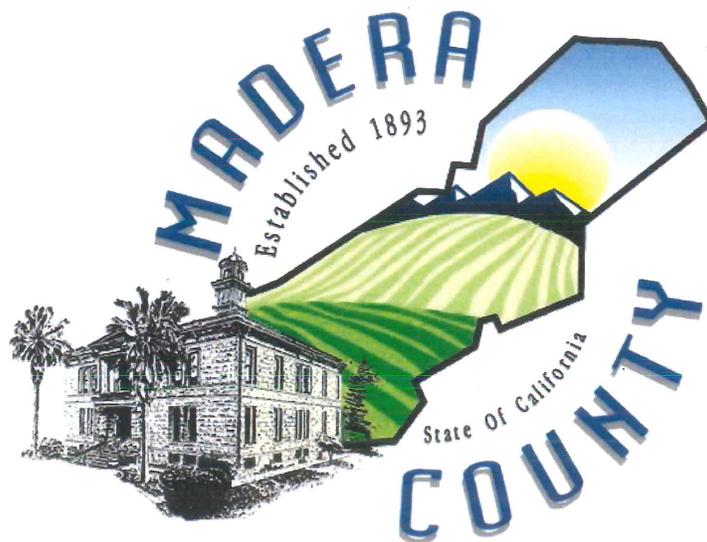


**MADERA COUNTY
BEHAVIORAL HEALTH SERVICES
MENTAL HEALTH SERVICES ACT
THREE YEAR PLAN**

FISCAL YEARS 2014-2017



**MENTAL HEALTH SERVICES ACT
THREE-YEAR PROGRAM AND EXPENDITURE PLAN
FY 2014-2015 – FY 2016-2017**

FEBRUARY 20, 2015

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MHSA COUNTY PROGRAM CERTIFICATION

County/City: Madera

- Three-Year Program and Expenditure Plan
 Annual Update

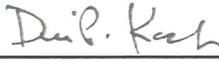
Local Mental Health Director	Program Lead
Name: Dennis P. Koch, MPA	Name: Debbie DiNoto, LMFT
Telephone Number: (559) 673-3508	Telephone Number: (559) 673-3508
E-mail: dennis.koch@co.madera.ca.gov	E-mail: debbie.dinoto@co.madera.ca.gov
Local Mental Health Mailing Address:	
Madera County Behavioral Health Services PO Box 1288 Madera, CA 93639-1288	

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on July 7, 2015.

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.

<u>Dennis P. Koch, MPA</u> Local Mental Health Director (PRINT)	 Signature	<u>6-24-15</u> Date
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MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Madera County

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Dennis P. Koch, MPA	Name: Todd Miller
Telephone Number: (559) 673-3508	Telephone Number: (559) 675-7703
E-mail: dennis.koch@co.madera.ca.gov	E-mail: Todd.Miller@co.madera.ca.gov
Local Mental Health Mailing Address:	
Madera County Behavioral Health Services PO Box 1288 Madera, CA 93639-1288	

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

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

Dennis P. Koch, MPA
Local Mental Health Director (PRINT)

D.P. Koch 6-24-15
Signature Date

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

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

Karl Noyes
County Auditor Controller / City Financial Officer (PRINT)

Karl Noyes 6/23/15
Signature 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)

COUNTY DEMOGRAPHICS BACKGROUND

Below is a description of Madera County's demographics, including the size of the county, population estimates, threshold languages, race/ethnicity, and other unique characteristics.

Madera County is a small rural county in the center of California. According to the latest population estimates from the California Department of Finance (CDF), there are approximately 153,211 people living in Madera County. According to Employment Development Department, Madera's unemployment rate for FY 2013-14 was 10%, compared to California's rate of 8.2%. According to the California Department of Finance, the population of Madera in 2013 was primarily made up of Hispanic/Latino of any race (55.5%) and White alone, not Hispanic or Latino (36.2%). Threshold languages for Madera County Behavioral Health Services (MCBHS) are English and Spanish (47.22%).

Madera County has two incorporated cities, Madera and Chowchilla. There is a population center in the mountain region of the county as well. The primary industries, in order of primacy, are as follows: 1) government, 2) agriculture, 3) education, health care, and social services, and 4) trade, transportation and utilities.

According to the US Census American FactFinder, Madera had an average median household income from of \$45,625 compared with California's median household income for the same time period being \$61,094. Persons below the federal poverty level in 2013 was 22.8% compared with California's 15.9%. Children, living in poverty in California for the same time period, was 22.1%. Madera had 32.9% of its children living in poverty.

In 2013 Madera had about the same percentage of people receiving Social Security Disability as the State average (3% for each). Madera also had the same percentage of households receiving food stamps than the State average (6% for each). In January 2014 5.5% of the population in Madera County received TANF/CalWORKs, whereas only 3.5%

of California's population received these public benefits. Persons living below the poverty level in 2013 in Madera was 23%, versus 16% in California. There is a higher percent of infants born to mothers with less than 12 years of education (41%, 2005) compared to the state average (28%, 2005).

According to the California Employment Development Department, during FY 2013-14, the average rate of unemployment in Madera County was 10.9% and ranged from a high of 12.6% in March 2014 to a low of 9.4 in June 2014; as compared to California's unemployment rate of 8.2% which ranged from a high of 9.4% in September 2013 to a low of 7.1% in May of 2014. The unemployment rates were higher in the rural areas.

During Fiscal Year (FY) 2013-14, Madera County Behavioral Health Services (MCBHS) served 3482 people, which was an increase of 448 people from the prior year MCBHS served;

- 965 - children/youth between 0-17 years
- 636 - transition age youth between 18-25 years
- 1712 - adults between ages 26-64 and
- 242 - adults age 60 and older

For FY 2013-14, MCBHS provided;

- 307,964 units of service
- 131,549 client hours
- 81,351 contacts

The threshold languages for county behavioral health services are English and Spanish.

COUNTY CHALLENGES

Due to the economy, the Madera County Department of Behavioral Health Services (MCBHS) has lost nearly 50% of its staffing, beginning in 2008, through layoffs, staff leaving County employment for retirements, other job offers, etc. MCBHS began hiring new staff beginning in 2012. One of the other major service challenges is not having any dedicated behavioral health community organizations based within Madera County other than the County programs.

INTRODUCTION

The Mental Health Services Act

Proposition 63 was passed in 2004 and became the Mental Health Services Act (MHSA) law in 2005. This law generates funding for public mental health services through a 1% tax on personal income over \$1 million. Over the past 8 years this funding has provided for new and innovative mental health services, during an economic downturn that generated greater mental health service needs. It has helped increase access to underserved communities through providing funding that allowed the Madera County Department of Behavioral Health Services to implement more culturally appropriate service modalities.

MHSA Legislative Changes

AB 100 was passed into law in March of 2011. This law eliminated the State Department of Mental Health (DMH). In addition, it reduced and changed the oversight responsibilities of the Mental Health Services Oversight and Accountability Commission (MHSOAC). The oversight entity for MHSA services was replaced with the "State" for the distribution of MHSA funds. Furthermore, due to the State's fiscal crisis, AB 100 allowed some MHSA funding for FY 11/12 to be used for non-MHSA programs, and for \$862 million dollars to be redirected to fund Early Periodic Screening, Diagnosis and Treatment (EPSDT), Medical Specialty Managed Care, and Education Related Mental Health for students.

On June 27, 2012, the AB 1467 trailer bill made additional changes to state law, including amendments to MHSA. New language required county Innovation (INN) plans. It retained the provision that county INN plans be approved by the MHSOAC and stated that the MHSA three-year plans and annual updates were to be adopted by the county board of supervisors and submitted to the MHSOAC within 30 days after board adoption. The bill also required that plans and updates include: 1) certification by the county mental health director to ensure county compliance with pertinent regulations, laws and statutes of the Act, including stakeholder engagement and nonsupplantation requirements, and 2) certification by the county mental health director and the county auditor-controller that the county had complied with any fiscal accountability requirements, and all expenditures were consistent with the MHSA.

Purpose of the Plan

The Mental Health Services Act Three-Year plan provides a projection of services and resources that will be provided to communities through MHSA funding. County mental health departments are required to annually develop and present description of their MHSA services and funding, based on State projections, for community stakeholder review and recommendations. This plan provides a progress report for the MCBHS' services for the previous fiscal year, an overview of proposed MHSA services for the current Three-year plan, program descriptions and outcomes from FY 13-14 (pages 13 - 34) and projected expenditure for FY 14-17 (pages 23, 28, 30, and 36)

Direction for Public Comment

MCBHS is releasing its current Madera County's Mental Health Services Act Three-Year plan for public review. The plan is based on legal requirements public review. The 30 day public review will be from February 18, 2015 to March 18, 2015. A copy of the Plan may be found at <http://www.madera-county.com/index.php/mental-health-services-act-information> and will be available at the Behavioral Health Services front desk. You may request a copy by contacting David Weikel at (559) 673-3508. A Public Hearing regarding this plan will be held during the Behavioral Health Board meeting on March 18, 2015 at 11:30pm at Madera Community Hospital, 1250 E. Almond Ave., Shebelut Conference Room, Madera, CA 93637. You may comment in the following ways:

1. At the Public Hearing
2. By fax: (559) 675-4999
3. By telephone (559) 673-3508
4. By E-mail to debbie.dinoto@co.madera.ca.gov
5. Writing to:

Madera County Behavioral Health Services
Attention: Debbie DiNoto, LMFT
Madera, CA 93639

STAKEHOLDER PROCESS

CCR § 3300 & § 3315 states this section of the Plan shall include a description of the Community Program Planning and Local Review Process. The following is a brief description of these processes, which were a part of this plan's development.

Community Program Planning

1. A description of the local stakeholder process including date(s) of the meeting(s) and any other planning activities conducted.

The Community Program Planning Process for Madera County Behavioral Health Services (MCBHS) MHSAs services includes an update and review of the following MHSAs components: Community Services and Supports (including housing), Prevention and Early Intervention, and Innovation. The community was engaged in the planning process through public meetings dedicated to the MHSAs planning process, electronic and hard copy surveys, agency meetings, multi-agency meetings posting of draft plan was posted to our website and the link to the plan was widely distributed electronically.

The stakeholder meeting dates for 2015 were as follows:

- March 6, 2015, 10am - 12pm at the Madera County Library's Chowchilla Branch
- March 4, 2015, 10am – 12pm at the Madera County Library's Oakhurst Branch
- February 24th, 2015, 10am – 12pm at the Madera County Library's Madera Branch

Meetings are held in handicapped accessible buildings with adequate parking. Interpreters (language and sign) are made available for free, upon request. Water and snacks were also provided for participants in an effort to attract more people to attend meetings.

Local Review Process

1. Methods used by the county to circulate for the purpose of public comment the draft of the plan to representatives of the stakeholder's interests and any other interested party who requested a copy of the draft plan.

Prior to the stakeholder process, MCBHS posted notices in the Fresno Bee, the Madera Tribune and the Mountain Star newspapers. Notices were also posted in the local libraries, the MCBHS clinics, on the MCBHS website and sent to the following people/departments/agencies listed below.

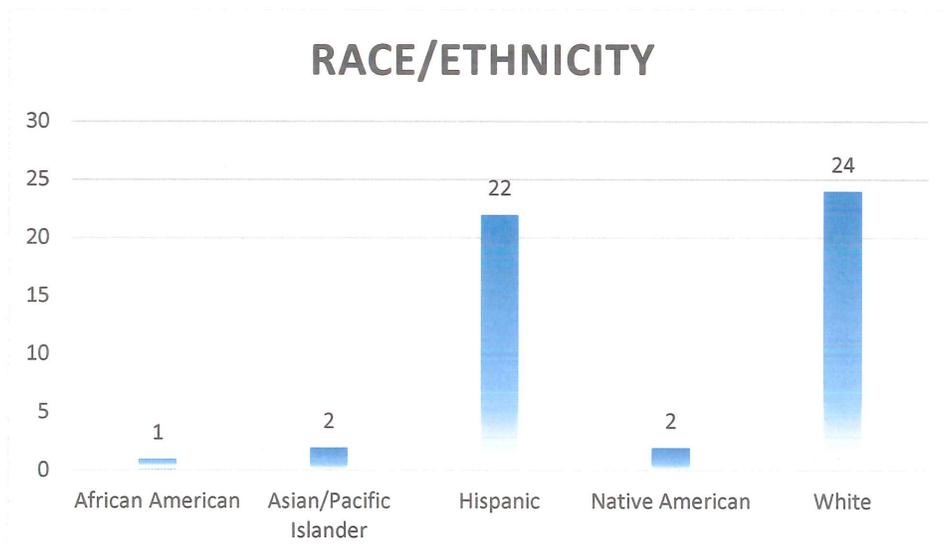
<ul style="list-style-type: none"> • All Madera County Department including Sherriff/Jail, Probation, Corrections, Social Services, Public Defender's Office, District Attorney's Office, Veterans Services, etc. • North Fork Rancheria Tribal Council • Chukchansi Tribal Council • Mental Health Provider Organizations Kingsview and Turning Point of Central Ca, Inc., EMQ Families First • The Chambers of Commerce for Oakhurst, Madera and Chowchilla • The members of the Behavioral Health Board for MCBHS • The Board of Supervisors for Madera County • Madera County Office of Education • Faith-based organizations (Community Pastor list) • Madera City Council Members • Chowchilla City Council Members • Chawanakee Unified School District • Community Action Partnership of Madera County • Alview-Dairyland School District • Bass Lake Joint Union School District 	<ul style="list-style-type: none"> • Chowchilla School District • Coarsegold Union School District • Golden Valley Unified School District • Madera Unified School District • Raymond Knowles Union Elementary School District • Fresno Madera Area on Aging • PFLAG Merced • PFLAG Fresno • Cornerstone Family Counseling • Mental Health America of the Central Valley • NAMI of Fresno • Camarena Health Centers • JDT Consultants • Madera Police Department • Chowchilla Police Department • Juvenile Hall and Boot Camp Director • Madera Community Hospital • Rural Health Clinic (part of Madera Community Hospital) • Emergency Department of Madera Community Hospital • Hope House (peer support program--Madera) • Madera Rescue Mission • Valley Children's Hospital of Central California
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In addition to advertising the meetings through email correspondence, the MHSA staff tried an approach to engage stakeholders, which worked well during the recent stigma campaign. The approach was to request time on the standing agenda of single and multiagency meetings to brief stakeholders on services provided by county behavioral health services (including MHSA services) and request that they fill out a survey with their recommendations via hard copies. The presentation covered MHSA services and the basic mission and mandates for county behavioral health services, target populations, and how to access and navigate our department's services. The questions and answers were not limited to MHSA, but covered everything from medical necessity to how to access services (treatment and prevention). After the meetings a follow up email was sent to the meeting facilitators with the electronic version of the PowerPoint presentation and survey.

Community Program Planning Results

Presentation Sites	# Surveys Completed	Date	Meetings
Interagency Children & Youth Services Council of Madera County	14	2/5/2015	1
MHSA Madera Public Meeting	11	2/24/2015	2
MHSA Oakhurst Public Meeting	6	3/4/2015	3
MHSA Meeting Chowchilla	4	3/6/2015	4
Social Agencies Leading Together	15	3/12/2015	5
Madera County Juvenile Probation	15	3/24/2015	6
Madera County Tobacco Coalition	16	3/26/2015	7
Madera County Adult Probation	20	3/26/2015	8
Madera County Department of Social Services All Staff Meeting	210	3/31/2015	9
Valley Children's Hospital Social Work Department	22	4/14/2015	10

The total number of presentation attendees was 337. The average participant age was 38. All participants spoke English. Fifty-three surveys were completed (16% Response Rate). The race/ethnicity of those that disclosed their race/ethnicity on the survey is listed below.



*Not All Participants Reported This Demographic

Organizations and Number Individuals Represented	
7 – Community Action Partnership of Madera County	1 – Clear View Outreach (Faith Based)
5 – Madera County Adult Probation	1 – Community Member (Faith Based Affiliation)
6 – Madera County Public Health	1 – Court Appointed Special Advocate
3 – BHS Clients	1 – First 5 of Madera County
3 – Madera County Department of Social Services	1 – Madera County Probation (Chief)
2 - Chawanakee Unified School District	1 – Court Appointed Special Advocates
2 – Housing Authority of Madera County	1 – First 5 of Madera County
2 - Madera County Board of Supervisors	1- Madera County Department of Behavioral Health
2 - Madera County Community Action Partnership	1 - Madera County Superior Court
2 – Housing Authority of the City of Madera	1 – Madera Unified School District
2 – Madera County Library (Chowchilla)	1- Migrant Program (Serve Farmworkers)
2 – Madera County Office of Education	1 – Yosemite Unified School District
2 - Madera County Sherriff	1 – California Health Care Collaborative
2 – Turning Point – Hope House – <i>Clients</i>	1 – Madera County BHS Staff

Stakeholder Service Recommendations

Full Service Partnerships. Sixty percent of stakeholder respondents identified addressing 1) inability to obtain an education, 2) homelessness and 3) justice system involvement as the top priorities for children and youth (listed in order of priority). Other priorities for children and youth involved reducing juvenile justice involvement, social isolation, out-of-home placement, and incarceration. The aforementioned services are already priorities for the Child/Youth/Transition Age Youth Full Service Partnership. Stakeholders identified the following service needs: more substance use/addictions services, parents with substance abuse issues, more services for low income children, services for victims of assault, services for people with lower education levels, and mental illness education for affluent families that have children with mental illness but don't know the children have mental illness, and addictive people.

Forty percent of respondents identified addressing homelessness as the top priority for adults and older adult. Nine percent equally voted for reduction in incarceration, involuntary treatment and inability to obtain education as the top priorities for adults and older adults. Other priorities for these age groups include reducing social isolation, involuntary treatment/hospitalization, out-of-home placement/institutionalization, and inability to obtain education. The aforementioned services are already priorities for the Adult/Older Adult Full Service Partnership. Stakeholders identified the following service needs: perinatal mothers, substance use and chemical dependency, more housing for 209's (sex offenders), more services for adults with low income and education levels, services for elders, services for addictive people, more rehabilitation services, and services for tribal (Native American) populations.

Prevention and Early Intervention. Twenty-five of the stakeholders that completed a survey identified peer support development as the top priority for prevention and early intervention (PEI) services and the next highest priority had 15% vote for early intervention. Other priorities for PEI included support groups, obtaining basic information about mental illness, suicide prevention, stigma reduction, and social isolation reduction. These community stakeholders identified the following service needs: stigma reduction and cultural issues related to perception of mental illness, bullying, homelessness, more assistance with the Ticket to Work program/Department of Rehabilitation, improving work ethics, substance abuse services, and better health care coverage for people on welfare.

Innovation. The stakeholders that completed the survey emphasized increasing access to behavioral health services as the greatest need and increasing access to primary care services as the next greatest need. In addition, these stakeholders recommended resource for individuals who are borderline, increasing education about mental illness as means of facilitating treatment access, services for people with felonies, suicide prevention and first aid training (Mental Health First Aid), marriage counseling, reduction of social isolation, increasing countywide services, and increased opportunities to participate as a mental health stakeholder.

Other Mental Health Service Recommendations. There was a question at the end of the survey for any recommendation and the following recommendations were listed: utilizing creative arts to offer early support to individuals at risk for mental health issues, educate the community about mental illness, launch a campaign to reduce stigma, more beds available, increase outpatient services for both mental health and substance use, services for veterans, services for homeless sex offenders, prevention and early intervention services, and transitional housing. Substance use and addictions services were repeatedly identified as priority issues, during discussions of issues related to mental health. Challenges related to substance use and addictions were considered as a co-occurring condition for mental illness or as social environmental risks related to residing in or frequenting low income areas where illicit drugs and alcohol are frequently used.

Substance Use Services. Community stakeholders identified the top substance use service priority as increasing prevention services in the community. The general recommendations were to increase the amount of outpatient prevention and inpatient treatment services for both mental health and substance abuse services. Other service recommendations included increasing and developing after care services, education, positive social influences, health promotion, Celebrate Recovery (peer support), local services, and pursue new opportunities to increase services.

Overall, the priorities and recommendations made by stakeholders, as well as the questions and comments made during the meetings indicated that 1) they had a limited understanding of the types of services our department provides and how to access them, 2) community stakeholders lack accurate knowledge about what types of mental

illness the department addresses (medical necessity), 3) the social environment elements in Madera that sustains high density poverty are a significant risk factor and barrier to mental illness recovery, 4) that substance use and addictions have a serious negative impact on the mental health status of the public mental health target populations in Madera County, and 5) the clients and families that BHS serves and/or would qualify for our department's services have needs in multiple life domains.

The needs identified fall into four categories: case management/systems navigation, interagency collaboration, peer support and therapy. Many of the needs identified have to do with accessing resources that would be provided by an agency other than our department such as housing, education, employment (Ticket to Work), social isolation, negative peer influence, income, basic needs (food, clothing, and shelter) and services for people leaving institutions. These needs will be met through ongoing efforts to increase and improve case management, peer support, and interagency collaboration with agencies that provide or could provide services to our clientele. Social isolation and a positive social environment can also be assisted through case management, but peer support is also helpful in providing a positive and welcoming social environment. Our wellness centers continue to provide this service as well as education and employment opportunities. Expanding the role of peer support will be another goal for the current three year plan. Because our clients have many needs in multiple domains, they often benefit from more case management and peer support, initially, than therapy. Once their basic needs are adequately met and they have or are developing positive peer influence, they are better able to benefit from therapy. Therefore, the current three year plan will focus on increasing case management and peers support services, as well as strengthening interagency collaborations.

PROGRAMS AND PERFORMANCE OUTCOMES

WIC § 5847 states the Plan shall describe the following programs: Community Services and Supports, Prevention and Early Intervention, Innovation, Capital Facilities and Technology, Workforce Education and Training needs related to staff shortages and staff development needs, and information related to the county's Prudent Reserve funding.

Community Services and Supports (CSS)

The CSS services involved intensive outpatient services, expand the capacity of existing outpatient services and limited resources for short-term emergency housing. Madera County has two Full Service Partnership (FSP) teams that provide intensive services for people with the highest level of behavioral health needs, which can be treated in a community setting.

The **Children/TAY Full Service Partnership**, serves children and youth ages 0 – 24, including foster youth and their families, who are experience serious emotional and behavioral disturbances. This team provides wrap-around/system of care like services, in concert with multiple organizations. As defined in WIC § 5851, these children and youth experience serious emotional and behavioral disturbances, which compromise their ability to meet their daily living needs.

- The number served by this program
 - Total FY 2012-13 was 95
 - Total FY 2013-14 was 93
- The cost per person: \$16,663

The second FSP is the **Adult/Older Adult Full Services Partnership**, which serves adults and seniors with serious and persistent mental illness.

- The number of adults and seniors served by program and the cost per person. The standards for these services are defined in WIC § 5806.
- WIC § 5813.5 states that Plans shall consider ways to provide services similar to those established pursuant to the Mentally Ill Offender Crime Reduction Grant Program. Funds shall not be used to pay for persons incarcerated in state prison or parolees from state prisons.
- The number served by the program
 - Total FY 2012-13 was 69
 - Total FY 2013-14 was 72
- The cost per person: \$16,657

The CSS services also include System Development (SD) funding for expanding, enhancing and supporting the overall mental health services. This program has helped to build and retain MCBHS' capacity to provide treatment services and accommodate addition administrative burden related to increases in direct services. There are two SD components, **Expansion and Supportive Services and Structure**. Expansion serves all ages and is intended to accommodate increased demands for services related to community outreach and education and other community factors that would increase the demand for services. Supportive Services and Structure provided administrative staff time, and other resources such as supportive housing. CSS funds may not be used to pay for person incarcerated in state prison or paroles from state prison. Madera County stakeholders previously identified the following priority populations for CSS services, which are experiencing one or more of the following:

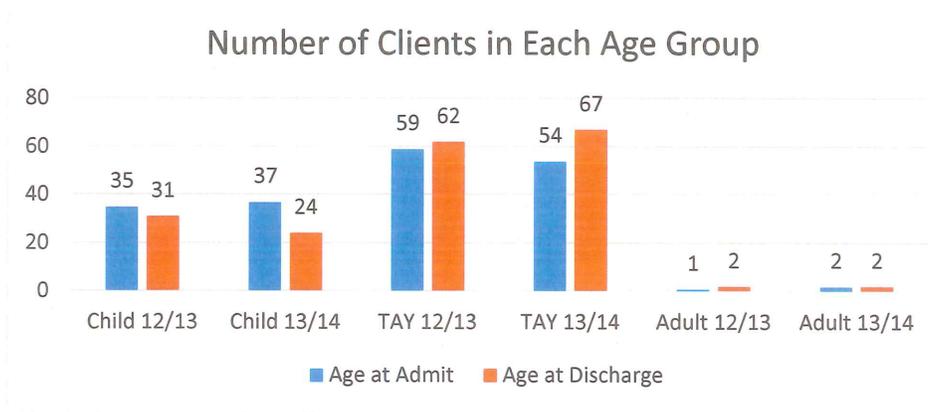
- a. Involuntary Treatment
- b. Adult or Juvenile Criminal Justice Involvement
- c. Out of Home Placements
- d. Isolation
- e. Homelessness
- f. Inability to Obtain Education and/or Employment
- g. Lack of Transportation

Performance Outcomes: WIC § 5848 states that Plans shall include reports on the achievement of performance outcomes for MHSA services. Below are the CSS service results (evaluations/performance outcomes) for FY 2013-14.

Full Service Partnerships.

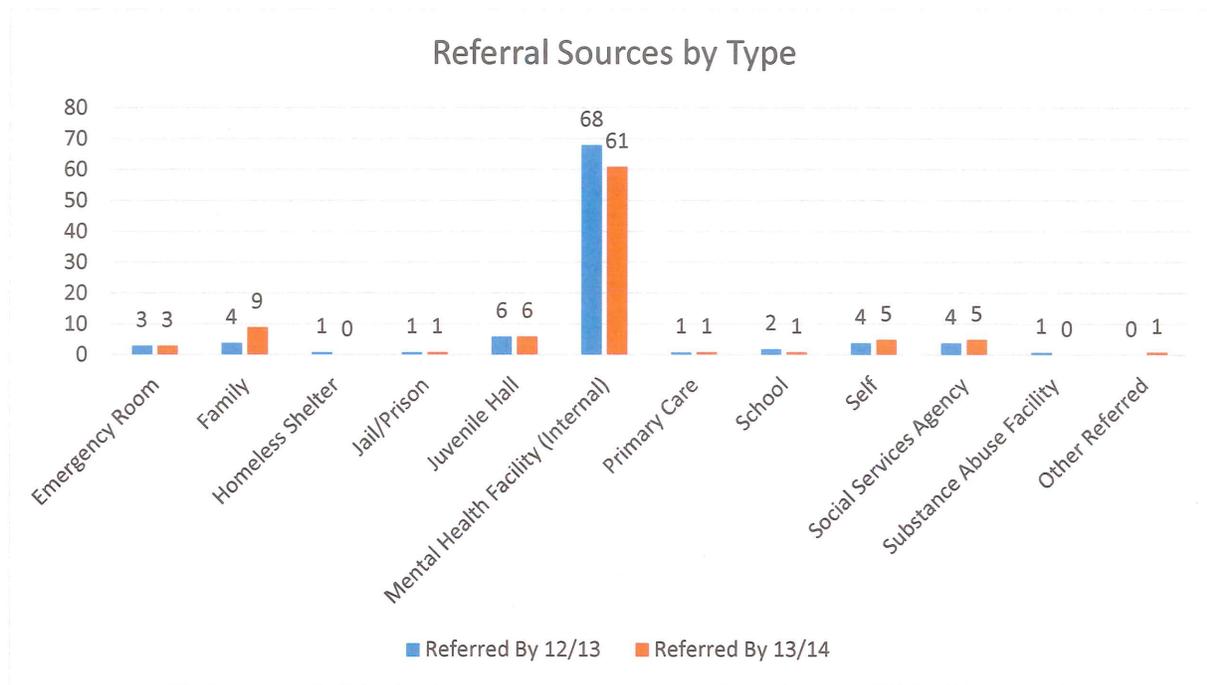
Below is a comparison of the information from FY 2012-13 and 2013-14. It is presented in charts and graphs to more easily see the trends for each.

Children/TAY Full Service Partnership



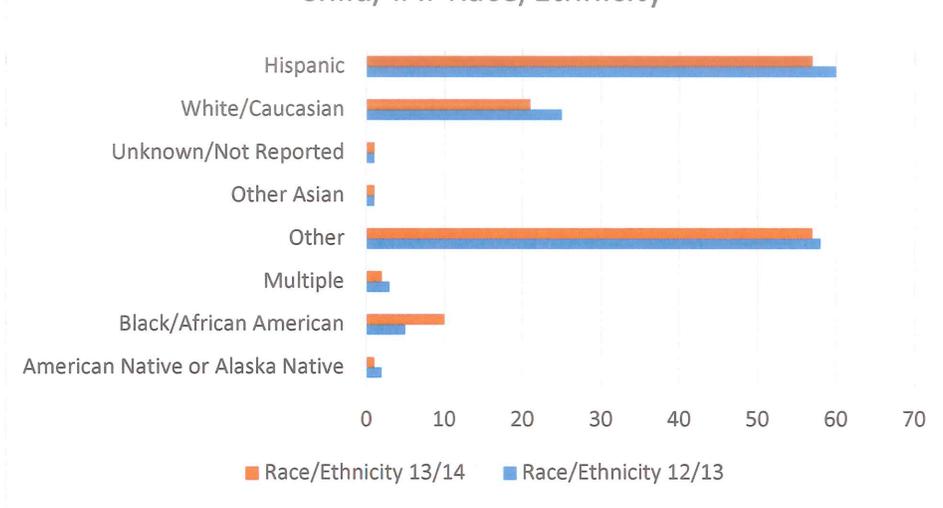
The majority of participants in FSP 1 for FY 12/13 and FY 13/14 were male: 55% and 61% respectively.

The graph below shows the referral sources for this program. While it appears that referrals are largely internal referrals from the outpatient clinic, referrals are often completed by MCBHS staff to expedite service access when the original source was actually external to MCBHS.



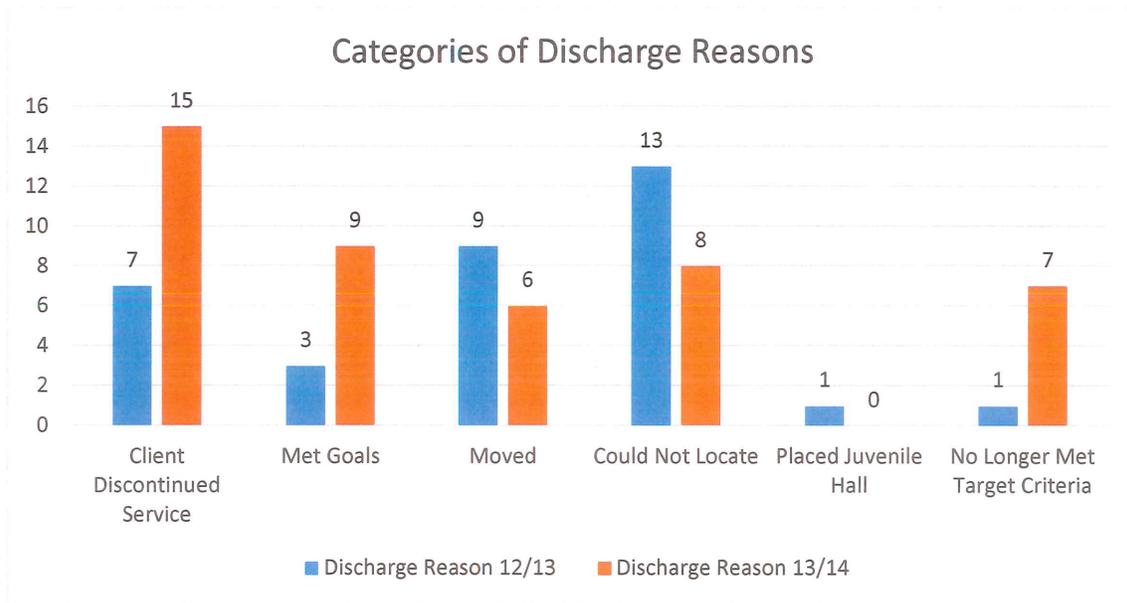
The three largest groups in FSP 1 by race/ethnicity identified as Other, Hispanic and White. For FY 12/13 61% identified as Other, 63% as Hispanic and 26% as White. In FY 13/14 44% identified as Other, 61% as Hispanic, and 22% as White. Because people can claim a category in the Race category and Hispanic category, if the categories are counted together they exceed 100% of the total participant count.

Child/TAY Race/Ethnicity



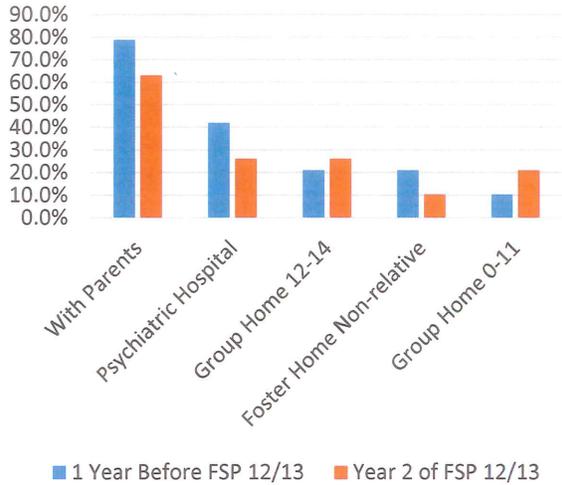
In FY 12/13 36% clients enrolled were discharged from the FSP1 and in 13/14 48% were discharged for the reasons listed below.

Categories of Discharge Reasons

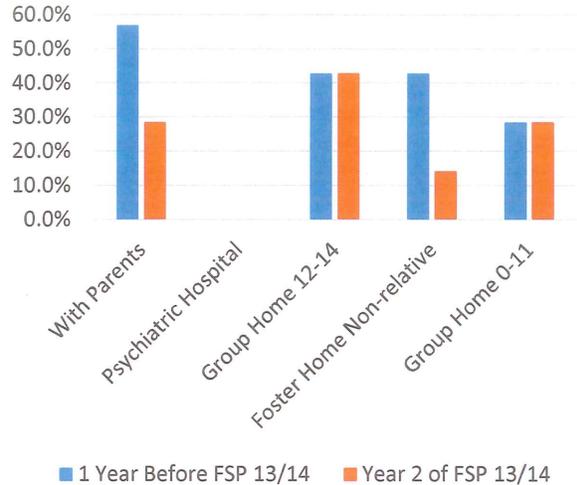


The charts below represents the five most frequency types of residential settings for clients of this FSP for the year before entering the FSP, and after attending two years of FSP services. During these fiscal years 12/13 and 13/14 there was a significant increase in the number of referrals to the FSP for children and youth that were already placed in group homes.

Top 5 FSP Client Placements 1 Year Before & 2 Years After FSP Services FY 12/13

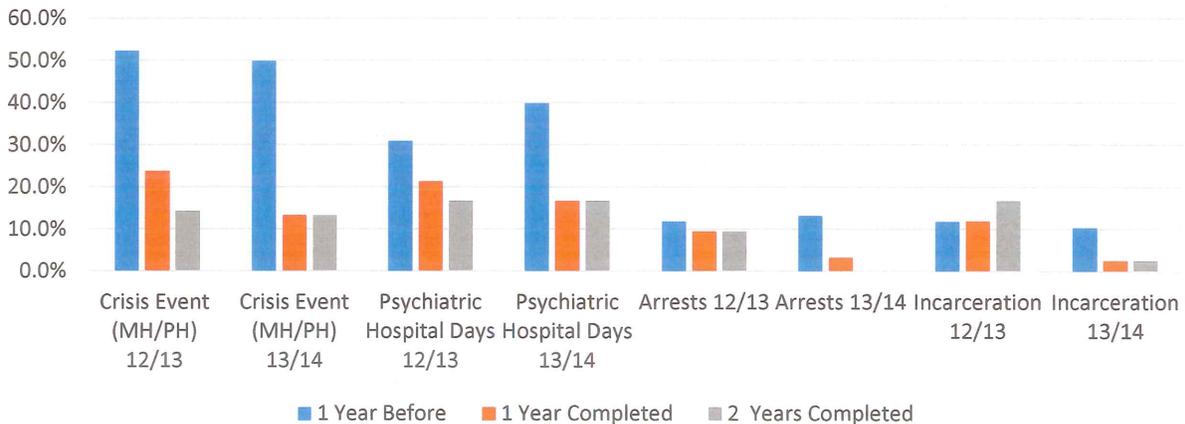


Top 5 FSP Client Placements 1 Year Before & 2 Years After FSP Services FY 13/14



After two years of FSP services, there were significant reductions in the rate of adverse experiences related to mental illness listed below. Most children attend FSP services for one to two years. The number of individuals that were served by FSP services for two years is lower than the number that attended for one year of service. The longer time period reflects the higher needs of the individuals that attend for two years.

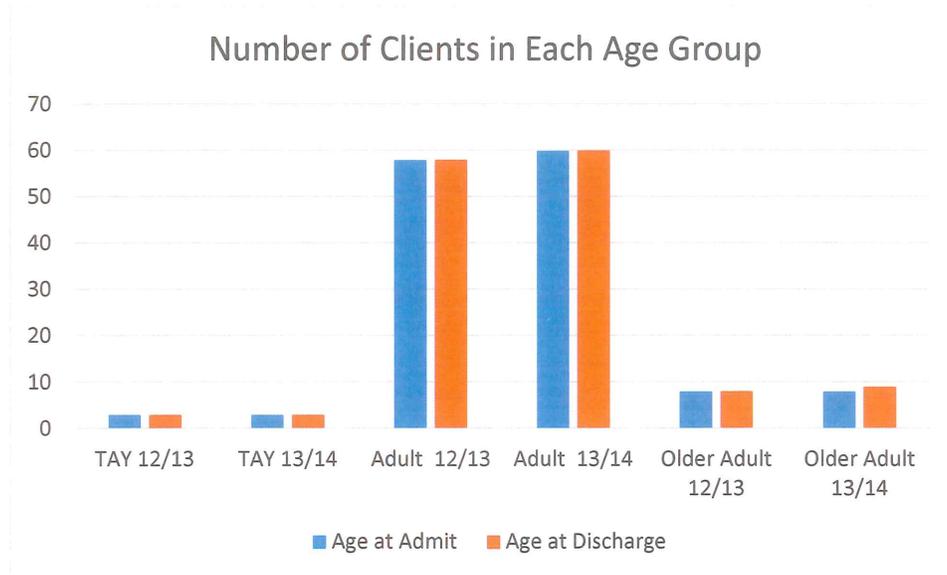
Rates of Adverse Experiences



Children and youth that completed one to two years of FSP services increased their school attendance rate and grades. Children and youth that attended school always or most of the time increased from 91% to 93% in FY 12/13 and 78% to 100% in FY 13/14 after three years of service. In FY 12/13 the percent children and youth with good or very good grades that received FSP service for three years decreased from 30% to 27%.

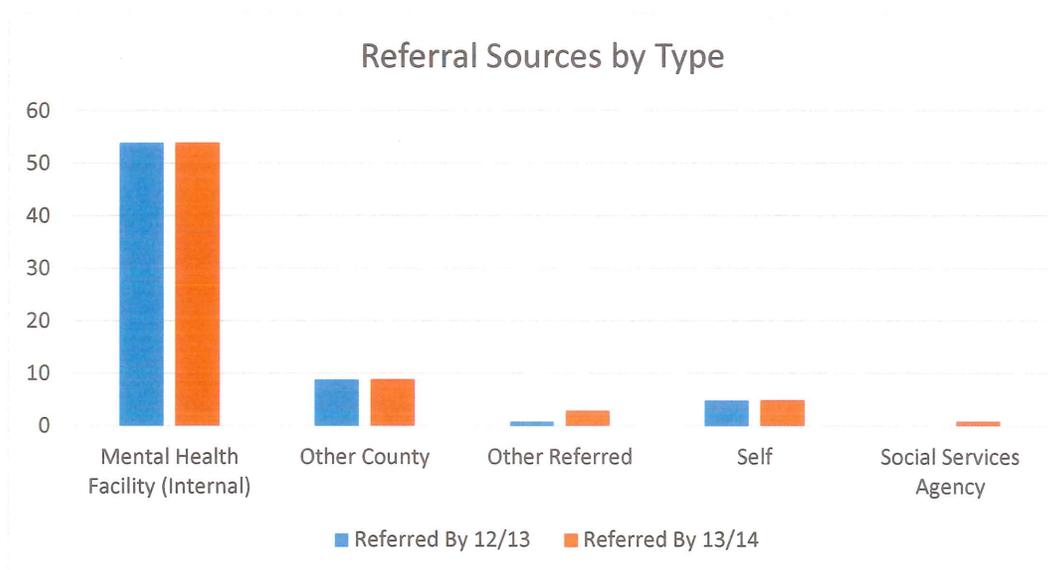
However, in FY 13/14 the percent of children and youth with good or very good grades that attended FSP services increased from 31% to 36%.

Adult/Older Adult Full Services Partnership

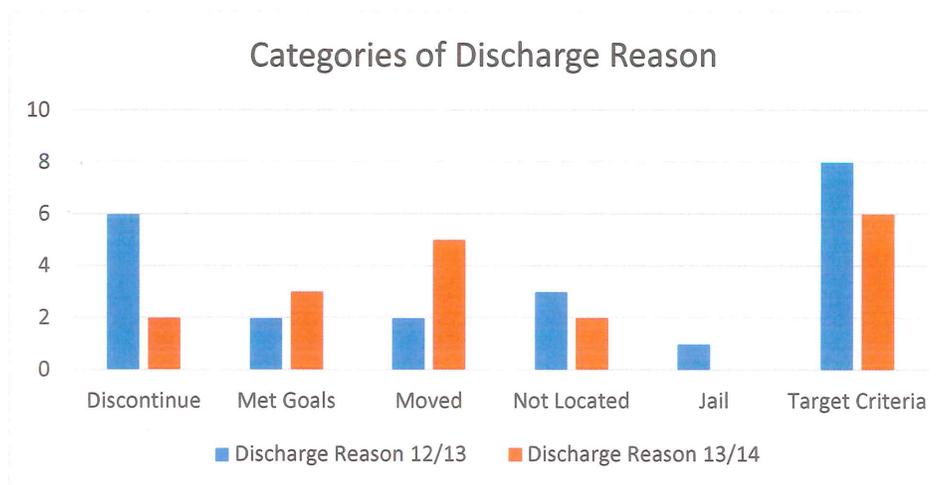
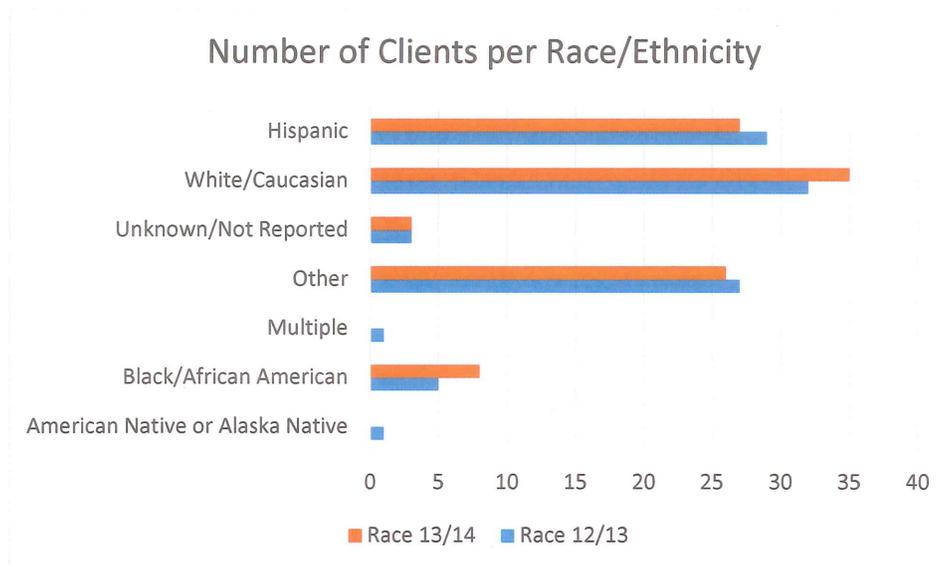


In general the majority of the FSP participants tend to be male. However, while this was true in FY 12/13 (52% Male clients and 48% Female clients), in FY 13/14 the ratio of both male and female participants was both 50%.

The graph below shows the referral sources for this program. While it appears that referrals are largely internal referrals from the outpatient clinic, referrals are often completed by MCBHS staff to expedite service access when the original source was actually external to MCBHS.

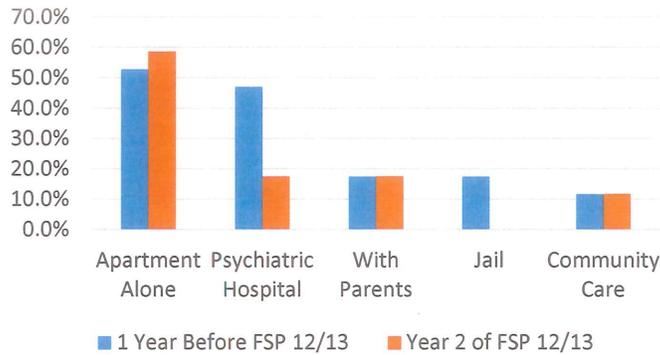


The three largest groups in FSP 2, by race/ethnicity, identified as White, Hispanic and Other. For FY 12/13 46% identified as White, 42% as Hispanic and 39% as Other. In FY 13/14 49% identified as White, 38% as Hispanic, and 36% as Other. People can claim a category in the Race category and Hispanic category. Therefore the total from the Race and Hispanic can exceed 100% of the total FSP participants.

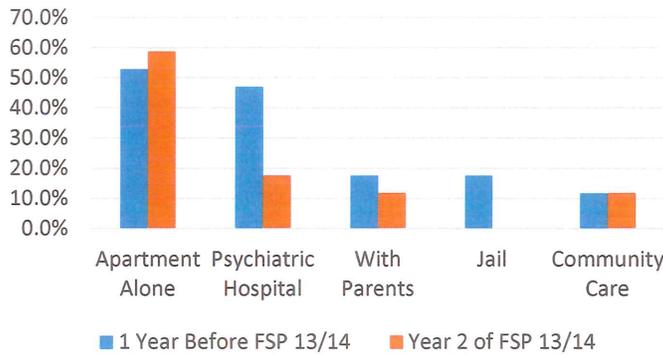


The charts below represents the five most frequent types of residential settings for clients served by this FSP for the year before entering the FSP, and after attending two years of FSP services during FY 12/13 and FY 13/14.

Top 5 FSP Client Placements 1 Year Before & 2 Years After FSP Services

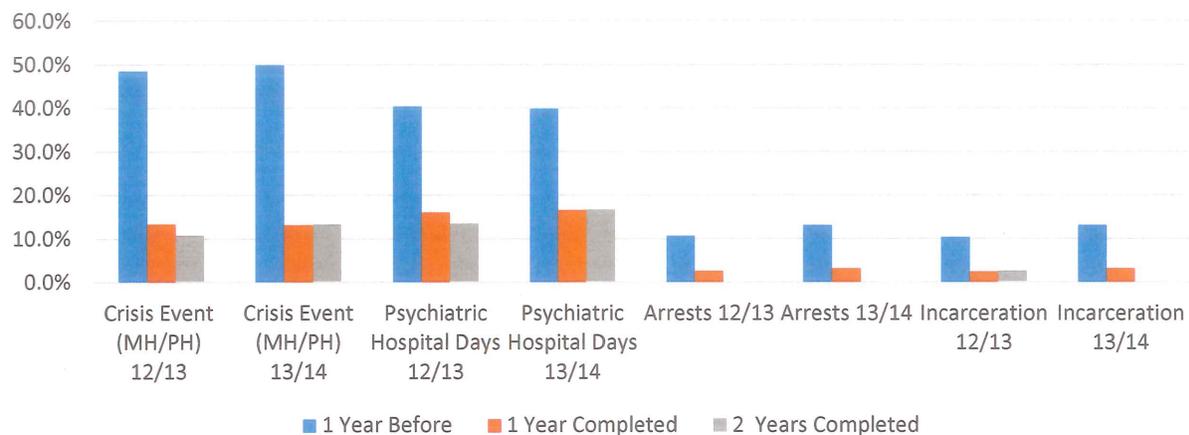


Top 5 FSP Client Placements 1 Year Before & 2 Years After FSP Services



After two years of FSP services, there were significant reductions in the rate of adverse experiences related to mental illness listed below. Most adults are in FSP services for one to two years. The number of adults that attended FSP services for two years is lower than the number that attend for one year. The adults that attend for longer periods of time have higher needs than the adults that attend for shorter time periods.

Rates of Adverse Experiences



Expansion

During Fiscal Year (FY) 2013-14, Expansion served 1672 people, which was an increase from FY 2012-13;

- 388 children/youth between 0-17 years
- 270 transition age youth between 18-25 years
- 907 adults between ages 26-64 and
- 121 adults age 60 and older

For FY 2013-14, Expansion provided;

- 56,885 units of service
- 15,538 client hours
- 15,980 contacts

The following table is for FY 14-15 through FY 16-17.

Community Services & Support (CSS)	# Serve	FY 2014 -15	FY 2015 - 16	FY 2016 -17	Total Three Year Plan
Full Services Partnership FSP					
#1 FSP Children/TAY	68	\$1,246,390	\$1,333,638	\$1,426,993	\$4,007,021
#2 FSP Adult/Older Adult	85	\$1,557,426	\$1,666,446	\$1,783,097	\$5,006,969
System Development					
#3 SD Expansion	500	\$1,880,985	\$2,012,653	\$2,153,539	\$6,047,177
#4 SD Supportive Services & Structure	N/A	\$309,768	\$331,451	\$354,653	\$995,872
CSS Administration	N/A	\$553,352	\$592,086	\$633,532	\$1,778,970
Total CSS		\$5,547,920	\$5,936,274	\$6,351,814	\$17,836,008

Cost Per Person

Based on the information above, the cost per person would be:

1FSP FY 14-15: \$18,329, FY 15-16: \$19,612, FY 16-17: \$20,985

#2 FSP FY 14-15: \$18,323, FY 15-16: \$19,605, FY 16-17: \$ 20,978

#3 SD FY 14-15: \$3,762, FY 15-16: \$ 4,025, FY 16-17: \$ 4,307

Prevention and Early Intervention (PEI)

Prevention and Early Intervention (PEI) programs designed to prevent mental illnesses from becoming severe and disabling. The standards for these programs are defined in WIC § 5840. The description below describes PEI programs and program components/activities including;

- The number of children, adults, and seniors to be served in each PEI program that provides direct services to individuals/groups.
- The cost per person for PEI (separated out by Prevention versus Early Intervention programming) that provides direct services to individuals/groups.

Madera County's PEI services provide education and outreach services to the community to;

- Assist community members in identifying people that may be in danger of developing serious mental illness that can lead to disability or
- Are in the early stages of experiencing mental illness.

The general approach is to build protective factors to promote mental health and reduce risk factors that contribute to developing mental illness. Madera County has developed two programs with this goal in mind. The first program is **Community Outreach & Wellness Centers**, which has two "drop-in-centers" with the primary goal of providing

outreach and education services for community members prevent the risk factors that contribute to the development of and disability related to mental health illness. This is accomplished by providing environments that purposefully reduce factors that compromise a person's mental health and can lead to or exacerbate a person's mental illness. In addition, it provides individuals with services to build mental health protective factors, such as access to resources that promote their independent living skills and independence.

The second goal is the **Community and Family Education program** which builds community protective social factors. It does this through educating the community on how to recognize someone that is at risk of or is experiencing mental illness and how to support them to access behavioral health services if needed. This program offers training in specific educational curriculums to any member of the public including clients, client family members, and staff, such as Mental Health First Aid, ASIST, SafeTALK and evidenced based and culturally based parenting classes.

In FY 2013-14 Madera County Department of Behavioral Health Services initiated the development of outcomes for its MHSA funded prevention services, based on the models developed for substance use prevention services in the California Outcome Measurement System (CalOMS). These services do not include clinical treatment services such as therapy and medication services.

Using the Institute of Medicine's model of interventions as a reference, these include services that fall in the areas of Promotion and Prevention including the categories of Universal, Selective and Indicated Prevention. Categories of services were created that could be counted across all prevention programs. These categories are listed below were:

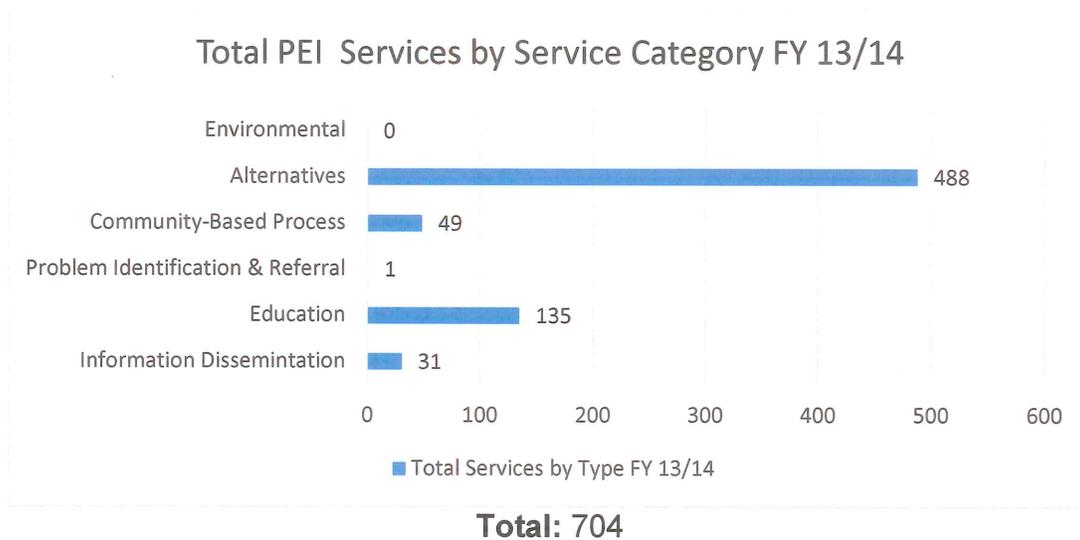
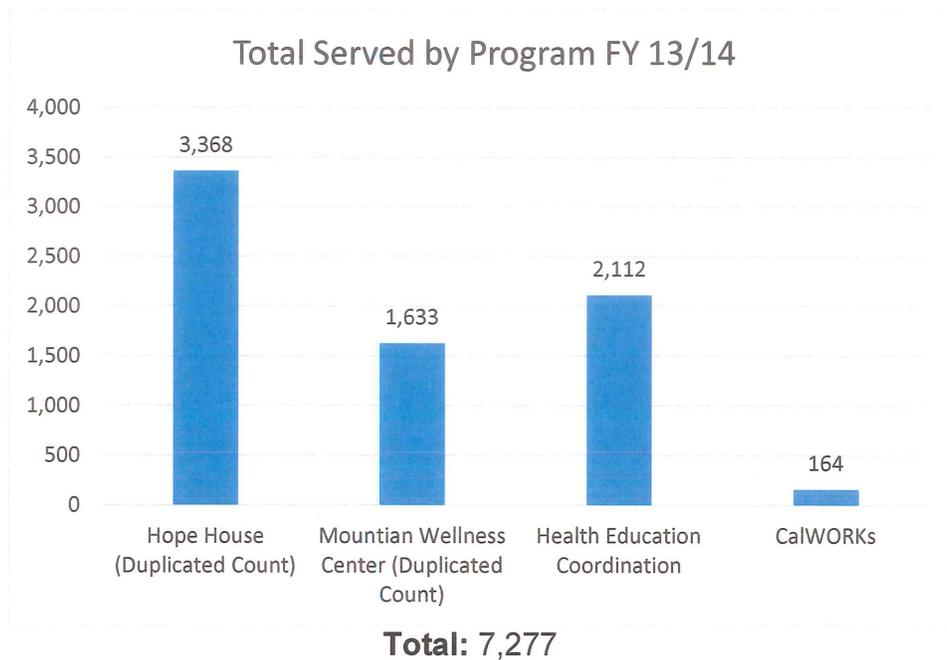
- Information Dissemination,
- Education,
- Problem Identification and Referral,
- Community Based Process, Alternatives, and
- Environmental.

The first two categories have to do with exchanging information to promote people's mental health. Problem Identification and Referral services occur when staffs encounter a person that may have serious mental illness symptoms and who staffs refer for a clinical assessment for treatment. Community Based Process and Environment services attempt to change the social environment in communities to promote mental health and reduce risk of mental illness development or exacerbation. Alternative interventions have to do with purposefully creating a particular activity or venue that has reduced mental illness risk factors and promote mental health protective factors. This service model is still in development.

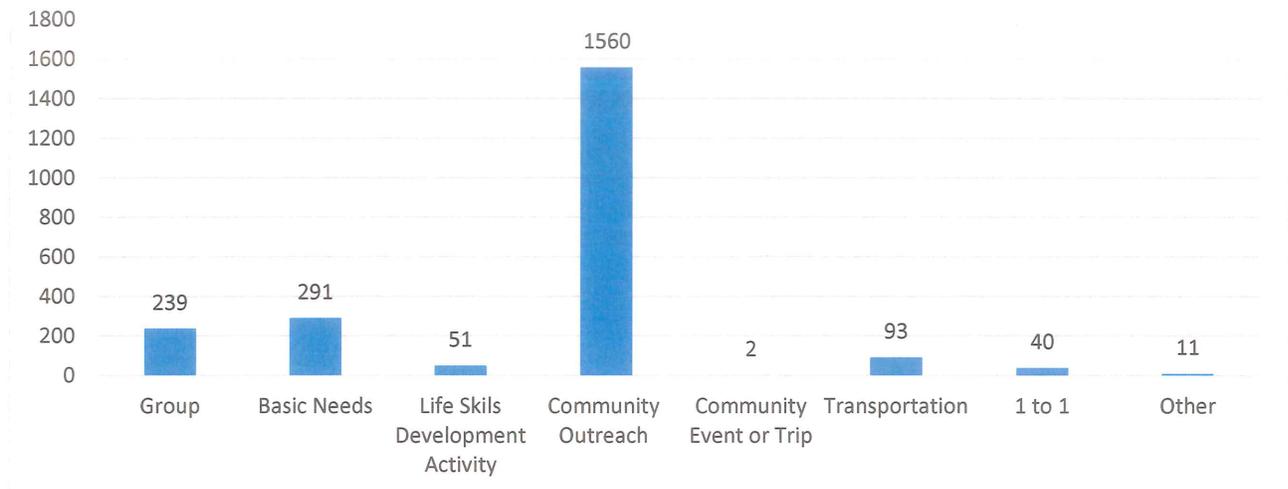
For FY 2013-14, the Hope House, Mountain Wellness Center, the Health Education Coordinators and CalWORKs staff generated data for the fiscal year. While the preliminary information and data collection methodology are still being refined, the

overall data patterns reveal important information. For example, the data identified that the percentage of Hispanic/Latino participants attending PEI services is more than double the White/Caucasian participants. Below are the initial services outcomes.

Performance Outcomes: WIC § 5848 states that Plans shall include reports on the achievement of performance outcomes for MHSA services. **Below are some of the outcomes (evaluations or performance) for the PEI programs separated out by Prevention versus Early Intervention (when possible) for FY 2013-14.**



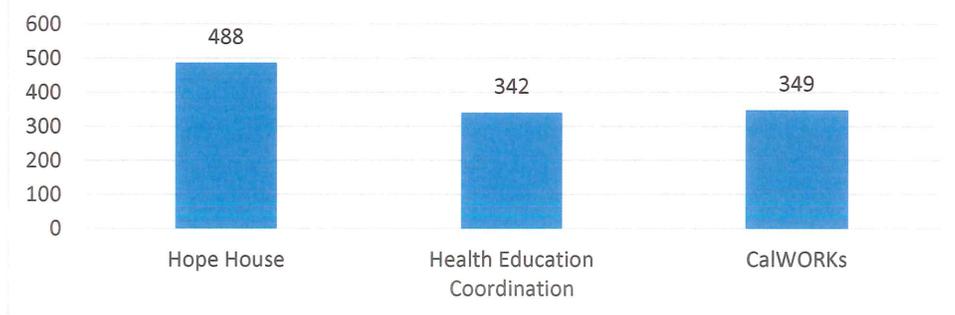
Total Service Activity Type FY 13/14



Total: 2287

The chart above does not include information from Mountain Wellness Center.

Total Hours for Each Program FY 13/14



Total: 1182

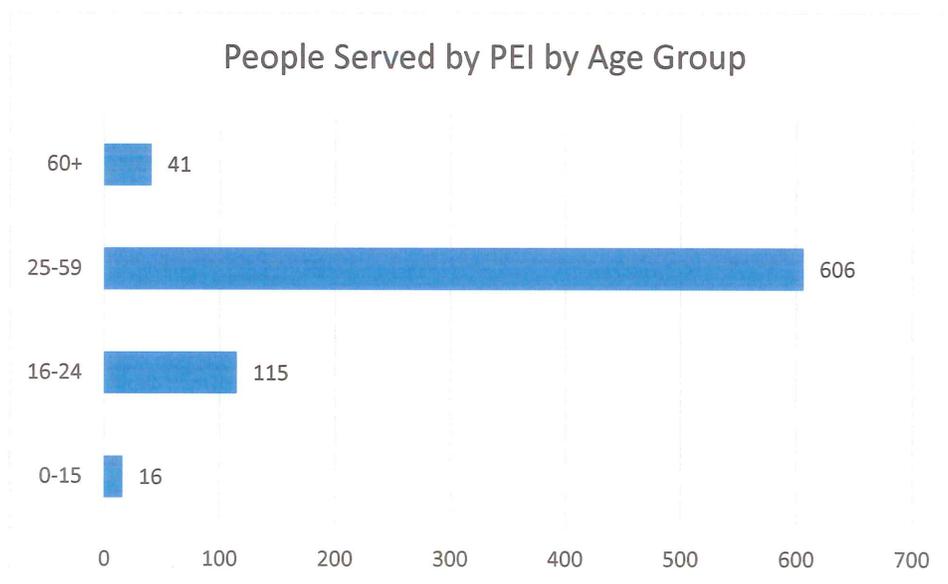
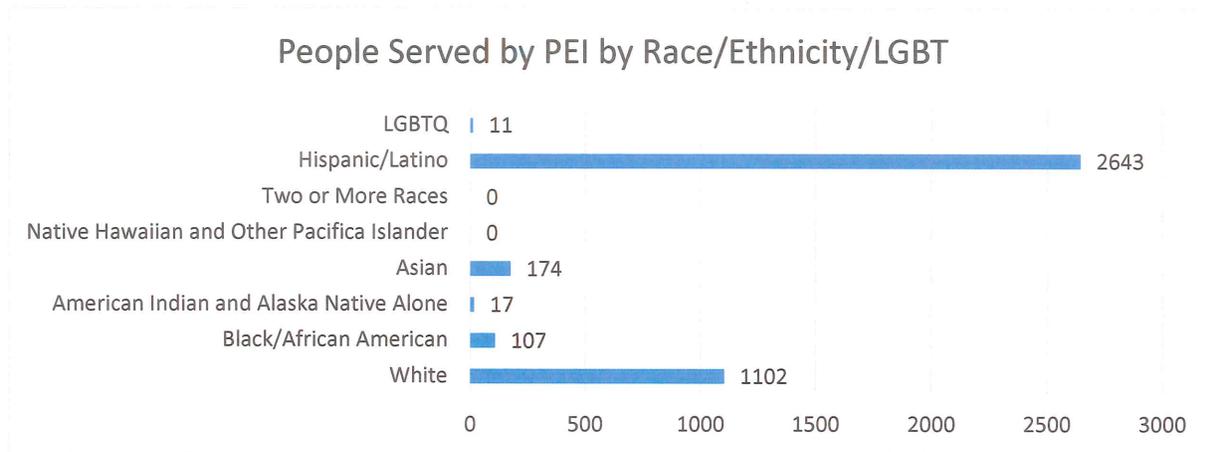
Hope House had 2,946 visits in FY 13/14, which included 2,733 members, 64 county employees and 149 public visitors. These numbers include duplicated counts because participants can attend more than one service in a day and more than once a month. Their average weekday attendance was 33 and average Saturday attendance was 14.

Mountain Wellness Center had 1,633 visits in FY 13/14. Their average *monthly* attendance was 136 visits.

The **Health Education Outreach Services** provided 56 outreach services at 38 locations in the community, some of these more than once. The most frequent were Health Fairs conducted by the local Federally Qualified Health Center (FQHC) (7), Farmers Markets (7) and alcohol awareness events (2). The following were attended once: town hall, community health fair, farm worker resource fair, homeless persons in a

local park, high school resource fair, mental health fair, mental health month event, mental health presentation, North Fork Rancheria Health Fair, Oakhurst Community Fair, Pioneer Alternative School, Tribal TANF Health Fair, Trinity Lutheran Church Health Fair, Homeless Women’s Supportive Housing project, presentation to the Madera County Board of Supervisors, CalVIVA Promatores, Kings View Prevention Youth Services, Victim Services, and Sierra Vista Elementary School open house.

CalWORKs primarily provides mental health education curriculums such as Mental Health First Aid to the CalWORKs recipients that are directed by the Madera County Department of Social Services to attend MCBHS services as a requirement of their CalWORKs funding.



Funding Estimate and Request

Prevention & Early Intervention (PEI)	# Serve	FY 2014 - 15	FY 2015 - 16	FY 2016 - 17	Total Three Year Plan
#1 PEI Community Outreach & Wellness Center	155	\$585,431	\$602,994	\$621,084	\$1,809,509
#2 PEI Community and Family Education	100	\$421,083	\$450,559	\$482,098	\$1,353,740
PEI Administration		\$44,890	\$48,032	\$51,394	\$144,316
Total Prevention & Early Intervention (PEI)		\$1,051,404	\$1,101,585	\$1,154,576	\$3,307,565

Cost Per Person

The estimated cost person would be

#1 PEI: FY 14-15 \$3,777, FY 15-16 \$ 3,890, FY 16-17 \$ 4,007

#2 PEI: FY 14-15 \$4,211, FY 15-16 \$4,506, FY 16-17 \$4,821

Innovation (INN)

In accordance with WIC § 5830 Counties may expend Innovation (INN) funds for *time limited* projects upon approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC). These funds are for new or changed services. The MHSOAC determines if these projects meet statutory requirements for this category of service. If INN projects prove to be successful, the county may choose to continue it by transitioning the project to another category of funding as appropriate. The main goal of an INN project is to improve mental health services delivery by increasing staff knowledge and learning rather than simply providing new services. The INN program does not fund ongoing services, but are used to pilot or test new service approaches.

The number of children, adults, and seniors that are served in the INN program will be reported in subsequent plan documents as well as the cost per person.

For the last three years BHS implemented its original INN project, which began July 1, 2010 and it concluded on June 30, 2013 after three years of funding. The purpose of the project was to use peer support staff to support individuals leaving crisis services to access follow up behavioral health services, successfully reintegrate into the community and reduce the rate at which people experiencing mental health crisis return the hospital emergency room. The Peer Support Workers of the original INN project were integrated into the existing mental health system and expanded from three to six peer staff. Three of the positions are fulltime with benefits. The new INN project was selected by a Request for Proposal (RFP) process and contacted to a community based organization, which began services in November, 2014. The purpose of this INN project is for MCBHS to learn how to work more collaboratively with other health provider organizations. MCBHS hopes to better integrate behavioral health services with other community organizations, so that mental health clients experience a systems of care approach. This approach involves

clients having access to an array of behavioral health and non-behavioral health resources that address the mental health risk and protective factors more comprehensively.

Performance Outcomes: WIC § 5848 states that Plans shall include reports on the achievement of performance outcomes for MHSA services. Include the results of any evaluations or performance outcomes the county has for INN programs. Specify the time period these performance outcomes cover.

The new program has not started services or data gathering yet. The preliminary outcomes being considered and developed would be in-line with the prevention and early intervention outcomes previously described. In addition, there will be measures including the number of resources accessed, the barriers identified in accessing resources, as well as the frequency of interaction of staff between different organizations. Behavior and attitude change measures will be developed for the clients related to their mental health issues and their opinions of the effectiveness of the inter-organizational collaborative services they are receiving. The organizational outcomes will include;

- Behavior changes such as the frequency of using the new depression screening tools,
- How members of different organizations work together
- The organizations members’ opinions about their experience of the collaborative and
- The project’s effectiveness in serving the target population.

These measures will be gathered through a series of pre and post surveys.

Funding Estimate and Request

Madera County’s MHSA Innovation budget includes the following work plan funding.

Innovation (INN)	# Serve	FY 2014-15	FY 2015-16	FY 2015-17	Total Three Year Plan
#1 INN Perinatal MH Integration Project (PMHIP)		\$184,904	\$177,064	\$177,305	\$539,273
Operational Reserved		\$3,949	\$10,074	\$10,477	\$24,500
INN Administration		\$27,147	\$29,047	\$31,080	\$87,274
Total Innovation (INN)		\$216,000	\$216,185	\$218,862	\$651,047

Cost per Person

The estimated cost per person for the Perinatal Mental Health Integration Project is \$574 for an estimate 322 people.

Prudent Reserve

Per Information Notice No: 09-16, Madera County has continued to maintain a MHSA prudent reserve at the 50% threshold. The estimated Local Prudent Reserve Balance on June 30, 2014 was 2,761,567 and the estimated Local Prudent Reserve Balance on June 30, 2017 is 2,930,597

ONE TIME FUNDING

Workforce Education and Training (WET)

As of January 16, 2015, the Madera County Department of Behavioral Health Services MCBH had 126 people working for the department. Race/Ethnicity breakdown is in the table below. The percentage of staff members that are Spanish speaking is 38%.

	Race/Ethnicity	% Rounded
White	50	40%
Hispanic	57	45%
Other	9	7%
African American	7	6%
Asian	3	2%

Shortages in Personnel and Additional Education and Training Needs

According to the US Census, persons of Hispanic/Latino descent in Madera County is 55.7% and White (alone) was 36.4%. Given this very general percentage comparison, MCBHS would need to increase the percent of staff identifying as Hispanic/Latinos by almost 11% to match the county's population percentage. Our primary workforce diversity needs are staff members that are of Hispanic/Latino descent, especially in the professional level categories of direct services practitioners. Persons of African American, Native American, Mixteco, Farsi descent are also needed.

The top mental/behavioral health workforce language proficiency needed for MCBHS is Spanish. The department also has a significant need for persons that speak Mixteco, Hmong, Farsi or Sign Language.

More financial incentive programs, such as stipends and loan assumptions, for a broader range of staff would encourage individuals to work for county mental health. This would be true for our high need areas listed above.

The Medi-Cal population in Madera County in 2014 was 44,833. Approximately, 8.94% (4,008 people) of the population in the county likely has a serious mental illness. MCBHS served 3,278 in treatment services during FY 2013-14. MCBHS would benefit from a 4% overall increase in staffing (and funding) to meet the demand for services to meet its target population. However, there has not been an increase in funding to meet the demand.

Organizational staffing needs are listed below, with one being the highest priority.

1. Psychiatrist (especially certified specialties, such as children, older adult, and co-occurring substance use)
2. Registered Nurse,
3. Licensed Clinical Social Worker
4. Licensed Marriage and Family Therapist
5. ASW (Pre-licensed social worker)
6. MFT (Pre-licensed marriage and family therapist)
7. Certified AOD Counselor

The above positions continue to be hard to fill. We have had success with using tele-psychiatry to help meet the needs for psychiatrists. There is a great need for cultural competency training that provides information which can be immediately implemented and is not limited to ethnic and consumer culture. Succession planning is important as "Baby Boomers" retire and there are fewer individuals in the workforce with the specialized training/education to replace them. Leadership, management and organization development training is greatly needed to help departments adapt to the tremendous scope and rate of change that is presently occurring.

Fiscal year 2012-13 was the fourth year of operations for WET projects. The programs were **#1 WET Workforce Staffing Support**: this program focused on developing the community's knowledge of mental health issues and helped community members to access appropriate mental health services. WET funds were used to help transform the mental health system through education and training staff and community members through Mental Health First Aid training, parenting training, suicide prevention trainings, etc. Remaining one time funds were depleted in FY 2012-13.

Project **#2 WET Training, Specialty Skill / Practice Development & System Transformation Support** and **#3 WET Workforce Development** were completed during fiscal year 2011-12. The WET program was funded with one time funds for three years, which began in fiscal year 2009-10, therefore the project concluded at the end of fiscal year 2012-2013, however, the community trainings continue.

PEI Statewide Programs

Madera County PEI Statewide dollars have been assigned to the Department of Health Care Services and California Mental Health Authority (CalMHSA). The three programs are CalMHSA Suicide Prevention, CalMHSA Stigma and Discrimination Reduction, and CalMHSA Student Mental Health Initiative. On November 29, 2010, the Madera County BOS approved BHS to assign these funds (FY 08/09, 09/10, 10/11 and 11/12) for each year in an amount of \$162,400 for a total of \$649,600. Since these funds have been delegated, this plan update will not include a request for the previously approved funds. The estimate for PEI statewide programs for FY 14/15 – FY 16/17 is \$40,000 each fiscal year for a total of \$120,000.

Stigma and Discrimination Campaign. Madera County received a small amount of funding for a one time stigma and discrimination campaign. MCBHS worked with local media, the Madera Tribune and Channel 49 to advertise the Each Mind Matters an anti-stigma message. Thirty-eight presentations were made throughout the county which was attended by a total of 903 participants. They were also attended by several county government, nonprofit organization, and local primary care providers.

Suicide Prevention Campaign. A small suicide prevention campaign involving print media, some group and information distribution to partner agencies and health fairs was also conducted.

PEI Training, Technical Assistance and Capacity Building

Madera County PEI Training, Technical Assistance and Capacity Building will be requesting funding for training of staff, community stakeholders, and clients/family members in methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines. During this stakeholder process a change for the FY14/15 is proposed to purchase additional signature pads for the client data system. The additional signature pads will allow a client signature to acknowledge a delivered service, and provide for a more active role of the client in their wellness and recovery from mental illness. This proposal will replace the original request for smart boards. The proposal for FY 13/14 is to purchase supplies for play therapy, curriculums for adult and adolescent groups and supplies for clients of all ages to create their own artwork. There will be an art show activity for clients exhibiting their work to the public to help reduce stigma and discrimination toward mental illness. The estimates are FY 14/15 \$40,620, FY 15/16 \$24,600 and \$24,600.

MHSA Housing Program- Supplemental Assignment Agreement (MHSA Housing)

Madera County will assign \$10,000 for FY 14/15 of CSS funds to the MHSA Housing Program. As of June 3, 2010, the Madera County Housing Plan was approved contingent on the submission of specific project information. The collaborative effort for this project is between Madera County Behavioral Health and the Housing Authority of the City of Madera who have joined together to form a non-profit organization named MMHSA Housing, INC. BHS purchased and renovated a four bedroom house in the city of Madera. This shared housing project accepted its first resident on September 26, 2011 and currently all four bedrooms are occupied. The Chowchilla four-plex unit project was completed and accepted its first resident in August, 2012; currently seven of the eight units are occupied. As for Oakhurst, a search for a suitable property continues.

Capital Facilities and Technology (CFT)

The Capital Facilities funding is one time funding that has been depleted. Madera County approved Capital Facilities **#1 CF Center for Behavioral Health Services** plan in December 28, 2010, which relocated all Madera-based Behavioral Health Services Programs to one site on September 14, 2012. All Capital and Technology funds were allotted to this single Capital Faculty project.

BOARD OF SUPERVISORS ADOPTION

- **WIC § 5847** states that the County mental health program shall prepare a Plan adopted by the County Board of Supervisors. Please include evidence that the Board of Supervisors adopted the Plan and the date of that adoption.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

Funding Summary

County: Madera

Date: Feb 12, 2015

		MHSa Funding					
		A	B	C	D	E	F
		Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	12,929,527	2,672,350	183,303	N/A		
2.	Estimated New FY2014/15 Funding	5,179,409	877,986	201,965			
3.	Transfer in FY2014/15 ^a	(24,600)					
4.	Access Local Prudent Reserve in FY2014/15					0	0
5.	Estimated Available Funding for FY2014/15	18,084,336	3,550,336	385,268	0		
B. Estimated FY2014/15 MHSa Expenditures		5,547,920	1,051,404	216,000	0	40,620	
C. Estimated FY2015/16 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	12,536,416	2,498,932	169,268	0		
2.	Estimated New FY2015/16 Funding	5,386,585	913,105	210,044			
3.	Transfer in FY2015/16 ^a	(24,600)					
4.	Access Local Prudent Reserve in FY2015/16					0	0
5.	Estimated Available Funding for FY2015/16	17,898,401	3,412,037	379,312	0		
D. Estimated FY2015/16 Expenditures		5,936,274	1,101,585	216,185	0	24,600	
E. Estimated FY2016/17 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	11,962,127	2,310,452	163,127	0		
2.	Estimated New FY2016/17 Funding	5,602,048	949,629	218,446			
3.	Transfer in FY2016/17 ^a	(24,600)					
4.	Access Local Prudent Reserve in FY2016/17					0	0

5.	Estimated Available Funding for FY2016/17	17,539,575	3,260,081	381,573	0		
F.	Estimated FY2016/17 Expenditures	6,351,814	1,154,576	218,862	0	24,600	
G.	Estimated FY2016/17 Unspent Fund Balance	11,187,761	2,105,505	162,711	0	47,342	
H.	Estimated Local Prudent Reserve Balance						
1.	Estimated Local Prudent Reserve Balance on June 30, 2014	2,761,567					
2.	Contributions to the Local Prudent Reserve in FY 2014/15	55,231					
3.	Distributions from the Local Prudent Reserve in FY 2014/15	0					
4.	Estimated Local Prudent Reserve Balance on June 30, 2015	2,816,798					
5.	Contributions to the Local Prudent Reserve in FY 2015/16	56,336					
6.	Distributions from the Local Prudent Reserve in FY 2015/16	0					
7.	Estimated Local Prudent Reserve Balance on June 30, 2016	2,873,134					
8.	Contributions to the Local Prudent Reserve in FY 2016/17	57,463					
9.	Distributions from the Local Prudent Reserve in FY 2016/17	0					
10.	Estimated Local Prudent Reserve Balance on June 30, 2017	2,930,597					

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.



Agenda Item Submittal

TO: Madera County Board of Supervisors

Department: Behavioral Health Services

For Clerk's Office Use Only

<input type="radio"/> Timed	Agenda Item #	Date Received
<input type="radio"/> Closed Session	F	7-7-2015
<input checked="" type="radio"/> Consent		
Contact Name	Judy Comer	
Contact Phone #	673-3508, est. 1290	

For Clerk's Office Use Only

Approved Adopted Denied Appointed Set Public Hearing Taken off Agenda Document # _____

Action: 5-0 VOTE

MOTION BY SUPERVISOR WHEELER, SECONDED BY SUPERVISOR RODRIGUEZ, IT IS ORDERED TO APPROVE AS PRESENTED.

By: BRIANA PARRA Deputy Clerk File # 15114

Meeting Date: Jul 7, 2015 1) Subject: MHSA 3-Year Plan FYs 2014-17

2) Recommended Actions: (Summary)

Consideration of approval of:

1. The Behavioral Health Services' (BHS) Mental Health Services Act (MHSA) Three Year Plan FYs 2014-17
2. Authorization for the Behavioral Health Services Director, in conjunction with the County Auditor Controller, to sign the Program and Fiscal Accountability Certifications and forward the Plan to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

Requires Majority Vote

Requires 4/5 Majority

3) Discussion and Backup (Summary)

Proposition 63 was passed in 2004 and became the Mental Health Services Act (MHSA) law in 2005. This law generates funding for public mental health services through a 1% tax on personal income over \$1 million. Over the past 8 years this funding has provided for new and innovative mental health services, during an economic downturn that generated greater mental health service needs. It has helped increase access to underserved communities through providing funding that allowed the Madera County Department of Behavioral Health Services to implement more culturally appropriate service modalities.

AB 100 was passed into law in March of 2011. This law eliminated the State Department of Mental Health (DMH). In addition, it reduced and changed the oversight responsibilities of the Mental Health Services Oversight and Accountability Commission (MHSOAC). The oversight entity for MHSA services was replaced with the "State" for the distribution of MHSA funds. On June 27, 2012, the AB 1467 trailer bill made additional changes to state law, including amendments to MHSA. New language required county Innovation (INN) plans. It retained the provision that county INN plans be approved by the MHSOAC and stated that the MHSA three-year plans and annual updates were to be adopted by the County Board of Supervisors and submitted to the MHSOAC within 30 days after board adoption.

The Mental Health Services Act Three-Year plan provides a projection of services and resources that will be provided to communities through MHSA funding. County mental health departments are required to annually develop and present description of their MHSA services and funding, based on State projections, for community stakeholder review and recommendations. This plan provides a progress report for the MCBHS' services for the previous fiscal year, an overview of proposed MHSA services for the current Three-year plan, program descriptions, outcomes from FY 13-14 and projected expenditure for FY 14-17.

In accordance with State mandates the draft plan must be posted for a minimum of 30 days. MCBHS posted Madera County's Draft MHSA Three-Year plan for public review February 18, 2015 to April 15, 2015, and closed the Public Comment Period with a Public Hearing at the April 15, 2015 Behavioral Health Board meeting. No further comments were tendered at the Public Hearing, and the Behavioral Health Board unanimously approved submittal of the Plan to your Board. Comments from the Public Comment Period were included in the final draft of the plan as submitted for Board approval.

Other Agency Involvement: None

Supporting Documents Relative to this Item

Contract Resolution Ordinance Other

Previous Relevant Board Actions on this Specific Item:

None

Meeting Date: Jul 7, 2015	1) Subject: MHSA 3-Year Plan FYs 2014-17
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Name/Type of "Other" Supporting Document: MHSA Three Year Plan FYs 2014-17

4) Fiscal Impact (Summary)

This Three Year Plan confirms the planning estimate average of \$7,334,813 annually for the Mental Health Services Act programs for FYs 2014 - 17. This incoming funding has been included in the Madera County Behavioral Health Services FY 2015-16 Proposed Budget.

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

Funding Sources	Current Year Cost	Annual Cost	Is This Item Budgeted?
State Mental Health Services Act Funding			<input checked="" type="radio"/> Yes <input type="radio"/> No

Will This Item Require Additional Personnel? Yes No

Dennis P. Koch, MPA	
Signature of Agency or Department Authorized Representative	Date