



**MADERA COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD**

AGENDA

**FEBRUARY 15, 2023
11:30AM – 1:00PM**

IN-PERSON MEETING AND VIRTUAL VIA ZOOM

<https://us06web.zoom.us/j/87102682445?pwd=WS9Zekc0dGZUNGZpTjk0UXRJYWVRZz09>

Meeting ID: 871 0268 2445

Passcode: 684012

The meeting documents are available in hard copy at Madera County Behavioral Health Services (BHS) at 209 East Seventh Street, Madera, CA 93638 and electronically at the BHS Website

<https://www.maderacounty.com/government/behavioral-health-services>

In compliance with the American with Disabilities Act (ADA), auxiliary aids and services for this meeting will be provided upon request when given three-day notice.

Bertha Avila District 1	Sadek Alammari District 1	Maria Simmons District 2	Wendy Hicks District 2	Steven Mortimer Chair, District 3
Eric Oxelson District 3	Donald Horal Vice-Chair District 3	Joe Torres District 4	Lori Prentice District 4	Loraine Goodwin District 4
Dawn Garcia District 5	Ginger Prentice District 5	Jennifer Mullikin District 5	Leticia Gonzalez County Supervisor	

CALL TO ORDER

A. ROLL CALL

B. APPROVAL OF MINUTES

Action Item: Approval of the Minutes of January 18, 2023, Meeting.

C. APPROVAL OF AGENDA

Action Item: Approval of the Agenda for February 15, 2023, Meeting.

D. ANNOUNCEMENTS

E. MADERA COUNTY BOARD OF SUPERVISORS APPROVED AGENDA ITEMS

1/24/2023 BOS APPROVED ITEMS

1. Authorization to Submit BHCIP Round 5 Request for Application

2. Zaks Security Amendment

2/7/2023 BOS APPROVED ITEMS

1. Community Care on Palm
2. BHAB Appointment -Joe Torres

F. PUBLIC COMMENT PERIOD

The Public may address the Board on any matter pertaining to Madera County Department of Behavioral Health Services that is not on the agenda; however, the Board is prohibited by law from taking any substantive action on matters discussed that are not on the agenda. Each person is limited to 3 minutes.

G. COMMITTEE REPORTS

The Chairperson and/or Committees may report about various matters involving Madera County Behavioral Health Services. There will be no Board discussion except to ask questions or refer matters to staff. No action will be taken unless listed in a previous agenda.

1. CHAIRPERSON/COMMITTEE CHAIR REPORTS (Each report is limited to 10 minutes)

a. Standing Committees

- 1.) Executive Committee (Chair, Vice-Chair & AOD Committee Chair)
- 2.) AOD Committee (Don Horal, Loraine Goodwin)
- 3.) Membership Nominating Committee (Steve Mortimer, Dawn Swinton, Connie Moreno-Peraza)

b. Ad Hoc Committees

- 1.) Strategic Planning
- 2.) Outreach (Ms. Loraine Goodwin)

2. DISCUSSION/ACTION ITEMS

a. Strategic Planning Session for BHAB 2023

- 1.) Establish Goals for Each Sub-Committee
- 2.) Discuss By-Laws
- 3.) Discuss Elections for 2023
- 4.) Discuss Committee Structure to Align with MCDBHS Committees vs AdHoc Committees

b. Discuss 2023 BHAB Meeting Schedule

- 1.) Identify Facilities in Chowchilla and Oakhurst with required technology
- 2.) Decide to Continue Hybrid or Move to In-Person Meetings in 2023

- H. DIRECTOR'S REPORT – 30 minutes
Connie Moreno-Peraza, LCSW, Director, Department of Behavioral Health Services (DBHS).

The Behavioral Health Services Director will report to the Board about various matters involving Madera County Behavioral Health Services. There will be no Board discussion except to ask questions or refer matters to staff, and no action will be taken unless listed on a previous agenda.

- I. SPECIAL PRESENTATION – 30 minutes
“New Psychiatric Hospital: River Vista”, Dr. Robert Dutile, PH.D., River Vista Behavioral Health.

- J. AGENDA ITEMS FOR FUTURE MEETING

- K. CONFIRMATION OF MEETING DATE/ADJOURNMENT

The next meeting will be March 15, 2023, 11:30am-1:00pm, in-person and/or virtual, via zoom.

BOARD MEMBERS WHO ARE NOT GOING TO ATTEND A MEETING, PLEASE CONTACT MELISSA TORRES, AT 673-3508, EXT. 1225, BY NOON ON THE MONDAY PRIOR TO THE MEETING.

PACKET ATTACHMENTS

Behavioral Health Advisory Board January 18, 2023, Minutes
Behavioral Health Advisory Board February 15, 2023, Agenda
Behavioral Health Advisory Board Attendance

MEMBER ATTACHMENTS

Madera County Board of Supervisors Department of Behavioral Health Services
Agenda Items 1/24/23-2/7/2023

ARTICLES/DOCUMENTS OF INTEREST

February 2023 HOPE House Calendar

CONTACT INFORMATION

MCDBHS Director: Connie Moreno-Peraza, MSW, LCSW
Secretary/BHAB Liaison: Melissa Torres, Executive Assistant
Madera County Department of Behavioral Health Services
PO Box 1288
Madera, CA 93639 (559) 673-3508



**MADERA COUNTY BEHAVIORAL HEALTH
ADVISORY BOARD
MEETING MINUTES
January 18, 2023
IN-PERSON/ZOOM
MEETING
11:30 AM - 1:00 PM**

CALL TO ORDER:

Attendee Name	Title	Call to Order time
Steven Mortimer	Behavioral Health Advisory Board Chairperson	11:35 A.M.

A. ROLL CALL

Attendee Name	Title	Status
Sadek Alammari	Board Member District 1	Present
Bertha Avila	Board Member District 1	Present
Maria Simmons	Board Member District 2	Present
Wendy Hicks	Board Member District 2	Absent
Steven Mortimer	Board Chairperson District 3	Present
Eric Oxelson	Board Member District 3	Present
Donald Horal	Board Member Vice Chairperson District 3	Absent
Lori Prentice	Board Member District 4	Present
Lorraine Goodwin	Board Member District 4	Present
Dawn Swinton Garcia	Board Member District 5	Present
Ginger Prentice	Board Member District 5	Present
Jennifer Mullikin	Board Member District 5	Present
Supervisor Leticia Gonzalez	Board Member, Board of Supervisors Representative, District 4	Present

B. APPROVAL OF MINUTES

Consideration of approval of minutes for November 16, 2022.

BHAB MEMBER	DATE	YES	NO	Abstain
SADEK ALAMMARI	LATE			
BERTHA AVILA	DID NOT VOTE			
MARIA SIMMONS	1-18-23	X		
WENDY HICKS	ABSENT			
STEVEN MORTIMER	1-18-23	X		
ERIC OXELSON	1-18-23	1X		
DONALD HORAL	ABSENT			
LORI PRENTICE	1-18-23	X		
LORRAINE GOODWIN	DID NOT VOTE			
DAWN SWINTON GARCIA	1-18-23	X		
GINGER PRENTICE	1-18-23	X		
JENNIFER MULLIKIN	1-18-23	X		
SUPERVISOR LETICIA GONZALEZ	1-18-23	2X		

Motion Passes:	8/13	Motion Fails:	
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C. APPROVAL OF AGENDA

Consideration of approval of the agenda for January 18, 2023, meeting.

BHAB MEMBER	DATE	YES	NO	Abstain
SADEK ALAMMARI	LATE			
BERTHA AVILA	1-18-23	X		
MARIA SIMMONS	1-18-23	X		
WENDY HICKS	ABSENT			
STEVEN MORTIMER	1-18-23	X		
ERIC OXELSON	1-18-23	2x		
DONALD HORAL	ABSENT			
LORI PRENTICE	1-18-23	X		
LORAIN GOODWIN	DID NOT VOTE			
DAWN SWINTON GARCIA	1-18-23	X		
GINGER PRENTICE	1-18-23	X		
JENNIFER MULLIKIN	1-18-23	X		
SUPERVISOR LETICIA GONZALEZ	1-18-23	1X		
Motion Passes:	9/13	Motion Fails:		

D. ANNOUNCEMENTS

No announcements were made at this time.

E. BOARD OF SUPERVISORS' AGENDA ITEMS

1. InSync Amendment FY 22-23
2. West Coast University Inc., Intern Agreement
3. CalMHSA Central Valley Suicide Prevention Hotline FY 22-23
4. CalMHSA Enterprise Health Record Agreement FY 23-29
5. Master Contract No. 20
6. Credible Mind FY 22-25
7. Celia Allen Consulting Group

F. PUBLIC COMMENT PERIOD –Speakers have up to 3 minutes to present an item.

No comments were made at this time.

G. COMMITTEE REPORTS

1. CHAIRPERSON/COMMITTEE CHAIR REPORTS (Each report is limited to 10 minutes)
 - a. Standing Committees
 1. Executive Committee (Chair, Vice-Chair & AOD Committee Chair)
No report was provided by this committee.
 2. AOD Committee (Don Horal, Loraine Goodwin)
No report was provided by this committee.

3. Membership / Nominating Committee (Steve Mortimer)

Action Item: Approval of forwarding Mr. Joe Torres' Behavioral Health Advisory Board application to the Board of Supervisors for approval.

BHAB MEMBER	DATE	YES	NO	Abstain
SADEK ALAMMARI	1-18-23	X		
BERTHA AVILA	1-18-23	X		
MARIA SIMMONS	1-18-23	X		
WENDY HICKS	ABSENT			
STEVEN MORTIMER	1-18-23	X		
ERIC OXELSON	1-18-23	2X		
DONALD HORAL	ABSENT			
LORI PRENTICE	1-18-23	X		
LORAIN GOODWIN	DID NOT VOTE			
DAWN SWINTON GARCIA	1-18-23	X		
GINGER PRENTICE	1-18-23	X		
JENNIFER MULLIKIN	1-18-23	X		
SUPERVISOR LETICIA GONZALEZ	1-18-23	1X		
Motion Passes:	9/13	Motion Fails:		

b. Ad Hoc Committee

1. Strategic Planning

No report was provided by this committee.

2. Outreach (Loraine Goodwin)

No report was provided by this committee.

H. DIRECTOR'S REPORT- Connie Moreno-Peraza, LCSW, Director, Department of Behavioral Health Services (DBHS), provided the board with BHS accomplishments, budget planning, and program updates, copy of Director Moreno-Peraza's report is attached.



1-18-23 BHAB BHS
Director Report -Co

I. EDUCATIONAL PRESENTATION- April Molina, Operations Director, O.L.I.V.E. Charitable Foundation. Power Point presentation by Ms. Molina is attached.



Sex Trafficking in
Madera County.ppt

J. ITEMS FOR FUTURE AGENDA

K. CONFIRMATION OF MEETING DATE/ADJORNMENT

The meeting was adjourned at 1:13 pm by Chairperson, Steven Mortimer.

The next hybrid meeting will take place on February 15, 2023, 11:30 am- 1:00 pm, at 209 East 7th Street, Madera, CA 93638, Room 156, and via Zoom link on all posted agendas for board members to access the meeting and for the public as well.

MADERA COUNTY BEHAVIORAL HEALTH BOARD ATTENDANCE RECORDS 2022-2023

Quorum

	Member	Appointed	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	
1	Goodwin, Loraine (SUD)	7/1/2011	Excused		X	Absent	X	Absent		X		
2	Horal, Donald (SUD)	7/1/2011	Late	X	x	X	X	X		Excused		
3	Mortimer, Steven (MH)	7/1/2011	X	X	x	x	X	X		X		
4	Oxelson, Eric (MH)	4/1/2012	X	X	x	x	X	X		X		
5	Garcia, Dawn (MH)	8/22/2017	X		x	Absent	X	X		X		
6	Prentice, Lori (MH)	10/1/2019	X	X	x	Excused	X	X		X		
7	Prentice, Ginger (MH)	3/23/2022	X	X	x	Excused	Excused	X		X		
8	Alammari, Sadek (SUD)	1/19/2022	X	X	x	x	X	Excused		X		
9	Simmons, Maria (MH)	3/23/2022	X	X	Excused	x	Absent	Absent		X		
10	Mullikin, Jennifer (SUD)	1/19/2022	X	X	x	x	Absent	X		X		
11	Avila, Bertha (MH)	11/1/2022			Excused	Excused	Excused	Excused		X		
12	Hicks, Wendy (SUD)	7/26/2025			Absent	Absent	Absent	Absent		Absent		
	Supervisor Leticia Gonzalez/Karla Estupinian		x	x	x	x	Excused	Excused		X		
	Resignations:	8/18/2021 Sheila Shaubach resigned										
		9/14/2021 Andrea Shepherd resigned										

9/21/2021 Nancy Lyday resigned

10/21 Karen Scott passed away

11/20 Vera Coffen resigned

6/12/2022 Nina Zaruchhi-Mize resigned

6/15/2022 Glenna Jarvis resigned



BOARD OF SUPERVISORS COUNTY OF MADERA

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Robert Macaulay, District 1
Jordan Wamhoff, District 2
, District 3
David Rogers, District 4
Robert L. Poythress, District 5

AGENDA ITEM SUBMITTAL

January 24, 2023
Chairman Tom Wheeler

DEPARTMENT Behavioral Health Services		DEPARTMENT CONTACT Melissa Torres 559-673-3508		AGENDA ITEM 5.A Consent Calendar	
SUBJECT: BHCIP Round 5 Request for Application		REQUIRED VOTE: 3/5 Votes Required	DOC. ID NUMBER 9152	DATE REC'D	
STRATEGIC FOCUS AREA(S): Health					
<u>For Clerk of the Board's Office Use Only</u>					
Is this item Budgeted? N/A Will this item require additional personnel? N/A Previous Relevant Board Actions: PowerPoint/Supporting Documents: N/A			DOCUMENT NO(S).		

RECOMMENDED ACTIONS:

Consideration to authorize the submittal of a grant application, and if funded, acceptance of the award for the Behavioral Health Continuum Infrastructure Program (BHCIP) Round 5: Crisis and Behavioral Health Continuum Grant and to authorize the County Administrative Officer, or their designee to submit the application and sign all application award/agreement and related documents.

DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:

DISCUSSION:

The California Department of Health Care Services (DHCS) launched the Behavioral Health Continuum Infrastructure Program (BHCIP) to address historic gaps in the behavioral health and long-term care continuum and meet the growing demand for services and support across the life span of vulnerable individuals in need. DHCS was authorized through 2021 legislation to establish BHCIP and award approximately \$2.1 billion to construct, acquire, and expand properties and to invest in mobile crisis infrastructure related to behavioral health. BHCIP Round 5: Crisis and Behavioral Health Continuum will fund projects to address significant crisis care gaps in California's behavioral health (mental health and substance use disorder [SUD]) infrastructure, with consideration for funding priority to those that provide crisis services to individuals in need. The crisis can be due to mental health issues and/or SUDs. Advocates for Human Potential, Inc. (AHP), a consulting and research firm focused on improving health and



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Robert L. Poythress, District 5

human services systems, is serving as the administrative entity for BHCIP. AHP assists state and local organizations to implement and evaluate a wide range of services focusing on mental health treatment and recovery, substance use disorder treatment and prevention, workforce development, homelessness, housing, long-term services and supports, and criminal justice.

FISCAL IMPACT:

The grant funds available for the regional San Joaquin Valley are \$41,244,344.00. The department is required to provide a 10% match. The Program Funding Agreement will set forth the general conditions for disbursement. Once the Program Funding Agreement between the grantee and AHP is fully executed, grantees can authorize work to begin on their project. Awarded grant funds for Round 5: Crisis and Behavioral Health Continuum will be announced in Spring 2023 and must be fully expended by June 2027.

CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:

This meets the goals of the above selected Strategic Focus Area of Health by providing mental health services and substance use disorder services to Madera County residents.

ATTACHMENTS

1. BHCIP Application



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COUNTY OF MADERA**

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5.B

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, District 3
, District 4
, District 5

AGENDA ITEM SUBMITTAL **January 24, 2023**
Chairman Tom Wheeler

DEPARTMENT Behavioral Health Services		DEPARTMENT CONTACT Melissa Torres 559-673-3508		AGENDA ITEM 5.B Consent Calendar	
SUBJECT: Zaks Security One Amendment		REQUIRED VOTE: 3/5 Votes Required	DOC. ID NUMBER 9158	DATE REC'D	
STRATEGIC FOCUS AREA(S): Public Safety					
<u>For Clerk of the Board's Office Use Only</u>					
Is this item Budgeted? Yes Will this item require additional personnel? No Previous Relevant Board Actions: MCC NO. 12270-22 PowerPoint/Supporting Documents: Contract			DOCUMENT NO(S).		

RECOMMENDED ACTIONS:

Consideration of entering into an Amendment to MCC No. 12270-22 with Zaks Security One amending compensation and costs to add security patrol services to the Oakhurst Counseling Center to ensure for staff and client safety at this site for Fiscal Year 2022-2023 and authorize the Chairman to sign.

DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:

DISCUSSION:

Zaks Security One (Zaks) has been providing the Madera County Department of Behavioral Health Services (MCDBHS) 7th Street building with reliable and flexible security patrol services since May 2013. BHS is seeking to add security patrol services to the Oakhurst Counseling Center.

FISCAL IMPACT:

The costs associated with this agreement will be funded by MCDBHS Mental Health Realignment and Mental Health Services Act funds; therefore, there will be no impact to the County's General Fund.

CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:



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5.B

Members of the Board
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This contract meets the Strategic Focus Area of Public Safety by providing security patrol services to help ensure the safety of our clients and staff.

ATTACHMENTS

1. Zaks Amendment to 12270-22 (signed)



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AGENDA ITEM SUBMITTAL

February 7, 2023
Chairman Tom Wheeler

DEPARTMENT Behavioral Health Services		DEPARTMENT CONTACT Melissa Torres 559-673-3508		AGENDA ITEM Consent Calendar	
SUBJECT: Community Care on Palm Riverside Contract		REQUIRED VOTE: 3/5 Votes Required	DOC. ID NUMBER 9213	DATE REC'D	
STRATEGIC FOCUS AREA(S): Health					
<u>For Clerk of the Board's Office Use Only</u>					
Is this item Budgeted? Yes Will this item require additional personnel? No Previous Relevant Board Actions: MCC no. 12115-22 PowerPoint/Supporting Documents: Contract			DOCUMENT NO(S).		

RECOMMENDED ACTIONS:

Consideration of entering into an Agreement with Community Care on Palm Riverside in the amounts listed for the provision of mental health residential care services for Fiscal Year 2022-2023 and authorize the Chairman to sign.

DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:

DISCUSSION:

Community Care on Palm Riverside, LLC operates a Skilled Nursing facility. These facilities provide varying degrees of residential care services for adults with severe and persistent mental illness. Clients may be placed in such a facility following hospitalization for transitional or long-term residential care.

It is often difficult to find appropriate placement for mentally ill residents of Madera County. Placement in mental health facilities is usually of an urgent nature. There are no residential mental health facilities in Madera County, therefore it is important that Behavioral Health Services has options available to ensure appropriate placement.

FISCAL IMPACT:

The costs associated with this agreement will be funded by Mental Health Realignment funds; therefore, there will be no impact to the County's General Fund.



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CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:

This contract meets the goals of the above selected Strategic Focus Area of Health by providing mental health services to our clients.

ATTACHMENTS

1. Revised Contract -Community Care on Palm FY 22-23 - CRM 48087



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AGENDA ITEM SUBMITTAL

February 7, 2023
Chairman Tom Wheeler

DEPARTMENT Behavioral Health Services		DEPARTMENT CONTACT Melissa Torres 559-673-3508		AGENDA ITEM Consent Calendar	
SUBJECT: BHAB APPOINTMENTS; J. Torres			REQUIRED VOTE: 3/5 Votes Required	DOC. ID NUMBER 9214	DATE REC'D
STRATEGIC FOCUS AREA(S): Community					
<u>For Clerk of the Board's Office Use Only</u>					
Is this item Budgeted? No Will this item require additional personnel? No Previous Relevant Board Actions: PowerPoint/Supporting Documents: Other/Misc				DOCUMENT NO(S).	

RECOMMENDED ACTIONS:

NEW AGREEMENT

Madera County Behavioral Health Board Appointments.

1. Consideration of approval to appoint Mr. Joe Torres to fill remaining term of Ms. Karen Marie Scott. Mr. Torres brings extensive experience from mental health and is very interested in serving on this advisory board and representing District No. 4, with a term ending April 1, 2023.

DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:

DISCUSSION:

On March 1, 2011 your Board approved the consolidation of the Madera County Mental Health and Alcohol Advisory Boards into a single Behavioral Health Board that convened on July 1, 2011. The authority for the Mental Health Board is provided by the State of California pursuant to Section 5604 of the Welfare and Institutions Code, so in combining the Boards we were mandated to continue to maintain a Board with a minimum of ten members citing mental health concerns as their primary reason for serving on the Board.

Legislation requires that Board members shall have a professional interest in or a personal commitment to mental health issues and/or alleviating problems related to



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alcohol/drug abuse in the community. Each of the recommended appointments is in accordance with this criteria.

The goal is to have equal representation from each district as stipulated within Article V of our Bylaws which states in part:

There shall be an equal number of appointees by each member of the Board of Supervisors. Each Supervisor shall appoint two members that cite mental health issues as their primary reason for serving on the Behavioral Health Board, and one member that cites AOD issues as their primary concern. The Board may recommend appointees to the Board of Supervisors.

Mr. Torres resides and will represent District No. 4. Mr. Torres appointment was intended to fill the remaining term left by deceased Karen Marie Scott who term expires April 1, 2023. The recommended action will correct the appointee's term and meet the requirements of the BHB bylaws.

The Behavioral Health Board unanimously approved the recommendation of Joe Torres at their January 18, 2023 meeting.

FISCAL IMPACT:

There are no fiscal implications and therefore no impact to the County General Fund.

CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:

Focus Area 1: Community

ATTACHMENTS

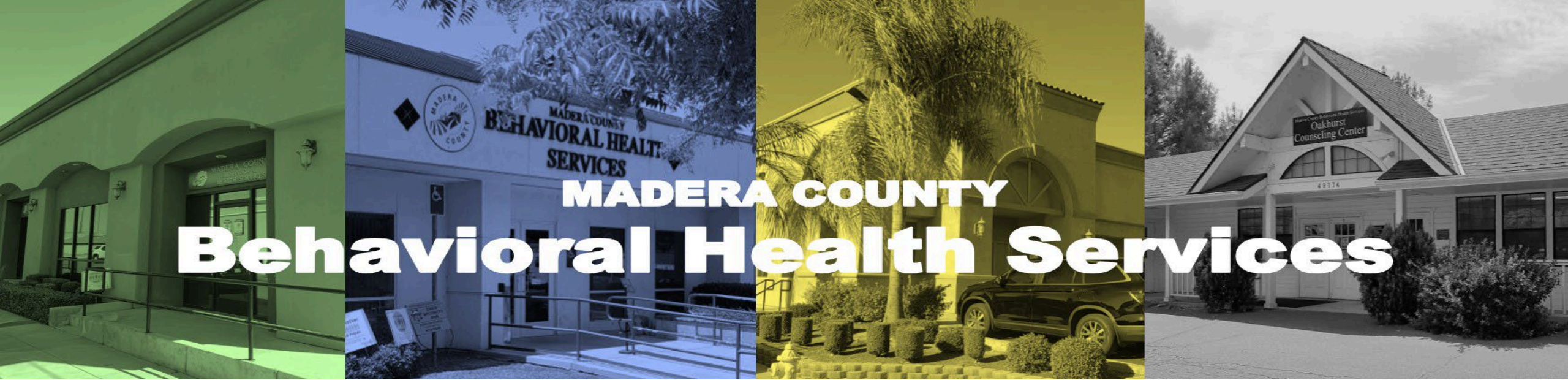
1. BHAB Membership Application-Joe Torres REDACTED
2. BHAB Application-Joe Torres
3. BHB BYLAWS 2021
4. Email-District 4 approval

MADERA COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SERVICES



“Mental Health Services Act (MHSA) New 3-Year Plan FY 2023-2026”

Presented by: Miravel Navarro, BHS Division Manager, Aaron Garcia, BHS Fiscal Manager, and Sylvia Romero, MHSA PEI Coordinator



MADERA COUNTY Behavioral Health Services

Welcome to Madera County Department of Behavioral Health Services (MCDBHS)

- **Vision** -- We envision a world where all persons with addictions and mental illness can achieve recovery and can live with dignity and respect as valued members of their families and communities.
- **Mission** – To promote the prevention of and recovery from mental illness and substance abuse for the individuals, families, and communities we serve by providing accessible, caring, and culturally competent services
- **Core Values** – We, the employees of Madera County Behavioral Health Services, value:
 - The promotion of wellness and recovery,
 - The integrity of individual and organizational actions,
 - The dignity, worth, and diversity of all people,
 - The importance of human relationships,
 - The contribution of each employee
- **4 Locations:** Madera BHS 7th Street, Madera Pine Recovery Center, Chowchilla Recovery Center, and Oakhurst Counseling Center.
- For more information visit our website <https://www.maderacounty.com/government/behavioral-health-services--> or **Call our Centralized Access and Crisis Line (559) 673-3508**



Agenda

- Provide Overview of the Mental Health Services Act (MHSA).
- Review the Components of MHSA and Allowable Expenditures
- Describe the Community Program Planning Process(CPPP) as Required by MHSA
- Explain Importance of MHSA CPPP and Provide Different Methods to Share Ideas and Input
- Review Fiscal Planning Estimates of MHSA
- MHSA Funded Projects
- Stakeholder Survey



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MHSA Overview

- MHSA was passed by California voters in 2004 and is funded by a one percent income tax on personal income in excess of \$1 million per year.
- It is designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families.
- MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that effectively support the public behavioral health system
- If Focuses on Its General Standards: Community Collaboration, Cultural Competence, Client-Driven, Family-Driven, Wellness, Recovery and Resiliency, and Integrated Service Experience
- Created on the notion that community stakeholders would take an active role in partnering with the county on mental health services needs
- Stakeholder Community Planning Process was launched as a critical part of the development of the MHSA 3-Year Plan.



WELLNESS • RECOVERY • RESILIENCE



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The 5 Components of MHSA

1. **Community Service & Support:** CSS provides direct services to individuals with severe mental illness using a client-centered, wellness, and recovery-focused approach, including housing.
2. **Prevention and Early Intervention:** The goal of the Prevention & Early Intervention (PEI) component of the MHSA is to help counties prevent negative outcomes by intervening early in the onset of mental health needs with timely access to services and support.
3. **Innovation:** The MHSA's Innovation component aims to explore and develop new mental health models that improve the quality of services, include collaboration, and access.
4. **Workforce Education & Training (WET):** Supports the building of diverse mental healthcare workforces to include the viewpoints and expertise of clients and their families/caregiver.
5. **Capital Facilities & Technological Needs (CFTN):** Supports the development of facilities and technologies used for administrative services or delivery of mental health services



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MHSA Planning Process

- Proposition 63, requires a 3 Year Plan with Annual Updates
- Each plan shall be developed with local stakeholder participation
- Various Stakeholder meetings throughout the year to gather feedback for community needs and direction on drafting and on updates
- Annual Updates must be developed through the CPP as well – stakeholders must remain involved at all stages



Mental Health Services Act

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





Community Program Planning Process (CPP)

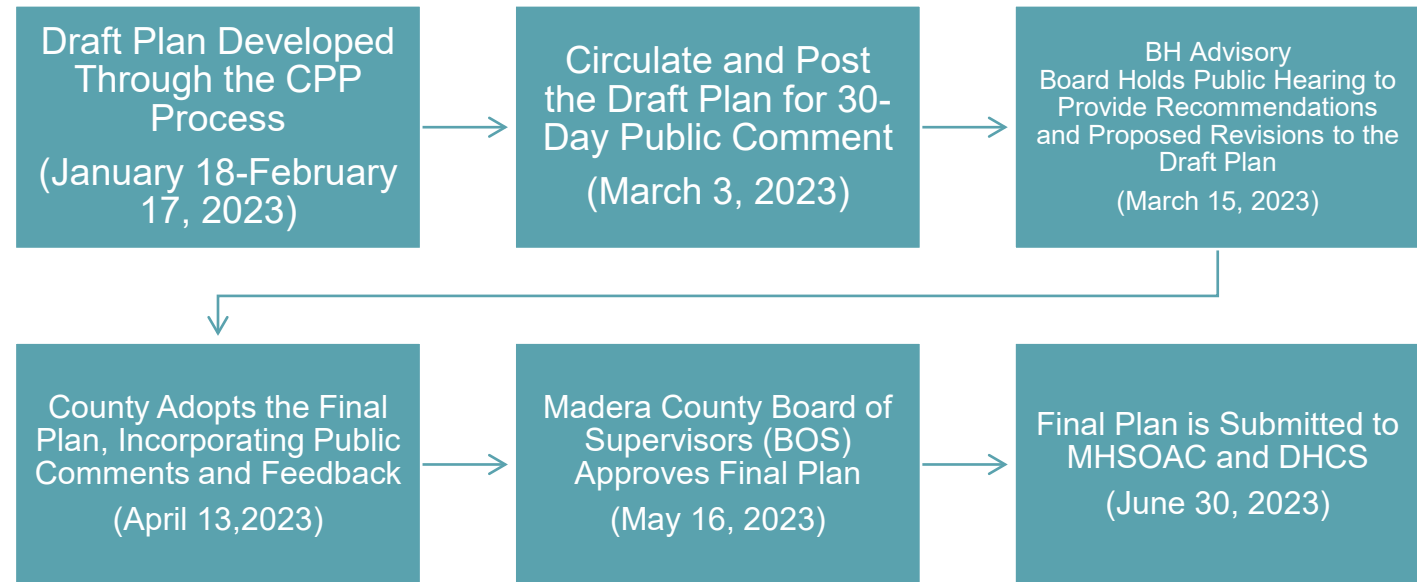
- The process used by the County to develop a 3-Year Program, Expenditure Plans, and Updates in collaboration with stakeholders to:
 - Identify issues in the community related to mental illness and/or co-occurring substance abuse conditions stemming from a lack of supports and community resources;
 - Examine the mental health and/or co-occurring substance abuse needs of the community;
 - Identify strategies to meet those mental health and/or co-occurring substance abuse needs; and
 - Re-evaluate priorities



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MHSA County and State Review Processes





MHSA Budget/Fiscal

MADERA COUNTY					
ESTIMATED MHSA COMPONENT FUNDING AND PRIOR YEAR UNSPENT FUNDS					
					EXHIBIT 1.1
<i>updated (12/16/22)</i>					
I. CSS	FY 23-24	FY 24-25	FY 25-26	TOTAL	Average/Year
A) Estimated CSS Revenues (in millions) - State	\$2,985,600,000	\$2,813,300,000	\$2,813,300,000	\$8,612,200,000	\$2,870,733,333
Estimated - Madera County MHSA Base Allocation	\$12,808,493	\$12,069,310	\$12,069,310	\$36,947,113	\$12,315,704.37
Add: Estimated Prior Year Unspent Funds (through 6/30/2023)	\$5,000,000	\$5,000,000	\$5,000,000	\$15,000,000	\$5,000,000
Total Estimated CSS Revenues - County	\$17,808,493	\$17,069,310	\$17,069,310	\$51,947,113	\$17,315,704
II. PEI	FY 23-24	FY 24-25	FY 25-26	TOTAL	Average/Year
A) Estimated PEI Revenues (in millions) - State	\$746,400,000	\$703,300,000	\$703,300,000	\$2,153,000,000	\$717,666,667
Estimated - Madera County MHSA Base Allocation	\$3,202,123	\$3,017,220	\$3,017,220	\$9,236,564	\$3,078,855
Add: Estimated Prior Year Unspent Funds (through 6/30/2023)	\$1,262,785	\$1,262,785	\$1,262,785	\$3,788,356	\$1,262,785
Total Estimated PEI Revenues - County	\$4,464,909	\$4,280,006	\$4,280,006	\$13,024,920	\$0
III. INN	FY 23-24	FY 24-25	FY 25-26	TOTAL	Average/Year
Estimated INN Revenues (in millions) - State	\$196,400,000	\$185,100,000	\$185,100,000	\$566,600,000	\$188,866,667
Estimated - Madera County MHSA Base Allocation	\$842,574	\$794,096	\$794,096	\$2,430,765	\$810,255
Total Estimated INN Revenues - County	\$842,574	\$794,096	\$794,096	\$2,430,765	\$810,255
Madera Distribution @tage (0.00429009) per BHIN 22-052 dated 9/22/2022	0.00429009	0.00429009	0.00429009		



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MHSA Budget of Allocation & Expenditures

Allocation and Expenditures are rough estimates of current data available in the Governors January projections and current expenditure trends for FY 22/23

Updated: 1/17/2023

Available funds subject to change

I. CSS	FY 23-24	FY 24-25	FY 25-26	TOTAL
Estimated - 3- Year Average Madera County MHSA Allocation	\$17,808,493	\$17,069,310	\$17,069,310	\$51,947,113
a. CSS Programs Current Base \$ (FY 22-23) - average	\$11,000,000	\$11,000,000	\$11,000,000	\$33,000,000
b. Unallocated Funds - for NEW programs	\$6,356,493	\$6,069,310	\$6,069,310	\$18,495,113
NEW Proposed CSS Base (a + b)	\$17,356,493	\$17,069,310	\$17,069,310	\$51,495,113
d. PROPOSED: Transfer to CFTN	\$452,000			\$452,000
Total CSS Fund Available (a + b + c+d)	\$17,808,493	\$17,069,310	\$17,069,310	\$51,947,113
II. PEI	FY 23-24	FY 24-25	FY 25-26	TOTAL
Estimated - 3- Year Average Madera County MHSA Allocation	\$4,464,909	\$4,280,006	\$4,280,006	\$13,024,920
a. PEI Programs Current Base \$ (FY 22-23) - average	\$1,700,000	\$1,700,000	\$1,700,000	\$5,100,000
b. Unallocated Funds	\$2,764,909	\$2,580,006	\$2,580,006	\$7,924,920
NEW Proposed PEI Base (a + b)	\$4,464,909	\$4,280,006	\$4,280,006	\$13,024,920
III. INN	FY 23-24	FY 24-25	FY 25-26	TOTAL
Estimated - 3- Year Average Madera County MHSA Allocation	\$842,574	\$794,096	\$794,096	\$2,430,765
a. INN Programs Current Base (FY - average)	N/A	N/A	N/A	\$0
b. Unallocated Funds	\$842,574	\$794,096	\$794,096	\$2,430,765
New Proposed INN Allocation	\$842,574	\$794,096	\$794,096	\$2,430,765



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MHSA Housing Program

- 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.
- Funds must be spent by Counties to provide “housing assistance” to target populations identified in Welfare and Institutions Code (W&I) Section 5600.3 (W&I Section 5892.5 (a)(1)).
- Examples of MHSA Funding Used for Supported Housing:
 - Sugar Pine Village-NPLH (Madera)
 - Hinds House (Madera)
 - La Esperanza Village (Madera)
 - Chowchilla 4 Plex (Chowchilla)
 - Serenity Village (Oakhurst)



PEER SUPPORT

"Because of peer support I am alive!"

—Melodie

"When I saw that other people recovered, it gave me hope that I could too."

—Corinna

"Peer support allowed me to feel 'normal.'"

—Jean

WHAT IS PEER SUPPORT?

Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both. This mutuality—often called "peeriness"—between a peer support worker and person in or seeking recovery promotes connection and inspires hope.

Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves.

WHAT DOES A PEER SUPPORT WORKER DO?

A peer support worker is someone with the lived experience of recovery from a mental health condition, substance use disorder, or both. They provide support to others experiencing similar challenges. They provide non-clinical, strengths-based support and are "experientially credentialed" by their own recovery journey (Davidson, et al., 1999). Peer support workers may be referred to by different names depending upon the setting in which they practice. Common titles include: peer specialists, peer recovery coaches, peer advocates, and peer recovery support specialists.

Peer support workers can help break down barriers of experience and understanding, as well as power dynamics that may get in the way of working with other members of the treatment team. The peer support worker's role is to assist people with finding and following their own recovery paths, without judgment, expectation, rules, or requirements.

Peer support workers practice in a range of settings, including peer-run organizations, recovery community centers, recovery residences, drug courts and other criminal justice settings, hospital emergency departments, child welfare agencies, homeless shelters, and behavioral health and primary care settings. In addition to providing the many types of assistance encompassed in the peer support role, they conduct a variety of outreach and

PEER SUPPORT WORKERS

- 👉 inspire hope that people can and do recover;
- 👉 walk with people on their recovery journeys;
- ⚡ dispel myths about what it means to have a mental health condition or substance use disorder;
- 📖 provide self-help education and link people to tools and resources; and
- 👉 support people in identifying their goals,

Peer support has been there for me no matter what, and now I am able to help others...

—Liza



MHSA Funded Peer Support Specialist Positions



Outreach for increasing recognition of early signs of mental illness

Stigma and discrimination reduction

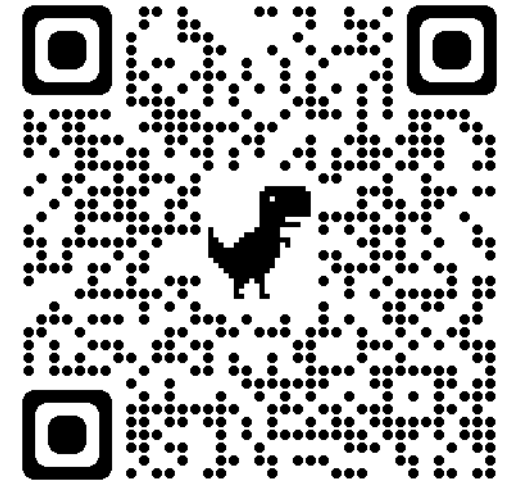
Access and linkage to treatment

Suicide Prevention

MHSA Funded Prevention & Early Intervention Activities

Community Participation

- Survey Feedback is very important to understand what concerns and services our community needs.
- Stay updated with beneficial information by following us on social media outlets(Facebook, Instagram and Twitter @MaderaCountyBHS)
- Visit our website <https://www.maderacounty.com/government/behavioral-health-services>
- Stakeholder Survey
 - English (Link) <https://forms.gle/XbAnnter5HV1jHsm6>
 - Spanish (Link) <https://forms.gle/KCZ5Dyb1LaGnUMPq9>
- Hard copy Surveys can be dropped off at any BHS Office or emailed to MHSAPlaninput@maderacounty.com



thank you!







Departamento de Salud Mental y Alcohol y Drogas del Condado de Madera

Encuesta Para Obtener Sugerencias o Comentarios de parte de la Comunidad y Agencias Colaborativas Para Desarrollar el Nuevo Plan de Salud Mental, “Mental Health Services Act”, Para Los Próximos Tres Años Fiscales 2023-2026

Gracias por participar en el Proceso de Planificación y Desarrollo del Plan de Salud Mental, “Mental Health Services Act” (MHSA), para los próximos tres años fiscales 2023-2026, de la Ley de Servicios de Salud Mental (MHSA). El Departamento de Salud Mental y Alcohol y Drogas del Condado de Madera (MCDBHS) pide su opinión por medio de esta breve encuesta. Esta es una oportunidad para que los miembros de la comunidad y colaboradores proporcionen comentarios valiosos sobre lo que aún se necesita en nuestros programas de salud mental y alcohol y drogas del Condado de Madera. Sus respuestas ayudarán a guiar a MCDBHS en la planificación de los programas que mejor aborden esas necesidades. Todas sus respuestas serán confidenciales. Si tiene preguntas o inquietudes, envíe un correo electrónico a:

MHSAPlaninput@maderacounty.com. Por favor seleccione todas las respuestas que correspondan.

1. ¿Cuáles son los problemas de salud mental o de alcohol y drogas más importantes en su comunidad?

- Abuso de alcohol y/o drogas
- Personas sin hogar/vivienda
- Individuos con enfermedades psiquiátricas graves
- Personas con inicio temprano de una enfermedad mental
- Suicidio o pensamientos suicidas
- Trauma
- Otro: _____

2. ¿Cuáles son las necesidades o servicios que no se ofrecen actualmente en nuestro departamento de salud mental y alcohol y drogas?

- Actividades para prevenir el suicidio
- Mayor reconocimiento de los primeros signos de salud mental o alcohol y drogas
- Aumento de personal/servicios oportunos para satisfacer las necesidades de la comunidad
- Servicios para promover la recuperación y prevenir la recaída de alcohol y drogas
- Personal o trabajadores no suficientemente entrenados
- Otro: _____





3. En su opinión, ¿que falta en el continuo de tratamiento de salud mental y alcohol y drogas?

- Alojamiento y Cuidado
- Instalación Residencial de Crisis
- Program de Corto Plazo de Estabilización de Crisis
- Tratamiento con Asistencia Médica
- Tratamiento Residencial de Alcohol y Drogas Para Mamas y Sus Niños (Perinatal)
- Tratamiento de Corto Plazo Residencial de Alcohol y Drogas
- Vida Sobria/Entorno de Vida de Transición
- Centro de Sobriedad
- Programa de Desintoxicación de Alcohol o Drogas de Corto Plazo
- Otro: _____

4. En su opinión, ¿qué barreras pueden impedir que las personas accedan a los servicios de salud mental y alcohol y drogas en su comunidad?

- No tener o tener conocimiento limitado sobre los signos o síntomas de salud mental o de alcohol y drogas
- Preguntas sobre vivienda
- No hay citas disponibles
- No tener cuidado de niños
- No tener seguro de salud o tener recursos limitados financieros para pagar por los servicios
- No tener conocimiento a dónde ir o a llamar para obtener servicios
- No tener transportación
- No hay servicios proveídos en nuestro idioma o con conocimiento de nuestra cultura
- Estigma u opinión negativa sobre la enfermedad mental o sobre el alcohol y drogas
- Otro: _____





5. En su opinión, ¿cuáles son las poblaciones más desatendidas en respecto a servicios de salud mental o alcohol y drogas?
- | | |
|--|--|
| <input type="checkbox"/> Niños y jóvenes de 0 a 15 años | <input type="checkbox"/> Personas sin hogar |
| <input type="checkbox"/> Jóvenes en edad de transición de 16 a 25 años | <input type="checkbox"/> Inmigrantes y refugiados |
| <input type="checkbox"/> Adultos de 26 a 59 años | <input type="checkbox"/> Comunidad Afroamericana |
| <input type="checkbox"/> Adultos mayores de 60 años edad (o ancianos) | <input type="checkbox"/> Comunidad Asiática |
| <input type="checkbox"/> LGBTQQI-2S | <input type="checkbox"/> Comunidad Mexicana/ Hispana/ Latin(x) |
| <input type="checkbox"/> Veteranos | <input type="checkbox"/> Comunidad Nativa Americana |
| <input type="checkbox"/> Personas saliendo de la cárcel y clientes en libertad condicional | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Personas con discapacidad | |
6. ¿Qué tipos de servicios o programas de salud mental o de alcohol y drogas pueden servir mejor a su comunidad?
- Asistencia financiera para atención médica o tratamiento de alcohol y drogas
 - Alimentos, ropa, y servicios de vivienda
 - Servicios de extensión para personas con necesidades de salud mental más graves
 - Programas de apoyo para personas con experiencia vivida
 - Servicios para promover el bienestar y prevenir problemas de salud mental y alcohol y drogas
 - Servicios de apoyo que ayudan a eliminar barreras para obtener tratamiento de salud mental y alcohol y drogas
 - Otro: _____
7. ¿A qué grupo(s) comunitario(s) representa usted?
- Cliente/consumidor de servicios de salud mental o de alcohol y drogas
 - Maestro(a) o Administradores de educación
 - Familia del cliente/consumidor de servicios de salud mental o de alcohol y drogas
 - Proveedor de servíos de salud medica/física
 - Oficial de la Ley (Policía, Fiscales del Distrito, etc.)
 - Proveedor de servicios de salud mental o de alcohol y drogas
 - Proveedor de servicios sociales
 - Veterano y/o representante de organizaciones de veteranos
 - Otros (miembros de la comunidad, basados en la fe, etc.): _____





8. ¿Cuál es su identidad de género?

- | | |
|---|---|
| <input type="checkbox"/> Mujer | <input type="checkbox"/> Variante de género/no conforme |
| <input type="checkbox"/> Hombre | <input type="checkbox"/> Prefiero no responder |
| <input type="checkbox"/> Mujer transgénero | <input type="checkbox"/> No listado: _____ |
| <input type="checkbox"/> Hombre transgénero | |

9. ¿Cuál es su idioma principal?

- Inglés
- Español
- Otro: _____

10. ¿Con cuál grupo de edad se identifica?

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> 0-15 años | <input type="checkbox"/> 25-59 años |
| <input type="checkbox"/> 16-24 años | <input type="checkbox"/> 60+ años |

11. ¿Cuál es su origen étnico?

- | | |
|---|---|
| <input type="checkbox"/> Indio Americano / Nativo de Alaska | <input type="checkbox"/> Nativo de Hawái/Otras Islas del Pacífico |
| <input type="checkbox"/> Asiático | <input type="checkbox"/> Otro No Blanco |
| <input type="checkbox"/> Negro/Afroamericano | <input type="checkbox"/> Desconocido |
| <input type="checkbox"/> Mexicano/Hispano/Latin(x) | <input type="checkbox"/> Blanco |
| <input type="checkbox"/> Múltiple/Bi-Racial | |

12. ¿En qué código postal trabaja o vive? _____

13. Por favor incluya cualquier comentario o idea adicional que pueda(n) mejorar los servicios de salud mental y alcohol y drogas en el Departamento de Salud Mental y Alcohol y Drogas del Condado de Madera.





Madera County Department of Behavioral Health Services

Planning Process for The Mental Health Services Act New Three-Year Plan, FY2023-2026

Community Stakeholders' Input Survey

Thank you for participating in the Mental Health Services Act (MHSA) Community Stakeholders' Planning Process for the upcoming 3-Year Plan, 2023-26. Madera County Department of Behavioral Health Services (MCDBHS) is seeking your input and asking you to complete this short survey, as an opportunity for community members and partners to provide valuable feedback on mental health and substance use needs in Madera County. Your answers will help guide the MCDBHS in planning programs that best address those needs. All your answers will be confidential. If you have any questions or concerns, please email MHSA Plan Input at: MHSAplaninput@maderacounty.com. Please select all the answers that apply.

1. What are the most important mental health or substance use issues in your community?

- Alcohol and/or Drug Abuse
- Homelessness
- Individuals experiencing serious psychiatric illness
- People with early onset of a mental illness
- Suicide or thoughts of Suicide
- Trauma
- Other: _____

2. What are the greatest needs of the mental health or substance use system?

- Activities to prevent suicide
- Increased recognition of the early signs of mental health or substance abuse
- Increase of staff/services to timely meet the needs of the community
- Services to promote recovery and prevent relapse of drugs/alcohol
- Staff or workforce not sufficiently trained
- Other: _____





3. In your opinion, what are the gaps in the current continuum of care in mental health or substance use services?

- Board and Care
- Crisis Residential Facility
- Crisis Stabilization Unit
- Medically Assisted Treatment
- Perinatal Substance Abuse Residential Treatment
- Short-term Substance Abuse Residential Treatment
- Sober Living/ Transitional Living Environment
- Sobering Center
- Social Model Detoxification
- Other: _____

4. In your opinion, what barriers may prevent people from accessing mental health or substance use services in your community?

- Little or no knowledge of mental health or substance use signs and symptoms
- Housing issues
- No appointments available
- No childcare
- No health insurance or inability to pay for services
- No knowledge of where to go/call for services
- No transportation
- Services not provided in their language or with their culture in mind
- Stigma or negative view of mental illness
- Other: _____





5. In your opinion, which are the most underserved populations of mental health or substance use services?

- | | |
|---|--|
| <input type="checkbox"/> Children and Youth (age 0-15) | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Transition Age Youth (age 16-25) | <input type="checkbox"/> Immigrants and refugees |
| <input type="checkbox"/> Adults (age 26-59) | <input type="checkbox"/> African American community |
| <input type="checkbox"/> Older Adults (age 60+) | <input type="checkbox"/> Asian community |
| <input type="checkbox"/> LGBTQQI-2S | <input type="checkbox"/> Mexican/ Hispanic/ Latin(x) community |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> Native American community |
| <input type="checkbox"/> Jail releases and clients on probation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Persons with disabilities | |

6. What types of mental health or substance use services or programs would best serve your community?

- Financial assistance for health care or substance abuse treatment
- Food, clothing, and affordable housing services
- Outreach services for persons with the most serious mental health needs
- Peer support programs
- Services to promote wellness and prevent mental health problems
- Supportive services that assist in removing barriers to obtaining mental health treatment
- Other: _____

7. What community group(s) do you represent?

- Client/Consumer of mental health or substance use services
- Education provider
- Family of client/consumer of mental health or substance use services
- Health Care provider
- Law Enforcement
- Mental health and/or substance use services direct care provider
- Social services direct care provider
- Veteran and/or representative from Veterans organizations
- Other (e.g., community member, faith-based, etc.): _____





8. What is your gender identity?

- Female
- Male
- Transgender Female
- Transgender male
- Gender Variant/ Non-Conforming
- Prefer Not to Answer
- Not Listed: _____

9. What is your primary language?

- English
- Spanish
- Other: _____

10. What is your age group?

- 0-15 years
- 16-24 years
- 25-59 years
- 60+ years

11. What is your ethnicity?

- American Indian/ Alaskan Native
- Asian
- Black/ African America
- Mexican/ Hispanic/ Latin(x)
- Multiple/ Bi-Racial
- Native Hawaiian/ Other Pacific Islander
- Non-White Other
- Unknown
- White

12. What zip code do you work or live in? _____

13. Please provide any additional comments or ideas that can improve mental health or substance use services in Madera County.





MENTAL HEALTH SERVICES ACT (MHSA) Frequently Asked Questions ("FAQs")

What is the Mental Health Services Act (MHSA)?

The Mental Health Services Act ("MHSA") provides funding to counties to expand and develop mental health services for children, transition age youth, adults, and older adults. Also known as "Proposition or Prop 63", California voters passed the MHSA in the November 2004 election. The MHSA collects an additional 1% tax from California residents with a personal income over \$1 million.

What services and supports does the MHSA fund?

The MHSA is divided into the following components: Community Services and Supports ("CSS"), Prevention and Early Intervention ("PEI"), Innovation ("INN"). In the initial implementation of the MHSA, counties also received one-time funds for Capital Facilities & Technological Needs ("CFTN"), Workforce Education & Training ("WET") and Housing. Counties can also transfer a portion of their CSS funds to the CFTN and WET components. Please refer to the descriptions of each component which appear later in this document.

What is the Community Program Planning Process (CPPP)? The CPPP is the process counties are required to use to develop Three-Year Program and Expenditure Plans and Annual updates in partnership with community stakeholders. The objectives of the CPPP is to: (1) Identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the MHSA; (2) Analyze the mental health needs in the community; and, (3) Identify and re-

evaluate priorities and strategies to meet those mental health needs.

What does the term "stakeholders" mean?

Stakeholders means residents or entities with an interest in mental health services in the County of Madera, including but not limited to the following:

1. Individuals with serious mental illness (SMI) and/or serious emotional disturbance (SED) and/or their families;
2. Providers of mental health and/or related services such as physical health care and/or social services;
3. Educators and/or representatives of education;
4. Social Services agencies;
5. Representatives of law enforcement; and
6. Any other organization that represents the interests of individuals with SMI and/or SED and their families.

How often do counties develop new MHSA plans?

Every three years. The current Three Year Program and Expenditure Plan covers the fiscal period beginning July 1, 2023 through June 30, 2026 (FY 2023-24 – FY 2025-26).

What is the Annual Update?

Counties are also required to develop Annual Updates. These documents cover each of the second and third years of the Three Year Program & Expenditure Plan period. The primary function of the Annual Update is to update the budget information based on a changing fiscal reality and, if needed, note any changes to programs. The Annual Update does not typically include substantive changes to the MHSA Three Year Plan; this process is more of a "check in". The Annual Update also includes data regarding programs during the prior fiscal year period.





What does the term “Fiscal Year” mean?

The County and the State budgets are on a Fiscal Year (“FY”) basis. The Fiscal Year begins on July 1 and ends on June 30. For example, FY 2023-24 or FY24 is the period that begins July 1, 2023 and ends June 30, 2024.

What is the Public Comment Period?

The Public Comment period is the thirty (30) day period after the draft versions of the MHSA Three Year Program and Expenditure Plans and MHSA Annual Updates are posted and distributed for Public Comment.

How are Public Comments Submitted?

Comments and recommendations regarding the draft documents must be submitted in writing before the close of the Public Comment Period. Comments can be submitted via the County MHSA website, email, FAX, regular mail, or hand delivered to the front reception desk at Health Headquarters.

What is the purpose of the Public Hearing?

At the close of the 30-day Public Comment Period, the Madera County Behavioral Health conducts a Public Hearing during one of their regular meetings. Staff present a summary of the recommendations received during the Public Comment Period. Other recommendations by those attending the Public Hearing are also noted for the record. The Department then votes to recommend forwarding the final MHSA plan or annual update document for approval and adoption by the Madera County Board of Supervisors.

Who oversees the implementation of the Mental Health Services Act?

The Mental Health Services Oversight & Accountability Commission (MHSOAC) provides oversight of the implementation of the MHSA throughout California. The MHSOAC consists of

16 voting members appointed by the Governor and other elected officials. At the County level, the Madera County Behavioral Health Department reviews all draft documents and makes recommendations to staff regarding how services can best meet our communities’ mental health needs.

How do I get involved in the MHSA planning process?

Madera County residents are encouraged to attend planning meetings, complete surveys, and submit written comments and recommendations on draft MHSA Three Year Program & Expenditure Plans and Annual Updates. Residents can also attend the public hearings conducted by the Madera County Behavioral Health Department.

Descriptions of the MHSA Components

Community Services and Supports (CSS) is the largest component of the MHSA. Seventy-six percent (76%) of the MHSA funds received by the County are allocated for CSS services. And at least fifty-one percent (51%) of CSS funds are required to be allocated to “Full Service Partnership” (FSP) services. The CSS component refers to service delivery systems for mental health services and supports for children and youth, transition age youth, adults, and older adults.

Full Service Partnership (FSP) is the term defined as an array of services available for those individuals with severe emotional disturbances (children and youth) and serious mental illness (adults and older adults) that include individualized client/family-driven mental health services and supports which emphasize recovery and resilience, and which offer integrated service experiences for clients and families/caregivers. FSP’s are the majority of the services in the Community Services and Supports component.





Prevention and Early Intervention (PEI) is the second largest component of the MHSA. Nineteen percent (19%) of the MHSA funds received by the County are allocated for PEI services. At least fifty-one percent (51%) of PEI funds are required to be allocated to services for children and youth (and their families or caregivers). Prevention and Early Intervention services are those intended to prevent mental illness from becoming severe and disabling. “Prevention Program” means a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. “Early Intervention Program” means treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Early Intervention services shall not exceed eighteen (18) months, unless the individual receiving the service is identified as experiencing first onset of a serious mental illness or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four (4) years.

Innovation (INN) is the smallest component of the MHSA. Innovation funds are intended for short term projects that provide counties the opportunity to try innovative approaches to mental health services. INN projects require advance approval by the State Mental Health Services Oversight and Accountability Commission. Five percent (5%) of the total MHSA funds are to be allocated to the INN component.

Other Allowable Uses of MHSA Funds include:

Capital Facilities and Technological Needs (CFTN) are projects for the acquisition and development of land and the construction or renovation of buildings, or the development, maintenance, or improvement of information

technology for the provision of MHSA administration, services, and supports.

Workforce Education and Training (WET) are local and statewide activities using MHSA funds to address the public mental health workforce issues. Madera County’s current WET activities are intended to develop a pipeline for increasing interest in community mental health careers, improving recovery oriented treatment skills for community mental health providers as well as retention strategies for qualified community mental health providers. Education and training programs are required to be consumer-centered, culturally competent, and driven by the values of wellness, recovery, and resiliency.

For information about the MHSA that is not covered in this “Frequently Asked Questions” document, Madera County’s MHSA Team can be reached by email at:

MHSAplaninput@maderacounty.com





LEY DE SERVICIOS DE SALUD MENTAL(MHSA)

Preguntas Frecuentes

¿Qué es La Ley De Servicios de Salud Mental (MHSA, por sus siglas en inglés)?

La Ley de Servicios de Salud Mental ("MHSA") proporciona fondos a los condados para expandir y desarrollar servicios de salud mental para niños jóvenes en edad de transición adultos y adultos mayores. También conocida como "Proposición o Prop 63", los votantes de California aprobaron MHSA en la elección de noviembre de 2004. MHSA cobra un impuesto adicional del 1% a los residentes de California con un ingreso personal superior a \$1 millón.

¿Qué servicios y apoyos financia la MHSA?

La MHSA se divide en los siguientes componentes: Servicios y apoyos comunitarios ("CSS"), Prevención e intervención temprana ("PEI"), Innovación ("INN"). En la implementación inicial de la MHSA, los condados también recibieron fondos únicos para instalaciones de capital y necesidades tecnológicas ("CFTN"), educación y capacitación de la fuerza laboral ("WET") y vivienda. Los condados también pueden transferir una parte de sus fondos CSS a los componentes CFTN y WET. Consulte las descripciones de cada componente que aparecen más adelante en este documento.

¿Qué es el Proceso de Planificación del Programa Comunitario (CPPP, por sus siglas en inglés)?

El CPPP es el proceso que los condados deben usar para desarrollar planes de gastos y programas de tres años y actualizaciones anuales en asociación con las partes interesadas de la comunidad. Los objetivos del CPPP son: (1) Identificar los

problemas de la comunidad relacionados con las enfermedades mentales que resultan de la falta de servicios y apoyos en la comunidad, incluidos los problemas identificados durante la implementación de el MHSA; (2) Analizar las necesidades de salud mental en la comunidad; y (3) Identificar y reevaluar las prioridades y estrategias para satisfacer esas necesidades de salud mental.

¿Qué significa el término "partes interesadas"?

Partes interesadas significa residentes o entidades con interés en los servicios de salud mental en el condado de Madera, incluidos entre otros los siguientes:

1. Individuos con enfermedad mental grave (SMI) y/o trastorno emocional grave (SED) y/o sus familias;
2. Proveedores de salud mental y/o servicios relacionados, como atención de salud física y/o servicios sociales;
3. Educadores y/o representantes de la educación;
4. Agencias de Servicios Sociales;
5. Representantes de las fuerzas del orden;
6. Cualquier otra organización que represente los intereses de las personas con TMG y/o SED y sus familias.

¿Con qué frecuencia los condados desarrollan nuevos planes MHSA?

Cada tres años. El Programa de tres años y el Plan de gastos actual cubre el período fiscal que comienza el 1 de Julio de 2023 hasta el 30 de Junio de 2026 (año fiscal 2023-24 - año fiscal 2025-26).

¿Qué es la Actualización Anual?

También se requiere que los condados desarrollen actualizaciones anuales. Estos documentos cubren cada uno de los años segundo y tercero del período del Plan de Gastos y Programa de Tres Años. La función principal de la Actualización Anual es





actualizar la información presupuestaria en función de una realidad fiscal cambiante y si es necesario anotar cualquier cambio en los programas. La Actualización Anual normalmente no incluye cambios sustanciales al Plan de Tres Años de MHSA; este proceso es más un "registrarse". La Actualización Anual también incluye datos sobre programas durante el período del año fiscal anterior.

¿Qué significa el término “año fiscal”?

Los presupuestos del condado y del estado se basan en el año fiscal ("FY"). El año fiscal comienza el 1 de julio y termina el 30 de junio. Por ejemplo, el año fiscal 2023-24 o el año fiscal 24 es el período que comienza el 1 de julio de 2023 y finaliza el 30 de junio de 2024.

¿Qué es el período de comentario público?

El período de comentarios públicos es el período de treinta (30) días posteriores a la publicación y distribución de las versiones preliminares del programa de tres años y los planes de gastos de MHSA y las actualizaciones anuales de MHSA para comentario público.

¿Cómo se envían los comentarios públicos?

Los comentarios y recomendaciones con respecto a los borradores de los documentos deben presentarse por escrito antes del cierre del período de comentarios públicos. Los comentarios pueden enviarse a través del sitio web de MHSA del condado, correo electrónico, FAX, correo postal o entregarse personalmente en la recepción de la sede central de salud.

¿Cuál es el propósito de la Audiencia Pública?

Al cierre del Período de Comentarios Públicos de 30 días, el Departamento de Salud del Comportamiento del Condado de Madera lleva a cabo una Audiencia Pública durante una de sus reuniones regulares. El personal presenta un

resumen de las recomendaciones recibidas durante el Período de comentario público.

También se anotan para constancia otras recomendaciones de los asistentes a la Audiencia Pública. Luego, el Departamento vota para recomendar que se envíe en el plan final de MHSA o el documento de actualización anual para su aprobación y adopción por parte de la Junta de Supervisores del Condado de Madera.

¿Quién supervisa la implementación de la Ley de Servicios de Salud Mental?

La Comisión de Supervisión y Responsabilidad de los Servicios de Salud Mental (MHSOAC) supervisa la implementación de MHSA en todo California. La MHSOAC consiste de 16 miembros con derecho a voto designados por el Gobernador y otros funcionarios electos. A nivel del condado, el Departamento de Salud del Comportamiento del Condado de Madera revisa todos los borradores de los documentos y hace recomendaciones al personal sobre cómo los servicios pueden satisfacer mejor las necesidades de salud mental de nuestras comunidades.

¿Cómo participo en el proceso de planificación de la MHSA?

Se le anima que los residentes del condado de Madera a asistir a las reuniones de planificación, completar encuestas y enviar comentarios y recomendaciones por escrito sobre el borrador del programa de tres años y los planes de gastos y las actualizaciones anuales de MHSA. Los residentes también pueden asistir a las audiencias públicas realizadas por el Departamento de Salud del Comportamiento del Condado de Madera.





Descripción de los componentes de MHSA

Servicios y Apoyos Comunitarios (CSS, por sus siglas en inglés)

es el componente más grande de MHSA. El setenta y seis por ciento (76%) de los fondos de MHSA recibidos por el Condado se asignan a los servicios de CSS. Y se requiere que al menos el cincuenta y uno por ciento (51 %) de los fondos de CSS se asignen a servicios de “Asociación de servicio completo” (FSP). El componente CSS se refiere a los sistemas de prestación de servicios de salud mental y apoyos para niños y jóvenes, jóvenes en edad de transición, adultos y adultos mayores.

Asociación de servicio completo (FSP, por sus siglas en inglés)

es el término definido como una variedad de servicios disponibles para aquellas personas con trastornos emocionales graves (niños y jóvenes) y enfermedades mentales graves (adultos y adultos mayores) que incluyen servicios de salud mental individualizados dirigidos por clientes/familias y apoyos que enfatizan la recuperación y la resiliencia, y que ofrecen experiencias de servicios integrados para clientes y familias/cuidadores. Las asociaciones de servicio completo(FSP) son la mayoría de los servicios en el componente de Servicios y Apoyos Comunitarios(CSS).

La Prevención e Intervención Temprana (PEI, por sus siglas en inglés)

es el segundo componente más grande de MHSA. El diecinueve por ciento (19%) de los fondos de MHSA recibidos por el Condado se asignan a los servicios de PEI. Se requiere que al menos el cincuenta y uno por ciento (51 %) de los fondos de PEI se asignen a servicios para niños y jóvenes (y sus familias o cuidadores). Los servicios de Prevención e Intervención Temprana son

aqueles destinados a evitar que la enfermedad mental se vuelva severa e incapacitante. “Programa de Prevención” significa un conjunto de actividades relacionadas para reducir los factores de riesgo de desarrollar una enfermedad mental potencialmente grave y para construir factores de protección. “Programa de intervención temprana” se refiere al tratamiento y otros servicios e intervenciones, incluida la prevención de recaídas, para abordar y promover la recuperación y los resultados funcionales relacionados para una enfermedad mental en las primeras etapas de su aparición. Los servicios de intervención temprana no excederán los dieciocho (18) meses, a menos que se identifique que la persona que recibe el servicio experimenta el inicio de una enfermedad mental grave o un trastorno emocional con características psicóticas, en cuyo caso los servicios de intervención temprana no excederán los cuatro (4) años .

La innovación (INN, por sus siglas en inglés) es el componente más pequeño de MHSA. Los fondos de innovación están destinados a proyectos a corto plazo que proporcionen a los condados la oportunidad de probar enfoques innovadores para los servicios de salud mental. Los proyectos del INN requieren la aprobación previa de la Comisión Estatal de Supervisión y Responsabilidad de los Servicios de Salud Mental. El cinco por ciento (5%) de los fondos totales de MHSA se asignarán al componente INN.

Otros usos permitidos de los fondos de MHSA incluyen:

Las instalaciones de capital y las necesidades tecnológicas (CFTN, por sus siglas en inglés) son proyectos para la adquisición y el desarrollo de terrenos y la construcción o renovación de edificios, o el desarrollo, mantenimiento o mejora de la tecnología de la información para la provisión de administración, servicios y apoyos de MHSA.





CONNIE MORENO-PERAZA, LCSW
Directora De Salud del Comportamiento

JULIE MORGAN, LCSW
Subgerente

La Educación y Capacitación de la Fuerza Laboral (WET, por sus siglas en inglés) son actividades locales y estatales que utilizan fondos de MHSa para abordar los problemas de la fuerza laboral de salud mental pública. Las actividades WET actuales del condado de Madera tienen como objetivo desarrollar un canal para aumentar el interés en las carreras de salud mental de la comunidad, mejorar las habilidades de tratamiento orientadas a la recuperación para los proveedores de salud mental de la comunidad, así como las estrategias de retención para los proveedores de salud mental de la comunidad calificados. Los programas de educación y capacitación deben estar centrados en el consumidor, culturalmente competentes e impulsados por los valores de bienestar, recuperación y resiliencia.

Para obtener información sobre MHSa que no está cubierta en este documento de "Preguntas frecuentes", puede comunicarse con el equipo de MHSa del condado de Madera por correo electrónico a:

MHSaPlaninput@maderacounty.com





Sex Trafficking in Madera County

By: April Molina

3 Topics for Today:

01

HOW IT
HAPPENS

02

THE
IMPACT
FROM OUR
CULTURE

03

MADERA
COUNTY

DISCLAIMER:

- ◆ Just a warning, due to the nature of this topic, some of the material is X-rated.
- ◆ I will do my best to keep it R-rated, however please understand that there is some potentially offensive material here.
- ◆ I will do my best to let you know before the screen is shared.

HOW IT HAPPENS:

- ◇ According to the U.S. Department of Justice sex trafficking is defined as:
 - ◇ “the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.” (22 U.S. C. § 7102(11)(A)).
- ◇ Olive brings that down to this simple explanation:
 - ◇ “The exploitation of one person’s vulnerability for another person’s profit.”



HOW IT HAPPENS:

“Pimpology: The 48 Laws of the Game”

written by: Ken Ivy a.k.a. “Pimpin’ Ken”

Introduction quote:

“The aim of this book is not to teach people how to pimp, but to promote the pimp mentality.”

Pimpology: Law 5 “prey on the weak”

*“Most hoes have low self-esteem for a reason. A pimp looks for that weakness, and if it isn’t on the surface, he brings that m*****f***** out of them. It doesn’t matter to a pimp what hoes’ weaknesses are, so long as they have them. Then he uses those weaknesses to his advantage.”*

Pimpology: Law 5 “prey on the weak”

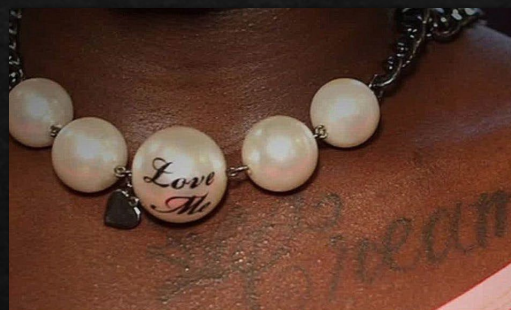
“Weakness is the best trait a person can find in someone they want to control. If you can’t find a weakness, you have to create one. You have to tear someone’s ego down to nothing before they will start looking to you for salvation. Then you have a chance to build them back up, showing them that it’s your program that takes them from darkness to hope. While you want them to feel good about themselves eventually, you want them to feel that it’s because of you. They begin to see you as their champion, their hero- even if the weakness you rescue them from is one you created.”

Sex Trafficking almost always happens through a relationship:



- ◇ *Pimpology: Law 1 – “In life what is expensive seems valuable, and what’s available for free seems worthless.”*
- ◇ Pictured to the left is a tattoo, (or a brand) of a crown with the name of her trafficker. What do you think the crown represents?
- ◇ **ROYALTY.**

Other Common Tattoos:



HOW IT HAPPENS:

A Trafficker will begin like this:



And end up like this:



THE IMPACT FROM OUR CULTURE:



PORN



 All

 Images

 Videos

 News

 Books

 More

Tools

About 3,940,000,000 results (0.28 seconds)

THE IMPACT FROM OUR CULTURE:

Pornography

- ◆ Average age of exposure to pornography is 11 years old (this is usually accidental)
- ◆ 22% of minors who consume pornography are under 10 years old
- ◆ 36% are between 11-14 years of age
- ◆ This exposure teaches children that women are only to be used for sex

Music

- ◆ Hip Hop represents 25% of all music consumption in the United States
- ◆ Award winning song of 2006 Music Awards was “It’s Hard Out Here for a Pimp”
- ◆ Cardi B’s song WAP (Wet A** P****) is still number 1 on the Billboards, according to a high school newspaper in Fullerton, CA
- ◆ Her song “Bodak Yellow” has over 1 billion views on YouTube

Strippers:

Cardi B:

- ◇ During her teens, Cardi B was employed at an Amish deli in Tribeca. **She was fired and became a dancer at a strip club across the street.** Cardi B has said that becoming a stripper was positive for her life in many ways: "It really saved me from a lot of things. When I started stripping, I went back to school."

Kelly:

- ◇ Two weeks ago, Olive received a call from a young lady who was stripping in San Jose. She said she was making \$1,500.00 per night but was not allowed to keep any of the money. After her shift was over, she was taken to a hotel room where she was expected to have sex with whoever walked through the door.
- ◇ She is 18 years old.

Megan Thee Stallion:

Number 1 Song:

“Savage” by Megan Thee Stallion

Chorus:

I'm a savage (yeah)
Classy, bougie, ratchet (yeah)
Sassy, moody, nasty (hey, hey, yeah)
Acting stupid, what's happening? B****
(whoa, whoa)



DogsGirlYT DogsGirlYT 2 years ago

I had never heard anything but the main line. I wanted to let my parents listen to it but I was smart enough to listen to it first. I am glad I did, they would have made me delete YouTube cuz I was listening to music with cuss words.



Reply

YouTube Commenter:



THE IMPACT FROM OUR CULTURE:



She Hulk: Attorney at Law is rated TV-14 on Disney + and is a fictional character created by the Marvel Comics Universe. In episode 3, there's a scene where She-Hulk is twerking with Megan Thee Stallion.

Pimpology Law 7

◆ “You can’t turn on the television without seeing how much hip-hop has influenced culture. White, suburban America spends more money on the music and clothes than black kids do, and many people in Germany and Japan know the lyrics of just about every rap song. Even TV commercials are hip-hop—from the fashion industry to technology. I flipped from pimpin’ on hoes to pimpin’ on hip-hop, which in turn has pimped on America and the entire world.”

THE CULTURAL IMPACT ON TRAFFICKING:

The problem of sex trafficking is part of a larger system of exploitation.

Sex trafficking is a global threat to vulnerable women, children, and even men worldwide. When a person has been forced, deceived, or coerced into being sold for sex they have become a victim of sex trafficking.

THE CULTURAL IMPACT ON TRAFFICKING

PROSTITUTION

Most women and children in prostitution have a history of prior abuses, deprivation, marginalization, or other underlying issues that have made them uniquely vulnerable.

PORNOGRAPHY

Many of the same tactics used by traffickers to lure the vulnerable into prostitution and stripping are used by pornographers to recruit victims of exploitation in the porn industry. Often times perpetrators of rape, trafficking, and sexual assault upload videos of their crimes to popular porn tube sites like Pornhub, further exploiting their victims.

STRIPPING

Women dancing in strip clubs often do so out of financial desperation or have been coerced into doing so by a third-party exploiter like a “boyfriend,” pimp, or trafficker.

[Resource: www.exoduscry.com](http://www.exoduscry.com)

MADERA COUNTY:

Inmate Id # **Booking #** **Booking Date** **Release Date**

Last Name **First Name** **Middle Name** **Suffix**

City **ST** **Zip Code**

DOB **Race** **Sex** **Height** **Weight** **Hair** **Eyes** **Gang**



[Return to Search Page](#)

Charge Information

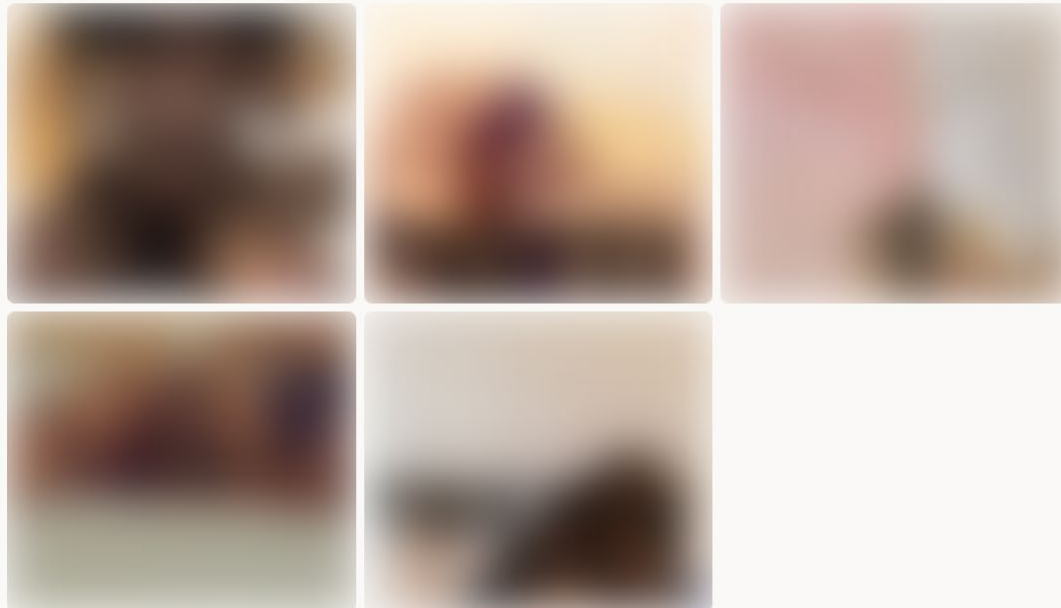
Charge #	Statute	Statute Description	Bond Type	Bond Amount	Case No	Disposition
1	236.1 PC-1	HUMAN TRAFFICKING	SURETY	\$1,000,000.00		
2	30305(A)(1) PC	PERSON PROHIBITED FROM POSSESSING FIREARM POSSESSES AMMUNITION	SURETY	\$1,000,000.00		
3	487 PC	GRAND THEFT	SURETY	\$1,000,000.00		
4	368(A) PC	CRUELTY TO ELDER/DEPENDENT ADULT W/LIKELY GBI OR DEATH	SURETY	\$1,000,000.00		DA DID NOT FILE 07/30/2020 (MB)
5	1203.2 PC-1	REARREST/REVOKE PROBATION/ETC	SURETY	\$10,000.00		
6	1000 UCR	UNLISTED STATUTES/CHARGES/COURT HEARING		\$0.00		
7	422(A) PC	UNLAWFUL THREATS WHICH WOULD RESULT IN DEATH OR GREAT BODILY INJURY		\$0.00		
8	368(D) PC	EMBEZZLEMENT OF ELDER BY NON-CARETAKER		\$0.00		
9	30305(A)(1) PC	PERSON PROHIBITED FROM POSSESSING FIREARM POSSESSES AMMUNITION		\$0.00		

MADERA COUNTY:



13,903 ADS from 4,079 PROFILES

21yo NEW PlayMate %R(E)A(L) Incall&Outcall



+ Tag ad

post ids
589213377054
407630750633
328244661518

first posted 3:08pm Jan 11, 2023 PST
last posted 6:35pm Jan 14, 2023 PST

phones 559-581-7053

emails -

location Fresno, CA
Fresno clovis madera

url skipthegames.co...

+ Show ad text



Teetee

Seen in 71 locations

451 ads | Suspected juvenile

3 Reposts

Download

Why Madera?

To the right is a map of California. All the blue lines are major thoroughfares and freeways.

The red dot in the middle is the City of Madera.

I've marked 3 major cities with high trafficking rates with red stars:

1. San Francisco
2. Los Angeles
3. Las Vegas

What is right in the middle of these 3 major cities?





MADERA COUNTY:

The Bennett House:



O.L.I.V.E.'s Encounters:

- ◇ Olive has encountered 42 victims of sex trafficking
- ◇ 36 of those received services through our agency
- ◇ 8 declined services

THE EPIK PROJECT:

- ◆ Thanks to grant money from CCP, Olive was able to host a training from The EPIK Project.
- ◆ They run cyber-patrols that are an outreach to the buyers of commercial sex.
- ◆ Since bringing this to Madera in August, the volunteers have had meaningful conversations about sex trafficking with over 30 men.



MADERA COUNTY:

Madera Referring Agencies:

- ◆ Madera County Probation
- ◆ CAPMC
- ◆ Madera Police Department
- ◆ Madera County Sheriff's Office
- ◆ District Attorney's Office

Other Referring Agencies:

- ◆ Breaking the Chains – Fresno
- ◆ Central Valley Justice Coalition – Fresno
- ◆ CVAHT – Fresno
- ◆ Poverello House – Fresno
- ◆ Haven Women's Crisis Center – Modesto
- ◆ Valley Crisis Center – Merced
- ◆ Department of Homeland Security – SF

MADERA COUNTY:



- ◆ Olive offers two services to victims:
 - ◆ Safe, transitional housing during their recovery
 - ◆ Transportation to and from local resources
 - ◆ We offer an individualized approach

MADERA COUNTY:

Because Olive is the only agency that focuses only on victims of sex trafficking in Madera County, we rely heavily on agencies like yours to give fast, trauma informed services to our survivors.

QUESTIONS?

NATIONAL HUMAN TRAFFICKING HOTLINE:

CALL

888-373-7888

TEXT

*233733

TTY

711



MADERA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
JANUARY 18, 2023
DEPARTMENT OF BEHAVIORAL HEALTH SERVICES DIRECTOR'S REPORT
BY CONNIE MORENO-PERAZA, LCSW, DIRECTOR

- I. Leadership
 - a. Andrea Martinez, Deputy Director of Business Operations
 - b. Bibiana Barbosa, Principal Administrative Analyst, Cost Reports, Billing Unit
 - c. Sonee Brown, Senior Administrative Analyst, Contracts Unit

- II. 2023 BHS Priorities
 - a. Employee Engagement and Workforce
 - b. Customer Service and Welcoming Environments at All BHS Sites
 - c. Timely Access to Services and Mobile Crisis Response Services
 - d. Housing and Homelessness
 - e. Cultural Competence and Equity
 - f. Community Partnerships
 - g. CalAIM Implementation
 - h. Budget Planning and Management
 - i. C.A.R.E. Court Planning
 - j. Opioid Settlement Planning
 - k. Community Response Teams, CRT, and Use of Narcan to Reduce Overdoses & Save Lives
 - l. Drug Medi-Cal Organized Delivery System Planning to Expand Benefits and Treatment Capacity for SUD Clients (DMC-ODS)
 - m. Bridge Housing
 - n. Mental Health Services Act New 3-Year Planning and Implementation
 - o. Peer Support Specialists/Family Partners Initiative
 - p. EHR Planning, Implementation, and Enhancements
 - q. Infrastructure Development for Compliance and Staff Retention
 - r. Compliance
 - s. Quality





Page Two-Connie Moreno-Peraza, LCSW, Director's Report

III. Budget Planning FY23-24

We have begun planning the BHS Budget for FY23-24. Planning meetings have been scheduled with a due date to complete the budget information for the CAO Budget Office by March 3, 2023. Input is being solicited from the Leadership Team, Supervisors, and line staff to ensure the budget is reflective of the department needs and staff needs. We want to ensure we have the infrastructure to comply with all Department of Healthcare Services, including CalAIM, federal, and local requirements. The Board of Supervisors Budget Hearings are scheduled for Monday June 12, 2023, and the Board of Supervisors plans to adopt the Final Budget Resolution the week of June 12-16, 2023.

IV. CALAIM

- a. Madera County Department of Behavioral Health Services (MCDBHS) is going to apply for Round 5 BHCIP Funding for a Crisis Stabilization Unit for youth and adults and for a Sobering Center for adults. The Request for Application (RFA) is due 2/13/23. These are two major gaps in our continuum of care in MCDBHS.
- b. Payment Reform is still on schedule for implementation on July 1, 2023.
- c. Documentation Reform is in progress, as an effort to make our system more seamless and more efficient in serving our clients.
- d. CCMU grant for Crisis Care Mobile Units, CARES Team, is under full implementation and doing a great job serving our communities throughout the county.
- e. BHQIP, Behavioral Health Quality Improvement Program, is also under full implementation and our staff has been excellent at meeting the quarterly requirements and submitting reports timely.

V. ANNOUNCEMENTS

- a. MHSA Community Stakeholder Planning Process for New 3-Year Plan Launched 1/18/23
- b. Cultural Competence Advisory Committee on 1/19/23 11:00am-12:00pm, Virtual
- c. Madera County Community Response Team Community Town Hall and Workshop, 1/25/23 5:30pm-7:30pm, Home Arts Hall, Madera District Fair - 1850 W Cleveland Ave, Madera, CA 93637

THANK YOU FOR ALL YOUR SUPPORT AND LOOKING FORWARD TO A GREAT YEAR IN 2023!





Hope House of Madera County

Calendario para el programa de adultos - Febrero



117 North R Street, Suite 103, Madera CA 93637 (559)664-9021

Lunes	Martes	Miercoles	Jueves	Viernes
8:30am Placticando y tomando café 	8:30am NUTRITION & WELLNESS 	8:30am Cuidado Personal	8:30am <i>Música del Corazón</i>	8:30am Placticando y tomando café 
9:00am Caminata 	9:00am Caminata 	9:00am Caminata 	9:00am Caminata 	9:30am Cuidado Personal
10:00am Eventos Actuales	10:00am Torneo de Juegos		10:00am Torneo de Juegos	



Abierto de Lunes a Viernes de 8:00am a 12pm

- Encuestas del MHSa - el 2 y 14 de Febrero
- Almuerzo con Amigos - Viernes el 3 de Febrero
- Viaje al MCWC - Jueves el 9 y 23 de Enero
- Celebración del Día de San Valentín - Martes el 14 de Febrero
 - CERRADO - Miércoles el 22 de Febrero



EMOTIONAL - SPIRITUAL - INTELLECTUAL - PHYSICAL - ENVIRONMENTAL - FINANCIAL - OCCUPATIONAL - SOCIAL



Hope House of Madera County February Adult Program Calendar



117 North R Street, Suite 103, Madera CA 93637 (559)664-9021

Monday	Tuesday	Wednesday	Thursday	Friday
<p>8:30am</p> <p>Coffee Talk</p>	<p>8:30am</p> <p>NUTRITION & WELLNESS</p>	<p>8:30am</p> <p>wellness wednesdays</p>	<p>8:30am</p> <p>MUSIC love</p>	<p>8:30am</p> <p>Coffee Talk</p>
<p>9:00am</p> <p>Walk it out</p>	<p>9:00am</p> <p>Walk it out</p>	<p>9:00am</p> <p>Walk it out</p>	<p>9:00am</p> <p>Walk it out</p>	<p>10:00am</p> <p>Feel good Friday</p>
<p>10:30am</p> <p>Current Events</p>	<p>10:30am</p> <p>GAME TIME!</p>		<p>10:30am</p> <p>GAME TIME!</p>	

OPEN:
Monday-Friday
8am - 12pm

BLACK HISTORY MONTH

OPEN Monday - Friday from 8:00am to 12:00pm

- MHSA 3-year plan surveys - Feb. 2nd & 14th
 - Lunch with Friends - Friday, Feb. 3rd
- Trip to visit the MCWC - Thursday, Feb. 9th & 23rd
- Valentine's Day Celebration - Tuesday, Feb. 14th
 - CLOSED - Wednesday, Feb. 22nd



EMOTIONAL - SPIRITUAL - INTELLECTUAL - PHYSICAL - ENVIRONMENTAL - FINANCIAL - OCCUPATIONAL - SOCIAL





Hope House of Madera County

Calendario del programa Juvenil



117 North R Street, Suite 103, Madera CA 93637 (559) 664-9021

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Lunes	Martes	Miércoles	Jueves	Viernes
<p>4:00pm</p> <p>Lunes de Motivación</p>	<p>4:00pm</p> <p>¡Prácticas!</p>	<p>2:30pm</p> <p>Nutrición</p> <p>Bienestar</p>	<p>4:00pm</p> <p>¡Prácticas!</p>	<p>4:00pm</p> <p>musica</p>
<p>4:30pm</p> <p>Cuidado Personal</p>	<p>4:30pm</p> <p>Torneo de Juegos</p>	<p>3:00pm</p> <p>Miércoles de Bienestar</p>	<p>4:30pm</p> <p>MUESTRA TU CREATIVIDAD</p>	<p>4:30pm</p> <p>¡Me Voy a Sentir Bien!</p>

ABIERTO DE
Lunes a Viernes
2pm-6pm

Horas de Socialización: 2pm a 4pm

- Encuestas del MHSa - el 1 y 15 de Febrero
- Compras de bajo costo - El 8 de Febrero
- Celebración del Día de San Valentín - Martes el 14 de Febrero
- CERRADO por el día de Los Presidentes - Lunes el 20 de Febrero
- CERRADO - Miercoles el 22 de Febrero



EMOCIONAL · ESPIRITUAL · INTELECTUAL · FISICA · AMBIENTAL · FINANCIERA · OCUPACIONAL · SOCIAL

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Hope House of Madera County Youth Program Calendar

117 North R Street, Suite 103, Madera CA 93637 (559) 664-9021



Monday	Tuesday	Wednesday	Thursday	Friday
<p>4:00pm</p> <p>Motivational MONDAYS</p>	<p>4:00pm</p> <p>Let's Chat!</p>	<p>2:30pm</p> <p>NUTRITION & WELLNESS</p>	<p>4:00pm</p> <p>Let's Chat!</p>	<p>4:00pm</p> <p>MUSIC love</p>
<p>4:30pm</p> <p>the Self Care station</p>	<p>4:30pm</p> <p>GAME TIME!</p>	<p>3:00pm</p> <p>wellness wednesdays</p>	<p>4:30pm</p> <p>Creativity Corner</p>	<p>4:30pm</p> <p>Feel good Friday</p>

OPEN
Monday-Friday
2pm-6pm

Socialization Hours: 2pm-4pm

- MHSAs 3-year plan surveys – Feb. 1st & 15th
- Shopping on a Budget – Wednesday, February 8th
- Valentine's Day Celebration – Tuesday, Feb. 14th
 - CLOSED for Presidents Day – Feb. 20th
 - CLOSED – Wednesday, Feb. 22nd



EMOTIONAL - SPIRITUAL - INTELLECTUAL - PHYSICAL - ENVIRONMENTAL - FINANCIAL - OCCUPATIONAL - SOCIAL