MHSA PLAN

MADERA COUNTY DEPARTMENT OF BEHAVRIORAL HEALTH SERVICES

Mental Health Service Act (MHSA)
Program and Expenditure Plan
Fiscal Years 2023-2026






"HELPING FAMILIES RECOVER, ONE FAMILY AT A TIME."

ACKNOWLEGEMENTS

This plan results from a collaborative effort that includes the participation of multiple stakeholders. With all the public input we have received through the Community Program Planning process (CPPP), we were able to develop such a comprehensive MHSA Three-Year Program and Expenditure Plan for FY2023-2026.

Madera County Department of Behavioral Health Services (MCDBHS) wishes to thank the many consumers, family members, community members, agencies, and other Madera County staff who participated and helped guide the development of this plan. Although this is not a comprehensive list of all the representative organizations and agencies who participated in the CPP process, we would like to thank particularly:

- Madera County Residents and the Consumers of MCDBHS
- Madera County Board of Supervisors
- Madera County Behavioral Advisory Board
- Madera County Probation
- Madera County Community Action Partnership
- Madera Rescue Mission
- Camarena Health
- Madera County Department of Public Health

We are also thankful for the vision and commitment of the MCDBHS Leadership Team. Throughout this process, MCDBHS demonstrated a deep commitment to the values of the MHSA and the communities it serves.

We hope that this MHSA Three-Year Program and Expenditure Plan provides a transparent look into how Madera County Department of Behavioral Health Services will meet the mental health needs of its residents. Thank you again to all who contributed to this plan.

Sincerely,

Connie Moreno-Peraza, MSW, LCSW

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: _____

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

Local Mental Health Director	**County Auditor-Controller/City Financial Officer**
Name:	Name:
Telephone Number: E-mail:	Telephone Number: E-mail:
Local Mental Health Mailing Address:	

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.

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

I hereby certify that for the fiscal year ended June 30,_____ , 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 for the fiscal year ended June 30,_____. I further certify that for the fiscal year ended June 30,_____, 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 an Annual Revenue and Expenditure report attached, is true and correct to the best of my knowledge.

_____ _____ _____
County Auditor Controller / City Financial Officer (PRINT) Signature Date

MADERA COUNTY MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM AND EXPENDITURE PLAN

Table of Contents

DRAFT

Madera County Mission, Vision, and Core Values

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 STATEMENT

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.

Executive Summary

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). The Act implemented a 1% state tax on income over $1 million. It emphasized transforming the mental health system to improve the quality of life for individuals with mental illness and their families. With over 15 years of funding, mental health programs have been tailored to meet the needs of diverse clientele in each county in California.

Counties receive an MHSA allocation from the state, typically about 50% of a county's behavioral health budget. Counties distribute funds at the local level through a Community Program Planning (CPP) process that culminates in a three-year plan. MHSA Plans identify services across the age span, with age groups identified as children (0-16 years), transition age youth/TAY (16-25 years), adults (26-59 years), and older adults (60 years and older). Initially, MHSA plans needed to identify programs according to these five (5) MHSA components: Community Services & Supports (CSS); Prevention & Early Intervention (PEI); Innovations (INN); Workforce, Education & Training (WET); and Capital Facilities & Technological Needs (CFTN). In the years after FY 2007-08, programs for CFTN programs were not required but could be supported as needed. Descriptions of these components and their programs are described in their respective sections in this document. The most recent data (FY 2020-2023) for programs currently funded by Madera County MHSA are reported in the Annual Update for FY 2022-2023 available on the Madera County website at www.maderacounty.com/government/behavioral-health-services.

In addition, MHSA defined an approach to planning and delivering mental health services embedded in the MHSA values (see Figure 1).

- Community Collaboration to develop a shared vision for services.
- Cultural Competence in services to reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.
- Client, Consumer, and Family Involvement in all aspects of the mental health system, including planning, policy development, service delivery, and evaluation.
- Integrated Service Delivery to reinforce coordinated agency efforts to create a seamless experience for clients, consumers, and families.
- Wellness and Recovery focus by allowing clients and consumers to define their goals so they can live fulfilling and productive lives.

As a result, local communities and their residents are experiencing the benefits of expanded and improved mental health services. Madera County Department of Behavioral Health Services (MCDBHS) has used a comprehensive stakeholder process to develop local MHSA programs. The state requires the central development and implementation of a Three-Year Program and Expenditure Plan ranging from prevention services to residential crisis care, prioritizing serving the unserved and underserved. The current array of services was developed incrementally, starting with the planning efforts of stakeholders in 2005 and continuing to the present day. A description of the most recent planning process for the Three-Year Plan is provided in the pages attached.

Mental Health Service Act (MHSA) Background

Welfare and Institutions Code Section (WIC) § 5847 states that county mental health programs shall prepare and submit an MHSA Three-Year Program and Expenditure Plan (Plan) and MHSA Annual Updates for Mental Health Services Act programs and expenditures. WIC § 5847 and CCR § 3310 states that an MHSA Three-Year Program and Expenditure Plan shall address each MHSA component. MHSA consists of five components, each addressing specific goals for priority populations, critical community health needs, and age groups requiring special attention. The programs developed under these components draw on the expertise and experience of behavioral health and primary care providers, community-based organizations, education systems, law enforcement, and local government departments and agencies.

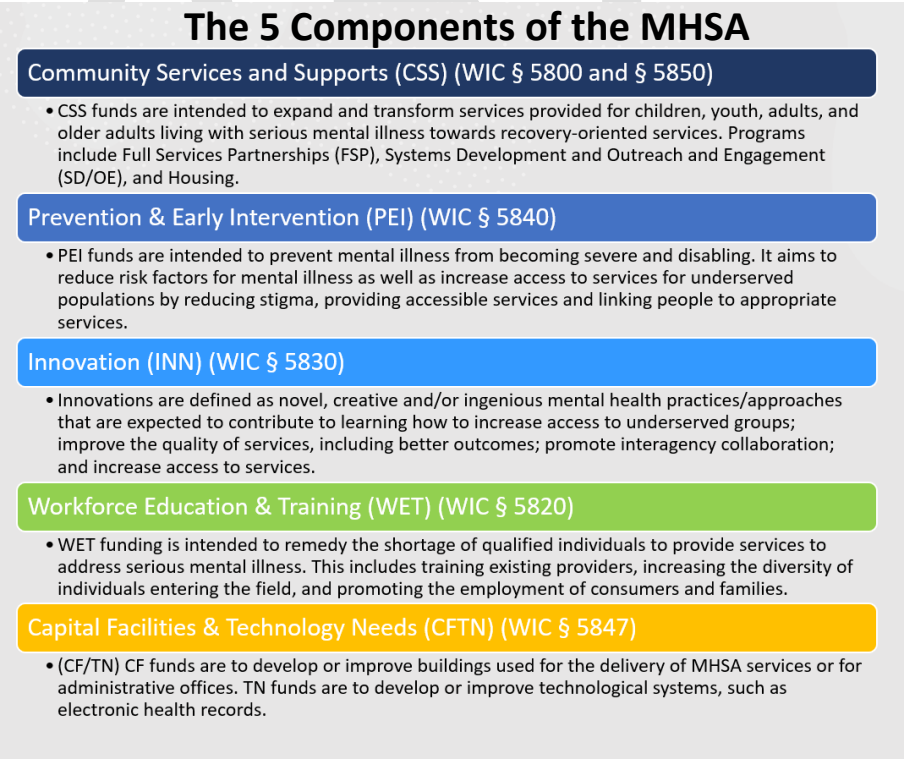
All components must be in one plan, incorporating these elements and making expenditure projections for each component per year. WIC § 5484 states that counties' Three-Year Plan and Annual Update drafts must be posted for a thirty (30) day Public Comment period. The Behavioral Health Advisory Board (BHAB) shall conduct a public hearing on them at the close of the comment period. MHSA Three-Year Program and Expenditure Plans and MHSA Annual Updates must be adopted by the county Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within thirty (30) days after Board of Supervisor adoption.

The MHSA Three-Year, Program, and Expenditure Plan differs from an MHSA Annual Update. CCR § 3310 states that a county shall update the MHSA Three-Year Plan annually. An MHSA Annual Update includes:

- An update to the MHSA Three-Year Plan addressing the changed elements.
- The service outcomes for the reporting yea
- The coming year's expenditure plan.

The five components are shown in (Figure 2):

Figure 2: MHSA Program Components



Highlights from this plan include the following:

An overview: The CPPP is the basis for developing the Three-Year Program & Expenditure Plan and subsequent updates to the plan. Through this process, and in partnership with stakeholders, community needs related to mental health (behavioral health, mental illness, and health and well-being) are identified and analyzed. It follows that priorities and

strategies can be determined and continually refreshed by re-evaluating programming to meet these prioritized needs and ensuring service gaps are filled, and unserved and underserved populations are adequately served. Elements of the Madera County Department of Behavioral Health CPP process generally include(s): MHSA team members lead, coordinate, and manage all aspects of the CPP process. Stakeholders representing the Madera County community participated in the CPP process, including individual and family members with lived experience; providers; organizations; and members of standing stakeholder groups, such as the Madera County Behavioral Health Advisory Board (BHAB), Transitional Age Youth (TAY) and Adults. Other participating stakeholders included representatives from community-based organizations, law enforcement, social services, faith-based organizations, public health, older adult agencies, probation, education, medical providers, and clinical service providers.

Clients involved in behavioral health treatment and family members are essential to this process. Madera County ensures we receive their feedback ongoing and during focus group sessions. Madera County Department of Behavioral Health Services' countywide geographic representation was monitored to promote and ensure that geographic areas and target populations were represented. Transparency with the public and County organizations is embedded in the structure by creating workgroups and community advisory groups. Outreach and engagement took place to encourage and solicit participation and raise awareness of the process within the context of MHSA's regular activities.

Description of Madera County's MHSA programs: By a system of care, which includes a detailed explanation of each program, its target population, the mental health needs it addresses, and the program's intended outcomes. This section of the plan also provides information on the expected number of unduplicated clients to be served and the amount of the program funding.

Programs from previous MHSA programs: That are being enhanced, such as strengthening Full-Service Partnership (FSP)/Wraparound services for children and FSPs for adults and older adults to provide intensive services to individuals with the most severe mental health needs.

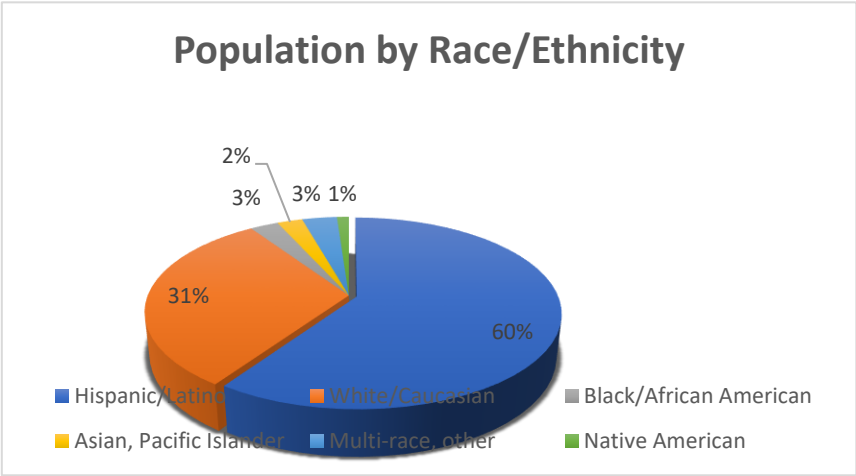
New programs and services, including:

- Assertive Community Treatment provides intensive services to adults with the most severe mental health needs to decrease hospitalization, incarceration, and homelessness.
- Early Intervention Clinical Services to provide transition-age youth with services when they first begin to show signs and symptoms of a severe mental illness.
- Financially support county or contract workforce to be more culturally and linguistically responsive via the local funded MHSA loan repayment program in the behavioral health field and retention in the workforce
- Wellness Centers in the rural community of Chowchilla and extended hours in the Wellness Center in Oakhurst
- Expansion of our collaborative adult courts system and processes

- Student Ambassador Program to use community-based, peer mental health workers to deliver mental health information to the student community and connect youth to services.
- HOPE-Homeless, Outreach, Prevention and Engagement Program- With Mobile Unit to provide showers, warm clothing, wellness check-ups and haircuts.
- Summer Wellness Camp- Parks and Recreation
- SAFE-Senior Access for Engagement- Older Adult Program
- Additional Youth Services

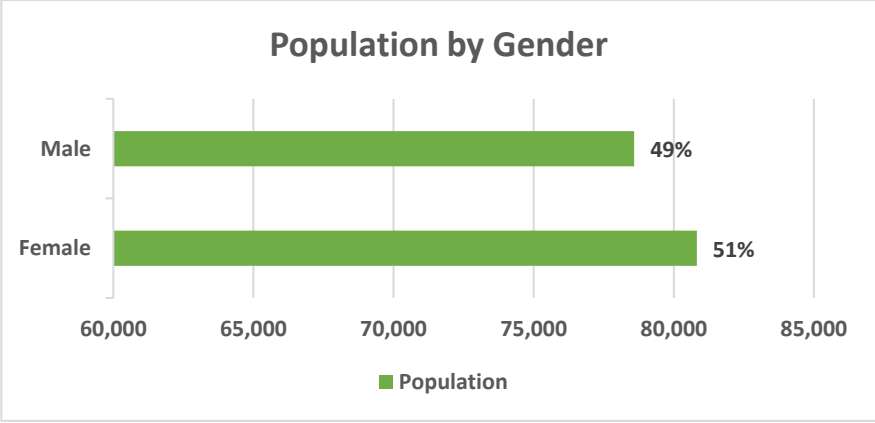
This plan reflects the deep commitment of Madera County's Behavioral Health leadership to design MHSA programs that are wellness and recovery-focused, client and family driven, culturally competent, integrated, and collaborative.

Madera County Demographics and Characteristics

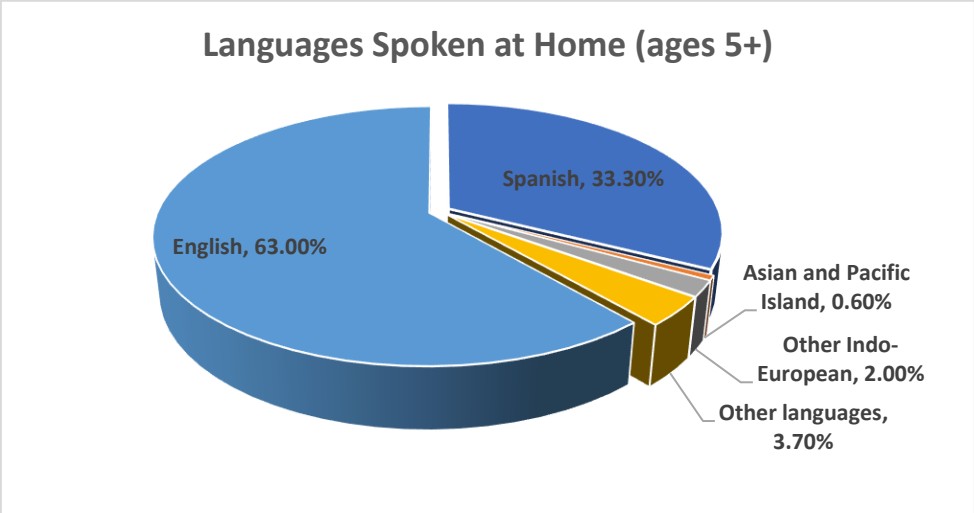


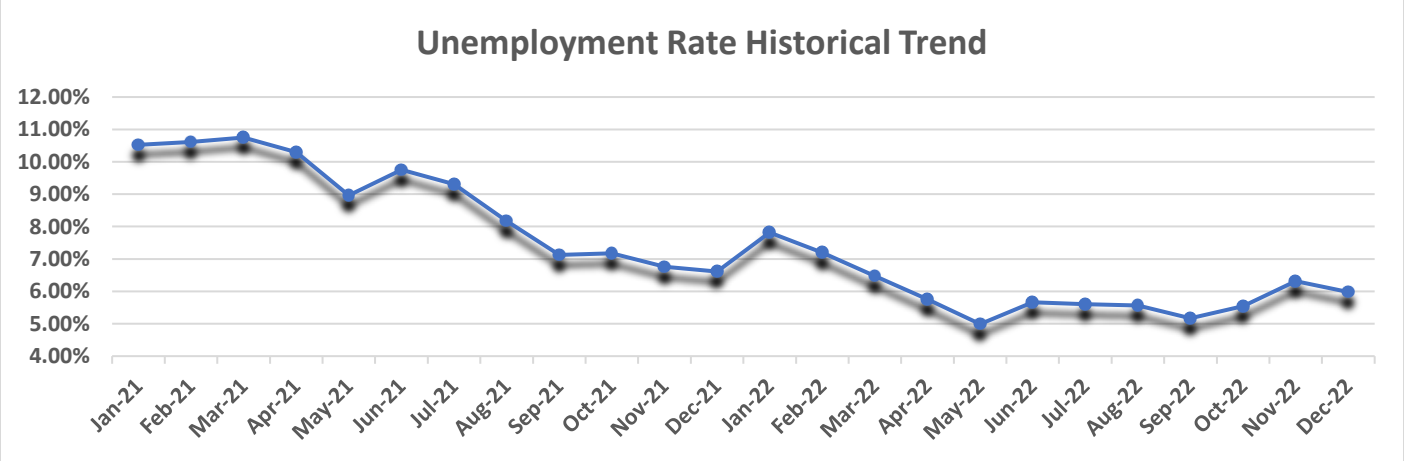
Madera County, with 2,147 square miles, is a small, rural, like-size county in the exact center of California. It's the heart of the Central San Joaquin Valley and the Central Sierras. Madera County has two cities, Chowchilla and Madera, and the unincorporated communities of Ahwahnee, Bass Lake, Berenda, Coarsegold, Fairmead, Madera Ranchos, North Fork, Oakhurst, O'Neal's, Raymond, and Rolling Hills. Centrally located, Madera is bordered by Mariposa and Merced to the north, Fresno to the south, and Mono to the east. The county combines the high, rugged country of the Sierra Nevada Mountains and the farming and industrial land of the valley floor below. Most industrial and residential activity is positioned along Highway 99, the area's primary transportation route providing a north-south corridor through the county. Madera County's population of 156,255 is diverse and made up of 59.6% Hispanic/Latino, 31.0% White, 2.8% multi-race, 2.6% Black or African American, 2.3% Asian, 1.1% American Indian and Alaskan Native, 0.5% some other race, and 0.1% Native Hawaiian and other Pacific Islander. English and Spanish are the predominant languages spoken in the county. The average household size is 3.3, but the average family size is slightly larger at 3.7. The county has significant disparities, as Madera County has a significantly high poverty rate. According to the most recent United States census data, Madera County's median income is $61,924, and the poverty rate is 20.4%, nearly double that in the United States. The most common educational levels obtained by the working population in 2020 were some college, high school, or equivalent and bachelor's degree.

Population estimate breakdown for Race/Ethnicity is as follows:	
Hispanic/Latino	60%
White/Caucasian	31%
Black/African American	3%
Asian, Pacific Islander	2%
Multi-race, other	3%
Native American	1%



In Madera County, there are five County District Supervisors (Figure. 2) and one County Administrator. Madera County recently closed its Medical Hospital, and the county now only has one hospital; Valley Children's Hospital is one of the largest pediatric healthcare networks in the nation. Major industries in the county include government, agriculture, and manufacturing. The most common job groups, by the number of people living in Madera County, are Farming, Fishing, & Forestry Occupations (7,116 people), Office & Administrative Support Occupations (5,857 people), and Sales & Related Occupations (5,754 people). The economy of Madera County employs 58.9k people. The largest industries in Madera County, are Agriculture, Forestry, Fishing & Hunting (8,742 people), Health Care & Social Assistance (6,810 people), Educational Services (5,876 people), and the highest paying industries are Utilities ($66,000), Information ($60,286), and Public Administration ($54,359).





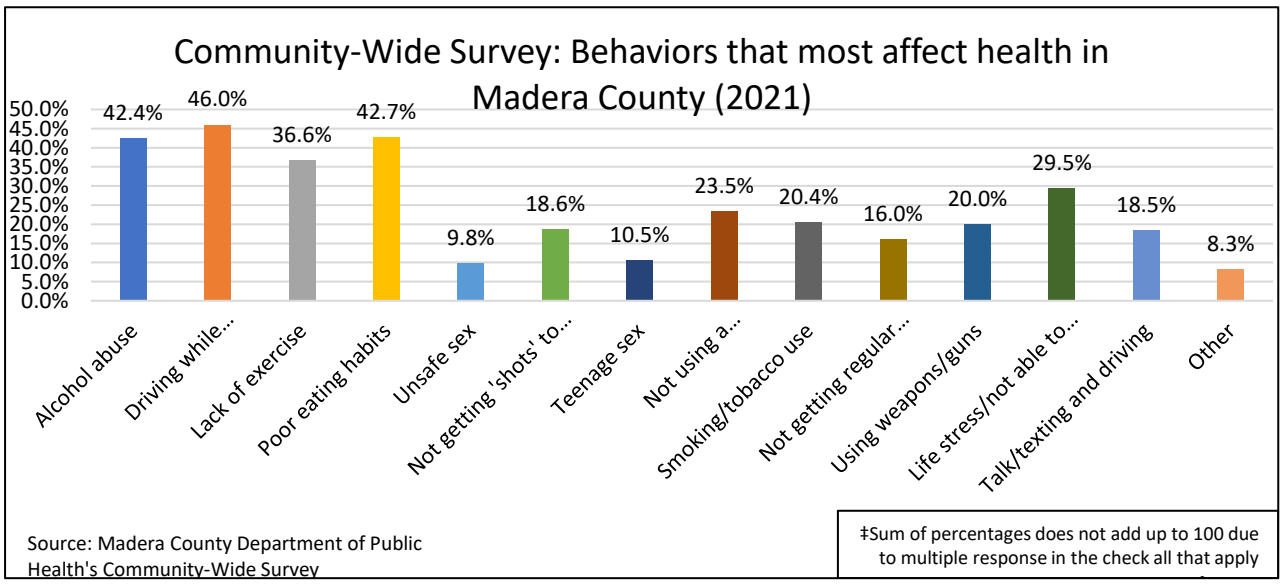
As of December 2022, the unemployment rate in Madera County continues to stay the same for the last quarter at a 6.0% vs California that decreased to 4.1%.

*Data Source: State of California, Employment Development Department

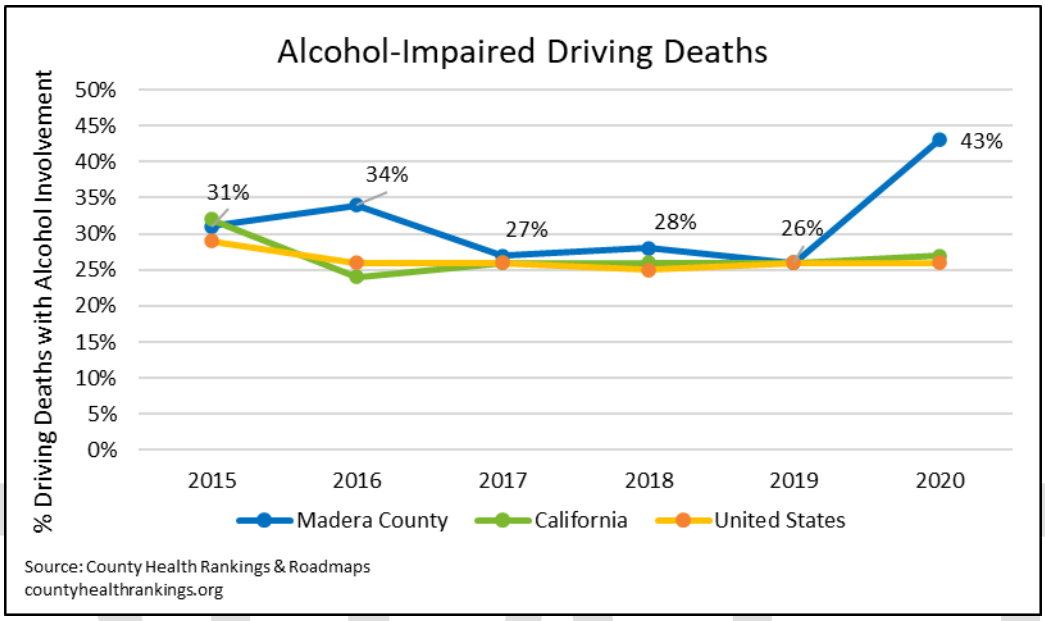
As of 2020, 20.5% of Madera County, CA residents (32k people) were born outside of the United States, which is higher than the national average of 13.5%. In 2019, the percentage of foreign-born citizens in Madera County, CA was 20.3%, meaning that the rate has been increasing. Madera County is known to have a large population of indigenous population from southern Mexico—Mixtecs, Zapotecs and Triquis from Oaxaca state and Purepechas from Michoacan state—and local Native Americans. Madera County is enriched in diversity and culture. Madera County is a vibrant community where residents deeply understand one another and the varied traditions that enrich their lives.

Community Behavioral & Health Risk

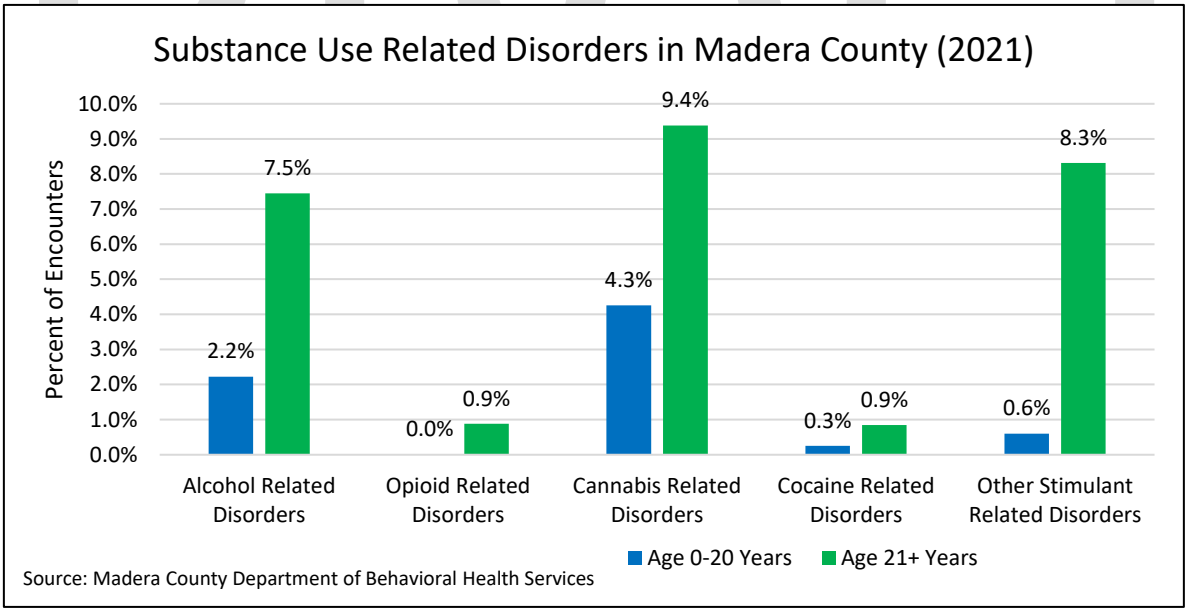
Madera County Department of Public Health recently conducted its County Community Health Assessment that identifies critical behavioral and health needs and issues through systematic, comprehensive data collection and analysis for Madera County. The top behavioral and health risks for Madera County included physical inactivity, intoxicated driving, and teenage pregnancy. Anxiety disorders and depression are the leading mental health disorders for age groups 0-20 and 21+ years. Additional key findings were housing affordability, income inequality, high rates of substance use, and racial health disparities were underlined as weaknesses in Madera County. (Figure 1-2. Community-Wide Survey-2021). African



American and Latino children are four and eight times more likely, respectively, to live in poverty than their white counterparts (Source: MCDPH CHA, 2021.



Key Findings: The CHA identified that consumers with cannabis-related disorders are encountered the most at the Madera County Department of Behavioral Health Services (MCDBHS). Other stimulants (amphetamine-related disorders & caffeine) and alcohol-related disorders are in the top three substance use-related disorders in Madera County. (Source, CHA 2021).



MHSA Community Program Planning Process (CPPP)

In October of 2022, the Madera County Department of Behavioral Health Services began its planning process for the MHSA Three-Year Program and Expenditure Plan for fiscal years 2023-2026. To ensure that the Community Program Planning Process is adequately staffed, MCDBHS designated positions and/or units responsible for:

- Coordination and management of the Community Program Planning process.
- Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process.
- Ensuring that stakeholder participation includes representatives of unserved and/or underserved populations and family members of unserved/underserved populations that reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity.
- Outreach to behavioral health clients, former clients, and their family members to ensure the opportunity to participate.

The Madera County Department of Behavioral Health Services MHSA Planning Team included Division Manager Nick Montes-Avila, Division Manager Miravel Navarro, Program Supervisor Matthew Olivares, MHSA PEI Coordinator Sylvia Romero, Administrative Analyst Andy Camarillo, Senior Administrative Analyst Say Yang, Fiscal Analyst Tymisha Walls Fiscal manager Aaron Garcia with oversight from MCDBHS Assistant Director Julie Morgan, LCSW and Behavioral Health Director Connie Moreno-Perazas. The planning team made presentations to the Madera County Behavioral Health Advisory Board (BHAB) at critical moments in the CPPP process to review and comment on recommendations made. All meetings of the BHAB and BOS were open to the public.

The planning team carried out a set of community meetings and information-gathering activities to engage stakeholders in all stages of the planning and program development process to ensure that the plan reflected stakeholders' experiences and suggestions. The Planning team also created an MHSA Advisory Committee to guide the CPP process. Planning activities and their corresponding dates are presented in the table below, followed by a detailed description of each exercise. (Figure.#)

Activity	Date
Planning	
Kick Off Meeting	12/05/2022
• Community Meetings & Survey	01/17/2023-02/27/2023
Implementation	
• MHSA Planning Meetings	02/17/2023-03/16/2023
• Presented to CC and MHSA Advisory Board	03/16/2023
Public Review Process	
• 30-Day Review Period	03/17/2023-04/17/2023

• Public Hearing	04/19/2023
• BOS Plan Approval	06/6/2023
MHSOAC Upload	06/16/2023-07/16/2023

MHSA Advisory Committee

MCDBHS MHSA Advisory Committee includes representatives from many stakeholder groups. It reflects Madera County's consumers, family members of consumers, social services, education, law enforcement, health care including public and private, older adults, probation, housing and employment, mental health staff, faith-based organizations, contract providers of mental health services, and nonprofit agencies. The MHSA Advisory Committee is also ethnically and culturally diverse. MHSA Advisory Committee representatives were tasked with providing input on community engagement efforts, contributing field-based knowledge to program and budget planning and implementation, monitoring, and developing the Three-Year Program and Expenditure Plan.

Stakeholders Process

Madera County Department of 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, family members, and community members who wish to participate in the planning process in stakeholder groups in accordance with WIC § 5848 and California Code of Regulations (CCR) § 3300. For this reason, Community Program Planning Process (CPPP) meetings are held at local community centers and libraries, which deliver easy accessibility (ADA), adequate parking, and free interpreting services provided upon request. To inform and update county and community stakeholders about the community planning process and gain insight into program and service strengths and needs in Madera County. Meetings were held in different regions of Madera County, including rural communities in Chowchilla and Eastern Madera County, such as Oakhurst. Flyers announcing the community meetings were printed and published in English and Spanish and posted on the MCDBHS website, email blast, social media platforms such as Facebook and Instagram, MCDBHS clinical offices, provider/contractor sites, and the community.

In accordance with the California Welfare and Institutions Code (WIC) § 5848, MCDBHS conducted a CPP process to engage and inform the community about the MHSA Three-Year Program and Expenditure Plan and Annual Updates. The MHSA planning team conducted all of the CPPP process activities, analyzed community data and summarized key findings.

The method used was a mixed method approached that involved stakeholders (including clients and their family members) in all aspects of the CPP process through a series of engagement meetings. Communication about community meetings to county constituents were clearly identify the meeting and that why it was being provided to stakeholders for the purposes of community planning in accordance with the W&I Code § 5848.

These community meetings were performed using a hybrid model, which included in-person and online options due to COVID-19 restrictions in certain public facilities and to give individual preference to the stakeholder input. Members of

the planning team conducted community meetings in English and Spanish, serving diverse groups and organizations in person and virtually using the conference platform zoom. MCDBHS staffed these community events with bicultural, bilingual staff for additional translation services. Considering the past years, due to the growing need for questions encountered while conducting these community sessions additional staff with real-life experience like peer supports were used to help open dialogue. In addition, a presentation copy (See appendices) was printed and provided with a community feedback form (survey) (See appendices) in English and Spanish. Additional materials included a Frequently asked questions (FAQ) one-pager (See appendices) on the MHSA process, historical background, and a proposed innovation program template document and contact information with our MHSA email information (see appendices). The PowerPoint presentation provided an overview of MCDBHS and its programs. It included clinic locations, access to services, information, and historical content about the MHSA prop 63 initiative, including the MHSA mental health policy, program planning and implementation process, monitoring, quality improvement, evaluation, current MHSA funded programs and housing, prevention and outreach strategies and budget allocations for the next three years in accordance with WIC § 5848. The feedback form consisted of 13 open-ended questions targeting participants to evaluate the effectiveness of the current MCDBHS mental health and substance use services. The survey offered an opportunity where stakeholders could express their needs unanimously and provide us with new and innovative ways to expand programs and community needs based on these responses through the innovation component. The Mental Health Services Oversight and Accountability Commission (MHSOAC) defines innovative programs as novel, creative, or ingenious mental health approaches. An Innovative Program is one that contributes to learning in one or more of the following ways:

- Introduces new, never-been-done-before, mental health practices or approaches,
- Makes a change to an existing mental health system practice or approach including adaptation for a new setting, or
- Introduces a new application to the mental health system of a promising community-driven practice or approach that has been successful in a non-mental health setting.

All materials and handouts were made available via email for those requesting a copy in accordance with CCR, Title 9, §§ 3315, 3300. Incentives were provided to those hard-to-reach populations, such as the homeless, transitional youth, migrant, and farm working stakeholders, to help assist with the stakeholder process.

MCDBHS will utilize the feedback from the stakeholders and the community over the next few years during the community planning process to strategically add staffing in areas addressed and identified areas of need through this stakeholder's participation. This Plan is developed from the feedback gathered through these local stakeholder survey collections, which included families of children, adults, and seniors with serious mental illness or severe emotional disorders, community-based providers of mental health and alcohol and other drug services, law enforcement, education, social services, veterans, health care organizations, representatives of unserved and/or underserved

groups, and other important interests. The Plan is drafted and presented at a local Behavioral Health Advisory Board (BHAB) public hearing. Before its adoption, stakeholders are given a 30-day public comment period on the prepared MHSA plan. Substantive comments are gathered during the public hearing meeting or asked to be submitted using MCDBHS MHSA 30-Day public comment form. (See appendices).

Stakeholder Participation

MHSA requirements for stakeholder participation shaped outreach efforts, the input of the planning team, and feedback from the local Behavioral Health Advisory Board members to ensure that the planning process reached a broad spectrum of stakeholders and was driven by community input in accordance with CCR, Title 9, §§ 3300(c). As described, outreach for community meetings includes flyers posted in English and Spanish throughout MCDBHS buildings, community-based organizations, and the community. As mentioned, MHSA Advisory committee representatives represent a diversity of affiliations, including MCDBHS; Behavioral Health Advisory Board; consumers experiencing mental illness; providers of mental health services; law enforcement, education, and social service agencies; veterans and representatives from veteran's organizations, providers of alcohol and drug services; and health care organizations. MCDBHS ensured that people with lived experience and representatives from cultural and geographically specific communities were included in the MHSA committee and planning process.

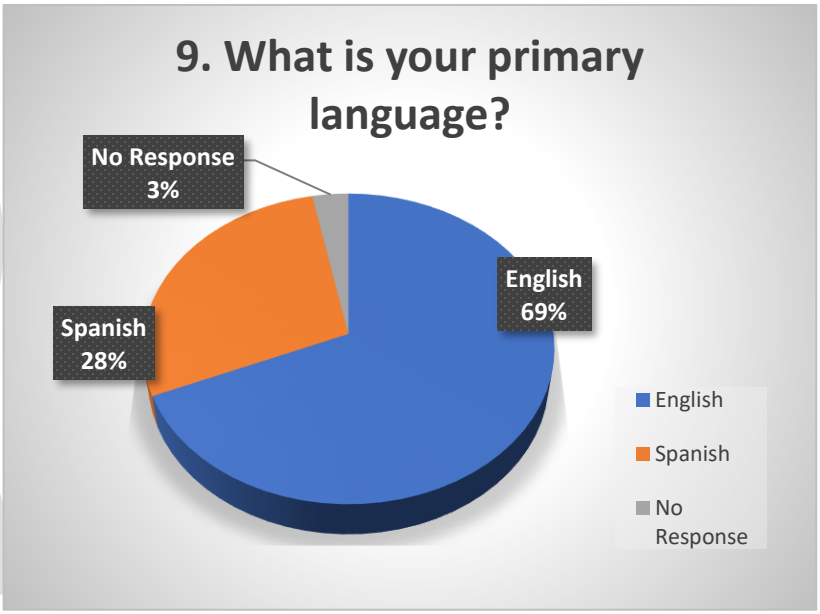
Special efforts were made to ensure that consumers were represented in all phases of the planning process, including community-based agencies and service providers most connected to consumer groups. These Community meetings were provided in rural areas or at public gathering sites like ethnically shopping centers, homeless and safe refuge providers sites, such as Madera Rescue Mission, Olive Foundation, Victim Services, MCDBHS Mental Health and SUD adult and youth groups, MCDBHS Perinatal Groups, Mana House, Holly Family Table, Migrant Housing Camps, and School and College Age Educational Campuses, Youth, Adult, and Senior Wellness Centers, and at Public Libraries.

These meetings aimed to introduce the CPP process, present what had been accomplished since MCDBHS's previous MHSA Plan was developed and gather information for the data collection. This practice has allowed MCBHS to establish a consistent communication pathway for the community to identify areas of needed improvement. Besides being updated on several topics such as program planning, mental health policy, and implementation of programming, stakeholders are also provided with educational material regarding mental health in accordance with CCR § 3320. The focus is to receive Community Program Planning Process (CPP) feedback and provide community education on mental health and substance use disorders to make informed decisions on community needs.

MHSA planning team presented a total of 28 MHSA presentation community meetings ranging in size from 10-40. These community meetings were conducted using a hybrid model, which included in-person and online due to COVID-19 restrictions still in place in certain public facilities and to allow for the stakeholder’s choice in the preferences of how to participate. The MHSA planning team, staff provided an overview of MHSA CPPP process and the purpose of the

Stakeholder Survey. To provide accessibility and to gather data quickly the MHSA Senior Analyst created a QR code for Stakeholders to access the MHSA plan survey using the stakeholder's mobile device. The stakeholder survey contained 13 open-ended questions, targeting the importance of Mental Health and Substance Use and the knowledge of services available to participants. The importance of each question is knowing the targeted populations and understanding the barriers between the community members needing assistance and their knowledge of MCDBHS. MHSA planning team will utilize the feedback from the stakeholders and the community over the next few years during the community planning process to strategically add staffing in areas addressed and identified areas of need through this stakeholder's participation. Incentives were provided to those hard-to-reach populations, such as the homeless, transitional youth, migrant, and farm working stakeholders, to help assist with the stakeholder process.

Below are the results of the surveys collected for the Fiscal Year 2023-2024. For FY 23-24, there was a total of 393 surveys collected during the planning process.



Survey Participation and Demographics

The Community meeting process engaged participants across the County intending to learn about strengths, barriers, and gaps in the behavioral health system. As part of the 2023-2026 MHSA Plan, MHSA planning team convened a series of meetings to gather input. The previous section of this report outlined the data collection activities that took place from January through February 2023. The data collection methods and general participant demography for each of these data collection activities were also described above. Over the last three years, MCDBHS staff have undergone several efforts to address the key issues that arose in the previous community planning process. Recognizing that many of these efforts were impacted by COVID-19, severe staffing shortages, are newly implemented or are still in the implementation phase, the impact of the County's actions has yet to reach the communities they intend to serve. With this in mind, the County chose to target this needs to build off of rather than replicate the findings presented in the last three-year Plan.

Survey participation increased significantly from previous years, with 393 stakeholder surveys received compared to 98 surveys obtained in the 2017-2020 MHSA community planning process. Highest participation was identified by clients/consumers with 125 surveys received, followed by the least represented group identified as military or veteran. The majority of respondents (285) were either between the 25-59 age group or in the 16-24 age group. 80 % of the respondents live within the Madera City limits, 7% within in the city of Chowchilla and the reaming in the Eastern Madera

County communities such as Oakhurst, Coarsegold and North Fork. Fifty-two 52% of respondents identified as male, while 44% identified as female, 82% of those surveys indicated that English was the stakeholder's primary language, with the remaining 18% being Spanish speakers only. Most participants identified their ethnicity as Mexican/Hispanic/Latin(x) (270 surveys), followed by White (82 surveys). These two races have been the leading groups in previous CPPP years. MCDBHS recognizes that other ethnicities are underrepresented and will work on strategies to help reach those hard-to-reach populations by connecting with trusted messengers in their communities, community-based organizations and/or faith-based organizations. The MHSA planning team is researching strategies that have been proven successful while conducting and expanding culturally competent Outreach and Engagement activities to Madera's prominent Indigenous communities, African Americans, and Asian groups for our annual update and next CPPP planning period in accordance to the CCR, Title 9, § 3650(a)(5).

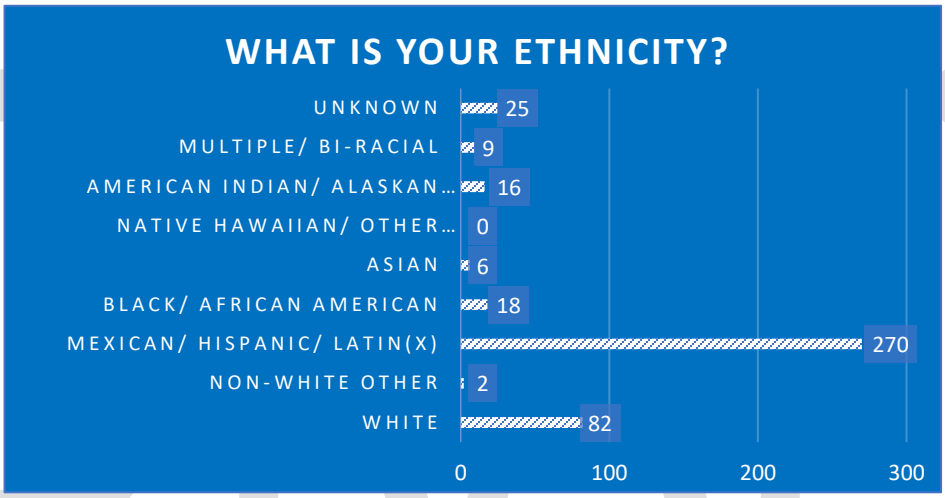
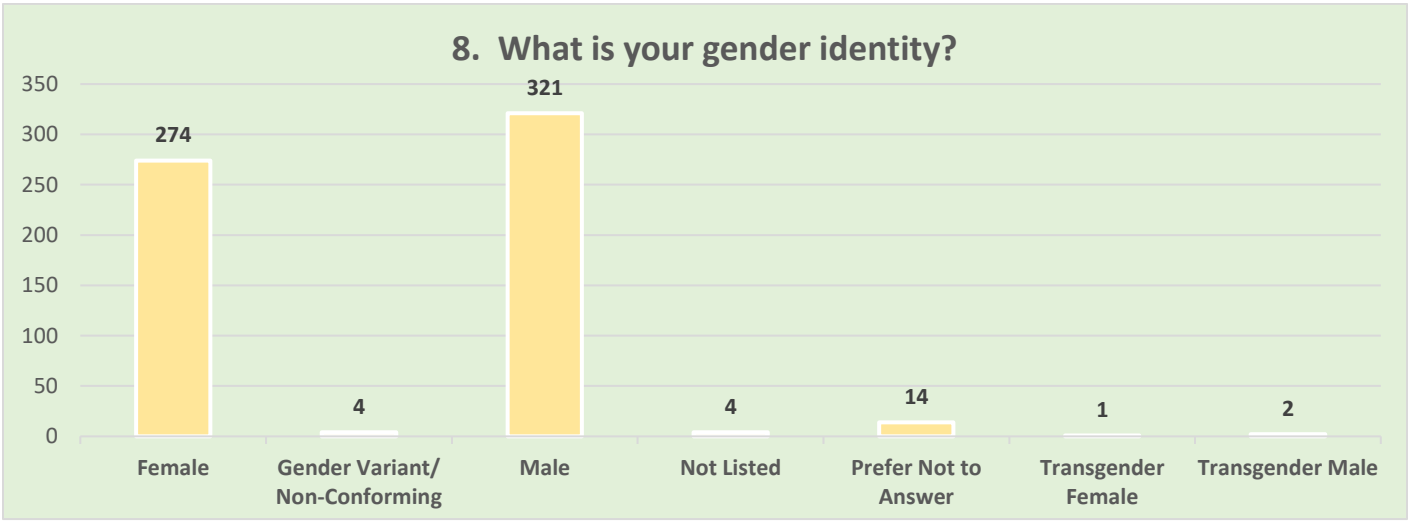
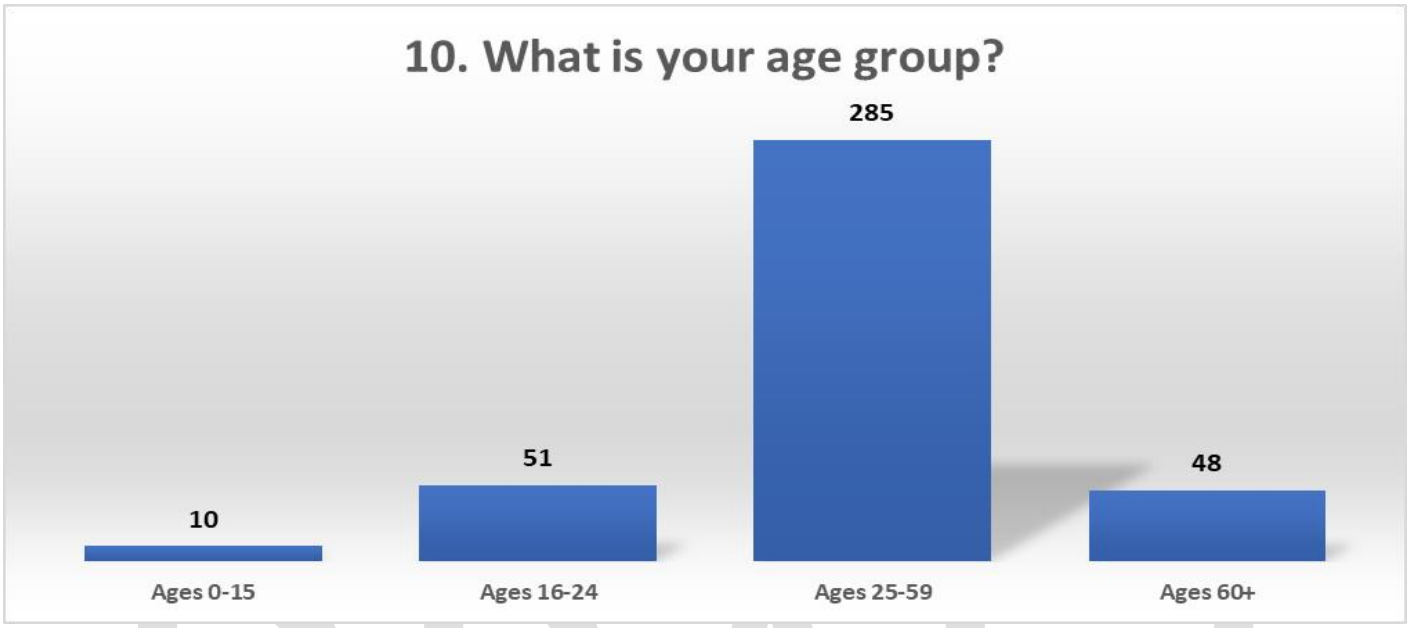


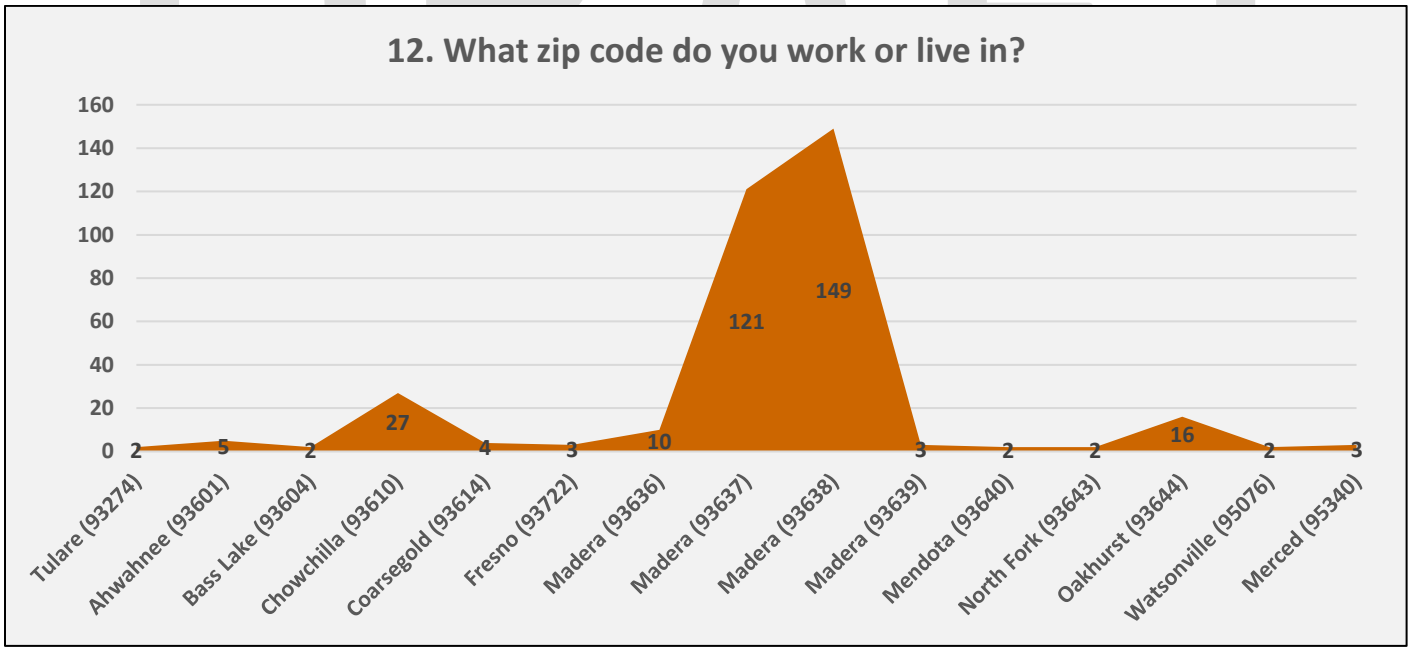
Figure. 3 MHSA CPPP Stakeholder Survey Demographic Results



Key Findings: Showed that MCDBHS needs to partner with agencies/schools working with LGBTQ+ population to increase CPPP participation.

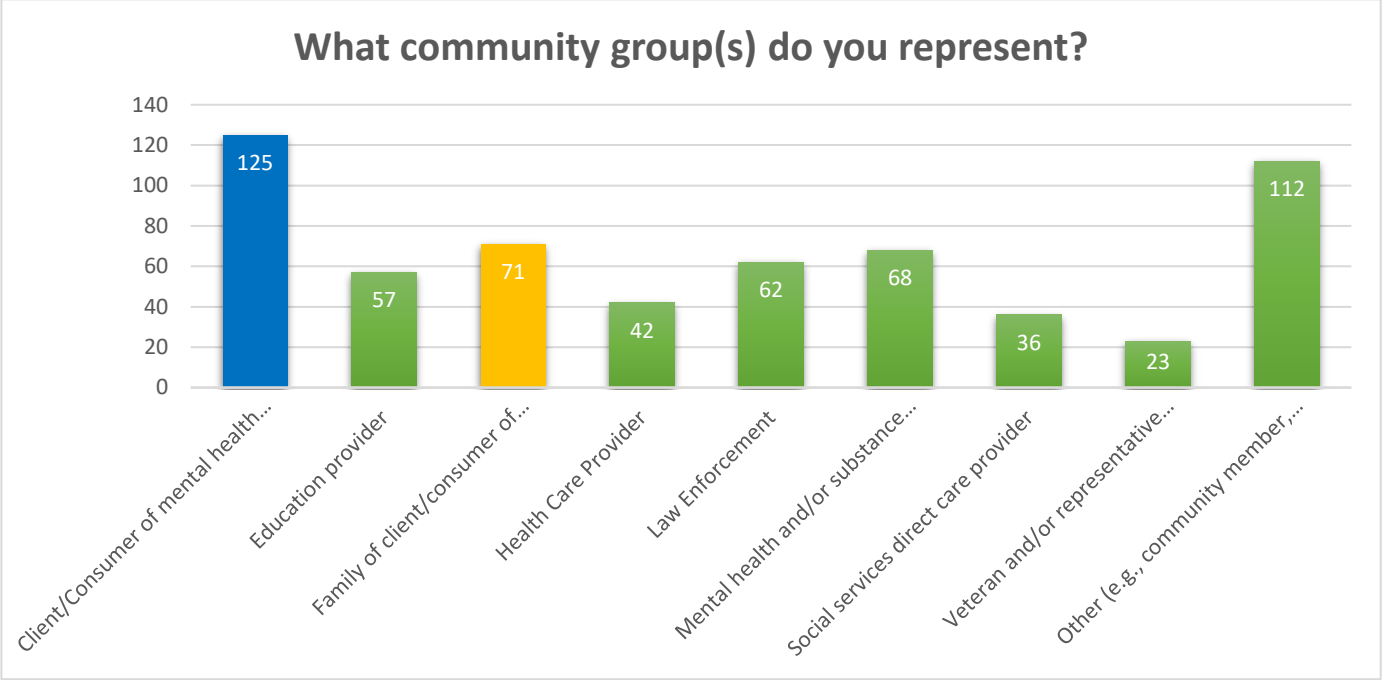


Key Findings: MCDBHS needs to increase targeted youth and older adults to increase participation in the CPPP



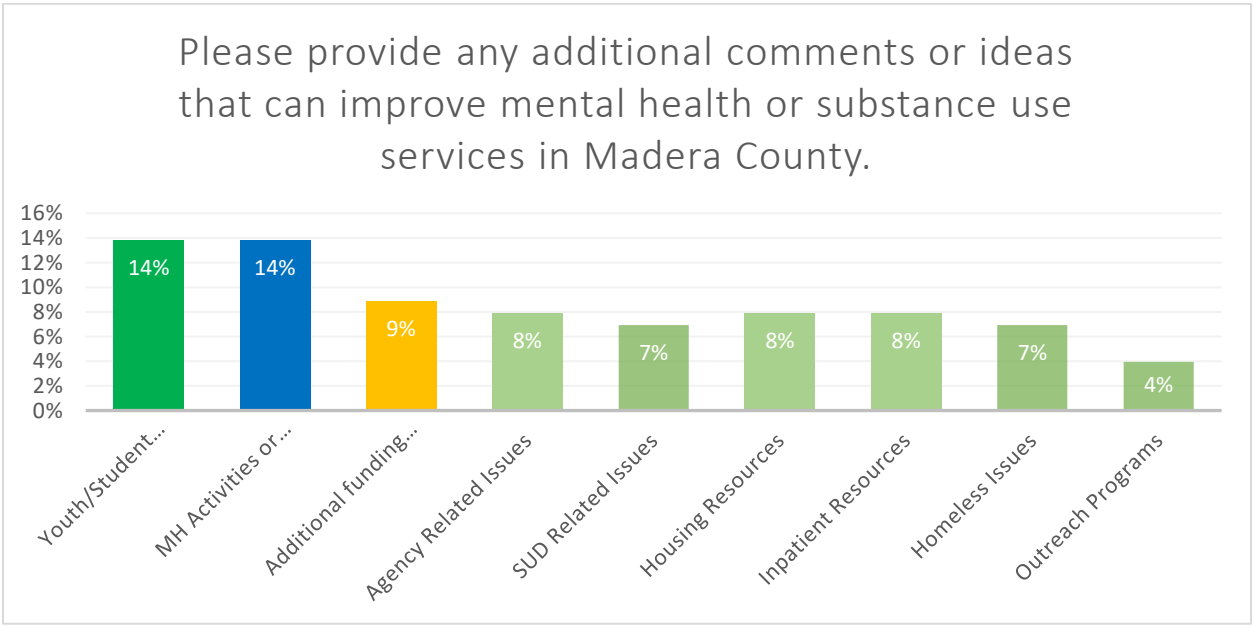
Key Findings:

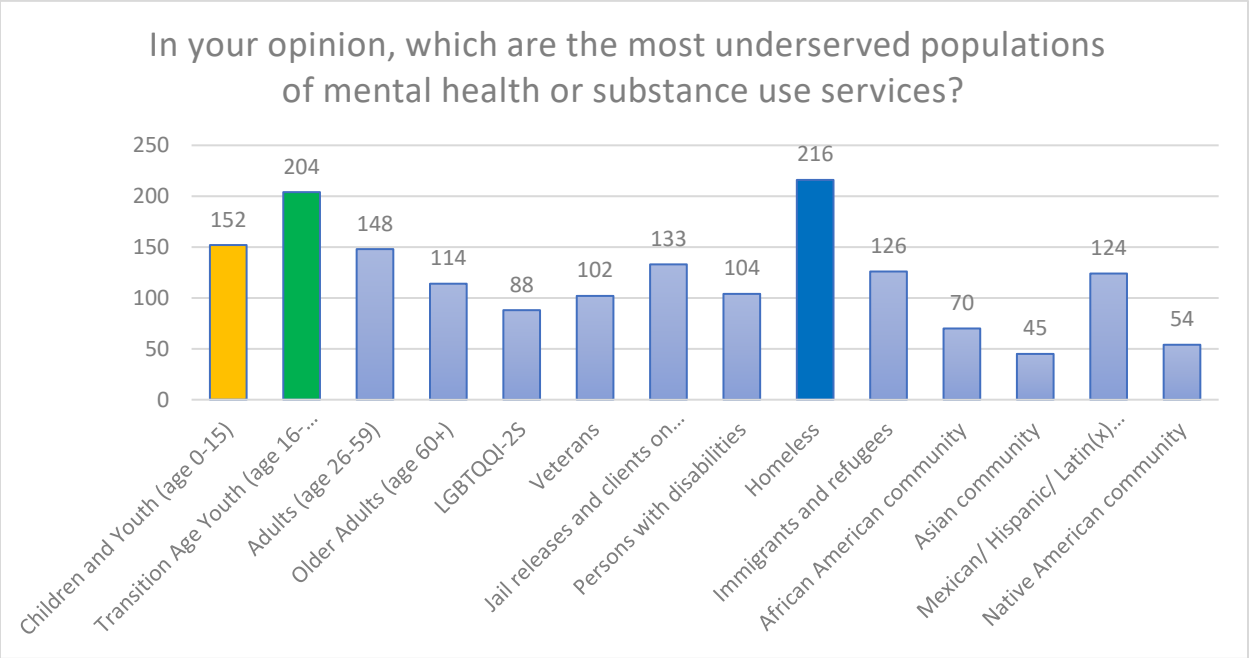
MCDBHS needs to increase its stakeholder engagement in Easter Madera County and in Chowchilla and its surrounding communities.



Key Findings: Consumer/Client surveys were 3 time more than the following CPPP years.

(Graphs to use in the final version)





Key: Findings**:** Respondents indicated that homeless, youth and children are the most underserved populations in Madera County.

Local Review Process

The 30-day public comment period opened on March 17, 2023 and closed on April 17, 2023. The county announced and disseminated the draft plan to the Board of Supervisors, Behavioral Health Advisory Board, county staff, service providers, consumers, and family members, and those whose email addresses are associated with the stakeholder email list compiled throughout this planning process. A public notice was also submitted and published through The Madera Tribune and Sierra Star (see Appendix # for the filling stamp). The draft plan was posted to the county's website and could be downloaded electronically, and paper copies were also made available at MCDBHS offices in Madera, Chowchilla, and Oakhurst. Any interested party could request a copy of the draft plan by submitting a written or verbal request to the MHSA coordinator. A public hearing was held on April 19, 2023, by the Behavioral Health Advisory Board, during which stakeholders were engaged to provide feedback about the Madera County MHSA Three-Year Program and Expenditure Plan 2023-2026(see Appendix G for the 30-Day Public Comment form). # of stakeholders attended the public hearing, representing county staff, the behavioral health advisory board, consumers, and family members. Pursuant to Welfare and Institutions Code (WIC) § 5848 the Program Update will be posted for a 30-Day Public Comment and Review Period starting 03/17/2023.

LOCAL REVIEW PROCESS	30-DAY PUBLIC COMMENT PERIOD	DATE OF PUBLIC HEARING : 04/19/2023	The list of Substantive Comments	Staff responses to those comments; and	Details of any substantive changes made to the proposed Three-Year Plan, Annual Update or Update that was circulated.	The Three-Year Plan/Annual Update is forwarded to the County Board of Supervisors for approval and adoption.	DATE OF ADOPTION BY COUNTY BOARD OF SUPERVISORS:
	BEGIN DATE: **03/15/2023** END DATE:**04/14/2023**	Held by Madera County Behavioral Health Advisory Board (BHAB) or Commission at the close of the 30-day comment period on draft Three-Year Plan/Annual Update.	Received during the 30-day Public Comment period and Public Hearing; or the acknowledgement that no substantive comments/recommendations for revision were received.			In the Appendices, the following documents are included: copies of the Meeting Notice(s), as well as the Meeting Agenda and Minutes from the County BHAB.	In the Appendices, the County Board of Supervisors' Board Resolution/Minute Order is included.

Public Comment Statements from 30-day review:

Stakeholder Results:

Stakeholders were asked for feedback and recommendations. The pages that follow list information collected from participating stakeholders during the community planning meetings for Fiscal Years 2023-2024. 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.

The graphs below show that 156 of the total respondents, the majority were consumers or clients of behavioral health services. A total of 393 surveys were obtained during the CPPP process. Each had questions on knowledge of mental health and substance use disorders, community needs, barriers, and factors to accessing services. Stakeholders were asked what groups are underserved in the community regarding mental health and substance use services. Two hundred sixteen surveys of respondents identified the homeless group as the most underserved in the community, followed second, which was identified as the 16-25 age group or TAY as underserved. Additionally, stakeholders were asked to identify obstacles or barriers that make receiving mental health or substance use services in the community challenging. While all the barriers listed in the survey received considerable endorsement from respondents, the most common obstacle or barrier that the survey respondents reported was lack of knowledge, access to care, insurance/money, stigma, and resources.

Some reoccurring themes from the surveys included a request for housing and homelessness services, school-based and youth prevention services, expansion or support of wellness centers and programs, and to build\expand MCDBHS workforce capacity to provide additional services in mental health and substance use specifically targeted to the youth, underserved populations.

The following domains were developed during several community planning meetings held during the months of January and February 2023. These focus areas synthesize the findings from the surveys and will be used to guide practice and program throughout this three-year plan. These focus areas do not address every finding from the surveys, and rather they were developed as a reflection of main themes that are most pertinent when considering existing programs and practices within MCDBHS.

The following top domains that appeared from the community planning process as areas of progress and ongoing need:

1. Substance Use-Alcohol and Drugs
2. Youth/Student Programs
3. Mental Health Access and Services; Lack of Awareness
4. Prevention, Education and Outreach
5. Workforce & Staffing Capacity Related Issues
6. Homelessness
7. Housing Resources

MCDBHS will summarize the top mental health and substance use needs, causes and contributing factors to accessing care and will have examples of how we plan to address these concerns at the local level in our MHSA 2023-2026 Program and Expenditure Plan.

The following was derived from the surveys along with the substantive comments:

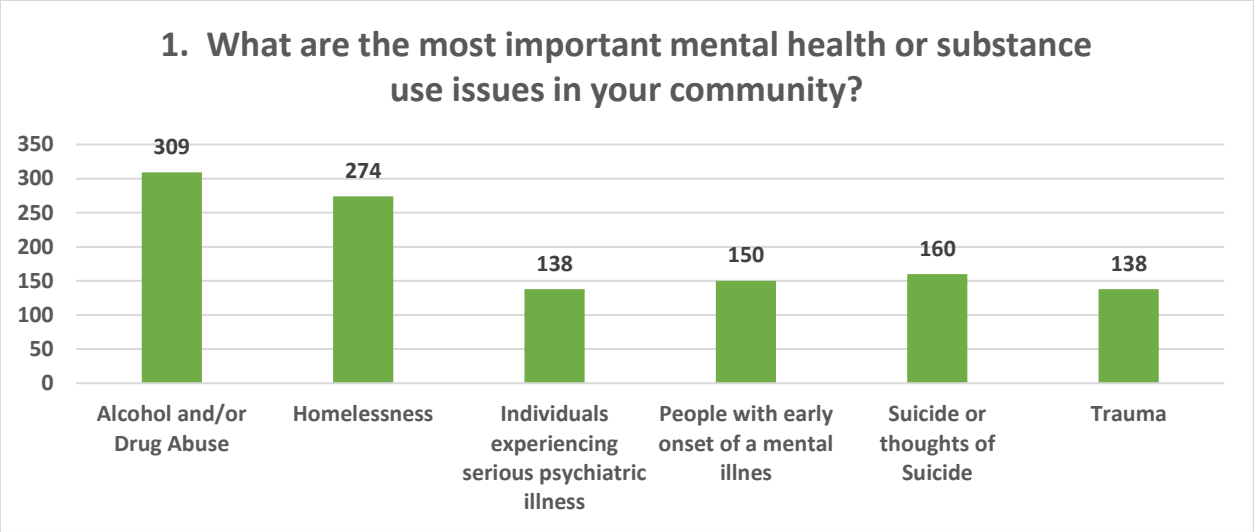
Increase and expand behavioral health services by expanding services available in rural communities in the County; increase the number of psychiatrists, counselors, and other behavioral health professionals; have more programs open; provide individual, on
Workforce Crisis: To support this priority, recruit more providers, retain these providers, and train them---the behavioral health workforce as well as other service providers who may encounter people needing behavioral health services. Law enforcement, childcare providers, and teachers are included as part of the workforce in this perspective. The Workforce Education and Training (WET) component of this Plan addresses this priority by increasing the training available to MCDBHS staff through Relias E-Learning. In addition, the WET Regional Partnership grants that will be implemented with other counties in the Region will also address this priority.
Services and supports for early childhood: To include providing therapeutic environments, trauma-informed environments, parent education, home visiting, playgroups, support for the 0-8 Mental Health Collaborative, and attention for extreme behaviors in young children. While no specific program in this Three-Year Plan addresses this priority outright, MCDBHS has been exploring partnerships with the first five of Madera County to help serve this population.
Continuity of care for clients released from Sempervirens (SV), Crisis Stabilization Unit (CSU), Jail, and other transition services. Examples of the priority are to provide discharge plans, warm handoffs, transitional housing/placements for clients released from the psychiatric hospital, crisis services, the jail, and any other programs where a warm handoff is beneficial. Request for Proposals seeking to identify an organization that will address this priority by providing transitional housing and placements for clients needing these services.
Increase support for school-age youth and provide more behavioral health counselors and other behavioral health supports at schools. To include providing services and support for first-break psychosis, crisis support, and strengthening the continuity of care for families.
Housing and support for those experiencing homelessness: Supportive housing and other services for those who are homeless or at risk of homelessness will be addressed through the Full Service Partnership Program, providing support to clients to help them maintain their housing; through the outreach, engagement, and education component of the Older Adult, connecting older adults with the support they need to stay housed; through the TAY Program, which works with TAY to find housing and assist TAY in staying housed. In addition, Madera County is a full participant in the No Place Like Home initiative, which is coordinated through DHHS Administration.
Increase support for the seriously mentally ill. To include providing more services to those with anosognosia (lack of insight into illness); more assertive care treatments; expansion of Comprehensive Community Treatment (CCT); more case managers and other paraprofessionals; occupational support, supported employment, and sheltered work. This priority will be addressed through the Full Service Partnership.
We need more Mental Health clinicians and better pay/incentives
Need a full-time SUD counselor at Chowchilla Recover Center, hire more SUD counselors,
Underpaid employees
Case loads need to be smaller so that clients aren't falling through the cracks.

Focus on patient access, wellness, de-stigmatizing services, and hiring more SERVICE staff not administrative support
Have more appointments available. Not only focus on clients with serious mental conditions but also those who are having onset (mild)conditions. Train therapist to be more empathetic to clients situation. Also, train therapist to be more people friendly more welcoming.
Chowchilla needs a bigger office and more permanent staff. Participating in Chowchilla events and schools to destigmatize mental health in the small community.
Need help Sponsoring into me make animals services
Sponsoring for Service Dogs
Have a Behavioral Health Center at Juvenile Service Division, as must of Juvenile on Probation need your services
Partner and share with probation
More affordable BH services and AOD/SUD services
Our foster youth suffer from trauma, depreciation and often suicide ideation
Homeless
We need to help people who are homeless and to help people who want to sudice.
Outreach programs to reach the homeless and inform them of services available. Continue providing Workshops as the one that was offered to the community recently on the dangers of Fantanyl - Opioid addiction/overdose.
more awareness for homeless population
Stop destroying encampments
Homelessness
For People that are off of drugs & alcohol to get housing but in a more positive environment so it would be great for them and the community.
A major need is an apartment complex with people that are mentally and special needs.
Just need places for people off of drugs and alcohol. Like housing and to get in apartments or housing like trailers or campers to.
More housing and more money for Hope House and other programs for trips and events
housing
Housing- Affordable
and affordable housing
In care Facility, Make Inpatient locations
Inpatient treatment center for youth(SUD)
SUD Inpatient and Residential MH
Hospital and more care for clients.
Local inpatient
While the county provides limited services we really do need to recruit medical practioners for private pay and government base coverage. Facilities for substance abuse/mental health treatment.

30 to 60 days treatment center to provide health care and food and housing
Have activities for people with these mental illnesses problems
Provide more services
more support groups, requesting 3 visits a month to services for support
Doing a good job on sending to be more assistance.
More staff needed, more programs more awareness not just booths at events but real community involvement.
Some issues we face with behavioral health services are; the timely process to begin with services, awareness of mental health across different communities still, the stigma of behavioral health services and lack of knowledge of its services. As someone who has been through services within the behavioral health services it was very hard to go through a waiting process while feeling helpless and not knowing how to control myself with no knowledge of what I was going through. Years later I am now in a better place in life but during those few first weeks while I waited to be seen it was a very struggling time that many cannot control and end up falling into anything that will help them (alcohol abuse, drug use) and it is something that leads many to addictions and some to death. By now I would of thought services would of been a faster process but apparently not. Many people around me that have reached out in regards to services have told me that a big reason they do not go back for services is because they are told they would wait a month+ to be seen. It is not the first time that it has been said that the process to get services is very long. As well as it is still something that many people going through mental health problems do not want to face and accept, but due to lack of knowledge and support it is why people choose not to seek services and try to deal with it themselves relying on different coping mechanisms which some may be good and some maybe not be the best option.
A support group for families who have a family member with a Mental illness in English and Spanish that could be provided in Madera, Chowchilla, and Oakhurst areas. A Hope house location in Chowchilla.
More access to peer support groups! I hope to help with that.
To have more counseling to get help for mental health.
You need people who have the capacity to inform and guide a person with this problem because they don't know where to go. In our county, there is not a lot of information and issues, a lot of people with these mental health problems on the street, people walking with problems of drug addiction and mental problems.
Need to see statistics on rates of penetration to different cultural groups in Madera County. Are we MBH reaching out to the religious community, ie. churches?
How can we get this to our church in our city, ex: on the southeast side of town
In Person outreach in public areas such as swap meet, farmer's market, schools, homeless shelters etc.
To go every house to ask about mental health or more that people need help, even homeless people.
More training for providers to recognize early signs of mental health issues in their patients and establish an effective referral system to mental health service.
Vocational Skill Building
We're need center for alcoholics addict
Spiritual Counsel
Don't be afraid to ask for help.

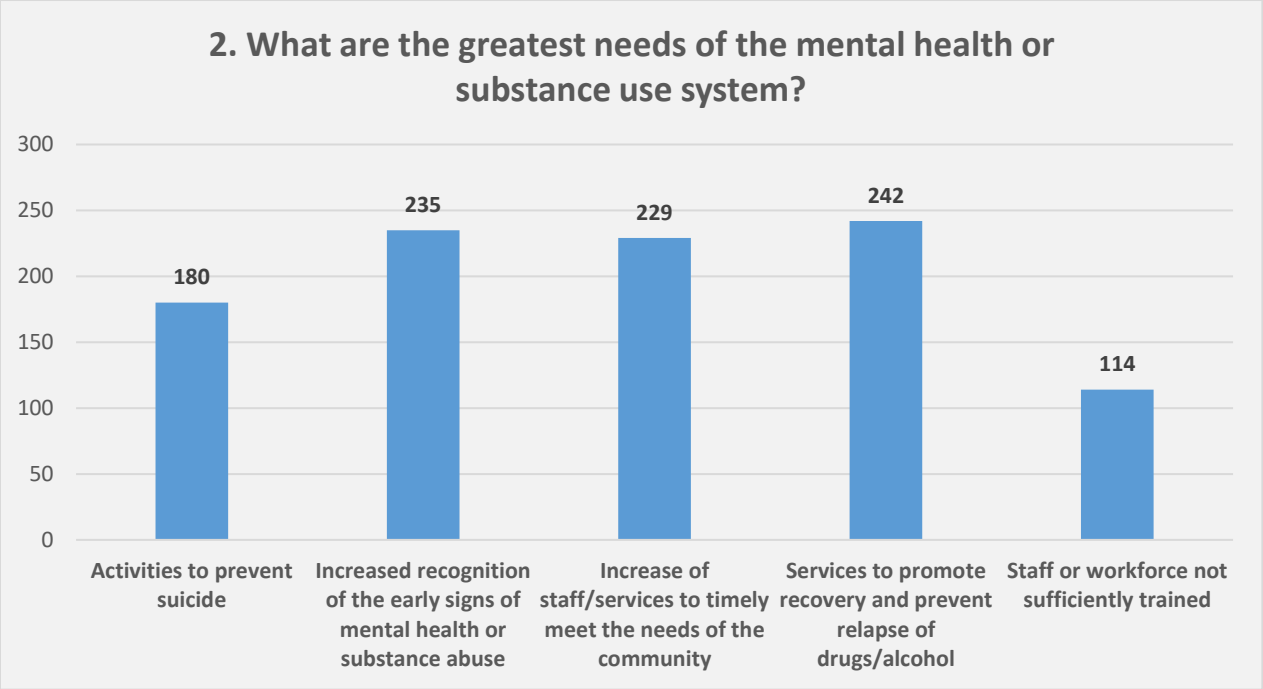
Vaping is a huge epidemic in our system in the area of use and sells.
Substants abuse, specifically at and around campus is a big problem. The kids know that it is bad for them to take these substants but they do it anyways as an escape. It we want to lower these numbers of kids abusing substants we need to improve whatever situation that made them turn to the substants in the first place.
There should be more SUD groups and services
Madera is one of the last counties to not have a SUD residential facility.
More sober living in community.
We really need more substance use treatment for adolescents.
More SUD staff, preferable full time.
1. One of the programs this county is missing is a Loss Team to respond to the scene of a suicide. 2. Another area that is lacking is an effective means for Behavioral Health to intervene in active crisis situations. 3. There are many elderly persons who are lonely and in need of socializing with their peers. Maybe crating some social programs. We could partner with the housing developments to use their clubhouses to host game days, craft days and other programs the elderly are interested in. This would help improve the mental health of the elderly and prevent depression and isolation issues they may be experiencing.
Education that MH Services is not only for "Crazy" people. In the Hispanic Community.
uber or lift vouchers for transportation for youth, trips out of town for youth, adult sober living programs, adult detox, peer support services for all recovery areas, peer support services. a hope house for youth and a hope house for adults
Transportation
Please help Military Vets Wifes/Spouses because VA Doesn't
I believe Madera County needs more resources to help people dealing with grief and loss. I also think we need better awareness of what resources we have here in Madera County and how to refer people into these agencies. Based on the work that I do, I also see a lot of stigma that gets in the way of my students getting the mental health resources they need. I feel like their parents are opposed to the student wanting to talk and advocate for their own mental health. Lastly, I see a lot of LGBTQ students that need a support system or resource where they don't feel alone.
Education, education, education.
Need to increase specific services to youth in order to intervene early and often to address students that are already using, acting out and often living with alcohol and drug abuse in their homes.
Emergency housing for youth 18-25 mental health clients, master leasers for permanent supportive housing, Peer support inform family - CCU! Stabilize crisis.
Make it more accessible for high risk youth and substance abuse addicts. Also make more accessible to migrant indigenous communities and more outreach and education to them.
Thank you for the training. Anger management counseling is needed for our youth.
Jr high/ High school age outreach and mental health fairs

Providing something at elementary and middle schools. Kids 5th/6th and middle school are saving for their vape pens, Doing it at schools, sharing around thinking it is so cool.
Teen impatient services - Drug & Alcohol - more Mental Health Services
Security cameras in Schools - More Counselors, 1 is not enough
I believe that we need more alternatives to prevent our teens from becoming addicts as adults
Providing more mental help in schools. Kids need more help.
N/A
None
Things are working just fine.
Just to be there for them.
Love!!!
None
Prdyer
Mission
Don't Know
N/A
Caring
N/A
Prevention at an early age.
I have no additional comments at this time.
None at this time.
Thank you for making a difference.
I believe Mental Health is important and it plays a big role in what some choose to do with their life. Unresolved problems just grow bigger and bigger.
Na

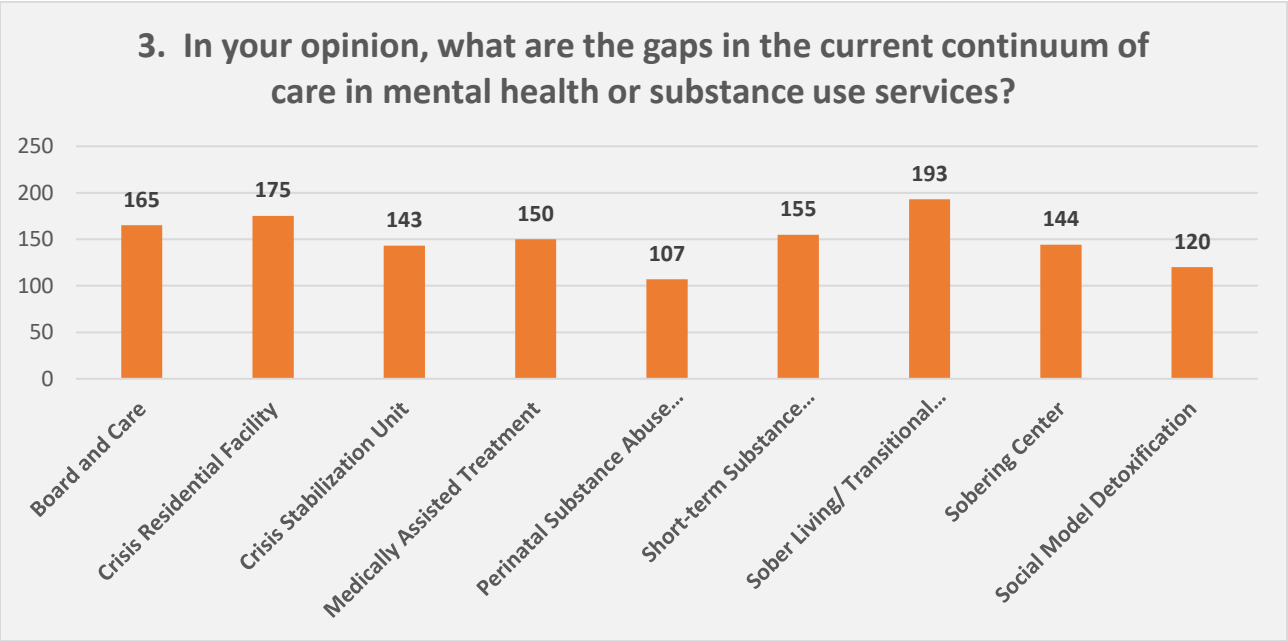


Key Finding: The Survey supports what MCDBHS heard in our community planning meetings as well as what was identified in the Public Health Community Health Assessment. MCDBHS will continue to explore programs to engage and educate the community about substance use disorders particularly alcohol and to continue efforts to address programs and services for individuals experiencing homelessness or at risk of homelessness. Like:

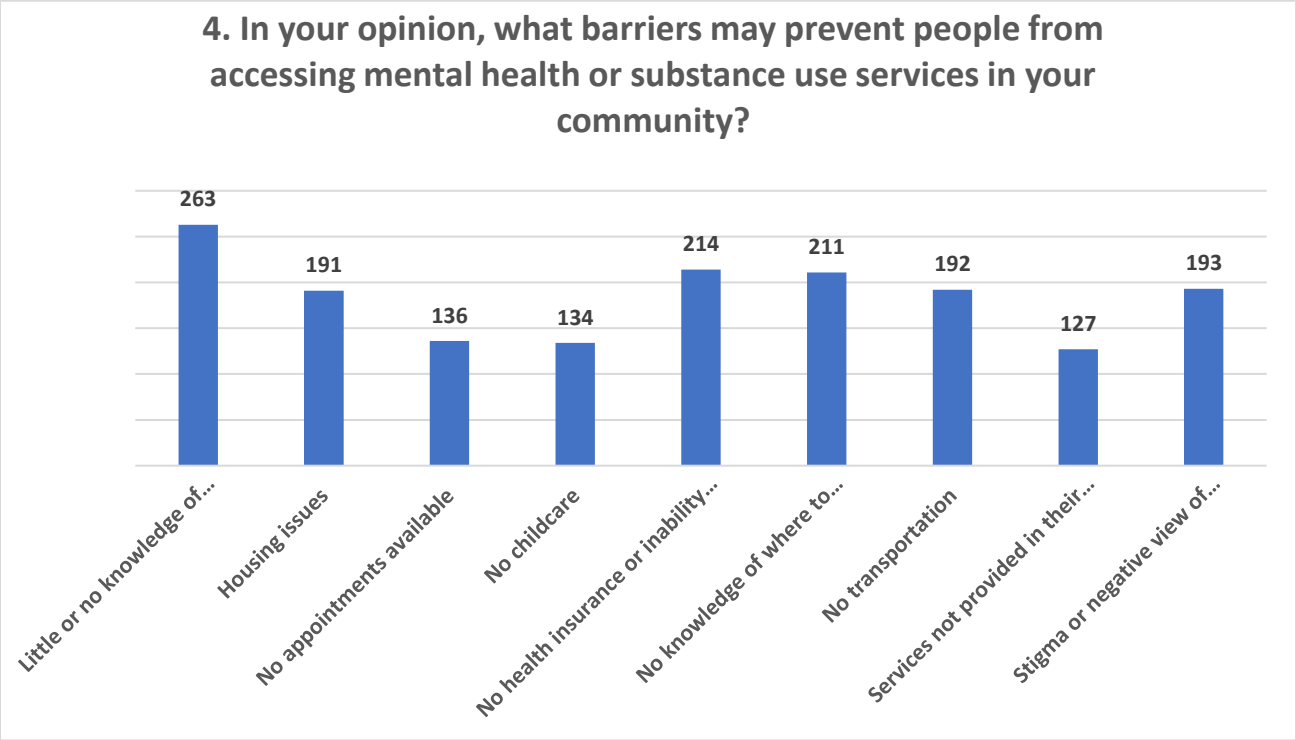
- No place like home
- Projects for Assistance in Transition from Homelessness (PATH)]
- Bridge Housing
- Supportive Housing



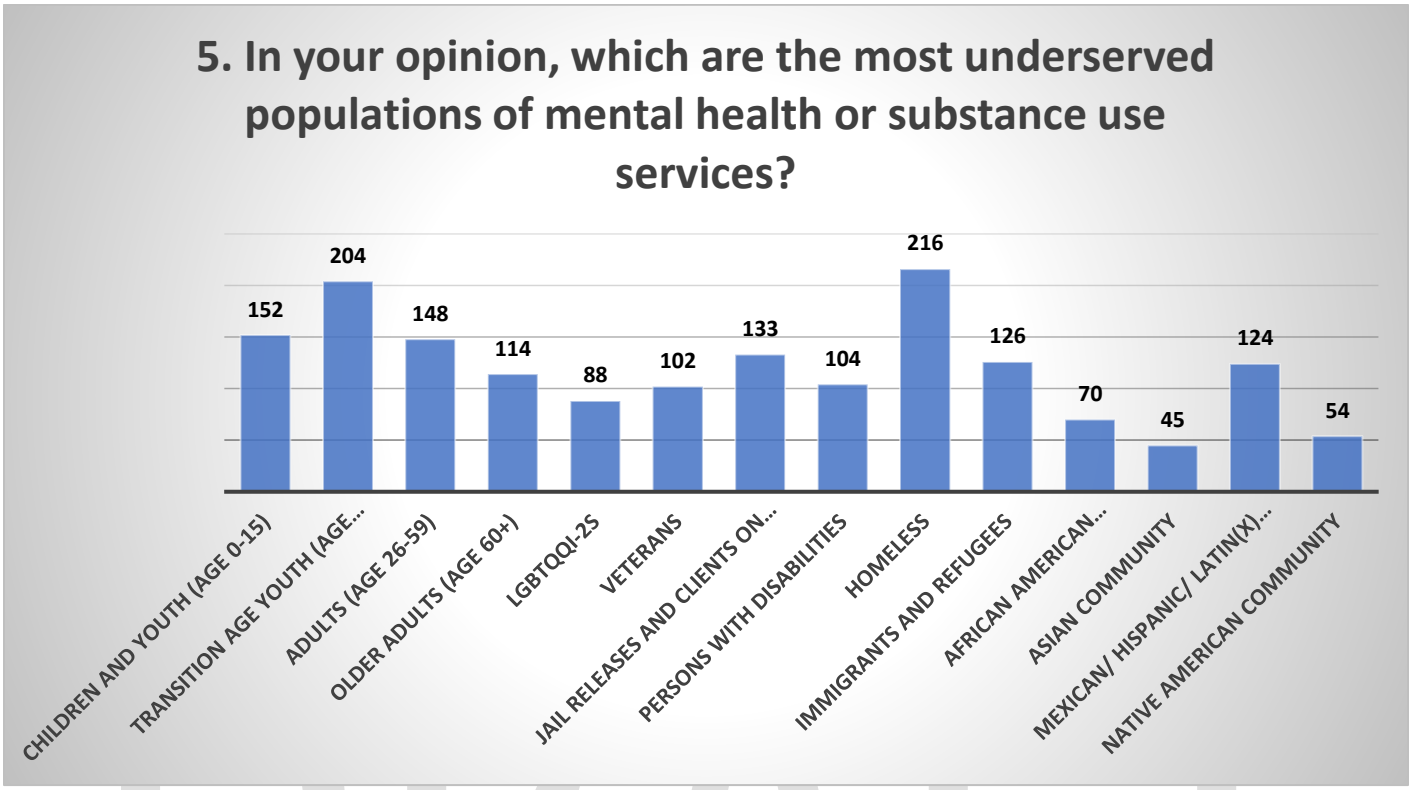
Key Finding: Survey results supported information gathered in community meetings for focused services areas of Substance Use, Prevention and Education and the Workforce. MCDBHS is addressing those areas in this planning cycle and continue efforts to educate the community about substance use and programs or services available through collaborative efforts with radios, ads, and local media efforts in both Spanish and English stations.



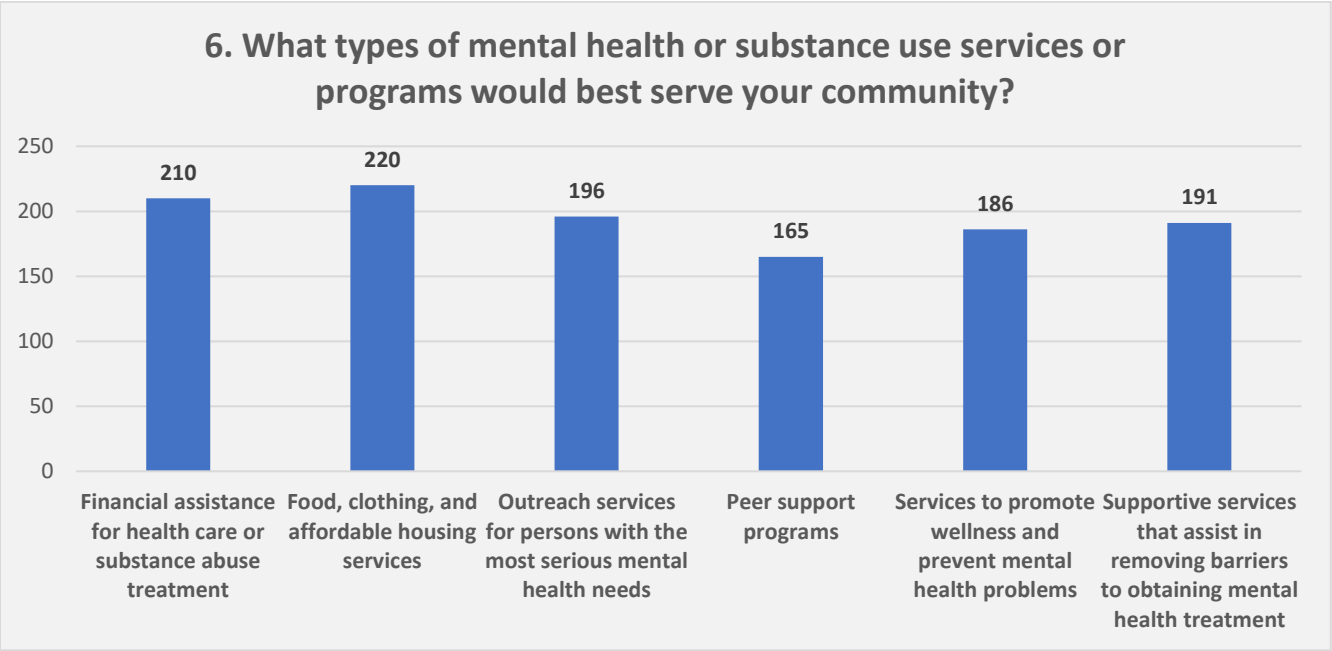
Key Finding: Findings support what MCDBHS learned through BCHIP Round 5 grant process. MCDBHS submitted a grant application for a facility that will provide both CSU services for adults and youth and a Sobering Center for adults that will run 24/7 365 days a year.



Key Findings: Supports increasing media marketing campaigns, branding or grassroots efforts to support education on services available to the community, and for Stigma reduction, and for increasing community-based prevention and education as well as outreach and engagement services county wide.



Key Findings: Look for opportunities to partner with community and culture trusted leaders, especially in TAY and youth services to build trust and the possibility expanding partnerships with the school, and CBO's that serve this population. This also supports MCDBHS student ambassador program and the hiring of summer student interns to help engage youth in the community.



Key Findings: Expansion of intensive case management and wraparound services to help address some of these issues is being expanded by the hiring of additional staff. Several of these key areas can be addressed with the expansion of workforce capacity to help educate, outreach, and to create local media campaigns of available services in the community. MCDBHS has included a plan to increase marketing for Stigma reduction as well as available services to the community to increase access.

MHSA Three-Year Program Plan

Introduction

This section provides an overview of the community's vision for MHSA and descriptions of each of the proposed programs for Madera County's MHSA Three-Year Program and Expenditure Plan 2023 – 2026. The purpose of this Three-Year Program and Expenditure Plan is to document the community's vision for how to achieve the transformation and expansion of mental health services intended by the MHSA. In order to create a more collaborative and integrated mental health system of care, as written in the MHSA guided principles and values.

MHSA Programs and Services by Madera County Department of Behavioral Health stakeholders envision a system that provide a full spectrum of services — from prevention and early intervention through clinical and crisis supports — and responds to the unique needs of adults, older adults, children, TAY youth, and their families by:

- Increase and expand behavioral health services by expanding services available in rural communities in the County; increase the number of psychiatrists, counselors, and other behavioral health professionals; have more programs open; provide individual, one-to-one counseling; provide services and support to meet everyone's needs.
- Workforce Crisis: To support this priority, recruit more providers, retain these providers, and train them---the behavioral health workforce as well as other service providers who may encounter people needing behavioral health services. Law enforcement, childcare providers, and teachers are included as part of the workforce in this perspective. The Workforce Education and Training (WET) component of this Plan addresses this priority by increasing the training available to MCDBHS staff through Relias E-Learning. In addition, the WET Regional Partnership grants that will be implemented with other counties in the Region will also address this priority.
- Services and supports for early childhood: To include providing therapeutic environments, trauma-informed environments, parent education, home visiting, playgroups, support for the 0- Mental Health Collaborative, and attention for extreme behaviors in young children. While no specific program in this Three-Year Plan addresses this priority outright, MCDBHS has been exploring partnerships with the first five of Madera County to help serve this population.

- Continuity of care for clients released from Sempervirens (SV), Crisis Stabilization Unit (CSU), Jail, and other transition services. Examples of the priority are to provide discharge plans, warm handoffs, transitional housing/placements for clients released from the psychiatric hospital, crisis services, the jail, and any other programs where a warm handoff is beneficial. Request for Proposals seeking to identify an organization that will address this priority by providing transitional housing and placements for clients needing these services.

- Increase support for school-age youth and provide more behavioral health counselors and other behavioral health supports at schools. To include providing services and support for first-break psychosis, crisis support, and strengthening the continuity of care for families.
- Housing and support for those experiencing homelessness: Supportive housing and other services for those who are homeless or at risk of homelessness will be addressed through the Full Service Partnership Program, providing support to clients to help them maintain their housing; through the outreach, engagement, and education component of the Older Adult, connecting older adults with the support they need to stay housed; through the TAY Program, which works with TAY to find housing and assist TAY in staying housed, In addition, Madera County is a full participant in the No Place Like Home initiative to help children and families experiencing homelessness.
- Increase support for the seriously mentally ill. To include providing more services to those with anosognosia (lack of insight into illness); more assertive care treatments; expansion of Comprehensive Community Treatment (CCT); more case managers and other paraprofessionals; occupational support, supported employment, and sheltered work. This priority will be addressed through the Full-Service Partnership.

COMMUNITY SERVICES AND SUPPORTS (CSS)

MHSA aims to reduce the long-term effects of untreated mental illness and severe emotional disorders by implementing Community Services and Supports (CSS) to serve 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, and 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 the homeless or at risk of homelessness also falls under the CSS component.

Community Services and Supports (CSS) is the most significant component of MHSA, 76% of funding is directed towards direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance who meet the criteria set forth in Welfare and Institutions Code (W&I Code) section 5600.3.

- Children and Families
- Transitional Age Youth
- Adults
- Older Adults

The CSS component has the following service categories:

- Full-Service Partnerships (FSP)
- General System Development (GSD)
- Outreach and Engagement Services (O&E)

MCDBHS CSS Programs strive to meet the following goals:

- Reduce disparities in service access
- Reduce subjective suffering from mental illness
- Reduce hospitalizations
- Reduce homelessness
- Reduce incarcerations
- Reduce substance use/increase access to services
- Reduce emergency room visits
- Increase employment/vocational training

- Increase meaningful use of time, capabilities, improvement in school, work and daily activities CSS

Previously Approved Programs:

- Adult Full-Service Partnership
- Children Full-Service Partnership
- TAY & Adult Wellness Centers: Hope House & Mountain Wellness (General System Development)
- Adult Mental Health Court and Reentry Program (General System Development)
- Older Adult System of Care (General System Development)
- Community Outreach Program, Education, and Engagement (Outreach &Engagement)
- Outreach and Engagement Program (O&E)
- Housing Supportive Services Program (HSSP)

MHSA Housing Projects

Local Government Special Needs Housing Program (SNHP)

The MHSA Housing Program embodies both the individual and system transformational goals of MHSA through a unique collaboration among government agencies at the local and state level. Up until May 30, 2016, the Department of Health Care Services (DHCS) and the California Housing Finance Agency (CalHFA) jointly administered the MHSA Housing Program. The replacement program is the Local Government Special Needs Housing Program (SNHP). The responsibility is for overseeing the mental health system and ensuring that consumers have access to an appropriate array of services and supports; and county mental health departments, which have the ultimate responsibility for the design and delivery of mental health services and supports. The shared housing portion of this program is operated by the Non-Profit MMHSA Housing I. 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

Obtaining stable housing is critical in achieving health and wellness for individuals experiencing homelessness or at risk of homelessness and struggling with serious mental illness (SMI). The Mental Health Service Act Housing Program was developed in 2008 as a result of voter-approved Proposition 63 and offers permanent financing and capitalized operating subsidies for the development of permanent supportive housing to serve adults with serious mental illness or children with severe emotional disorders and their families who are homeless or at risk of homelessness. In 2016, the state's No Place Like Home (NPLH) Act (SB1206) was signed into legislation. This dedicated program bonds funds to invest in permanent supportive housing development. NPLH funds may be used to finance capital costs of rent-assisted units in rental housing developments, including costs associated with acquisition, design, construction, rehabilitation, or preservation. The NPLH bonds will be repaid with funds reallocated from MHSA funds. MHSA Housing Program funds are allocated for the development, acquisition, construction, and/or rehabilitation of permanent supportive housing. To qualify for MHSA or NPLH housing, an individual/family/household must also be homeless or at risk of becoming homeless, as defined by MHSA/NPLH regulations. The head of the home must be able to pay rent, and the household income must be less than a specified maximum amount (percentage of the Area Median Income). County Behavioral Health departments commit to providing MHSA/NPLH residents with individualized supportive services, including extensive outreach, engagement, and treatment services to assist with their recovery and increase

the likelihood of the person maintaining stable housing. The housing programs developed with MHSA and NPLH funding in Madera County have been made possible through creative collaborations among government agencies, community development organizations, and non-profit groups that leveraged other funding sources to maximize capacity.

P Street House (Hinds House)

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

Mariposa 4 Plex in Chowchilla

Another housing option available to clients is MHSA Shared Housing in Chowchilla. This is a four plex that provides a permanent supportive housing option. 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 in 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. MCDBHS provides support to Turning Point as well as the Behavioral Health Service needs of the residents who reside there.

Sugar Pine Village - No Place Like Home

Sugar Pine Village opened its doors to residents in December 2021. MCDBHS 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 Housing

The La Esperanza housing project opened in January 2022 and is a 48-unit affordable housing development for low and very low-income households. MCDBHS partnered with City of Madera and MORES non-profit to have 7 dedicated MHSA

permanent supportive housing units. MCDBHS provides services to the residents there to support their ongoing needs so they can maintain their housing.

Other Community short-term housing available to MHSA clients:

Building B- at Madera Rescue Mission

Madera Behavioral Health Services has 24 beds available to adult clients who are currently involved in MCDBHS services and experiencing homelessness. Beds are located at the Madera Rescue Mission and can be used for temporary housing, with the goal of establishing long terms housing in our community. Although it is short term, this allows the clinical team an opportunity to place the client in a clean, structured, safe, and stable environment until community resources can be accessed to work toward long-term housing.

Shunammite House

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

Crisis Treatments

Adult Crisis Residential

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

Crisis Residential Unit (Star Behavioral Health) in Merced County

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

Provides services 24 hours a day and 365 days a year and includes assessment, physical and psychological evaluation, mental health, and case management services, in addition to assistance locating permanent housing.

- Therapeutic and Mental Health Services
- Rehabilitation/recovery services, including substance use rehabilitation services
- Family inclusion
- Pre-vocational or vocational counseling
- Medication evaluation and support services
- Daily exercise and health/wellness education
- Crisis intervention

PREVENTION AND EARLY INTERVENTION (PEI)

OVERVIEW

MHSA Prevention and Early Intervention (PEI) funds are intended to help prevent mental illnesses from becoming severe and disabling. This includes intervening early in the onset of symptoms, reducing risks related to mental illness; increasing recognition of signs of mental illness; reducing stigma and discrimination related to mental illness; preventing suicide; and connecting individuals to appropriate services. A minimum of 51% of PEI funds are required to be dedicated to youth and transition age youth (0-25 years old).

PEI emphasizes improving timely access to services for underserved populations and incorporating robust data collection methods to measure quality and outcomes of services. Programs incorporate strategies to reduce negative outcomes of untreated mental illness: suicide; incarcerations; school failure or dropout; unemployment; prolonged suffering; homelessness; and removal of children from their homes.

PEI funds are intended to help prevent mental illnesses from becoming severe and disabling. This includes:

- Prevention: Reduce risk factors and build protective factors associated with mental illness
- Early Intervention: Promote recovery and functional outcomes early in emergence of mental illness
- Outreach: Increase recognition of and response to early signs of mental illness
- Access and Linkage to Treatment for those with Serious Mental Illness
- Reduce Stigma and Discrimination related to mental illness
- Efforts and Strategies related to Suicide Prevention
- A focus of PEI is to reach un- and underserved populations. Some of the strategies employed are:
- Improve Timely Access: Increase the accessibility of mental health services for underserved populations by being culturally appropriate, logistically and/or geographically accessible, and financially accessible
- Non-stigmatizing: Promote, design, and implement services in a way that reduces the stigma of accessing services, such as locating them within other trusted services
- Effective Methods: Use evidence-based, promising and community defined practices that show results

This includes strengthening accessibility and cultural responsiveness of services and integrating service to delivery to support clients (such as building school-based coordination teams, building learning communities to share resources and best practices).

PREVENTION AND EARLY INTERVENTION (PEI) PRIORITIES FOR FY23/24 THROUGH FY24/25

During the MHSA community planning process community members, providers and county staff identified a range of Prevention and Early Intervention program priorities. The themes that emerged from the discussions and the surveys that were collected guide MCDPH PEI program and service priorities for the next three years.

These priorities include:

Priority One: Expanding School-Age Prevention and Early Intervention Services.

- with a focus on enhancing school climate and coordination systems**.**

Priority Two: Enhancing services for mental health and substance use disorders among adults, children TAY youth, and older adults.

- by partnering with schools and community-based organizations to increase coordination and linkages to health and wellness supports.

Priority Three: Building capacity of individuals, organizations, and schools to implement culturally responsive, best practices around mental health and wellness across the lifespan.

- This includes supporting and facilitating professional development workshops and trainings, providing coaching and consultation, and promoting youth-led activities that raise awareness and build community.
- Student Ambassadors to become the voice and advocate of behavioral health services at their school sites, through their followers, family and community.

Priority Four: Develop and Identify Strategies of a Suicide LOSS team

- Including funding for staffing to engage key county and community partners in prioritizing and carrying out these services, and trainings.

Priority Five: Stigma Discrimination & Reduction Component

- Media efforts including radio ads on Spanish-language stations
- Develop Billboards, mailers, and flyers to disseminate information and debunk misinformation about mental health

PROGRAM PLAN FOR FY 2023-2024

COMMUNITY SERVICES AND SUPPORTS (CSS) *FULL-SERVICE PARTNERSHIP (FSP) SERVICES*

Full-Service Partnerships Adult/Older Adult

☒ **Full-Service Partnership Services**		☐ **Non-FSP Services**		
Status:	☐ NEW	☒ Continued	☐ Modified	
Targeted/Priority Population:	☐ Children Ages 0-15	☒ Transitional Age Youth Ages 16-25	☒ Adult Ages 26-59	☒ Older Adult Ages 60+

Program Overview and History

Full-Service Partnerships (FSP) Adult and Older Adult seek to engage individuals with serious mental illness into intensive, team-based, and culturally appropriate services. FSP provides a "whatever it takes" approach to: Promote recovery and increased quality of life; decrease negative outcomes such as hospitalization, incarceration, and homelessness; and increase positive outcomes such as increased life skills, access to benefits and income, involvement with meaningful activities such as education and employment, and socialization and psychosocial supports. The programs provide treatment, support and recovery services for adults and their families who are living with severe mental illness (SMI). The individuals served have multiple risk factors and complex mental health needs.

Program Description

Madera County Behavioral Health Services (MCDBHS) understands the importance of qualified trauma-informed staff delivering program services. Services are delivered through a team approach which consists of Clinicians, Case Managers, Certified Alcohol and Drug Counselors, Peer Specialists, and medical providers. The county designates a Personal Service Coordinator (PSC)/Case Manager for each client (family included) to serve their needs better. A treatment plan is also created with the individual and their identified support persons. MCDBHS recognized that having culturally and linguistically competent staff is necessary when providing such essential services. The goal of the FSP team is to provide a multi-disciplinary collaborative approach to service delivery by partnering with other agencies to meet the fundamental needs of the client and their support persons. Strong collaboration and consultation with the other agencies ensure that lines of communication are open to supporting each individual and their unique needs.

The FSP qualifications for the Adult and Older Adult program are that the individual is diagnosed with a Serious Mental Illness, demonstrates impairments in multiple areas of life functioning such as self-care, employment, legal issues, family relationships, and the ability to engage and participate in the community successfully and would benefit from intensive service programs. In addition, the individual might also experience the following: At the risk of home placement loss, intuitional care, psychotic features, the chance of Suicide, the threat of violence due to mental illness, and history or risk of incarceration. Madera County Behavioral Health Court individuals are served through the FSP programs.

The Adult and Older Adult FSP programs operate from a "whatever it takes" philosophy to provide unique opportunities for self-sufficiency and independent living at the most restrictive level possible with natural supports in place with their support persons and community services. The integrated team approach supports the individual by providing intensive case management, individual, family, and group therapy, collaboration with community partner agencies (probation, workforce, Dept. of Social Services, courts), and medication services. The team is

responsible for developing the treatment plan with the individual and the individual-identified support system. An Individual Services and Support Plan (ISSP) is designed with the individual and their support persons and in collaboration with other agencies with a shared responsibility for services and support to the client. MCDBHS has 24/7 mobile crisis services available to support individuals and their support system should a crisis arise. The mobile crisis team has access to the individual's treatment in the Electronic Health Record (EHR), so they can provide comprehensive and informed responses. Adults and Older Adult Individuals in the FSP program may also be supported by flex funds to help support treatment goals and promote stability, including financial support to maintain or enter stable housing or support healthy activities like bike riding or clothing for interviews. The FSP program also utilizes peer specialists to assist and uniquely help the individual drawing on their own life experiences.

Clinical Service:

- Mental health treatment, including individual and family/group therapy
- Alternative treatment and culturally specific treatment approaches
- Peer support: Incorporating people with lived experience into a person's treatment plan
- Full spectrum of community services to attain the goals of an individual as identified in the Individual Services and Supports Plan (ISSP)
- After hour Care
- Crisis intervention/stabilization services
- Medication Services

Nonclinical services and supports:

- Supportive services to obtain employment, housing, education, and health care (treatment for co-occurring conditions)
- Referrals and linkages to other community-based providers for other needed social services, including housing and primary care
- Family education services
- Respite care

Program Enhancements

- Hire/Designate at least 1 clinician and case worker for each of the rural areas (Chowchilla/Oakhurst) to provide intensive services to our severely mentally ill (SMI) population living in these regions.
- Hire/Designate medication management providers as part of the Full-Service Partnership Program for more integrated care/quality care.
- Hire a nurse to provide wellness, medication services.
- Offer employment services through a contractor to help meet the populations specific needs

In FY23-26, there will be additional training to achieve greater fidelity with the Assertive Community Treatment (ACT) model, geriatric mental health treatment focus, Motivational Interviewing, and funding added to cover the cost of eating disorder treatment as well as crisis response and suicide intervention training.

Expected Outcomes:

- Outcome 1: Promote wellness, recovery, and independent living
- Outcome 2: Reduce hospitalization, homelessness, and incarceration for adults with serious mental illness.
- Outcome 3: Support the development of life skills and psychosocial outcomes, including social, educational, and vocational rehabilitative outcomes.

Measurable Tools:

- The data for outcomes 1-4 will be pulled from the Full-Service Partnership dataset mandated by the State Department of Health Care Services.
- Data for days homeless, hospitalized, and arrests while enrolled in the programs is tracked by program staff using the Key Event
- Tracker (KET) forms and entered the State database. The data for the baseline year, is based on the Partnership Assessment Form (PAF) data provided by the client and their family upon enrollment in the FSP.

Number to be served by FY 23-24:	61	**Proposed Budget FY 23-24:**	$2,668,716
Cost per Person FY 23-24:	$43,749	**Total Proposed Budget FY 23-2026**	

PROGRAM PLAN FOR FY 2023-2024
COMMUNITY SERVICES AND SUPPORTS (CSS) *FULL-SERVICE PARTNERSHIP (FSP) SERVICES*

Children and TAY Full-Service Partnerships

☒ **Full-Service Partnership Services**	☐ **Non-FSP Services**			
Status:	☐ NEW	☒ Enhanced	☐ No Longer Offered	
Targeted/Priority Population:	☒ Children Ages 0-15	☒ Transitional Age Youth Ages 16-25	☐ Adult Ages 26-59	☐ Older Adult Ages 60+

Program Over and History

The Children and Transitional Age Youth (TAY) Full-Service Partnership (FSP) programs provide treatment and support recovery for children, youth and their families who are experiencing severe mental illness (SMI) or severe emotional disturbance (SED). The individuals served have multiple risk factors and complex mental health needs. The age range for these programs are as follows: Ages 0-15 fall under children's program; ages 16-26 are in the TAY program.

Program Description

FSP/Wraparound provides an individualized, family-centered, and team-based approach to care that aims to keep children and their families together. FSP/Wraparound provides a coordinated range of services to support children and youth to stay on track developmentally and improve educational/academic performance, social and emotional skills, and parent and family skills and launch into adulthood. FSP/Wraparound serves children ages six years old to 21 years old with severe emotional disturbance and/or serious mental illness. Children and youth may be at risk of or are transitioning from out-of-home placement, are engaged with child welfare, and/or juvenile justice, or are at risk of homelessness, incarceration, or hospitalization as they transition into adulthood. FSP/Wraparound is a team-based planning process intended to provide individualized and coordinated family-driven care.

FSP/Wraparound should increase the "natural support" available to a family (as they define it) by strengthening interpersonal relationships and utilizing other resources that are available in the family's network of social and community relationships. 20 FSP/Wraparound requires that family, providers, and key members of the child or youth's social support network collaborate to build a creative plan that responds to the needs of the child/youth and their support system.

FSP/Wraparound services should build on the strengths of each child/youth and their support system and be tailored to address their unique and changing needs. Services may include:

- Mental health treatment, including individual and family/group therapy
- Alternative treatment and culturally specific treatment approaches
- Family support including respite care and transportation to children/youth for their mental health appointments

- Case management to assist the client and, when appropriate, the client's family in accessing needed medical, education, social, vocational rehabilitative and/or other community services
- Supportive services to assist the client and the client's family in obtaining and maintaining employment, housing, and/or educational opportunities
- Referrals and linkages to other community-based providers for other needed social services, including housing and primary care

Program Enhancements

In FY23-26, there will additionally training to achieve greater fidelity with the Assertive Community Treatment (ACT) model, trauma focused CBT, crisis response, suicide intervention trainings and funding added to cover the cost of eating disorder treatment.

Expected Outcomes:

- Outcome 1: Reduce out-of-home placements for FSP enrolled children/TAY.
- Outcome 2: Increase service connectedness for FSP enrolled children/TAY.
- Outcome 3: Reduce involvement in child welfare and juvenile justice

Measurable Tools:

- Outcomes 1-3: Health Records System report on number and demographics of assessments
- Outcome 4: Tracker (KET) forms and entered the State database. The data for the baseline year, is based on the Partnership Assessment Form (PAF) data provided by the client and their family upon enrollment in the FSP.
-

Number to be served by FY 23-24:	36	**Proposed Budget FY 23-24:**	$2,173,341
Cost per Person FY 23-24:	$60,370	**Total Proposed Budget FY23-2026:**	

PROGRAM PLAN FOR FY 2023-2024

COMMUNITY SERVICES AND SUPPORTS (CSS) *FULL-SERVICE PARTNERSHIP (FSP) SERVICES*

Stepping Up Program (Justice-Involved)

☒ **Full-Service Partnership Services**	☐ **Non-FSP Services**			
Status:	☒ NEW	☐ Enhanced	☐ No Longer Offered	
Targeted/Priority Population:	☐ Children Ages 0-15	☒ Transitional Age Youth Ages 16-25	☒ Adult Ages 26-59	☒ Older Adult Ages 60+

Program Overview and History

The goal of Stepping-Up programs around the country is to reduce the number of people with Serious Mental Illness in jail. The goal of this program is aimed to facilitate the diversion of individuals with behavioral health disorders out of the criminal justice system and into treatment. As part of the larger Stepping-Up work the county is doing, the MHSA-funded Stepping-Up General System Development program will have three main components: Re-Entry support, Pre-sentencing diversion (AB1810), and Crisis Intervention Training (CIT) for law enforcement officers. The Stepping-Up program will be rooted in racial equity, and data on referrals and outcomes will also be analyzed by race.

Program Description

Re-Entry Support: Using other sources of funding, the Jail Mental Health (JMH) team is staffed with 4.5 FTE Mental Health Crisis Specialists to cover shifts 20 hours per day, 7 days per week. The JMH staff are focused on provided in-custody psychiatric services, assessments, safety cell evaluations, and counseling. This new MHSA program fills a need because the Crisis Specialists are unable to focus on re-entry planning and treatment interventions that might involve collaborating with the court, external agencies, and aftercare. This program will fund a Full-Time Re-Entry Mental Health Practitioner focused on supporting people with serious mental illness. Anticipated duties include completing PC 4011.6 and WIC 5150 evaluations, collaborating with the court and criminal justice partners on complex cases (including those involving acute inmates refusing treatment and needing hospitalization), helping with restoration of competency for defendants charged with misdemeanors, collaborating with community partners for justice-involved behavioral health clients, working with family members of those incarcerated, and creating and supporting re-entry planning that meets the needs of the clients. This position would work with clients during and after incarceration, ensuring appropriate warm handoffs to other county services and community agencies, and collaborating with the courts and family members. Given the changes to Court and Jail procedures due to COVID-19, this position will fill important roles by assisting with communication and planning between external providers and clients in-custody and providing rapid referrals and reentry resources for those clients with very short-term bookings into the Jail.

Pre-Sentencing Diversion/Collaborative Court: In 2019, Assembly Bill 1810 was made into law which provides a pathway for individuals with behavioral health conditions who have been charged with an offense to enter a mental health program before going to trial on these charges. Upon successful completion of this program, the charges will be dropped. Based on Madera County Superior Court estimates, approximately 200 defendants may apply for this pre-sentencing diversion each year. Of those, it is estimated that approximately 100 will meet basic screening criteria

and be evaluated further by the Psychologist. Of those, approximately 25-50 are projected to be found eligible for behavioral health treatment with Court oversight. Racial equity will be a cornerstone of this program, and analysis of the race and ethnicity of those who make it through each step of this process will be analyzed and reported on. Where racial inequities appear, a plan will be included in the Annual Update to directly address any disparities that are present. This program will fund one Full-Time Mental Health practitioner to work closely with the Court to track referrals, complete screenings for eligibility, make referrals to appropriate behavioral health services, report progress to the Court, provide case management, and to coordinate with criminal justice partners including probation, public defender, and district attorney. This program will also fund half of a clinical psychologist who will perform the formal evaluations and risk-assessments

Crisis Intervention Training (CIT): CIT is a 32-hour post-certified training program for law enforcement personnel to enable them to identify and respond to crisis situations and behavioral health emergencies more effectively and safely. The primary goals of CIT are to appropriately redirect mental health consumers from the judicial system to the services and support needed to stabilize consumers and reduce contact with police reduce injuries to mental health consumers and officers during contacts. A component of CIT is a training academy where officers learn to safely handle mental health consumers in crisis. Because earlier trainings were successful and popular, the program has been extended through FY22/23 and shifted to become a formal part of the MHSA Stepping Up initiative. This training is provided to 40-50 sworn law enforcement personnel each year and has been expanded to also include personnel from Probation, the District Attorney's Office, and Animal Control. This year the program will be expanded to go further in depth on issues of implicit bias and racial equity. In future years, the program will be further expanded to offer additional ongoing training continuing education to officers who have completed the initial 32-hour program.

Program Enhancements

This is a new program in FY23/24 apart from a smaller version of the Crisis Intervention Training (CIT) which was started in FY11/12.

Expected Outcomes:

The overarching goal is to reduce the number of people with Serious Mental Illness in the county jail. We are also dedicated to ensuring people of different racial backgrounds are equitably provided support and access to criminal justice alternatives.

For those utilizing the Re-Entry support:

- Outcome 1: reduce recidivism (as evidenced by a reduction in clients re-entering county jail within 6 months of release—and for subsequent reporting periods including recidivism rate after 1 and 2 years.)
- Outcome 2: increase access to care and engagement with services after release (as evidenced by clients receiving 3 or more mental health services in the 6 months following release)

AB1810 Diversion Program:

- Outcome 3: For those who were granted AB1810 diversion, at least 75% of individuals who have been approved for AB 1810 pre-sentencing diversion will remain out of custody by meeting the requirements—or being on track to meet the requirements—of their treatment plan.

Crisis Intervention Training (CIT):

- Outcome 4: 85%+ of law enforcement officers who took the CIT training will report they learned how to identify and respond appropriately to individuals with mental illness who are in crisis.

- Outcomes 5: by the end of the Three-Year Plan at least 75% of officers and deputies in Madera will have completed the CIT training

Measurable Tools:

- Outcome 1: will be measured using the Jail Mental Health database to determine if clients have re-entered the Jail system within 6 months (as well as within 1 or 2 years) after release.
- Outcome 2: will be measured by assessing how many clients who were referred for BHRS services received 3 or more mental health services in the 6 months following release, as documented in the county behavioral health electronic records system.
- Outcome 3: will be measured by court minutes and data from criminal justice partners about program continuation/termination
- Outcome 4: will be measured using an evaluation survey and answers of “agree” or “strongly agree” will count toward this measure.
- Outcome 5: will be measured and reported on with subtotals by each jurisdiction

Number to be served by FY 23-24:	35	**Proposed Budget FY 23-24:**	$1,200,000
Cost per Person FY 23-24:	$34,285	**Total Proposed Budget FY23-2026:**	

PROGRAM PLAN FOR FY 2023-2024

COMMUNITY SERVICES AND SUPPORTS: Outreach & Engagement (O &E)

Community Outreach and Engagement

☐ **Full-Service Partnership Services** ☒ **Non-FSP Services**

Status:	☒ NEW	☒ Enhanced	☐ No Longer Offered	
Targeted/Priority Population:	☒ Children Ages 0-15	☒ Transitional Age Youth Ages 16-25	☒ Adult Ages 26-59	☒ Older Adult Ages 60+

Program Overview and History

This program focuses on supporting underserved communities and identifying unserved individuals in order to engage them, and when appropriate their families, in the mental health system so that they receive the appropriate services. Strategies:

Program Description

Engaging unserved individuals where they are and removing barriers to accessing MCDBHS services, by:

- Providing field-based assessments around the county via a bilingual field-based health navigator (focused on reaching unserved individuals from underserved populations.
- Providing peer/family partner/or recovery coach support through the assessment process to help potential clients and family members navigate the system, answer questions, and problem-solve around any potential barriers
- Reducing ethnic/racial disparities by funding and investing more resources, training, and support for Community Health Advocate programs (including *Promotores*) in underserved communities (including Latinx individuals, mono-lingual Asian populations, and people living in Madera County)
- Increasing coordination with grassroots, faith-based and other informal providers as well as strengthen partnerships with other formal community organizations and groups.
- Providing community groups in Spanish such as parenting and anger management classes to introduce more people to MCDBHS services.
- Outreach and Engagement Mobile Van Services staffed to reach those “hard to reach populations” as those who are not likely to access traditional health care and social services on their own due to various barriers that may include mental illness, unstable housing, lack of transportation, and substance use disorders (SUDs). Stigma and trust issues may play a role in those with SUD not seeking out services. Helping serve those vulnerable populations suffering from mental health and SUDs in rural areas of the county.

Program Enhancements

This is a new program in FY23/24; however, it incorporates some elements that were formerly in *Prevention and Early Intervention*.

Expected Outcomes:			
• Increase knowledge of service options and how and when to access them • Increase number of unserved individuals from underserved populations who receive assessments			
Measurable Tools:			
• Outcome 1: Community Health Advocates surveys • Outcomes 2: Health Records System report on number and demographics of assessments			
Number to be served by FY 23-24:	2500	**Proposed Budget FY 23-24:**	$402,500
Cost per Person FY 23-24:	$161	**Total Proposed Budget FY23-2026:**	

PROGRAM PLAN FOR FY 2023-2024

COMMUNITY SERVICES AND SUPPORTS: Outreach & Engagement (O &E)

Homeless-Focused Support and Outreach (HOPE)

☐ **Full-Service Partnership Services** ☒ **Non-FSP Services**

Status:	☒ NEW	☐ Enhanced	☐ No Longer Offered	
Targeted/Priority Population:	☒ Children Ages 0-15	☒ Transitional Age Youth Ages 16-25	☒ Adult Ages 26-59	☒ Older Adult Ages 60+

Program Overview and History

Homeless Outreach and Engagement focuses on identifying unserved individuals experiencing homelessness in order to engage them, and when appropriate their families, in the mental health system so that they receive the appropriate services.

Program Description

Adults, older adults, or transitional age youth with serious mental illness who are either:

- Experiencing homelessness,
- History of homelessness, or
- At-risk of homelessness

Engaging unserved individuals where they are and removing barriers to accessing services, by:

- Peer outreach and engagement: a mobile peer team with lived experience who work to engage and build trust with individuals experiencing homelessness who potentially have a serious mental illness by providing wellness checks and connecting them to resources.
- Field-Based assessments for individuals experiencing homelessness
- Homeless Outreach Coordination: a contracted position to work jointly with MCDBHS. This position will provide oversight and coordination of the different homeless outreach teams with a focus on identifying unserved individuals to engage them in services and will work closely with Fresno Madera Continuum of Care to complete the ViSPADAT housing match forms.
- Provide coordinated supportive services to assist clients who are homeless or at-risk of homelessness achieves housing stability by supporting clients in finding and maintaining housing and navigating housing voucher.
- Nurse or medical assistant to help provide services to a vulnerable population suffering from mental health and SUDs housed at the MCDBHS shared housing locations.

Program Enhancements

This is a new program in FY23/24; however, it incorporates some elements that were formerly in *Community-Wide Outreach & Prevention and Early Intervention*.

Expected Outcomes:

- Increase number of individuals who are experiencing homelessness who receive assessments
- Decrease the number of people with mental illness who are experiencing homelessness

Measurable Tools:

- Outcome 1: Health Records System report on number and housing status of assessments
- Outcome 2: Measured using the Point-in-Time Count conducted every two years, during the last 10 days of January
- Outcome 3: Will be measured using reports from the City of Madera Housing Authority

Number to be served by FY 23-24:	250	**Proposed Budget FY 23-24:**	$452,261
Cost per Person FY 23-24:	$1,817	**Total Proposed Budget FY23-2026:**	

PROGRAM PLAN FOR FY 2023-2024
COMMUNITY SERVICES AND SUPPORTS (CSS); HHSP

MHSA Housing Program

☐ **Full-Service Partnership Services**	☒ **Non-FSP Services**			
Status:	☐ NEW	☒ Continued	☐ No Longer Offered	
Targeted/Priority Population:	☐ Children Ages 0-15	☒ Transitional Age Youth Ages 16-25	☒ Adult Ages 26-59	☒ Older Adult Ages 60+

Program Overview and History

Obtaining stable housing is critical in achieving health and wellness for individuals who are experiencing homelessness, or who are at risk of experiencing homelessness, and struggling with serious mental illness (SMI). The Mental Health Service Act Housing Program was developed in 2008 because of voter approved Proposition 63 and offers permanent financing and capitalized operating subsidies for the development of permanent supportive housing to serve adults with serious mental illness or children with severe emotional disorders and their families who are homeless or at risk of homelessness. In 2016 The No Place Like Home (NPLH) Act (SB1206) was signed into legislation. This program dedicated bond funds to invest in the development or permanent supportive housing. NPLH funds may be used to finance capital costs of rent-assisted units in rental housing developments, including costs associated with acquisition, design, construction, rehabilitation, or preservation. The bonds will be repaid with funds reallocated from MHSA funds. MHSA Housing Program funds are allocated for the development, acquisition, construction, and/or rehabilitation of permanent supportive housing. To qualify for MHSA or NPLH housing, an individual/family/household must also be homeless or at risk of becoming homeless, as defined by MHSA/NPLH regulations. The household must be able to pay rent, and the household income must be less than a specified maximum amount (percentage of the Area Median Income). County Behavioral Health departments commit to provide MHSA/NPLH residents with an individualized array of supportive services to include extensive outreach, engagement, and treatment services to assist with their recovery and increase the likelihood of the person maintaining stable housing. The housing programs developed with MHSA and NPLH funding in Madera County have been made possible through creative collaborations among government agencies, community development organizations and non-profit groups who leveraged other funding sources to maximize capacity.
In 2011 Madera Mental Health Services Act (MMHSA) non-profit purchased the first MHSA project. Hinds House (P Street House) is a four-bedroom home for shared permanent supportive housing located in the city of Madera. It can house 4 residents who have their own rooms but share the common areas.

In 2012 MMHSA purchased a 4 plex apartment complex in the city of Chowchilla. This is a four-unit apartment complex. The apartments are shared permanent supportive housing and can house up to 8 individuals.

In 2016 MCDBHS partnered with Turning Point of Central California who owns a 7- unit apartment complex for permanent supportive housing in the Eastern Mountains community of Oakhurst. Turning Point provides staffing to assure individuals residing there are linked with community resources and MCDBHS provides support to Turning Point as well as the Behavioral Health Service needs to the clients who reside there.
In 2019 MCDBHS partnered with Self-Help Enterprises to apply for NPLH funding, and we were successfully awarded funds to contribute to the development and construction on Sugar Pine Village apartment complex in the city of

Madera which opened in December 2021. Through this partnership MCDBHS obtained 16 apartment units for permanent supportive housing. MCDBHS provides a housing case worker and supportive services on site to the NPLH residents.
In 2019 MCDBHS partnered with Madera Opportunities for Resident Enrichment and Services, Inc. (MORES) to contribute MHSA grant funds to the development and construction of La Esperanza apartment complex. The project is in the city of Madera and opened in January 2022. Through this partnership we received 7 apartment units in the complex for permanent supportive housing.

In November of 2022 MCDBHS partnered with Madera Rescue Mission to contract for 24 beds of shared housing that are dedicated to MCDBHS adult clients who are in need of temporary housing. Madera Rescue Mission provides meals, daily living supplies, 24-hour staff for safety and security of the residents and offers programing. MCDBHS provides case management, for linkage to other treatment and community resources as well as groups on site.

In January of 2022 MCDBHS partnered with Self-Help Enterprises to apply for NPLH funding, and we were successfully awarded funds to contribute to the development and construction on Oakhurst Village apartment complex in the city of Oakhurst which is scheduled to open in April 2025. Through this partnership we obtained 22 apartment units for permanent supportive housing. MCDBHS provides a housing case worker and supportive services on site to the NPLH residents.

Program Description

MHSAHP funds could be used to build or renovate rental housing or shared housing. Rental housing developments are defined as, apartment complexes with five (5) or more units, where each person or household has his/her own apartment. Shared housing is defined as; each resident has a lockable bedroom in a house or apartment that is shared with other housemates. MHSAHP housing must be permanent supportive housing. Counties are required to provide ongoing community-based support services designed to assist residents to maintain their housing and to support their ability to live independently.

- Primary Service Referrals
- Outreach
- Habilitation and Rehabilitation
- Community Mental Health
- Alcohol/Drug Treatment
- Staff Training
- Referrals for primary health care, job training, educational services, and housing
    - Housing services as specified in Section 522(b)(10) of the Public Health Service Act

Program Enhancements

Additional staffing to support in housing placement, peer supports, housing coordinator, program manager and additional support staff.

Training to include MI, Housing First, Housing Authority, Cultural Humility, Understanding Homeless: The Basics, Center for Learning Etc.

Secure family-housing units to house homeless women, children, and families.

Leasing 23 units in Eastern Madera County by Fall of 2023.

Expected Outcomes:

• Increase number of individuals who are experiencing homelessness who receive assessments • Decrease the number of people with mental illness who are experiencing homelessness • At least 50 formerly homeless clients will be housed, with at least 50% remaining stably housed for 2 years or more
Measurable Tools:
• Outcome 1: Health Records System report on number and housing status of assessments • Outcome 2: Measured using the Point-in-Time Count conducted every two years, during the last 10 days of January Outcome 3: will be measured using reports from the Madera Housing Authority • Outcome 4: Reports from Fresno Madera Continuum of Care (FMCoC)

Number to be served by FY 23-24:	70	**Proposed Budget FY 23-24:**	$627,139
Cost per Person FY 23-24:	$8,959	**Total Proposed Budget FY23-2026:**	$1,881,417

PROGRAM PLAN FOR FY 2023-2024

COMMUNITY SERVICES AND SUPPORTS (CSS) *FULL-SERVICE PARTNERSHIP (FSP) SERVICES*

Intensive Case Coordination (ICC), Children Family Team Meetings

☒ **Full-Service Partnership Services**	☒ **Non-FSP Services**			
Status:	☐ NEW	☒ Enhanced	☐ No Longer Offered	
Targeted/Priority Population:	☒ Children Ages 0-15	☒ Transitional Age Youth Ages 16-25	☐ Adult Ages 26-59	☐ Older Adult Ages 60+

Program Over and History

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.

Program Description

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 Community Services and Supports (CSS) 45 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.

Program Enhancements

In FY24-26, additional funding is added to the budget to cover the costs of eating treatment for FSP clients.

Expected Outcomes:

- Outcome 1: Increase parenting skills, including positive discipline.
- Outcome 2: Reduce maladaptive behavior and increase pro-social behaviors.
- Outcome 3: Improve the parent-child relationship.
- Outcome 4: Decrease frequency and severity of disruptive behaviors

Measurable Tools:

Outcomes 1-4: Health Records System report on number and demographics of assessments			
Number to be served by FY 23-24:	100	**Proposed Budget FY 23-24:**	$321,722
Cost per Person FY 23-24:	$3,217	**Total Proposed Budget FY23-2026:**	$965,166

Number to be served by	108	Proposed Budget	$667,900

PROGRAM PLAN FOR FY 2023-2024

COMMUNITY SERVICES AND SUPPORTS (CSS) *FULL-SERVICE PARTNERSHIP (FSP) SERVICES*

Intensive Home-Based Therapy

☐ **Full-Service Partnership Services** ☒ **Non-FSP Services**

Status:	☐ NEW	☒ Enhanced	☐ No Longer Offered	
Targeted/Priority Population:	☒ Children Ages 0-17	☒ Transitional Age Youth Ages 16-24	☐ Adult Ages 24-59	☐ Older Adult Ages 60+

Program Over and History

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.

Program Description

Therapeutic Behavioral Services are very similar to IHBS, but it has a much narrower 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.

Program Enhancements

Hire additional staffing to provide services county-wide.

Expected Outcomes:

- Outcome 1: Reduce out-of-home placements for FSP enrolled children/TAY.
- Outcome 2: Increase service connectedness for FSP enrolled children/TAY.
  Outcome 3: Reduce involvement in child welfare and juvenile justice

Measurable Tools:

- Outcomes 1-3: Health Records System report on number and demographics of assessments
- Outcome 4: Tracker (KET) forms and entered the State database. The data for the baseline year, is based on the Partnership Assessment Form (PAF) data provided by the client and their family upon enrollment in the FSP.

FY 23-24:		FY 23-24:	
Cost per Person FY 23-24:	$6,184	Total Proposed Budget FY23-2026:	$2,003,700

PROGRAM PLAN FOR FY 2023-2024

COMMUNITY SERVICES AND SUPPORTS (CSS) *General Systems development*

Intensive Case Management/Intensive Outpatient
Adult Outpatient (AOP)

☒ **Full-Service Partnership Services** ☐ **Non-FSP Services**

Status:	☐ NEW	☒ Enhanced	☐ No Longer Offered	
Targeted/Priority Population:	☐ Children Ages 0-17	☐ Transitional Age Youth Ages 16-24	☒ Adult Ages 24-59	☒ Older Adult Ages 60+

Program Overview and History

Intensive Case Management/Intensive Outpatient Services (ICM/IOP) provide community based long-term clinical, case management and care across the lifespan. The purpose of ICM/IOP is to engage people in mental health services, promote recovery and quality of life, and reduce the likelihood that individuals served will require higher levels of care. ICM/IOP serves children, youth, adults, and older adults who meet medical necessity for specialty mental health services and are eligible for Medi-Cal.

Program Description

ICM/IOP provides multidisciplinary, structured services for up to 4 hours per day, up to 5 days per week. ICM/IOP is distinct from FSP in that it is generally office-based rather than community based, and consumers engage at a lower level of intensity and lower frequency than they would in FSP. ICM/IOP services include:

- Counseling and therapy
- Case management services
- General rehabilitation
- Medication support
- Employment & Training Services

Program Enhancements

In FY24-26, there will be additional training to achieve greater fidelity with the Assertive Community Treatment (ACT) model, geriatric mental health treatment focus, Motivational Interviewing, and funding added to cover the cost of eating disorder treatment as well as crisis response and suicide intervention training.

Expected Outcomes:

- Outcome 1: Promote wellness, recovery, and independent living
- Outcome 2: Reduce hospitalization, homelessness, and incarceration for adults with serious mental illness.
- Outcome 3: Support the development of life skills and psychosocial outcomes, including social, educational, and vocational rehabilitative outcomes.

Measurable Tools:

- Outcome 1-3: Health Records System report on number and status of assessments
- Outcome 4: Tracker (KET) forms and entered the State database. The data for the baseline year, is based on the Partnership Assessment Form (PAF) data provided by the client and their family upon enrollment in the FSP.
-

Number to be served by FY 23-24:	2080	**Proposed Budget FY 23-24:**	$2,877,409
Cost per Person FY 23-24:	$1,338	**Total Proposed Budget FY23-2026:**	$8,632,227

PROGRAM PLAN FOR FY 2023-2024

COMMUNITY SERVICES AND SUPPORTS (CSS) *FULL-SERVICE PARTNERSHIP (FSP) SERVICES*

Summer Wellness Day Camp				
☒ **Full-Service Partnership Services** ☐ **Non-FSP Services**				
Status:	☒ NEW	☐ Enhanced	☐ No Longer Offered	
Targeted/Priority Population:	☒ Children Ages 0-17	☐ Transitional Age Youth Ages 16-24	☐ Adult Ages 24-59	☐ Older Adult Ages 60+

Program Overview

A three-week summer wellness day camp for boys & girls ages 7-13 with emotional and behavioral disorders. Children who attend will take part in Adventure Therapy, creative arts therapies, and fitness and movement activities like dance or Mixed Martial Arts. Camp will be a collaborative effort with the city of Madera Parks and Recreational services to help serve the underserved youth that attend the John Wells Youth Center.

Program Description

Summer Wellness Day Camp aims to reduce the impact of living with serious emotional disturbance and/or serious mental illness during the summer months when children and youth do not have access to school-based behavioral health programs and services. Summer Wellness Day Camp serves children with severe emotional disturbance and TAY with serious mental illness. Summer Day Camp provides individualized clinical treatment to participants as well as an embedded curriculum to identify campers' strengths, mental and behavioral health issues of concern, and ways in which campers can maximize those strengths to enhance their personal development. The Summer Wellness Day Camp provides transportation for youth in outlying areas to ensure participation by those who might not otherwise be able to participate.

Program Enhancements

New Program no enhancements

Expected Outcomes:

- Outcome 1: Increase service connectedness for Summer Camp participants.
- Outcome 2: Reduce hospitalization during the summer months.

Measurable Tools:

Referrals & Sign In Sheets, Survey Evaluations

Number to be served by FY 23-24:	50	**Proposed Budget FY 23-24:**	$60,000
Cost per Person FY 23-24:	$1,200	**Total Proposed Budget FY23-2026:**	$180,000

PROGRAM PLAN FOR FY 2023-2024

Prevention and Early Intervention; CSS-Outreach and Engagement

Access and Linkages to Treatment

☒ **Full-Service Partnership Services** ☐ **Non-FSP Services**

Status:	☐ NEW	☒ Continued	☐ No Longer Offered	
Targeted/Priority Population:	☒ Children Ages 0-17	☒ Transitional Age Youth Ages 16-24	☒ Adult Ages 24-59	☒ Older Adult Ages 60+

Program Over and History

Access and Linkage program is a program provided by MCDBHS staff to review all referrals that come into Madera County Behavioral Health and provide screening and linkage to existing services. The purpose of Access and Linkage is to review and ensure linkage to treatment if individuals have been connected to services.

Program Description

Access and Linkage operates the following services:

311 is a telephone resource that connects callers with a wide array of necessary health and human services resources, including, among other things, mental health treatment and crisis services, substance use treatment programs, transportation, and other behavioral health services.

Access Line: 559-673-3508- is an extension of a service that exists in Madera County. The Warm Line in Madera County is a non-emergency, peer-run phone line for anyone seeking support. The Warm Line assists people who need to reach out when having a hard time and offers emotional support and information about mental health resources. They can also refer calls for more intensive services to other agencies in the county. The Warm Line is available 24 hours a day, seven days a week, 365-day a year.

Program Enhancements

Provide continuum support for CCMU 24/7- days a week, 365-days a year.

Hire additional staff to support the expansion of screening tools and resources.

Training to help support motivational interviewing, customer service and over the phone engagement strategies

Expected Outcomes:

- Outcome 1: Increase the number of referrals to existing services.
- Outcome 2: Connect community members to various social services.
- Outcome 3: Create support services to assist community members with various concerns.

Measurable Tools:

Outcomes 1-3: Health Records System report on number and demographics of assessments			
Number to be served by FY 23-24:	467	**Proposed Budget FY 23-24:**	$6470
Cost per Person FY 23-24:	$13.85	**Total Proposed Budget FY23-2026:**	$19,410

PROGRAM PLAN FOR FY 2023-2024

Prevention and Early Intervention

Wellness Program and Centers: HOPE House & Mountain Wellness Center

☐ **Full-Service Partnership Services** ☒ **Non-FSP Services**

Status:	☒ NEW	☒ Enhanced	☐ No Longer Offered	
Targeted/Priority Population:	☒ Children Ages 0-15	☒ Transitional Age Youth Ages 16-25	☒ Adult Ages 26-59	☒ Older Adult Ages 60+

Program Over and History

MCDBHS partners with Turning Point to provide strengths-based, recovery-oriented approach to mental health rehabilitation that uses the power of collaborative work and meaningful relationships to help individuals living with mental illness develops hope, purpose, self-efficacy, and independence. Program participants are referred to as members, not patients or clients, and are engaged in all aspects of the wellness center operations. Members also receive health and wellness programming, access to educational and employment support and opportunities, advocacy, and connection to social services.

Program Description

Hope House: Hope House is an after-school resource spot for the TAY group mentally ill population (ages 16-18 and morning programs for 26+ ages for Adults. 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. 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.

Mountain Wellness Center: Provides wellness and a community support for mentally ill adults (age 18+). The 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.

Activities and groups include:

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

Program Enhancements

Expansion of TAY services in the rural Eastern Madera County with extended hours.

Expanding wellness services to the rural community of chowchilla to provide rural co-occurring disorder, prevention, and engagement services.

Expected Outcomes:

Increase the number of participants by

Measurable Tools:

- Outcome 1: Contract will provide quarterly report on number of services provided, demographic information of those served, outcomes of services, etc.

Number to be served by FY 23-24:	360	**Proposed Budget FY 23-24:**	$529,783
Cost per Person FY 23-24:	$1,471	**Total Proposed Budget FY23-2026:**	$1,589,349

PROGRAM PLAN FOR FY 2023-2024

Prevention and Early Intervention

Kings View Skills 4 Success, Youth Empowerment

☐ **Full-Service Partnership Services** ☒ **Non-FSP Services**

Status:	☐ NEW	☒ Continued	☐ No Longer Offered	
Targeted/Priority Population:	☒ Children Ages 0-17	☒ Transitional Age Youth Ages 16-24	☐ Adult Ages 24-59	☐ Older Adult Ages 60+

Program Over and History

Youth Empowerment Program which focuses on youth and their families and provides services in rural Madera communities.

Program Description

The Program provides 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 Prevention and Early Intervention (PEI) 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

Program Enhancements

Expand afterschool activities to school age youth			
Expected Outcomes:			
Measurable Tools:			
Quarterly Reports provided from contractor through MCBHS data retrieval form provided to the contractor.			
Number to be served by FY 23-24:	320	**Proposed Budget FY 23-24:**	$529,783
Cost per Person FY 23-24:	$1,655	**Total Proposed Budget FY23-2026:**	$1,589,349

PROGRAM PLAN FOR FY 2023-2024

Prevention and Early Intervention

Suicide Prevention

☐ **Full-Service Partnership Services** ☒ **Non-FSP Services**

Status:	☐ NEW	☒ Enhanced	☐ No Longer Offered	
Targeted/Priority Population:	☒ Children Ages 0-17	☒ Transitional Age Youth Ages 16-24	☒ Adult Ages 24-59	☒ Older Adult Ages 60+

Program Overview and History

Suicide Prevention activities promotes public awareness of prevention issues, improves and expands suicide reporting systems and promotes effective clinical and professional practices.

Program Description

Key Services/Activities of suicide prevention include:

- **Reduction and Elimination of Stigma Through Art Targeted Education (RESTATE)** is a stigma and discrimination reduction program designed to educate local high school students about mental health issues through a curriculum that uses media arts to promote awareness and understanding of mental health.
- **The Depression Reduction Achieving Wellness (DRAW)** program is a campus-linked project that addresses the first onset of a psychiatric illness in students through collaboration with an institution of higher education. DRAW provides students with education regarding both the cultivation of wellness approaches and the identification of signs and symptoms of mental illness, short-term low-intensity intervention services, referrals to community-based agencies for more extended or intensive services when needed, and training for college staff on the signs and symptoms of depression.
- **Local Outreach to Suicide Survivors (LOSS)** is a program that dispatches support teams to the location of a suicide to provide resources, support, and hope to friends and family members of the suicide victim.
- **Central Valley Suicide Hotline** is an existing hotline that support individuals experiencing suicide ideation. MCDBH will participate in providing this service for Madera County residents.
- **QPR (Question, Persuade, Refer) Suicide Prevention Training** QPR is a suicide prevention training for participants to be able to recognize the warning signs of suicide and question, persuade, and refer people at risk for suicide for help.
- **988 Suicide Warm Line: 988** has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline.

Expected Outcomes:

- **Outcome 1:** Increase knowledge among high school students around mental health and suicide prevention.
- **Outcome 2:** Increase service linkages to mental health services for residents at risk of suicide
- **Outcome 3:** Connect friends and family member of suicide victims to resources and support Services

Measurable Tools:

Outcomes 1-3: Health Records System report on number and demographics of assessments
Public Health information on suicide data within the county

Number to be served by FY 23-24:	545	**Proposed Budget FY 23-24:**	$131,238
Cost per Person FY 23-24:	$240	**Total Proposed Budget FY23-2026:**	$393,759

PROGRAM PLAN FOR FY 2023-2024

Prevention and Early Intervention

School Based Services

☐ **Full-Service Partnership Services** ☒ **Non-FSP Services**

Status:	☒ NEW	☒ Enhanced	☐ No Longer Offered	
Targeted/Priority Population:	☒ Children Ages 0-17	☒ Transitional Age Youth Ages 16-24	☐ Adult Ages 24-59	☐ Older Adult Ages 60+

Program Overview and History

School Based Services are designed to provide students with skills and tools to promote increased mental health, school performance, and healthy relationships and communication. The target population of this program is children and youth who are at risk of developing a mental health problem.

Program Description

The following are key services and activities within School Based Services:

Coping and Support Training (CAST) is a 12-week program that focuses on building young people's coping skills and talking about the real-life challenges of youth life in today's increasingly complex world. CAST focuses on building strategies for coping with academic pressures, handling stressful relationships, managing anger, and emphasizes seeking out support from responsible adults and setting personal life goals.

Mindful Schools' Mindful Educators utilizes a curriculum that teaches mindfulness to K12 students with the purpose of increasing attention, self-regulation, and empathy. The research-based program allows behavioral health staff to teach and implement mindfulness activities and practices in classrooms, after-school programs, or other settings. The program seeks to improve the student's emotional regulation, focus, and engagement, as well as improve connections with other students. This is a cost-effective way to help students develop skills to decrease stress and anxiety.

READY Program prevention is an effort to provide community wide education and stigma reduction to children (Primarily 5-6th graders). This program partners with local schools and/or their afterschool programs to provide interactive presentations to the children on topics including, cyber bullying, general bullying, health decision making (about substance use) and mindfulness. These topics can be presented on a weekly basis for four weeks or all in one week. Each session is under an hour and uses role-play and activity to ensure engagement by the children.

Al-Anon Group is a mutual support program for people whose lives have been affected by someone else's drinking. By sharing common experiences and applying the Al-Anon principles, families and friends of alcoholics can bring positive changes to their individual situations, whether the alcoholic admits the existence of a drinking problem or seeks help.

Alateen, a part of the Al-Anon Family Groups, is a fellowship of young people (mostly teenagers) whose lives have been affected by someone else's drinking whether they are in your life drinking or not. By attending Alateen, teenagers meet other teenagers with similar situations. Alateen is not a religious program and there are no fees or dues to belong to it.

Program Enhancements

New program FY2023-2024

Expected Outcomes:

- Outcome 1: Increase student connectedness and relationship building skills.
- Outcome 2: Increase student coping mechanisms skills.
- Outcome 3: Increase student capacity for seeking help.
- Outcome 4: Decrease depression and anxiety among students.

Measurable Tools:

Outcomes 1-4: Health Records System report on number and demographics of assessments or referrals to services

Number to be served by FY 23-24:	250	**Proposed Budget FY 23-24:**	$323,110
Cost per Person FY 23-24:	$1,292	**Total Proposed Budget FY23-2026:**	$969,330

PROGRAM PLAN FOR FY 2023-2024

Prevention and Early Intervention

Prevention and Wellness

☐ **Full-Service Partnership Services** ☒ **Non-FSP Services**

Status:	☐ NEW	☒ Enhanced	☐ No Longer Offered	
Targeted/Priority Population:	☒ Children Ages 0-17	☒ Transitional Age Youth Ages 16-24	☒ Adult Ages 24-59	☒ Older Adult Ages 60+

Program Overview and History

Prevention and Wellness services provides and links consumers to high quality, culturally competent counseling and support group sessions to promote positive approaches to mental health and prevent serious mental health and substance abuse crises.

Program Description

Prevention and Wellness provides clinical services for those who are unlikely to receive services in a traditional environment, including veterans, tribal populations, and undocumented individuals.

- Prevention and Wellness provides the following services and activities:
- Individual, group, and family counseling
- Individualized case management
- Referrals to outside agencies for both children and adult clients who may have access to services elsewhere
- Support groups for family members and Veterans

Preschool Expulsion Reduction:
The Preschool Expulsion Reduction Program (also known as Bright Future) is a program provided that provides prevention and early intervention services for children at risk of preschool expulsion. Bright Future offers an alternative to expulsion. The principles of applied behavioral analysis and other evidence-based methods (especially the Preschool Life Skills Curriculum) are used to decrease challenging behaviors and teach skills. In-home services help to ensure that there is continuity in the child's environment and provide support for parents in reinforcing positive behaviors. Ongoing parent/guardian consultation and training is provided to generalize skills learned during individualized instruction.

SAFE-Senior Access for Engagement- Older Adults:

SAFE provides services and referrals to seniors/older adults in the home, at senior centers, nursing homes, assisted living facilities, and other events for older adults. Safe staff promote psychosocial supports and identify possible signs and symptoms of mental illness and assist them into the appropriate referral for mental health treatment.

SAFE services include:

- Visitation to older adults in the home or community to provide social support
- Caregiver support group
- Referral and linkage to other communitybased providers for other needed social services and primary care

Program Enhancements

Training to help support motivational interviewing, and how to work and/or engage hard to reach populations.

Hire staff and/or team of community health workers, mental health aides to increase linkages to mental health services.

Expected Outcomes:

- **Outcome 1:** Increase service connectedness to outside agencies.
- **Outcome 2:** Increase linkages to mental health services for children, youth, adults, and older adults in Madera County.

Measurable Tools:

Outcomes 1-2: Health Records System report on number and demographics of assessments, and referrals

Number to be served by FY 23-24:	75	**Proposed Budget FY 23-24:**	$212,476
Cost per Person FY 23-24:	$2,833	**Total Proposed Budget FY23-2026:**	$637,428

PROGRAM PLAN FOR FY 2023-2024
Prevention and Early Intervention

Community Wide: Outreach and Engagement Education/ Training

☐ **Full-Service Partnership Services** ☒ **Non-FSP Services**

Status:	☐ NEW	☒ Enhanced	☐ No Longer Offered	
Targeted/Priority Population:	☒ Children Ages 0-17	☒ Transitional Age Youth Ages 16-24	☒ Adult Ages 24-59	☒ Older Adult Ages 60+

Program Over and History

Community-Wide Education works to improve the community's ability to recognize and respond to early signs and symptoms of mental illness and substance use.

Program Description

The focus of MCDBHS community wide education and training strategies include keeping people healthy and getting people the treatment, they need early in the onset to prevent negative consequences that can occur if mental illness is undiagnosed and/or untreated.
Key activities include:

- **Mental Health First Aid (MHFA)** is "the help provided to a person developing a mental health problem or in a mental health crisis." Like traditional first aid, mental health first aid is given until appropriate professional treatment is received or until the crisis resolves."

- **Applied Suicide Intervention Skills Training (ASIST)** workshop is a two-day, highly interactive, practice-oriented workshop for caregivers who want to feel more comfortable, confident, and competent in helping to prevent the immediate risk of suicide.

- **Safe TALK** is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide.

- **Other Trainings** to support the community of Madera County that offer the tools, training, and technical assistance to practitioners in the fields of mental health and substance use disorders. (I.e. Gambling Addiction, Vaping, Rural Opioid TA, LGBTQ+, Health Equity)

- **Prevention Mobile Services:** Provide community outreach, education, and linkage to services during functions such as health fairs, school events, and other community activities. Additionally, each van is equipped to function independently to support disaster relief centers in emergency situations.

- **Mental Health Awareness Conference and Resource Fair:** Annual event where community health providers coordinate the community event, locate speakers who have expertise in mental health, offer peer and family supports, and provide general information on mental health as well as treatment, and available services for mental health issues.

Program Enhancements

Hire staff and/or team to provide wide range of services in rural areas of Madera County.

Purchase a van(s) for prevention, outreach and engagement services. In addition, each vehicle/van is equipped to function independently to support disaster relief centers in emergency situations.

Expected Outcomes:

- **Outcome 1:** Increase community member's knowledge and capacity to recognize and respond to various mental health needs
- **Outcome 2:** Provide trainings that teach community members how to engage individuals who are experiencing suicide ideation
- **Outcome 3:** Develop workshops that provide strategies on how to better serve families

Measurable Tools:

Outcomes 1-3: Health Records System report on number and demographics of assessments

Number to be served by FY 23-24:	200	**Proposed Budget FY 23-24:**	$356,143
Cost per Person FY 23-24:	$1,780	**Total Proposed Budget FY23-2026:**	$1,068,429

PROGRAM PLAN FOR FY 2023-2024
Prevention and Early Intervention

County-Wide Stigma and Discrimination Reduction

☐ **Full-Service Partnership Services** ☒ **Non-FSP Services**

Status:	☐ NEW	☒ Enhanced	☐ No Longer Offered	
Targeted/Priority Population:	☒ Children Ages 0-15	☒ Transitional Age Youth Ages 16-25	☒ Adult Ages 26-59	☒ Older Adult Ages 60+

Program Over and History

Eliminating Stigma and Discrimination Against Persons with Mental Health, and Reducing Disparities to improve timely access to services for un-served and underserved populations.

Program Description

Madera County utilizes a number of efforts to reduce stigma, increase cultural competency, and increase service connectedness. These efforts include:

- **Media/social media:** Use of social marketing websites to share information and educate the public about mental illness. Contract services for social, digital media campaigns, billboard services, and local area broadcasting stations, and television channels.

- **Grassroots movements:** using self-organization, encourage community members to contribute by taking responsibility and action for their community.

- **Coordination of a speakers' bureau** that conducts presentations about various issues pertaining to mental illness and stigma.

- **The Madera County Cultural Competency Committee (MCCCC)** includes mental health and substance use disorder providers as well as other local providers from education, faith based entities, businesses, and consumers. The Task Force is made up of community members and partnering agency staff and work on completion of the required State Cultural Competency Plans, annual updates to that plan, setting the training agenda for the year, assisting other providers with their cultural competency plans, practices, and promoting culturally appropriate services throughout Madera County. This effort is accomplished through identification of some of our community provider training needs, recommending trainings, working on anti-stigma and stigma reduction, focusing on underserved populations in Madera County (i.e. LGBTQ Youth, Latinos, Veterans, seniors, Native Americans, ex-offenders, and those living with a mental illness) and promotion of CLAS standards.

- **Student Ambassador Program** is a program designed based upon the promotordas Model which uses community-based, peer mental health workers to deliver mental

health information to their communities. They serve as connectors between mental health care consumers and providers to promote mental health among traditionally underserved populations.

Program Enhancements

Investing in social media campaigns and marketing to help reduce the stigma

Hire and provide monthly stipends for student ambassador program.

Hire a designated CHW community health worker, and analysts to help support and develop the cultural competency committee strategies and trainings.

Expected Outcomes:

- **Outcome 1:** Increase the prevalence of social media to share information and reduce stigma on mental health.
- **Outcome 2:** Increase knowledge and awareness of mental health and mental health
- services.
- **Outcome 3:** Reduce stigma regarding mental health.
-
- **Outcome 4:** Increase outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.

Measurable Tools:

Outcomes 1-3: Health Records System report on number and demographics of assessments

Number to be served by FY 23-24:	7071	**Proposed Budget FY 23-24:**	$1,305,328
Cost per Person FY 23-24:	$184	**Total Proposed Budget FY23-2026:**	$3,915,984

Innovation Projects

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

Stakeholder Involvement with INN Project

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

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

Stakeholders are also updated on projects during our annual updates and publications of the MHSA plan that is accessible through the MCDBHS website.

PROGRAM PLAN FOR FY 2023-2024

Innovation Projects

DAD Project

☐ **Full-Service Partnership Services** ☒ **Non-FSP Services**

Status:	☐ NEW	☐ Enhanced	☐ No Longer Offered	
Targeted/Priority Population:	☒ Children Ages 0-17	☒ Transitional Age Youth Ages 16-24	☒ Adult Ages 24-59	☒ Older Adult Ages 60+

Program Overview and History

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).

Program Description

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:

- Educating the service system/providers on paternal Perinatal Mood and Anxiety Disorders. (PMAD). Implementing tools to assess the extent to which the service system/providers are "father-friendly" and skilled at identifying and addressing parental PMAD
- 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.

Program Enhancements

Modifications to the program provider will be an element that MCDBHS will take into consideration for FY 23-24. While a contract exists for the DAD's project, the providers have not met the SOW or deliverables per the contract in FY 21-22 and FY22-23.

Expected Outcomes:

- Increased screening for paternal PMAD);
- Increased provider training and education for paternal PMAD;
- Increased paternal PMAD service capacity; and
- Increased interagency collaborative services for paternal PMAD

Measurable Tools:

Through 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.

Number to be served by FY 23-24:	240	**Proposed Budget FY 23-24:**	$187,000
Cost per Person FY 23-24:	$779	**Total Proposed Budget FY23-2026:**	$561,000

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.

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN)
PROJECT NO./NAME: Electronic health record and practice management system Enhancements
PROJECT TYPE: ☒ CAPITAL FACILITIES ☐ TECHNOLOGICAL NEEDS
MCDBHS introduced new and improved the quality of services through its fully functional Electronic Health Record (EHR). The EHR system increases efficiencies in reporting, billing, and retrieving and storing personal health information. Madera County would also like to pursue software add-ons or enhancements that will integrate outcomes measurement of programs and services with billing reconciliation functions. To fulfill that effort, Madera County will investigate acquiring billing software. A fully functioning EHR allows for greater integration as well as smoother access to health information for treatment staff, as well as to pave the consumer's path to accessing personal health records. Any acquired property using MHSA Technological Needs funds will be owned and operated by Madera County and will only be used for benefit of Madera County clients. Moving forward with this Three-Year Plan, MCDPH will utilize Technological Needs funding to: • Provide ongoing support and maintenance • Continued acquisition of computers, laptops, smart boards, and other equipment as needed • Continued acquisition of information or communication services/devices to support current programs use of the Anasazi system

- Acquisition and ongoing support and maintenance of new software add-ons or enhancements that measure outcomes of program and service participation, with a focus on PEI
- Acquisition and ongoing support of new software add-ons or enhancements to conduct full billing reconciliation

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN)
PROJECT NO./NAME: Chowchilla Wellness Center and Information Technical Support
PROJECT TYPE: ☒ CAPITAL FACILITIES ☐ TECHNOLOGICAL NEEDS
MCDBHS will be expanding their services to the rural community of Chowchilla and will need information technology services to help support this move and intracultural needs to support a MCDBHS clinic. All costs associated with the lease of a building in the local area to help support the request for additional TAY, Adult, and Older Adult programs in the city of Chowchilla. MCDBHS estimates the cost would be $2.00 a square foot for a building doubling in size what MCDBHS currently houses in the area to lease. The estimated cost for a building lease would be $15,920 a month. This is not to include the price of contracting services for moving, infrastructure renovations to fit ADA regulations and client's needs, and any maintenance or improvements to technology services needed to expand mental health and substance use services in that area.

WORKFORCE EDUCATION AND TRAINING (WET)

PROJECT NO./NAME: WET Programs

COMPONENT OVERVIEW

MHSA WET programs address the fundamental concepts of creating and supporting a workforce (both present and future) that is culturally competent, provides client/family driven mental health services, and adheres to wellness, recovery, and resilience values. The Workforce Education and Training (WET) component of MHSA provides dedicated funding to address the shortage of qualified individuals and to enhance the skills of the current workforce to provide services to address serious mental illness. The focus is on developing and maintaining a more diverse workforce, including individuals with personal experience of mental illness and/or substance use disorders as well as their family members. The programs are designed to increase the number of peer and family providers, as well as culturally and linguistically competent providers.

In Madera County this includes Spanish speaking, Latino, African Americans, LGBTQ, and other providers that reflect our current and emerging client populations. WET partners with other county divisions and community-based organizations, including primary care providers, to support the development and employment of a diverse workforce. Trainings are open to staff, interns, and volunteers from county, Community-Based Organizations (CBO), peer programs, and family members. The intent is to be inclusive and to reach beyond the traditional training of the "professional" staff in the public mental health system. In this Three-Year Plan, as prioritized during the MHSA Community Program Planning Process, there will be a focus on strengthening the implementation of the goals of the Health and Human Services Race Equity Plan (Including developing a unified trauma informed system of care throughout.

Workforce Staffing Support- This funding will support the salary, benefits, and operating costs of the Workforce Education and Training (WET) Coordinator as required in WIC Section 3810(b). This position will plan, recruit, coordinate, administer, support, and evaluate Workforce Education and Training programs intended to implement a few of the identified best practices to retain and recruit staff:

- Developing and implementing the Training and Technical Assistance plan including a focus on Evidence-based practices,
- Preforming regular workforce needs assessments, Supporting the internship program, and Acting as a liaison to appropriate committees, regional partnerships, and oversight bodies.
- Training and Technical Assistance.
- Mental Health Career Pathway Programs.
- Residency and Internship Programs.
- Financial Incentive Programs.

Budget

****Using base allocation for budgeting purposes. Based on the governor's preliminary budget. *****

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

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

Countywide Administration (A-87) the countywide cost allocation for County Administration expenditures is 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:

CSS includes the FSP TAY FSP Adult, Expansion and Supportive Services and Structure System Development, and CSS Administrative.

- The FSP TAY server children/TAY age 0-15 and 16-25 who are identified through the school, social services, probation, or other sources. These children/TAY will be at risk of out-of-home placement, at risk of placement in a higher level of care and/or at risk of school failure and/or at risk of making an unsuccessful transition to adulthood because of their untreated serious emotional disorder. Emphasis of services and supports will be on achieving hope, personal empowerment, respect, social connections, safe living with families, self-responsibility, self-determination, and self-esteem.
- 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.
- 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.)
- 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 Children, Youth and Families Recovery

Center (CYFRC). Contracted services include Serenity Village, which provides supportive housing and case management services.

- The Supportive Services and Structure program seeks to provide information about public mental health services and to identify community members who can assist in providing support and education on mental health issues to the community at large. Another focus of this program is to develop much needed housing resources for the homeless mentally ill. This program also provides data collection related to CSS, housing needs, and PIP process for the system. A Housing Specialist facilitate shared housing resources in Madera County, including collaboration with the Housing Authority, City of Madera Redevelopment Agency, Community Action Agency, Department of social Services, and Turning Point of Central California.
- 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
- PEI includes Community Outreach and Wellness Center for Madera and Oakhurst. The Connected Community Project will have several components. Two of those will be the client directed wellness/empowerment center also known as Hope House and Mountain Wellness Center. Another will be an outreach component offered to the community with an emphasis on underserved and unserved individuals. That component will consist of Promotores/Community Workers who will be paid/volunteer staff through Hope House. Outreach to rural population for development of Prevention/Early Intervention Actives such as Wellness, Recovery Action Plan (WRAP) Services, education about their mental illness, recovery, and resiliency. The contracted services include the Wellness Recovery Center and Wellness Recovery Action Plan (WRAP).
- INN includes proposed Dads, Anxiety, & Depression (DAD) The non-administrative components are contracted services.
    - INN Dads, Anxiety, & Depression (DAD) is a existing project. This project will facilitate access to appropriate services for fathers with mild to moderate mental illness. (Program contractor will be terminated FY2022-23 due to low enrollment, the program model will continue and out for RFP)

Funding

Community Services and Supports (CSS)

CSS services are consistent with CSS funds in accordance with regulation guidance, less than 51% FSP, 33%, 16% O&E% 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.

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

PFY 2023-24 THROUGH FY 2025-26 THREE-YEAR MHSA EXPENDITURE PLAN

****Using base allocation for budgeting purposes. Based on the governor's preliminary budget.**

MADERA COUNTY
ESTIMATED MHSA COMPONENT FUNDING AND PRIOR YEAR UNSPENT FUNDS — EXHIBIT 1.1

updated (12/16/22)

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		

****Using base allocation for budgeting purposes. Based on the governor's preliminary budget.**

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 B (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-22
Component Summary Worksheet

County:	Madera	**Date:**	Jan 27 2023

		A	B	C	D	E	F
SECTION 1: Interest		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
1	Component Interest Earned	$55,527.37	$12,072.88	$3,177.07			$70,777.32
2	Joint Powers Authority Interest Earned						$0.00

		A	B	C
SECTION 2: Prudent Reserve		**CSS**	**PEI**	**TOTAL**
3	Local Prudent Reserve Beginning Balance			$1,785,654.22
4	Transfer from Local Prudent Reserve			$0.00
5	CSS Funds Transferred to Local Prudent Reserve	$0.00		$0.00
6	Local Prudent Reserve Adjustments			$0.00
7	Local Prudent Reserve Ending Balance			$1,785,654.22

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

		A	B	C	D	E	F
SECTION 4: Program Expenditures and Sources of Funding		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
9	MHSA Funds	$6,635,862.77	$1,254,975.19	$126,674.24	$0.00	$0.00	$8,017,512.20
10	Medi-Cal FFP	$367,386.00	$0.00	$0.00	$0.00	$0.00	$367,386.00
11	1991 Realignment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
12	Behavioral Health Subaccount	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
13	Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
14	**TOTAL**	**$7,003,248.77**	**$1,254,975.19**	**$126,674.24**	**$0.00**	**$0.00**	**$8,384,898.20**

		A
SECTION 5: Miscellaneous MHSA Costs and Expenditures		**TOTAL**
15	**Total Annual Planning Costs**	$0.00
16	**Total Evaluation Costs**	$0.00
17	**Total Administration**	$955,193.99
18	**Total WET RP**	
19	**Total PEI SW**	$0.00
20	**Total MHSA HP**	
21	**Total Mental Health Services For Veterans**	

APPENDICES

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: _____

DRAFT

CONNIE MORENO-PERAZA, LCSW
Behavioral Health Director

JULIE MORGAN, LCSW
Assistant Director

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.

CONNIE MORENO-PERAZA, LCSW
Directora De Salud del Comportamiento

JULIE MORGAN, LCSW
Subgerente

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

English Survey Questions

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@madera-county.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: _____

Continued English Survey Questions

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.

5. In your opinion, which are the most underserved populations of mental health or substance use services?
   - ☐ Children and Youth (age 0-15)
   - ☐ Transition Age Youth (age 16-25)
   - ☐ Adults (age 26-59)
   - ☐ Older Adults (age 60+)
   - ☐ LGBTQQI-2S
   - ☐ Veterans
   - ☐ Jail releases and clients on probation
   - ☐ Persons with disabilities
   - ☐ Homeless
   - ☐ Immigrants and refugees
   - ☐ African American community
   - ☐ Asian community
   - ☐ Mexican/ Hispanic/ Latin(x) community
   - ☐ Native American community
   - ☐ Other: _____

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.): _____

Spanish Survey Questions

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?
   - ☐ Alojo 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: _____

Continued Spanish Survey Questions

5. En su opinión, ¿cuáles son las poblaciones más desatendidas en respecto a servicios de salud mental o alcohol y drogas?
   - ☐ Niños y jóvenes de 0 a 15 años
   - ☐ Jóvenes en edad de transición de 16 a 25 años
   - ☐ Adultos de 26 a 59 años
   - ☐ Adultos mayores de 60 años edad (o ancianos)
   - ☐ LGBTQQI-2S
   - ☐ Veteranos
   - ☐ Personas saliendo de la cárcel y clientes en libertad condicional
   - ☐ Personas con discapacidad
   - ☐ Personas sin hogar
   - ☐ Inmigrantes y refugiados
   - ☐ Comunidad Afroamericana
   - ☐ Comunidad Asiática
   - ☐ Comunidad Mexicana/ Hispana/ Latin(x)
   - ☐ Comunidad Nativa Americana
   - ☐ Otro: _____

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 servios 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?
   - ☐ Mujer
   - ☐ Hombre
   - ☐ Mujer transgénero
   - ☐ Hombre transgénero
   - ☐ Variante de género/no conforme
   - ☐ Prefiero no responder
   - ☐ No listado: _____

9. ¿Cuál es su idioma principal?
   - ☐ Inglés
   - ☐ Español
   - ☐ Otro: _____

10. ¿Con cuál grupo de edad se identifica?
    - ☐ 0-15 años
    - ☐ 16-24 años
    - ☐ 25-59 años
    - ☐ 60+ años

11. ¿Cuál es su origen étnico?
    - ☐ Indio Americano / Nativo de Alaska
    - ☐ Asiático
    - ☐ Negro/Afroamericano
    - ☐ Mexicano/Hispano/Latin(x)
    - ☐ Múltiple/Bi-Racial
    - ☐ Nativo de Hawái/Otras Islas del Pacífico
    - ☐ Otro No Blanco
    - ☐ Desconocido
    - ☐ Blanco

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.

QR Codes Developed for the CPPP

State of California
Health and Human Services Agency Department of Health Care Services

MENTAL HEALTH SERVICES ACT

PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City:_____

Fiscal Year:_____

Local Mental Health Director

Name:_____

Telephone:_____

Email:_____

I hereby certify[1] under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

_____ _____

Local Mental Health Director (PRINT NAME) Signature Date

[1] Welfare and Institutions Code section 5892 (b)(2)

DHCS 1819 (02/19