can talk more that would help more, that would be all. Thank you.
Offer educational traits such as hobbies that can help their future

It would be nice to increase support groups within Madera County.
THANK YOU FOR ALL THAT YOU DO FOR THIS COMMUNITY
The continued healthy and effective functioning of Behavioral health programming, in the long term required ongoing monitoring and communication regarding all effects, the impacts and outcomes of services on the community and the clients.
Talves más temas para padres sobre salud mental o talvez ofreser talleres sobre salud mental porque muchos padres no saben que es la salud mental
Acceso gratuito o bajo costo para culquier personas que necesite ayuda
QUE HAYA MAS CLINICAS DE SERVICIOS
The ability for parents to have rapid access to someone who can help them access services when their child is in crisis
MAS CLINICAS SE SERVICIOS QUE SE PROMOEVA MAS LA SALUD MENTAL
None
Continuar con temas de salud menta ya que son necesarios
APOYO Y ACCESO A LAS FAMILIAS DE TRABAJADORES ESCENCILES PARA LA AYUDA DE LA SALUD MENTAL
AYUDA CON SEMAFORO JUNTO A LAS ESCUELAS. HALBLAR Y INFORMAR A LAS PERSONAS PARA LA SALUD MENTAAL-PERSONAS QU NO TIENE MEDI-CAL
CREAR MAS PROGRAMA PARA APOYO A PERSONAS QUE HABLAN LENGUAS INDIGENAS
Poder hacer actividades para las personas con problemas
Mas actividades para los niños
OUTREACH EVENTS ARE VERY HELPFUL, WHICH IS HOW I FOUND OUT ABOUT MHSA
MORE TRANSPORTATION SERVICES AVAILABLE TO ATTEND SITES IN RURAL AREAS NEEDED

Individual Stakeholder Interviews:

For FY 19-20, the MHSA coordinator conducted 63 interviews with key stakeholder who have also partnered with The Department of Behavioral Health. Stakeholders included: Central Star Crisis Residential Unit, Hope House, Mountain Wellness Center, External stakeholders, Social Workers, Madera Unified School District, School Psychologists, Doors of Hope, Program Managers in Social Services, Program manager of Adult Probation, Fourth Street Church of God, Madera County Workforce Investment Corporation, Madera Community Hospital, Juvenile probation, Housing Authority of Madera County, Special Education Local Plan Area, CASA Director, Valley Children’s Health Care, Madera Food Bank, and Camarena.

Responses were categorized into the following categories, stakeholders were asking for more: collaboration, community resources, education, training, online trainings, housing, and facilities. Unfortunately, the MHSA coordinator was unable to continue with

individual interviews for FY 20-21. Below are the individual recommendations recorded by the MHSA Coordinator during FY 19-20. In FY 21-22, individual interviews were not conducted.

Individual Interview Recommendations

We recommend developing online services, especially, for youth and young adults. Raising aware of the purpose of PEI services. We will continue to increase visibility in the community, especially in the Mountain areas.	Some challenges are that these at-risk youth, often move to different schools, which disrupts the emotional bonding. This group has stating WRAP plans for managing risk factor that might compromise their wellbeing.
Inter-agency integration The program recommends more clinical services in community settings (therapist), community-based services, outside a clinic setting : • Establish a host/sponsor for the coalition • Continue support for a regional collaboration • Create a sustainable and reliable data monitoring system • Expand the stakeholder base to include the business sector • Establish a PMAD warm line • Continue the media campaign and information blitz • Support the care navigator and community health worker	The main challenges are lack community resources for self-sufficiency, including housing options. Some of the housing that we have for our clients are being up graded to in more expensive housing. This will increase the rent that our clients, which will likely make their housing unaffordable Have outings from the center and access primary care services. They would like to have Transition Age Youth services at the center. This writer suggested contacting the Youth Empower Program for engaging the TAY.
The program recommends more clinical services in community settings (therapist), community-based services, outside a clinic setting	The biggest challenged now is funding a larger facility to meet the service demand
MWC participants would like education on Adverse Child Experiences, ASIST, WRAP and more education on types like these. In addition, they would have some focus on LGBT supports. They asked for more housing, especially for the homeless, including mental illness.	The Crisis Clinician stated that she hopes they have resources, including more crisis/triage staff. She stated there needs to be more diversion strategies.
Parenting is one way to address these challenges and in the beginning of life through adulthood. The lack of consistency is the problem. The hope is that youth and their parents receive help over generations, to address trauma and basic living needs. In addition, shifting to focusing to the cause of mental illness, and not just symptoms of the cause.	Parenting training about parenting and motivation skill to overcome some of the ACEs that that have in their families for generations.
Create older adult services through FSP and PEO education services at senior centers and housing (Housing Authority and Parks a Recreations.	Discussed developing a community coalition to address issues that no one organization can do. At this time there is a Suicide Coalition, with many of the stakeholders that would be relevant to this idea.

Connect with other schools, citizens, and developing mentors and focus on community building.	Receive mental training and collaborate more other groups for social connectedness and trauma.
Amenable for training from mental health services, mental health prevention services (training/outreach)	There largest problem is lack of housing for these individuals. This compromises people's ability to obtain their daily living needs. This cause cycling in and out of jail. This causes problems to change their lifestyle. Some of the problems are limits to live in the county, for protected individuals that compromise options to change their lifestyle.
The discussion was on lack of resources to help access different types of housing.	
Access to daily living needs to change lifestyle. Needs community interventions for social connectedness, for positive esteem, and engaging multiple agencies that can help probationers to meet basic needs all at once.	In addition, more trauma training, activities for men (e.g. sports and other healthy rhythm bound activities), Using play for engagement.
Increase innovation projects for our common client populations (mental health/public health), especially address problems with health, mental health, and social challenges. This would include many types of services (e.g. police, code enforcement, probation, etc.). In addition, create outreach/engagement and family activities.	There was a request from PH for training and education from behavioral health services. In addition, developing engagement processes, leading to education, and treatment needs.
The pastor stated that he would take this BHS program supervisor to the MMA meeting to education them on the trauma informed approach.	Provide training on Trauma Informed presentation. She is requesting more mental health education and training. We also discussed more collaboration between BHS and Workforce.
The Director requested more mental health training on mental health topics	More training on parting skills and motivation skills to overcome some of the impact of ACE's on families from generations.
Develop family supports for people that are experiencing trauma/mental illness	The Administrator stated that there is a great need for whole family services, as a family approach. In addition, active learning to developing knowledge and skills (health fairs, interactive play/en vivo).
Discussed generally about family systems and social environment as cause of mental illness approach.	Discussed using the school grounds to coalesce positive social connections to build resilience resource for children and families. Discussed these for the high school with positive behavioral interventions.
The Nurse was amiable to work with BHS and other agencies, for common goals.	We discussed opportunities to collaborate with other agencies through the trauma informed lens.
Coordinator amenable to collaborate with agencies on trauma collaboration with many agencies. Saint Frances and Pope – (Go to the People)	Another issue is social supports for people that are experiencing mild and moderate mental illness.

Discussed collaboration with other local agencies to address the challenges lack of basic needs for people that are experiencing mental illness.	The biggest problem now is that the program has outgrown the facility. More space and more relationship.

- *End of Individual Recommendations*

MHSA Three-Year Program and Expenditure Plan

Direction for Public Comment

MCDBHS is releasing its current Mental Health Services Act Three-Year Plan Update for public review. The 30-day public review will be from 5/2/22 to 6/2/22. A copy of the plan may be found at https://www.maderacounty.com/government/behavioral-health-services and will be available at the Behavioral Health Services front desk. A copy may also be requested by contacting Nick Avila-Montes at (559) 673-3508. A public hearing regarding this plan will be held during the Behavioral Health Board meeting held on 6/15/22. The public can submit comments by any of the methods listed below.

By fax: (559) 675 7758

By telephone (559) 673-3508 Ext. 1295

By E-mail: nick.avila-montes@maderacounty.com

In Writing: Madera County Behavioral Health Services.

Attention: Nick Avila-Montes, LCSW, PPSC

209 E 7th St

Madera, Ca 93638

MHSA Publication

The county is circulating a draft MHSA Three-Year Program and Expenditure Plan for public review starting on 5/2/22 and ending on 6/2/22 (30 calendar days).

The mental health board will then conduct a public hearing on 6/15/2022, at the close of the 30-day public comment period.

Public Comments and Responses/Substantive Changes

Summary of Comment	BHRS Response
• No recommendations received in the Plan or Update	• N/A

Board of Supervisors

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

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

Community Services and Supports (CSS)

Program	Type of Service	Total Individuals	FY20/21 Cost per Person
Children, Youth, TAY	Full-Service Partnership	51	$14,822
Adult, Older Adult	Full-Service Partnership	52	$21,035
Behavioral Health Services (7th St.); Chowchilla Recovery Center; Oakhurst Counseling Center; Pine Recovery Center	General Systems Development (Expansion)	3517	$766
Sugar Pine/La Esperanza/Hind House/Serenity Village/Chowchilla 4 Plex	MHSA Housing Program	42	$19,285

CSS Component Overview

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

Mental Health Services and Supports

Including, but not limited to:

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

Other Mental Health Services and Supports

Including, but not limited to:

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

Service Categories Summary

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

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

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

a) *Expansion*- Serves all ages and is intended to accommodate the demands needed for services related to issues linked to community outreach, community education and any other community factors that may present a need for an increase in services.

b) *Supportive Services and Structure*- Helps provide administrative staff and other resources such as supportive housing. An example of supportive housing is one that provides both housing and case management services. CSS funds are not to be used for person incarcerated in state prison nor paroles from state prison.

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

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

Full Service Partnerships (FSP)

The cost per person for Children/Youth/TAY population in the Full Service Partnership (FSP) program is $14,822. The cost per person for adults/older adults in the FSP program is $21,035. Full Service Partnership (FSP) program provides treatment and support recovery for individuals and their families who are living with severe mental illness (SMI) or severe emotional disturbance (SED). The Clients served have multiple risk factors and complex mental health needs. Clients can often be at risk of losing home placement, school placement, or have had difficulties stabilizing, which has resulted in multiple hospitalizations or possible incarcerations. These clients often have many psychosocial stressors and need intensive case management services to establish stability and safety in their lives. Usually, clients and their family are already working with other agencies, such as (Madera Unified School District, Probation, Childcare Welfare Services, and other community agencies). The following services are offered to beneficiaries enrolled in the Full Service Partnerships.

Services offered

Assessment and Collateral

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

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

Individual and Group Therapy

MCDBHS provides individual or group therapies and interventions that are designed to provide reduction of mental disability and support restoration, improvement, or maintenance of functioning consistent with the goals. Those goals are in areas of learning, development, independent living, and enhanced self-sufficiency that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

Crisis Intervention

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

Case Management Services

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

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

Medication Services

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

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

Individual Services and Support Plan (ISSP)

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

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

After hour care

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

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

Specialized Staff

Madera County Behavioral Health Services (MCDBHS) understands the importance of having qualified staff deliver program services. Services are delivered through a team approach which consist of Clinicians and Case Managers. The county designates a Personal Service Coordinator (PSC)/Case Manager for each client (family included) to better serve their individual needs. A treatment plan is also created with the client and with their family. MCDBHS recognized that having culturally and linguistically competent staff is important when providing such important services. For this reason, in FY 19-20, MCDBHS has added the addition of an Ethnic Services Manager to keep staff abreast of topics involving racial/ethnic communities. The Ethnic Service Manager will ensure that Madera County continues to strive for Cultural Competence.

FSP Age Groups

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

family. There is strong collaboration and consultation with the other agencies to ensure lines of communication are open to support each client and their unique needs.

The impacts of COVID-19 are yet to be known and Madera County expects the number of clients in each age group to increase. Coming up with a breakdown of the number of FSP clients to be served is challenging based on historical data. Depending on whether one checks the CPPP presentation or the actual update, there are different numbers for the same requirements. It is hard to see a trend or know which of the previous data is accurate. This makes it difficult to assess or understand why the numbers appear so low for FY 17-18. MCDBHS is actively working on correcting their data issues by transitioning to a new EHR system. As of December 2020, MCDBHS transitioned to a new EHR system. Below is a history of previously recorded data: MCDBHS anticipates having struggles with data until their 2023 annual update because FY21-22 will be the first year that all data will be extracted from their new EHR system.

FSP BY AGE	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
0-15	64	58	61	19	5
16-25	58	15	98	24	22
26-59	110	27	187	23	26
60+	19	1	34	0	1

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

In FY 20-21, clients who were 16-25 yrs. and 26-59 yrs. of age were served by the FSP programs at a significantly higher rate than other age groups. We will look into outreach opportunities with community service providers of the older adult population to help address this disparity.

Programs offered

Children's and Transitional Age Program overview:

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

General Qualifications for Children and Transitional Age Youth:

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

- At risk of home placement loss or has already been removed from the home
- The mental disorder and related impairments have been present for more than six months or are likely to continue for more than one year without treatment.
- Psychotic features
- Risk of Suicide
- Risk of violence due to mental illness
- Risk of being incarcerated in juvenile hall

For Transitional Age Youth the following criteria might also be met in addition to meeting Medical Necessity for the FSP Program:

They are unserved or underserved and one of the following might be present:

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

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

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

Within Children's/TAY FSP program clients (ages 0-25) who also qualify for Intensive Case Coordination and Intensive Home-Based Services due to the acuity of the mental health symptoms and have risk factors present. Each minor within the FSP program is screened and referred if appropriate for Intensive Case Coordination (ICC), Home

Based Services (HBS), or Therapeutic Behavioral Health services (TBS) if client/family accepts the additional services.   Services are defined below.

Definition of ICC services:

Planning, implementing, and carrying out Child and Family Team meeting to assist the minor, family, and their support system in identifying concerns, goals, and develop a plan for service delivery with multiple agency involvement. Interagency consultation and collaboration to provide services in a multidisciplinary manner to ensure client's complex mental health needs are being met for the purposes of stabilization and maintenance in the least restrictive setting. Upon initial screening and referral, a Child Family Team Meeting is coordinated within 30 days with follow up meetings at every 90 days or sooner if needed.

Intensive Home-Based Services and Therapeutic Behavioral Health Services.

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

Definition of IHBS:

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

Definition of TBS Services:

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

Adult / Older Adult Program overview:

Adult Full Service Partnership program is designated for adults (ages 26+) who have been diagnosed with a Serious Mental Illness and who would benefit from an intensive service program. Often the adults identified for the FSP program have multiple risk factors and continue to be at risk of home placement loss, need for institutional care, inpatient hospitalizations, homelessness, or incarcerations. The program embraces the belief to do “whatever it takes”. Initial focus of services is to help each client stabilize, create safety, reduce risk factors, and maintain placement within our community setting. FSP service providers lead treatment driven by the client and tailor interventions based on specific client needs. Providers are in tune and mindful of client’s culture and strive to provide culturally competent services in a multidisciplinary team approach.
Often many of the adult clients served within the FSP program are involved with multiple agencies such as, Probation, DSS, Social Security Administration, Public Guardian, Workforce, Department of Rehabilitation, and various other agencies. The treatment team consists of the clinical case coordinator and a case manager who work together in collaboration with other agencies to meet the whole needs of the client. Services offered include individual therapy, group therapy, case management services, collateral services, and rehabilitation for individuals who often have a co-occurring mental illness and substance use disorders. In addition, FSP treatment team assists clients with addressing their psychosocial stressors such as housing, employment, education, and other areas of need to help each client work toward self-sufficiency and independence.

General Qualifications for Adult and Older Adult:

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

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

  At risk of being institutionalized or losing out-of-home care

General Systems Development (GSD)

The cost per person for General Systems Development (GSD) is $766. General Systems Development, also referred to as Expansion, is intended to accommodate increased demands for services and expanding, enhancing, and supporting overall mental health services. It can also be used to employ staff to provide these services. In addition, this program facilitates family mental health education. Madera County Behavioral Services works in collaboration with other community programs and/or services. Supportive services along with housing also falls under this category.

Supportive Services

This component aims to improve and develop services provided for children, youth, adults, and older adults. MCDBHS does its best to provide a full spectrum of care. This program helps develop resources in Madera County, including collaboration with the City of Madera Housing Authority, Community Action Partnership of Madera County, Department of Social Services and Turning Point of Central California. This program develops through collaboration, it links the limited housing resources with consumer and family members in need of housing. Since affordable and safe housing is a challenge for this population, MCDBHS continues to collaborate and advocate for consumers, while seeking new housing opportunities.

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

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

General Systems Development funds support services rendered in our rural communities: Chowchilla Recovery Services (CRC) and Oakhurst Counseling Center. These funds help us provide services to underserved communities with very limited

resources. Additionally, they help provide support for some services delivered in one of our Madera Clinics (7th St.).

Housing services

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

Housing services, including, but not limited to:

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

* *More housing resources and information under MHSA Housing Program (Page 108)*

Outreach and Engagement

Madera County is a small rural county with limited resources. Due to the limited resources, many of the CSS outreach and engagement activities occurred within FSP and GSD while engaging consumer, family members, and potential consumers. Once the PEI program was approved in 2010, the Wellness Center programs now fall under the PEI category. However, the Full-Service Partnership (FSP) still heavily relies on the Wellness Centers (*Hope House and Mountain Wellness Center*, Page 89). FSP staff will often refer and recommend classes, group session and/or services for additional support and a peer recovery environment. The Wellness Centers also provide supportive services such as food, clothing, and shelter. Outreach events are also held by our Wellness Centers throughout the year.

Clear View Outreach Event by Hope House

Faith Based Community Partner
Outreach, Resource and Referrals

Issue Resolution

If any issues should arise with any services offered through the Mental Health Services Act (MHSA), clients have the right to express any concerns or problems. Besides a matter covered by a formal Appeal, complaints are considered grievances. There will not be any discrimination against clients who file a grievance.

A priority of Madera County is to ensure that clients and community stakeholders have access to a dedicated grievance process and resolve dissatisfaction with the MHSA community program planning process, delivery of MHSA funded mental health services, appropriate use of funds, and/or consistency between program implementation and approved MHSA plans.

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

MHSA Program Evaluation

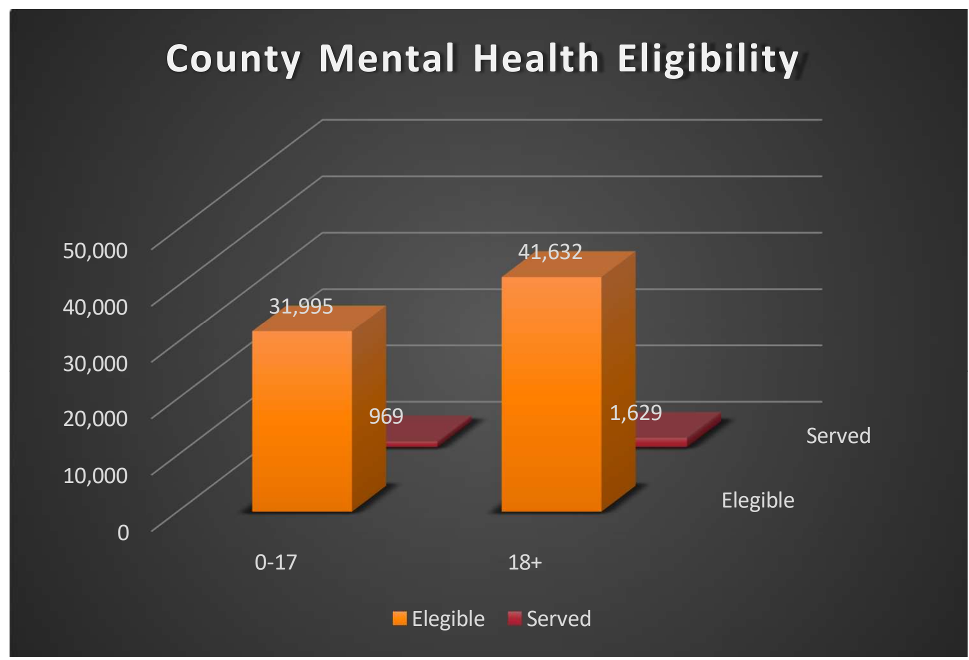
In the interest of Madera County Behavioral Health Services (MCDBHS) ability to continue to be successful in their programs and services offered, MCDBHS assesses their capacity to continue to effectively provide the programs and services offered. It is important to understand the strengths and limitations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

Information considered:

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

- Total population for Madera County is 155,925.
- 62,644 residents fall below the 200% Federal Poverty Line (Medi-Cal) according to the United States Census Bureau.
- The Department of Health Care Services (DHCS) estimates 47% of Madera County's population is Medi-Cal eligible.

County Mental Health Eligibility



Countywide Estimated Population Enrolled in Medi-Cal for Madera County by Ethnicity, Race, Age & Gender, for CY 2020 and Penetration Rate for 2020.

Race/Ethnicity	*County Population*	*Medi-Cal Eligible*	*Medi-Cal Beneficiaries Served*	*Madera Penetration Rate*	*Statewide Penetration Rate*
White/Caucasian	52,109	12,393	838	6.76%	6.27%
Hispanic/Latino	90,958	49,389	1,315	2.66%	3.83%
Black/African American	4,768	1,454	113	7.77%	7.98%
Asian, Pacific Islander	3,293	1,180	26	2.20%	2.13%
Native American	1,446	452	24	5.31%	6.76%
Multi Race, Other	3,351	0	0	N/A	N/A
Unknown/Other	0	8,759	282	3.22%	4.68%
Age					
0-5	11,384	10,368	112	1.08%	2.00%
6-17	31,397	21,627	857	3.96%	6.22%
18-59 [2]	83,301	34,664	1,442	4.16%	4.82%
60+ [3]	30,197	6,968	187	2.68%	2.84%

Gender					
Female	80,618	39,235	1,425	3.63%	4.26%
Male	75,307	34,392	1,173	3.41%	4.89%

*Information retrieved from DHCS All Approved Claims and MMEF data for CY2020.

Madera County Penetration rate history CY2017 – CY2020

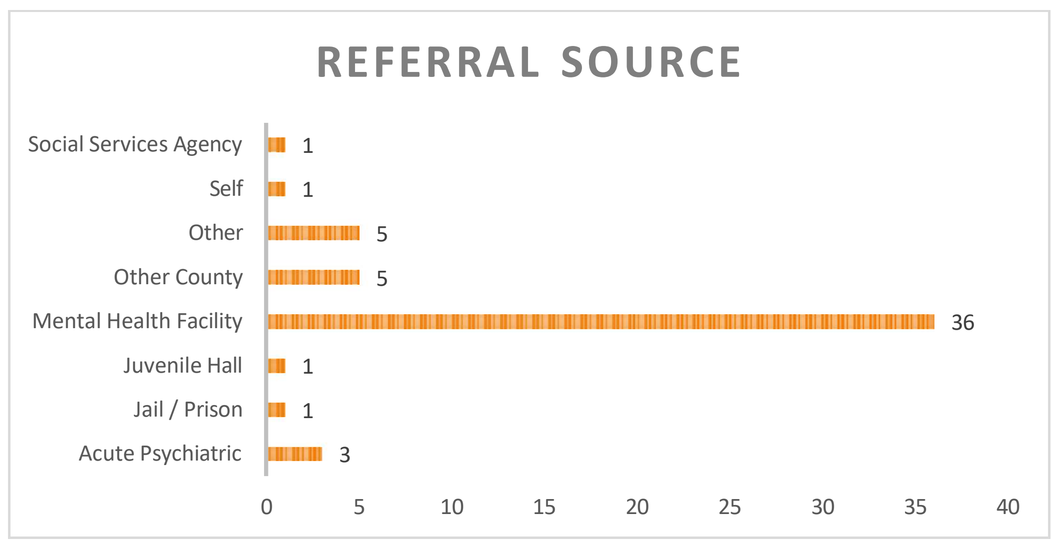
Race/Ethnicity	Madera penetration rate CY2017	Madera penetration rate CY2018	Madera penetration rate CY2019	Madera penetration rate CY2020
White	7.93%	↑ 8.50%	↓ 8.22%	6.76%
Hispanic/Latino	**3.33%**	↑ **3.39%**	↓ **3.24%**	**2.66%**
African American	9.90%	↑ 10.30%	↓ 9.75%	7.77%
Asian/Pacific Islander	3.25%	↓ 2.35%	↓ 3.07%	2.20%
Native American	5.95%	↑ 6.59%	↑ 7.24%	5.31%
Other	6.59%	↓ 4.95%	↓ 4.33%	3.22%

Information retrieved from DHCS All Approved Claims and MMEF data for CY2020.

Most categories are performing better than the statewide penetration rate. However, our rate history highlights the fact that our penetration rate has slightly dropped in most categories from the previous calendar year. For the Black/African American community we experienced a drop from CY 2018 to CY 2019. In the previous year, Madera County reported a 10.30% penetration rate in comparison to CY 2019 which stands at 9.75%. The area that needs immediate attention is the Hispanic/Latino community. This rate has slightly dropped in comparison to the previous year, and we fall below the statewide average. MCDBHS used EQRO data which also compares MCDBHS to other small county's average rates. Small counties are showing a rate of 4.47% which is even higher than the state average of 4.08%. This data highlights the need to place more focus on improving outreach efforts in the Hispanic/Latino population which is underserved in our community. One area that has shown improvement has been in our Native American population. Our Native American penetration rate went from 6.59% to 7.24%.

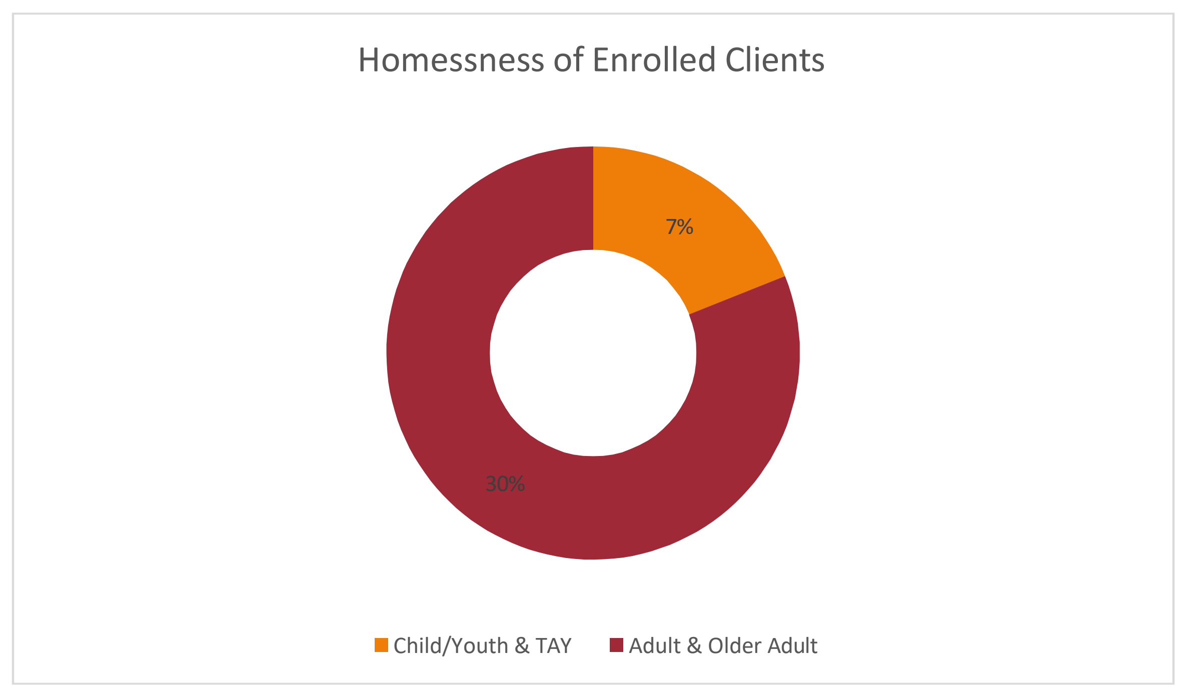
For CY 2020, penetration rates dropped across the board in comparison to CY 2019. The Covid-19 pandemic which started in CY 2020 significantly impacted service delivery and contributed to the decrease in penetration rates at MCDBHS. To meet social distancing guidelines, 50% of staff at some of MCDBHS sites were needed to work from home while providing telehealth services to reduce risk of exposure in the facilities. Many clients/consumers were very hesitant to be out in the community due to fears of catching COVID-19. Additionally, the political climate was not conducive to getting the undocumented population to trust in government services at the time. All these factors played a role in clients not accessing our services at the usual rate.

Number of child/youths, TAY, adult, older adult FSP referrals by referral source



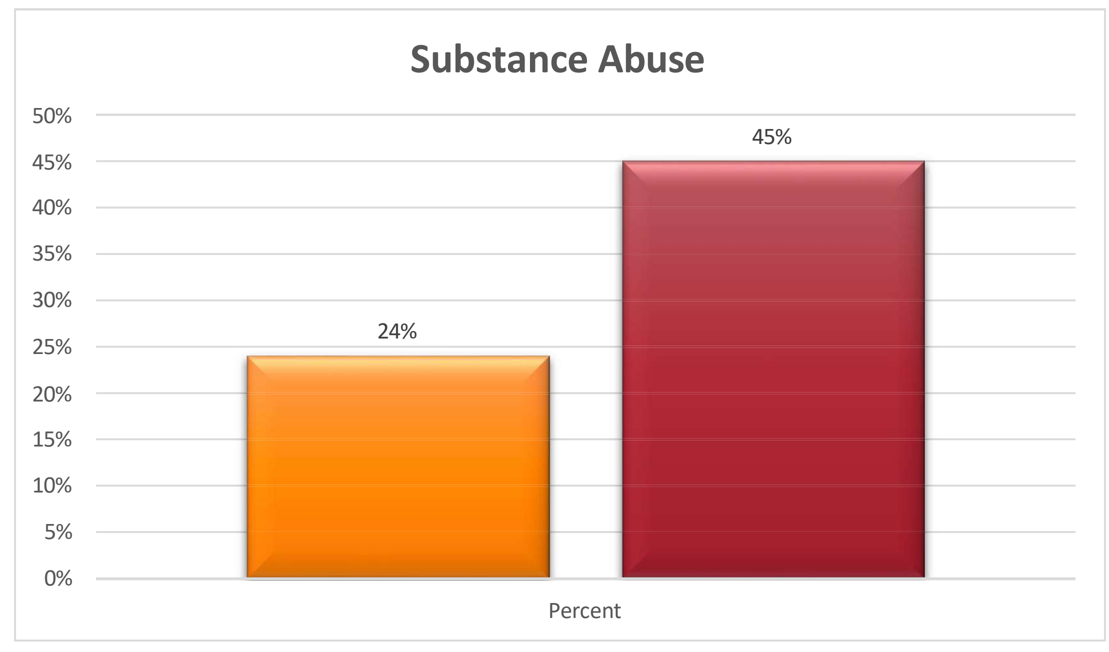
Source: DCR Data Outcomes Report FY20.21

Percent of child/youth, TAY, Adult and Older Adult FSP Population Experiencing Homelessness



Source: DCR Data Outcomes Report FY20.21

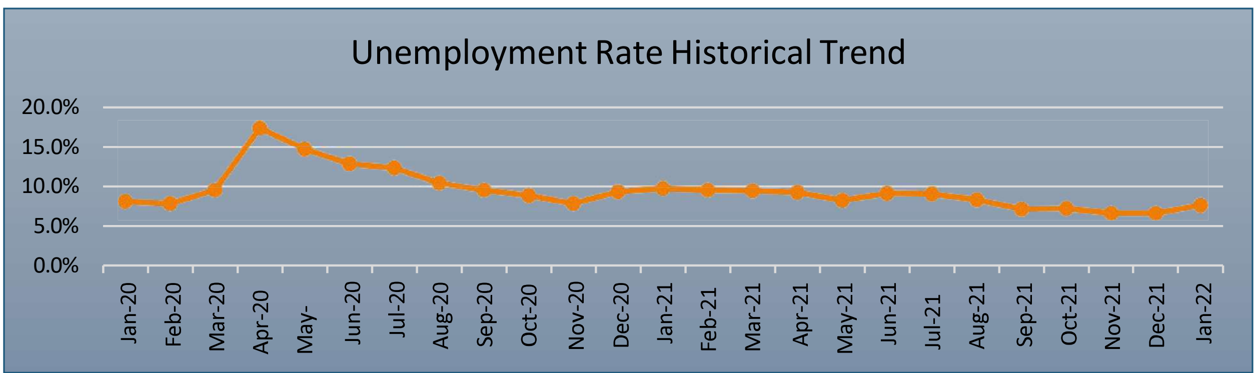
Percent of child/youth, TAY, Adult and Older Adult Substance Abuse



Source: DCR Data Outcomes Report FY20.21

Unemployment Rate

The unemployment rate as of January 2022 is 7.7 percent, down from 9.8 percent from January 2021. This compares with an unadjusted unemployment rate of 5.8 percent for California and 3.8 percent for the nation during the same period.



Challenges

Some of the challenges stem from Madera County being a rural community. The population is dispersed and without adequate transportation to properly serve the community. The area has a high poverty rate and there are several issues with homelessness and substance abuse. Also, attracting clinicians has always been challenging since we are surrounded by two larger counties who are able to pay their clinicians a higher salary.

Strengths

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

Needs

Although Madera County Behavioral Health Services (MCDBHS) has 41% of staff who speak Spanish, the Spanish speaking population is still underserved. Mental Health Clinician recruitment continues to be a need. Madera County is located between two larger counties who can pay more and offer more opportunities in the off-work hours. The commute from these areas do not make Madera County a first choice when considering employment.

Services to address needs

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

As of April 2022, MCDBHS continues to experience a workforce shortage impacting program operations. Literature suggests that US inflation has jumped to 8.5% in the past year, highest since 1981 which adds to the level of difficulty to attract candidates with the salaries and benefits offered at MCDBHS. This time period has been referred to as 'The Great Resignation' across the country as retention of employees has been very challenging. MCDBHS has worked with its Human Resource (HR) department to improve advertisement of the employment opportunities in the department. Our job posting can now be found on modern websites such as Indeed.com and ziprecruiter.com to improve advertisement and recruitment.

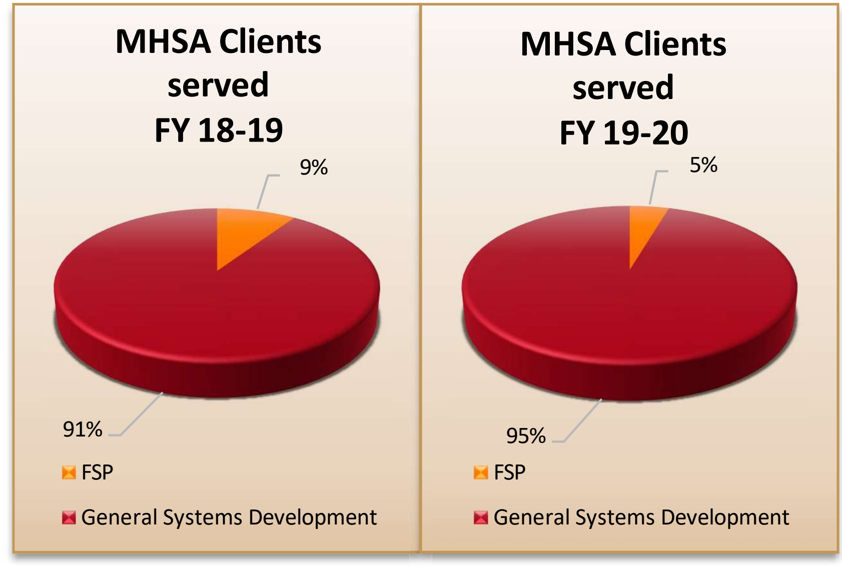
CSS Performance Outcomes

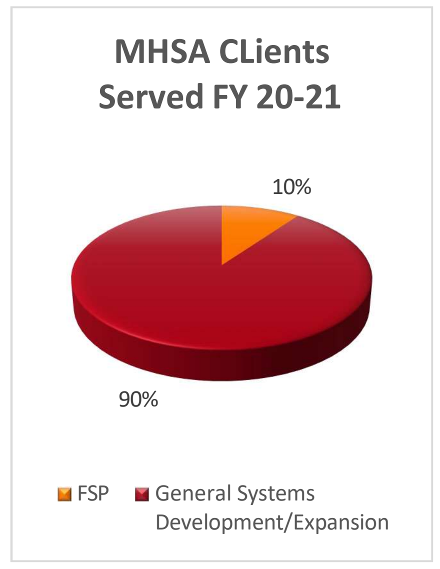
The information compares statistics to previous years. Madera County Behavioral Health Services (MCDBHS) has found discrepancies in recorded numbers. Not only is the software system cumbersome, there has not been a consistent method of extracting data. How the staff member inputs variables into the reporting system will drastically affect the outcome. Unfortunately, there are several different outcomes reported for the same category. Also, the County's Electronic Health Record (EHR) system does not match the Data Collection and Reporting (DCR) system. MCDBHS is moving towards a new EHR system to accurately compile data and help correct the issue. This new EHR system was implemented halfway through FY 20-21.

Community Services and Supports Outcomes

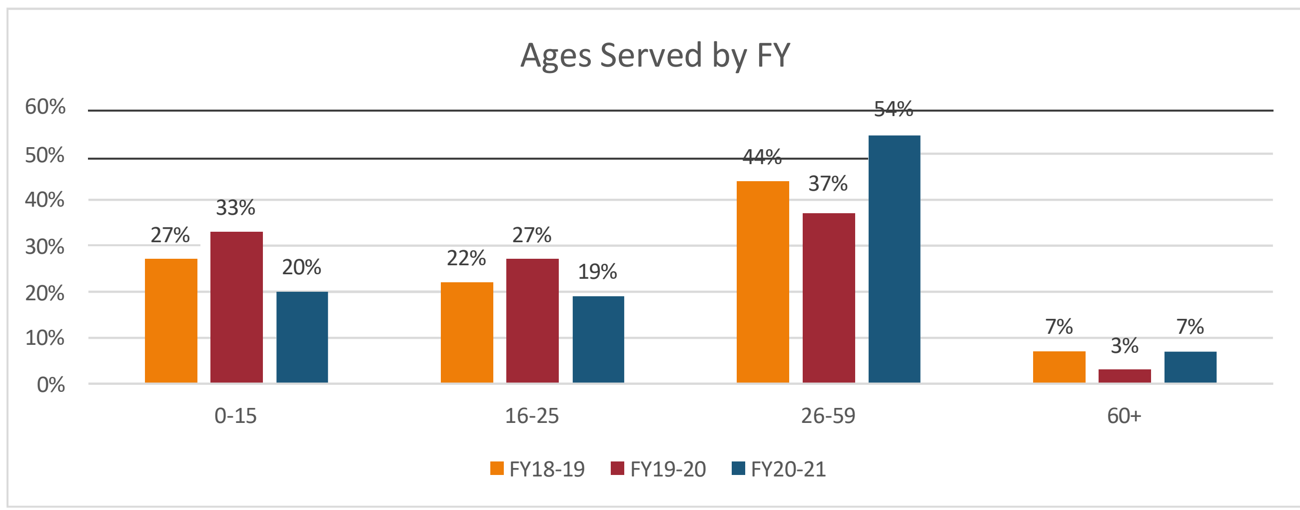
During Fiscal Year FY 19-20, Madera County served 1,415 under CSS, which is a big drop from previous years and the numbers reported in FY 18-19 (which was 4,105 served). The reason for the drop is due to MCDBHS' commitment to continue to clean up data issues. Normally, the MHSA coordinator would pull the data from the EHR

system. This year, to streamline the process, the MHSA analyst along with a lead analyst extracted the data. MCDBHS anticipates having struggles with data until their update in 2023. FY21-22 will be the first year that all data will be extracted from the new EHR system.



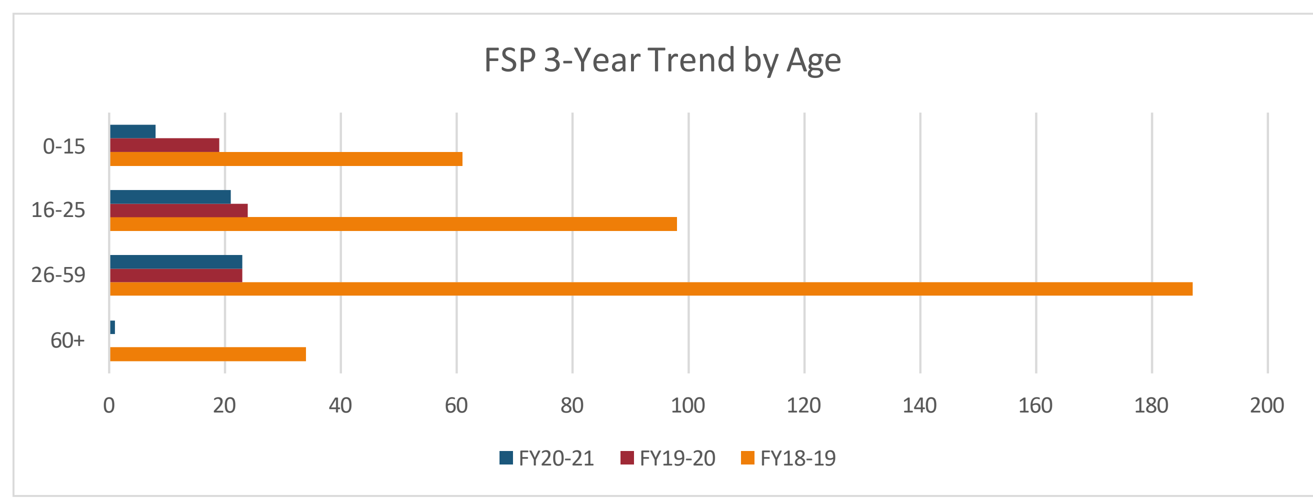


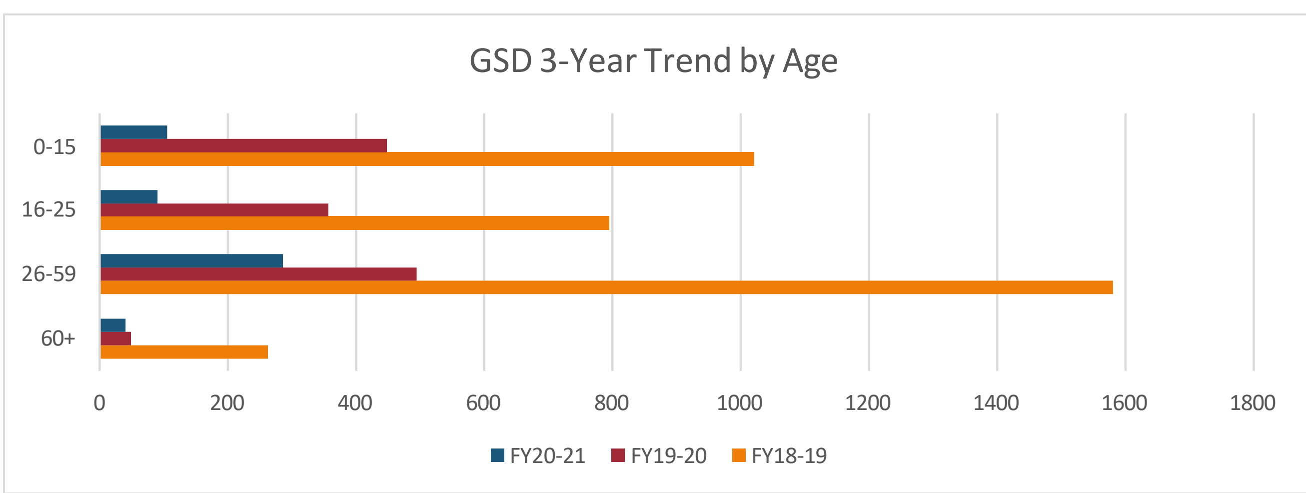
Ages Served



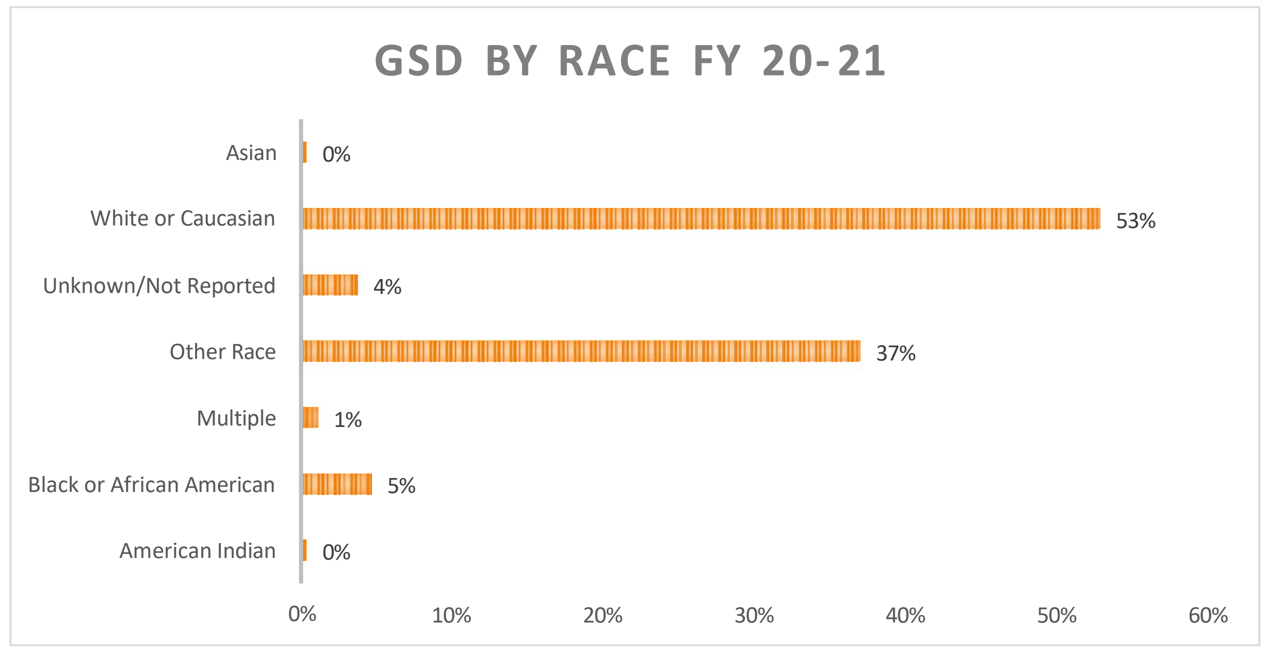
Source: Electronic Health Record

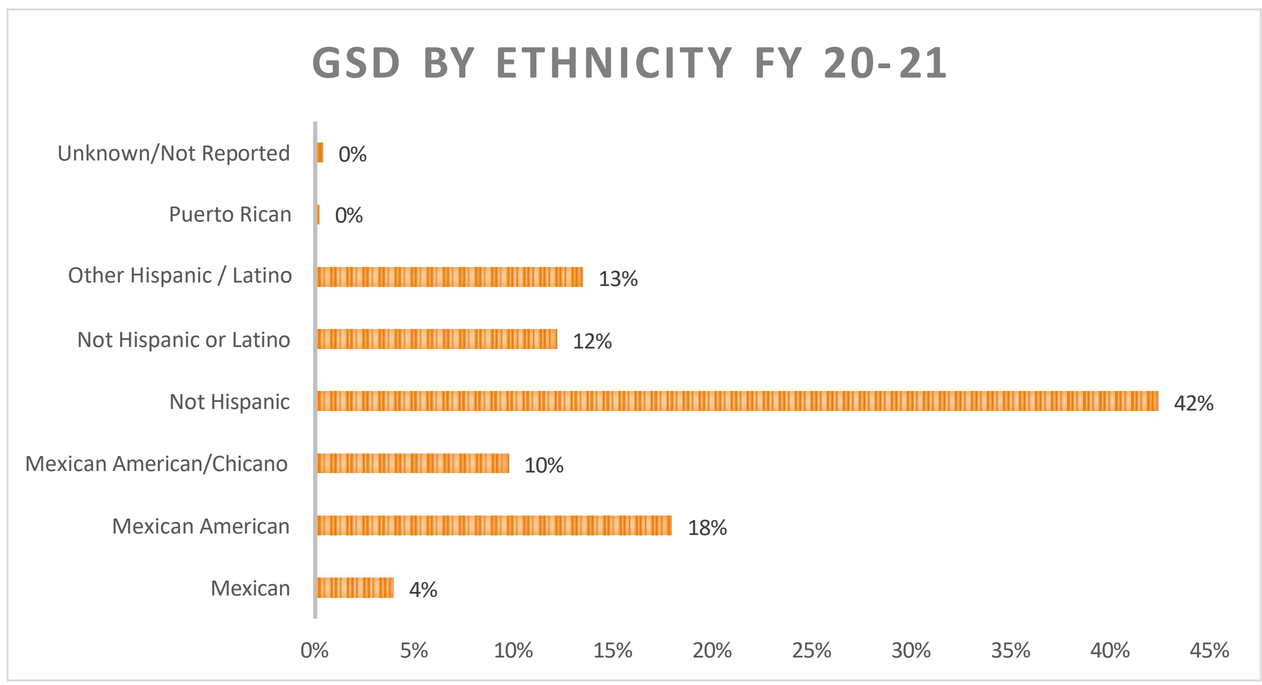
Age Breakdown by GSD and FSP





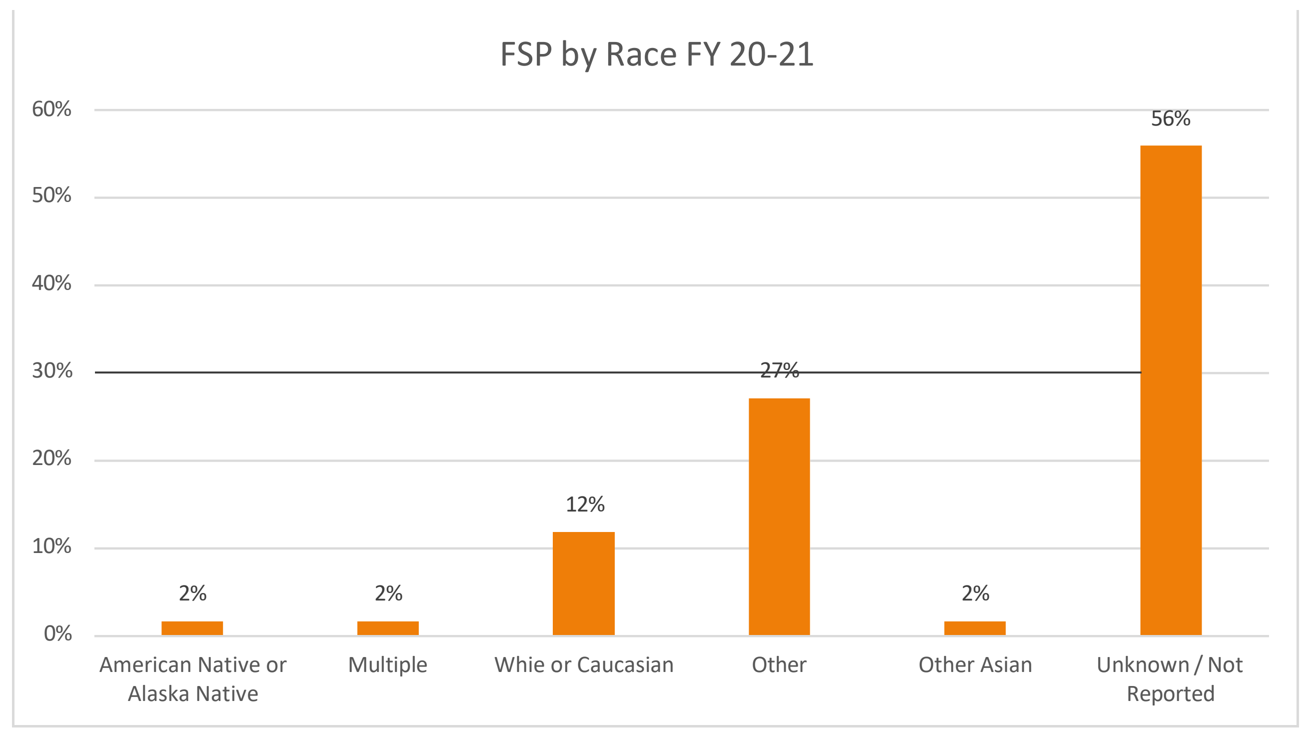
CLIENTS SERVED IN GSD BY RACE & ETHNICITY

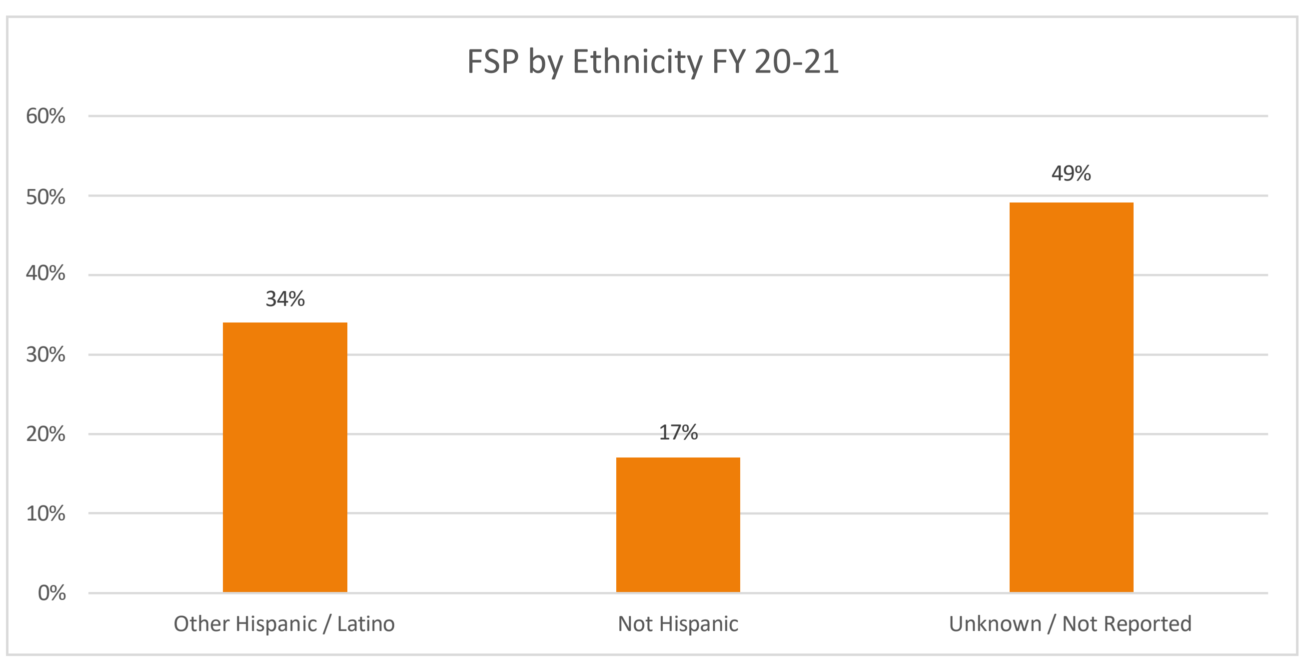




Source: EHR

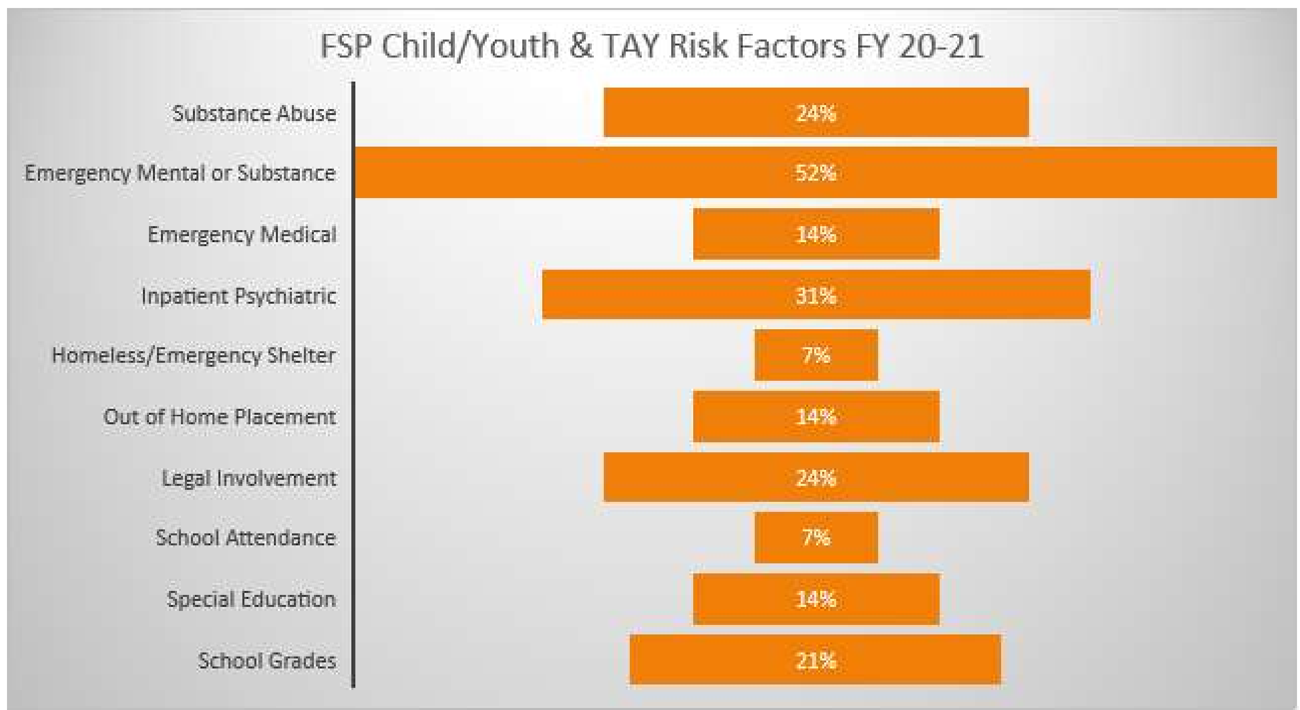
CLIENTS SERVED IN FSP BY RACE & ETHNICITY

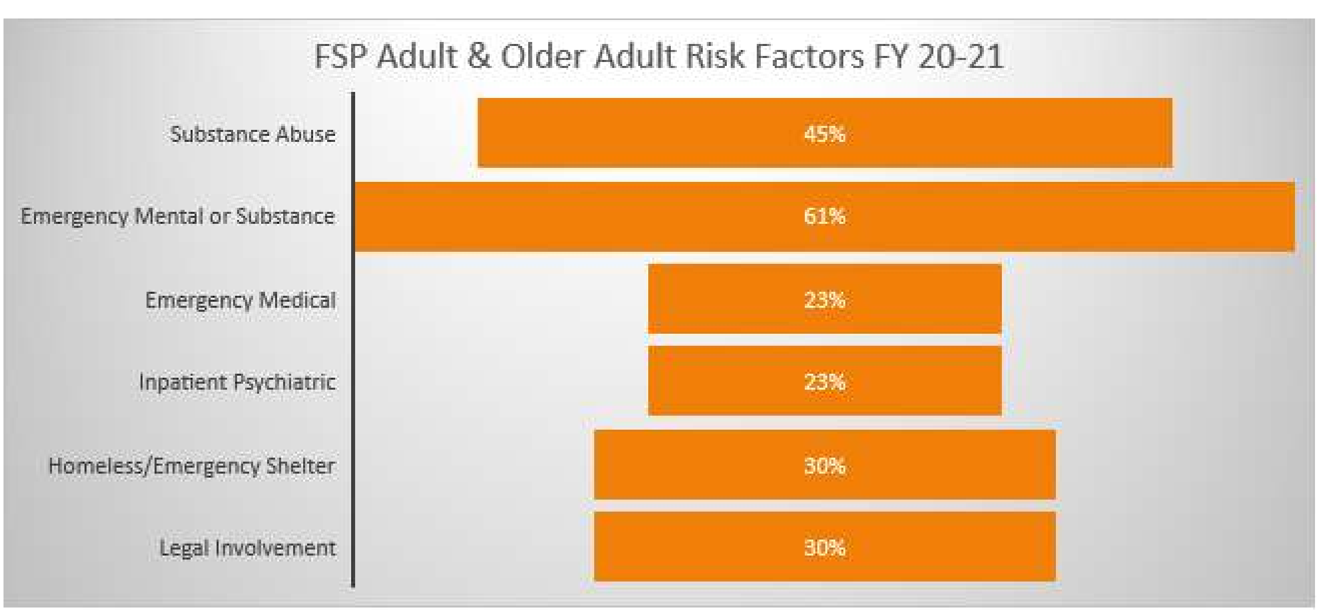




Source: DCR Data Outcomes Report FY 20.21

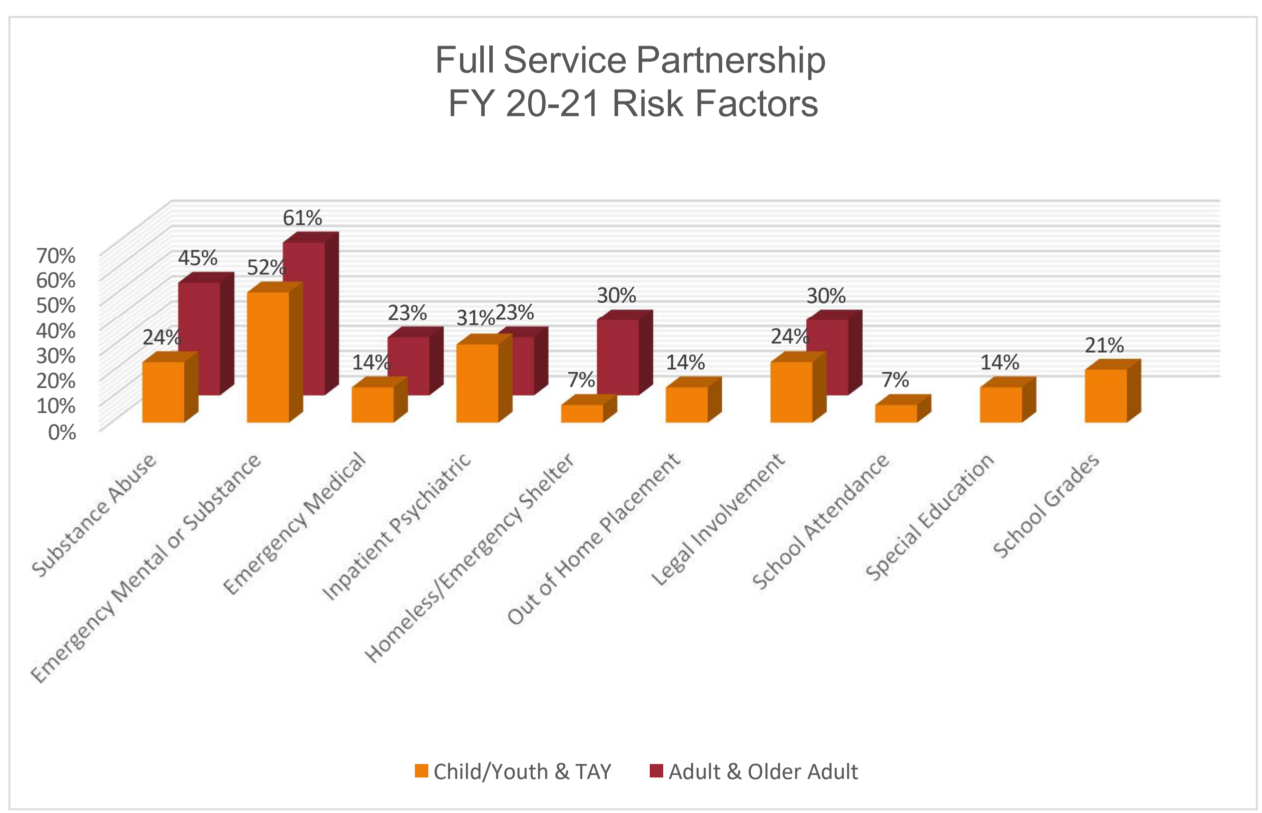
FSP Risk Factors FY 20-21





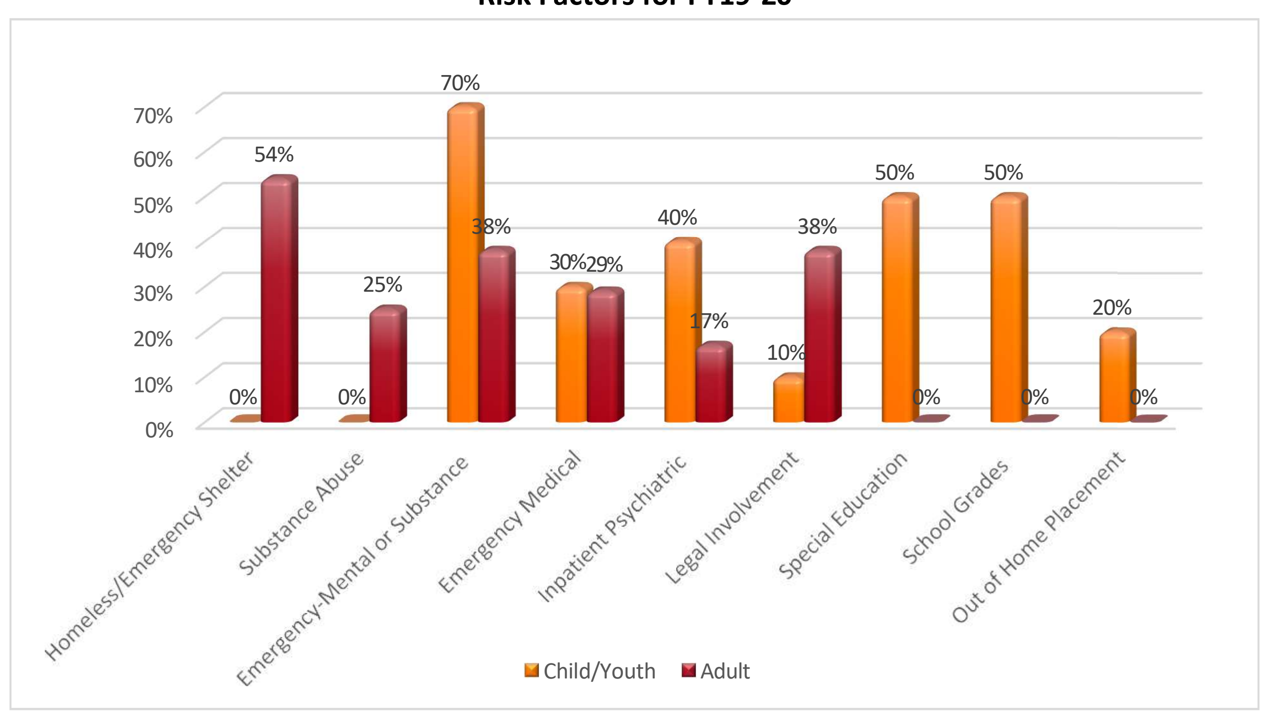
Source: DCR Data Outcomes Report FY 20.21

*Information reported on previous Annual Update



Source: DCR Data Outcomes Repot FY 20.21

Risk Factors for FY19-20



*Information taken from 2021 CPPP PowerPoint Presentation

The following are the percentage drops and increases when comparing data collected in FY18-19 versus FY20-21. The area with the most impact is school attendance with a total decrease of 29% with a drop from 36% in FY 18.19 to a current percentage of 7%. Special education was another area of decrease from 20% in FY 18.19 to 6% in FY 20.21.

Percent of Change in Child Risk Factors from FY 18-19 to FY20-21	
Substance Abuse	8%
Emergency Mental or Substance	0%
Emergency Medical	2%
Inpatient Psychiatric	15%
Homeless/Emergency Shelter	-1%
Out of Home Placement	10%
Legal Involvement	8%
School Attendance	-29%
Special Education	-6%
School Grades	9%

When comparing the Adult/Older adult population data outcomes, we can see a substantial drop in legal involvement across said population from 71% in FY 18.19 to 30% in FY 20.21. Substance abuse also decrease by a total of 19% from 64% in FY 18.19 to 45%.

Percent of Change in Adult Risk Factors from FY 18-19 to FY20-21	
Substance Abuse	-19%
Emergency Mental or Substance	7%
Emergency Medical	-16%
Inpatient Psychiatric	9%
Homeless/Emergency Shelter	5%
Legal Involvement	-41%

The efforts by CSS are evident, by marked decrease in key areas when comparing FY 18.19 to 20.21. Through continued treatment and support, school attendance was improved in the child/youth population. The adult population has shown strides in improving their daily living by decreasing legal involvement by a total of 41%, substance abuse by 19%, and emergency medical visits by a total of 16%.

Prevention and Early Intervention (PEI)

Program	Type of Service	Individuals					Providers	FY20/21 Cost per Person
		0-15	16-25	26-59	60+	Total		
Kingsview Youth Empowerment Program (YEP)	Prevention & Early Intervention	5	35			45		$9065
MCDBHS Health Education Coordinator	Prevention & Early Intervention	0	278	391	0	669	3	$46.66
Turning Point Hope House/Mountain Community Wellness Center	Prevention & Early Intervention		18	240	45	305		$807
MCDBHS Health Education Coordinator	Access & Linkage to Treatment Program	2	22	98	0	192		$284.50
MCDBHS Health Education Coordinator	Outreach for increasing recognition of early signs of mental illness		34	178	0	296	156	$500.90
MCDBHS Health Education Coordinator	Suicide Prevention				2	1,671	92	$116.75
MCDBHS Health Education Coordinator	Stigma and Discrimination Reduction Program	315	943	457	30	2,775		$126.54

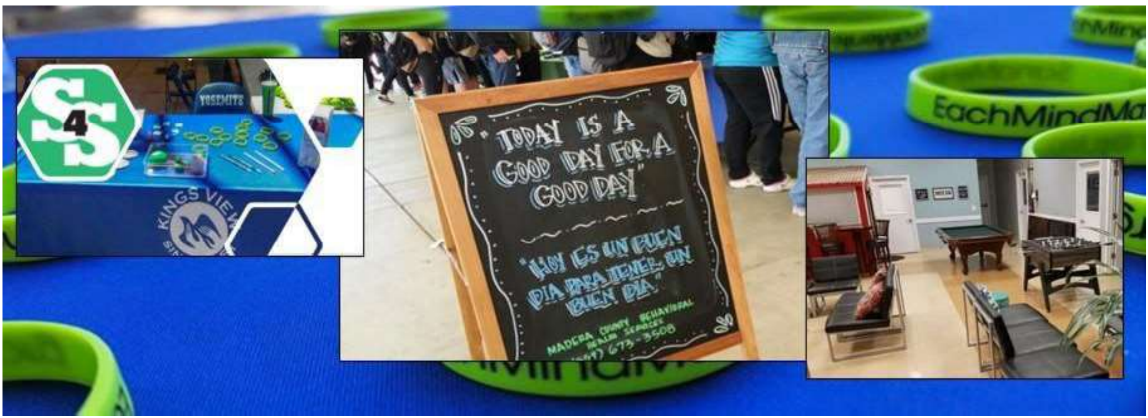
PEI Component Overview

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

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

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

The Mental Health Services Act (MHSA) allocates 19% of the Mental Health Services Fund to the Prevention and Early Intervention (PEI) component. MCDBHS attempts to collect demographic information but depending on the type of event, it is not always possible. Partial information is collected and listed below. And unfortunately for FY 20-21, due to Covid19 social distancing mandates, demographic information was not collected. The PEI team had a hard time getting that information from a virtual platform, due to technology limitations and incomplete response from community members.



PEI programs

FY 18-19: Total Individuals Served 3,735

FY 19-20: Total Individuals Served 3,356

FY 20-21: Total Individuals Served 5,953

FY	Age Group Total				Gender Total		Race/Ethnicity Total				
	0-15	16-25	26-59	60+	Male	Female	Hispanic/ Latino	White/ Caucasian	Black/ African American	Other/ Unknown	More than 1 Race
18-19	900	642	856	178	143	461	354	115	31	25	31
19-20	833	675	1034	204	156	448	652	113	18	10	7
20-21	322	1,330	1,364	75	311	500	283	168	30	26	4

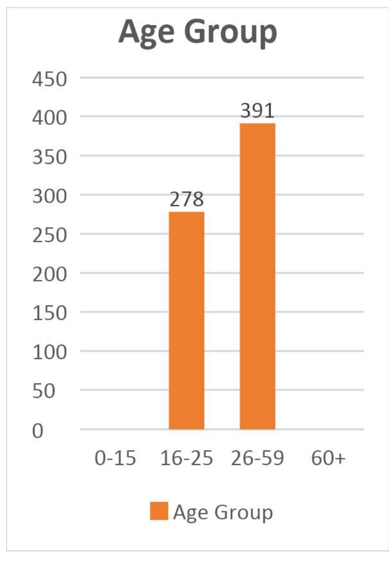
Early Intervention & Prevention

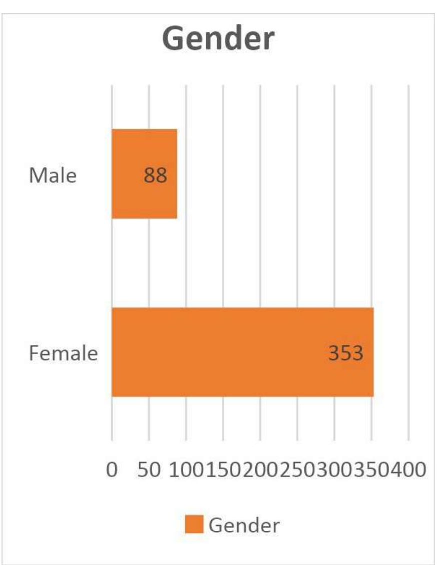
The cost per person for Early Intervention & Prevention is $46.66. These programs focus on community resiliency by teaching youth, parents and families, resiliency skills in hopes of reducing risk factors for developing serious mental illness. The way this is accomplished is by informing the community through activities like family fun days, parenting classes, self-care training for youth and adults as well as providing information in Madera Unified School District parent newsletters.

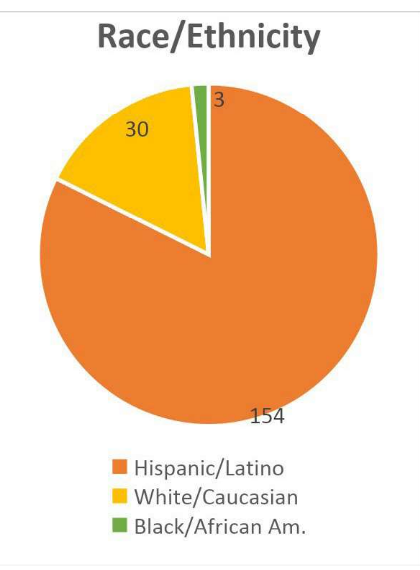
FY18-19: Total Served: **507**

FY19-20: Total Served: **132**

FY20-21: Total Served: **669**







Access and Linkage to Treatment

The cost per person for Access and Linkage to Treatment is $284.50. Community presentations and screenings are used to provide awareness and knowledge of Mental Health issues as well as a path for referral to services. Presentations include material on mental health information and screenings, trauma presentations and screenings.

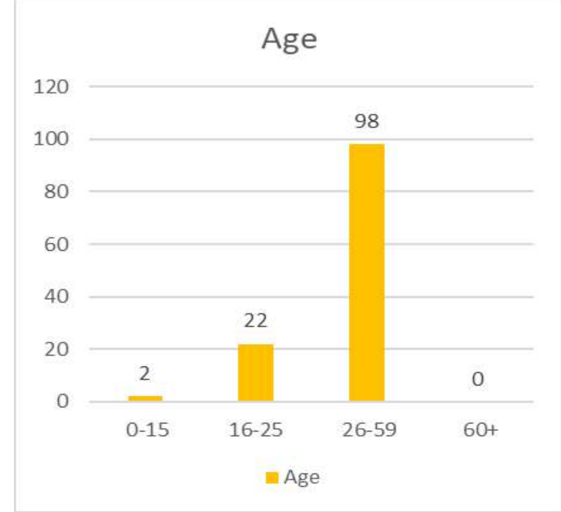
Topics include signs and symptoms of mental illness, definition of severe and persistent mental illness, a screening tool (ACES), (PHQ-9) and referral to services if requested. When a staff member comes to contact an individual (and their family when appropriate) that appears to be experiencing symptoms of serious mental illness and is currently not in treatment services, problem identification and referral are used since it is important to know what resources are available and where to get help. The individual will be given the phone number to call to schedule an intake assessment and staff will follow up with the individual and/or treatment staff to confirm the individual attended the assessment appointment. Upon request, PEI staff will educate and assist the individual with the assessment access.

FY 18-19 Total Served: **371**

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

FY 19-20 Total Served: **280**

FY 20-21 Total Served: **192**



Outreach for Increasing Recognition of Early Signs of Mental Illness

Outreach for Increasing Recognition of Early Signs of Mental Illness

The cost per person for Outreach for Increasing Recognition of Early Signs of Mental illness is $500.90. Services are specialized forms of information dissemination and education. Education services listed below. These services help community members recognize and respond effectively to the needs of people that exhibit early signs of serious mental illness. Mental Health Trainings teach the participant how to identify the signs and symptoms of a mental illness and encourage the person to get appropriate professional help. Educating the community is not only empowering but a strong tool that can be used to combat mental illness.

FY 18-19 Total Served: **733**

FY 19-20 Total Served: **621**

FY 20-21 Total Served: **296**

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

Suicide Prevention Programs

The cost per person for Suicide Prevention Programs is $116.75. These programs assist in preventing suicide because of mental illness. The activities offered are:

CalMHSA: Know the Signs Campaign - MCDBHS partnered with Madera Unified School District, Bass Lake School District and Chawanakee School District to distribute "Suicide Prevention Know the Signs materials" during suicide prevention month. The material was distributed in 5 local middle and high schools.

safeTALK Trainings – How to prevent suicide by recognizing signs, engaging someone, and connecting them to an intervention resource for further support. 2 trainings were provided with a total of 11 participants attending the trainings.

ASIST- Applied Suicide Intervention Skills Training teaches how to recognize someone who may be at risk for suicide, how to intervene and promote safety and how to identify appropriate supports to help keep the person safe. Due to covid restrictions and format of the training, we were unable to provide ASIST during FY20-21.

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

FY 18-19 Total Served: **757**

FY 19-20 Total Served: **831**

FY 20-21 Total Served: **1671**

Stigma and Discrimination Program

The cost per person for Stigma Reduction and Discrimination Program is $126.54. Services are specialized information dissemination and education services. These services focus on reducing and eliminating the negative attributions associated with mental illness (such as criminalization and dangerousness), which are a barrier to accessing mental health services, housing, employment, education, positive peer influence, other basic needs and general social acceptance. This service helps to change the misperceptions of individuals with mental illness to reduce the risk and protective factors related to promoting wellbeing.

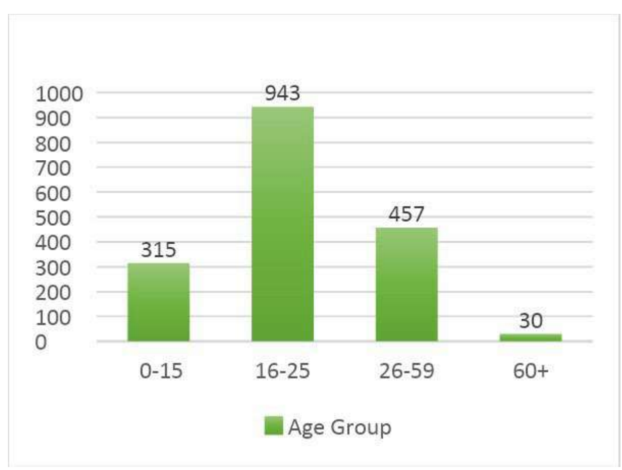
Examples of stigma and discrimination reduction activities are social marketing, speakers' bureaus, targeted education/training, anti-stigma advocacy, web-based campaigns, and multiple types of stigmas (e.g. race, gender, and age, regional). These programs will be culturally adapted when needed, facilitate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

FY 18-19 Total Served: **1586**

FY 19-20 Total Served: **1495**

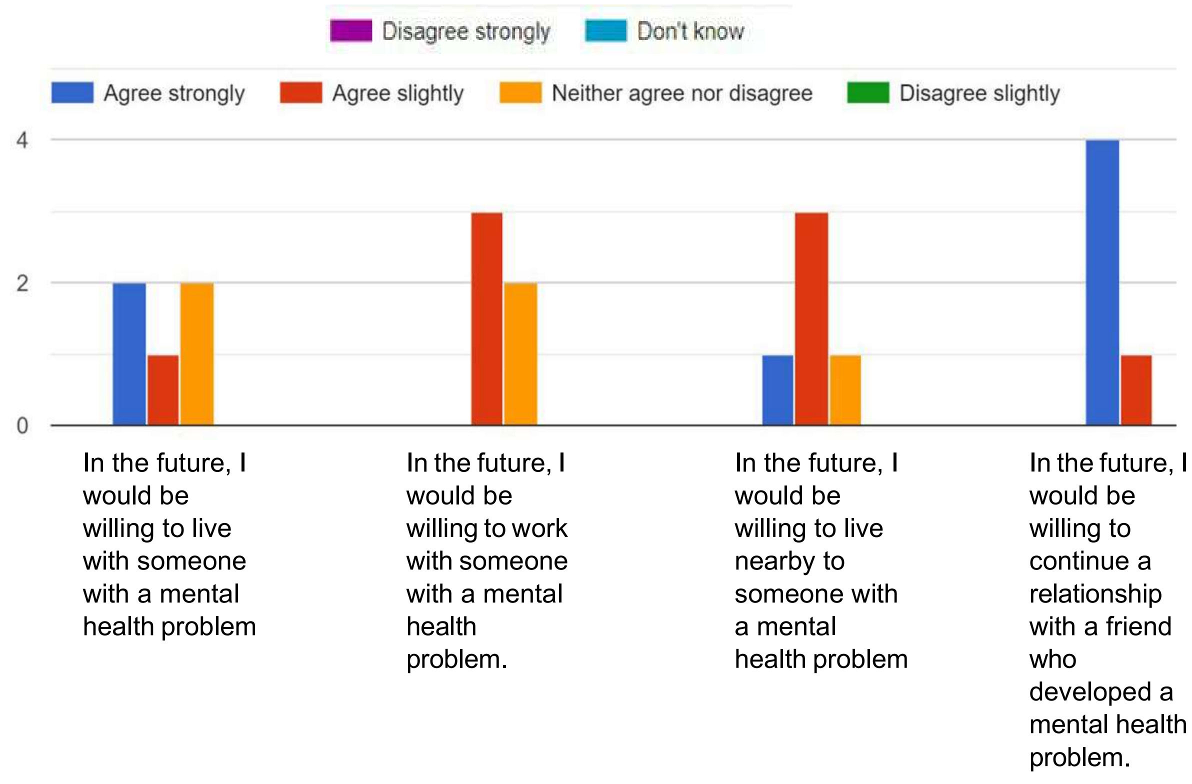
FY 20-21 Total Served: **2775**

The number above represents estimation of the population seen at the information table or event. An Estimated 34% of the participants are TAY.


1000
900
800
700
600
500
400
300
200
100
0
943
457
315
30
0-15
16-25
26-59
60+
Age Group

Madera County did not have any prior procedures in place for measuring changes in attitude, knowledge or behavior related to mental illness. A pilot project was implemented in 2021, The Reported and Intended Behavior Scale (RIBS): a stigma-related behavior measure, was previously halted due to COVID-19.

In May 2021 as schools and community events began to reopen. The prevention team was able to administer a RIBS survey to 5 participants at one community event. Participants were surveyed after they had participated in stigma reduction activities, which included education about mental illness, writing messages of hope to fellow classmates. The small sample showed that participants surveyed would be willing to live or work with someone with a mental illness in the future.



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

Wellness Programs

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

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

Turning Point Community Program: Hope House Youth Program (ages 16-18):

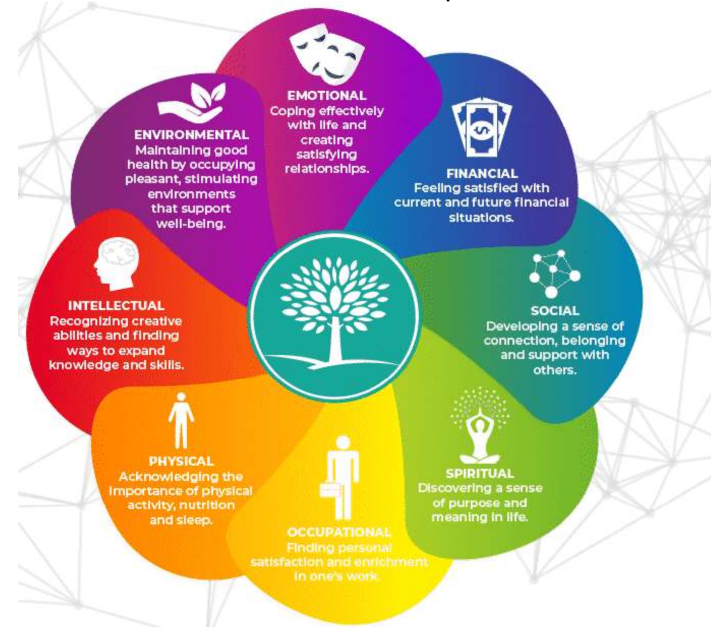
The cost per person for Turning Point Community Program is $807. MCDBHS partners with Turning Point Hope House of Madera County, as a wellness community support center for the mentally ill TAY population (ages 16-18). Hope House is an after-school resource spot for the TAY group with positive vibes for growth, maturity, and wellness. The Center has a kitchen, shower, laundry room and transportation available to its members. The center offers an array of groups and activities that enhance treatment. Examples of activities and groups include:

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

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

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

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



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

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

MCDBHS also partners with Youth Empowerment Program which focuses on youth and their families and provides services in rural Madera communities. They provide peer support groups at local high school sites. Teens can refer themselves but are often referred by school administration, counselors, and teachers. Some are also referred from probation and social services. As needed, referrals are made to mental health

services for both youth and their families. Groups are kept small with no more than 12 per session. The program uses a group facilitation method with a focus on encouraging youth participation. Teens begin by establishing group rules, guidelines, and confidentiality agreements. They tend to develop a sense of community and begin to disclose problems. The program works to identify the early warning signs and symptoms of mental illness and provide age-appropriate tools to manage them. This program works with youth to develop resources, life skills, strategies, and support systems to improve their self-esteem and assist them in creating successful and mentally healthy lives.

Topics include:

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

Statewide PEI

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

PEI Performance Outcomes

As previously mentioned, the information below compares statistics to previous years. Madera County Behavioral Health Services (MCDBHS) has found discrepancies in recorded numbers. The software system is cumbersome and there has not been a consistent method of extracting data. How the staff member inputs variables into the reporting system will drastically affect the outcome. Unfortunately, there are several different outcomes reported for the same category. Also, the County's Electronic Health Record (EHR) system does not match the Data Collection and Reporting (DCR) system. MCDBHS has implemented a new EHR system to accurately compile data and help correct the issue. This EHR system went live in December 2021. MCDBHS anticipates having struggles with data until their 2023 annual update because FY21-22 will be the first year that all data will be extracted from their new EHR system

Prevention and Early Intervention Outcomes

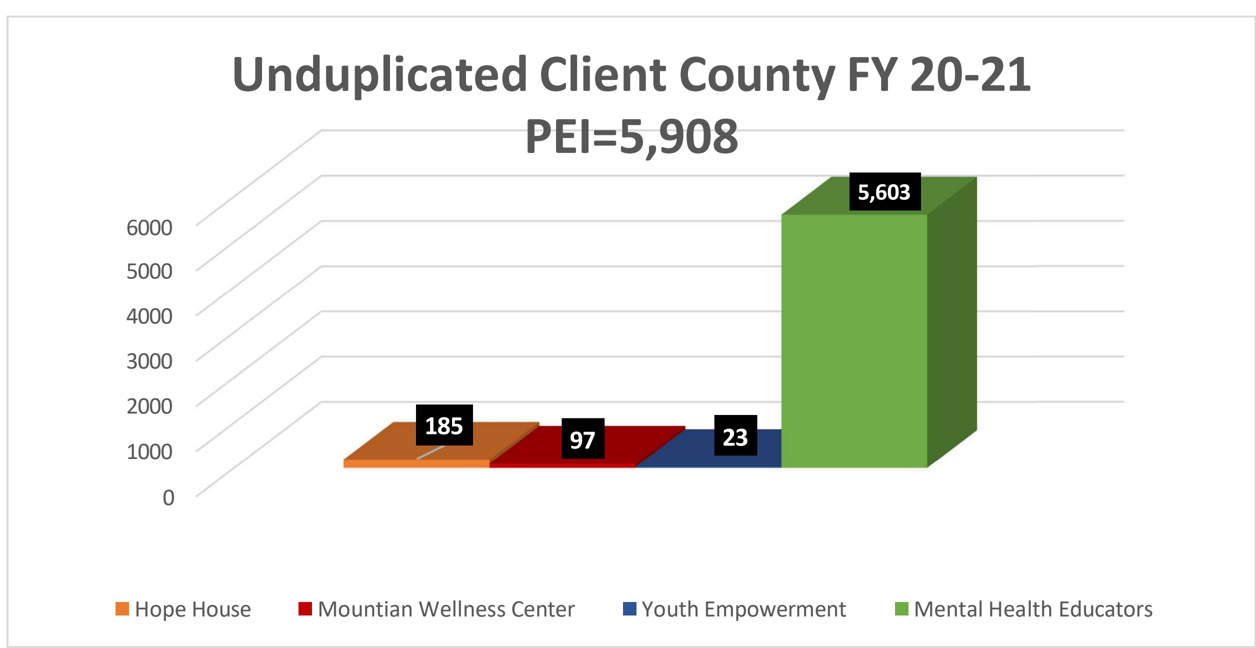
During Fiscal Year (FY) 19-20, Madera County served 2,130 unduplicated clients which is lower than FY 18-19 in which 4,037 unduplicated clients were reported served. This is due to COVID-19 restrictions which greatly affected the team's outreach methods. Initially all PEI services were shut down. However, the Health Education Coordinator partnered with various community agencies to hold a series of community drive through events to reach the community during the first half of FY 20-21.

Due to Covid-19 restrictions the team chose to focus on Stigma Reduction Component and Suicide Awareness, which significantly increased the number of individuals served for FY 20-21 in both components. They provided information dissemination of Mental Health, Self-Care and Suicide Prevention material in drive-through and zoom format. There was a decrease in the number of individuals trained in suicide awareness due to Covid-19 restrictions for in person meetings and limitations on the ability to provide that training on an on-line format.

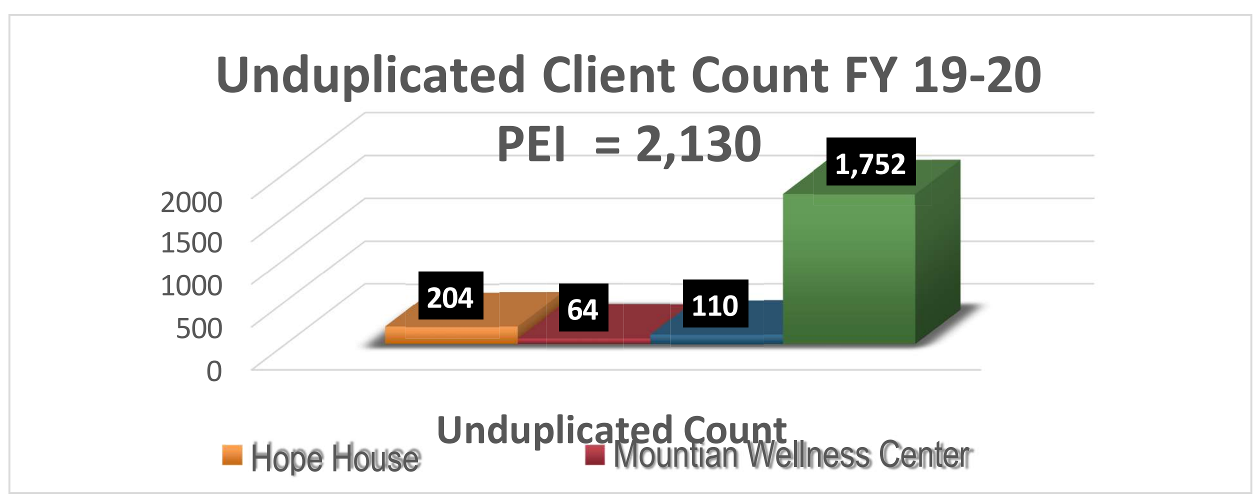
Outreach for Increasing Recognition of Early Signs of Mental Illness also faced challenges in delivering services to the community due to Covid-19 restrictions. However, in July and August of 2020, the Health Education Coordinator certified the Virtual Mental Health First Aid 2.0 and began offering training to the community in October 2021. The PEI Participant Survey was given to every participant to complete via a google doc link. We received 29 completed surveys out of the 117 registered participants.

The Prevention/Early Intervention and Access to Linkage and Treatment component had a significant decrease in services for most of the calendar year 2020 and moved to a virtual format in January 2021 because of Covid-19 restrictions. In April of 2021, the schools, community organizations and community events began to slowly reopen. Starting April 2021, we were able to provide services both in person and virtual format.

Once Covid-19 restrictions were lifted demand for services greatly increased. The largest demand was in May 2021 during Mental Health Month, where 2,392 unduplicated individuals were served. The demand for services from the community continued to increase from May 2021 to the end of FY 20-21. The only challenge continues to be collecting demographic information through virtual platforms. It is anticipated once we move to an in-person format demographic data will be more attainable.



*Information reported on CPPP presentation



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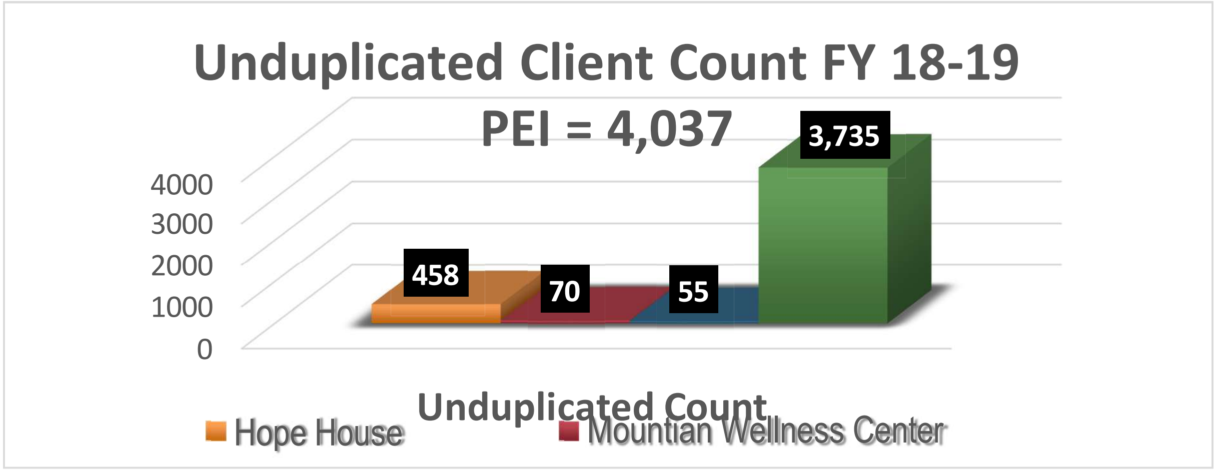


*Information reported on CPPP presentation

A new naming agreement began in the middle of the fiscal year 19-20. Which means Health Educators, Hope House, Mountain Wellness Center and Youth Empowerment would have one naming convention in the first half of the fiscal year and a different one for the second half.
Hope House and Mountain Wellness Center were not able to transition to the new naming agreement; therefore, they only have information on the number of clients served for each program and monthly visits.

Hope House & Mountain Wellness: This past year, due to COVID-19 restrictions, they were unable to collect monthly visit information and were able to get some demographic information.

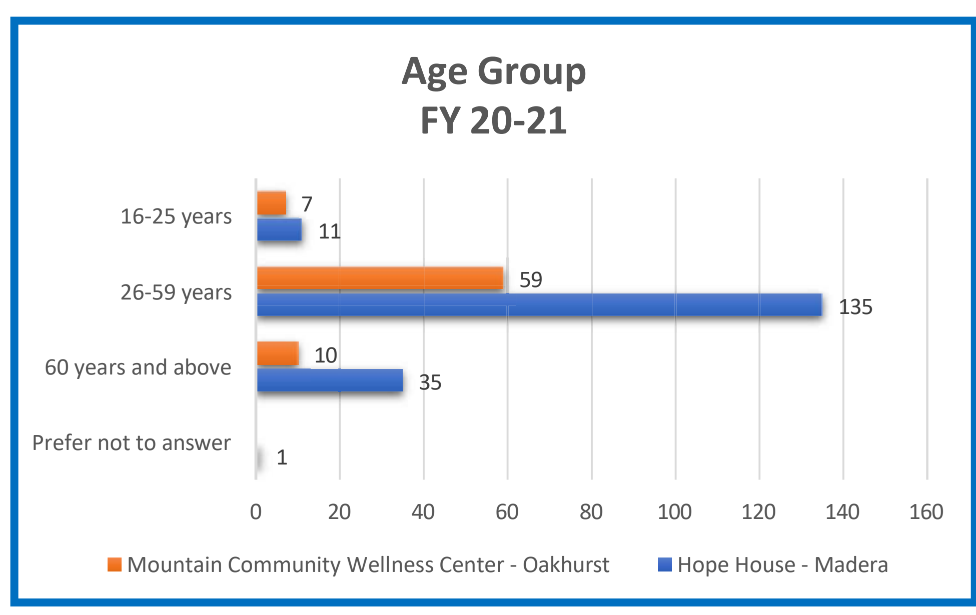
Hope House:

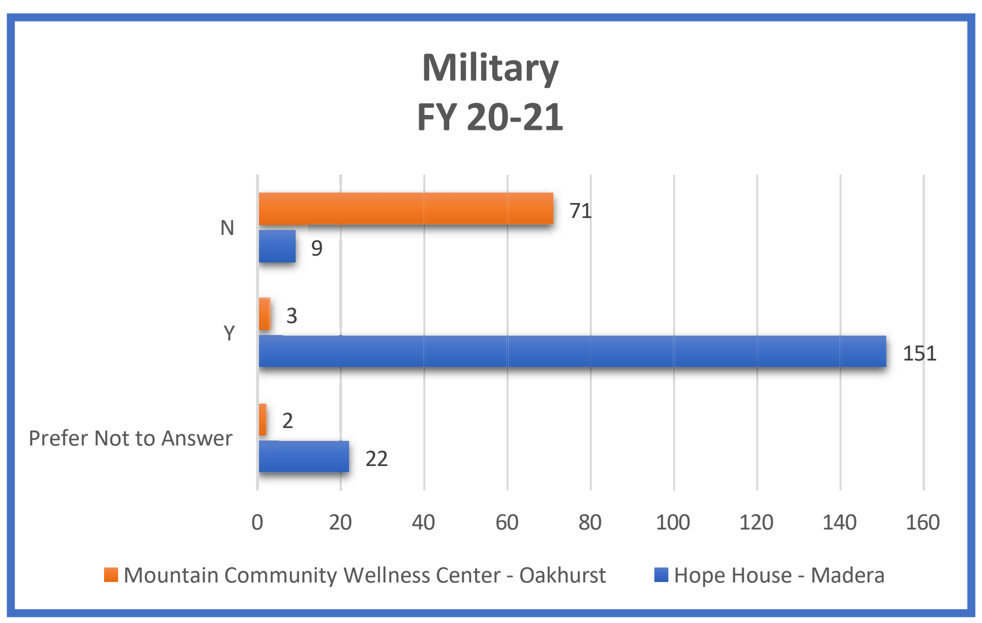
FY 18-19: 458 unduplicated participants served, 962 monthly visits.
FY 19-20: 204 unduplicated participants served
FY 20-21: 208 Unduplicated participants served, 2,903 monthly visits

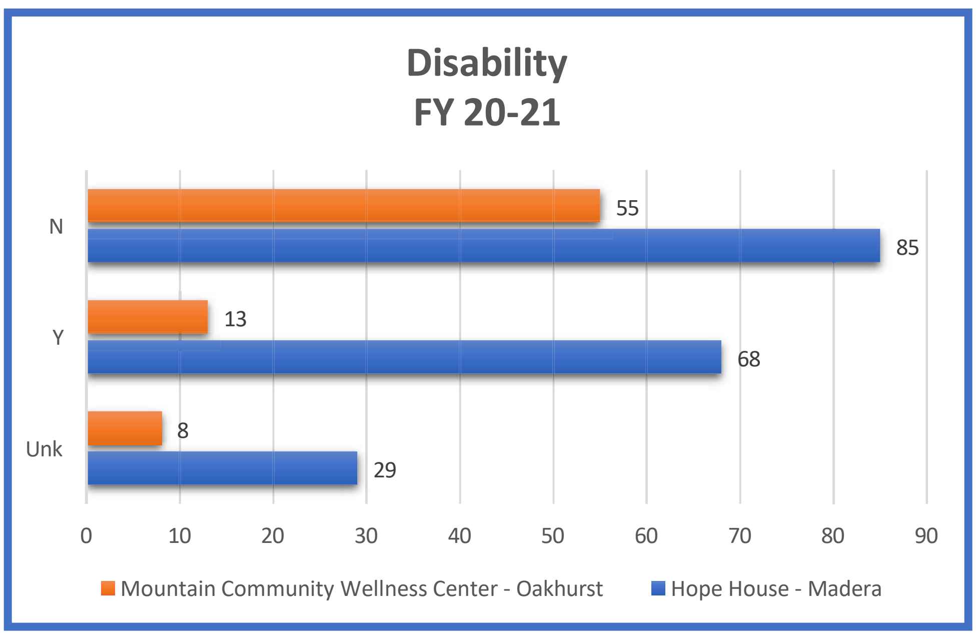
Mountain Wellness:

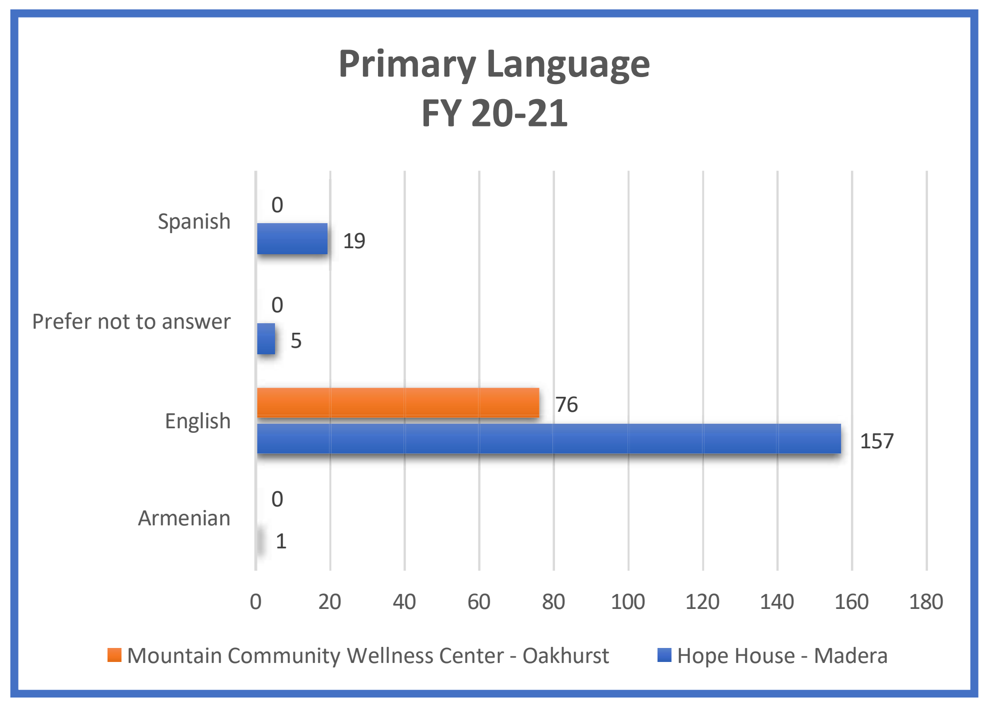
FY 18-19: 70 unduplicated participants served, 50 monthly visits.
FY 19-20: 64 unduplicated participants served
FY 20-21: 97 unduplicated participants served, 514 monthly visits

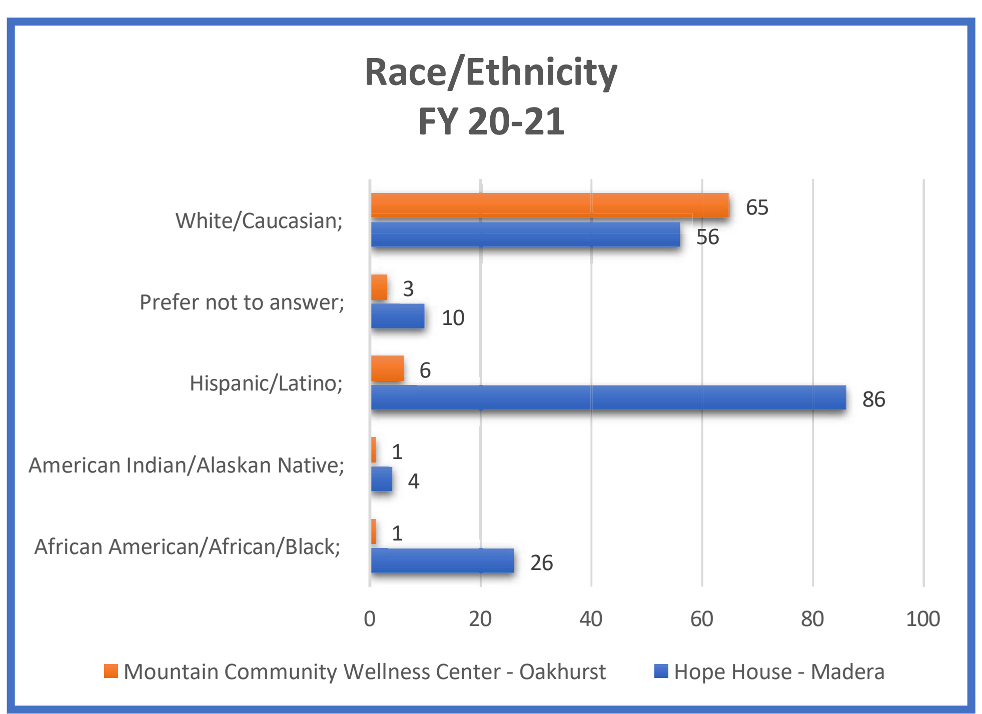
Wellness Center Demographic Information:

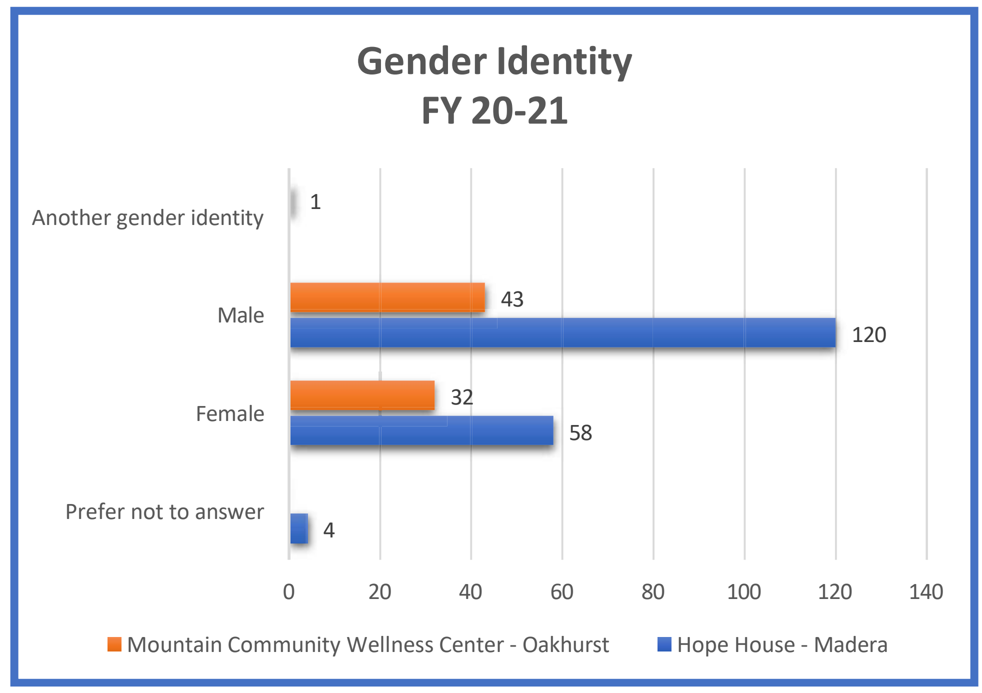


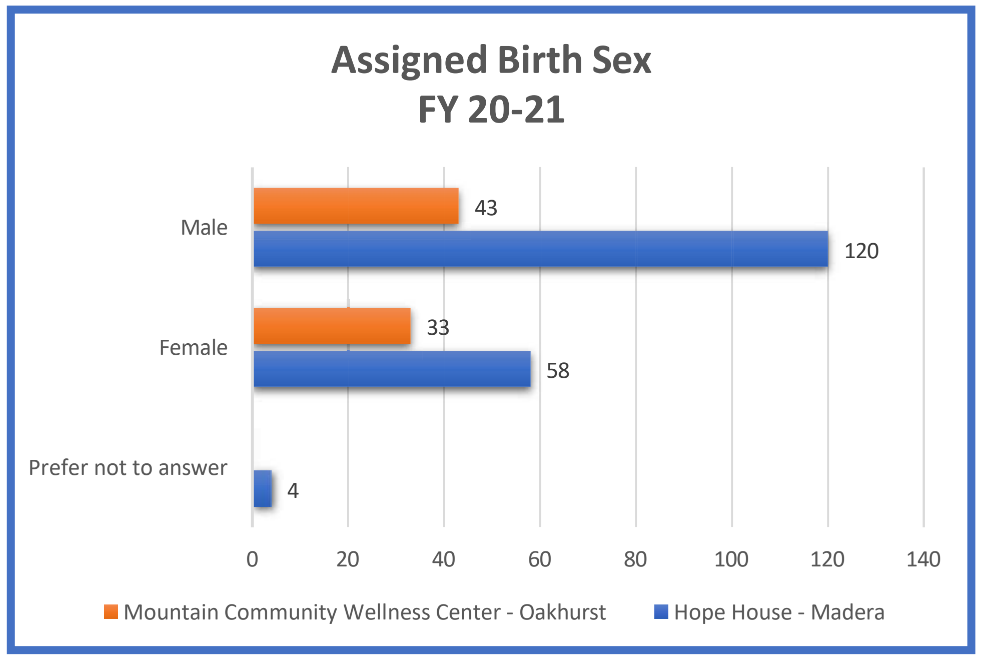

Military
FY 20-21
N
71
9
Y
3
151
Prefer Not to Answer
2
22
0
20
40
60
80
100
120
140
160
Mountain Community Wellness Center - Oakhurst
Hope House - Madera


Disability
FY 20-21
N
55
85
Y
13
68
Unk
8
29
0
10
20
30
40
50
60
70
80
90
Mountain Community Wellness Center - Oakhurst
Hope House - Madera


Primary Language
FY 20-21
Spanish
0
19
Prefer not to answer
0
5
English
76
157
Armenian
0
1
0
20
40
60
80
100
120
140
160
180
Mountain Community Wellness Center - Oakhurst
Hope House - Madera


Race/Ethnicity
FY 20-21
White/Caucasian;
65
56
Prefer not to answer;
3
10
Hispanic/Latino;
6
86
American Indian/Alaskan Native;
1
4
African American/African/Black;
1
26
0
20
40
60
80
100
Mountain Community Wellness Center - Oakhurst
Hope House - Madera


Gender Identity
FY 20-21
Another gender identity
Male
Female
Prefer not to answer
1
43
120
32
58
4
0
20
40
60
80
100
120
140
Mountain Community Wellness Center - Oakhurst
Hope House - Madera


Assigned Birth Sex
FY 20-21
Male
Female
Prefer not to answer
43
120
33
58
4
0
20
40
60
80
100
120
140
Mountain Community Wellness Center - Oakhurst
Hope House - Madera

Youth Empowerment Program (YEP) cost per person is $9,065. Youth Empowerment Program had some of the data in the naming convention, but not all. Youth Empowerment Program's previous naming convention was similar to the new naming convention. YEP was able to convert some of the data from their old naming convention to the new convention (but still has data missing from the new data categories).

Youth Empowerment Program:
FY 18-19: 55 unduplicated participants served.
FY 19-20: 110 unduplicated participants served.
FY 20-21: 45 unduplicated participants served.

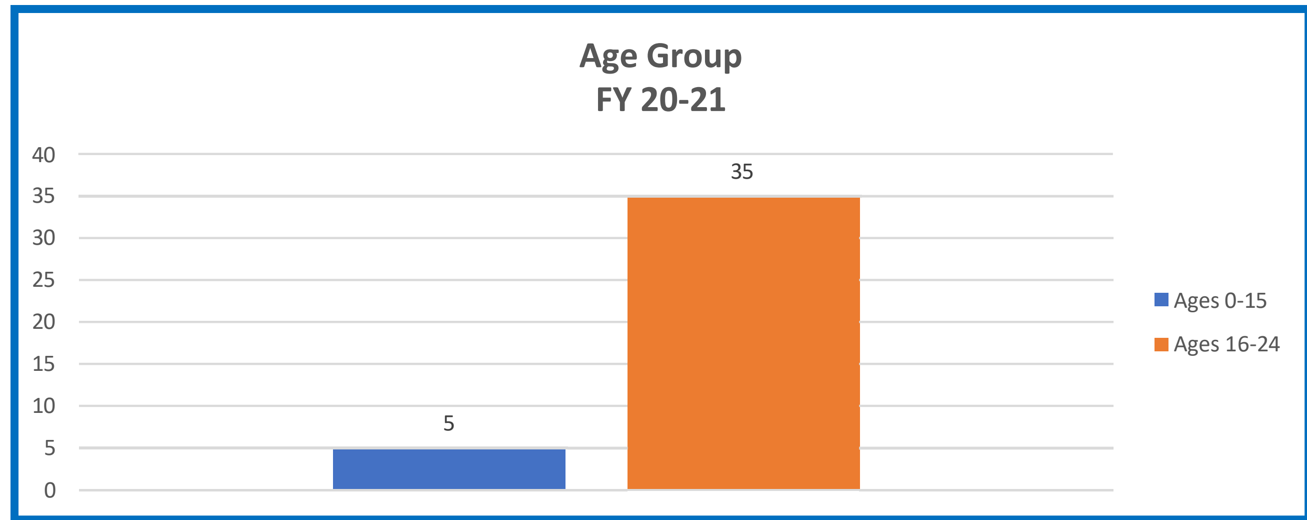
Programs:
1. Preventions (PRP)
2. Early Intervention (EIP)
3. Outreach for Increasing Recognition of Early Mental Illness (ORP)
4. Access and Linkage to Treatment (ALP)
5. Improved Timely Access for Underserved Populations (TAP)
6. Stigma and Discrimination Reduction (SDRP)
7. Suicide Prevention (SPP)

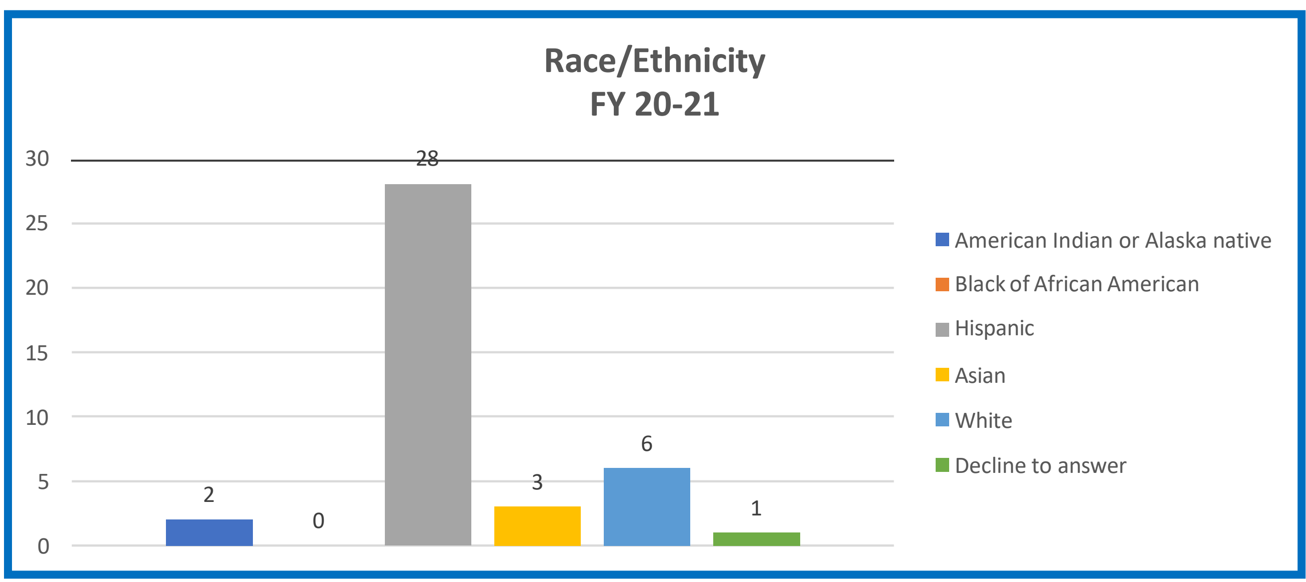
Strategies:
1. Outreach for Increasing recognition of Early Mental Illness (ORS)
2. Access and Linkage to Treatment (ALS)
3. Improved Timely Access or Underserved for Populations

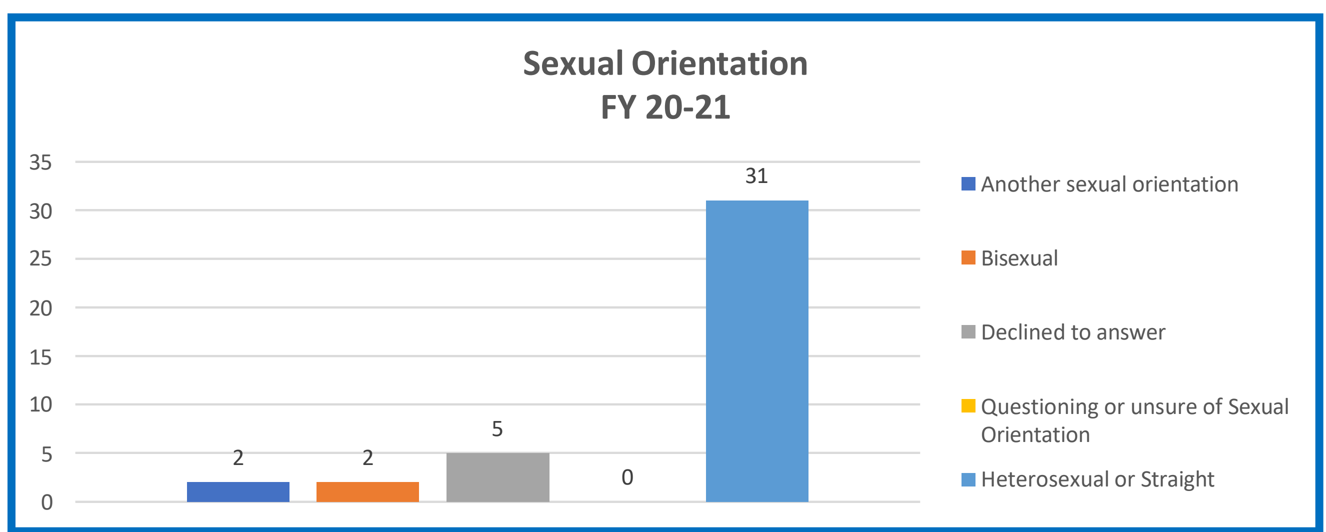
YEP, focused on these Programs	
Program Prevention	45
Early Intervention	45
Outreach for Increasing Recognition of Early Mental Illness	0
Access and Linkage to Treatment	0
Stigma Discrimination Reduction	45
Suicide Prevention	45

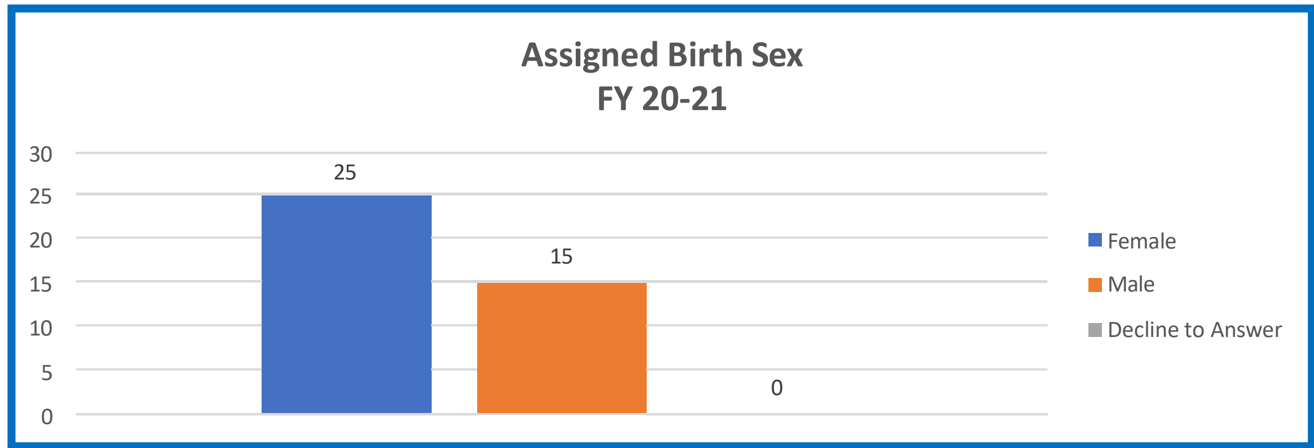
YEP Focused on the Service Strategies

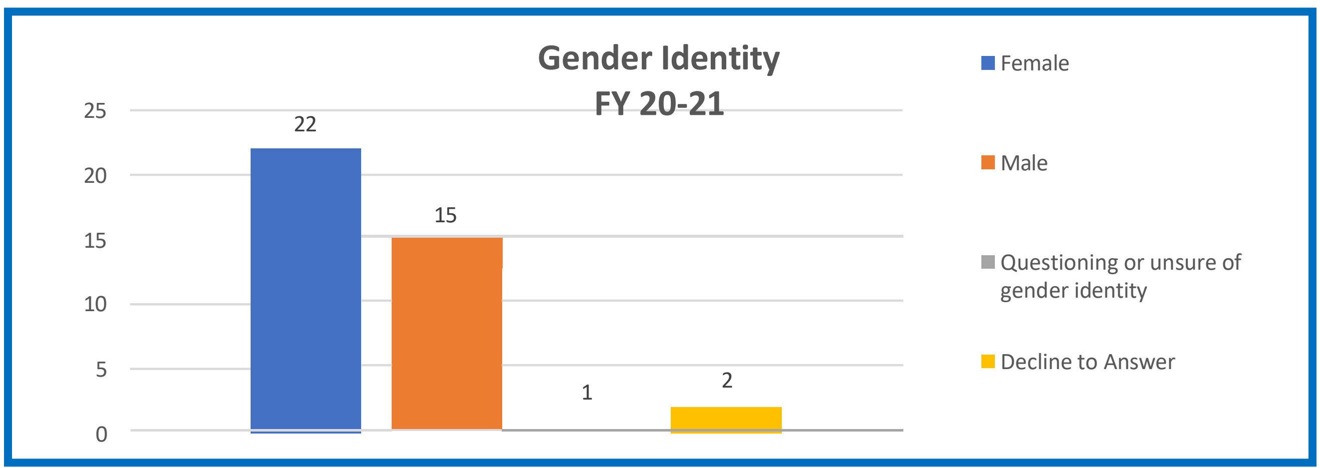
1) Outreach for Increasing recognition of Early Mental Illness PEI screening is provided referral to treatment, if needed. None of the participants accessed treatment. None of the participants said they used substances.



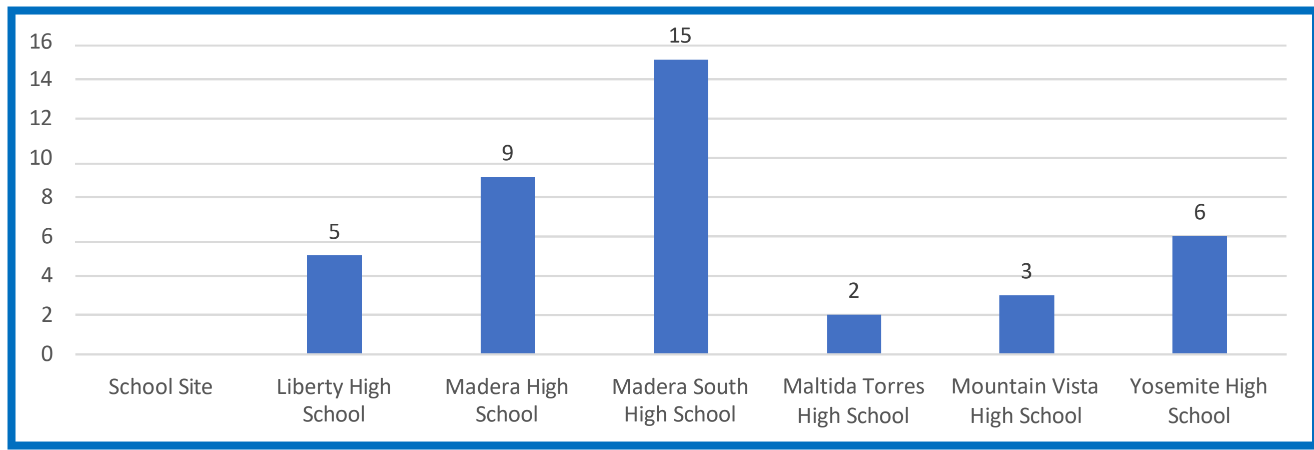



Sexual Orientation
FY 20-21
35
30
25
20
15
10
5
0
2
2
5
0
31
Another sexual orientation
Bisexual
Declined to answer
Questioning or unsure of Sexual Orientation
Heterosexual or Straight


Assigned Birth Sex
FY 20-21
30
25
20
15
10
5
0
25
15
0
Female
Male
Decline to Answer


Gender Identity
FY 20-21
25
20
15
10
5
0
22
15
1
2
Female
Male
Questioning or unsure of gender identity
Decline to Answer

School Site	Liberty High School	Madera High School	Madera South High School	Maltida Torres High School	Mountain Vista High School	Yosemite High School
	5	9	15	2	3	6
	12.50%	22.50%	37.50%	5.00%	7.50%	15.00%



Total Health Education Coordinator: 5,603

Mental Health Education Coordinator	
192	**Access and Linkage to Treatment**
296	**Outreach Program**
11	**safeTALK**
166	**MHFA**
119	**Mental Health Provider Training**
669	**Prevention**
1,671	**Suicide Prevention *_(1,300 are for staff at Chowchilla prisons)_**
2,775	**Stigma and Discrimination Reduction Program**

Age Categories	
0-15	317
16-25	1,277
26-59	1,124
60+	30

Language	
English	2258
Spanish	32

Race/Ethnicity Categories	
Hispanic/Latino	163
White/Caucasian	30
Black/African	3
Other	12

The categories for PEI services were not standardized across all the programs because most transitioned from the old naming convention to the new one. Besides having issues with data collection in the County's EHR system, the PEI program just began to link collecting data. A measure was just created to begin to use the state PEI reporting form. From this point forward, more data will be made available to our stakeholders. PEI will be placing more emphasis on schools. As of May 2021, schools have reopened to allow outside agencies on campus and more data is projected to be collected.

Innovation (INN)

Innovation Component Overview

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

Innovation Projects

Past Projects

Perinatal MH Integration Project (PMHIP) –

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

Therefore, the collaborative approach to providing services for this population was chosen to facilitate access to services from multiple resources. The evidence-based model of measuring and improving service integration and access to resources for daily living needs is the Pathways Model. This model is promoted by the federal Agency of

Healthcare Research and Quality. The model has been implemented in multiple states, rural to urban areas, and for many underserved or inappropriately serviced populations with success.

Terminated Projects

INN Tele Social

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

Reason for termination:

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

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

Current Project

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

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

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

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

1) Educating the service system/providers on paternal Perinatal Mood and Anxiety Disorders. (PMAD).
2) Implementing tools to assess the extent to which the service system/providers are “father-friendly” and skilled at identifying and addressing parental PMAD
3) Supporting the service system/providers in the incorporation of “father-friendly” policies that enhance their environment and service delivery for new fathers.

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

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

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

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

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

A data analytic system that permits combining data contributed by the various staff and collaborators will be used. Pre-intervention data will serve as an initial baseline, and data will be used to calculate transformed difference values to assess change over the 12-month program period. In other words, this approach will allow us to examine the magnitude of the impact of specific strategies on target parent population outcomes. This procedure will allow us to develop a descriptive picture of change in behavior, attitude, and knowledge for segments of the reporting period, which can then be summed to estimate *Project DAD*'s overall effectiveness. This project will be operational FY 2021-2025.

Current INN Projects

In FY 2021-2022 MHSA Annual Update, it was noted that Madera County Behavioral Health Services (MCDBHS) currently did not have an approved Innovation (INN) project but were pending approval on the D.A.D project. The D.A.D project was presented at the Behavioral Health Board Meeting on April 21, 2021, and posted for a 30-day public comment April 9, 2021 through May 10, 2021 before being brought to the Board of Supervisors on June 1, 2021 for Board approval which was received to forward the INN Project to the MHSOAC for approval.
On September 7, 2021, the Board of Supervisors recommended entering into an agreement with the California Health Collaborative to run the D.A.D Project.

Trainings:
The Dad's project team has begun to reach out to community-based organizations, schools, medical and mental health providers as well as hospitals to host trainings on the impact of paternal perinatal mental health adversities among new and expected fathers. Training includes the following: defining perinatal mental health, screening tools (PHQ (9), SDOH, and ACE as well as direct access to counseling, case management, support groups, and psychoeducational workshops. Both the case management, support groups, and psychoeducational workshops are facilitated with the 24/7 Dad curriculum.

Dad's Conference:
To launch the D.A.D.'s program and build momentum among professionals within the community, on December 10, 2021, the D.A.D.'s project hosted a virtual conference. 24 Madera County stakeholders were in attendance; however, the total number of registered participants was 86. Attendees were professional throughout the Central Valley. Topics included Paternal Perinatal Mental Health, Maternal Mental Health, and Adverse Childhood Experiences.

Needs Assessment:
The Dad's project team has begun to reach out to community-based organizations to identify key stakeholders to prompt a dad-friendly environment; this includes education, screening, and access to services. To date, the D.A.D.'s key stakeholders have been as

follows: Madera County Child Support, Department of Social Services, First 5 Madera, three local high schools, the local food bank, and health plans.

Currently, the stakeholders are exploring the gaps within child support. Both the child support team, social services, and the D.A.D.'s project are building a pathway to close the loop. The goal is to build a pathway, therefore, assisting parents to work with child support including teen dads. It was noted that if a parent ignores child support – the amount owed is based on minimum wage. However, if the teen dad is in school or working the percentage can be decreased. We now know that social determinates of health are a risk factor for mental health adversity.

The next step in closing the loop is identifying places of employment. The Dad's project has met with the food bank to ultimately create an employment pathway for perinatal dads. Again, we now know, that social determinates of health are a risk factor for mental health adversity.

Lastly, the D.A.D.'s project has partnered with the Central Valley Foodbank to distribute diapers to perinatal families. Families meet with the D.A.D.'s project care coordinator and complete a needs assessment, upon completion of the assessment they receive a pack of diapers.

Participant Engagement:

Referrals:
The program has received over 443 referrals. Note the referrals are perinatal mothers; however, the staff attempt to gain rapport with the mother as well as the father.

Workshops:
This quarter the D.A.D.'s project has begun to host workshops for fathers. These workshops cover the following topics: domestic violence, child abuse, relationships, separation, and loss, as well as communication skills. Participants complete a pre/post education assessment.

Father Mentor (Champion):
With the support from the Maternal Wellness Coalition of Madera County, the D.A.D.'s Project created a flyer that outlined the need for a father mentor. The flyer is still circulated. The current outcome of the Mentor Dad deliverable is that one male teacher is in the process of establishing an on-campus support group. Once approved by the school board and the teachers are trained, the teacher will co-facilitate the support

group and then lead. In addition, a total of three school sites are in the process of formulating an agreement to provide on-campus case management/ counseling services to pregnant / parenting dads as well as mothers.

Challenges:

COVID: During COVID the program switched to a virtual platform resulting in a decline in referrals. Madera hospital and local medical providers no longer prioritized screening perinatal families for mental health adversities, rather the primary goal was to minimize the risk of spreading the virus.

Staffing: During the start of the program both the program manager and care coordinator resigned. Both positions have been filled. The new program manager is an LCSW and can provide clinical supervision. The D.A.D's project is now a site for post-doc interns from Alliant and a field placement site for Fresno State and Fresno Pacific University social work, psychology, and counseling students.

Maternal Wellness Coalition
The D.A.D.'s project continues to host monthly stakeholder meetings to discuss gaps in services for perinatal families which can potentially cause a mental health complications.

Stakeholder Involvement with INN Project

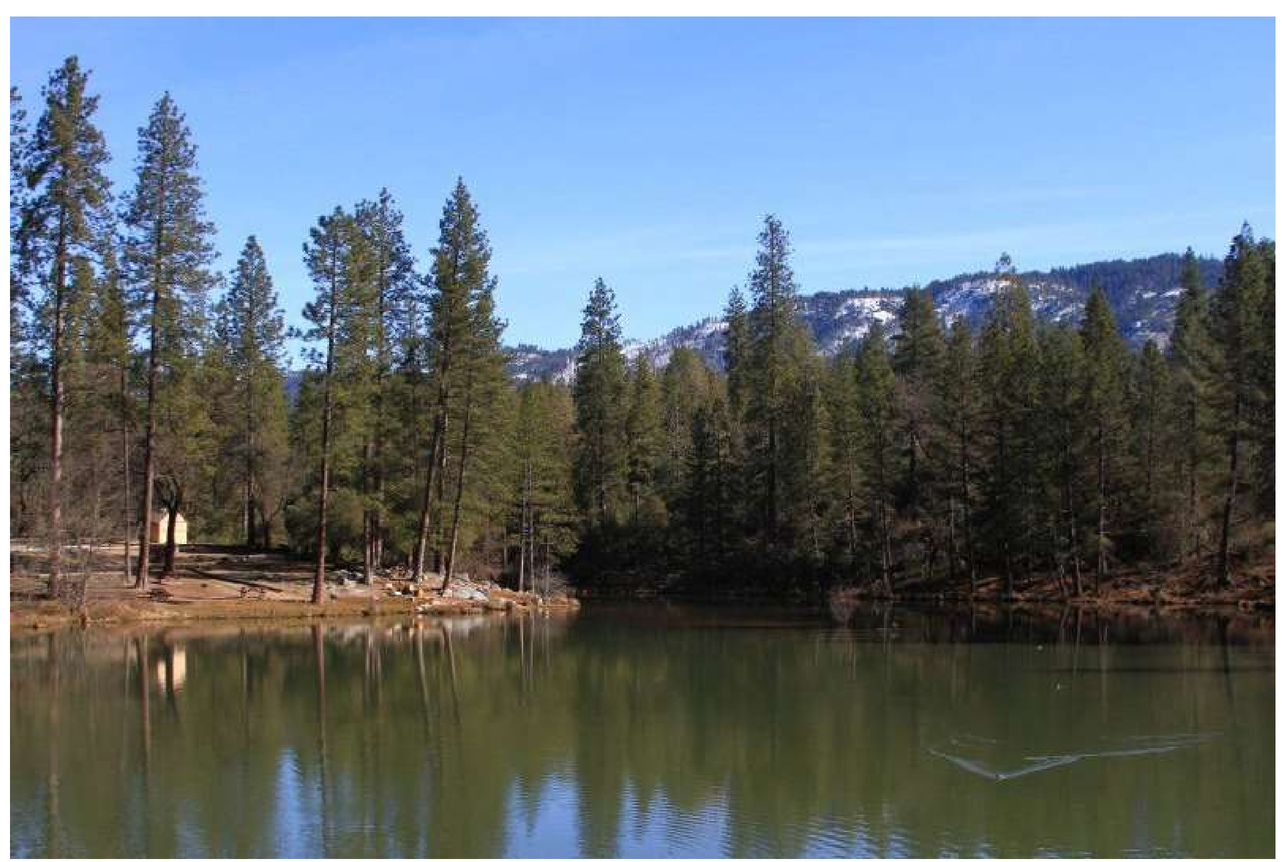
MCDBHS ensures that staff and stakeholders are meaningfully involved in all phases (planning process, funding, outcomes) of the Mental Health Services Act Innovation Component. The Community Program Planning Process meeting is posted to the County website, in community forums, and information is emailed to staff regarding the CPPP. Stakeholders are also updated regularly at the local Behavioral Health Board meetings and project results are also distributed during this meeting.
Behavioral Health Board Meetings are held monthly on the third Wednesday of each month from 11:30 am to approximately 1:00 p.m. All meetings are open to the public. Residents who have an interest in public funded behavioral health programs/ treatment services in Madera County are encouraged to attend. The Board participates in the planning process, advises the County Behavioral Health Services Director and the Board of Supervisors on aspects of the County Behavioral Health Programs and reviews community behavioral health needs, services, facilities, and special programs.

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

INN Performance Outcomes

The DAD's Project experienced staff turnover in the FY 21-22 reporting period. Furthermore, COVID-19 had an impact on referrals as hospitals/medical providers no longer prioritized screening perinatal families for mental health symptoms. Despite these challenges, the D.A.D.'s Project was able to increase access to mental health services for dads in Madera County. To date, 10 men have been screened; 1 male has accessed counseling services; 1 male has accessed case management services; 2 men are enrolled in support groups; and 241 individuals received education to build awareness of postpartum depression.

MHSA Housing Program



Local Government Special Needs Housing Program (SNHP)

The cost per person for the MHSA Housing Program is $19,285.71. The MHSA Housing Program embodies both the individual and system transformational goals of MHSA through a unique collaboration among government agencies at the local and state level. Up until May 30, 2016, the Department of Health Care Services (DHCS) and the California Housing Finance Agency (CalHFA) jointly administered the MHSA Housing Program. The replacement program is the Local Government Special Needs Housing Program (SNHP). The responsibility is for overseeing the mental health system and ensuring that consumers have access to an appropriate array of services and supports; and county mental health departments, which have the ultimate responsibility for the design and delivery of mental health services and supports. Unless these funds are spent by May 30, 2021, they will revert to the State. The shared housing portion of this program is operated by the Non-Profit MMHSA Housing Inc. This program provides permanent supportive housing for the target population as identified in the Mental Health Services Act.

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

MMHSA Shared Housing

Hinds House –

P Street, Madera

MCDBHS has a P Street House that is a four-bedroom home located near the FSP program at Pine Recovery and Turning Point Community Wellness Program. Residents who reside at P street house when they need low-income housing as they work in treatment to gain employment, resources, skills, and the tools needed to transition into independent living. While at P Street House, residents are provided with intensive services to help them work toward goals of independence and self-sufficiency by learning the life skills necessary to function independently within the community. The P Street House also teaches them responsibility. They reside with housemates which

gives them the opportunity to practice the new skills. The residents assign chores and task with keeping their rooms and common areas clean.

Shared Housing in Chowchilla-

Mariposa Ave, Chowchilla

Another housing option available to clients is MHSA Shared Housing in Chowchilla. This is a four plex. Residents reside in a unit with another roommate. Residents in this shared housing unit receive intensive services to help them gain tools to work toward independence and self-sufficiency.

Serenity Village

Oakhurst

Turning Point of Central California owns a 7-unit permanent supportive housing apartment complex in Oakhurst. Staff is provided by Turning Point who ensure people residing there are linked with community resources. MCBH provides support to Turning Point as well as the Behavioral Health Service needs of the clients who reside there.

Sugar Pine Village

Madera

Sugar Pine Village opened its doors to residents in December 2021.
Partnered with Self-Help Enterprises on this No Place Like Home (NPLH) project. The apartment complex has 52 units and 16 are dedicated (NPLH) units. These units are required to be accessed through the coordinated entry system that is part of the Fresno Madera Continuum of Care.

La Esperanza

Madera

La Esperanza opened in January 2022. MCDBHS partnered with City of Madera and MORES non-profit is a on this 48-unit affordable housing development for low- and very-low-income households. 7 of the units are dedicated for MHSA residents

Other Community short-term housing available to MHSA clients:

Emerson House

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

Shunammite

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

Crisis Treatments

Crisis Residential Unit (Star Behavioral Health) in Merced County

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

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

stable and gain the ability to successfully transition back to community living after a period of psychiatric crisis and recovery.

CRU Services include:

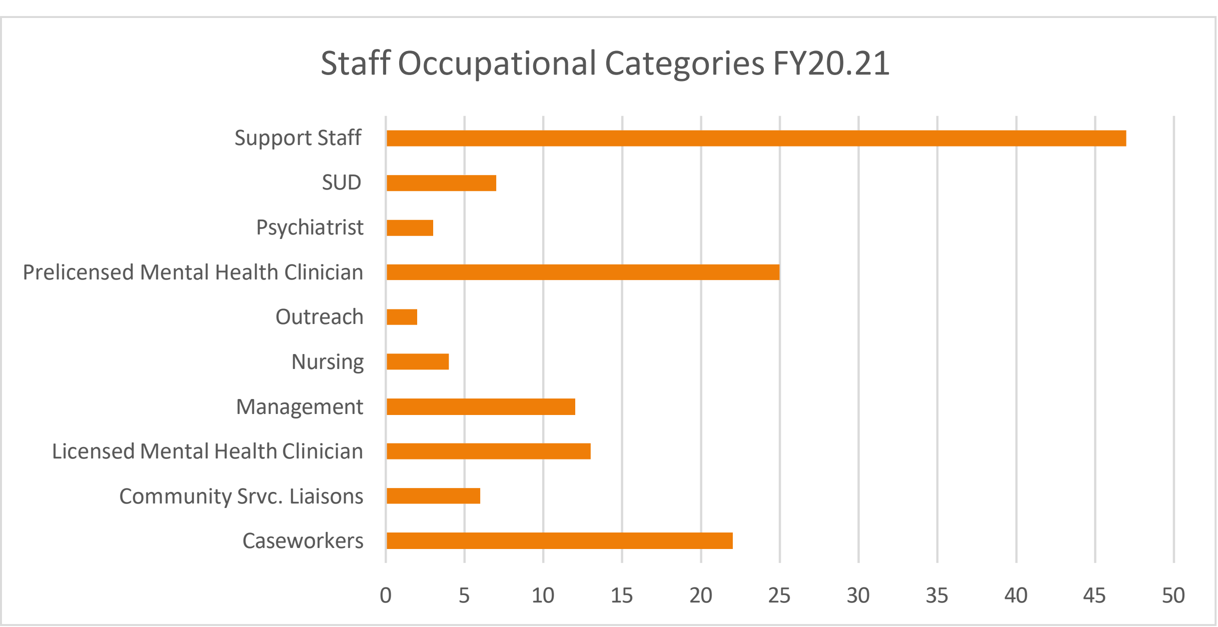
- Provides services 24 hours a day and 365 days a year and includes assessment, physical and psychological evaluation, mental health, and case management services, in addition to assistance locating permanent housing.
- Therapeutic and Mental Health Services
- Rehabilitation/recovery services, including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

Workforce Education and Training (WET)

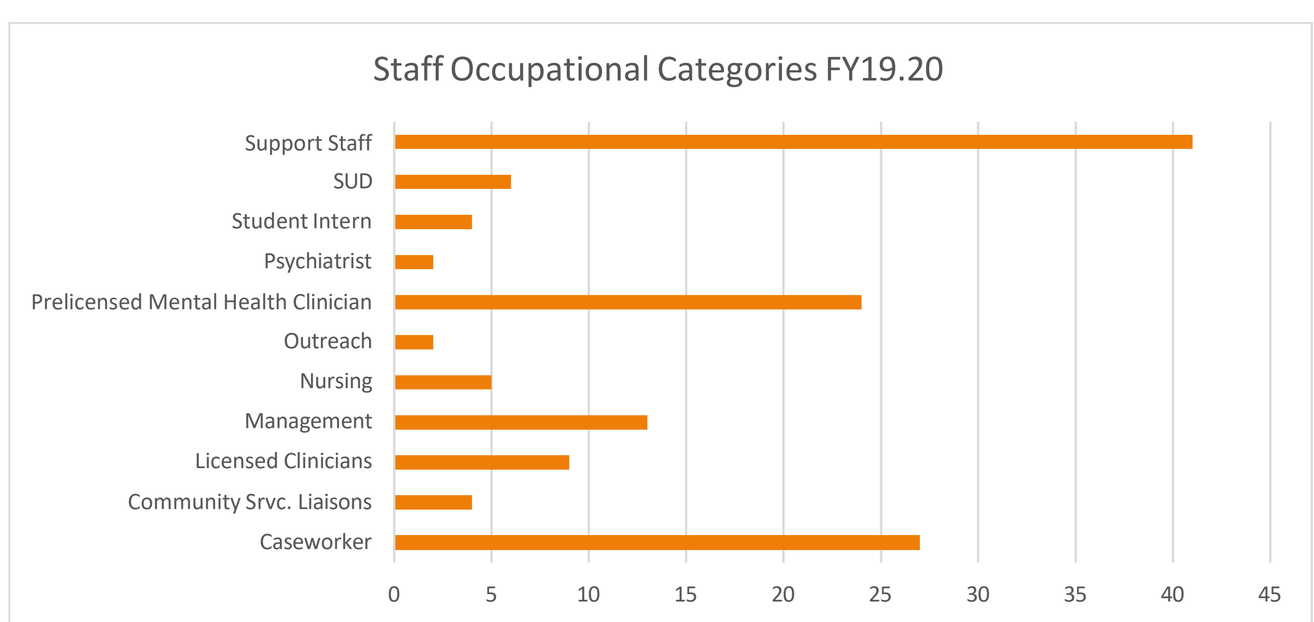
WET program Overview

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

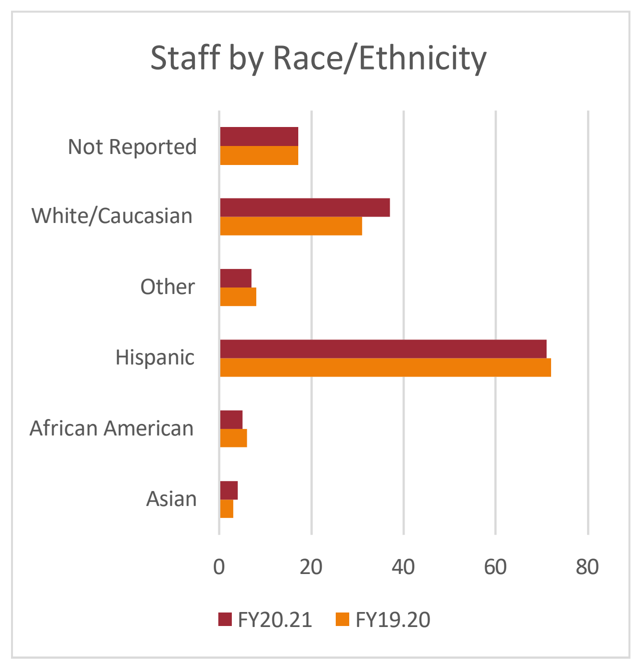
Madera County Behavioral Health Services (MCDBHS) staff information is listed below. MCDBHS has 141 people employed in their department. This is about the same from FY 2019-20 when MCDBHS had a total of 137 employees.

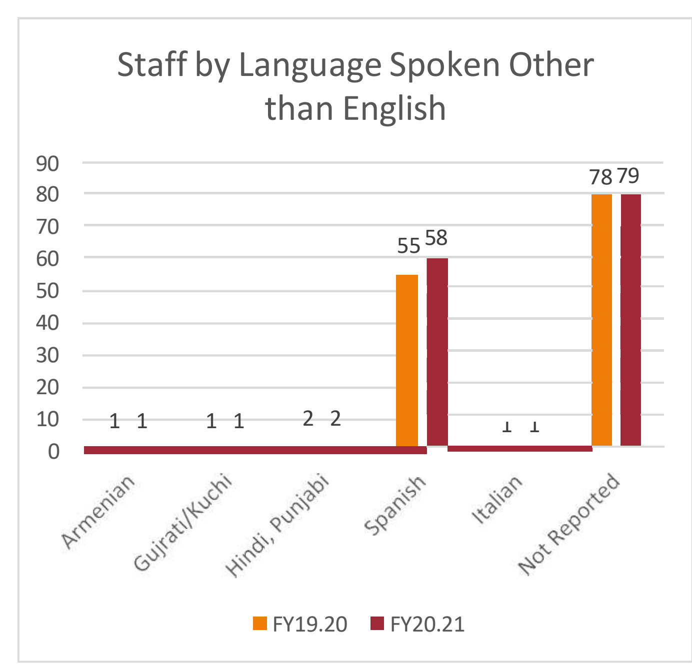


Source: All Staff Excel Spreadsheet



For FY 20-21, the Race/Ethnicity of most staff stayed consistent in comparison to the previous fiscal year with a total of 63 employees reporting they speak another language other than English which translates into 45% of MCDBHS' workforce who identify as bilingual, 41% being bilingual in the Spanish threshold language.





Source: All Staff Excel Spreadsheet

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

Capital Facilities and Technological Needs (CFTN)

CFTN Component

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

CFTN project

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

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

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

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

FISCAL

Budget

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

MHSA Components	Date Approved	End Date
Community Services and Support (CSS) Plan	May 15, 2006	Ongoing plan
Prevention and Early Intervention (PEI) Plan	April 26, 2010	Ongoing plan
Prevention and Early Intervention (PEI) Plan Statewide Plan	November 29, 2010	Ongoing plan
Workforce Education and Training (WET)	November 19, 2010	June 30, 2013
MHSA Shared Housing Project Hinds House also known as P Street House (first resident Sept 26, 2011)	June 3, 2010	Operational
MHSA Shared Housing Project Chowchilla (first resident Aug 2012)	October 10, 2011	Operational
Local Government Special Needs Housing Program (SNHP)	May 30, 2016	
No Place Like Home Assistance Grant	May 25, 2018	Operational
Capital Facilities	December 28, 2010	Sept 2013
Innovation #1 Access into Services & Physical Health by Pharmacist	April 17, 2009	June 30, 2013
Innovation #2 Perinatal Mental Health Integration Project	June 1, 2010	June 30, 2019
Innovation #3 Tele-Social Support Service Project	November 18, 2016	2019
Innovation #4 Dads, Anxiety, & Depression (DAD)	July 1, 2021	**June 30, 2025**

Salaries & Benefits are based on the current Madera County Salary Schedule with adjustments for any approved salary increase as approved by the Board of Supervisors. Employee Benefits are based on the current Madera County benefits package that includes FICA 6.2%, Medicare 1.45% 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 operations. These estimates are based on MCDBHS past history and Madera County current County Administrative Office budget policies.

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

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

The MHSA Component are:

1. CSS includes the FSP TAY FSP Adult, Expansion and Supportive Services and Structure System Development, and CSS Administrative.
    A. The FSP TAY serves 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, childcare, 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 coordinates shared housing resources in Madera County, including collaboration with the City of Madera Housing Authority, Community Action Partnership of Madera County, Department of Social Services, Fresno Madera Continuum of Care 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 Promotors/Community Workers who will be paid/volunteer staff through Hope House. Outreach to rural population for development of Prevention/Early Intervention activities such as Wellness, Recovery Action Plan (WRAP) Services, education about their mental illness, recovery, and resiliency. The contracted services include the Wellness Recovery Center and Wellness Recovery Action Plan (WRAP).

3. INN includes proposed Dads, Anxiety, & Depression (DAD) The non-administrative components are contracted services.
   - A. INN Dads, Anxiety, & Depression (DAD) is a new project. This project will facilitate access to appropriate services for fathers with mild to moderate mental illness. Services provided will include stress management skills, and interpersonal social skills, as a means of recovery, wellness, and social resilience.
   - B. INN Administrated Support is an 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 projects, obtain MHSOAC approval, and implement the plan. Ongoing operational expenses 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
   - 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. Sugar Pine Village is the project MCDBHS partnered with Self-Help Enterprise to utilize our NPLH funds and has 16 dedicated permanent supportive units that MCDBHS provides services to the residents.

MHSA Revenue and Expenditure Report (RER)

The county was unable to submit the Annual MHSA Revenue and Expenditure Report (RER) by December 31, 2021, due to staffing shortage but was granted an extension and was able to submit by the extension. The RER has been posted on the county website.

RER summary shown on next page.

STATE OF CALIFORNIA

Department of Health Care Services

HEALTH AND HUMAN SERVICES AGENCY

DHCS 1822 B (02119)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: Fiscal Year 2020-21
Component Summary Worksheet

County: Madera

Date: 3/24/2022

		A	B	C	D	E	F
ISECTION 1: Interest		CSS	PEI	INN	WET	CFTN	TOTAL
1	Comnonent Interest Earned	$67 833.59	$16 958.40	$4.462.74	$0.00	$0.00	$89 254.73
2	Joint Powers Authoritv Interest Earned						$0.0(

		A	B	C
SECTION 2: Prudent Reserve		CSS	PEI	TOTAL
3	Local Prudent Reserve Beoinnina Balance			$2072.113.70
4	Transfer from Local Prudent Reserve	$0.0(	$0.0(	$0.0(
5	CSS Funds Transferred to Local Prudent Reserve	$0.0(		$0.00
6	Local Prudent Reserve Adiustments			$0.00
7	local Prudent Reserve Endinn Balance			$2 072,113.70

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

		A	B	C	D	E	F
SECTION 4: Promam Expenditures and Sources of Fundinn		CSS	PEI	INN	WET	CFTN	TOTAL
9	MHSAFunds	$10 635 678.6	$1 434 517.62	$13 179.3	$0.0	$310 000.0(	$12 393 375.5
10	Medi-Cal FFP	$2 901 066,0	$0.0	$0.0	$0.0	$0.0	$2 901 066.0(
11	1991 Realianment	$0.0	$0,0	$0.0	$0.0	$0.0	$0.0(
12	Behavioral Health Subaccount	$0.0	$0.0	$0.0	$0.0	$0.0	$0,0(
13	Other	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0(
14	TOTAL	**$13,536,744.6**	**$1,434,517.62**	**$13,179.33**	**$0.0**	**$310,000.0**	$15,294,441.5

		A
SECTION 5: Miscellaneous MHSA Costs and·Exoendltures		TOTAL
15	Total Annual Plannina Costs	$12,798.0
16	Total Evaluation Costs	$0.0
17	Total Administration	$2,000,335.1
16	Total WET RP	
19	Total PEI SW	$0.0
20	Total MHSA HP	
21	Total Mental Health Services For Veterans	

Funding

Community Services and Supports (CSS)

CSS services are consistent with CSS funds in accordance with regulation guidance, less than 49% of the CSS funds are in support of GSD.
This funding is used to provide one or more of the following:

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

AB114 MHSA Reversion

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

Guidelines for MHSA funding

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

Prudent Reserve

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

Prevention and Early Intervention (PEI)

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

Innovation (INN)

MCDBHS currently has the D.A.D.'s Project.

Workforce Education and Training (WET)

WET dollars have been fully funded.

Funding Summary

Listed on next page.

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

County: Madera

Date: 5/2/22

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. FY 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	6,091,536	475,394	183,303		977,522	
2. New FY2020/21 Funding	9,452,411	2,363,103	621,869			
3. Transfer in FY2020/21 (a)	(34,000)					34,000
4. Access Local Prudent Reserve in FY2020/21						0
5. Available Funding for FY2020/21	15,509,947	2,838,497	805,172	0	977,522	
B. FY2020/21 MHSA Expenditures	10,635,679	1,434,518	13,179	0	310,000	
C. Estimated FY2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	4,874,268	559,413	345,777	0	667,522	
2. Estimated New FY2021/22 Funding	9,684,906	2,421,267	637,165			
3. Transfer in FY2021/22 (a)	117,853					(117,853)
4. Access Local Prudent Reserve in FY2021/22						0
5. Estimated Available Funding for FY2021/22	14,677,028	2,980,680	982,942	0	667,522	
D. Estimated FY2021/22 Expenditures	10,615,257	1,601,585	216,185	0	0	
E. Estimated FY2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	4,061,771	1,379,095	766,757	0	667,522	
2. Estimated New FY2022/23 Funding	9,323,873	2,330,968	613,412			
3. Transfer in FY2022/23 (a)	(525,000)					525,000
4. Access Local Prudent Reserve in FY2022/23						0
5. Estimated Available Funding for FY2022/23	12,860,644	3,710,063	1,380,169	0	667,522	
F. Estimated FY2022/23 Expenditures	9,351,814	1,754,576	332,500	0	0	
G. Estimated FY2022/23 Unspent Fund Balance	3,508,830	1,955,487	1,047,669	0	667,522	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	2,072,113
2. Contributions to the Local Prudent Reserve in FY 2020/21	34,000
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	2,106,113
5. Contributions to the Local Prudent Reserve in FY 2021/22	0
6. Distributions from the Local Prudent Reserve in FY 2021/22	117,853
7. Estimated Local Prudent Reserve Balance on June 30, 2022	1,988,260
8. Contributions to the Local Prudent Reserve in FY 2022/23	525,000
9. Distributions from the Local Prudent Reserve in FY 2022/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	2,513,260

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.