Mental Health Services Act

WELLNESS • RECOVERY • RESILIENCE

ANNUAL PLAN UPDATE
FY 2024-2025
MADERA COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH SERVICES (MCDBHS)

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MHSA Madera County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Madera

Local Mental Health Director	Program Lead
Name: Connie Moreno-Peraza, LCSW	Name: Maria Barragan
Telephone Number: (559) 395-0431	Telephone Number: (559) 395-0451
E-mail: Connie.moreno-peraza@maderacounty.com	E-mail: mbarragan@maderacounty.com

County Mental Health Mailing Address:

Madera County Department of Behavioral Health Services
P.O Box 1288
Madera, CA 93638-1288

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This 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 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* ____________________.

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
Local Mental Health Director/Designee (PRINT)

Signature 6-19-24
Date

County: MADERA COUNTY

Date: 6-19-24

MHSA Madera County Behavioral Health Services Fiscal Accountability Certification

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Madera

- [ ] Three-Year Program and Expenditure Plan
- [x] Annual Update
- [ ] Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Connie Moreno-Peraza, MSW, LCSW	Name: David Richstone
Telephone Number: (559) 673-3508	Telephone Number: (559) 675-7703
E-mail: Connie.Moreno-Peraza@maderacounty.com	E-mail: David.Richstone@maderacounty.com

Local Mental Health Mailing Address:
Madera County Department of Behavioral Health Service
PO Box 1288
Madera, CA 93639-1288

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

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

CONNIE MORENO-PERAZA — Local Mental Health Director (PRINT)
[signature] — Signature — 6-19-24 — Date

I hereby certify that for the fiscal year ended June 30, 2023, 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 9/22/23 for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2023, 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] — Signature — 6-20-2024 — 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)

Director's Message

Thank you for your interest in the Madera County Department of Behavioral Health Services (BHS) Mental Health Services Act (MHSA) Three-Year Integrated Plan Annual Update for FY 2024-2025. In 2023, the MHSA Three-Year Plan was approved, this year, the annual update has gone through the stakeholder process and is being posted for public comment. The feedback the community provides is instrumental in the development of the Three-Year Plan and in helping us to effectively organize mental health services for Madera County residents.

I hope you will find the Three-Year Integrated MHSA Plan Annual Update for FY 2024-2025 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 of culturally and linguistically appropriate care. We look forward to continuing our collaborations to promote wellness, recovery, and resilience throughout Madera County.

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

Sincerely,

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

Overview and Executive Summary

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

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

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

Madera County Behavioral Health Services (MCDBHS) understands the importance of having the community aligned and involved in the planning process. MCDBHS is committed to being inclusive of all stakeholders, including clients and their family members, and community members who wish to take part in the planning process. For this reason, Community Program Planning Process (CPPP) meetings were held at various locations involving diverse groups/organizations including various regions of Madera County.

The MCDBHS proposes programmatic recommendations to existing programs focusing on maintaining current services, modifying programs/services based on existing needs. The program modifications and adjustments are a result of the increasing behavioral health needs in the community. This annual update marks the conclusion of planned and stakeholder reviewed program and service modifications and adjustments.

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

Executive Summary of Proposed Changes

The following executive summary table provides an overview of proposed changes and or modifications to existing programs.

Table 1:Snapshot of New programs and Proposed Modifications to MHSA Plan for FY 2023-2026

Status	Program	Description
New Program	FSP Rural Eastern Madera County (Children/Youth/TAY)	FSP Rural Eastern Madera County Children/Youth 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.
New Program	FSP Rural Eastern Madera County (Adult & Older Adult)	FSP Rural Eastern Madera County 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.
New Program	FSP CARE Court	FSP CARE Court provides individuals with clinically appropriate services, support with trauma-informed and culturally and linguistically appropriate services. Individuals are provided stabilization medication, wellness and recovery support, and linkages to social services that include housing. FSP CARE Court is designed to serve individuals diagnosed with schizophrenia spectrum or other psychotic disorder.
New Program	FSP Housing Our Homeless (HOH)	FSP HOH will serve individuals with a serious behavioral health condition(s), including serious mental illness (SMI) and/or substance use disorder (SUD) who are experiencing homelessness*. Participants from the Community Assistance, Recovery, and Empowerment (CARE) Program and individuals from historically underserved populations that are most in need of supportive services will be prioritized as appropriate for a specific site.
Modified	FSP Adult	Continuation of the FSP model from previous approved plan but developing program by priority population to ensure individuals receive the care they need without any reductions in services.
Modified	FSP Older Adult	Continuation of the FSP model from previous approved plan but developing program by priority population to ensure individuals receive the care they need without any reductions in services.
Modified	Community Outreach & Engagement	This program focuses on supporting underserved communities and identifying unserved individuals to engage them, and when appropriate their families, in the mental health system.
Modified	MHSA Housing Program	MHSAHP funds could be used to build or renovate rental housing or shared housing. Rental housing developments are defined as, apartment complexes with five (5) or more units, where each person or household has his/her own apartment. Shared housing is defined as; each resident has a lockable bedroom in a house or apartment that is shared with other housemates. MHSAHP housing must be permanent supportive housing.

Background Demographics Introduction

Madera County is at the geographic center of California. Madera County's population was 162,858 in 2023 (Quick Facts Madera County, 2023).

Madera County is composed of two incorporated cities, City of Madera and Chowchilla and the unincorporated population centers in the mountain region of the Madera County. Madera County was established in 1893 by separating from Fresno during a special election held on May 16, 1893.Citizens who resided in the area, which was to become Madera County, voted 1,179 to 358 to separate from Fresno and to establishment Madera County.

Madera County is characterized by its diverse population, including a Native American heritage and a history of immigration and migration dating back to the California Gold Rush. The county has a population of 60.8% Hispanic or Latino, and 20.3% of residents are foreign-born, both of which surpass the national average. In addition, nearly half of Madera County's population speaks a language other than English at home, reflecting its multicultural nature (Quick Facts Madera County, 2023).

According to the Data USA: Madera County website, the most common employment sectors in Madera County include Agriculture, Forestry, Fishing & Hunting (8,504 people), Health Care & Social Assistance (7,033 people), and Educational Services (6,171 people) (Madera County, 2021). The industries with the best median earnings for men in Madera County include Information ($72,715), Public Administration ($63,750), and Wholesale Trade ($63,523) (Madera County, 2021). The industries with the best median earnings for women in 2021 are Public Administration ($42,287), Finance & Insurance, & Real Estate & Rental & Leasing ($38,083), and Construction ($36,354) (Madera County, 2021). Industries with the most establishments in Madera County include Educational Services, Health Care & Social Assistance, Manufacturing and Finance & Insurance, Real Estate and Rental & Leasing Services (Madera County, 2021).

Madera County's unemployment rate as of February 2024 is estimated at 9%, an increase of 0.60% since February of 2023 (U.S. Bureau of Labor Statistics, 2023). The Census Reporter estimates, 24.3% of Madera County residents are at or below the federal poverty line, this represents 38% of children under the age of 18 and accounts for 16% of seniors over the age of 65. Madera County's poverty rate is almost double the statewide rate of 12.2% and nearly double the national rate of 12.6% (Madera County, CA, 2022).

In 2023, 88,475 residents in Madera County were eligible for Medi-Cal (Medi-Cal Certified Eligibles, 2023). The Medi-Cal eligibility threshold non-English language for Madera is Spanish (Threshold Concentration Languages, 2021).

Demographic Comparison of California and Madera County Behavioral Health		
	California	Madera
Total Population (2023) (Estimate from US Census)	39,965,193	162,858
Population % Change (2020 to 2023) (Estimate from US	-1.4%	4.2%
Persons under 5 years (2023) (US Census)	5.5%	6.6%
Persons under 18 years (2023) (US Census)	21.8%	27.1%
Persons 65 Years and Older (2023) (US Census)	15.8%	14.5%
Female (2023) (US Census)	49.9%	50.9%
Male (2023) (US Census)	50.1%	49.1%
Black/African American (2023) (US Census)	6.5%	4.1%
American Indian/Alaska Native alone (2018) (US Census)	1.7%	4.5%
Asian alone (2023) (US Census)	16.3%	3.0%
Native Hawaiian and Other Pacific Islander alone (2023) (US	0.5%	0.3%
Two or More Races (2023) (US Census)	4.3%	2.8%
Hispanic or Latino (2023) (US Census)	40.3%	60.8%
White alone (2023) (US Census)	34.7%	31.0%
Veterans (2018-2022) (US Census)	1,415,568	6,225
Foreign Born persons percentage change (2018-2022) (US	26.5%	20.3%
Language other than English spoken at home of persons 5	43.9%	45.6%
High School Graduate or Higher, % of persons aged 25 Years+ (2018-2022) (US Census)	84.4%	72.1%
BA degree or higher % of persons aged 25 years+ (2018-2022) (US Census)	35.9%	17.2%
With disability, under age 65 years (2018-2022) (US Census)	7.1%	9.7%
Persons without health insurance, under age 65 years	7.5%	10.7%
Civilian labor force, total, % of population age 16 years+ (2018-2022) (US Census)	63.3%	56.4%
Persons in poverty (US Census 2022)	12.2%	22%

Community Program Planning Process

The Stakeholder Process

Madera County Behavioral Health Services (MCDBHS) understands the importance of having the community aligned and involved in the planning process. MCDBHS is committed to being inclusive of all stakeholders, including clients and their family members, and community members who wish to take part in the planning process. For this reason, Community Program Planning Process (CPPP) meetings were held at various locations involving diverse groups/organizations including various regions of Madera County. 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. The CPPP meeting were held or hosted by various groups that included: Madera County Behavioral Health Advisory Board, Cultural Competence Advisory Committee, MHSA Advisory Committee, Chowchilla Taskforce; EP Coalition, Community presentation at Public Health, Latinos Madera, Resident Champions, BHS groups; and the Madera County Behavioral Health Total Staff Meeting. Some of these meetings were held virtually to increase participation and ensure diversity within the stakeholders to match our counties demographics. Additionally, some meetings were facilitated in Spanish to engage the Spanish speaking community. MCDBHS was able to receive feedback and provide community education on mental health to help make informed decisions on community needs.

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

Local Review Process

In FY 23-24, The 30-day public comment period opened on 06/18/2024 and closed on 07/18/2024. The county announced and disseminated the draft plan to the Board of Supervisors, Behavioral Health Advisory, 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 05/15//2024 by the BHAB, during which stakeholders were engaged to provide feedback about the Madera Plan for FY 2023-2026. Fifteen stakeholders attended the public hearing, representing county staff, the BHAB, consumers, and family members. Pursuant to WIC section 5848, the Program Update was be posted for a 30-Day Public Comment and Review Period starting 06/19/2024-07/19/2024.

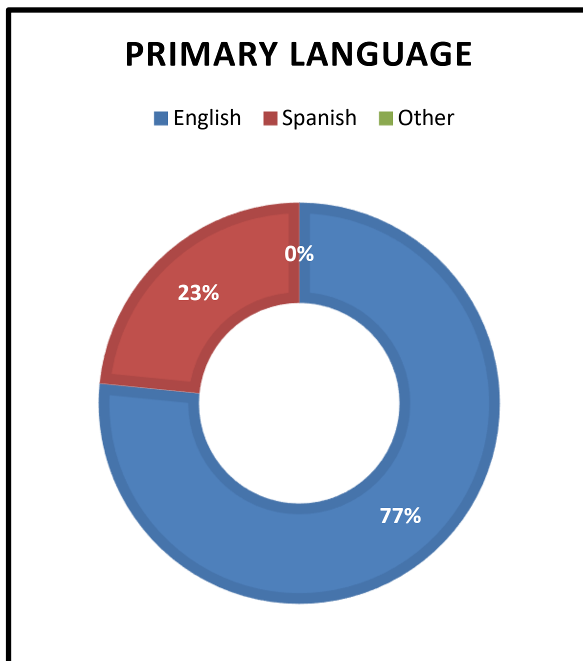
Personnel

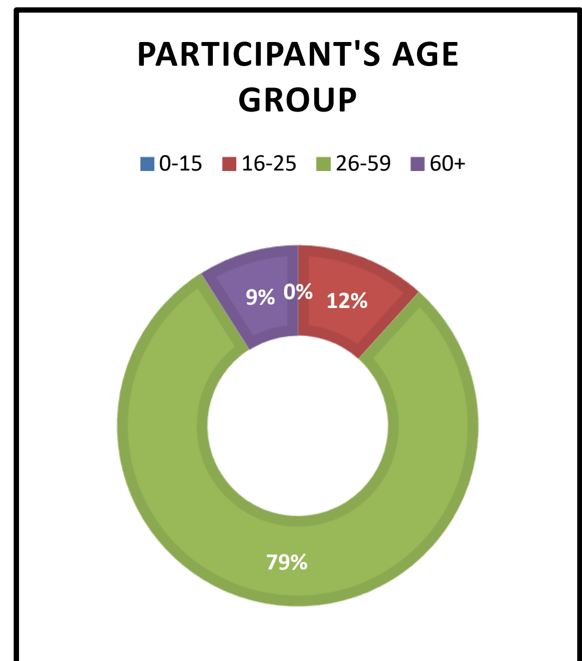
Program Manager, Maria Barragan is currently assigned as the MHSA coordinator and prior was Division Manager, Nick Avila-Montes. The coordinator is responsible for organizing and carrying out the planning meetings. The MHSA coordinator is also responsible for ensuring that a diverse audience attends each meeting. The coordinator usually posts meeting information at various community centers, libraries, and the MCDBHS website so that unserved and underserved populations including those with Serious Mental Illness (SMI) and/or Serious Emotional Disturbance (SED) and their family can participate in the CPPP.

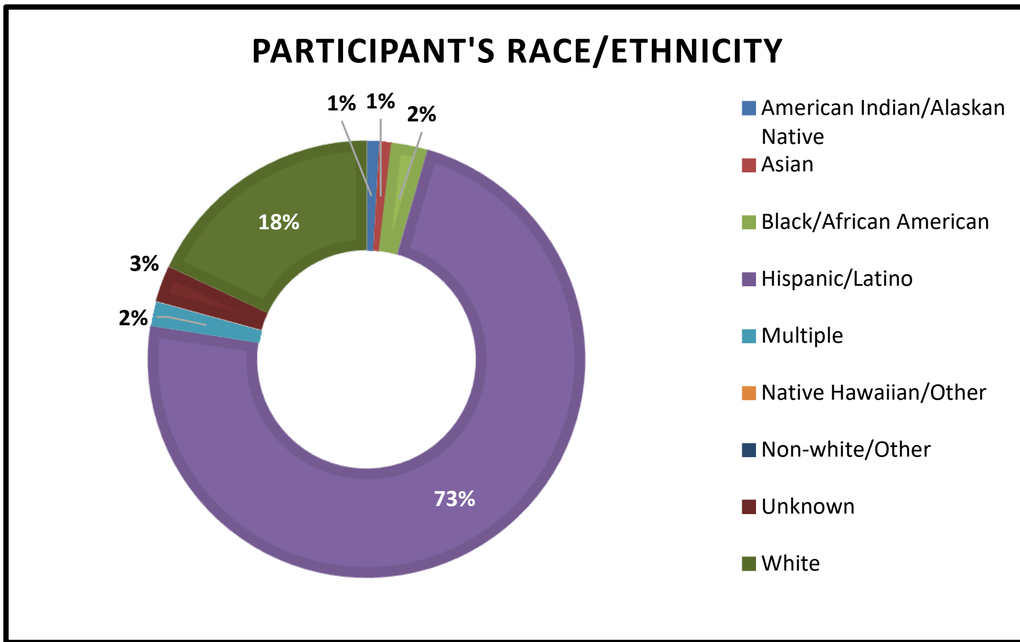
Stakeholder Participation

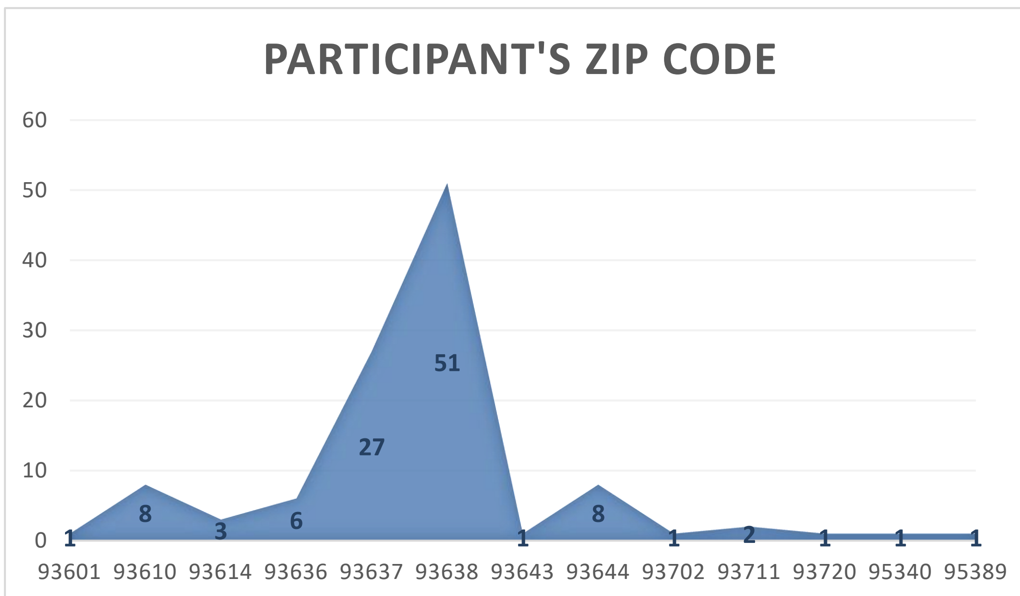
During the Community Planning Process Presentation, stakeholders are given an opportunity to provide feedback. Attendees of the Community Planning meeting are given hardcopy surveys, and they are collected once completed. A series of questions are asked to better understand the needs of the public. Attendees are asked to rate issues from the most important to least important. Although participants were encouraged to complete the entire survey, it is not mandatory. Stakeholders had the option to only answer questions they felt comfortable answering so each topic may differ in the number of responses collected. A total of 116 surveys were collected, below are the results of the surveys.

Participant's Demographic Information:

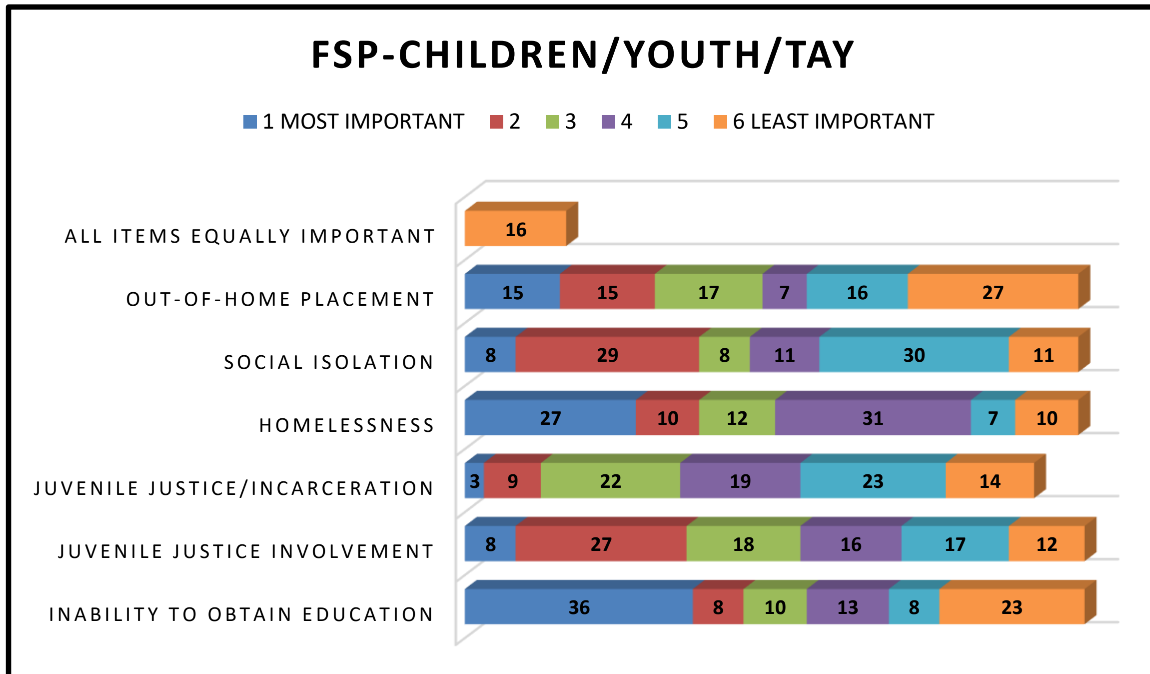




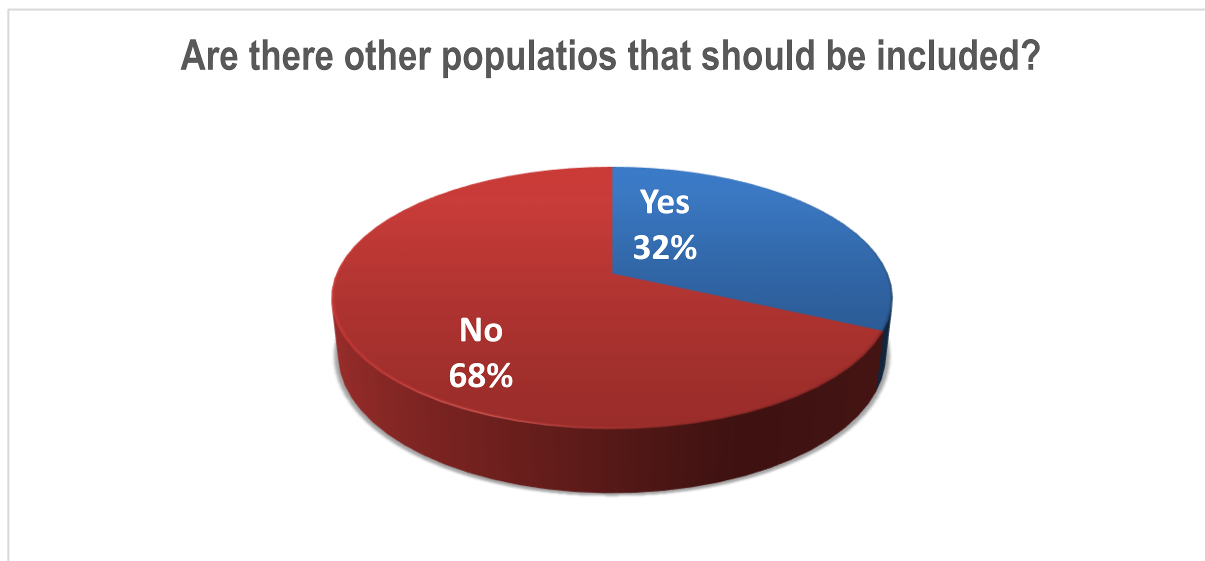

PARTICIPANT'S RACE/ETHNICITY
1%
1%
2%
18%
3%
2%
73%
American Indian/Alaskan Native
Asian
Black/African American
Hispanic/Latino
Multiple
Native Hawaiian/Other
Non-white/Other
Unknown
White


PARTICIPANT'S ZIP CODE
60
50
40
30
20
10
0
1
8
3
6
27
51
1
8
1
2
1
1
1
93601 93610 93614 93636 93637 93638 93643 93644 93702 93711 93720 95340 95389

FSP Children/Youth/TAY and FSP Rural Eastern Madera County Children/Youth/TAY: 6 Topics covered in FY 23-24: Homelessness, Social Isolation, Inability to obtain education, Out-of-home placement, Juvenile Justice/Involvement, Juvenile Justice/Incarceration.

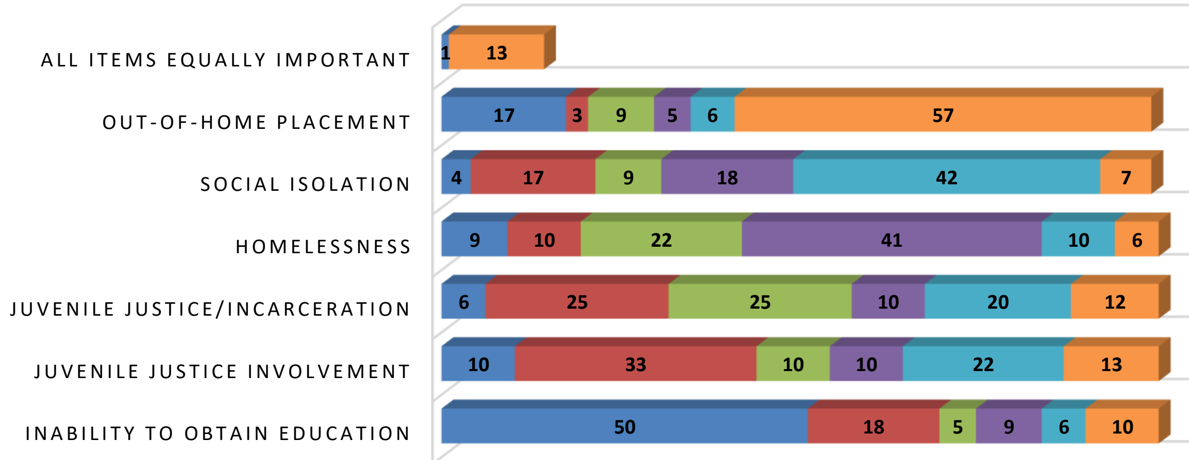


Key findings based of the Community Program Planning Process stakeholder top 3 priorities for FSP Children/Youth/TAY included: 1) Inability to obtain education 2) Social Isolation and 3) Juvenile Justice/Incarceration



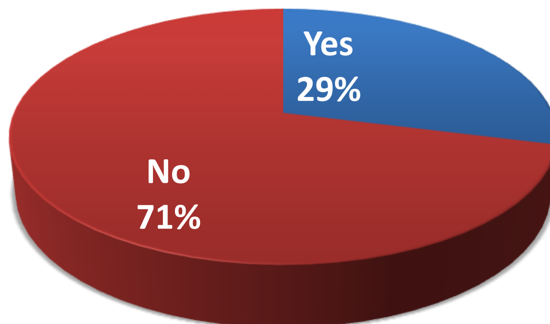
When asked if other populations should be included 32% of respondents stated "yes." Below is a chart with a breakdown of respondent's feedback on other populations that should be included.

FY 2023-2024: Estimated 32% Stakeholders believed that other populations should be considered. Below is the feedback received. Populations that should be included:
Substance user, immigrants
Every population should be included
Foster youth
LGBTQ+ members, foster children, persons with disabilities, people who suffered unreported trauma
LGBTQ+, veterans, dometic abuse survivors, sexual assault survivors,
SUD support/Family Support
Substance Use
Adults
Trauma
Caregivers
Domestice Abuse survivor, teenage mothers,
Mental health
Middle age while males
Physical/body disability, cognitive disability,
Substance abuse
Substance abuse, family support,
Substance involved youth
Substance Use Disorder
Tribal



Key findings based of the Community Program Planning Process stakeholder top 3 priorities for FSP Rural Eastern Madera County Children/Youth/TAY included: 1) In ability to obtain education, 2) Juvenile Justice Involvement, and 3) Juvenile Justice/Incarceration.

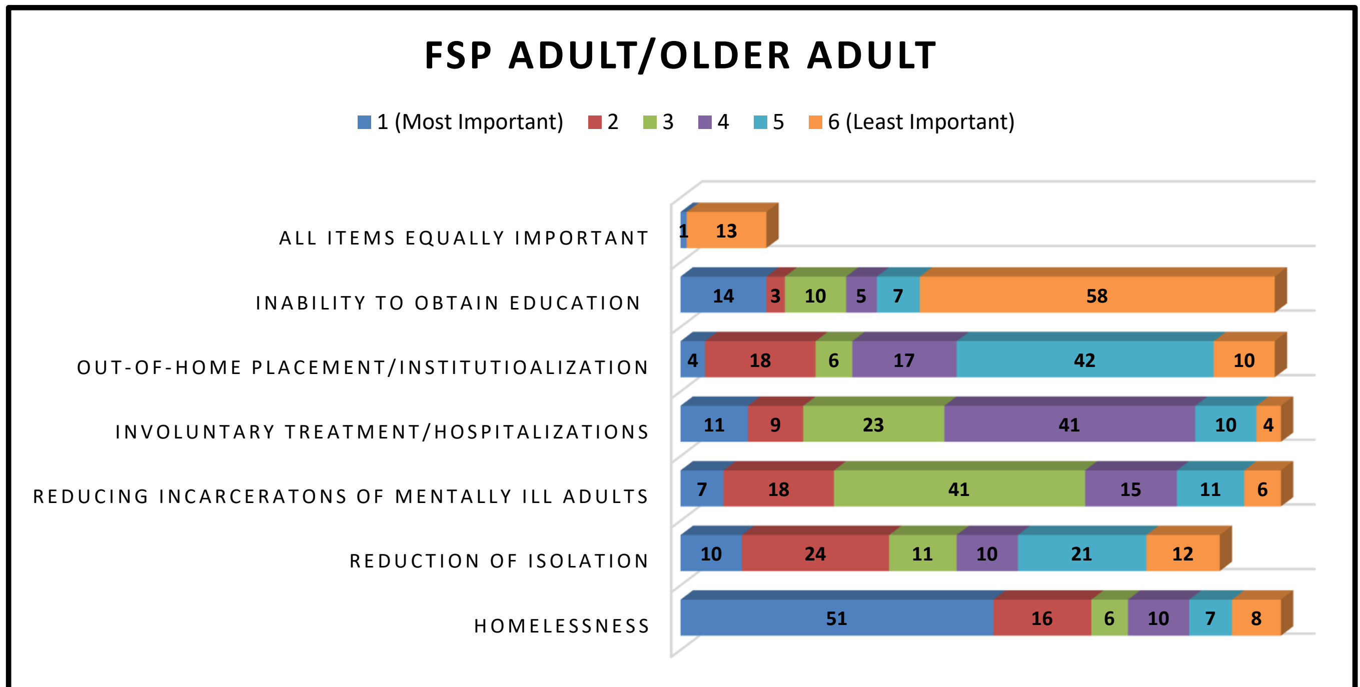
Are there other populatios that should be included?



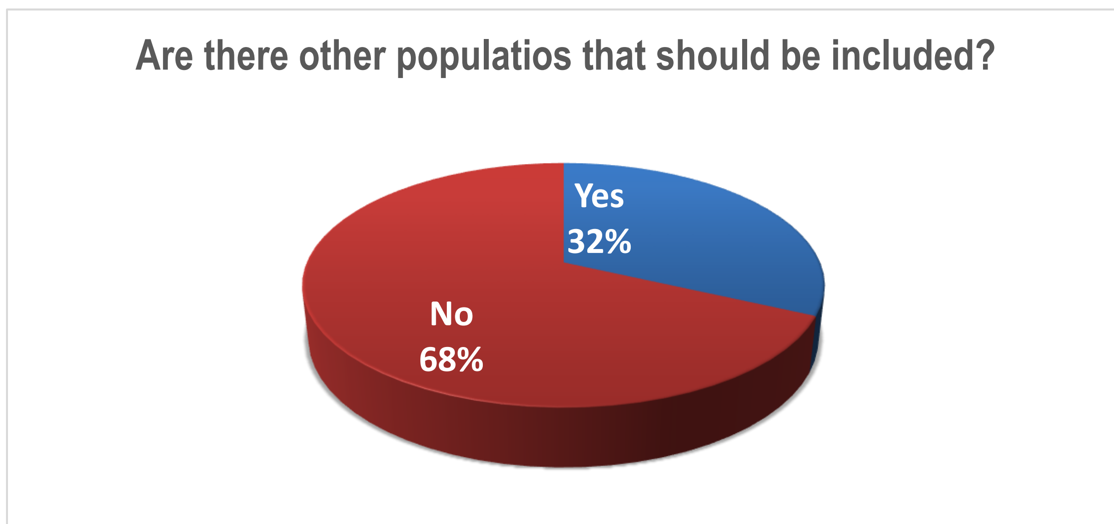
When asked if other populations should be included 29% of respondents stated "yes." Below is a chart with a breakdown of respondent's feedback on other populations that should be included.

FY 2023-2024: Estimated 29% Stakeholders believed that other populations should be considered. Below is the feedback received. Populations that should be included:
All people
LGBTQ+, veterans, dometic abuse survivors, sexual assault survivors,
SUD support/Family Support
Substance Use
Addicts, immigrants, low middle class
Mental Health/Anger management
Persons with disability, spanish-speaking persons, immigrants, foster children
Physical/cognitive disability
Substance abuse
Substance Use Disorder
Substance Use people
Teen parents
Tribal
Youth with incarcerated/history of drug use
Children
homelessness
Hispanic community
LGBTQ+ and minorities
Parents
People who speak a dialect
Mixtec people
People who speak another language besides English/Spanish
All minorities
Everyone

FSP Adult/Older Adult:6 Topics covered in FY 23-24: Homelessness, Reduction of Isolation, Inability to obtain education, Involuntary Treatment/Hospitalizations, Reducing Incarcerations of Mentally Ill Adults, Out-of-home placement/institutionalization.

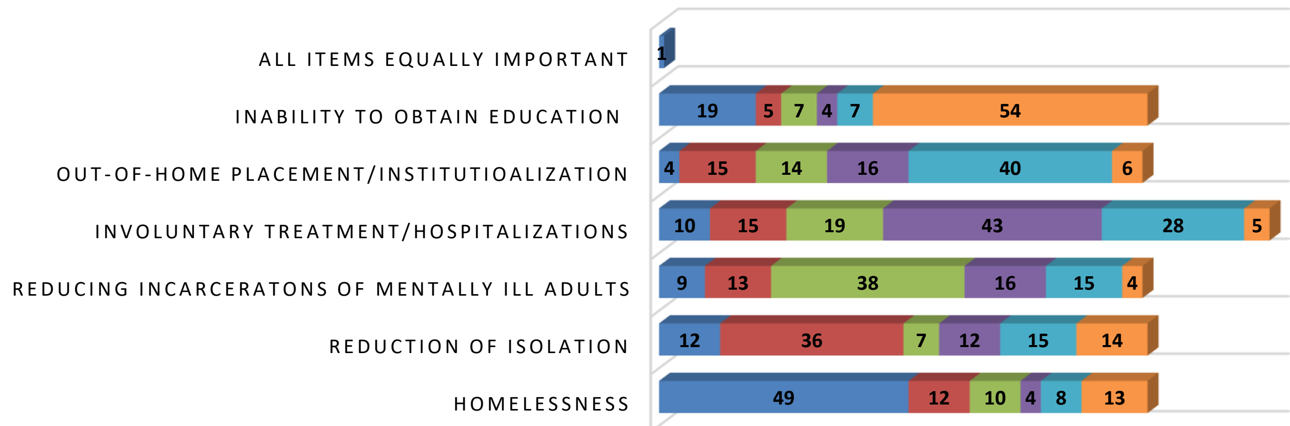


Key findings based of the Community Program Planning Process stakeholder top 3 priorities for FSP Adult/Older Adult were: 1) Homelessness, 2) Reduction of Isolation, and 3) Reducing Incarceration of Mentally Ill Adults.

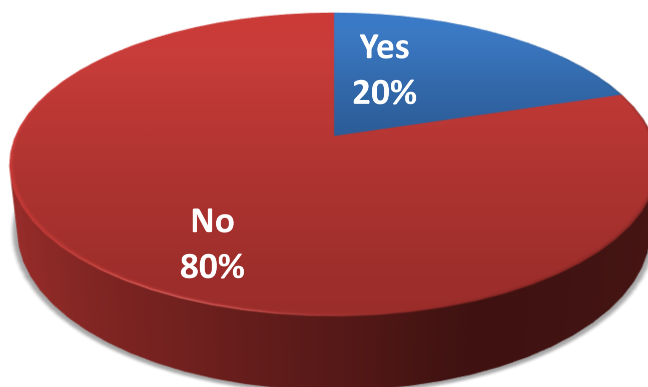


When asked if other populations should be included 32% of respondents stated “yes.” Below is a chart with a breakdown of respondent’s feedback on other populations that should be included.

FY 2023-2024: Estimated 32% Stakeholders believed that other populations should be considered. Below is the feedback received. Populations that should be included:
All people
Elderly
LGBTQ+, veterans, dometic abuse survivors, sexual assault survivors,
SUD support/Family Support
Substance abuse
Veterans
Caregivers, especially individuals with no help
Domestic abuse survivor, teen parents
Homelessness populations
Mental Health/Anger management
Physical/cognitive disability
Substance abuse
Substance Use Disorder
Substance Use people
Tribal
Rural communities
Homelessness
Hispanic community
Indigenous communities
Retired community
Everyone
All minorities
Veterans
Disable veterans



Key findings based of the Community Program Planning Process stakeholder top 3 priorities for FSP Rural Eastern Madera County were the same as FSP Adult/Older Adult which included: 1) Homelessness, 2) Reduction of Isolation, and 3) Reducing Incarceration of Mentally Ill Adults.

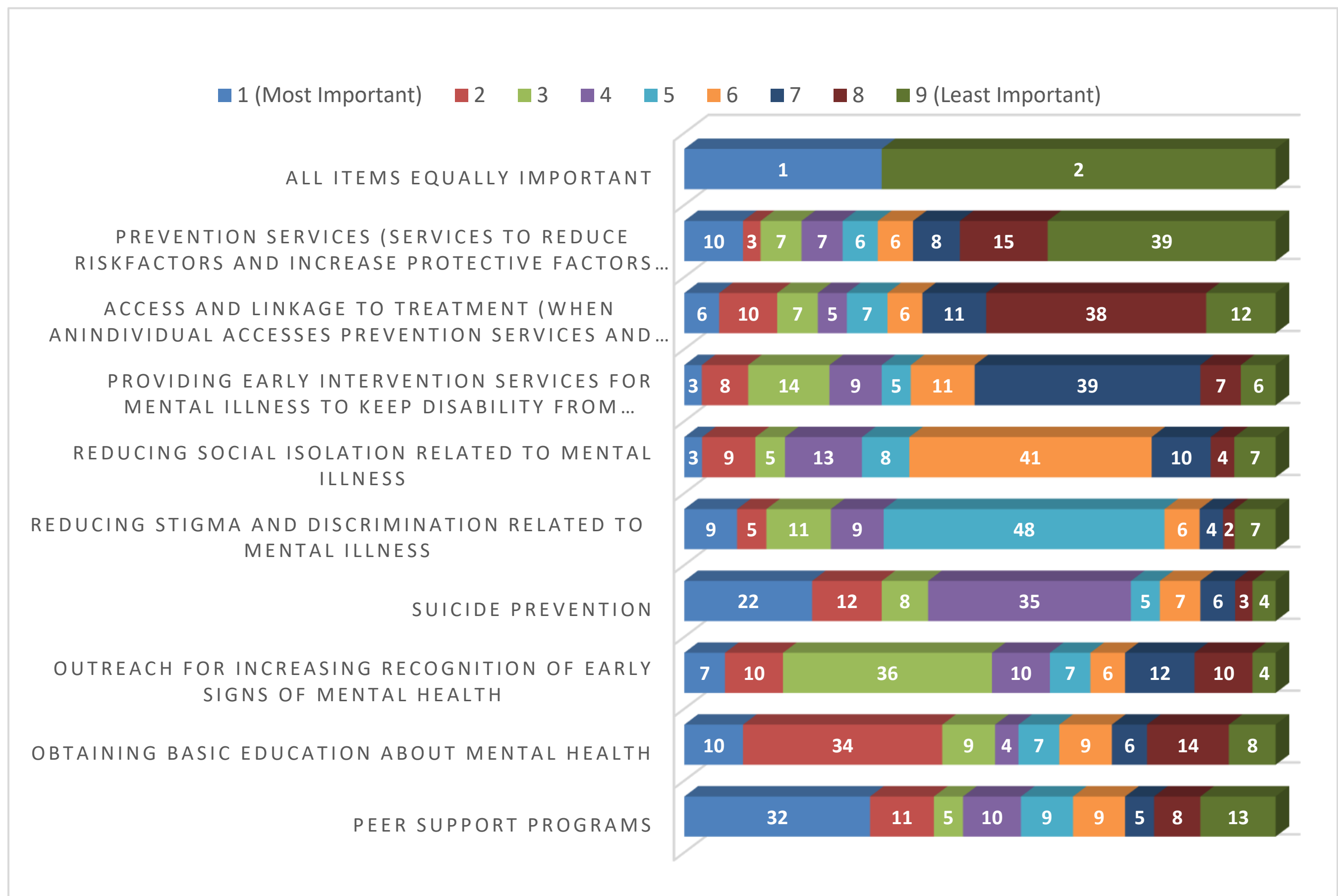


When asked if other populations should be included 20% of respondents stated "yes." Below is a chart with a breakdown of respondent's feedback on other populations that should be included.

FY 2023-2024: Estimated 20% Stakeholders believed that other populations should be considered. Below is the feedback received. Populations that should be included:
Everyone
LGBTQ+, veterans, dometic abuse survivors, sexual assault survivors,
SUD
SUD support/Family Support, foster home support
Substance abuse
Homeless-unhoused
Mental health/anger management
Substance use adults
Hispanic Latino Communities
Unhoused community members
Farmlabor workers
Older adults
Community members who speak a dialect
All minorities
Everyone
Undocumented individuals
Veterans

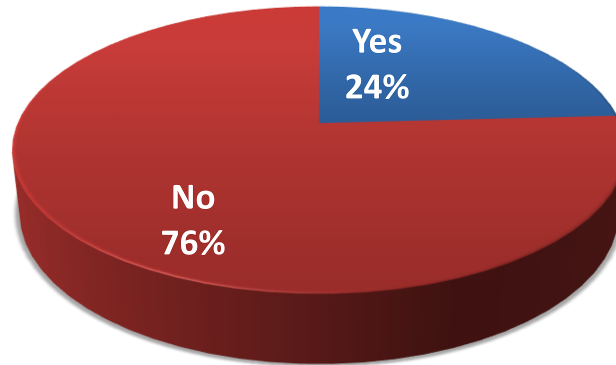
Prevention and Early Intervention:

9 Topics covered in FY 23-24: Peer support programs, Suicide prevention, Providing early intervention services for mental illness to keep disability from progressing, Obtaining basic education about mental illness, Reducing stigma and discrimination related to mental illness, Access and linkage to treatment (when an individual accesses prevention services and needs treatment services), Outreach for increasing recognition of early signs of mental illness, Reducing social isolation related to mental illness, Prevention services (services to reduce risk factors and increase protective factors related to mental illness)



Key findings based of the Community Program Planning Process stakeholder top 3 priorities for Prevention and Early Intervention (PEI) included: 1) Peer Support Programs, 2) Obtaining basic education about mental health, and 3) Outreach and increasing recognition of early signs of mental illness.

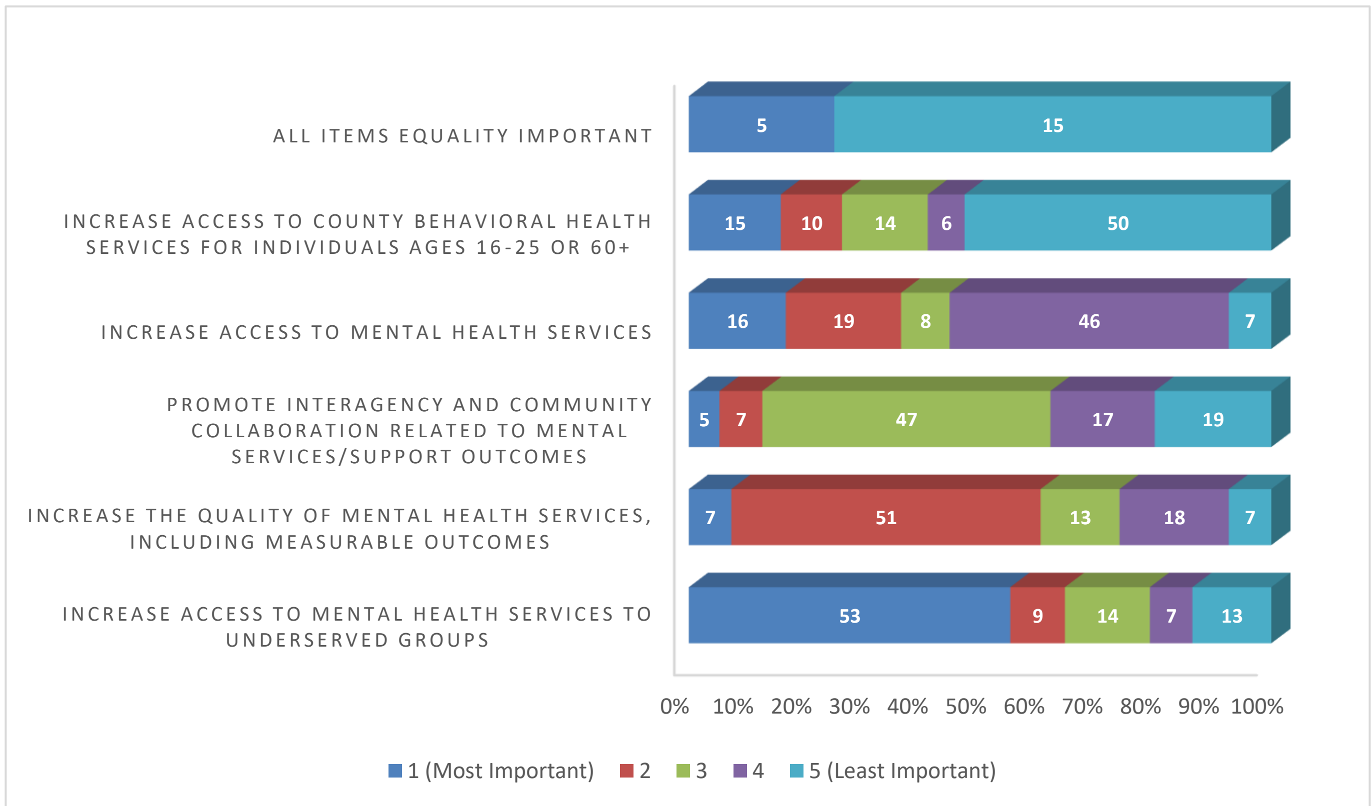
Are there other populatios that should be included?



When asked if other populations should be included 24% of respondents stated “yes.” Below is a chart with a breakdown of respondent’s feedback on other populations that should be included.

FY 2023-2024: Estimated 24% Stakeholders believed that other populations should be considered. Below is the feedback received. Populations that should be included:
Everyone
LGBTQ+, veterans, dometic abuse survivors, sexual assault survivors,
Services to assess and implement behavioral therapy related servicesto mental illness in schools
Substance abuse/adult & teens/SUD
Teen parents
Caregivers and alternative care w/elder day care
Mental health/anger management
Teaching about substance use disorder and signs
Asian communities
Hispanic Communities
Disfunctional homes
Homelessness
Undocumented individuals
Young children
Middle income individuals
Low income individuals
Educational presentations on how to support parent with youth education
All minorities

Innovation:
In FY 23-24, 5 topics were covered which included: Increase access to mental health services to underserved groups; increase quality of mental health services, including measurable outcomes; promote Interagency and community collaboration related to mental services/support outcomes; increase access to mental health services; and Increase access to county behavioral services for individuals aged 16-25 and 60+.



Key findings based of the Community Program Planning Process stakeholder top 3 priorities for Innovation included:

1) Increase access to mental health services to underserved groups.
2) Increase the quality of mental health services, including measurable outcomes.
3) Promote interagency and community collaboration related to mental health services/support outcomes.

Are there other priority issues to address with innovation funding?
Paying Staff equitably
Residential recovery center/Detox
Promotion of presentations from other agencies to qualify for INN.
NOINSURED AND ALL INSURANCE CARRIERS
Access to Peer Groups that clients can attend to feel less alone with the things they are dealing with.
more aop groups
Support groups for individuals with mental disabilities.
If there is a higher increase of availability for mental health assistance, then there must be a higher quality of the assistance.
Creating more facilities with more staff to serve a larger portion of the community.
Access to preventative mental health services
Adding more counselors for counseling services, without having to make people not talk when needed too and without fear of reporting.
substance use disorder.
substance abuse
Too many cooks may spoil the broth. Keep it simple, people need help and too many hands may turn greedy.
Psychiatric
homeless with no access, transportation to get services.
early family support
mental health/anger management
no-you have plenty to do already with the funding you have.
animal assisted therapy. Least invasive means
Accessible education in Spanish for the Hispanic Community
Provide all services.
Support groups for all ages and activities for all ages.
Health Fairs and have clinicians attend to be able to connect with the community.
Engage the Hispanic Community
More workshops
Form more support groups.
Help the homeless
Workshops for parents to better understand and connect with at risk youth.
Prioritize the community.
More workshops on stress and depression
More on anxiety

Educational workshops for those who have experienced trauma/abuse.
Help for those with mental illness.
Help to reopen the hospital.
Training for workforce to better serve those seeking Behavioral Health Services
Programming for veterans
Services for those who do not qualify for Medi-Cal services.
Provide better accessible services for all without restrictions.

Please add any additional comments you would like us to review.
Increase quality staff development.
TRAININGS FOR STAFF
Residential facility in high need
Crisis team needs greater attention to detail and understanding that not everything equates to 5150 and de-escalation is possible.
Through hearing multiple experiences of the lack of quality of therapy and counseling, the most complaints come from people who encounter the crisis team. If they serve as a tram to ensure safety, the first step should not be to assess for 5150, but to use techniques to deescalate and assist with a person's crisis.
Thanks for the survey.
Drug abuse.
In domestic situations whether male or female should not live in fear of talking about issues. They need a lot of help and therapy services. A lot more prevalent.
In Yosemite Valley drinking is a huge thing. Early help would really be awesome.
Easier to understand survey format.
I would like newer magazines. 1996 is a little dated.
There are many more autistic adults than we know of.
Not enough resources
It would be better if we had something in this town to increase shelters with services and treatment.
more anger management classes
Families with issues can lead to at risk youth.
Better understanding of the communities' issues related to mental health.
More community engagement efforts to help learn more about service needs.
Radio advertisements on how to access services.
More help
More support groups.

Training for BHS employees to improve customer service.
Information on youth substance use
Great MH information provided.
Better customer service
Empower fathers to get involved in discussion.
I enjoyed the workshop; she provided lots of information.
Important
Easy access to services
Lots of people need mental health services.
Great information provided.
More help for the ill
More help for those that need it or refer them to services that can help.
All services should be open to all without restrictions.

MHSA Three-Year Program and Expenditure Plan

Direction for Public Comment

MCDBHS is releasing its current Mental Health Services Act Three-Year Plan Update for public review. The 30-day public review will be from 06/19/2024 to 07/19/2024. A copy of the plan may be found at https://www.maderacounty.com/government/behavioral-health-service and will be available at the Behavioral Health Services front desk. A copy may also be requested by contacting Eva Weikel@maderacounty.com or (559) 395-0451. A public hearing regarding this plan will be held during the Behavioral Health Board meeting held on 06/19/2024. The public can submit comments by any of the methods listed below.

By fax: (559) 675 7758

By telephone (559) 395-0451

By E-mail: eva.weikel@maderacounty.com

In Writing: Madera County Behavioral Health Services.

Attention: Eva Weikel

209 E 7th St

Madera, Ca 93638

MHSA Publication

The county is circulating a draft MHSA Three-Year Program and Expenditure Plan for public review starting on (06/19/2024-07/19/2024) (30 calendar days).

The mental health board will then conduct a public hearing on 07/17//2024 at the close of the 30-day public comment period.

Public Comments and Responses/Substantive Changes

Board of Supervisors

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

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

Community Services and Supports (CSS)

Community Services and Support Component Overview

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

Mental Health Services and Supports

Including, but not limited to:

Mental health treatment, including alternative and culturally specific treatments. Peer support.

Supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education.

Alternative treatment and culturally specific treatment approaches.

Personal service coordination/case management to assist the client, and when

appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative and/or other community services.

Needs assessment.

ISSP (treatment plan) development.

Crisis intervention/stabilization services.

Other Mental Health Services and Supports

Including, but not limited to:

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

Service Categories Summary

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

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

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

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

b) Supportive Services and Structure- Helps provide administrative staff

and other resources such as supportive housing. An example of supportive housing is one that provides both housing and case management services. CSS funds are not to be used for person incarcerated in state prison nor paroles from state prison.

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

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

Full-Service Partnerships (FSP)

The cost per person for Children/Youth/TAY population in the Full-Service Partnership (FSP) program is $60,370. The cost per person for adults in the FSP Program is $25,895 and $23,305 per older adults. Full-Service Partnership (FSP) program provides treatment and support recovery for individuals and their families who are living with severe mental illness (SMI) or severe emotional disturbance (SED). The Clients served have multiple risk factors and complex mental health needs. Clients can often be at risk of losing home placement, school placement, or have had difficulties stabilizing, which has resulted in multiple hospitalizations or possible incarcerations. These clients often have many psychosocial stressors and need intensive case management services to establish stability and safety in their lives. Usually, clients and their family are already working with other agencies, such as (Madera Unified School District, Probation, Childcare Welfare Services, and other community agencies). Individuals eligible for an FSP include those who are unserved or underserved and may be homeless or at risk of becoming homeless. FSP provide wrap-around or “whatever it takes” services to clients. FSP mental health services and supports that include:

- Mental Health Treatment
- Supportive Services to Assist the Individual in Obtaining and Maintaining Employment, Housing and/or Education.
- Peer Support
- Wellness Centers.
- Personal Service Coordination/Case Management
- Needs Assessment
- Individual Services and Supports Plan (ISSP) Development
- Crisis Intervention/Stabilization Services
- Family Education and Reunification Services

FSP non-mental health services and supports include:

- Food
- Clothing
- Housing, including, but not limited to:
    - Rent subsidies.
    - Housing Vouchers
    - House Payments
    - Residence in a Drug/Alcohol Rehabilitation Program
    - Transitional and Temporary Housing
- Cost of Health Care Treatment
- Cost of Treatment of Co-Occurring Conditions, such as Substance Abuse
- Respite Care

The following services are offered to beneficiaries enrolled in the Full-Service Partnerships.

Assessment and Collateral

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

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

Individual and Group Therapy

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

Crisis Intervention

A service lasting less than 24 hours, to or on behalf of a client for a condition that

requires a timelier response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy.

Case Management Services

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

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

Medication Services

MCDBHS provides these services that include prescribing, administering, dispensing, and monitoring psychiatric medications or biologicals that are needed to alleviate the symptoms of mental illness.

- Service activities may include (but are not limited to):
- Evaluation of the need for medication,
- Evaluation of clinical effectiveness and side effects
- Obtaining informed consent
- Instruction in the use, risks, and benefits of medication
- Alternatives for medication
- Collateral and plan development related to the delivery of the service and/or assessment of the beneficiary.

Individual Services and Support Plan (ISSP)

Madera County Behavioral Health Services (MCDBHS) ensures that an ISSP (treatment plan) is developed by a Personal Service Coordinator/Case Manager for each client.

The Case Manager is responsible for developing the treatment plan with the client, and the client's family (when appropriate). The treatment plan is developed in collaboration with other agencies that have a shared responsibility for services and/or supports to the client. The services may also include services that are necessary to address unforeseen circumstances in the client's life that have not yet been included in the ISSP.

Madera County Behavioral Health Services ensures that a Case Manager or other

qualified individual known to the client/family is available to respond to the client/family during work hours. For afterhours care, Crisis Support Services of Alameda provides the service.

After hour care

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

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

Specialized Staff

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

FSP Age Groups

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

Program	Type of Service	Total Individuals	FY 22-23 Cost per Person
Children, Youth, TAY	Full-Service Partnership	36	$60,370
FSP Summer Wellness Day Camp	Full-Service Partnership	50	$1,200
Rural Eastern Madera County-Children, Youth, TAY	Full-Service Partnership	New program	
Adult	Full-Service Partnership	51	$25,895
Older Adult	Full-Service Partnership	10	$23,305
Rural Eastern Madera County-Adult/Older Adult	Full-Service Partnership	New Program	
FSP Stepping Up (Justice Involved)	Full-Service Partnership	35	$34,285
FSP Care Court	Full-Service Partnership	New Program	
FSP Housing our Homeless (HOH)	Full-Service Partnership	New Program	
Behavioral Health Services (7th St.); Chowchilla Recovery Center; Oakhurst Counseling Center; Children, Youth, Family Recovery Center	General Systems Development (Expansion)	2,947	$754
Sugar Pine/La Esperanza/Hind House/Serenity Village/Chowchilla 4 Plex/ Temporary Housing	MHSA Housing Program		$8,959

FSP-Children's, Youth, and Transitional Age Youth Program Overview

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

General Qualifications for Children and Transitional Age Youth:

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

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

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

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

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

Other Mental Health Services for Children and TAY

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

Within Children's/TAY FSP program clients (ages 0-25) who also qualify for Intensive Case Coordination and Intensive Home-Based Services due to the acuity of the mental health symptoms and have risk factors present. Each minor within the FSP program is screened and referred if appropriate for Intensive Case Coordination (ICC), Home-Based Services (HBS), or Therapeutic Behavioral Health services (TBS) if client/family accepts the additional services. Services are defined below.

Definition of ICC services:

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

Intensive Home-Based Services and Therapeutic Behavioral Health Services:

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

Definition of IHBS:

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

Definition of TBS Services:

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

FSP Children/Youth/TAY Programs and Status Update:

Program Plan for FY 2023-2024			
Community Services and Supports (CSS): Full-Service Partnership (FSP) Services			
FULL-SERVICE PARTNERSHIPS CHILDREN & TAY			
☒ **Full-Service Partnership Services** ☐ **Non-Full-Service Partnership Services**			
Program Status	**Priority Population**		**Number to be Served**
Ongoing	☒Children Ages 0-15 ☒TAY Ages 16-24		**36**

Program Overview: 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.

Goals:

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

Fiscal Year	Total MHSA Funding	Total Clients Served	Estimated Cost Per Client
2024-2025	**$2,209,5320**	**36**	**$60,370**

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-Full-Service Partnership Services**		
Program Status	**Priority Population**	**Number to be Served**
Ongoing	☒Children Ages 0-15	**50**

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 **C**ity 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.

Goals:

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

Fiscal Year	Total MHSA Funding	Total Clients Served	Estimated Cost Per Client
2024-2025	**$60,000**	**50**	**$1,200**

Status update: Due to high staff turnover these efforts were not completed but MCDBHS has established a relationship with the City of Madera Parks and Recreational Services and will be meeting with them to discuss how to launch this program in FY 2024-2025. MCDBHS is currently collaborating with the City of Madera to host various events during Mental Health Month.

Program Plan for FY 2024-2025					
Community Services and Supports (CSS): Full-Service Partnership (FSP) Services					
FSP Rural Eastern Madera County Children/youth and TAY (OCC)					
☒ **Full-Service Partnership Services** ☐ **Non-Full-Service Partnership Services**					
Program Status	**Priority Population**				
New Program developed to meet the needs of Eastern Madera County clients.	☒Children Ages 0-15 ☒TAY Ages 16-24				

Program Overview: The FSP Rural Eastern Madera County Children/Youth 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.

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

Fiscal Year	Total MHSA Funding	Children/Youth	TAY	Total Clients Served	Estimated Cost Per Client
FY 24-25	**$199,217**	**2**	**3**	**5**	**$39,844**

Proposed Changes: This is a new program we are proposing to implement will help to meet the needs of our Eastern Madera County residents.

FSP-Adult & Older Adult Program Overview

Adult Full-Service Partnership program is designated for adults (ages 26+) who have been diagnosed with a Serious Mental Illness and who would benefit from an intensive service program. Often the adults identified for the FSP program have multiple risk factors and continue to be at risk of home placement loss, need for institutional care, inpatient hospitalizations, homelessness, or incarcerations. The program embraces the belief to do “whatever it takes”. Initial focus of services is to help each client stabilize, create safety, reduce risk factors, and maintain placement within our community setting. FSP service providers lead treatment driven by the client and tailor interventions based on specific client needs. Providers are in tune and mindful of client’s culture and strive to provide culturally competent services in a multidisciplinary team approach.

Often many of the adult and older adult clients served within the FSP program are involved with multiple agencies such as, Probation, DSS, Social Security Administration, Public Guardian, Workforce, Department of Rehabilitation, and various other agencies. The treatment team consists of the clinical case coordinator and a case manager who work together in collaboration with other agencies to meet the whole needs of the client. Services offered include individual therapy, group therapy, case management services, collateral services, and rehabilitation for individuals who often have a co-occurring mental illness and substance use disorders. In addition, FSP treatment team assists clients with addressing their psychosocial stressors such as housing, employment, education, and other areas of need to help each client work toward self-sufficiency and independence.

General Qualifications for Adults/Older Adults:

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

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

FSP Adult/Older Adult Programs and Status Update:

Program Plan for FY 2023-2024		
Community Services and Supports (CSS): Full-Service Partnership (FSP) Services		
FULL-SERVICE PARTNERSHIP ADULT		
☒ **Full-Service Partnership Services** ☐ **Non-Full-Service Partnership Services**		
Program Status	**Priority Population**	**Number to be served**
Modified: previously FSP Adult/Older Adult Program	☒Adults Ages 26-59	**51**

Program Overview: FSP 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 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, intuitional care, psychotic features, the chance of suicide, the threat of violence due to mental illness, and history or risk of incarceration. Madera County Behavioral Health Court individuals are served through the FSP programs.

The FSP Adult 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 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

Goals:			
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.		
Fiscal Year	**Total MHSA Funding**	**Total Clients Served**	**Estimated Cost Per Client**
2024-2025	**$1,320,645**	**51**	**$25,895**
Proposed Changes: Continuation of the approved FSP model from previous plan but separating programming by priority population.			

Program Plan for FY 2023-2024		
Community Services and Supports (CSS): Full-Service Partnership (FSP) Services		
FULL-SERVICE PARTNERSHIP OLDER ADULTS		
☒ **Full-Service Partnership Services** ☐ **Non-Full-Service Partnership Services**		
Program Status	**Priority Population**	**Number to be Served**
Modified: previously FSP Adult/Older Adult Program	☒Older Adults Ages 60+	**10**

Program Overview: FSP 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 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, intuitional care, psychotic features, the chance of suicide, the threat of violence due to mental illness, and history or risk of incarceration. Madera County Behavioral Health Court individuals are served through the FSP programs.

The FSP Older Adult 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. 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

Goals:	
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.

Fiscal Year	Total MHSA Funding	Total Clients Served	Estimated Cost Per Client
2024-2025	**$233,050**	**10**	**$23,305**
Proposed Changes: Continuation of the approved FSP model from previous plan but separating programming by priority population.			

Program Plan for FY 2024-2025	
Community Services and Supports (CSS): Full-Service Partnership (FSP) Services	
FSP Rural Eastern Madera County Adult/Older Adult (OCC)	
☒ **Full-Service Partnership Services** ☐ **Non-Full-Service Partnership Services**	
Program Status	**Priority Population**
New Program developed to meet the needs of Eastern Madera County clients.	☒Adults Ages 26-59
	☒Older Adults Ages 60+

Program Overview: FSP Rural Eastern Madera County 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 Rural Eastern Madera County 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, intuitional care, psychotic features, the chance of suicide, the threat of violence due to mental illness, history, or risk of incarceration, live in rural Eastern Madera County. Madera County Behavioral Health Court individuals are served through the FSP programs.

The FSP Rural Eastern Madera County Adult and Older Adult 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

Goals:

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.

Fiscal Year	Total MHSA Funding	Adults	Older Adults	Total Clients Served	Estimated Cost Per Client
2024-2025	**$216,550**	**8**	**2**	**10**	**$21,655**

Proposed changes: New Program developed to meet the needs of Eastern Madera County clients.

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-Full-Service Partnership Services**

Program Status	Priority Population	Number to be Served
In Progress	☒TAY Ages 16-24 ☒Adults Ages 26-59 ☒Older Adults Ages 60+	**35**

Program Overview: 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.

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.

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.

Goals:			
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)		
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.		
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.		
Outcome 5:	By the end of the Three-Year Plan, at least 75% of officers and deputies in Madera will have completed the CIT training.		
Fiscal Year	**Total MHSA Funding**	**Total Clients Served**	**Estimated Cost Per Client**
2024-2025	**$1,199,975**	**35**	**$34,285**
Status update: Due to high staff turnover these efforts were not completed efforts will be launched in FY 2024-2025.			

Program Plan for FY 2024-2025

Community Services and Supports (CSS): Full-Service Partnership (FSP) Services

FSP CARE Court

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

Program Status	Priority Population
New Program developed to meet the needs of	☒Adults Ages 26-59
	☒Older Adults Ages 60+

Program Overview: FSP CARE Court provides individuals with clinically appropriate services, support with trauma-informed and culturally and linguistically appropriate services. Individuals are provided stabilization medication, wellness and recovery support, and linkages to social services that include housing. FSP CARE Court is designed to serve individuals diagnosed with schizophrenia spectrum or other psychotic disorder who meet the criteria described below:

- 18 years of age or older
- Is currently experiencing a severe mental illness, as defined in paragraph (2) of subdivision (b) of Section 5600.3, and has a diagnosis identified in the disorder class: schizophrenia spectrum and other psychotic disorders, as defined in (rev 8/22) Updated for August 15th Amendments to SB 1338 California Health & Human Services Agency | chhs.ca.gov the most current version of the Diagnostic and Statistical Manual of Mental Disorders. This section does not establish respondent eligibility based upon a psychotic disorder that is due to a medical condition or is not primarily psychiatric in nature, including, but not limited to, physical health conditions such as traumatic brain injury, autism, dementia, or neurologic conditions. A person who has a current diagnosis of

substance use disorder as defined in paragraph (2) of subdivision (a) of Section 1374.72 of the Health and Safety Code, but who does not meet the required criteria in this section shall not qualify for the CARE process.

- Is not clinically stabilized in on-going voluntary treatment.
- At least one of the following is true: (1) The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating. (2) The person needs services and supports to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others, as defined in Section 5150.
- Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability.
- It is likely that the person will benefit from participation in a CARE plan or CARE agreement.

Program Description:

Goals:

Outcome 1:	Access to and sustainability of stable and appropriate housing
Outcome 2:	Reduction in Law Enforcement encounters and incarcerations
Outcome 3:	Reduction in Involuntary treatment and conservatorships

Fiscal Year	Total MHSA Funding	Adults	Older Adults	Total Clients Served	Estimated Cost Per Client
FY 2024-2025	**$390,117**	**8**	**2**	**10**	**$39,012**

Program Plan for FY 2024-2025

Community Services and Supports (CSS): Full-Service Partnership (FSP) Services

FSP Housing the Homeless (HOH)

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

Program Status	Priority Population
New Program developed to meet the needs of	☒Adults Ages 26-59
	☒Older Adults Ages 60+

Program Overview: FSP Housing our Homeless (HOH) was designed for individuals referred by Madera County Behavioral Health Services who are experiencing homelessness and have a serious behavioral health condition. The intent of these services is to use Housing First principles to help link people experiencing homelessness to the services and supports that will help overcome their barriers to being sustainably housed.

Program Description: The FSP HOH program will provide 24/7 services, individualized care plan that include but not limited to:

- **Clinical services**
- **Employability services**
- **Life skills training**
- Community engagement

Provides individualized housing plan, including, but not limited to, housing barriers, client strengths, and strategies to overcome housing barriers. Provides case management to coordinate and track services that address client's care plan needs. Key supportive services will utilize the Critical Time Intervention (CTI) Model to assure individuals with serious mental illness create enduring ties to their community and support systems during this critical transition from homelessness.

Goals:

Outcome 1:	Access to and follow through with individualized clinically appropriate mental health and or substance use disorder treatment & services				
Outcome 2:	Access to community supports and training in effort to obtain stable employment				
Outcome 3:	Access to stable and appropriate long-term housing				
Fiscal Year	**Total MHSA Funding**	**Adults**	**Older Adults**	**Total Clients Served**	**Estimated Cost Per Client**
FY 2024-2025	**$880,877**	**40**	**5**	**45**	**$19,575**

General Systems Development (GSD) Overview:

Madera County Department of Behavioral Health Services operates programs to provide mental health services to clients who are evaluated to be Seriously Emotionally Disturbed children or adolescents, adults, and older adults who have a serious mental disorder, adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence, person who need brief treatment as a result of a natural disaster or severe local emergency or and when appropriate the clients' families. GSD funds may only be used to provide one or more of the following mental health services and support: mental health treatment, including alternative and culturally specific treatments, peer support, supportive services to assist the client, and when appropriate the client's family, in obtaining employment, housing, and or education, wellness centers, personal service coordination/case management/personal service coordination to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative or other community services, needs assessment, individual services and supports plan development, crisis intervention/stabilization services, family education services, project-based housing program, improved the Madeta County Department of Behavioral Health Services metal health service delivery system for all clients and their families and develop and implement strategies for reducing ethnic/racial disparities (§3630. General System Development Service Category).

The Expansion services increase the capacity of outpatient services. Without funding there would be a significant reduction of clients served in outpatient services.

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

Supportive Services

This component aims to improve and develop services provided for children, youth,

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

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

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

General Systems Development funds support services rendered in our rural communities: City of Chowchilla and Eastern Madera County through our Chowchilla Recovery Services (CRC) and Oakhurst Counseling Center. These funds help us provide services to underserved communities with very limited resources. Additionally, they help provide support for some services delivered in one of our Madera Clinics (7th St.).

Housing services

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

Housing services, including, but not limited to:

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

- More housing resources and information under MHSA Housing Program (Page 108)
- Outreach and Engagement

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

Issue Resolution

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

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

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

MHSA Program Evaluation

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

Information considered:

The following pages show information that is relevant in conducting a needs

assessment as well as the following information:

- Total population for Madera County is 162,858
- 88,475 residents fall below the 200% Federal Poverty Line (Medi-Cal) according to the United States Census Bureau.
- The Department of Health Care Services (DHCS) estimates 54% of Madera County's population is Medi-Cal eligible.

GSD Programs and Status Update:

Program Plan for FY 2023-2024			
Community Services and Supports (CSS): General Systems Development			
INTENSIVE CARE COORDINATION (ICC), CHILD FAMILY TEAM MEETINGS			
☐ **Full-Service Partnership Services** ☒ **Non-Full-Service Partnership Services**			
Program Status	**Priority Population**		**Number to be Served**
Ongoing	☒Children Ages 0-15 ☒TAY Ages 16-24		**100**
Program Overview: 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.			
Goals:			
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.		
Fiscal Year	**Total MHSA Funding**	**Total Clients Served**	**Estimated Cost Per Client**
2022-2023		**100**	**$3,217**

Program Plan for FY 2023-2024		
Community Services and Supports (CSS): General System Development		
INTENSIVE HOME-BASED THERAPY		
☐ **Full-Service Partnership Services** ☒ **Non-Full-Service Partnership Services**		
Program Status	**Priority Population**	**Number to be Served**

Ongoing	☒Children Ages 0-15 ☒TAY Ages 16-24	**108**

Program Overview: 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.

Goals:

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

Fiscal Year	Total MHSA Funding	Total Clients Served	Estimated Cost Per Client
2022-2023	**$593,199**	**108**	**$6,184**

Program Plan for FY 2023-2024

Community Services and Supports (CSS): General Systems Development

INTENSIVE CASE MANAGEMENT/INTENSIVE OUTPATIENT ADULT/OLDER ADULT OUTPATIENT (AOP)

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

Program Status	Priority Population	Number to be Served
Modified to include Older Adults	☒Adults Ages 24-59 ☒Older Adults Ages 60+	**2080**

Program Overview: 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 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

Goals:

Outcome 1:	Promote wellness, recovery, and independent living.
Outcome 2:	Reduce hospitalization, homelessness, and incarceration for adults and

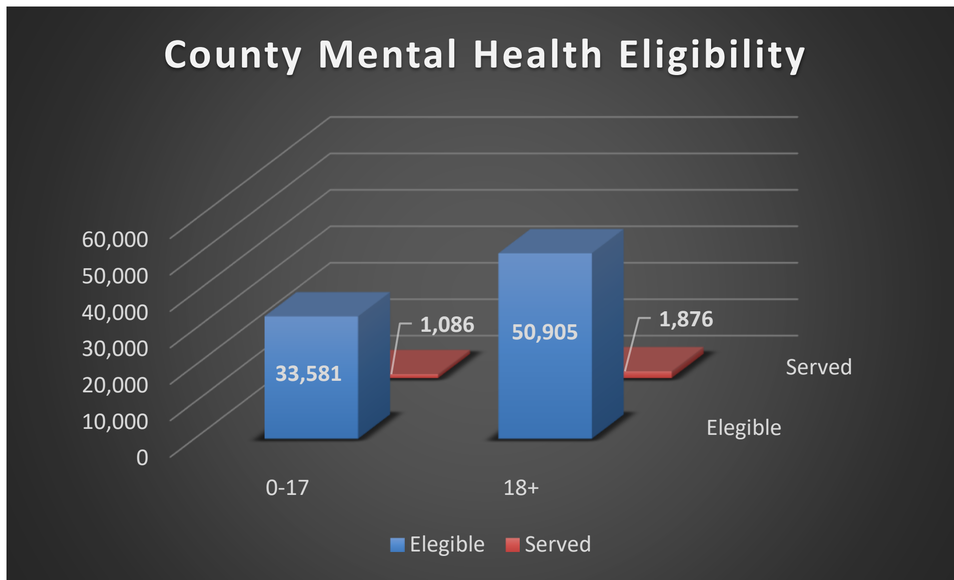
	older adults with SMI.		
Outcome 3:	Support the development of life skills and psychosocial outcomes, including social, educational, and vocational rehabilitative outcomes.		
Fiscal Year	**Total MHSA Funding**	**Total Clients Served**	**Estimated Cost Per Client**
2022-2023	**2,783,040**	**2080**	**$1,338**

Outreach & Engagement (O&E) Overview

Counties may develop and operate outreach programs/activities for the purpose of identifying unserved individuals who meet the criteria of Welfare and Institutions Code Section 5600.3 (a), (b) or (c) in order to engage them, and when appropriate their families, in the mental health system so that they receive the appropriate services. Outreach and Engagement funds may be used to pay for: strategies to reduce ethnic/racial disparities, food, clothing, and shelter, but only when the purpose is to engage unserved individuals, and when appropriate their families, in the mental health system. Outreach to entities such as: community-based organization, schools, tribal communities, primary care providers, faith-based organizations, community leaders, those who are homeless and those who are incarcerated in Madera County Department of Behavioral Health Services facilities. When Counties works in collaboration with other non-mental health community programs and/or services, only the cost directly associated with providing mental health services and supports shall be paid under the Outreach and Engagement Services Category.

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

County Mental Health Eligibility



Source: EQRO All approved claims Report CY22

Race/Ethnicity	*County Population*	*Medi-Cal Eligible*	*Medi-Cal Beneficiaries Served*	*Madera Penetration Rate*	*Statewide Penetration Rate*
White/Caucasian	57,165	13,606	866	6.36%	5.45%
Hispanic/Latino	97,499	56,741	1,611	2.84%	3.51%
Black/African American	3,952	1,528	126	8.25%	7.08%
Asian, Pacific Islander	5,142	1,402	15	1.07%	1.91%
Native American	4,053	479	19	3.97%	5.94%
Multi Race, Other	30,300	N/A	N/A	N/A	N/A
Unknown/Other	N/A	10,731	325	3.03%	3.57%
Age					
0 to 5	N/A	10,063	141	1.40%	1.82%
6 to 17	N/A	23,518	945	2.76%	5.20%
18 to 59	N/A	42,438	1,675	3.95%	4.00%
60+	N/A	8,467	201	2.37%	2.63%
Gender					
Female	81,058	44,660	1,657	3.71%	3.89%
Male	79,198	39,824	1,305	3.28%	4.04%

Source: EQRO All approved claims Report CY22

	Madera penetration	Madera penetration	Madera penetration	Madera penetration
Race/Ethnicity	CY2019	CY2020	CY2021	CY2022
White	8.22%	6.76%	5.01%	6.36%
Hispanic/Latino	**3.24%**	**2.66%**	1.84%	2.84%
African American	9.75%	7.77%	6.09%	8.25%
Asian/Pacific Islander	3.07%	2.20%	1.17%	1.07%
Native American	7.24%	5.31%	3.85%	3.97%
Other	4.33%	3.22%	2.26%	3.03%

Source: EQRO All Approved Claims Report CY22

Much progress was made from prior years as evident in the penetration table above. MCDBHS has been putting much effort in engaging the public and ensuring timely access to services. As indicated by the green arrows in CY2022 there was an increase in penetration rates in all ethnic groups listed with a slight drop in the Asian/Pacific Islander population. Most marked improvement occurred in the African American population with an increase of over 2 percentage points. The Hispanic/Latino population saw an increase of 1 percentage point and the White population saw an increase of over 1 percentage point. Our efforts to engage the community and ensure our presence is known for quality services will continue.

Table 2:FY 2022-2023, FSP Referrals by Referral Source

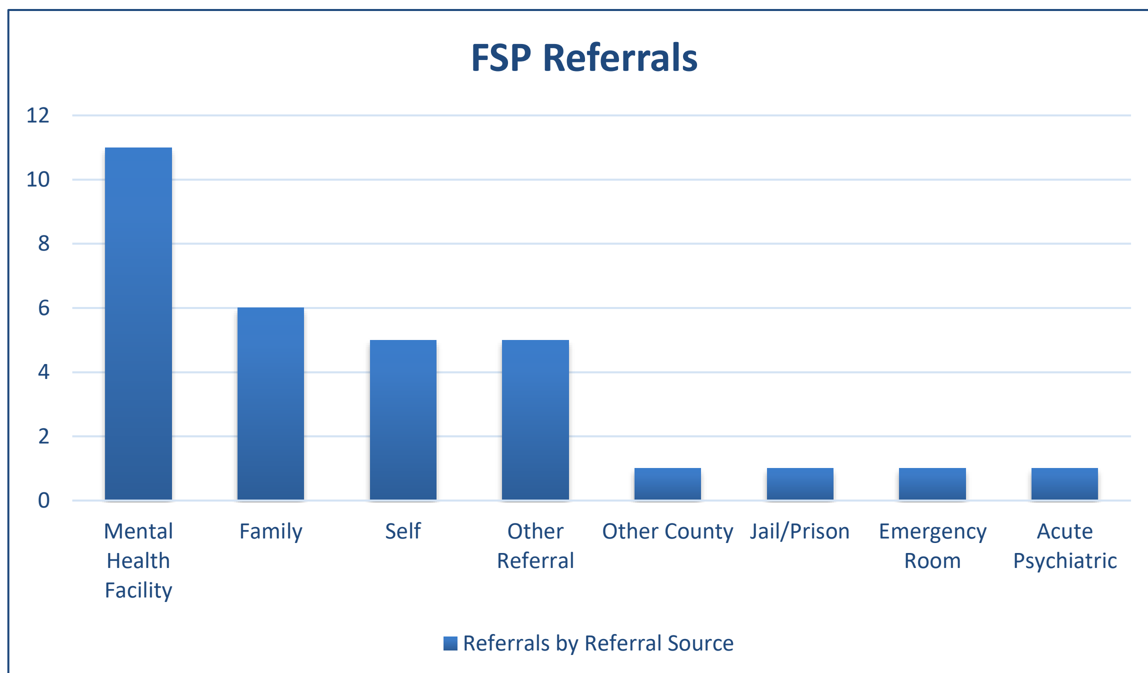


Table 3: Madera County's Unemployment Rate

The unemployment rate in Madera County as of February 2024 was at 9.0 percent, which is a preliminary percentage, an increase of 0.80 percent from February 2023. This compares with an unadjusted unemployment rate of 5.3 percent for California and 3.9 percent for the nation during the same period.

Challenges

Some of the challenges stem from Madera County being a rural community. The population is dispersed and without adequate transportation reducing access to services. Madera County has a high rate of poverty, and a high rate of community members are experiencing homelessness and substance abuse issues. Strategies identified to help with the prevalence of homelessness in Madera County included the development of a new FSP Rural Eastern Madera County Program to reduce the barriers related to access to behavioral health services in Madera County. Additionally, we continue to struggle filling vacant positions due to competitive salaries by nearby counties and not being able to compete with them, attracting clinicians has always been an ongoing challenge because we are surrounded by two larger counties who are able to provide higher salaries and benefits to clinicians which leads to less clinicians interested in working in Madera County.

Strengths

Recruitment of staff that are reflective of the community has been a huge strength for our department as clients feel more comfortable with staff that have similar backgrounds for example being able to speak the similar language, 42% of staff are fluent in Spanish, Spanish is the threshold language in Madera County, almost 60% of Madera County residents speak Spanish. Madera County has developed a strong relationship with local universities to create an avenue to recruit mental health clinicians. We currently have internship program to help engage, recruit, and retain early talent. The internships give students an opportunity to get hands-on experience and establish relationships that can shape their careers within the Behavioral Health System.

Needs

Although Madera County Behavioral Health Services (MCDBHS) has 42% of staff who

speak Spanish, the Spanish speaking population is still underserved. Mental Health Clinician recruitment continues to be a need. Madera County is located between two larger counties who can pay more, offer alternative work schedules, and or telework contracts. The commute from these areas do not make Madera County a first choice when considering employment.

Services to address needs

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

As of May 2024, MCDBHS continues to experience a workforce shortage impacting program operations. Literature suggests that the "Great Resignation," is still impacting labor sectors in 2024, those include Health Care and Social Assistance with a 2% quitting rate and local and state government at 0.8% because they are not able to match the competitive salaries and benefits offered by the private sector. MCDBHS has worked with its Human Resource (HR) department to improve advertisement of the employment opportunities in the department. Our job posting can now be found on modern websites such as Indeed.com and ziprecruiter.com to improve advertisement and recruitment. In addition, our internal HR liaison is working on developing a comprehensive recruitment and retention plan to not only engage a more diverse pool of applicants but also retain our workforce and development and implementation of a Retention Plan that would provide staff a stipend in exchange for a 12-month work commitment with MCDBHS.

Community Services and Supports Outcomes

During Fiscal Year FY 22-23, Madera County served 2,947 clients a slight decrease of 942 clients from FY 2021-2022 of 3,889.

Figure 1: Total Population Served under MHSA for Madera County

Mental Health Treatment Services	Number of Clients
MHSA FSP	31
MHSA General Systems Development	2,916
Total	**2,947**

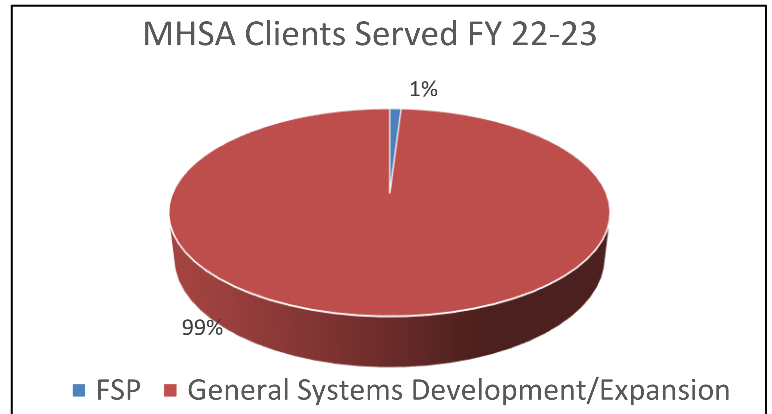


Figure 2: Madera County Total CSS Ages Served

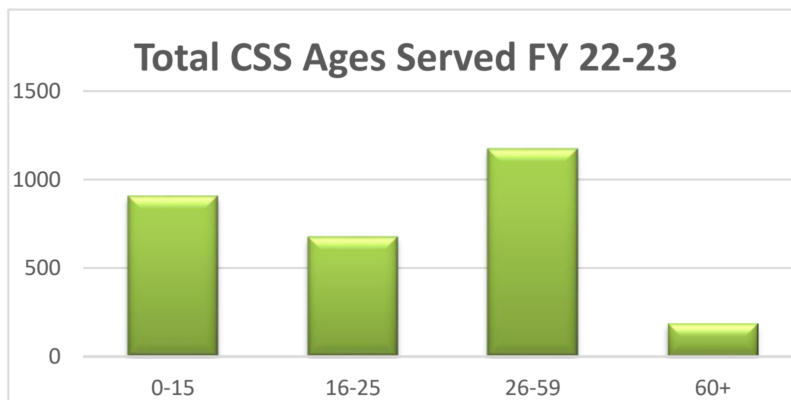
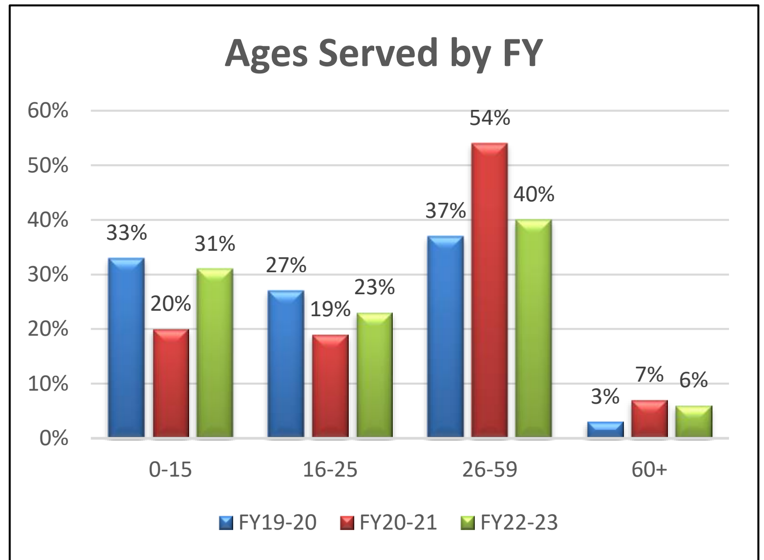


Figure 3: Madera County Total CSS Ages Served by Federal Fiscal Year

Age	FY19-20	FY20-21	FY22-23
0-15	467	114	907
16-25	381	112	677
26-59	518	309	1175
60+	49	42	188
Total	**1415**	**577**	**2947**



Source: EHR Report

Figure 4: FSP Trend by Age

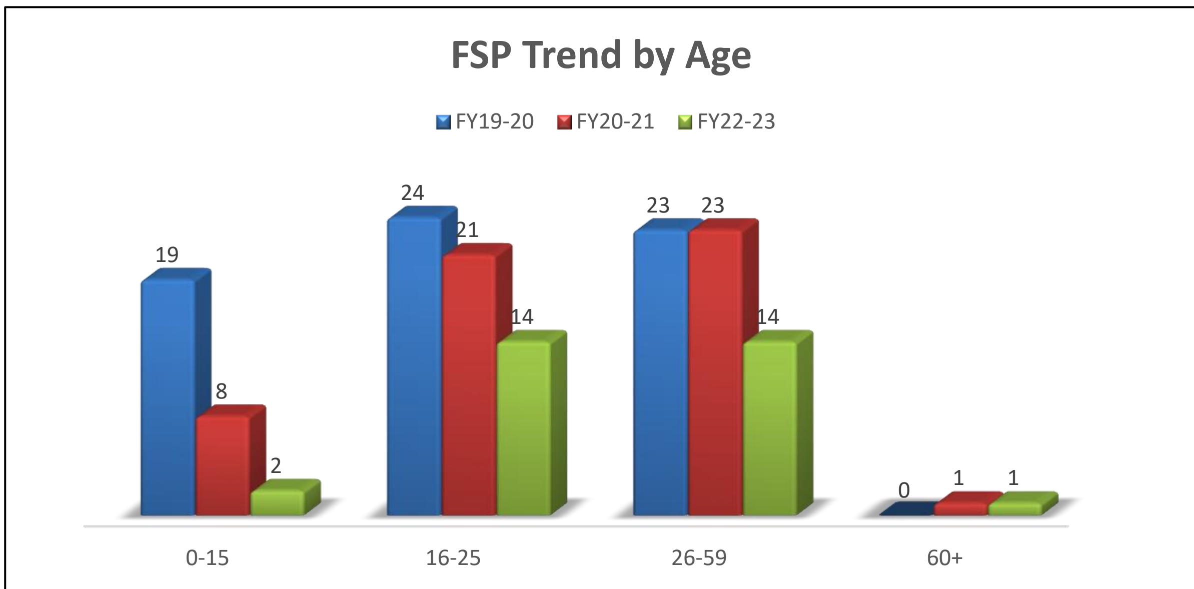
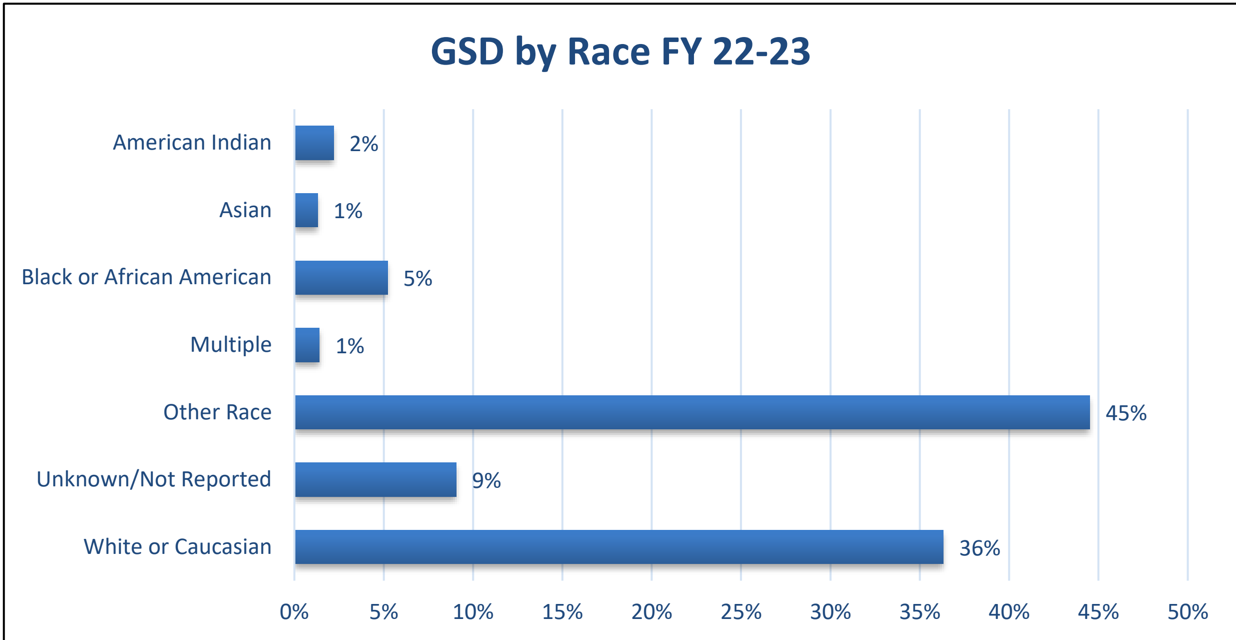


Figure 5:Estimated Countywide Total Population Served through MHSA General Systems Development for Madera County by Race for FY 2022-2023



Source: EHR Report

Figure 6: Countywide Total Population Served through MHSA General Systems Development for Madera County by Ethnicity for FY 2022-2023

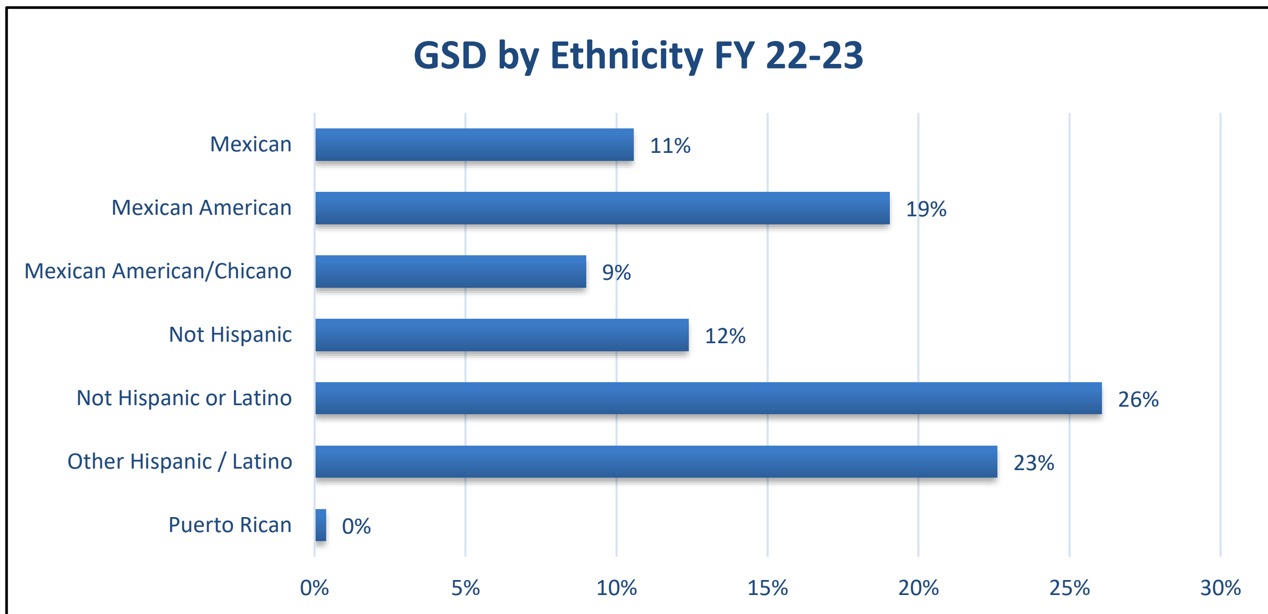


Table 4: FSP Child/TAY Service Need Indicators

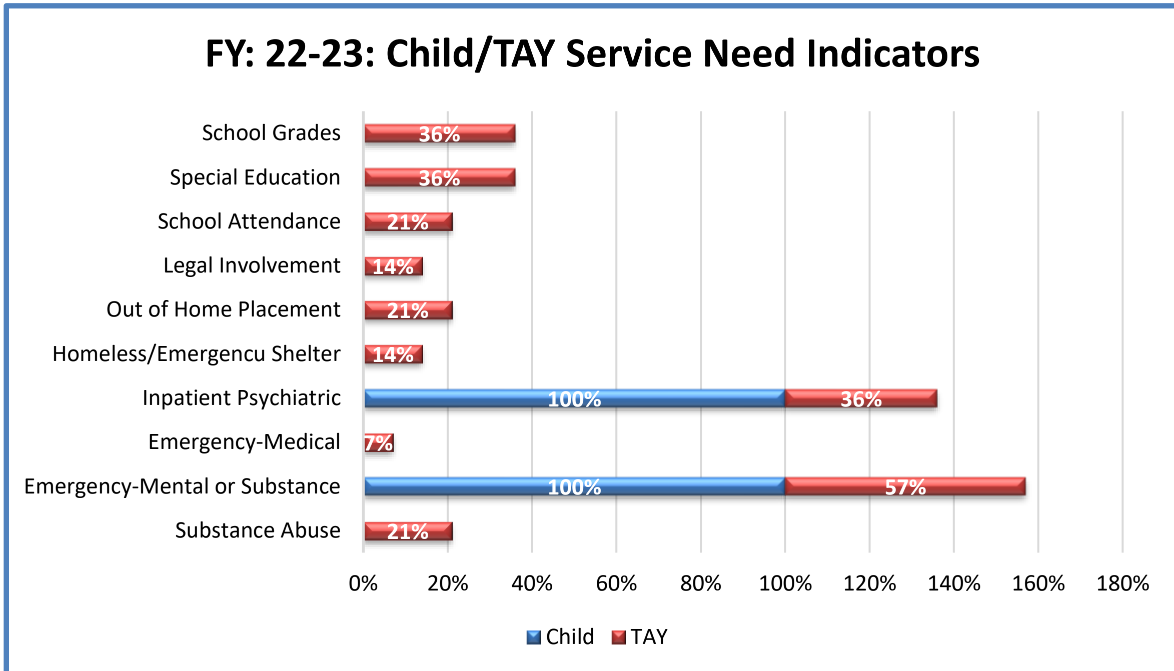
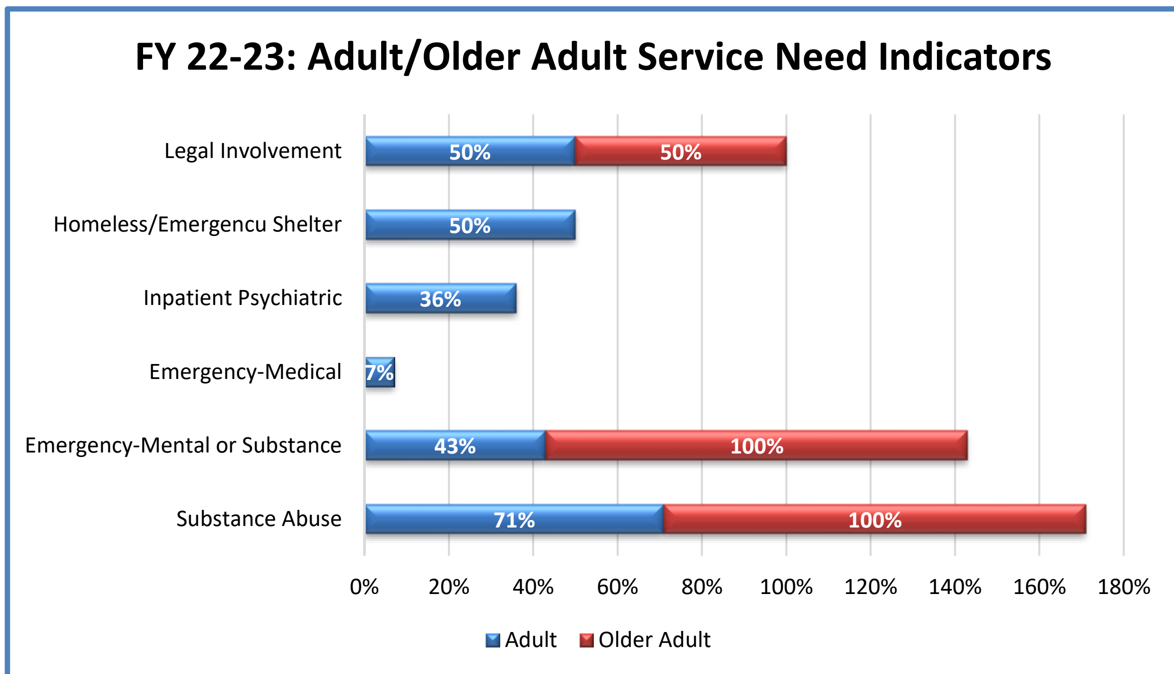


Table 5: FSP Adult/Older Adult Service Need Indicators



Program	Type of Service	Individuals Served	Providers	FY 22-23 Cost per Person
Kingsview Youth Empowerment Program (YEP)	Prevention & Early Intervention	178		$9065
MCDBHS Health Education Coordinator	Prevention & Early Intervention	235		$46.66
Turning Point Hope House/Mountain Community Wellness Center	Prevention & Early Intervention	360		$1,471
MCDBHS Health Education Coordinator	Access & Linkage to Treatment Program	311		$284.50
MCDBHS Health Education Coordinator	Outreach for increasing recognition of early signs of mental illness	20		$500.90
MCDBHS Health Education Coordinator	Suicide Prevention	459		$116.75
MCDBHS Health Education Coordinator	Stigma and Discrimination Reduction Program	8,099		$126.54

Prevention and Early Intervention (PEI) Component Overview

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

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

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

The Mental Health Services Act (MHSA) allocates 19% of the Mental Health Services Fund to the Prevention and Early Intervention (PEI) component.
MCDBHS attempts to collect demographic information but depending on the type of event, it is not always possible.

PEI programs

FY 20-21: Total Individuals Served 5,953

FY 22-23: Total Individuals Served 9,124

FY	Age 0-15	Age 16-25	Age 26-59	Age 60+	English	Spanish	Hispanic/Latino	White/Caucasian	Black/African Am.	Native American/Tribal/Urban	Southeast Asian	More than 1 Race	Other	Female	Male	Sexual orientation	Military	People who use drugs	People with MH conditions	Family Members of SUD/SMI	Homeless	Undocumented Immigrants	Pregnant/post-partum	Never Accessed BH Services	LGBTQ2SIA+	Youth (under 18)	TAY (18-24)	Veterans	Justice System Involved	Disability	Unknown	Referral to Services
22-23	648	2	26	6	966	622	498	0	0	0	0	0	2	131	7	0	0	1	66	0	0	20	0	0	0	5511	0	0	4	0	2616	32

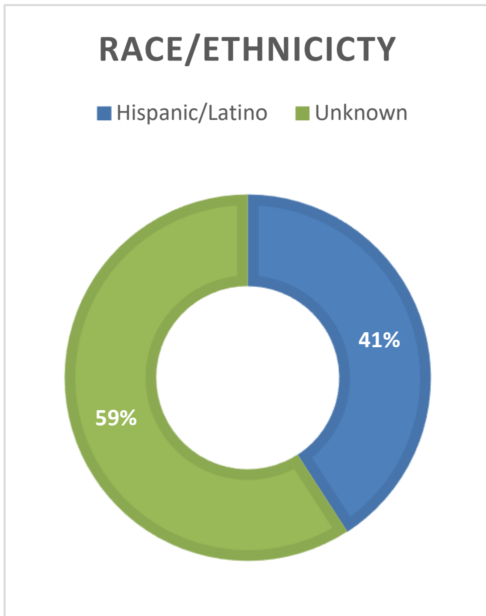
During fiscal year 2022-2023, some challenges that impacted staff's ability to capture client demographics included high staff turnover within the PEI team, there was no formal process to document demographics of clients served. Some of the changes implemented FY 2023-2024 was the development and implementation of processes to capture demographics and proper documentation required after providing any type of service in Madera County. We had a total of 5 vacancies in FY 2022-2023, those positions were filled in FY 2023-2024.

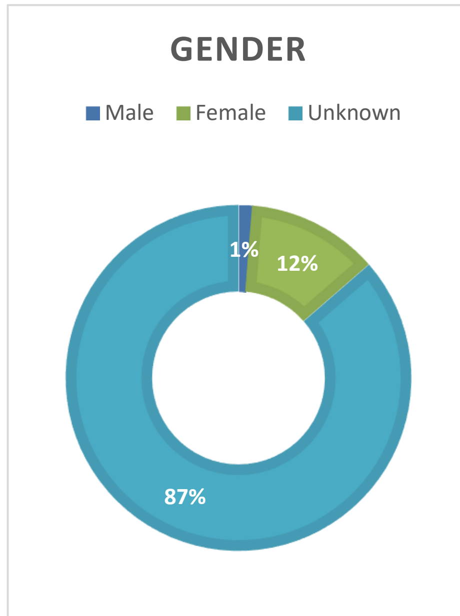
Early Intervention & Prevention

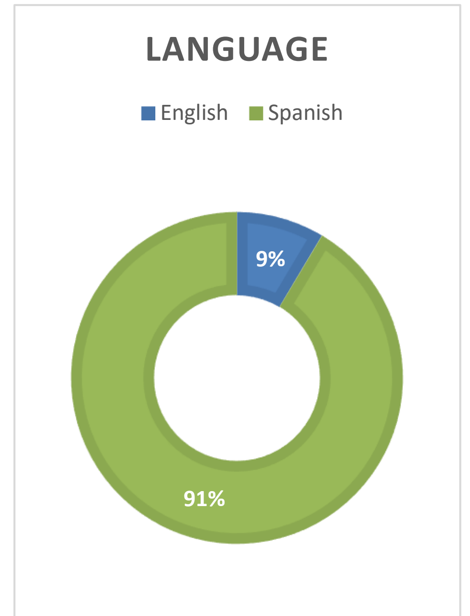
The cost per person for Early Intervention & Prevention is

$46.66. These programs focus on community resiliency by teaching youth, parents and families, resiliency skills in hopes of reducing risk factors for developing serious mental illness. The way this is accomplished is by informing the community through activities like family fun days, parenting classes, self-care training for youth and adults.

FY20-21: Total Served: **669**
FY 2022-2023: Total Served: 235







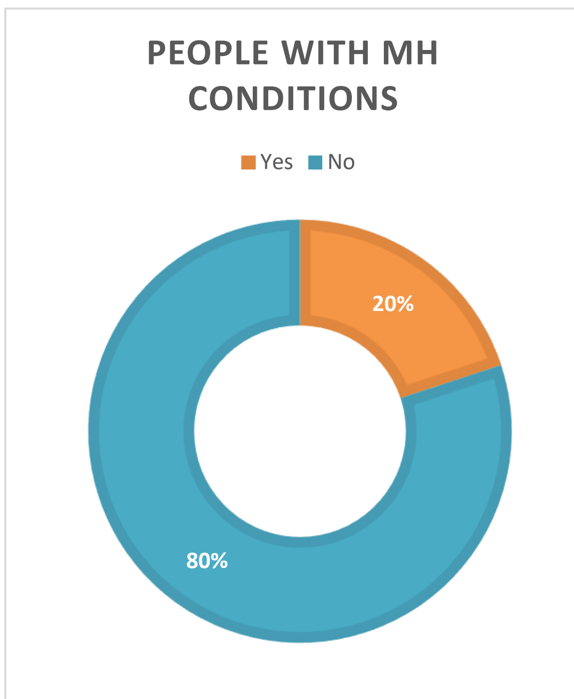
Access and Linkage to Treatment

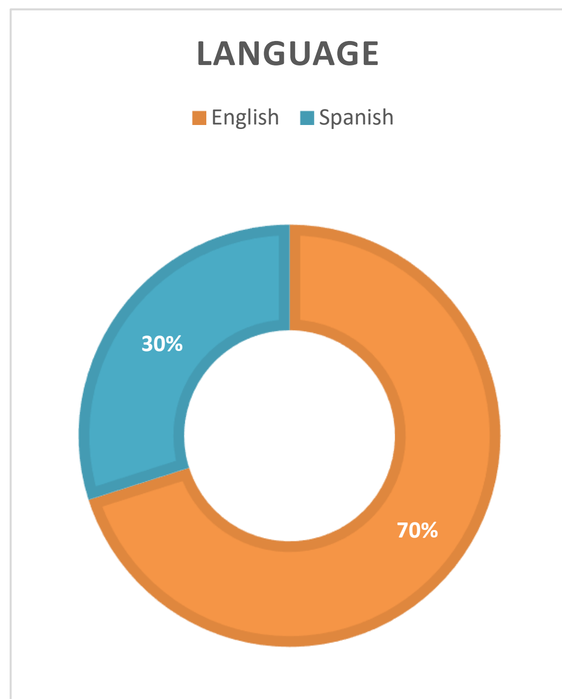
The cost per person for Access and Linkage to Treatment is $284.50. Community presentations and screenings are used to provide awareness and knowledge of Mental Health issues as well as a path for referral to services. Presentations include material on mental health information and screenings, trauma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

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

FY 2020-2021 Total Served: **192**

FY 2022-2023 Total Served: **311/ Minimal demographics were collected.**





Outreach for Increasing Recognition of Early Signs of Mental Illness

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

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

FY 22-23 Total Served: **20**

- Demographics were not collected.

Challenges: Due to staff turnover, we did not have staff trained to provide the Mental Health First Aid Training.

FY 20-21 Total Served: 1671
FY 22-23 Total Served: 459

Suicide Prevention Programs

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

Mental Health First Aid (MHFA) – Mental Health First Aid is a course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

ASIST- Applied Suicide Intervention Skills Training teaches how to recognize someone who may be at risk for suicide, how to intervene and promote safety and how to identify appropriate supports to help keep the person safe. A total of 4 trainings were conducted reaching 103 participants. Demographics were not collected.

EDUCATIONAL WORKSHOPS- Presentations focused on increasing awareness of 988, access to services, and recognizing the warning signs of suicide. A total of 3 presentations were conducted reaching 127 participants. Demographics were not collected.

SUICIDE COLLABORATIVE - The Madera County Suicide Collaborative is a partnership between Madera County Behavioral Health, Madera County Unified School District, Madera County Public Health Department, and other community-based organizations within the county. Their mission is to support Prevention, Intervention, Post-Vention of suicide through community conversation with the goal of reducing suicide and promoting community wellness. Their vision is a suicide safer community and promotion of wellness. Behavioral Health Services role is to aid in the development of the suicide strategic plan for the county. To provide community awareness and education on suicide and mental health, ensure the sustainability of the collaborative and guide in best practices for the community regarding suicide and mental health. The Suicide Prevention Collaborative of Madera County meets monthly to implement prevention and outreach interventions. Total reached 207.

Challenges: the main challenged we faced was retaining our workforce we continue to struggle in retaining and recruiting staff, which has impacted our service delivery. Our goal for FY 23-24 is to ensure we increase our capacity by getting all our staff train to provide Safe TALK, ASIST, and MHFA training to better meet the needs of our community.

FY 20-21 Total Served: 2,775
FY 22-23 Total Served: 8,099

Stigma and Discrimination Program

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

During FY 22-23 staff participated and or coordinated an outreach event and distributed resources and information to reduce stigma and discrimination associated with mental health. Staff attended a total 33 community events. Unfortunately, there was no way of measuring change attitudes, knowledge, and/or behaviors. The number above represents estimation of the population seen at the information table or event. An Estimated 3,175 (43%) of the participants are TAY.

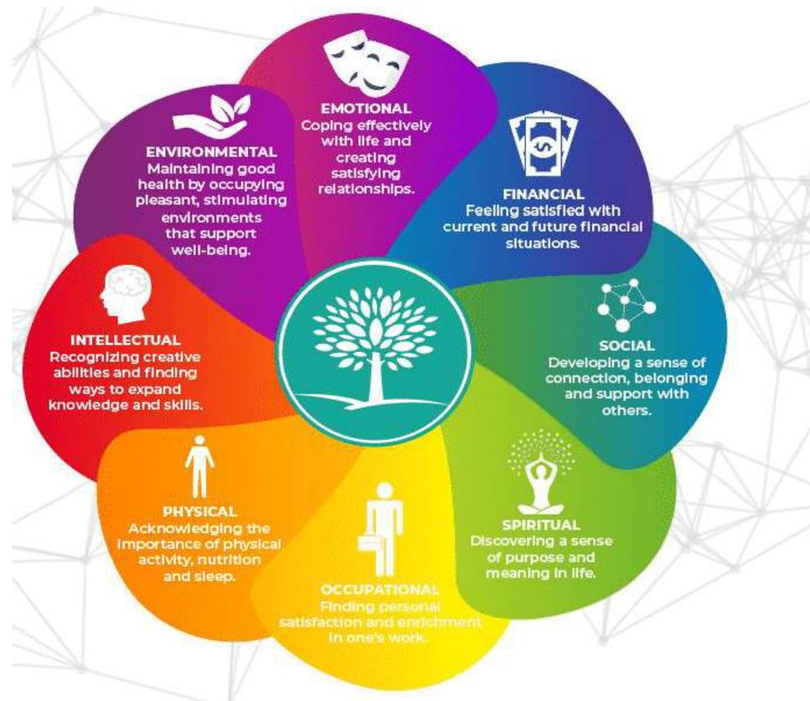
Table 6: Proposed Modifications to PEI: County-Wide Stigma and Discrimination Reduction

Program Plan for FY 2023-2024					
Prevention and Early Intervention					
County-Wide Stigma and Discrimination Reduction					
☐ **Full-Service Partnership Services** ☒ **Non-Full-Service Partnership Services**					
Program Status	**Priority Population**				
Modified: Include mental health workshops with pre/post assessment to measure changes in attitudes, knowledge, and/or behaviors.	☒Children Ages 0-15 ☒Transitional Age Youth Ages 16-25 ☒Adults Ages 26-59 ☒Older Adults Ages 60+				
Program Overview: 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 will focus on community education to reduce stigma related to mental health illness; strategies include: • **Community Mental Health Workshops**: provide educational presentations about mental health illness to community members to increase awareness and understanding of mental health. Administer a pre survey to measure knowledge and attitudes prior to our workshop and upon completion of the workshop administer a post survey to measure knowledge and attitude changes. Workshops will be provided in Spanish and English to increase awareness of mental health illness and help to change the misconceptions of individuals suffering from a mental health illness.					
Goals:					
Outcome 1:	Increase knowledge and awareness of mental illness and mental health services through the BHS.				
Outcome 2:	**Reduce stigma regarding mental health**				
Outcome 3:	Increase outreach to families, employers, primary care health care providers, and others to recognize the early sings of potentially severe and disabling mental illness.				
Fiscal Year	**Total MHSA Funding**	**Adults**	**Older Adults**	**Total Clients Served**	**Estimated Cost Per Client**
2022-2023	**$1,024,847**			**8,099**	**$126.54**
Proposed Changes: One of the changes we are implementing to our current approved 2023-2026 MHSA Plan is to implement community workshops related to mental health and administer a pre and a post survey to measure knowledge and attitudes prior to our workshop and upon completion of the workshop administer a post survey to measure knowledge and attitude changes. Workshops will be provided in Spanish and English to increase awareness of mental health illness and help to change the misconceptions of individuals suffering from a mental health illness.					

Wellness Programs

Turning Point Community Program: Hope House Youth Program (ages 16-18):
The cost per person for Turning Point Community Program is $1,471. MCDBHS partners with Turning Point Hope House of Madera County, as a wellness community support center for the mentally ill TAY population (ages 16-18). Hope House is an after-school resource spot for the TAY group with positive vibes for growth, maturity, and wellness. The Center has a kitchen, shower, laundry room and transportation available to its members. The center offers an array of groups and activities that enhance treatment. Examples of activities and groups include:

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



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

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

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

Hope House:

FY 20-21: 208 Unduplicated participants served, 2,903 monthly visits.

FY 22-23: 270 unduplicated participants served.

Mountain Wellness:

FY 20-21: 97 unduplicated participants served, 514 monthly visits.

FY 22-23: 90 unduplicated participants served.

Kings View Skills 4 Success, Youth Empowerment:

Youth Empowerment Program which focuses on youth and their families and provides services in rural Madera communities. The Program provides peer support groups at local high school sites. Teens can refer themselves but are often referred by school administration, counselors, and teachers. Some are also referred from probation and social services. As needed, referrals are made to mental health services for both youth and their families. Groups are kept small with no more than 12 per session. The program uses a group facilitation method with a focus on encouraging youth participation. Teens begin by establishing group rules, guidelines, and confidentiality agreements. They tend to develop a sense of community and begin to disclose problems. The program works to identify the early warning signs and symptoms of mental illness and provide age-appropriate tools to manage them. This program works with youth to develop resources, life skills, strategies, and support Prevention and Early Intervention (PEI) systems to improve their self-esteem and assist them in creating successful and mentally healthy lives. Topics include:

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

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

Youth Empowerment Program:
FY 20-21: 45 unduplicated participants served.
FY 22-23: 178 unduplicated participants served.

Programs:

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

Strategies:

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

YEP, focused on these Programs	
Program Prevention	178
Early Intervention	178
Outreach for Increasing Recognition of Early Mental Illness	2623
Access and Linkage to Treatment	178
Stigma Discrimination Reduction	160
Suicide Prevention	178

Table 7: FY 22-23 Unduplicated YEP Participants Served

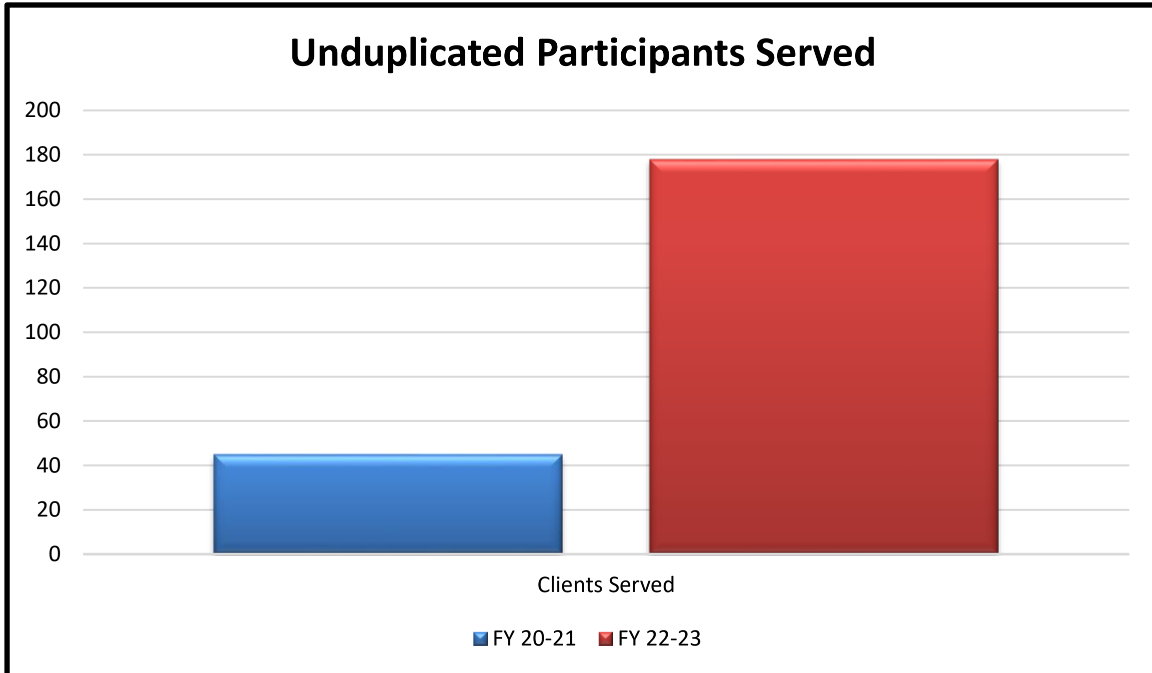


Table 8: FY 22-23, Unduplicated YEP Participant Age Group Breakdown

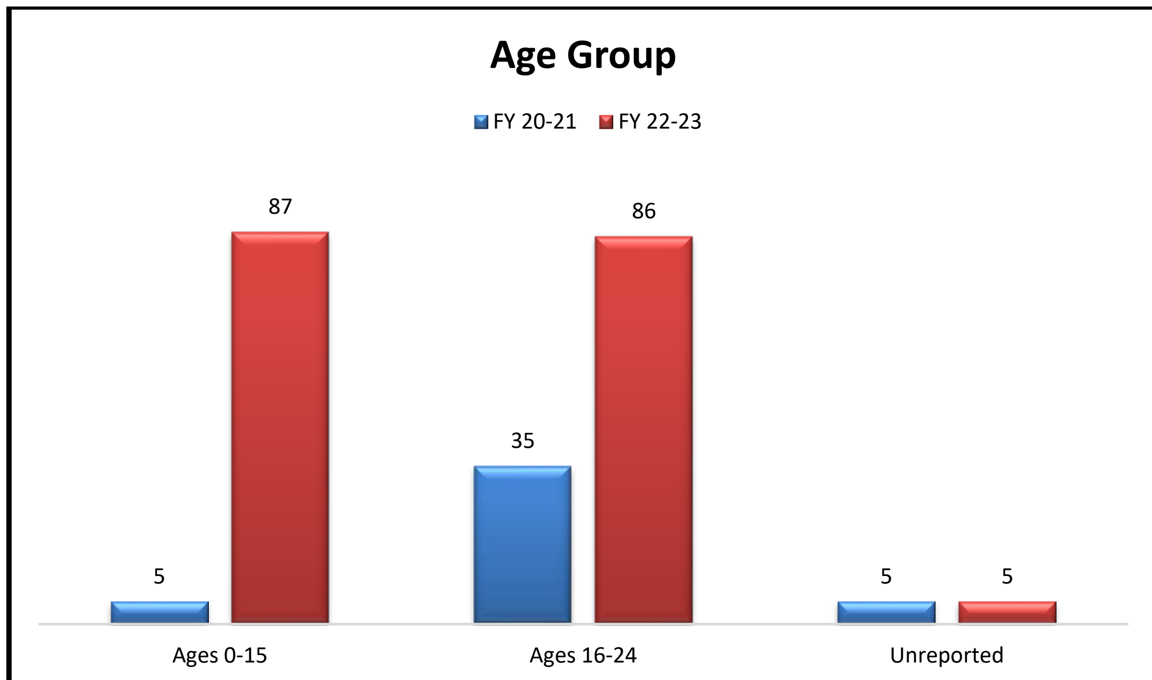


Table 9: FY 22-23, Unduplicated YEP Participant Race/Ethnicity Breakdown

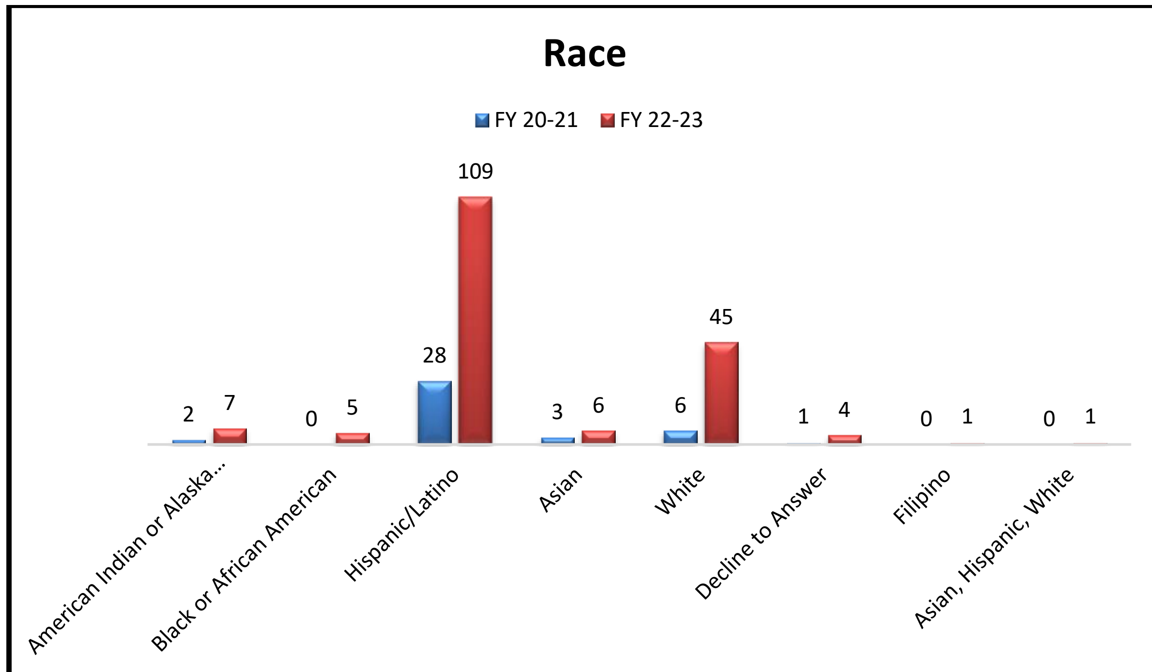


Table 10: FY 22-23, Unduplicated YEP Participant Sexual Orientation Breakdown

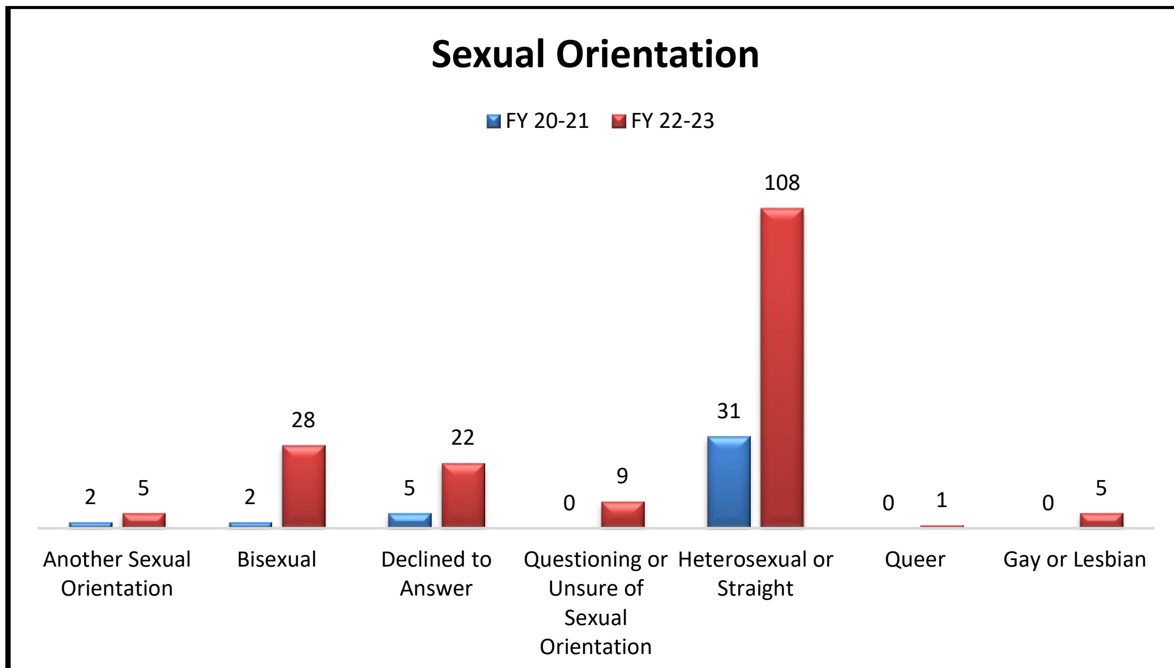


Table 11: FY 22-23, Unduplicated YEP Participant Gender Identity Breakdown

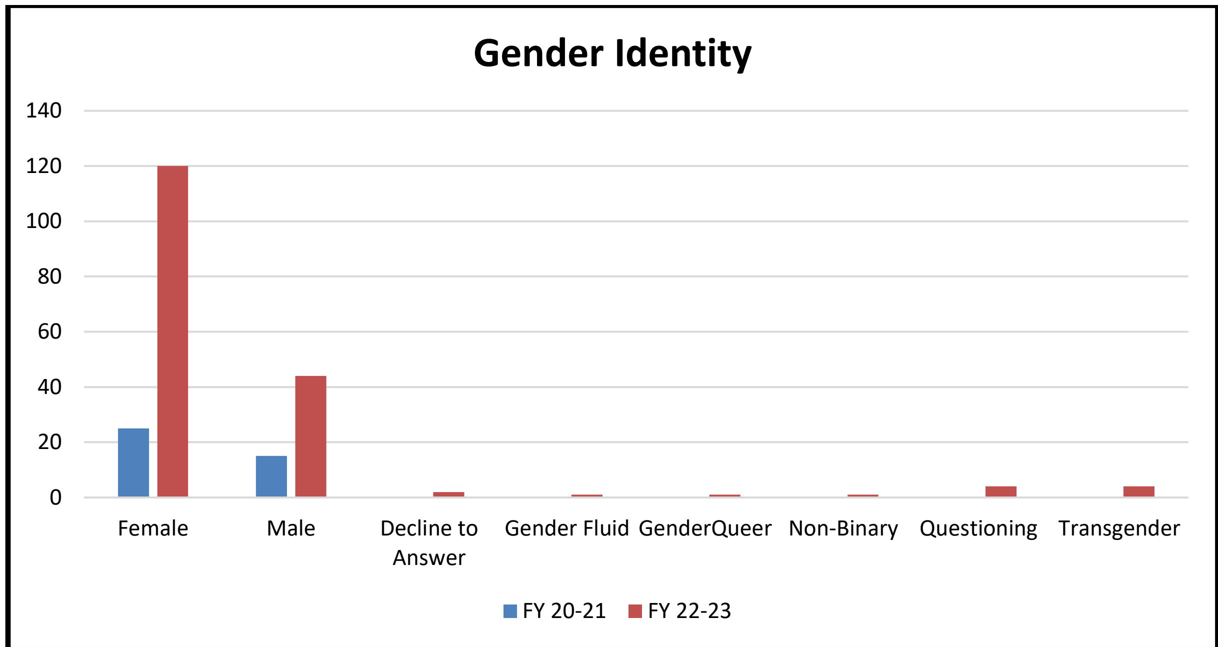
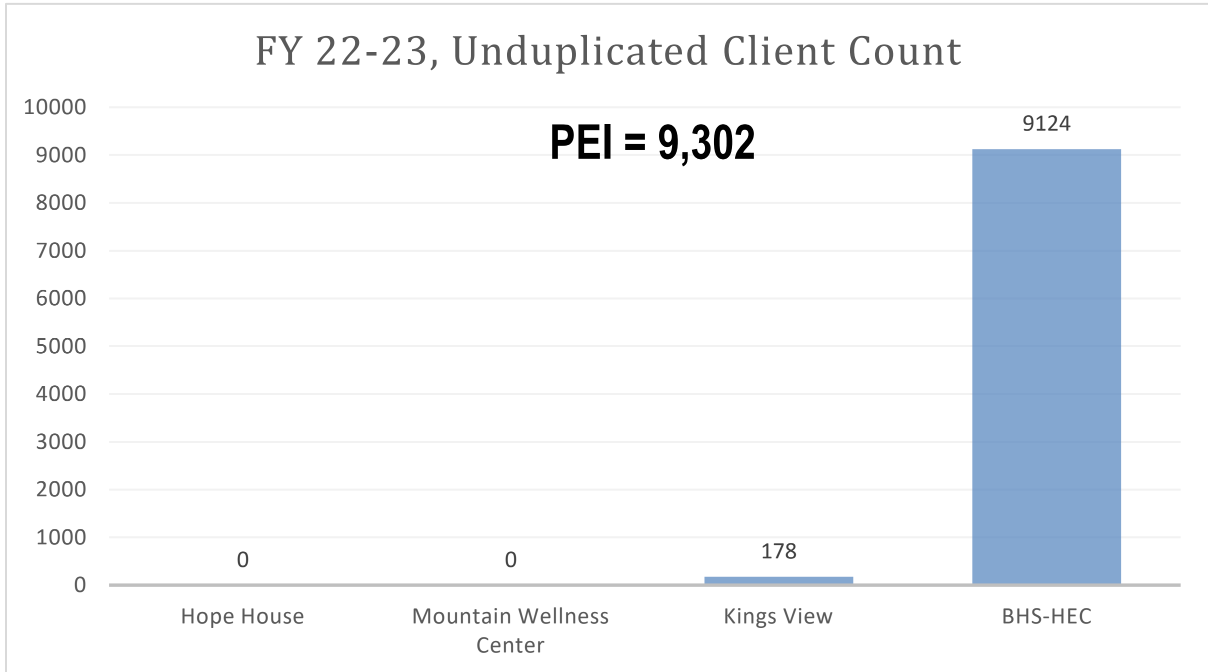


Table 12:Overview of PEI Services Provided by Health Education Coordinator

Mental Health Education Coordinator	
235	**Early Intervention Program**
311	**Access & Linkages to Treatment Program**
20	**Outreach for Increasing Recognition of Early Signs of Mental Illness Program**
459	**Suicide Prevention Program**
8,099	**Stigma & Discrimination Reduction**

Table 13: FY 22-23 Total Unduplicated PEI Client Count



Innovation (INN)

Innovation Component Overview

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

Innovation Project

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

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

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

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

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

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

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

Based on these numbers, Project Dad expects to serve 100 unduplicated dads annually through screenings, assessments, and/or treatment as needed. An additional 300 dads will be reached with education to build awareness of postpartum depression.

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

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

A data analytic system that permits combining data contributed by the various staff and collaborators will be used. Pre-intervention data will serve as an initial baseline, and data will be used to calculate transformed difference values to assess change over the 12-month program period. In other words, this approach will allow us to examine the magnitude of the impact of specific strategies on target parent population outcomes.

This procedure will allow us to develop a descriptive picture of change in behavior, attitude, and knowledge for segments of the reporting period, which can then be summed to estimate Project DAD's overall effectiveness. This project will be operational FY 2021-2025.

INNO Project Outcomes:

FY 2022-2023 MHSA Annual Update, California Health Collaborative served 59 men and 216 females for a total of 275 served.

Recruitment- Approximately 1,674 Dad Project flyers have been widely distributed at businesses and stores frequented by men as well as at school and community event in Madera County. In addition, organizations such as Head-Start and Child Support Services promote the Dad's Project by including program flyers in their mailing packets or posting flyers in monthly newsletters.

Outreach & Engagement- A total of 51 County-wide events were attended to increase awareness and education regarding Project Dad (flyers distributed).

Men's Groups and Counseling- Approximately 7 regular participants

Father Mentor (Champion)-3 from Madison Elementary and 4 student dads from Madera High School.

Teacher Mentor- 4 Teacher Mentors for High School young men. To date, 3 High Schools are committed: Madera High School, Madera South, Matilda Torres.

Trainings:

For FY 2022-2023, Fathers Training –A total of 9 education workshops provided specifically for dads. In addition to parenting and child development topics, workshops have been designed to address substance misuse, domestic violence, and communication needs. Family/Partner Training- 31 training workshops have been developed for the broader audience of families and community partners and stakeholders. Topics range from prenatal health and fatherhood (e.g., "All About Dad") to parenting issues. Parent issues include workshops, such as ACE's, Reading with Dad, and Substance Misuses.

Education:

- Information/presentation material development-Partnership/Stakeholder growth and presentations:
  - Reading with Dad
  - All About Dad
  - Discipline vs Punishment.
  - Understanding ACEs
  - Substance Misuses
  - +26 more topics
- Training for partners and staff
  - 6 training sessions (62 participants): 24/7 Fathers and Project Dad
  - 9 Father workshop topics.
- Workshop- Champion Dads, Teacher Mentors

Staff received 2 cultural competence training which included:

- Culturally and Linguistically Appropriate Services (CLAS) in Maternal Health Care
- NHSA-AIM CCI Racial Equity Learning

Participant Engagement Referrals:

The program received 251 referrals. Note the referrals are perinatal mothers; however, the staff attempt to gain rapport with the mother as well as the father.

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

Challenges:

Some ongoing challenges the D.A.D's Project continues to face is that fathers continue to be difficult to engage. From the referrals received only 5.2% account for fathers. Language barriers continue to be a challenge in 1:1 and group father sessions, additionally fathers are not completing the workshops and leaving prematurely, and a limited number of fathers complete the 5-week program, Madera Community Hospital closed December 2022, which lead to a smaller number of referrals incoming to the Dad's Project Program since MCH provided the largest number of referrals to Dad's Project.

Table 14: Dad Project Participants

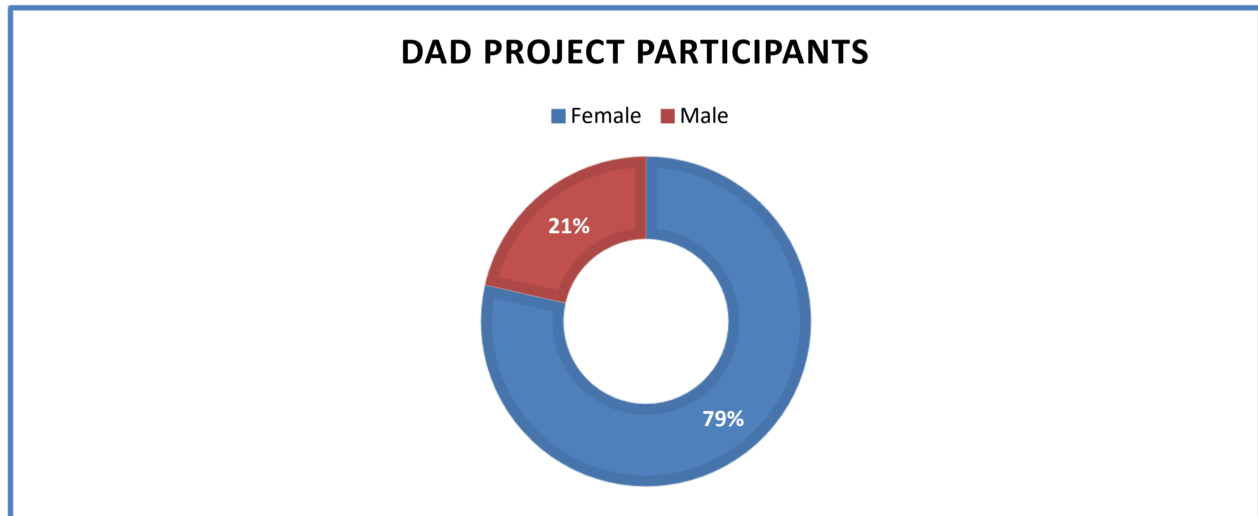


Table 15: Dad Project Demographic Breakdown

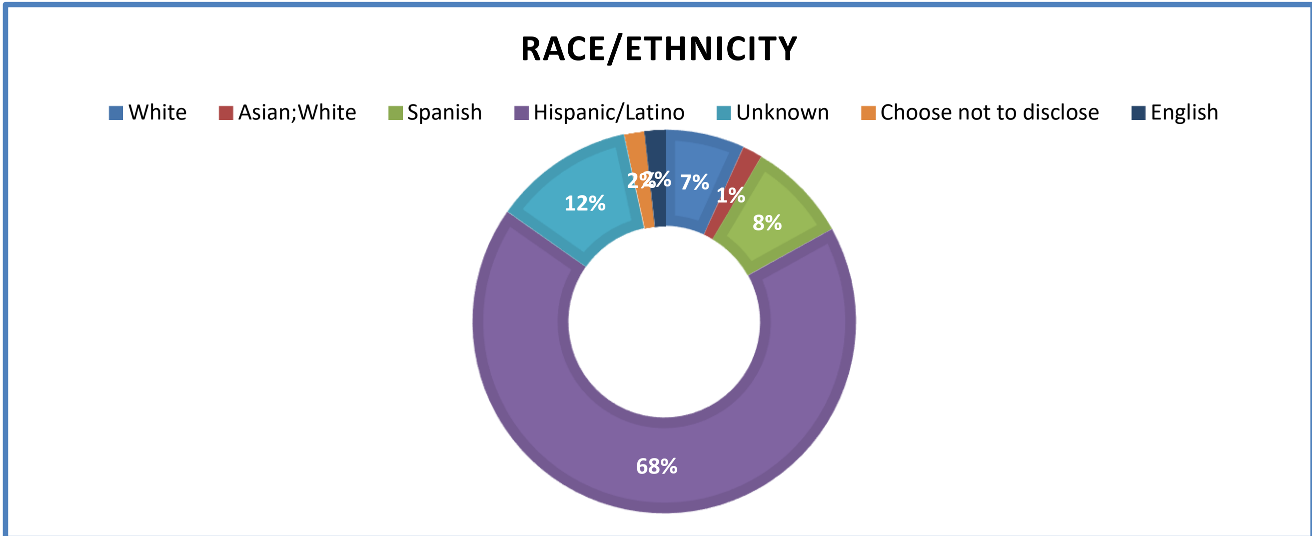


Table 16: Dad Project Participant's Age Breakdown

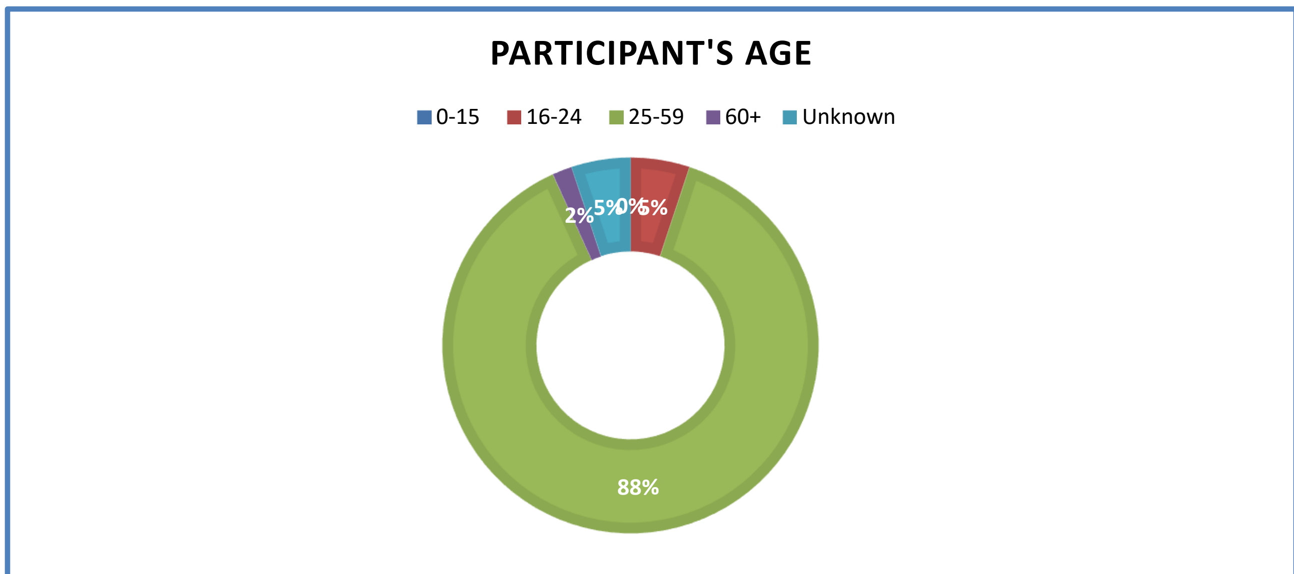
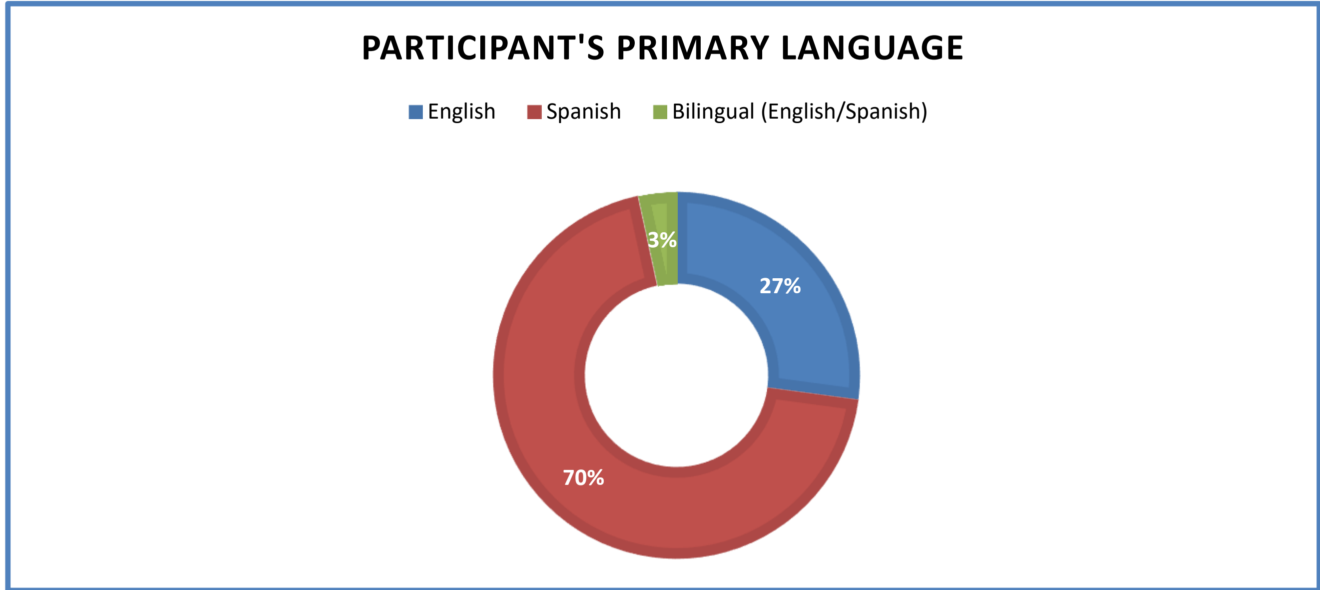


Table 17: Dad Project Participant's Primary Language



MHSA Housing Program

MHSA Housing Program Overview

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)). The cost per person for the MHSA Housing Program is $19,285.71.

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 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 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 is a 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 is a 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 is 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 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.

Temporary Housing provides temporary short term housing assistances to individuals who are homeless or at risk of being homeless, who are also suffering from serious mental illness (i.e., hotel, motel).

Crisis Treatments

Crisis Residential Unit (Star Behavioral Health) in Merced County

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

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

CRU Services include:

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

Workforce Education and Training (WET)

Madera County WET RP Cohort 3 Program Overview

The office of Statewide Health Planning and Development released funds to support Workforce, Education, and Training regional partnerships. Madera is a part of the Central Region Partnership.

Through this partnership we seek to support our qualified providers that serve the underserved populations within Madera County and work in the hardest to retain positions.

The Central Regional Partnership through the Mental Health Services Act Workforce Education and Training (WET) program developed a Retention Program (RP) opportunity. Madera County, in collaboration with other counties in the region, has partnered with the California Mental Health Services Authority (CalMHSA) to make this funding available to the county Public Mental Health System workforce. It will award up to $2,221.18 to qualified workers within the Region's Behavioral Health care that commit to a 12-month service obligation in a recognized hard-to-fill or hard-to-retain position. Through this program, the Regional Partnership seeks to support its qualified providers and staff that service the most underserved populations within the county and work in the most hard- to-retain positions.

Madera County launched the Retention Program on April 2, 2024, staff had the opportunity to opt into the program, those who opted into the program authorized employment verifications. Employment verifications of all employees opting into the program were submitted to CalMHSA on May 1, 2024. A total of 103 BHS employees opted into the Retention Program.

Program Timeline

Event	Key Dates
Begin Program Implementation	April 1, 2024
Complete Employment Verification by:	April 30, 2024
Submit MCDBHS staff eligibility list to CalMHSA	May 1, 2024
Service Obligation Period Begins	Upon Execution of Award Letter
Service Period Check-In – 6 months from Award Letter	During Service Obligation
Submit Employment Verification to CalMHSA to Issue Funds	6 months after Execution of Award Letter
Service Obligation Period Ends and Complete Final Service Period Check-In	12 months after Execution of Award Letter
Final Fund Distributed	45 days after Service Obligation Ends

Capital Facilities and Technological Needs (CFTN)

CFTN Component

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

CFTN project

Madera County Behavioral Health will collaborate with Madera County Public Health and fund a capital building project to better serve our community. Madera County HOPE Center will be used as a community training center and house MCBHS Administrative Services and Outreach and Engagement/Early Intervention staff. Maximum annual funding allowed will be utilized for this project.

FISCAL

Budget

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

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

Salaries & Benefits are based on the current Madera County Salary Schedule with adjustments for any approved salary increase as approved by the Board of Supervisors. Employee Benefits are based on the current Madera County benefits package that includes FICA 6.2%, Medicare 1.45%, and health insurance.

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

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

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

The MHSA Component are:

1. CSS includes the FSP TAY FSP Adult, Expansion and Supportive Services and Structure System Development, and CSS Administrative.
    A. The FSP TAY serves children/TAY age 0-15 and 16-25 who are identified through the school, social services, probation, or other sources. These children/TAY will be at risk of out-of-home placement, at risk of placement in a higher level of care and/or at risk of school failure and/or at risk of making an unsuccessful transition to adulthood because of their untreated serious emotional disorder. Emphasis of services and supports will be on achieving hope, personal empowerment, respect, social connections, safe living with families, self-responsibility, self-determination, and self-esteem.
    B. The FSP Adult server ages 26 – 59 and Older Adults ages 60 and over, who are at risk of or currently involved in the criminal justice system because of their untreated severe mental illness. Staff will focus on reducing homelessness, incarceration, and hospitalization, and assist participants in obtaining housing, income, and an

increased support system. Additionally, the program will help older adults who are at risk of hospitalization or being institutionalized and staff will focus on reducing homelessness, isolation, excessive emergency room visits, nursing care and/or hospitalization, and assist participants in maintaining their independence with a support system that allows them to remain in their own home.

C. The TAY & Adult FSP programs personal services coordinators will assist participants to obtain "whatever it takes" (including safe and adequate housing, transportation, childcare, health care, food, clothing, income, vocational and educational support, alcohol/drug counseling, education about their illness and recovery, support for family and significant others, crisis services, mental health treatment, social and community activities, supportive relationships, etc.)

D. The Expansion System Development program allowed for expanded service delivery to accommodate the anticipated increase in the demand for service because of increased community education and outreach, and the identification of individuals who have been unserved or underserved county-wide. The services will be provided at four sites: Madera, Oakhurst, Chowchilla Counseling, and Pine Recovery Center. Contracted services include Serenity Village, which provides supportive housing and case management services.

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

F. Administration to sustain the costs associated with the concerted amount of administration support required for ensuring ongoing community planning, implementation and monitoring of our MHSA programs and activities.

2. PEI includes Community Outreach and Wellness Center for Madera and Oakhurst. The Connected Community Project will have several components. Two of those will be the client directed wellness/empowerment center also known as Hope House and Mountain Wellness Center. Another will be an outreach component offered to the community with an emphasis on underserved and unserved individuals. That component will consist of

Promotors/Community Workers who will be paid/volunteer staff through Hope House. Outreach to rural population for development of Prevention/Early Intervention activities such as Wellness, Recovery Action Plan (WRAP) Services, education about their mental illness, recovery, and resiliency. The contracted services include the Wellness Recovery Center and Wellness Recovery Action Plan (WRAP).

3. INN includes proposed Dads, Anxiety, & Depression (DAD) The non-administrative components are contracted services.
    A. INN Dads, Anxiety, & Depression (DAD) is a new project. This project will facilitate access to appropriate services for fathers with mild to moderate mental illness. Services provided will include stress management skills, and interpersonal social skills, as a means of recovery, wellness, and social resilience.
    B. INN Administrated Support is an ongoing and necessary function of the INN component. These expenditures are necessary to ensure compliance with MHSA & INN mandates such as plan development, plan evaluation, ongoing community and stakeholder outreach and engagement. This would include a portion of the MHSA Coordinator wages, collaborate, develop new projects, obtain MHSOAC approval, and implement the plan. Ongoing operational expenses such as phone general build expenditures, support wages, which support the INN program.

4. CalMHSA Joint Powers Authority (JPA) Allows CalMHSA to perform statewide Prevention Early Intervention (PEI) services to increase cost efficiency for Central Valley Suicide Prevention Hotlines (CVSPH) Regional Program. This subcontracted service is provided for Madera, Mariposa, Merced, Kings, Tulare, and Stanislaus. This is a 24/7 program, which is accredited by the American Association of Sociology, and answers calls through its participation in the National Suicide Prevention Lifeline.

5. MHSA Housing
    A. MHSA Shared Housing Projects Hinds House, and Chowchilla are funded through the rent collection and CalHFA operational reserves held by the State.
    B. Local Government Special Need Housing Program (SNHP) funds are to provide financing for the development of permanent supportive rental housing, which include units restricted for occupancy by individuals with serious mental illness and their families who are homeless or at risk of homelessness (MHSA Clients). Eligible Projects are 5 or more Rental Housing Units, or Shared Housing with 1-4 units within in a single-family home, duplex, tri-plex or four-plex.
    C. No Place Like Home has funded the Technical Assistance Grant to

develop the application for the Shared Housing Project. The Shared Housing Project make available mental health supportive services to a project's tenants for at least 2 years and will coordinate the provision of or referral to other services. Sugar Pine Village is the project MCDBHS partnered with Self-Help Enterprise to utilize our NPLH funds and has 16 dedicated permanent supportive units that MCDBHS provides services to the residents.

MHSA Revenue and Expenditure Report (RER)

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

RER summary shown on next page.

STATE OF CALIFORNIA

Department of Health Care Services

HEALTH AND HUMAN SERVICES AGENCY

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

County: Madera

Date: 3/24/2022

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

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

		A	B	C	D	E	F
SECTION 3: CSS Transfers to PEI WET CFTN, or Prudent Reserve		CSS	PEI	WET	CFTN	PR	TOTAL
8	Transfers	$0.00	$0.00	$0.00	$0.0	$0.00	$0.00

		A	B	C	D	E	F
SECTION 4: Promam Expenditures and Sources of Fundinn		CSS	PEI	INN	WET	CFTN	TOTAL
9	MHSAFunds	$10 635 678.6	$1 434 517.6	$13 179.3	$0.0	$310 000.0	$12 393 375.5
10	Medi-Cal FFP	$2 901 066.0	$0.0	$0.0	$0.0	$0.0	$2 901 066.0
11	1991 Realignment	$0.0	$0,0	$0.0	$0.0	$0.0	$0.0
12	Behavioral Health Subaccount	$0.0	$0.0	$0.0	$0.0	$0.0	$0,0
13	Other	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
14	TOTAL	**$13,536,744.6**	**$1,434,517.62**	**$13,179.3**	**$0.0**	**$310,000.0**	$15,294,441.5

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

Funding

Community Services and Supports (CSS)

CSS services are consistent with CSS funds in accordance with regulation guidance, less than 49% of the CSS funds are in support of GSD.

This funding is used to provide one or more of the following:

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

AB114 MHSA Reversion

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

Guidelines for MHSA funding

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

Prudent Reserve

Pursuant to State Department of Health Care Services (DHCS), MHSUDS Information Notice No.: 19-037, dated August 14, 2019, the calculated maximum prudent reserve level for Madera County must not exceed 33 percent of the average amount allocated to the CSS component in the preceding five years. Madera County maintains the prudent reserve level within the maximum calculated amount. Madera Counties current Prudent Reserve level is 27.55%.

Madera County will maximize its Prudent Reserve level and fund to $2,523,825.53

Prevention and Early Intervention (PEI)

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

Innovation (INN)

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

Workforce Education and Training (WET)

WET dollars have been fully funded.

Funding Summary

Listed on next page.

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

Program	FY23/24	FY24/25	FY25/26	Total
FSP Adult	$ 2,241,721	$ 1,320,645	$ 1,360,264	$ 4,922,630
FSP Older Adult	$ 426,995	$ 233,050	$ 240,042	$ 900,087
FSP Children/Youth/TAY	$ 2,173,341	$ 2,209,532	$ 2,275,818	$ 6,658,691
FSP Rural Adult/Older Adult	$0	$ 216,550	$ 223,047	$ 439,597
FSP Rural Children/Youth/TAY	$0	$ 199,217	$ 205,194	$ 404,411
FSP Summer Camp	$ 60,000	$ 60,000	$ 60,000	$ 180,000
FSP Stepping Up (Justice Involved)	$ 1,200,000	$ 1,199,975	$ 1,235,974	$ 3,635,949
FSP CARE Court	$0	$ 390,117	$ 401,821	$ 791,938
FSP Housing Our Homeless	$0	$ 880,877	$ 907,303	$ 1,788,180
GSD Adult Outpatient	$ 2,877,409	$ 2,783,040	$ 2,866,531	$ 8,526,980
GSD Intensive Home-Based Therapy	$ 667,900	$ 593,199	$ 610,995	$ 1,872,094
Community Outreach & Engagement	$ 458,731	$ 188,319	$ 193,969	$ 841,019
Housing Program	$ 621,139	$ 621,139	$ 621,139	$ 1,863,417
Subtotal	$ 10,727,236	$ 10,895,660	$ 11,202,096	$ 32,824,992
Community Planning	$ 30,000	$ 30,000	$ 30,000	$ 90,000
Administration and Indirect	$ 1,609,085	$ 1,634,349	$ 1,680,314	$ 4,923,749
Total	$ 12,366,321.40	$ 12,560,009.00	$ 12,912,410	$ 37,838,740
Transfer to Prudent Reserve	$ -	$ 417,047		$ 417,047
Transfer to Capital Facilities and Technological Needs	$ 452,000	$ 1,665,386	$ 1,665,386	$ 3,782,772
Total Transfers out of CSS	$ 452,000	$ 2,082,433	$ 1,665,386	$ 4,199,819

FSP= Full Service Partnership
GSD= General System Development

Program	FY23/24	FY24/25	FY25/26	Total
Kingsview Youth Empowerment Program (YEP)	$ 732,323	$ 807,605	$ 847,985	$ 2,387,913.25
HOPE House/Mountain Wellness Center	$ 780,985	$ 780,985	$ 780,985	$ 2,342,954.81
Access & Linkage to Treatment	$ 88,480	$ 88,480	$ 88,480	$ 265,440.00
Outreach for increasing recognition of early signs of mental illness	$ 10,018	$ 10,018	$ 10,018	$ 30,054.00
Suicide Prevention	$ 53,588	$ 53,588	$ 53,588	$ 160,764.00
Stigma & Discrimination Reduction Program	$ 1,024,848	$ 1,024,848	$ 1,024,848	$ 3,074,544.00
Early Intervention & Prevention	$ 540,290	$ 540,290	$ 540,290	$ 1,620,870.00
Subtotal	$ 3,230,532	$ 3,305,814	$ 3,346,194	$ 9,882,540.06
Administration and Indirect	$ 484,580	$ 495,872	$ 501,929	$ 1,482,381.01
Total	$ 3,715,111.58	$ 3,801,686.10	$ 3,848,123.39	$ 11,364,921.07

Program	FY23/24	FY24/25	FY25/26	Total
DADS, Anxiety, & Depression (DAD) Project	$ 185,000	$ 187,700	$ 187,700	$ 560,400.00
Subtotal	$ 185,000	$ 187,700	$ 187,700	$ 560,400.00
Administration and Indirect	$ 27,750	$ 28,155	$ 28,155	$ 84,060.00
Total	$ 212,750.00	$ 215,855.00	$ 215,855.00	$ 644,460.00

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