



June 26, 2023

Sent via MHSOAC portal.

Mental Health Oversight & Accountability Commission

Dear MHSOAC,

Madera County's Quality and Compliance Unit is submitting its MHSA Program and Expenditure Plan for FY 23-26 as per requirements.

Through this communication, we'd like to also notify you of a new point of contact for plan submissions:

Eva H. Weikel
Division Manager, Quality, Compliance and Administrative Services
(559) 673-3508 x.1310
Eva.weikel@maderacounty.com

Sincerely,

Connie Moreno-Peraza, Behavioral Health Director
Madera County Behavioral Health Services
209 E. 7th Street
Madera, CA 93638





BOARD OF SUPERVISORS COUNTY OF MADERA

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AGENDA ITEM SUBMITTAL

June 6, 2023
Chairman David Rogers

DEPARTMENT Behavioral Health Services		DEPARTMENT CONTACT Melissa Torres 559-673-3508		AGENDA ITEM 6.c DISCUSSION ITEMS:									
SUBJECT: Mental Health Services Act Presentation		REQUIRED VOTE: N/A	DOC. ID NUMBER 9656	DATE REC'D									
STRATEGIC FOCUS AREA(S): Community, Public Information													
<u>For Clerk of the Board's Office Use Only</u>													
BOARD'S ACTION:													
<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">RESULT:</td> <td>APPROVED [UNANIMOUS]</td> </tr> <tr> <td>MOVER:</td> <td>Leticia Gonzalez, Supervisor - District No. 4</td> </tr> <tr> <td>SECONDER:</td> <td>Robert L. Poythress, Chair ProTem</td> </tr> <tr> <td>AYES:</td> <td>Wamhoff, Rogers, Poythress, Gonzalez, Macaulay</td> </tr> </table>						RESULT:	APPROVED [UNANIMOUS]	MOVER:	Leticia Gonzalez, Supervisor - District No. 4	SECONDER:	Robert L. Poythress, Chair ProTem	AYES:	Wamhoff, Rogers, Poythress, Gonzalez, Macaulay
RESULT:	APPROVED [UNANIMOUS]												
MOVER:	Leticia Gonzalez, Supervisor - District No. 4												
SECONDER:	Robert L. Poythress, Chair ProTem												
AYES:	Wamhoff, Rogers, Poythress, Gonzalez, Macaulay												
Is this item Budgeted? N/A			DOCUMENT NO(S).										
Will this item require additional personnel? No													
Previous Relevant Board Actions: PowerPoint/Supporting Documents: PowerPoint Presentation													

RECOMMENDED ACTIONS:

Mental Health Services Act Plan.

1. Presentation of the Three-Year Mental Health Services Act Plan for Fiscal Years 2023-2026.
2. Discussion and consideration to adopt the Madera County Mental Health Services Act (MCMHSA) Three-Year Plan.
3. Discussion and consideration of approval to authorize the Behavioral Health Services Director, in conjunction with the County Auditor-Controller, to sign the Program and Fiscal Accountability Certifications and forward the Three-Year Plan to the Mental Health Services Oversight and Accountability Commission.

DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:

DISCUSSION:

Proposition 63 was passed in 2004 and became the Mental Health Services Act (MHSA) law in 2005. This law generates funding for public mental health services through a 1% tax on personal income over \$1 million. Over the past years this funding



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has provided for new and innovative mental health services, during an economic downturn that generated greater mental health service needs. It has helped increase access to underserved communities through providing funding that allowed the Madera County Department of Behavioral Health Services (MCDBHS) to implement more culturally appropriate service modalities.

The MHSA Three-Year plan and annual updates provide a projection of services and resources that will be provided to communities through MHSA funding. County Mental Health Departments are required to annually develop and present description of their MHSA services and funding, based on State projections, for community stakeholder review and recommendations. This annual update provides a progress report for MCBHS' services for the previous fiscal years, outcomes for the previous years, an overview of proposed MHSA services for the current Three-year plan, program descriptions, and projected expenditures.

In accordance with State mandates and in order for counties to receive funds, Madera County Department of Behavioral Health Services is required to submit a Three-Year Program and Expenditure Plan or Update and obtain necessary approvals to enter into a valid MHSA Performance Contract with the California Department of Healthcare Services. There are necessary approvals included [W&IC 5830 Innovation Programs](https://law.justia.com/codes/california/2011/wic/division-5/5830/5830/) <<https://law.justia.com/codes/california/2011/wic/division-5/5830/5830/>>, addresses OAC (Oversight and Accountability Commission) approval processes for INN (Innovation) projects; [W&IC 5846 Oversight & Accountability](https://law.justia.com/codes/california/2011/wic/division-5/5845-5848/5846/) <<https://law.justia.com/codes/california/2011/wic/division-5/5845-5848/5846/>>, for general OAC responsibility; [W&IC 5847 Oversight & Accountability](https://law.justia.com/codes/california/2020/code-wic/division-5/part-3-7/section-5847/) <<https://law.justia.com/codes/california/2020/code-wic/division-5/part-3-7/section-5847/>>

FISCAL IMPACT:

There is no County match requirement for this funding and no impact to the County General Fund.

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

This item meets the above selected Strategic Focus Area of Community by establishing communication and receiving input from the community on areas for improvement, program planning, mental health policy, and implementation of programs.

ATTACHMENTS

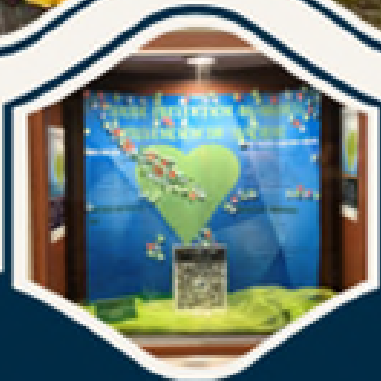
1. BOS MHSA Presentation 5.19.23
2. Contract- Madera County MHSA Program and Expenditure Plan FY 23-26- CRM 50489 (01041264x7AD00)



MHSA PLAN

MADERA COUNTY DEPARTMENT OF BEHAVIORAL
HEALTH SERVICES

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



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

MADERA COUNTY MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM AND EXPENDITURE PLAN FY 2023-2026

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CONNIE MORENO-PERAZA, MSW, LCSW
Behavioral Health Director

ETISHA WILBON, MA, LMFT
Assistant Director

ANDREA MARTINEZ, BBHS
Deputy Director of Operations

Message from the Director



Madera County Department of Behavioral Health Services Three-Year Mental Health Services Act Plan (MHSA) for FY 2023-2026 has been completed and was a remarkable success. The inclusion of key stakeholder groups, individuals, and diverse communities was critical to the Community Planning Process (CPP). We received a significantly higher response to the MHSA Plan Input Surveys distributed via multiple methods. The respondent's representation was also diverse, reflecting Madera County's demographics. The feedback validated some of the areas that the

Madera County Department of Behavioral Health Services (MADBHS) is currently working on; however, additional feedback was received, which is critical to increasing access to underserved populations in Madera County.

I recognize that the CPP was an immense success this year, with the input from our residents and our mental health and substance abuse clients.

In addition, I want to express my deep appreciation and gratitude to our culturally and linguistically diverse leadership team and line staff who helped do the presentations, training, and dissemination of MHSA Input Surveys in English, Spanish, and any other identified language and for the preparation of this new plan. Their dedication, commitment, and expertise were significant in the planning process results.

I hope you will find the Three-Year Integrated MHSA Plan FY 2023-2026 informative and reflective of our efforts to remain focused on ensuring the MHSA Programs are responsive to the "at risk" and "underserved communities." Together we continue to take the necessary steps to support and promote health and wellness by meeting the unique needs of our communities, with a focus on culturally, linguistically, and age-appropriate care. We look forward to continuing our collaborations to promote wellness, recovery, and resilience throughout Madera County, focusing on *"Helping Families Recovery, One Family at A Time."*

Thank you for taking the time to review and provide feedback on our MHSA Plan. The Behavioral Health Services Administration and our MHSA Leadership Team await your input. Please send input and comments to connie.moreno-peraza@maderacounty.com.

Sincerely,

Connie Moreno-Peraza, MSW, LCSW
Director

Madera County Department of Behavioral Health Services



Behavioral Health Services
P O Box 1286 Madera, CA 93639 • 559.673.3508 • MadCoServices.com • maderacounty.com



CONNIE MORENO-PERAZA, MSW, LCSW
Behavioral Health Director

ETISHA WILBON, MA, LMFT
Assistant Director

ANDREA MARTINEZ, BBHS
Deputy Director of Operations

Mensaje de la Directora



El Plan de la Ley de Servicios de Salud Mental (MHSA) de tres años del Departamento de Servicios de Salud de Salud Mental y Alcohol y Drogas del Condado de Madera para el año fiscal 2023-2026 se completó y fue un éxito notable. La inclusión de grupos de partes interesadas clave, individuos y comunidades diversas fue fundamental para el Proceso de Planificación Comunitaria (CPP). Recibimos una respuesta significativamente mayor a las encuestas de información sobre el plan de la MHSA que se distribuyeron a través de varios métodos. La representación de los encuestados también fue diversa, lo

que reflejaba la demografía del Condado de Madera. Los comentarios recibidos validaron algunas de las áreas en las que el Departamento de Servicios de Salud del Comportamiento del Condado de Madera (MCDBHS) está trabajando actualmente; sin embargo, se recibieron comentarios adicionales muy importantes, que son fundamentales para aumentar el acceso a las poblaciones desatendidas en el Condado de Madera.

Reconozco que el CPP fue un gran éxito este año, con los aportes recibidos de nuestros residentes y de nuestros clientes de salud mental y alcohol y drogas. Además, quiero expresar mi profundo aprecio y gratitud a nuestro equipo de liderazgo cultural y lingüísticamente diverso y al personal de línea que ayudaron a realizar las presentaciones, capacitaciones, difusión de las encuestas de entrada de la MHSA en inglés, español y cualquier otro idioma identificado, y por la elaboración de este nuevo plan. Su dedicación, compromiso y experiencia fueron significativos en los resultados del proceso de planificación.

Espero que encuentren el Plan Integrado de la MHSA de tres años para el año fiscal 2023-2026 informativo y que refleje nuestros esfuerzos para mantenernos enfocados en garantizar que los programas de la MHSA respondan a las comunidades "en riesgo" y "desatendidas". Juntos continuamos tomando las medidas necesarias para apoyar y promover la salud y el bienestar al satisfacer las necesidades únicas de nuestras comunidades, con un enfoque en la atención cultural, lingüística y apropiada para la edad. Esperamos continuar nuestras colaboraciones para promover el bienestar, la recuperación y la resiliencia en todo el condado de Madera con el enfoque en "*Ayudar a las familias a recuperarse, una familia a la vez*".

Gracias por tomarse el tiempo para revisar y proporcionar comentarios sobre nuestro Plan MHSA. La Administración de Servicios de Salud Mental y de Alcohol y Drogas y nuestro equipo de liderazgo de MHSA esperan recibir su opinión. Envíe sus aportes y comentarios a connie.moreno-peraza@maderacounty.com.

Atentamente,

Connie Moreno-Peraza, MSW, LCSW

Directora

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



Behavioral Health Services

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

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Madera

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

<p align="center">Local Mental Health Director</p> <p>Name: Connie Moreno-Peraza, LCSW</p> <p>Telephone Number: (559) 675-7703</p> <p>Email: connie.moreno-peraza@maderacounty.com</p>	<p align="center">County Auditor-Controller / City Financial Officer</p> <p>Name: David Richstone</p> <p>Telephone Number: (559) 675-7703</p> <p>Email: david.richstone@maderacounty.com</p>
<p>Local Mental Health Mailing Address:</p> <p>Madera County Behavioral Health Services PO Box 1288 Madera, CA 93639-1288</p>	

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

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


Connie Moreno-Peraza
 Local Mental Health Director (PRINT)


 Signature 5-3-23
 Date

I hereby certify that for the fiscal year ended June 30, 2022, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/27/21 for the fiscal year ended June 30, 2021. I further certify that for the fiscal year ended June 30, 2022, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

David Richstone
 County Auditor Controller / City Financial Officer (PRINT)


 Signature 5/2/2023
 Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
 Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

MHSA COUNTY PROGRAM CERTIFICATION

County/City: **Madera**

Three-Year Program and Expenditure Plan

Annual Update

Local Mental Health Director: Name: Connie Moreno-Peraza Telephone Number: (559) 673-3508 E-mail: connie.moreno-peraza@maderacounty.com	Program Lead Name: Etisha Wilbon Telephone Number: (559) 673-3508 E-mail: etisha.wilbon@maderacounty.com
Local Mental Health Mailing Address: Madera County Behavioral Health Services PO Box 1288 Madera, CA 93639-1288	

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three- Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 6/24/22.

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

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

Connie Moreno-Peraza



5-4-23

Local Mental Health Director (PRINT)

Signature

Date

ACKNOWLEDGMENTS

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 (Plan) for FY 2023-2026.

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 representatives of stakeholders of organizations and agencies who participated in the CPPP, we would like to thank particularly:

- Madera County Residents and the Consumers of MCDBHS
- Latina Unidas de Madera
- Turning Point - Wellness Centers
- Manna House of Oakhurst
- Madera Rescue Mission
- Chowchilla Community Taskforce
- Interagency Children's Youth Council
- Camarena Health
- Community Corrections Partnership (CCP)
- Madera County Behavioral Advisory Board
- Madera County Community Action Partnership
- Madera County Department of Public Health
- Madera County Department of Social Services
- Madera County Probation Department
- Madera Unified School District

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 Mental Health Services Act (MHSA) and the communities it serves.

We hope that this Plan provides a transparent look into how MCDBHS 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

MADERA COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SERVICES

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 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 MCDBHS, 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 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 Process (CPPP) that culminates in a three-year plan. MHSA Plans identify services across the age span, with age groups identified as children (0-16 years), Transitional 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 and Supports (CSS); Prevention and Early Intervention (PEI); Innovation (INN); Workforce, Education and Training (WET); and Capital Facilities and 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 of effectiveness.
- 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. MCDBHS has used a comprehensive stakeholder process to develop local MHSA programs. The state requires the central development and implementation of a 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) section 5847 states that county mental health programs shall prepare and submit an MHSA Three-Year Program and Expenditure Plan and MHSA Annual Updates for MHSA programs and expenditures. WIC section 5847 and California Code of Regulations (CCR), title 9, section 3310 states that a Plan shall address each MHSA component. MHSA has 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 § 5848 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. Plans and MHSA Annual Updates must be adopted by the county Board of Supervisors (BOS) and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within thirty (30) days after BOS adoption.

The MHSA Three-Year Program and Expenditure Plan differs from an MHSA Annual Update. CCR, title 9, § 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 year.
- The coming year's expenditure plan.

The five components are shown in (Figure 2): MHSA Program Components

The 5 Components of the MHSA

Community Services and Supports (CSS) (WIC § 5800 and § 5850)

- CSS funds are intended to expand and transform services provided for children, youth, adults, and older adults living with serious mental illness towards recovery-oriented services. Programs include Full Services Partnerships (FSP), Systems Development and Outreach and Engagement (SD/OE), and Housing.

Prevention & Early Intervention (PEI) (WIC § 5840)

- PEI funds are intended to prevent mental illness from becoming severe and disabling. It aims to reduce risk factors for mental illness as well as increase access to services for underserved populations by reducing stigma, providing accessible services and linking people to appropriate services.

Innovation (INN) (WIC § 5830)

- Innovations are defined as novel, creative and/or ingenious mental health practices/approaches that are expected to contribute to learning how to increase access to underserved groups; improve the quality of services, including better outcomes; promote interagency collaboration; and increase access to services.

Workforce Education & Training (WET) (WIC § 5820)

- WET funding is intended to remedy the shortage of qualified individuals to provide services to address serious mental illness. This includes training existing providers, increasing the diversity of individuals entering the field, and promoting the employment of consumers and families.

Capital Facilities & Technology Needs (CFTN) (WIC § 5847)

- (CF/TN) CF funds are to develop or improve buildings used for the delivery of MHSA services or for administrative offices. TN funds are to develop or improve technological systems, such as electronic health records.

HIGHLIGHTS FROM THIS PLAN INCLUDE THE FOLLOWING:

An Overview: The CPPP is the basis for developing the MHSA Plan and subsequent updates. 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 MCDBHS CPPP generally include(s): MHSA team members lead, coordinate, and manage all aspects of the CPPP. Stakeholders representing the Madera County community participated in the CPPP, including individual and family members with lived experience; providers; organizations; and members of standing stakeholder groups, such as the Madera County BHAB, 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. MCDBHS 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 (O&E) 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: The system of care 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 (ACT) provides intensive services to adults with the most severe mental health needs to decrease hospitalization, incarceration, and homelessness.
- Early Intervention Clinical Services to provide TAY 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 locally 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.

DEMOGRAPHICS AND CHARACTERISTICS



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, Mariposa and Merced border Madera 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% another unspecified race, and 0.1% Native Hawaiian and Other Pacific Islander based on the data obtained from the 2022 US Census Bureau. 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.

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

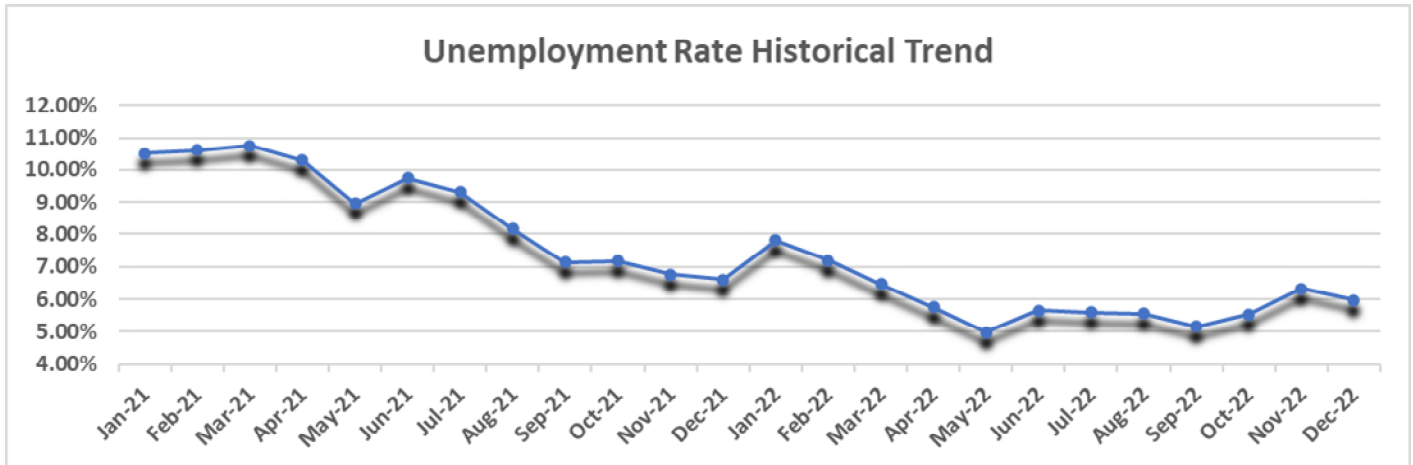
(7,116 people), Office & Administrative Support Occupations (5,857 people), and Sales & Related Occupations (5,754 people). The economy of Madera County employs 58.9k people. The largest industries in Madera County, are Agriculture, Forestry, Fishing & Hunting (8,742 people), Health Care

The 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%

& 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 remained the same for the last quarter at 6.0% vs. California, which decreased to 4.1%.



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 the rate has been increasing. The 2010 Report of the Indigenous Farmworker Study (IFS) to the California Endowment States that Madera County is known to have a large 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. (Source: www.alrb.ca.gov/wp-content/uploads/sites/196/2018/05/IFS_Mines_Final_2010.pdf)

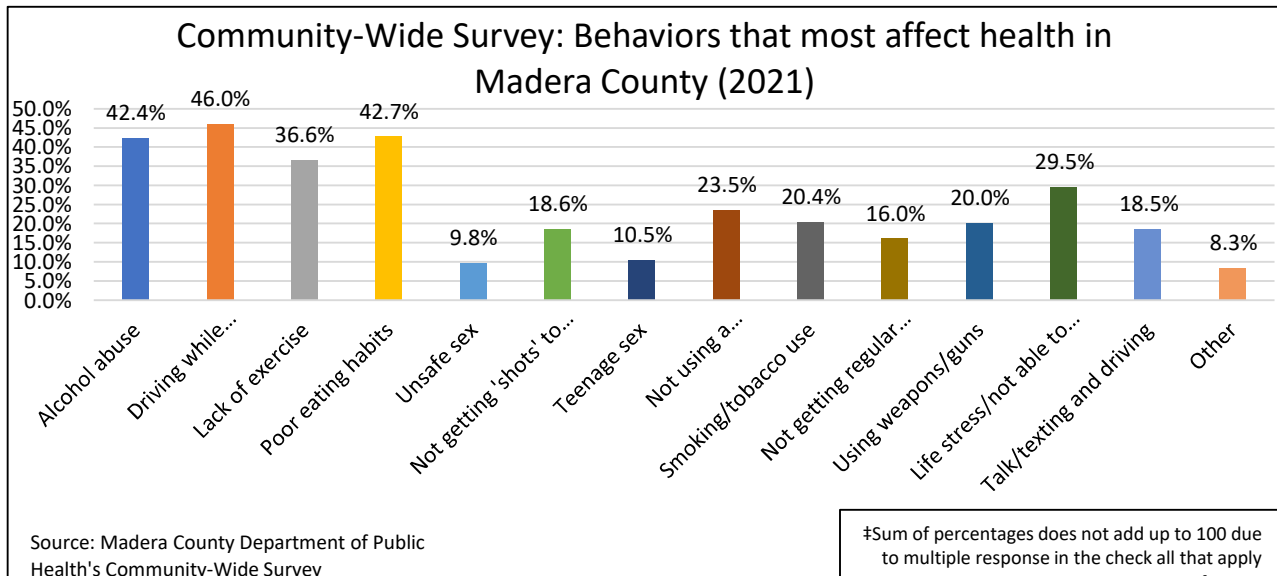
COMMUNITY BEHAVIORAL & HEALTH RISK

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

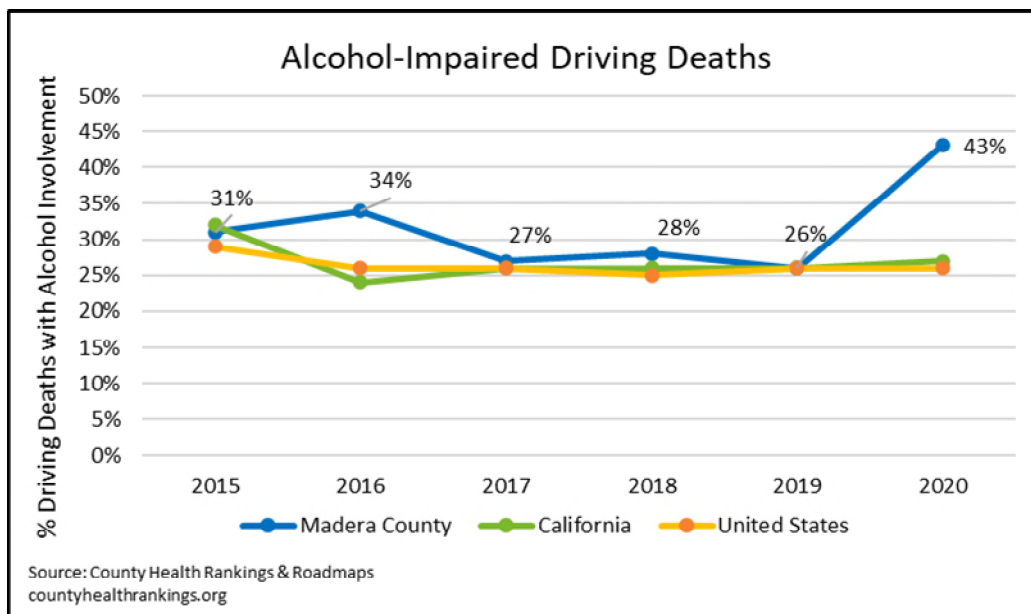
disorders and depression are the leading mental health disorders for age groups 0-20 and 21+ years. Additional key findings were housing affordability, income inequality, high rates of substance use, and racial health disparities were underlined as weaknesses in Madera County. (Figure 1-2. Community-Wide Survey-2021). African American and Latino children are four and eight times more likely to live in poverty than their white counterparts (Source: MCDPH CHA, 2021).

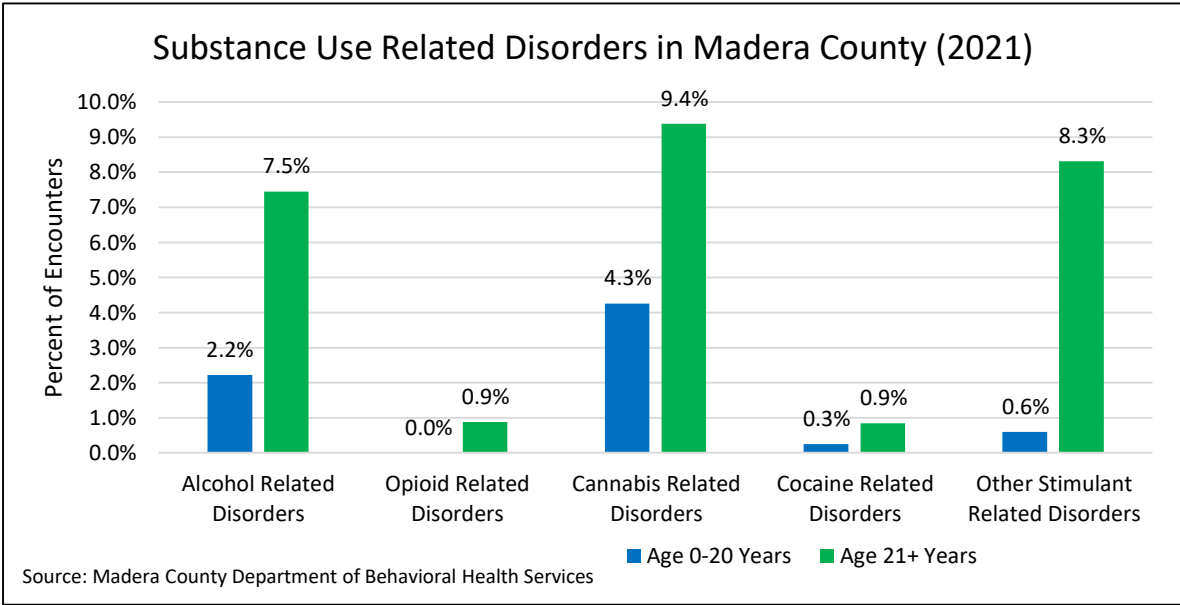
*Data Source: State of California, Employment Development Department

*Data Source: Madera County, 2020 Decennial Census https://data.census.gov/profile/Madera_County,_California?g=050XX00US06039



KEY FINDINGS: The CHA identified top behavioral and health risks for Madera County included physical inactivity, intoxicated driving. (Source: Madera County CHA, 2021).





KEY FINDINGS: The CHA identified that consumers with cannabis-related disorders are encountered most at the MCDBHS. Other stimulants (amphetamine-related disorders & caffeine) and alcohol-related disorders are in Madera County’s top three substance use-related disorders. (Source: Madera County CHA, 2021).

MHSA COMMUNITY PROGRAM PLANNING PROCESS (CPPP)



MHSA COMMUNITY PROGRAM PLANNING PROCESS

In October 2022, the MCDBHS began planning the Plan for fiscal years (FY) 2023-2026. To ensure that the CPPP is adequately staffed, MCDBHS designated positions and/or units responsible for:

- Coordination and management of the CPPP.
- 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 MCDBHS MHSA Planning Team included Division Manager Nick Avila-Montes LCSW, 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 Deputy Director Andrea Martinez, Assistant Director Julie Morgan, LCSW and Behavioral Health Director Connie Moreno-Peraza. The planning team presented to the Madera County BHAB at critical moments in the CPPP to review and comment on recommendations. 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 CPPP. Planning activities and their corresponding dates are presented in the table below, followed by a detailed description of each exercise.

Activity	Date
Planning	
Kick Off Meeting	12/05/2022
• Stakeholder Meetings and Input Survey	01/17/2023-02/27/2023
Implementation	
• MHSA Planning Meetings (see appendix for list)	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 Plan.

STAKEHOLDERS PROCESS

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 section 5848 and CCR, title 9, section 3300. For this reason, CPPP meetings are held at local community centers and libraries, which deliver easy accessibility (e.g., ADA accessible), 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, in MCDBHS clinical offices, provider/contractor sites, and the community.

In accordance with WIC section 5848, MCDBHS conducted a CPPP to engage and inform the community about the Plan and Annual Updates. The MHSA planning team conducted all the CPPP activities, analyzed community data, and summarized key findings. The method used was a mixed-method approach involving stakeholders (including clients and their family members) in all aspects of the CPPP through a series of engagement meetings. Communication about community meetings to county constituents identified the meeting and why it was being provided to stakeholders for community

planning in accordance with the WIC section 5848. 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 stakeholders. 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, as encountered while conducting these community sessions, additional staff with real-life experience, like peer support, 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 Proposition 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 anonymously and provide us with new and innovative ways to expand programs and community needs based on these responses through the innovation component. The MHSAOAC defines innovative programs as novel, creative, or ingenious mental health approaches. An Innovative Program 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, section 3315. 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 (SMI) 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 vital interests. The Plan is drafted and presented at a local 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 BHAB 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, section 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; BHAB; 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.

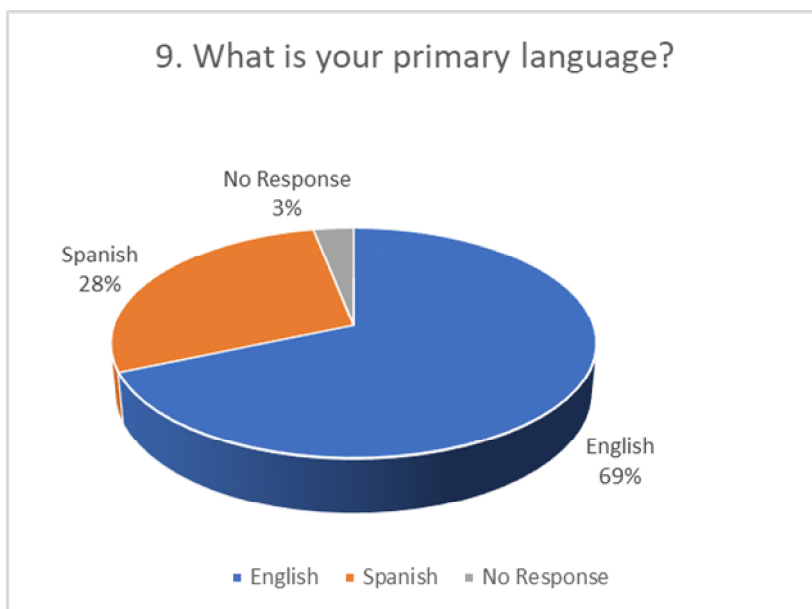
Special efforts were made to ensure that consumers were represented in all phases of the planning process, including community-based agencies and service providers most connected to consumer groups. These Community meetings were provided in rural areas or at public gathering sites like ethnic shopping centers, homeless and safe refuge provider sites (such as Madera Rescue Mission, Latina Unidas de Madera, Olive Foundation, Victim Services, Live Well Madera County), MCDBHS Mental Health and SUD adult and youth groups, MCDBHS Perinatal Groups, Mana House, Farmers/Flea

Market, Holy 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 CPPP, 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. The focus is to receive CPPP feedback and provide community education on mental health and substance use disorders (SUD(s)) to make informed decisions on community needs.

The MHSA planning team presented 28 MHSA community meetings ranging in size from 10-40 attendees. These community meetings were conducted using a hybrid model, including in-person and online, due to COVID-19 restrictions in certain public facilities and allowing for the stakeholder's choice to participate. The MHSA planning team and staff provided an overview of the MHSA CPPP and the purpose of the Stakeholder Survey. To provide access 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 identified areas of need. 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.

Surveys were collected in FY 2022-23 in preparation for the MHSA Plan of 23-26.



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, the 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 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. The County aims to build off 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. The highest participation was identified by clients/consumers, with 125 surveys received, followed by the least represented group identified as military or veteran. Most respondents (285) were between the 25-59 age group or in the 16-24 age group. Eighty percent (80%) of the respondents live within the Madera City limits, seven percent (7%) within the city of Chowchilla, and the remaining in the Eastern Madera County communities such as Oakhurst, Coarsegold, and North Fork. Fifty-two percent (52%) of respondents identified as male, while forty-four percent (44%) identified as female, and eighty-two percent (82%) of those surveyed indicated that English was the stakeholder's primary language, with the remaining eighteen percent (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 O&E activities to Madera's prominent Indigenous communities, African Americans, and Asian groups for our annual update and next CPPP planning period in accordance with the CCR, Title 9, § 3650(a)(5).

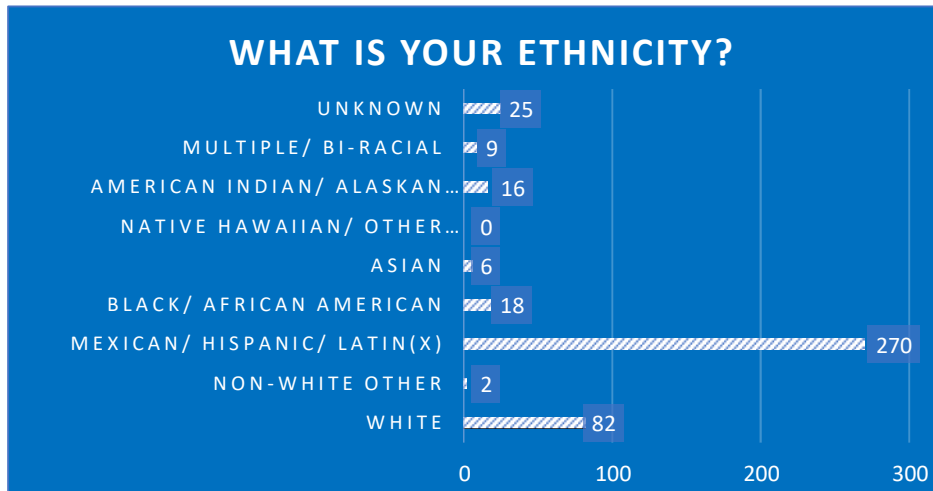
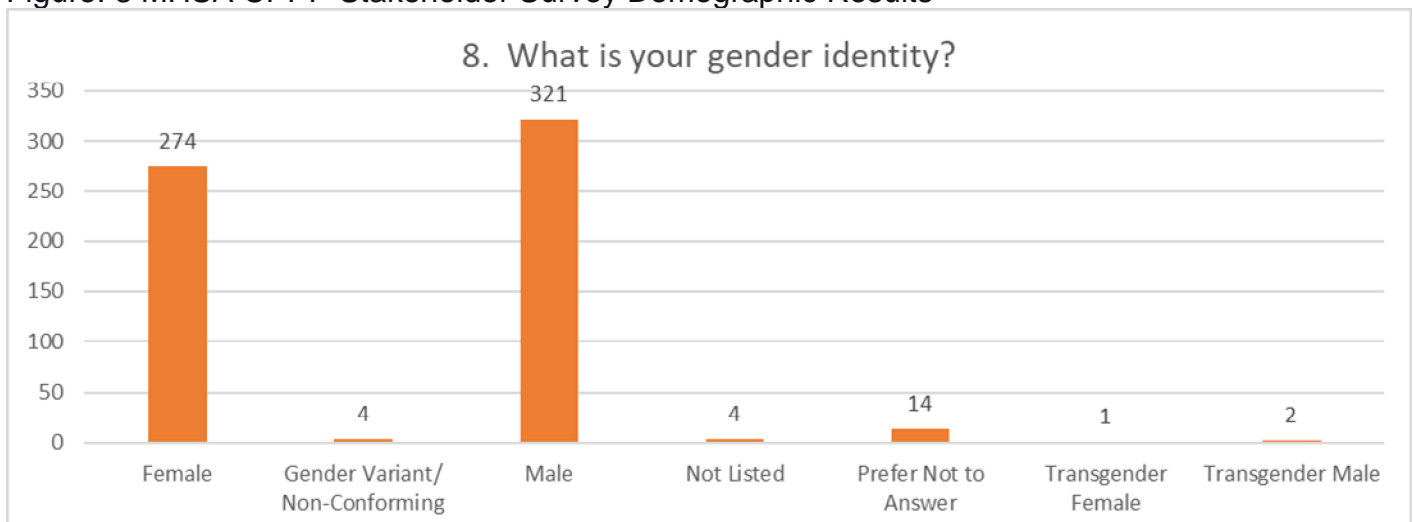
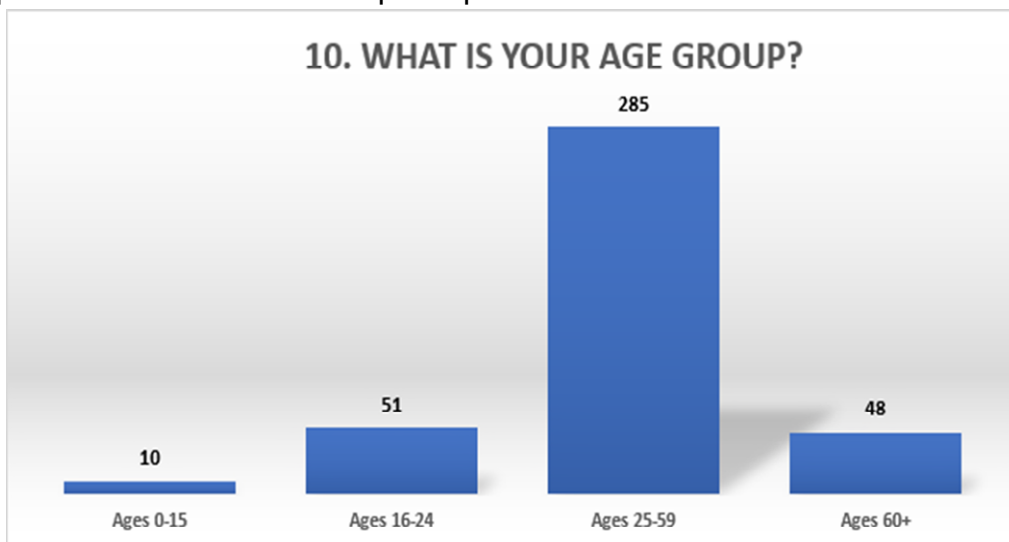


Figure. 3 MHSA CPPP Stakeholder Survey Demographic Results

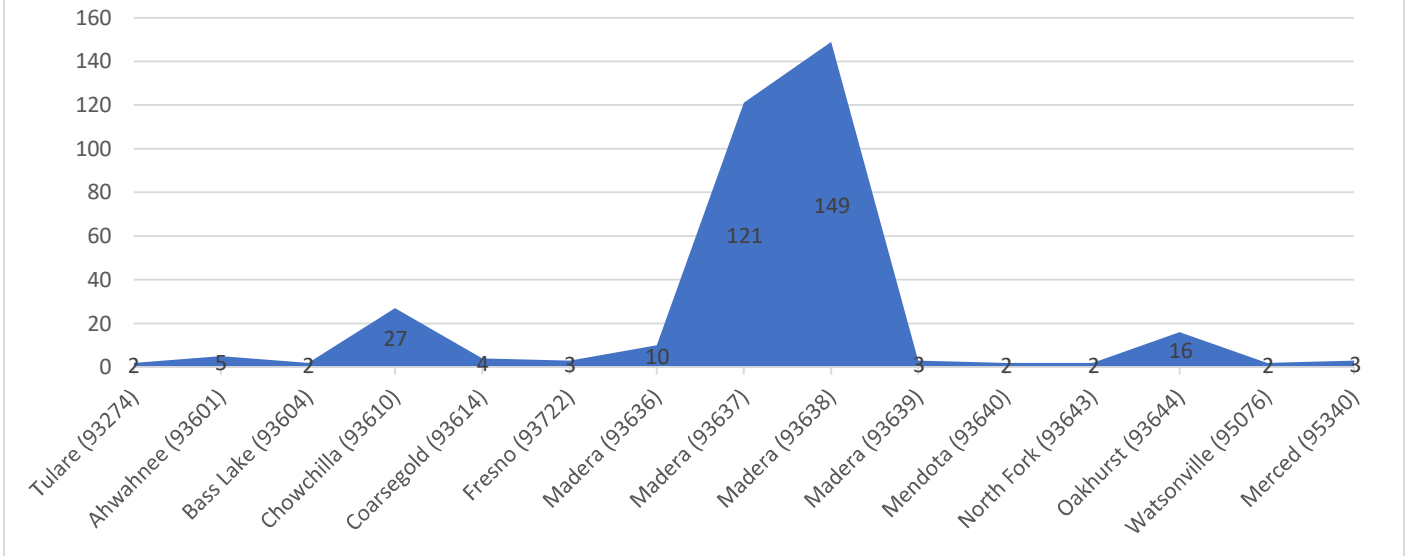


Key Findings: This showed that MCD BHS needs to partner with agencies/schools working with the LGBTQ+ population to increase CPPP participation.



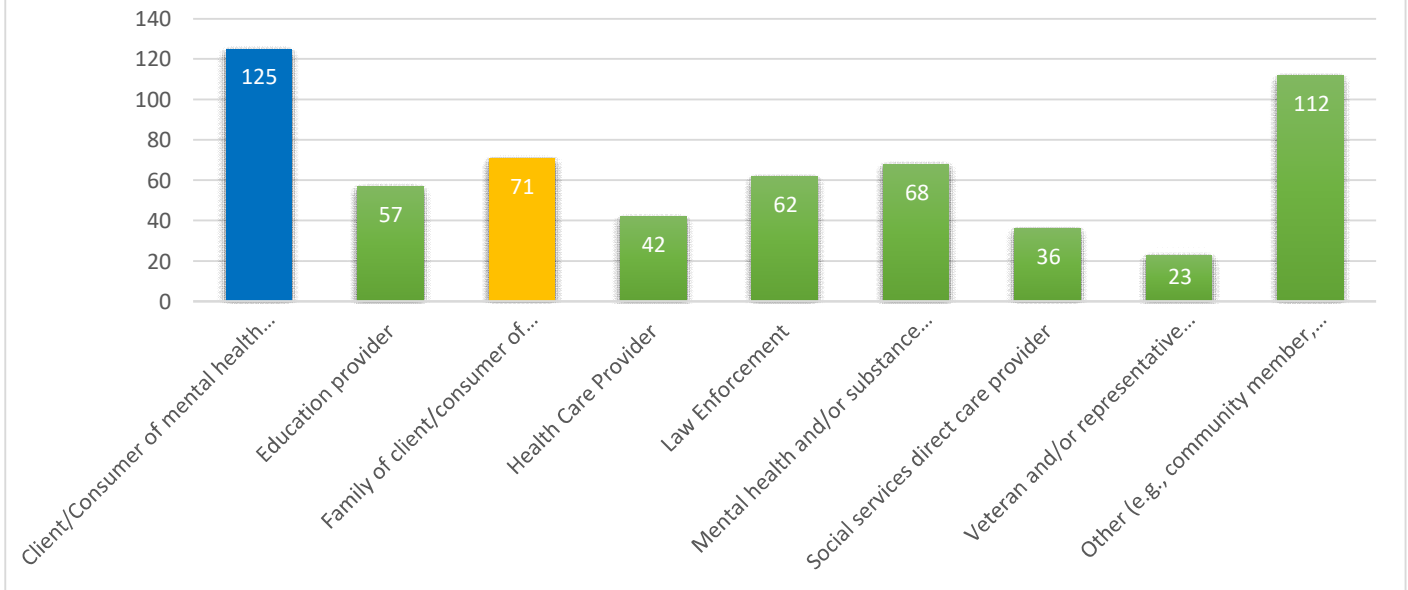
Key Findings: MCD BHS needs to increase targeted youth and older adults to increase participation in the CPPP

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



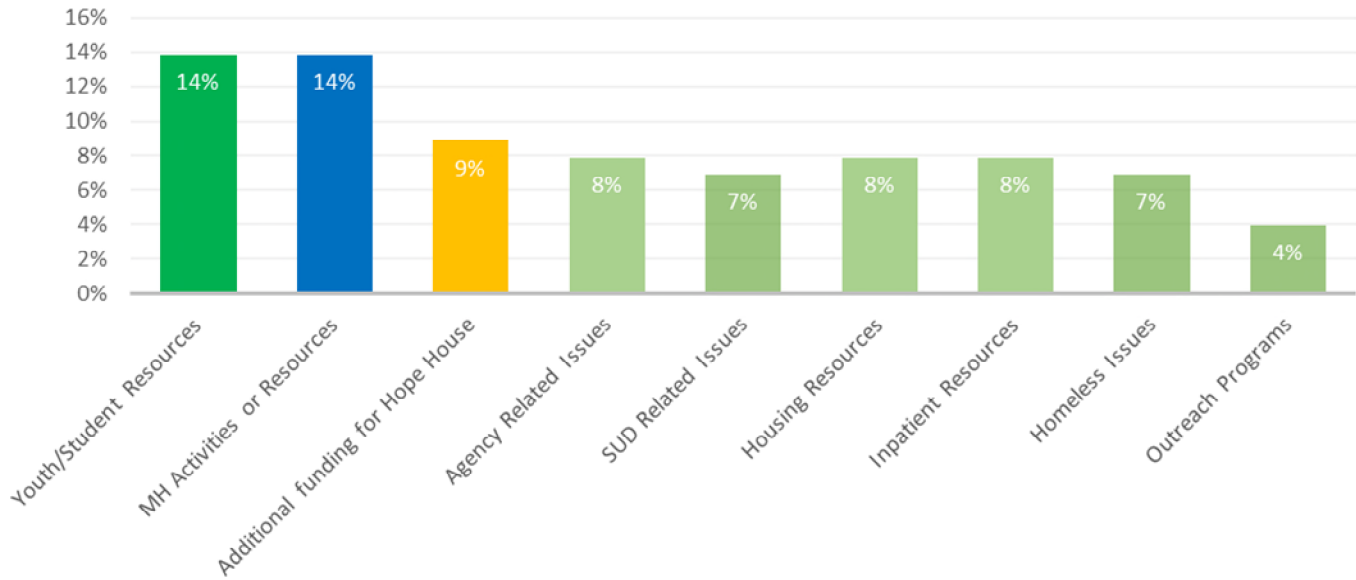
Key Findings: MCDBHS needs to increase its stakeholder engagement in Eastern Madera County, Chowchilla, and its surrounding communities.

WHAT COMMUNITY GROUP(S) DO YOU REPRESENT?



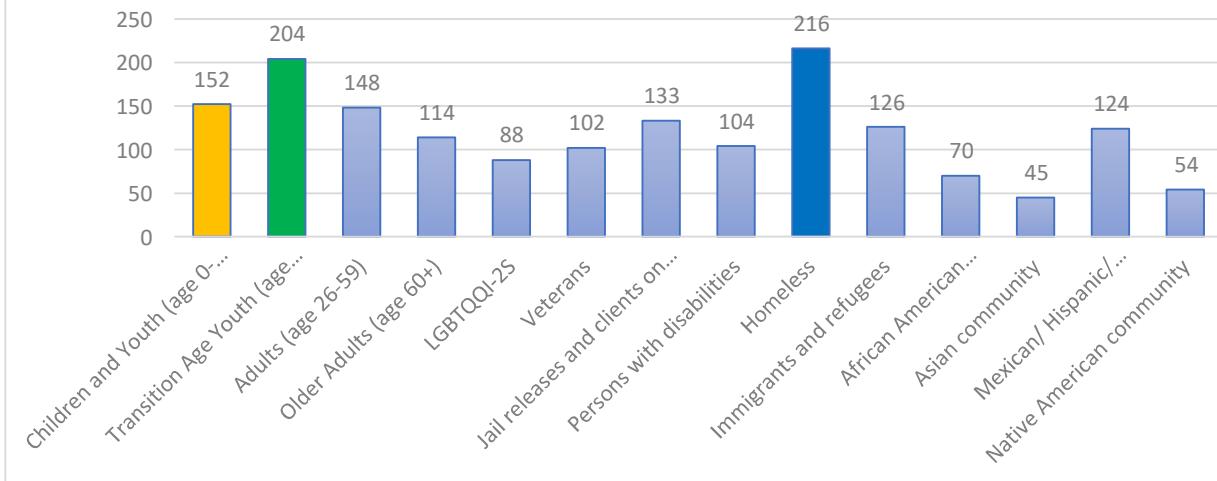
Key Findings: Consumer/Client of mental health services surveys were three times more than in the following CPPP years.

PLEASE PROVIDE ANY ADDITIONAL COMMENTS OR IDEAS THAT CAN IMPROVE MENTAL HEALTH OR SUBSTANCE USE SERVICES IN MADERA COUNTY.



Key: Findings: Respondents indicated that youth student resources along with MH activities and resources are some of the areas that need improvement in Madera County.








IN YOUR OPINION, WHICH ARE THE MOST UNDERSERVED POPULATIONS OF MENTAL HEALTH OR SUBSTANCE USE SERVICES?



Key: Findings: Respondents indicated that people experiencing homelessness, 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 BOS, BHAB, county staff, service providers, consumers, family members, and those whose email addresses are associated with the stakeholder email list compiled throughout this planning process. A public notice was posted and published online on the MCDBHS website and front door for consumers and the public to view. 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 BHAB, during which stakeholders were engaged to provide feedback about the Madera Plan for FY 2023-2026 (see Appendix G for the 30-Day Public Comment form). Fifteen stakeholders attended the public hearing, representing county staff, the BHAB, consumers, and family members. Pursuant to WIC section 5848, the Program Update was 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: 03/17/2023 end date: 04/17/2023	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.

COMMUNITY COMMENT STATEMENTS DURING THE 30-DAY PUBLIC COMMENT PERIOD REVIEW:



CONNIE MORENO-PERAZA, LCSW
Behavioral Health Director

JULIE MORGAN, LCSW
Assistant Director

MADERA COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SERVICES

Mental Health Services Act (MHSA) 30-Day Public Comment Form

Public Comment Period: **March 17, 2023 – April 17, 2023**

Document Posted for Public Review and Comment:

MHSA 3-Year Program and Expenditure Plan for Fiscal Years 2023-2026

This document is posted on the Internet at:

<https://www.maderacounty.com/government/behavioral-health-services/services-and-programs/mental-health-services-act-mhsa>

Personal Information (Optional)

Name: [REDACTED]	
Agency/Organization: Madera County Behavioral Health Advisory Board	
Phone Number: [REDACTED]	E-mail: [REDACTED]
Mailing Address: [REDACTED]	
Madera, CA 93637	
MY ROLE IN THE MENTAL HEALTH SYSTEM	
<input type="checkbox"/> Client/Consumer	<input type="checkbox"/> Probation
<input type="checkbox"/> Family Member	<input type="checkbox"/> Educator
<input type="checkbox"/> Social Service Provider	<input type="checkbox"/> Mental Health Services Provider
<input type="checkbox"/> Law Enforcement / Criminal Justice	<input checked="" type="checkbox"/> Other: MHAB Member
PLEASE PRINT OR TYPE YOUR COMMENTS BELOW	
<p>MHSA 3-Year Program and Expenditure Plan for Fiscal Years 2023-2026 is comprehensive well written and edited, showing evidence of commendable effort and commitment to the planning process. However, while on page 8 of the plan there is reference to service outcomes, in the plan narrative itself, I found no outcomes, per se. The term "outcome," as used frequently in the plan, seems to refer to compliance with standards that are not described in reference to their origins or relationships to results. On following pages there is mention of the intention or goals of reducing the rates of hospitalizations, incarcerations and homelessness. I think the intention is to compare the rates for service recipients in one period to a later period. I would like to see the actual rates and time frames plus comparisons between service recipients based upon demographic measures. Demographic variations of service providers as well, would be valuable in developing or expanding the most effective services. In addition the term "evaluation" in the plan seems to refer only to procedures for determining eligibility for participation in services, and not to the effectiveness of services.</p>	

IMPORTANT INSTRUCTIONS: If you need more space for your response, please submit additional
Or P.O.Box 128, Madera, CA 93639

1. Hand Deliver this form to any of MCBHS offices, ATTN: MHSA Coordinator:

mhsaplaninput@maderacounty.com

STAKEHOLDER SURVEY RESULTS

Stakeholders were asked for feedback and recommendations. The following pages list information collected from participating stakeholders during the community planning meetings for FY 2023-2024. As mentioned, attendees are asked to rate issues from most to the least important. Although participants were encouraged to complete the survey, it is not mandatory. Stakeholders had the option only to 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 respondents were consumers of behavioral health services. A total of 393 surveys were obtained during the CPPP. Each had questions on the respective stakeholder's knowledge of mental health and SUDs, 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 (216) 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, and other underserved populations.

The following domains were developed during several community planning meetings held during January and February 2023. These focus areas synthesize the survey findings 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. Instead, they were developed as a reflection of the central themes that are most pertinent when considering existing programs and practices within MCDBHS.

TOP PRIORITIES FROM THE COMMUNITY PLANNING PROCESS AS ONGOING NEEDS IN THE DIVERSE COMMUNITIES IN MADERA COUNTY:

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 Plan.

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

Comments were documented and written as provided by the stakeholder's survey questions

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

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. This perspective includes law enforcement, childcare providers, and teachers as part of the workforce. 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

Caseloads 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 illness's 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, i.e.. 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.

Substance abuse, specifically at and around campus is a big problem. The kids know that it is bad for them to take these substances but they do it anyways as an escape. If we want to lower these numbers of kids abusing substances we need to improve whatever situation that made them turn to the substances 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 Wives/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 inpatient 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.

To be there for them.

Love!!!

None

Prayer

Mission

Don't Know

N/A

Caring

N/A

Prevention at an early age.

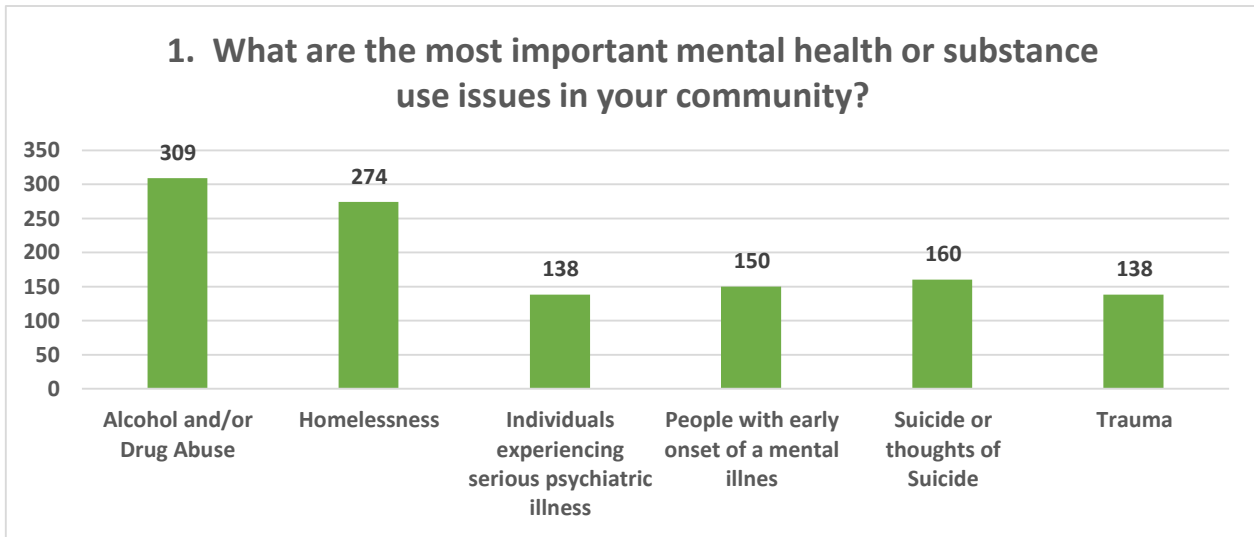
I have no additional comments at this time.

None at this time.

Thank you for making a difference.

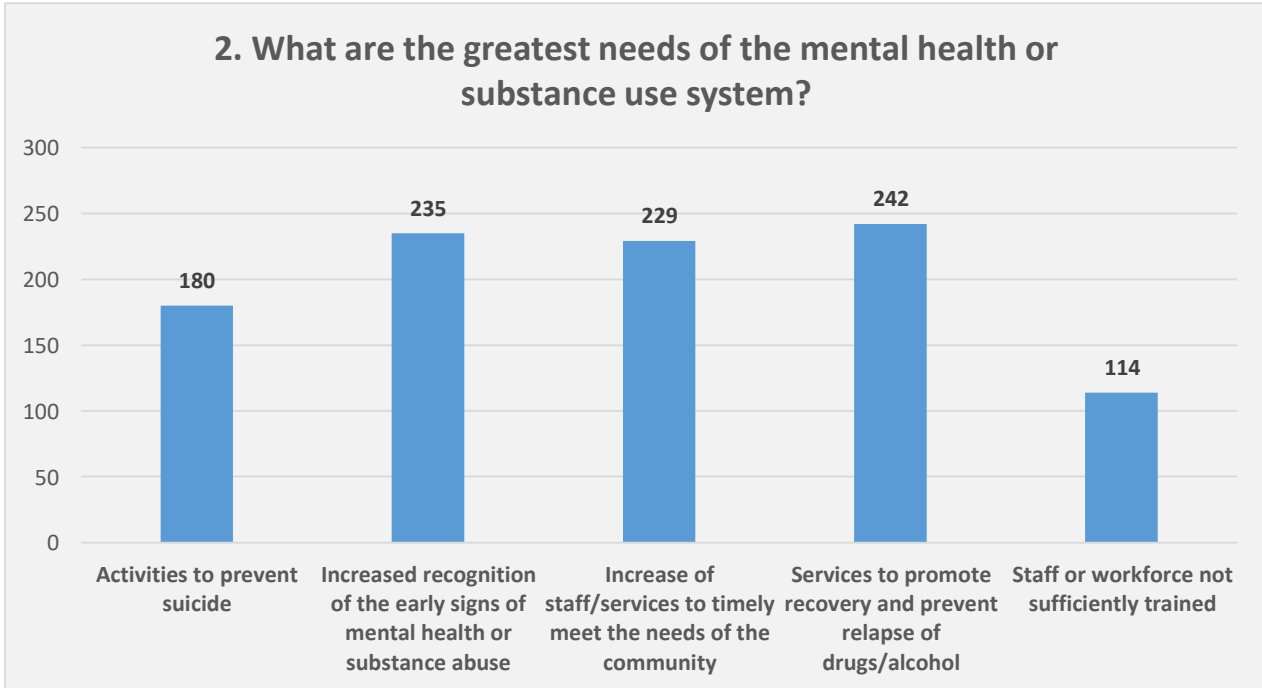
I believe Mental Health is essential, and it plays a big role in what some choose to do with their life. Unresolved problems just grow bigger and bigger.

Na



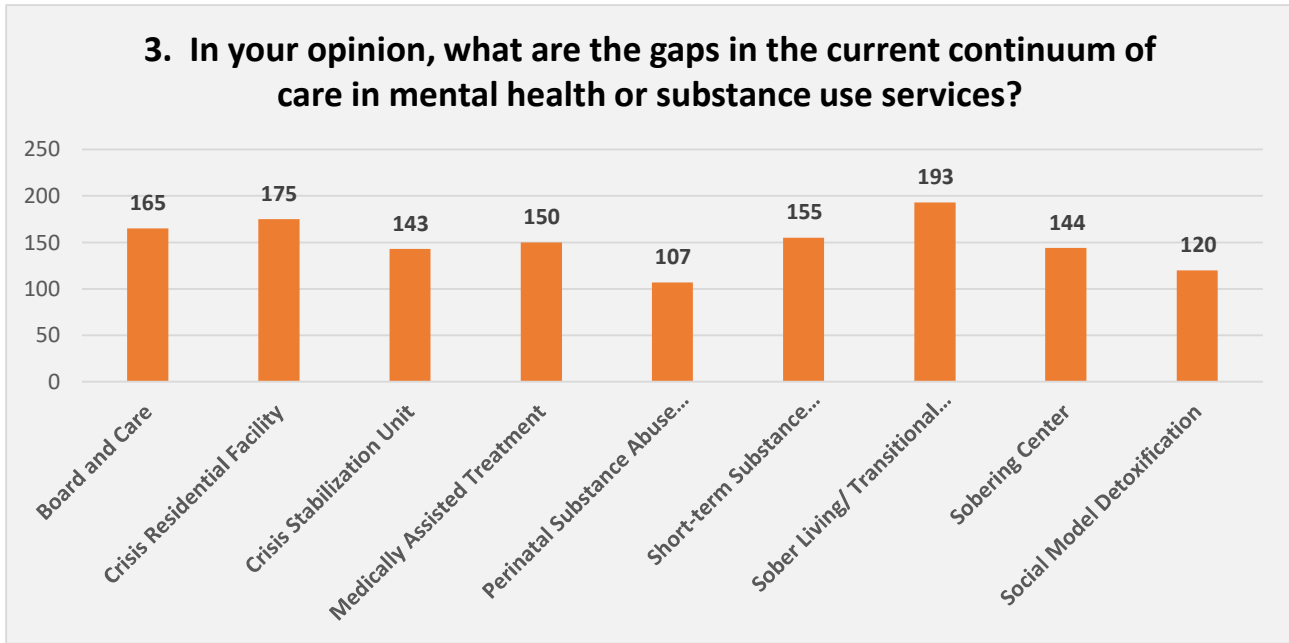
Key Finding: The Survey supports what MCD BHS heard in our community planning meetings and what was identified in the Public Health Community Health Assessment. MCD BHS will continue to explore programs to engage and educate the community about SUDs, particularly alcohol, and to continue efforts to address 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

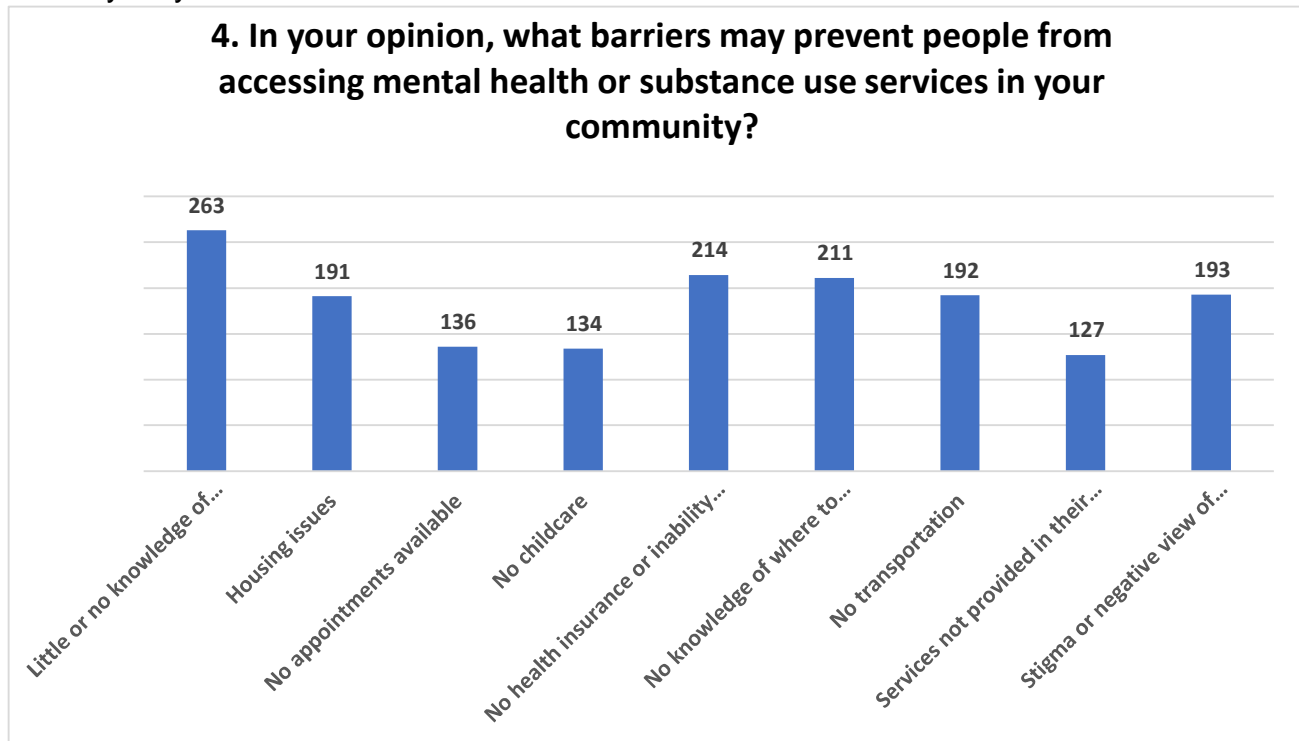


Key Finding: Survey results supported information gathered in community meetings for focused services areas of Substance Use, Prevention and Education, and the Workforce. MCD BHS is addressing those areas in this planning cycle and continues educating the community about

substance use and available programs or services through collaborative efforts with radios, ads, and local media in both Spanish and English stations.

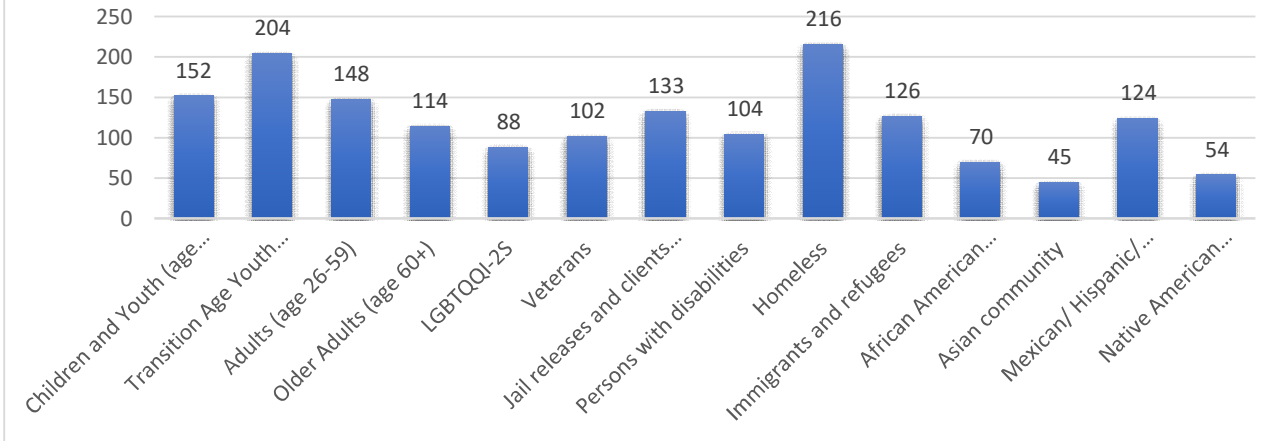


Key Finding: The findings support what MCDDBHS learned through the Behavioral Health Continuum Infrastructure Program (BCHIP) Round 5 grant process. MCDDBHS submitted a grant application for a facility providing CSU services for adults and youth and a Sobering Center for adults that will run 24/7, 365 days a year.



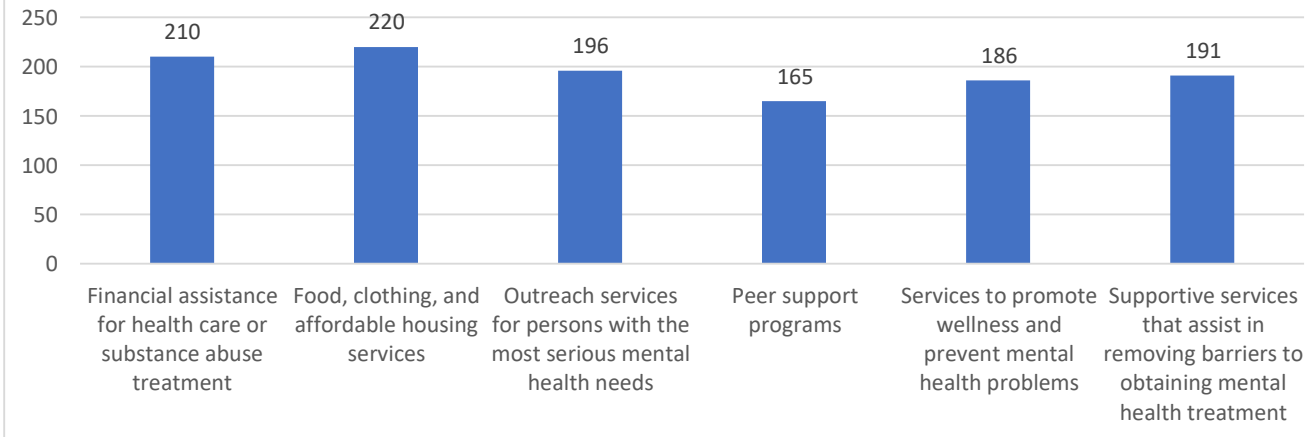
Key Findings: Supports increasing media marketing campaigns, branding, or grassroots efforts to support education on services available to the community, for stigma reduction, and for improving community-based prevention and education as well as O&E services countywide.

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



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

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



Key Findings: The expansion of intensive case management (ICM) and wraparound services to help address some of these issues is being expanded by hiring additional staff. Several of these critical areas can be addressed by broadening workforce capacity to help educate, outreach, and create local media campaigns of available services in the community. MCDBHS has included a plan to increase marketing for stigma reduction and public services to the community to increase access awareness to behavioral health and mental health services.

MENTAL HEALTH SERVICES ACT (MHSA)



MHSA THREE-YEAR PROGRAM PLAN

INTRODUCTION

This section provides an overview of the community's vision for MHSA and descriptions of the proposed programs for Madera County's Plan for FY 2023 – 2026. The purpose of this Plan is to document the community's vision for achieving the transformation and expansion of mental health services intended by the MHSA and 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 MCDBHS Stakeholders envision a system that provides 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, 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 them, and train them--the behavioral health workforce and other service providers who may encounter people needing behavioral health services. This perspective includes law enforcement, childcare providers, and teachers as part of the workforce. 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 5 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 FSP Program, providing support to clients to help them maintain their housing; through 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 FSP.

COMMUNITY SERVICES AND SUPPORTS (CSS)



COMMUNITY SERVICES AND SUPPORTS

MHSA aims to reduce the long-term effects of untreated mental illness and severe emotional disorders by implementing CSS to serve unserved, underserved, and at-risk populations. The CSS component intends to target these areas through different outlets. Per the California Code of 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 SMI or Serious Emotional Disturbance (SED). Providing housing to unhoused individuals at risk of homelessness also falls under the CSS component.

CSS is the most significant component of MHSA; 76% of funding is directed towards direct services to adults and older adults with SMI and children and youth with SED who meet the criteria outlined in WIC section 5600.3.

Children and Families

- TAY
- Adults
- Older Adults

The CSS component has the following service categories:

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

MHSA HOUSING PROJECTS



MHSA HOUSING PROJECTS

Local Government Special Needs Housing Program (SNHP)

The MHSA Housing Program embodies both the individual and systemic transformational goals of MHSA through a unique collaboration among government agencies at the local and state level. 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 overseeing the mental health system and ensuring consumers access appropriate services and support. County mental health departments are responsible for designing and delivering mental health services and support. The non-profit MMHSA Housing, Inc. operates the shared housing portion of this program. This program provides permanent supportive housing for the target population identified in the MHSA. Counties must spend the above Mental Health Services Funds to provide “housing assistance” to the target populations identified in WIC section 5600.3 (WIC § 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 (WIC § 5892.5(a)(2)).

MHSA Shared Housing

Obtaining stable housing is critical in achieving health and wellness for individuals experiencing homelessness or at risk of homelessness and struggling with SMI. The MSHA 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 SMI 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 law. This dedicated program uses bond proceeds 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 the P Street House, a four-bedroom permanent supportive home 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 allows them to practice their new skills. They are assigned chores and tasked with keeping their rooms and common areas clean.

Mariposa Four-Plex in Chowchilla

Another housing option available to clients is MHSA Shared Housing in Chowchilla. This four-plex 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 are provided by Turning Point, which ensures that people residing there are linked with community resources. MCDBHS supports Turning Point and the Behavioral Health Service needs of residents here.

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 NPLH project. The apartment complex has 52 units, and 16 are dedicated NPLH units. These units must be accessed through the coordinated entry system of the Fresno Madera Continuum of Care (FMCoC).

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 the City of Madera and Madera Opportunities for Resident Enrichment and Services, Inc. (MORES) non-profit to have seven 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 currently involved in MCDBHS services and experiencing homelessness. Beds are located at the Madera Rescue Mission and can be used for temporary housing to establish long-term housing in our community. Although short-term, the clinical team can 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

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

CRISIS TREATMENT SERVICES

Adult Crisis Residential

Therapeutic or rehabilitative services are provided in a non-institutional residential setting, providing a structured program as an alternative to hospitalization. This is for clients experiencing an acute psychiatric episode or crisis without medical complications requiring nursing care. The service includes various activities and services that support clients in restoring, maintaining, and applying interpersonal and independent living skills and accessing 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 (CRU) is a short-term program that offers recovery-based treatment options, services, and interventions in a home-like setting, 24 hours a day, 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, experiencing severe psychotic episodes or intense emotional distress, who might otherwise face hospitalization and/or incarceration. Services provided by the CRU include psychiatric evaluation and group counseling. CRU is a voluntary Crisis Residential Treatment facility that allows residents to practice real-world recovery by participating in the day-to-day activities of running a household, including basic living 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 provides services 24 hours a day and 365 days a year, including assessment, physical and psychological evaluation, mental health, case management services, and assistance locating permanent housing. CRU Services include:

- 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)



PREVENTION AND EARLY INTERVENTION (PEI)

OVERVIEW

MHSA Prevention and Early Intervention (PEI) funds 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, preventing suicide; and connecting individuals to appropriate services. A minimum of 51% of PEI funds must be dedicated to youth and TAY (0-25 years old).

PEI emphasizes improving timely access to services for underserved populations and incorporating robust data collection methods to measure the quality and outcomes of services. Programs contain strategies to reduce adverse effects of untreated mental illness, such as: suicide; incarceration; 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 the emergence of mental illness
- Outreach: Increase recognition of and response to early signs of mental illness
- Access and Linkage to Treatment for those with SMI
- Reduce Stigma and Discrimination related to mental illness
- Efforts and Strategies related to Suicide Prevention
- A focus of PEI is to reach unserved 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 with delivery to support clients (such as building school-based coordination teams and learning communities to share resources and best practices).

PREVENTION AND EARLY INTERVENTION PRIORITIES

During the MHSA CPPP community members, providers, and county staff identified various PEI priorities. The themes from the discussions and the collected surveys guide the MCDPH PEI program and service priorities for the next three years.

These priorities include:

Priority One: Expanding School-Age PEI Services.

- With a focus on enhancing school climate and coordination systems.

Priority Two: Enhancing services for mental health and SUDs among adults, children, TAY, and older adults.

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

Priority Three: Building the 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 training, 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 social media followers, family, and community.

Priority Four: Develop and Identify Strategies for a Suicide LOSS Team

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

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
Adults Aged
60+

PROGRAM OVERVIEW AND HISTORY

FSP Adult and Older Adults seek to engage individuals with SMI in intensive, team-based, and culturally appropriate services. FSP provides a “whatever it takes” approach to promote recovery and increase quality of life; decrease adverse outcomes such as hospitalization, incarceration, and homelessness; and improve 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 with SMI. The individuals served have multiple risk factors and complex mental health needs.

PROGRAM DESCRIPTION

MCDBHS understands the importance of qualified trauma-informed staff delivering program services. Services are provided 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 SMI, 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, institutional 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 ICM, 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 Adults 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 by 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 ISSP
- After-hour Care
- Crisis intervention/stabilization services
- Medication Services

Nonclinical Services and Support:

- 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 one clinician and case worker for each rural area (Chowchilla/Oakhurst) to provide intensive services to our SMI populations in these regions.
- Hire/Designate medication management providers in the FSP program for more integrated care/quality care.
- Hire a nurse to provide wellness and medication services.
- Offer employment services through a contractor to help meet the population’s specific needs


In FY23-26, there will be additional training to achieve greater fidelity with the 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 SMI
- Outcome 3: Support the development of life skills and psychosocial outcomes, including social, educational, and vocational rehabilitative outcomes.

MEASURABLE TOOLS:

- The data for outcomes 1-3 will be pulled from the FSP dataset mandated by the State DHCS.
- Data for days homeless, hospitalized, and arrested while enrolled in the programs, is tracked by program staff using the Key Event
- Key Event Tracking (KET) forms completed and entered into the State database. The baseline year data 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	61
FY 23-24:	
Cost per Person 	\$43,749
FY 23-24:	

Proposed Budget	\$2,668,716
FY 23-24:	
Total Proposed Budget	\$8,006,067
FY 23-2026	

PROGRAM PLAN FOR FY 2023-2024

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

FULL-SERVICE PARTNERSHIPS CHILDREN AND TAY

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 Adults Aged 60+

PROGRAM OVER AND HISTORY

The Children and TAY FSP programs provide treatment and support recovery for children, youth, and their families who are experiencing SMI or severe emotional disturbance SED. The individuals served have multiple risk factors and complex mental health needs. The age range for these programs is as follows: Ages 0-15 fall under the 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, 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 SED and/or SMI. Children and youth may be at risk of 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 that provides 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 available in the family's social and community connections network. 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 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 be additional training to achieve greater fidelity with the ACT model, trauma-focused Cognitive Behavioral Therapy (Tf-CBT), crisis response, suicide intervention training, 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
- Outcome 4: Key Event Tracking (KET) forms completed and entered into the State database. The baseline year data is based on the PAF data provided by the client and their family upon enrollment in the FSP.

MEASURABLE TOOLS:

- Outcomes 1-3: Health Records System report on the number and demographics of assessments
- Outcome 4: Key Event Tracking (KET) forms completed and entered into the State database. The baseline year data is based on the PAF data provided by the client and their family upon enrollment in the FSP.

Number to be served by	36
FY 23-24:	
Cost per Person 	\$60,370
FY 23-24:	

Proposed Budget	\$2,173,341
FY 23-24:	
Total Proposed Budget	\$6,520,023
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
Adults Aged
60+

PROGRAM OVERVIEW AND HISTORY

Stepping-Up programs around the country aim to reduce the number of people with SMI in jail. This program seeks to facilitate diverting individuals with behavioral health disorders from the criminal justice system and into treatment. As part of the more extensive Stepping-Up work the County is doing, the MHSA-funded Stepping-Up GSD 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 funding sources, the Jail Mental Health (JMH) team is staffed with 4.5 Full Time Equivalent (FTE) Mental Health Crisis Specialists to cover shifts 20 hours per day, seven days per week. The JMH staff is focused on providing in-custody psychiatric services, assessments, safety cell evaluations, and counseling. This new MHSA program fills a need because the Crisis Specialists cannot concentrate 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 SMI. 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 the 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 essential 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 (AB 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 on trial. 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. Approximately 25-50 are projected to be eligible for behavioral health treatment with court oversight. Racial equity will be a cornerstone of this program, and 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 address any present disparities. 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 coordinate with criminal justice partners, including probation, public defender, and district attorney. This program will also provide fifty percent (50%) of the funding for a clinical psychologist performing the formal evaluations and risk assessments.

Crisis Intervention Training: CIT is a 32-hour post-certified training program for law enforcement personnel to identify and respond to crises 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 the police to reduce injuries to mental health consumers and officers during communications. A component of CIT is a training academy where officers learn to handle mental health consumers in crisis safely. Because earlier training was 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 include personnel from Probation, the District Attorney's Office, and Animal Control. This year, the program will be developed to investigate implicit bias and racial equity issues. In future years, the program will be expanded to offer additional ongoing training and continuing education to officers who have completed the initial 32-hour program.

PROGRAM ENHANCEMENTS

This program is new in FY23/24, apart from a smaller version of the CIT started in FY11/12.

EXPECTED OUTCOMES:

The overarching goal is to reduce the number of people with SMI in the county jail. We are also dedicated to ensuring that 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 six months of release—and for subsequent reporting periods, including recidivism rates after 1 and 2 years.)
- Outcome 2: increase access to care and engagement with services after release (as evidenced by clients receiving three or more mental health services in the six months following release)

AB1810 Diversion Program:

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

Crisis Intervention Training:

- Outcome 4: 85%+ of law enforcement officers who took the CIT training will report that they learned how to identify and respond appropriately to mentally ill individuals 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 six months (within 1 or 2 years) after release.
- Outcome 2: will be measured by assessing how many clients referred for Behavioral Health and Recovery Services (BHRS) received three or more mental health services in the six 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

35

FY 23-24:

Cost per Person 

\$34,285

FY 23-24:

Proposed Budget

\$1,200,000

FY 23-24:

Total Proposed Budget

\$3,600,000

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
Adults Aged
60+

PROGRAM OVERVIEW AND HISTORY

This program focuses on supporting underserved communities and identifying underserved individuals to engage them and, when appropriate, their families in the mental health system so that they receive the relevant 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 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 and strengthening 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.
- O&E 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 SUDs. Stigma and trust issues may play a role in those with SUD not seeking services. Helping serve those vulnerable populations suffering from mental health and SUDs in rural areas of the county.

PROGRAM ENHANCEMENTS

This program is new in FY23/24 but incorporates some elements formerly in PEI.

EXPECTED OUTCOMES:

- Outcome 1: Increase knowledge of service options and how and when to access them
- Outcome 2: Increase the 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 the number and demographics of assessments

Number to be served by 2500

FY 23-24:

Cost per Person  \$161

FY 23-24:

Proposed Budget \$402,500

FY 23-24:

Total Proposed Budget \$1,207,500

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
Adults Aged
60+

PROGRAM OVERVIEW AND HISTORY

Homeless Outreach and Proactive Engagement focus on identifying unserved individuals experiencing homelessness to engage them and, when appropriate, their families in the mental health system to the appropriate services.

PROGRAM DESCRIPTION

Adults, older adults, or TAY with SMI who are:

- Experiencing homelessness,
- Have a history of homelessness, or
- At the risk of homelessness

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

- Peer O&E: a mobile peer team with lived experience who works 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 oversee and coordinate the homeless outreach teams, focusing on identifying unserved individuals to engage them in services. It will work closely with FMCoC 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 vouchers.
- 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.


This program is new in FY23/24 but incorporates some elements formerly in *Community-Wide Outreach & PEI*.

EXPECTED OUTCOMES:

- Outcome 1: Increase the number of individuals who are experiencing homelessness who receive assessments.
- Outcome 2: Decrease the number of people with mental illness who are experiencing homelessness.

MEASURABLE TOOLS:

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

Number to be served by	250
FY 23-24:	
Cost per Person 	\$1,817
FY 23-24:	

Proposed Budget	\$452,261
FY 23-24:	
Total Proposed Budget	\$1,356,783
FY23-2026:	

PROGRAM ENHANCEMENTS:

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
Adults
Aged 60+

PROGRAM OVERVIEW AND HISTORY

Obtaining stable housing is critical in achieving health and wellness for individuals experiencing homelessness or who are at risk of experiencing homelessness and struggling with SMI. The MHSA 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 SMI or children with severe emotional disorders, and their families, who are homeless or at risk of homelessness. In 2016 the NPLH Act (SB 1206) was signed into law. This program dedicated bond 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 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 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 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.

In 2011 Madera Mental Health Services Act (MMHSA) non-profit purchased the first MHSA project. The Hinds House (P Street House) is a four-bedroom home for shared permanent supportive housing in Madera. It can house four residents who have their own rooms but share common areas.

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

In 2016 MCDBHS partnered with Turning Point of Central California, which owns a 7-unit apartment complex for permanent supportive housing in the Eastern Mountains community of Oakhurst. Turning Point

provides staffing to ensure individuals residing there are linked with community resources. MCDBHS supports Turning Point and the Behavioral Health Service needs of the clients who reside there.

In 2019 MCDBHS partnered with Self-Help Enterprises to apply for NPLH funding. We were successfully awarded funds to contribute to developing and constructing the Sugar Pine Village apartment complex that 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 MORES to contribute MHSA grant funds to the development and construction of the La Esperanza apartment complex. The project is in the city of Madera and opened in January 2022. Through this partnership, we established 7 apartment units in the complex for permanent supportive housing.

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

In January 2022, MCDBHS partnered with Self-Help Enterprises to apply for NPLH funding. We were successfully awarded funds to contribute to the development and construction of the Oakhurst Village apartment complex in the city of Oakhurst, which is scheduled to open in April 2025. Through this partnership, we will establish 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 an apartment. Shared housing is defined as, each resident having a lockable bedroom in a house or apartment shared with other housemates. MHSAHP housing must be permanent supportive housing. Counties must provide ongoing community-based support services to assist residents in maintaining their housing and supporting 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 (see 42 USC § 522(b)(10))

PROGRAM ENHANCEMENTS

Additional staffing to support housing placement, peer support, housing coordinator, program manager, and other support staff.

Training to include Motivational Interviewing (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:

- Outcome 1: Increase the number of individuals who are experiencing homelessness who receive assessments.
- Outcome 2: Decrease the number of people with mental illness who are experiencing homelessness.
- Outcome 3: At least 50 formerly homeless clients will be housed, with at least 50% remaining stably housed for two years or more

MEASURABLE TOOLS:

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

Number to be served by

70

FY 23-24:

Cost per Person

\$8,959

FY 23-24:

Proposed Budget

\$627,139

FY 23-24:

Total Proposed Budget

\$1,881,417

FY23-2026:

PROGRAM PLAN FOR FY 2023-2024

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

INTENSIVE CASE COORDINATION (ICC), CHILD 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 Adults Aged 60+

PROGRAM OVER AND HISTORY

Within the Children's/TAY FSP program, clients (ages 0-25) who also qualify for Intensive Case Coordination (ICC) and Intensive Home-Based Services (IHBS) 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 ICC, Home Based Services (HBS), or Therapeutic Behavioral Health services (TBS) if the client/family accepts the additional services. Services are defined below.

PROGRAM DESCRIPTION

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

PROGRAM ENHANCEMENTS

In FY24-26, additional funding is added to the budget to cover the costs of 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 the frequency and severity of disruptive behaviors.

MEASURABLE TOOLS:

Outcomes 1-4: Health Records System report on the number and demographics of assessments

**Number to be served
by**

100

FY 23-24:

Cost per Person 

\$3,217

FY 23-24:

Proposed Budget

\$321,722

FY 23-24:

**Total Proposed
Budget**

\$965,166

FY23-2026:

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
Adults Aged
60+

PROGRAM OVER AND HISTORY

IHBS and TBS 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

TBS are very similar to IHBS, but they have a much narrower focus and are intended for a shorter period. TBS focus on reducing high-risk behaviors due to severe emotional problems. The services also focus on reducing the need for hospitalizations, out-of-home placement, and institutions. A contracted provider, JDT Consultants, also provides this service. 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, the client's responsiveness to services, areas of ongoing needs, and authorize additional assistance 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 the number and demographics of assessments
- Outcome 3: Key Event Tracking (KET) forms completed and entered into the State database. The baseline year data is based on the PAF data provided by the client and their family upon enrollment in the FSP.

Number to be served
by
FY 23-24:
Cost per Person 
FY 23-24:

108

\$6,184

Proposed Budget
FY 23-24:
Total Proposed
Budget
FY23-2026:

\$667,900

\$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
Adults Aged
60+

PROGRAM OVERVIEW AND HISTORY

Intensive Case Management/Intensive Outpatient Services (ICM/IOP) provides 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 because 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 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 SMI.
- 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 the number and status of assessments
- Outcome 3: Key Event Tracking (KET) forms completed and entered into the State database. The baseline year data is based on the PAF data provided by the client and their family upon enrollment in the FSP.

Number to be served by	2080
FY 23-24:	
Cost per Person 	\$1,338
FY 23-24:	

Proposed Budget	\$2,877,409
FY 23-24:	
Total Proposed Budget	\$8,632,227
FY23-2026:	

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
Adults Aged
60+

PROGRAM OVERVIEW

A three-week summer wellness day camp for boys & girls ages 7-13 with emotional and behavioral disorders. Children attending will participate in Adventure Therapy, creative arts therapies, and fitness and movement activities like dance or Mixed Martial Arts. The 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 SED and/or SMI 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 SMI. Summer Wellness Day Camp provides participants with individualized clinical treatment and an embedded curriculum to identify campers' strengths, cognitive and behavioral health issues of concern, and ways to 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 with 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** 50

FY 23-24:
Cost per Person  \$1,200

FY 23-24:

Proposed Budget \$60,000

FY 23-24:

**Total Proposed
Budget** \$180,000

FY23-2026:

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
Adults Aged
60+

PROGRAM OVER AND HISTORY

The Access and Linkage program is 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 connection 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/Warm Line: 559-673-3508 is an extension of service 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 days a year.

PROGRAM ENHANCEMENTS

Provide continuum support for Crisis Care Mobile Units (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 the number and demographics of assessments

Number to be served by
 FY 23-24:
Cost per Person 
 FY 23-24:

467
 \$13.85

Proposed Budget
 FY 23-24:
Total Proposed Budget
 FY23-2026:

\$6470
 \$19,410

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
Adults Aged
60+

PROGRAM OVER AND HISTORY

MCDBHS partners with Turning Point to provide a 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 develop 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 age 26+ 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.

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


Outcome 1: Increase the number of participants access to services

MEASURABLE TOOLS:

- Outcome 1: The contract will provide quarterly reports on the number of services provided, demographic information of those served, outcomes of services, etc.

Number to be served by
FY 23-24:

360

Cost per Person 
FY 23-24:

\$1,471

Proposed Budget
FY 23-24:

\$529,783

Total Proposed Budget
FY23-2026:

\$1,589,349

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 Aged
60+

PROGRAM OVER AND HISTORY

Youth Empowerment Program focuses on promoting mental health awareness and providing peer support groups to high school students. Foster Youth Services focus on providing work readiness skills and work experience to youth in the foster care system.

PROGRAM DESCRIPTION

The program provides peer support groups at local high school sites. Teens can refer themselves but are often referred by the 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 at most 12 per session. The program uses a group facilitation method that focuses 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 for 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 alcohol and drug prevention and intervention programs for Madera County high school students.

EXPECTED OUTCOMES:

Increase the total number of clients served at Youth Empowerment

MEASURABLE TOOLS:

Quarterly Reports provided by the contractor through the MCDDBHS data retrieval form provided to the contractor.

Number to be served by 320

FY 23-24:

Cost per Person \$1,655

FY 23-24:

Proposed Budget \$529,783

FY 23-24:

Total Proposed Budget \$1,589,349

FY23-2026:

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
Adults
Aged 60+

PROGRAM OVERVIEW AND HISTORY

Suicide Prevention activities promote public awareness of prevention issues, improve and expand suicide reporting systems and promote 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 cultivating wellness approaches and identifying signs and symptoms of mental illness, short-term low-intensity intervention services, referrals to community-based agencies for more comprehensive 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 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 supports individuals experiencing suicide ideation. MCDBH will participate in providing this service for Madera County residents.


- **QPR (Question, Persuade, Refer) Suicide Prevention Training** is a suicide prevention training for participants 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 the new three-digit dialing code to route callers to the National Suicide Prevention Lifeline.

EXPECTED OUTCOMES:

- Outcome 1: Increase knowledge among high school students about 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 members of suicide victims to resources and support services

MEASURABLE TOOLS:

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

Number to be served by
FY 23-24:
Cost per Person 
FY 23-24:

545

\$240

Proposed Budget
FY 23-24:
Total Proposed Budget
FY23-2026:

\$131,238

\$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
Adults
Aged 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 **at risk of developing mental health problems.**

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 discussing 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 support from responsible adults and setting personal life goals.

Mindful Schools' Mindful Educators utilizes a curriculum that teaches mindfulness to K12 students to increase 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 cyberbullying, general bullying, health decision-making (about substance use), and mindfulness. These topics can be presented weekly 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 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 the number and demographics of assessments or referrals to services

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

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 Aged
60+

PROGRAM OVERVIEW AND HISTORY

Prevention and Wellness Services provide and link 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 provide clinical services for those 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 that provides PEI 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 are 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 support, identify possible signs and symptoms of mental illness, and assist them in 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 community-based 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 a team of community health and wellness workers (CHW(s)) and 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 the 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

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 Aged
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 includes 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 Training** to support the Madera County community that offers the tools, training, and technical assistance to practitioners in mental health and SUDs. (I.e., Gambling Addiction, Vaping, Rural Opioid TA, LGBTQ+, Health Equity)
- **Prevention Mobile Services:** Provide community outreach, education, and linkage to services during health fairs, school events, and other community activities. Additionally, each van is equipped to function independently to support disaster relief centers in emergencies.
- **Mental Health Awareness Conference and Resource Fair:** Annual event where community health providers coordinate the community event, locate speakers with expertise in mental health, offer peer and family support, and provide general information on mental health and treatment and available services for mental health issues.

PROGRAM ENHANCEMENTS

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

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

EXPECTED OUTCOMES:

- **Outcome 1:** Increase community members' knowledge and capacity to recognize and respond to various mental health needs.
- **Outcome 2:** Provide training that teaches community members how to engage individuals experiencing suicide ideation.
- **Outcome 3:** Develop workshops that provide strategies to serve families better.

MEASURABLE TOOLS:

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

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

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 Aged
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 several efforts to reduce stigma, increase cultural competency, and increase service connectedness. These efforts include:

- **Media/Social Media:** Use social marketing websites to share information and educate the public about mental illness. Contract services for social, digital media campaigns, billboard services, 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:** Conduct presentations about various mental illness and stigma issues.
- **The Madera County Cultural Competency Committee (MCCCC):** The MCCCC includes mental health and SUDs providers and 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 works on the 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 the identification of some of our community provider training needs, recommending training, working on anti-stigma and stigma reduction, and 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 Culturally and Linguistically Appropriate Services (CLAS) standards.

- **Student Ambassador Program** is designed based on the Promotoras Model, which uses community-based, peer mental health workers to deliver mental health information to their communities. They connect 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 the student ambassador program.

Hire a designated community health and wellness assistant and analysts to help support and develop the cultural competency committee strategies and training.

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 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 1-4 Health Records System report on the number and demographics of assessments

Number to be served by	7071
FY 23-24:	
Cost per Person	\$184
FY 23-24:	

Proposed Budget	\$1,305,328
FY 23-24:	
Total Proposed Budget	\$3,915,984
FY23-2026:	

INNOVATION PROJECTS



INNOVATION PROJECTS

INNOVATION COMPONENT OVERVIEW

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 five 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: 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 have been meaningfully involved in the MHSA Innovation Component's phases (planning process, funding, outcomes). The CPPP meeting is posted to the County website and in community forums, and information is emailed to staff regarding the CPPP. Stakeholders are also regularly updated at the local BHAB meetings, and project results are distributed during these meetings.

BHAB is held monthly on the third Wednesday of the month from 11:30 am to approximately 1:00 p.m. All meetings are open to the public. Residents interested in public-funded behavioral health programs/ treatment services in Madera County are encouraged to attend. The Board participates in planning, advises the County Behavioral Health Services Director and the BOS 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, accessible through the MCBHS website.

CURRENT INNOVATION PROJECT SUMMARIES:

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

Project Description: Project DAD is based on interagency collaboration between the Perinatal Mental Health Integration Project (PMHIP), behavioral health providers, medical providers, Women, Infants and Children 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 support for fathers, in settings that traditionally targeting mothers, is itself innovative.

With the intention to increase access to mental health services to an underserved population. There is a lot of information and studies related to maternal mental health, and 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).

SUMMARY OF CHALLENGES:

The magnitude of the impact of specific strategies to serve the program outcomes has yet to be successful. Currently, the status of the program for FY 2023-2026 is unknown.

FUTURE INNOVATION PROJECTS SUBMISSIONS PLEASE SEE APPENDIXES

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
Adults Aged
60+

PROGRAM OVERVIEW AND HISTORY

The 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 changes an existing practice in the mental health field, 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, and other agencies serving women of child-bearing age to aid in identifying fathers who may suffer from PMAD. The component of integrating strategic outreach and support for fathers, in settings that traditionally target 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 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 incorporating “father-friendly” policies that enhance their environment and service delivery for new fathers.
- The expectation is to implement 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 MCD BHS 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 FY 22-23.

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:

A data analytic system that permits combining data from 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
Cost per Person  FY 23-24:	\$779

Proposed Budget FY 23-24:	\$187,000
Total Proposed Budget FY23-2026:	\$561,000

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS COMPONENT (CFTN)



CFTN COMPONENT

The CFTN component of the MHSA was designed to enhance 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 acquiring and developing land, construction, or renovating buildings. It also supports developing and maintaining information technology for delivering MHSA services and support. CFTN funding is one-time funding.

CFTN PROJECT

CFTN funds were used to acquire the Department of Behavioral Health’s leading 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 include but are not limited to 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: EHR and practice management system

Enhancements

PROJECT TYPE:

CAPITAL FACILITIES TECHNOLOGICAL NEEDS

MCDBHS introduced new and improved the quality of services through its fully functional 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 to integrate outcome 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 and smoother access to health information for treatment staff and paves the consumer’s path to more easily 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 to benefit 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 complete 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 its services to the rural community of Chowchilla and will need information technology services to help support this move and intracultural needs to support an 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 to lease a building in the area which is double the size of what MCDBHS currently houses. 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 clients' 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)



WORKFORCE EDUCATION AND TRAINING (WET) PROJECT

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 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 SMI. The focus is on developing and maintaining a more diverse workforce, including individuals with personal experience of mental illness and/or SUDs and their family members. The programs are designed to increase the number of peer and family providers and 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 developing and employing a diverse workforce. Training is open to staff, interns, and volunteers from the county, CBOs, 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 WET Coordinator. This position will plan, recruit, coordinate, administer, support, and evaluate WET 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.
- Performing 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.

FISCAL YEARS 2023-2026 BUDGET



BUDGET

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

General Office and Indirect Expenditures include the necessary costs for operation, such as communication costs, phones, T-1 data lines, and general operation. These estimates are based on Madera County BHS history and Madera County's current County Administrative Office budget policies.

Countywide Administration (A-87) is the countywide cost allocation for County Administration expenditures as per the County Administrative Office budget policies. All Contract services budget amounts are based on the current contracted rate and the estimated services 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 adding staff. The additional staffing will allow Madera staff to work more efficiently in serving all age groups, and provide individualized and flexible service delivery, and 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 involvement, wellness/recovery/ resiliency focus, and integrated service delivery experience.

MHSA COMPONENTS

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

- The FSP TAY serves children/TAY aged 0-15 and 16-25 identified through 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 of making an unsuccessful transition to adulthood because of their untreated severe mental illness. The services and supports will emphasize achieving hope, personal empowerment, respect, social connections, safe living with families, self-responsibility, self-determination, and self-esteem.
- The FSP Adult serves 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 in obtaining “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 demand for service due to 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 identify community members who can provide support and education on mental health issues to the community. Another focus of this program is to develop much-needed housing resources for people experiencing homelessness and the mentally ill. This program also provides data collection related to CSS, housing needs, and the Performance Improvement Plan (PIP) process for the system. A Housing Specialist facilitates 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 administrative support required to ensure 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. One will be the client-directed wellness/empowerment center, Hope House, and Mountain Wellness Center. Another will be an outreach component offered to the community, emphasizing underserved and unserved individuals. That component will consist of Promotoras/Community Workers who will be paid/volunteer staff through Hope House. Outreach to rural populations to develop Prevention/Early Intervention Activities such as Wellness Recovery Action Plan (WRAP) Services, and education about their mental illness, recovery, and resiliency. The contracted services include the Wellness Recovery Center and WRAP.
- INN includes proposed Dads, Anxiety, & Depression (DAD). The non-administrative components are contracted services.
 - INN Dads, Anxiety, & Depression (DAD) is an 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 issue RFP)

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

MHSA COMPONENTS CONTINUED

Community Services and Supports

CSS services are consistent with CSS funds in accordance with regulation guidance; less than 51% of FSP, 33% of supportive housing services, and 16% of 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.
- ISSP development.
- Crisis intervention/stabilization services.
- Family education services.
- Project-Based Housing program.

AB 114 MHSA REVERSION

A portion of the above components may be funded with AB 114 MHSA reversion funds, which are deemed to have been reverted and reallocated to the county of origin for the purpose for which they were initially allocated (WIC § 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, and may fund technological needs and capital facilities, human resource needs, and a prudent reserved (WIC § 5892(b)).

PRUDENT RESERVE

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

PROPOSED BUDGET FOR FISCAL YEARS 2023-2026

THREE-YEAR MHSA EXPENDITURE PLAN

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

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

MHSA REVENUE AND EXPENDITURE REPORT (RER)

FY 2021-2022

The County submitted the Annual MHSA Revenue and Expenditure Report (RER). The RER has been posted on the County website and available for the public to view. RER summary shown below.

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:

Date:

		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	1391 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



FREQUENTLY ASKED QUESTIONS (FAQ) SHEET PROVIDED DURING THE CPPP



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.

Behavioral Health Services
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FREQUENTLY ASKED QUESTIONS (FAQ) SHEET PROVIDED DURING THE CPPP SPANISH



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

Servicios De Salud del Comportamiento
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MHSA STAKEHOLDERS CPPP MEETINGS

Committees Schedule for MHSA Plan Presentations	Date	TIME
Behavioral Health Advisory Board Meeting	1/18/2023	1130am-1:00pm
Cultural Competence Advisory Committee	1/19/2022	11:00am-12:00pm
Madera Together for Suicide Prevention Collaborative	1/24/2023	9:00am-10:30am
Public Health Zoom Meeting (Growing Healthy Families Workgroup Meeting)	1/24/2023	10:30am-12:00pm
Juvenile Justice Coordinating Council Meeting	1/25/2023	11:00am
Community Corrections Programs (CCP) Meeting	1/25/2023	12:00pm-2:00pm
Interagency General Council Meeting	2/2/2023	3:30pm-5:00pm
Chowchilla TaskForce Meeting	2/7/2023	9:00am
LWMC Steering Committee	2/13/2022	1:00pm-2:30pm
Latinas Unidas	2/16/2022	6:30pm
MCDDBHS Total Staff mtg	2/22/2023	11:00am

Community Schedule for MHSA Plan Presentations	Date	TIME
Hope House-TAY	2/1/2023	3:00pm
Hope House-Adult	2/2/2023	11:00am
MHFA/Community	2/3/2023	4:30pm
Probation	2/7/2023	3:30pm
Probation	2/8/2023	3:30pm
Hope House-Adult	2/14/2023	9:30am
SUD Group 1-Perinatal	2/14/2023	3:00pm
Hope House-TAY	2/15/2023	3:00pm
Community Health Workers (spanish)	2/16/2023	11:00am
Manna House Oakhurst	2/21/2023	10:00am
Loving Solutions Parenting Group (Spanish)	2/22/2023	10:30am
Madera Swap Meet	2/22/2023	12:00om
Parent Project (Spanish & English groups)	2/22/2023	5:30pm
Chowchilla First 5	2/23/2023	10:00am
Chowchilla Recovery Center	2/23/2022	11:30am
Olive Foundation	2/24/2023	11:00am
SUD Group 5-Perinatal	2/27/2023	2:15pm

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@maderacounty.gov. Please select all the answers that apply.

- 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: _____
- 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: _____



- What is your gender identity?
 - Female
 - Male
 - Transgender Female
 - Transgender male
 - Gender Variant/ Non-Conforming
 - Prefer Not to Answer
 - Not Listed: _____
- What is your primary language?
 - English
 - Spanish
 - Other: _____
- What is your age group?
 - 0-15 years
 - 16-24 years
 - 25-59 years
 - 60+ years
- 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
- What zip code do you work or live in? _____
- Please provide any additional comments or ideas that can improve mental health or substance use services in Madera County.



- 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: _____
- 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: _____



- In your opinion, which are the most underserved populations of mental health or substance use services?
 - Children and Youth (age 0-13)
 - Transition Age Youth (age 14-25)
 - Adults (age 26-59)
 - Older Adults (age 60+)
 - LGBTQI+-25
 - 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: _____
- 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: _____
- 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 (MCDHBS) 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 MCDHBS 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: MHSAnplaninput@maderacounty.com. Por favor seleccione todas las respuestas que correspondan.

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

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

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

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



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

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

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

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



3. En su opinión, ¿cuáles son las poblaciones más desatendidas en respecto a servicios de salud mental o alcohol y drogas?

- | | |
|--|--|
| <input type="checkbox"/> Niños y jóvenes de 0 a 13 años | <input type="checkbox"/> Personas sin hogar |
| <input type="checkbox"/> Jóvenes en edad de transición de 16 a 25 años | <input type="checkbox"/> Inmigrantes y refugiados |
| <input type="checkbox"/> Adultos de 26 a 59 años | <input type="checkbox"/> Comunidad Afroamericana |
| <input type="checkbox"/> Adultos mayores de 60 años edad (o ancianos) | <input type="checkbox"/> Comunidad Asiática |
| <input type="checkbox"/> LGBTQI+2S | <input type="checkbox"/> Comunidad Mexicana/ Hispánica/ Latin(x) |
| <input type="checkbox"/> Veteranos | <input type="checkbox"/> Comunidad Nativa Americana |
| <input type="checkbox"/> Personas saliendo de la cárcel y clientes en libertad condicional | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Personas con discapacidad | |

6. ¿Qué tipos de servicios o programas de salud mental o de alcohol y drogas pueden servir mejor a su comunidad?

- Asistencia financiera para atención médica o tratamiento de alcohol y drogas
- Alimentos, ropa, y servicios de vivienda
- Servicios de extensión para personas con necesidades de salud mental más graves
- Programas de apoyo para personas con experiencia vivida
- Servicios para promover el bienestar y prevenir problemas de salud mental y alcohol y drogas
- Servicios de apoyo que ayudan a eliminar barreras para obtener tratamiento de salud mental y alcohol y drogas
- Otro: _____

7. ¿A qué grupo(s) comunitario(s) representa usted?

- Cliente/consumidor de servicios de salud mental o de alcohol y drogas
- Maestro(s) o Administradores de educación
- Familia del cliente/consumidor de servicios de salud mental o de alcohol y drogas
- Proveedor de servicios de salud médica/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?

- 0-13 años
- 16-34 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.



COMMUNITY PLANNING MEETINGS FLYER:



Community Planning Meetings

MENTAL HEALTH SERVICE ACT 2023-2026 THREE YEAR PLAN


Join Madera County Department of Behavioral Health during one of these three planning meetings to learn more about the 2023-2026 MSHA Three-Year Plan.

Topics will include:

- What is the Mental Health Services Act (MHSA)?
- What Behavioral Health Services are available through MHSA?
- Understanding the behavioral health and wellness needs of the community.
- Areas of Improvement & Gaps in services and support
- Suggestions and Strategies for improving adult, older adult, and youth services

Madera	Chowchilla	Oakhurst
01/18/23	02/07/23	02/16/23
Location: BHAB 209 East 7th Street Madera, CA 93638	Location: via Zoom contact us for link	Location: Manna House 0398 Junction Dr, Oakhurst, CA 93644
Time: 9:00 am	Time: 9:00am	Time: 10:00 am

Questions? Get in touch with us at:
(559) 673-3508



If reasonable accommodation is needed, please contact our department. MCDBHS is committed to the full inclusion of all qualified individuals. As part of this commitment, MCDBHS will ensure that persons with disabilities are provided reasonable accommodations.

559.673.3508
209 East 7th Street, Madera CA 93638
www.maderacounty.com/government/behavioral-health-services

QR CODES DEVELOPED FOR THE CPPP



¡Deja que se escuche tu voz!
MENTAL HEALTH SERVICE ACT
2023-2026 PLAN DE TRES AÑOS



Let your voice be heard!
MENTAL HEALTH SERVICE ACT
2023-2026 THREE YEAR PLAN



MADERA COUNTY WEBSITE PUBLICATION OF THE 30-DAY PUBLIC COMMENT PERIOD

Madera County Behavioral Health MHSA Plan 2023-2026

The Community Program Planning Process (CPPP) helps BHS to develop a new 3-Year Program, Expenditure Plans, and Updates in collaboration with stakeholders to:

- Identify issues in the community related to mental illness and/or co-occurring substance abuse conditions stemming from a lack of supports and community resources;
- Examine the mental health and/or co-occurring substance abuse needs of the community;
- Identify strategies to meet those mental health and/or co-occurring substance abuse needs; and
- Re-evaluate priorities



[MHSA 30-Day Notice Public Hearing - Final](#)

[MHSA 30-DAY Public Comment Form - Final](#)

[Spanish 30-day Public Comment Form Final](#)

[Spanish MHSA 30-Day Notice of Public Hearing](#)

Source Link: <https://www.maderacounty.com/government/behavioral-health-services/services-and-programs/mental-health-services-act-mhsa>

PUBLIC COMMENT FORM IN SPANISH:



CONNIE MORENO-PERAZA, LCSW
Behavioral Health Director

JULIE MORGAN, LCSW
Assistant Director

DEPARTAMENTO DE SERVICIOS DE SALUD MENTAL Y ALCOHOL Y DROGAS DEL CONDADO DE MADERA

Formulario de comentarios públicos de 30 días sobre el Plan de Servicios de Salud Mental (MHSA)

Período de comentarios públicos: 17 de marzo de 2023 - 17 de abril de 2023

Documento publicado para revisión pública y comentarios:

Plan de Servicios de Salud Mental (MHSA) de Tres Años Fiscales 2023-2026

Este documento está publicado en Internet en:

<https://www.maderacounty.com/government/behavioral-health-services/services-and-programs/mental-health-services-act-mhsa>

INFORMACIÓN PERSONAL (OPCIONAL)

Nombre:	
Agencia/Organización:	
Número de teléfono:	Correo electrónico:
Dirección postal:	
MI PAPEL EN EL SISTEMA DE SALUD MENTAL	
<input type="checkbox"/> Cliente/Consumidor	<input type="checkbox"/> Libertad condicional
<input type="checkbox"/> Miembro de la familia	<input type="checkbox"/> Educador
<input type="checkbox"/> Proveedor de servicios económicos	<input type="checkbox"/> Proveedor de servicios de salud mental
<input type="checkbox"/> Aplicación de la ley / Justicia penal	<input type="checkbox"/> Otro: _____
POR FAVOR IMPRIMA O ESCRIBA SUS COMENTARIOS EN LA SECCIÓN ABAJO	

INSTRUCCIONES IMPORTANTES: Si necesita más espacio para su respuesta, envíe páginas adicionales.

Después de completar este formulario de comentarios, devuélvalo a MCDDBHS antes de las 5:00 p.m. del 17 de abril de 2023, de una de cuatro maneras:

- Envíe este formulario por correo electrónico o su(s) comentario(s) escrito(s) a, Coordinador de MHSA: mhsaplaniinput@maderacounty.com
- Envíe por fax a la Oficina de Administración de MCDDBHS (559) 675-7758, ATTN: MHSA Coordinador
- Envíe este formulario por correo a MCDDBHS, ATTN: MHSA Coordinador, 209 E. 7th Street, Madera, CA 93638 o P.O. Box 1288, Madera, CA 93639
- Entregue este formulario en la oficina de MCDDBHS, ATTN: MHSA Coordinador



Servicios de salud conductual
P O Box 1288 Madera, CA 93639 • 559.673.3508 • MadCoServices.com • maderacounty.com

PUBLIC COMMENT FORM IN ENGLISH:



CONNIE MORENO-PERAZA, LCSW
Behavioral Health Director

JULIE MORGAN, LCSW
Assistant Director

MADERA COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SERVICES

Mental Health Services Act (MHSA) 30-Day Public Comment Form

Public Comment Period: March 17, 2023 – April 17, 2023

Document Posted for Public Review and Comment:

MHSA 3-Year Program and Expenditure Plan for Fiscal Years 2023-2026

This document is posted on the internet at:

<https://www.maderacounty.com/government/behavioral-health-services/services-and-programs/mental-health-services-act-mhsa>

Personal Information (Optional)

Name:	
Agency/Organization:	
Phone Number:	E-mail:
Mailing Address:	
MY ROLE IN THE MENTAL HEALTH SYSTEM	
<input type="checkbox"/> Client/Consumer	<input type="checkbox"/> Probation
<input type="checkbox"/> Family Member	<input type="checkbox"/> Educator
<input type="checkbox"/> Social Service Provider	<input type="checkbox"/> Mental Health Services Provider
<input type="checkbox"/> Law Enforcement / Criminal Justice	<input type="checkbox"/> Other: _____
PLEASE PRINT OR TYPE YOUR COMMENTS BELOW	

IMPORTANT INSTRUCTIONS: If you need more space for your response, please submit additional pages. After you complete this comment form, please return it to MCBHS before 5:00 p.m. on April 17, 2023, in one of four ways:

- Email this form or your written comment(s) to, MHSA Coordinator: mhsaplaniinput@maderacounty.com
- Fax this to mcbhs Administration Office (559) 675-7758, ATTN: MHSA Coordinator
- Mail this form to MCBHS, ATTN: MHSA Coordinator, 209 E 7th Street, Madera, CA 93638
Or P.O.Box 128, Madera, CA 93639
- Hand Deliver this form to any of MCBHS offices, ATTN: MHSA Coordinator



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

MENTAL HEALTH SERVICES ACT

PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: _____

Fiscal Year: _____

Local Mental Health Director

Name: _____

Telephone: _____

Email: _____

I hereby certify¹ 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)



June 29, 2023

Sent via MHSOAC portal.

Attn: Mental Health Services Oversight & Accountability Commission

Dear MHSOAC,

Madera County Department of Behavioral Health Services, Quality and Compliance Division, is submitting its New Three-Year Mental Health Services (MHSA) Act FY2023-2026 Innovation Proposals for your review. The following is a description of the steps taken to obtain Innovation Proposals:

1. Community Stakeholder Group Meetings were held from January-February 2023. In these meetings, solicitations for Innovation Proposals were made.
2. Three proposals were received; however, only two are being submitted since the proposal received from the Department of Public Health is already being planned under the CCMU grant, Crisis Care Mobile Unit C.A.R.E.S. Program. The Public Health Proposal is asking for clinician to be embedded in the PH Mobile Van which moves county wide. This is the plan to be implemented in FY23-24. The other two proposals, Credible Mind Farmworkers Technology Project, and Madera County Corrections Department, Service Animals for inmate population, are being submitted for your review and consideration. The three proposals were presented to the Behavioral Health Advisory Board, MHSA Advisory Committee, and the Cultural Competence Advisory Committee. Positive interest was received for both proposals.

Our department is interested in funding both innovation proposals; however, we need to ensure sufficient funding is received from the MHSA allocation for FY2023-2024. If you have any questions, please contact Eva Weikel, BHS Division Manager at (559) 673-3508 or via email at eva.weikel@maderacounty.com.

Sincerely,

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



CredibleMind Proposal for Madera County Department of Behavioral Health Services Innovation Project

Created June 12, 2023

I. Description of Proposed Innovation Project

Innovation Project: This is a project that the county designs and implements for a defined time period, and evaluates to develop new best practices in mental health. An Innovation Project meets one or more of the following criteria:	Select One
1. Introduces as new approach or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.	<input type="checkbox"/>
2. Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population	<input checked="" type="checkbox"/>
3. Introduces a new application to the mental health system of a promising practice or approach that has been successful in a non-mental health context.	<input type="checkbox"/>
❖ A mental health practice that has already demonstrated its effectiveness and could be funded with MHSA funds is not eligible for funding as an Innovation Project.	

a. Describe proposed Innovation Project. Based on the selection above, how does the proposed project meet criteria for Innovation Funding? Specifically, how is the proposed project expected to contribute to the development and evaluation of a new or changed practice within the mental health field? Differentiate the elements that are new or changed from existing practices in mental health already known to be effective.

The Problem:

The farming community in California is an under-resourced and vulnerable population. According to UC Merced's Farmworker Health Study, 49% of farmworkers surveyed do not have health insurance and "between one-third and one-half of farmworkers reported having at least one chronic condition."¹ When asked about mental health, "19% of respondents reported feeling nervous or anxious, 15% reported feelings of uncontrollable worry, and 14% of workers reported feeling depressed or hopeless."²

In Madera County, health care access has become even more scarce. Earlier this year, Madera Community Hospital and three clinics closed.³ Under-resourced and vulnerable populations

¹ UC Merced. (2023, February 3). *Community and Labor Center's New Study Highlights Farmworkers' Health Challenges*. Retrieved June 8, 2023 from <https://news.ucmerced.edu/news/2023/community-and-labor-centers-new-study-highlights-farmworkers-health-challenges>

² *ibid*

³ Klein, K. (2023, April 14). *After a rural California hospital closes, farmworkers pay the price*. KVPR. <https://www.kvpr.org/health/2023-04-14/madera-california-hospital-closure-farmworker-healthcare-gap>

already have difficulty accessing and receiving care—fewer clinics and the lack of a general hospital will affect these populations the most.

In addition, the clinics that do exist for these populations have few counseling services available for mental health and substance misuse.⁴ Therefore, we are proposing to create a new central resource database, housed within the CredibleMind wellbeing platform that is dedicated to both early-intervention and reactive-care mental health for farmworkers who live and/or work in Madera County.

The Solution:

Since March 2020, Madera County Department of Behavioral Health Services has offered the CredibleMind standard wellbeing platform for its community members. CredibleMind is a behavioral health platform that links users to self-help resources for early intervention and prevention of mental health and substance use concerns. To date, the Madera County Behavioral Health platform has had over 5,000 visitors. Currently, the platform is for a general audience and users can access CredibleMind's standard offering of content (i.e. assessments, topics, insights) and third-party resources. There are no pages or content dedicated to any specific population and no links to resources and services that are currently available to community members in Madera County.

One of CredibleMind's core capabilities is the vetting and ranking of high-quality mental health and substance use resources. We propose to leverage this capability to create a new, innovative population-specific portal that will identify, surface, and link to mental health, substance use, *and* local resources customized to the needs of the farming community in Madera County.

This new portal will consist of the following:

- A central resource database with links to both general and local resources to address the mental health and substance misuse needs of the farming community. Currently, there is a quite limited amount of resources and information available on the Madera County Behavioral Health [website](#), mostly as presented in this [brochure](#) that is linked to from the site. The portal would include links to evidence-based resources for early intervention, as well as to various resources already available to this population that may be found in disparate locations or websites. The portal will therefore be a significant improvement of this brochure.
- A custom mental health and substance use assessment in English and Spanish. Depending on findings from the proposed discovery process in the response to question 1C, the assessment process may include screening for common mental health conditions, substance misuse, and/or social determinants of health.

⁴ Camarena Health. (n.d.). *Behavioral Health*. Retrieved June 12, 2023 from <https://www.camarenahealth.org/health-services/behavioral-health/>

- In order to reach this isolated population, we propose an outreach campaign and partnering with local Federally Qualified Health Centers (FQHCs), farms, and other community partner organizations to install "behavioral health stations" with tablet devices. People who visit these locations can use these stations to access the portal and learn more about their mental health and substance use concerns while waiting to be seen by their physician at the FQHCs, during work breaks at farms, or while seeking other community resources at partner organizations. With links to available local and community resources, users would also have the opportunity to find information on resources for housing, rental assistance, financial assistance, families, and other resources that exist in Madera County.

The intent of the portal, assessment and outreach is to:

- Get in touch with and inform farmworkers and those with substance misuse challenges of resources available to them
- Provide direct, actionable, access to resources now aggregated in the central resource database on the portal - this will be useful both to caregivers and resource-providers, as well as directly to this underserved population
 - Access to evidence-based tools for early intervention and prevention of mental health and substance use challenges
 - Improve resilience among this under-resourced and vulnerable population

While the primary innovation proposed consists of the application of existing technology and execution capabilities for identification and ranking and aggregation of resources that will now be applied specifically to this at-risk and underserved population, it is the combination with the assessment and outreach components that together will result in a significant improvement in access to mental health resources for this underserved and under-reached population of Madera County.

b. Describe the population to be served relevant to the proposed project. Include demographic information such as age, gender, race, ethnicity, and language if applicable. Describe the expected number of clients to be served annually.

The population to be served is the farmworker population who live and/or work in Madera County. In 2018, it was estimated that there were about 4,500 agriculture jobs⁵, though this number may be an underestimate of the actual total due to migrant or undocumented workers. In 2020, Madera County was ranked 11th among the 58 California counties for total agricultural production.⁶

⁵ Center for Economic Development. (2018). *Madera County: Economic & Demographic Profile*. California State University, Chico.
https://www.rcrcnet.org/sites/default/files/useruploads/Documents/Advocacy/Economic_Development/County_Profiles/2018%20Madera%20Economic%20&%20Demographic%20Profile.pdf

⁶ Madera County Department of Agriculture. (2021). *2021 Crop & Livestock Report*.
<https://www.maderacounty.com/home/showpublisheddocument/32604/637992013081570000>

There are approximately 1,400 farms in Madera County producing about \$2 billion in revenue annually.⁷

We chose to focus on this population because the people who are the foundation of this industry, the farmworkers and their families, have unmet behavioral health needs. This population is underserved, under-reached and has significant mental health and substance misuse challenges. Additionally, the agriculture industry is important for not only Madera County's economy but also California's economy. Therefore, this innovation project will help address issues related to health equity by improving access to behavioral health services for this population.

We anticipate the number of clients to be served to be at least 4,000 in line with current estimates of agriculture jobs, but also believe that the portal will be useful to the families of farmworkers, as well as to caregivers and others charged with identifying resources for this community. Therefore, we expect the annual estimate of potential users to be about 10,000 people, or about 7% of the population of Madera County.

c. Briefly specify the total time frame of the proposed project, noting the start and end date for this project does not exceed four years. How will this allow sufficient time for all aspects of the project? This includes development, time-limited implementation, evaluation, decision-making, and communication of the results?

Our project timeline is three years. We propose the following activities for each year:

Year 1:

- Discovery process—we would speak with stakeholders in the agriculture community and with behavioral health and local organizations that provide services and resources to farmworkers, and farmworkers and their families. Stakeholders include but are not limited to the Madera County Superintendent of Schools, Central Valley Opportunity Center (CVOC), Migrant Education, Department of Social Services, and Madera Community College. We also anticipate conversations and learning from farmworkers and those with substance misuse challenges directly.
- Development and decision-making processes begin—we would begin development of the portal based on findings from the discovery process. During discovery and development, we plan to meet regularly with project stakeholders, including specifically at Madera County Department of Behavioral Health Services, as certain development features will need to undergo decision-making processes.

Year 2:

- Outreach process—near the end of the development process as we are about to launch the portal, we would begin the outreach process. We would reach out to project partners and community stakeholders to raise awareness and anticipated launch of the portal.

⁷ ibid

- Development process ends—we would aim to launch the portal in the middle of Year 2
- Implementation process begins after launch. Implementation would include a data collection and a monitoring period of about 6-9 months during which we would track traffic to the portal and usage of CredibleMind self-help, Madera County Behavioral Health, and other local Madera County resources.
- Evaluation process begins—After about nine months, a third-party evaluation firm would be brought in to analyze the data and evaluate outcomes.

Year 3:

- Implementation process continues—Although data collection for evaluation purposes will cease around Month 9 post-launch, the portal will still be available for use.
- Evaluation process—After about nine months post launch, a third-party evaluation firm would be brought in to analyze the data and evaluate outcomes. Findings from the evaluation would be summarized and communicated with stakeholders at the end of Year 3

MHSOAC Report due six months after project ends:

- A final report will be shared with MHSOAC. The report will address "the extent to which the project met its learning objectives, summarize lessons learned and disseminate learnings to other programs, agencies or counties."

II. Identify Primary Purpose of Proposed Innovation Project

Primary Purpose: The county shall select at least one of the following purposes for developing and evaluating a new or changed mental health practice:	Select One
1. Increases access to underserved groups	<input checked="" type="checkbox"/>
2. Increases quality of mental health services, including better outcomes	<input type="checkbox"/>
3. Promotes interagency collaboration related to mental health services or supports	<input checked="" type="checkbox"/>
4. Increases access to mental health services	<input checked="" type="checkbox"/>
❖ Evaluation: The County shall design a method for evaluating the effectiveness and feasibility of the Innovation Project and shall conduct the evaluation according to the method designed.	

a. Describe the intended outcomes of the proposed project and how those outcomes can be measured? Include specific indicators for each intended outcome.

- Outcome 1: Increased access to mental health and substance use support for farmworker community
 - Measured through: Landscape analysis of current systems of support and resources available to the farmworker community and number of visitors/clients/patients to these resources pre-launch (if available) compared with traffic to the portal and usage of resources post-launch. Traffic, portal usage, assessment usage and assessment outcomes will all be tracked.
- Outcome 2: Improved mental and emotional wellbeing outcomes such as reduced stress, depression, anxiety and increased resilience and social support

- Measured through: Pre- and post-test of mental and wellbeing outcomes when available. Self-reported outcomes will be measured both on the portal in real-time during use for those who opt to provide this feedback. Use of a survey instrument will also be considered.
- Outcome 3: Increased number of farmworkers linked to Madera Behavioral Health services, including increased access to the MCDBHS Centralized Access & Crisis Line (559) 673-3508 and other Behavioral Health services that will be gathered during the discovery process
 - Measured through: Comparative analysis of pre-implementation usage of Madera Behavioral Health services and post-implementation usage after launching the farmworker portal

b. How does the project intend to ensure evaluation of the Innovation Project is culturally appropriate and inclusive, with meaningful involvement by diverse community stakeholders?

We plan to follow community-based participatory research methods by beginning the project with a discovery process in order to engage community stakeholders as early as possible and continuing to engage them throughout the course of the project timeline.

For the evaluation component, we plan to partner with an evaluation firm that has experience working with the farming community and/or under-resourced communities. We will be focused on equitable access to behavioral health care, as improving this access is one of the prime goals of the innovation.

III. Oversight

In addition to the MHSOAC report that will be shared six months after the project's completion, CredibleMind will assist Madera Behavioral Health in delivering quarterly progress reports to the MCDBHS Director's Cultural Competence Advisory Committee and Mental Health Services Act Advisory Committee. Madera Behavioral Health will have 24/7 access to their traffic and usage data and will be able to use this data and any requested updates from CredibleMind to create and share quarterly progress reports to the appropriate persons.



MHSA INNOVATION PROJECT PROPOSAL Madera County Department of Corrections

1. Description of Proposed Innovation Project

Innovation Project: This is a project that the county designs and implements for a defined time period, and evaluates to develop new best practices in mental health. An Innovation Project meets one or more of the following criteria:	Select One
1. Introduces as new approach or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.	<input checked="" type="checkbox"/>
2. Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population	<input type="checkbox"/>
3. Introduces a new application to the mental health system of a promising practice or approach that has been successful in a non-mental health context.	<input type="checkbox"/>
❖ A mental health practice that has already demonstrated its effectiveness and could be funded with MHSA funds is not eligible for funding as an Innovation Project.	

- a. Describe proposed Innovation Project. Based on the selection above, how does the proposed project meet criteria for Innovation Funding? Specifically, how is the proposed project expected to contribute to the development and evaluation of a new or changed practice within the mental health field? Differentiate the elements that are new or changed from existing practices in mental health already known to be effective.

We would like to introduce comfort canines into jail facility with the hopes of improving the mental health of both inmates and correctional officers. These specially trained therapy dogs have the ability to reduce stress, anxiety, and depression by providing emotional support and companionship to individuals in need. For inmates, interacting with a comfort canine can encourage positive behaviors, such as empathy, while also offering a respite from the isolation and tension of incarceration. Simultaneously, correctional officers, who often face high levels of job-related stress and burnout, can also benefit from the calming presence of these therapy dogs. Ultimately, the inclusion of comfort canines in jail settings can foster a more compassionate and supportive environment, promoting mental well-being for all parties involved.

- b. Describe the population to be served relevant to the proposed project. Include demographic information such as age, gender, race, ethnicity, and language if applicable. Describe the expected number of clients to be served annually.

The population to be served by the proposed project consists of a diverse group of individuals, including 460 inmates and 120 staff members within the jail facility. Demographic information relevant to this population includes a wide range of ages, with inmates typically ranging from 18 to 65+ years old. The facility is comprised of both male and female inmates and staff members. Racial and ethnic backgrounds are also diverse, reflecting the larger society and including, but not limited to, Caucasian, African American, Hispanic, Asian, and Native American individuals.

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Multiple languages may be spoken within the jail population, with English being the most common, followed by Spanish.

The proposed project aims to serve the entire jail population, including both inmates and staff. With an annual turnover rate to be considered, the expected number of clients to be served each year is significantly higher than our daily population.

- c. Briefly specify the total time frame of the proposed project, noting the start and end date for this project does not exceed four years. How will this allow sufficient time for all aspects of the project? This includes development, time-limited implementation, evaluation, decision-making, and communication of the results?

The proposed project would run for a total of four years, ensuring sufficient time for all aspects of the project to be completed.

This four-year time frame has been strategically planned to allow for the following key phases:

Development (Year 1): During the first year, the project will focus on establishing the necessary infrastructure, selecting and training comfort canines, and creating guidelines for their integration into the jail facility. This period will also include staff training, inmate orientation, and collaboration with stakeholders.

Time-limited implementation (Years 2-3): For the next two years, the project will be fully implemented, with the comfort canines actively providing therapeutic support to the jail population. This phase will also involve regular monitoring, adjustments, and improvements to ensure the program's effectiveness.

Evaluation (Year 4): Throughout the final year, the project team will conduct a comprehensive evaluation, including data collection and analysis, to assess the program's impact on the mental health of inmates and staff. This evaluation will help determine the program's overall success and potential areas for improvement.

Decision-making and communication of results (Year 4): Based on the evaluation findings, the project team will make informed decisions about the future of the program and potential expansion or adjustments. Results will be communicated to stakeholders, the jail facility, and other relevant parties, sharing insights and lessons learned to contribute to the field of mental health support within correctional settings.

This four-year time frame ensures all aspects of the project are effectively addressed, allowing for the necessary planning, execution, evaluation, and decision-making required to create a successful and sustainable program.

¹ Draft Proposed Innovative Project Regulations, Mental Health Services Oversight & Accountability Commission



2II. Identify Primary Purpose of Proposed Innovation Project

Primary Purpose: The county shall select at least one of the following purposes for developing and evaluating a new or changed mental health practice:	Select One
1. Increases access to underserved groups	<input type="checkbox"/>
2. Increases quality of mental health services, including better outcomes	<input type="checkbox"/>
3. Promotes interagency collaboration related to mental health services or supports	X
4. Increases access to mental health services	<input type="checkbox"/>
❖ Evaluation: The County shall design a method for evaluating the effectiveness and feasibility of the Innovation Project and shall conduct the evaluation according to the method designed.	

- a. Describe the intended outcomes of the proposed project and how those outcomes can be measured? Include specific indicators for each intended outcome.

We believe that the introduction of comfort canines into the jail facility will have a positive impact on the relationships between inmates and staff, leading to a reduction in friction and potentially decreasing incidents of assault and use of force. The presence of therapy dogs can contribute to a calmer and more compassionate environment, as they are known to help alleviate stress, anxiety, and anger in individuals. By providing emotional support and fostering empathy, comfort canines can help inmates better manage their emotions and improve their interpersonal skills, which may lead to fewer conflicts with fellow inmates and staff members.

Additionally, these therapy dogs can also serve as a common point of interest between inmates and staff, encouraging positive and respectful interactions. This shared experience can help break down barriers, promote understanding, and create a more cooperative atmosphere within the facility.

As a result, we anticipate that the presence of comfort canines will contribute to a decrease in tension and hostility, which may ultimately lead to a reduction in incidents of assault and use of force within the jail. By fostering a more supportive and harmonious environment, both inmates and staff can benefit from improved mental well-being and a safer, more conducive setting for rehabilitation and personal growth.

- b. How does the project intend to ensure evaluation of the Innovation Project is culturally appropriate and inclusive, with meaningful involvement by diverse community stakeholders?

The Madera County Department of Corrections envisions animals will also be a better world for people, and it's only through human efforts will we get where we want to go. Because people drive our advocacy, we're strongest when our people are empowered and valued. Madera County Department of Corrections work environment fosters inclusion and collaboration energizes our

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teams, drives better thinking, and makes our impact more sustainable. Working with communities and stakeholders around the county, we integrate a wide range of cultural perspectives to create a healthy work environment. We are committed to advancing diversity, equity, and inclusion in every aspect of our work and at all levels of our organization. We recognize and respect the full spectrum of human qualities so that the unique talents of all employees are dignified, with equitable access to opportunities and an ability to contribute to our mission.

² Draft Proposed Innovative Project Regulations, Mental Health Services Oversight & Accountability Commission