

INNOVATION PLAN COUNTY OF FRESNO

PROJECT RIDEWELL



THE COUNTY OF FRESNO
Department of
Behavioral Health

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Fresno County

Innovation Plan – Project RideWell

Total Amount Requested: **\$1,200,000**

Duration of Project: **Three Years**

Introduction

The County of Fresno covers 6,011 square miles and extends from the crest of the Sierra Nevada Mountains on the east, across the San Joaquin valley to the California Coastal Ranges on the west. It includes the city of Fresno (the fifth largest city in the state of California that covers 114.7 square miles). The county encompasses 15 incorporated cities, 28 census designated places, seven unincorporated communities, and over 1,007,000 individuals (State of California Department of Finance, 2019).

Many of the cities, census designated places, and unincorporated communities are in rural and/or remote parts of the County, where services, resources, and transportation are limited or not available at all.

While the number varies in such a geographically large county, the distances between many of the communities where a consumer resides and one where services are provided can range from 10 to 30 miles and travel times in good weather (with no fog) can range from 20 minutes to 40 minutes each way. It should be noted there are large swaths of agriculture or undeveloped land between many of these communities, which makes the travel of even 10 miles a significant barrier for service seekers/users who reside in those communities. Parts of Fresno County fall into one of the poorest congressional districts in the country. California's 16th District was ranked 431 poorest out of 435 congressional districts in 2018 (Talk Poverty, 2019).

Behavioral Health services in Fresno County, are provided in a number of locations, but presently cannot be rendered in each and every community. Often service seekers and service users must travel to a community outside their own to access the array of care. Lack of transportation (due to limited public transportation and higher poverty rates) limit access to care for many service seekers and does contribute to high “no-show” rates for service users. High “no-show” rates for psychiatric, both in person and tele-psych are also experienced in the city of Fresno with rates as high as 30%. High no-show rates are an issue in rural communities but are also high for the



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psychiatric appointments in the adult system of care meds only program in the city of Fresno, where in theory, transportation should not be as significant a barrier.

Some Medi-Cal beneficiaries may access transportation services through their Medi-Cal benefits, but those transportation services are limited to services that are medically necessary and do require advance coordination. This greatly reduces a service seeker/user's ability to participate in wellness activities and address the whole person, such as participation in collateral sessions, support groups, outings, wellness centers, didactically learning opportunities, or peer involvement, which are not accessible through the Medi-Cal transportation benefits.

Without real time, local transportation options, many of our consumers are limited in their ability to access truly whole person care that may be available to them. Limited transportation and the geography of Fresno County, which includes rural farming communities, difficult to access mountain communities and even metro area access, pose barriers for many residents to access appropriate care. Fresno is limited in public transportation (that being just the bus system). Outside of the time-consuming bus system the other option available to individuals served for non-medical appointments would be private transportation (which many do not possess) or ride share programs.

The challenges with using existing transportation/ride sharing apps (such as Uber or Lyft) have to do in part with cost, as noted. In some of those rural areas, the number of available Uber/Lyft drivers is almost non-existent. Thus, the cost for those rides end up becoming cost prohibitive for many of our service seekers/users, if there is even a rideshare available.

In the metro Fresno area, where there are more ride share drivers, there is still a cost for those services of which most consumers do not have the financial means to use, as many are on fixed incomes. Ride shares also require users to have a working credit card or bank debit card, which many of the individuals served through our Metro clinic do not possess. This makes use of ride shares a limited option for most, and solely relying on the single public transportation option, which creates a true challenge in their wellness and recovery engagement.

The other challenge with existing rideshare apps, which is of serious concern, is with the current ride sharing providers there is no opportunity to train local drivers to understand mental health, to understand wellness and recovery, resilience, or reduce the stigma of mental health. Utilizing drivers who do not have an understanding of mental health, the impact stigma has on those who are living with a wellness challenge, and not supportive of wellness and recovery, may have a greater negative impact on our service users/service seekers. The new Uber Health (only



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addresses HIPAA), and is not an option in most of Fresno County for those individuals targeted in this pilot.

In the current Mental Health Service Act (MHSA) Three Year Planning Process, the barriers and unmet needs assessment identified transportation challenges as one of the main barriers to accessing services. Our stakeholders and Department of Behavioral Health (DBH) worked to develop an innovation plan that would explore the development and use of a transportation application to address some of these transportation challenges while using trained drivers to deploy the transportation.

Preliminary results of the Healthy Fresno needs assessment conducted by the Fresno County Department of Public Health and the Fresno County Health Improvement Partnership (FCHIP) have identified that transportation is one of the pressing issues identified by residents.

Fresno County DBH has developed the following plan to utilize technology, transportation, collaboration and peer involvement to explore how it can increase access to more services, resources and activities for service seekers/users where transportation plays a significant barrier to care improving overall wellness.

Innovation Regulation Categories

This proposed innovation plan meets the following innovation plan requirement:

- ❖ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

Primary Purpose

The proposed plan's primary purpose is to:

- ❖ Increases Access to Mental Health Services for underserved groups.
- ❖ Increases the quality of mental health services, including measured outcomes.

Primary Problem

- **Access** - Many residents in Fresno County's communities have challenges to accessing care due to transportation barriers. Many of the residents who deal with these transportation issues either prevent them from accessing care or limit their access and participation in care. Transportation challenges also result in the limited participation in other wellness related opportunities, activities and force individuals in the system of care to be isolated, and not maximize the full spectrum of services.



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- **Geography** - Fresno is a large geographical county with communities and residents spread out across its 6,011 square miles. Many of the communities are in rural and remote parts of the county where services, resources, and transportation are limited or not available at all.

Behavioral Health services in Fresno County, are provided in a number of locations, but presently cannot be rendered in each and every community. Often service seekers and service users must travel to a community outside their own to access the array of care. Lack of transportation (due to limited public transportation and higher poverty rates) limit access to care for many service seekers and contribute to high “no-show” rates for service users and limit peer involvement.



Figure 1: Map of Fresno County

Even in the city of Fresno, the Department experiences high “no-show” rates for psychiatric appointments in its adult system of care. It is estimated due to Fresno’s sprawling size, poor transportation availability or the City’s limited public transportation system (only a bus system) getting to services in a timely matter contributes to barriers.

The high “no-show” rate for a population which is “meds-only” raises concerns, if their ability to make appointments for their medication are a challenge, that there is then a greater likelihood that the transportation challenges are also experienced in efforts to engage in other wellness and recovery activities, and thus limiting their ability to improve their overall wellness.



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- **Transportation** - The transportation systems between these communities are limited, if available at all. In rural portions of the county where public transportation is available, is limited to twice a day to other communities and Fresno, and at set times (limiting access and usage of the service).

The populations in rural communities and some of the metro communities are those who experience high poverty rates, which reduces ownership of a vehicle, or limits the vehicle to one per household, and that vehicle is often used as the primary transportation for work.

Due to the low population density in many of these communities, ride shares are not available, as there are very few drivers available. Additionally, the cost of the rides to travel less than 10 miles can cost \$10 each way for each trip. Which itself, if available, would then be cost prohibitive for many of the individual accessing care in these communities and curbs participation in any additional support or wellness services.

In the metro area the public bus system's long travel times, often hinder efforts by individuals to engage in more than a few services or engagements a day. For example, from the Blue Sky Wellness Center to the Fresno County Metro Clinic is six miles. By car it is a 13 to 17 minute drive. By bus it is between 39 to 50 minutes depending on which one of the two bus lines are used. This is approximately an hour each way for something that is on average a 15-minute drive (per Google Maps). In an eight-hour day an individual served may be able to complete two appointments/engagements a day.

From an area of town that is near the rescue mission to the adult metro clinic is only 8.7 miles. By car, this trip can be completed in 14 minutes. By bus, it can be between 50 minutes to an hour and seven minutes based on the route. On some bus routes the bus comes by every 15 minutes and for some it is every 30 minutes (City of Fresno, 2020). These long travels and wait times can contribute to higher no-show rates, as well as limit opportunities in a day to participate in other wellness activities.

These times do not take into account if there is traffic or a bus is delayed, and thus making an individual late to their appointments as well, which may result in individuals not being seen that day and having to reschedule.

Lastly, the current cost of a ride share can fluctuate based on time of day, day of the week, or if there are any special events in Fresno (such as the fair, parades, etc.) that would cause a surge price. Changes in costs would pose a significant issue to individuals served



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on fixed incomes/budgets, and/or make engaging in activities and appointments cost prohibitive.

Transportation challenges were one of the key issues in the County's MHSa Three Year Planning Process (2017-2020) relating to barriers to care and wellness. This project was developed as a way to explore options on reducing transportation barriers and improving wellness.

What Has Been Done Elsewhere to Address Your Primary Problem?

There has been no evidence in our research or inquiries of other California counties of a specific rideshare application to be used to provide access to an array of services for behavioral health service seekers/users in general or in rural communities. We did not find a program that also ensures that the drivers can assist in favorable outcomes and the recovery of those who access transportation in such a transportation program with trained drivers who can promote an atmosphere of respect, acceptance and hope. Some counties have implemented use of ride shares to transport individuals served, none to date have addressed the need for drivers to be trained in specific trainings around mental health, or any type of screening of the drivers who are working with vulnerable populations.

- Locally – Locally, there are efforts being made to reduce the transportation limitations in Fresno County.
 - Green Raiteros: A new program was created last year in the City of Huron, called the Green Raiteros program. This program connects predominantly Latino and agricultural families in Huron to other nearby Central Valley communities, via an electric vehicle ridesharing service for medical services, appointments or shopping trips. For many years, people of Huron would take the bus from Huron to Fresno, which could be up to a six-hour roundtrip ride. Now, not only can they reach their medical services in a quick manner, the rides are also environmentally friendly. The program has limited capacity at this time. The program has launched with two electric vehicles and has installed 10 public charging hubs around the city of Huron. This program provides opportunities in the County of Fresno to address transportation, and although the Huron Latino population is similar to the rural population of this project's phase two Kerman hub, our population consists of people seeking behavioral health services and receiving drivers that are trained in promoting wellness without mental health stigma. The Project RideWell infrastructure may be used in the future to support and sustain this program or help with expansion into other rural communities.



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- Turning Point Rural Mental-Health (RMS): Currently, our rural partners, Turning Point-RMS, in Kerman has a driver to assist with transporting individuals served to and from clinical appointments. At this time, they only have one driver working three days a week. The driver takes individuals served to and from appointments as scheduled by Turning Point RMS staff. As there is only one driver, the wait times for transportation can be a long time or because an individual served is waiting for other persons to be picked up and dropped off, they may be waiting at their doctor after their appointment for longer than necessary. This driver is another great effort for enhancing access to individuals served in the rural areas, but one driver is not sufficient for the amount of people the provider serves, and the driver is occupied with transportation for the medically necessary services and often has no time for wellness activities, or support activities such as picking up medications, driving an individual to support group sessions, trainings, etc.
- Fresno County Rural Transit Agency (FCRTA): FCRTA mainly serves riders on fixed route services. Like the city bus, people have to wait on the designated stops to be picked up. When time allows, FCRTA does have Demand Responsive Services. These are reservation-based where the rider calls their local transit provider, identify their location, desired destination and departure time. A driver is then dispatched to pick-up and transport the riders. Demand Responsive Service is limited to within the rural transit service area during regular service hours. When these demand responsive services are used to take riders to the Fresno-Clovis Metropolitan areas, there is a very limited time period that the transport vehicles will be in town. Although this program is helpful in some instances, DBH is interested in testing rides that are driven by trained persons who can better understand and benefit the community and populations that are being served through our system of care.
- San Diego 2-1-1 – The United Way in San Diego had worked with a rideshare provider to coordinate free rides for Veterans to appointments (or to change those services to the program versus the individual). While based on a rideshare app, that program does not address the need for training drivers or increasing transportation in rural Fresno County for behavioral health consumers. This was viable in San Diego which has a high number of rideshare drivers, and Fresno does not.
- UberHealth – Uber recently introduced UberHealth, where rides are booked by healthcare associate and a HIPAA compliant driver will drive the patient to and from their appointments. While this is a positive effort, these drivers do not have the mental health training that can promote the mental health wellness that this innovation project does.



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These rides are still part of Uber ridesharing which accessing in rural communities is a barrier due to lack of ride share providers, and the is still the rates for such ride share based on scarcity of such rides makes it cost prohibitive some communities, especially the rural community which DBH is trying to test in phase two of the innovation plan. Costs are also an issue for many of our Metro area individuals served.

- Monterey County Innovation Plan – Last year Monterey County had an Innovation Plan approved by the MHSOAC that utilized transportation navigators that utilizes peers to assist individuals served to learning and navigating transportation systems. This does not improve transportation limitations, nor to train those drivers to have a better understanding of mental health, where they could create atmospheres of respect, acceptance, and hope to support the wellness and recovery of behavioral health service seekers/users. The model to train individuals served on using various transportation services, including this project can be used, but the model does not address the actual barriers such as transportation or stigma reduction.

Proposed Project

Project RideWell is a technology-based transportation innovation project in collaboration with the Fresno County Economic Opportunities Commission (EOC) to develop a rideshare application to be piloted by county selected service providers, the EOC and adult individuals served to reduce the transportation barriers to accessing care and wellness activities. The project seeks to create a user-friendly ride request application for smart devices that can be used by individuals served and service providers throughout Fresno County to access a range of behavioral health services including psychiatric appointments, assessments, intake, counseling sessions, group sessions, as well as non-clinical activities, such as relapse prevention services, wellness activities, family functions, didactical trainings, and greater opportunity for peer involvement in programs and work groups.

This project is not seeking to replace existing transportation resources, bus passes, etc., but rather a way to close the transportation divide so to improve access and improve outcomes for individuals served.

In the initial phase and start up, the number of drivers may be limited, however there will be a formal effort in the app development to build a component to provide an option to request a driver based on gender (so for safety and comfort participants). As the project expands and more drivers are participating in this project, the availability of more diverse drivers may become available. Efforts will also be made in the app development to explore ability to request a driver based on language preference (within the threshold languages).



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This project seeks to work in collaboration with the EOC, due to the EOC’s existing transportation services and programs, including in Fresno’s rural communities. As this is not an open system, but specific for individuals served, collaboration with one entity who has established transportation program makes the program viable to test. This closed system project can ensure that all the drivers receive proper training on stigma reduction and mental health topics, so to increase their understanding of the individuals served, work in a less stigmatizing manner, and promote wellness individuals served by the system of care.

Fresno County believes this program could provide a solution to a large portion of the transportation challenges that individuals in Fresno County (both rural and metro communities) face, thus increasing their access to care, but also enhance their involvement in other support and wellness activities which may improve their own timely recovery.

Table 1: Trainings for Drivers	
HIPAA	Every 2 years
Mental Health First Aid	Every 3 years
Safe TALK	Every 3 years
Wellness and Recovery Plan	One time
Cultural Humility	On-going
In Our Own Voice (Stigma Reduction)	On-going
Suicide 101 or QPR	Every 3 years

This innovation project increases opportunities for individuals served to improve their own wellness and recovery through greater access and participation in related activities. The project also opens opportunities for peers and those with lived experience to provide training to drivers, with potential to have peers and those with lived experience obtain employment as drivers in this program. The program leverages the knowledge, experience and insight that peers possess to be used to assist other individuals served who would be using the Project RideWell program by enhancing the drivers and/or being drivers themselves.

Peer Trainers in this program will be paid through contracts or stipends to conduct some of the trainings. Eligible peers seeking to become trainers will be trained as trainers under this program so to develop a pool of peer trainers. Additionally, drivers will be paid for their time in trainings under this program, including all on-going trainings, thus ensuring all are trained.

The program centers on two key areas. First is to develop and leverage technology to address the need for timely, coordinate transportation to wellness related programs for individuals served in our community so they can improve their own wellness. The second focuses on inclusion of peers and those with lived experience to train the transportation drivers so they gain an understanding of mental health, individuals served, reduce stigma, and transform drivers into allies in the wellness and recovery efforts of the community. This second focus can shift the transportation component from being just a means to access care, to developing drivers into



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those who can assist in favorable outcomes and the recovery of those who utilized the transportation service as part of their own wellness plans.

The focus on peers as both trainers and possible drivers reinforces the belief that peers and those with lived experience have a great deal they can contribute to the system of care, as well as providing examples of hope and opportunity for those early in their recovery.

This approach is in line with advocate group efforts; including National Alliance on Mental Illness's (NAMI) Public Policy Platform item 5.1.2 (Services and Support for Adults) which is found in the 2016 Public Policy Platform, Twelfth Edition. In that section NAMI states, "*NAMI believes optimal treatment, favorable outcomes, and recovery are most likely to occur when comprehensive treatments and services are provided in an atmosphere of respect, acceptance, and hope*" (NAMI, 2016). This program will attempt to build on that assumption in a transportation setting.

The program will start with what are known as relief drivers provided by the EOC. These types of drivers are on smaller contracts or cover other drivers that are out sick or on vacation, and they do not have a full-time route/geographic area. These drivers are assigned daily, depending on which of them is available and where they are needed. Until the demand for rides is known, drivers will switch between multiple ride systems (i.e. RideWell app, Taxi Scrip, Head Start, etc.) so that drivers are not idle waiting to transport if there are no rides being requested from our individuals served. The drivers will have completed the mandatory foundational trainings before being eligible to be assigned to the project.

Every request for a ride is logged in the computer/smart device dispatch application and with each driver. The driver will be notified on their assigned smart device of the location of a pickup and the drop-off destination. Once the request is entered into the system a predicated time for pick up and drop-off is calculated in the system. Once the driver begins the route the trip is recorded, and the project/County is charged for that ride based on a set rate. When drivers are not transporting individuals served through this program, they log-off that account, and can take another route/rider, but the project is not charged for the driver's time if the ride is not for this project.

This innovation project will be implemented in three phases:

Phase One: In the first six months of this innovation program, the EOC will be developing the smart device application (app). The EOC has experience with working with a team to create rideshare programs such as this one and uses them with other programs (such as Taxi Scrip, Head Start, First Five, etc.) for transportation services. Fresno County, the EOC, partnering providers



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and individuals served will form a work group for each phase to develop a menu of services/activities or locations will be provided (with options to expand as the program progresses). This menu will assist in logistics for planning routes, travel times, etc. which will help with real-time transportation versus a shuttle type service.

Additionally, the “menu” option while being broad will assist staff in phase two to coordinate transportation for individuals served that support their wellness and recovery plans, which can include things like, trips to the library, to a support group, to the market or pharmacy, to an area park, to the eligibility office, to a food bank, an drop-in/wellness center, community meeting or forum, a training, etc. The menu will be developed with input from the service providers, peers and individuals served in those communities to identify destinations. The menu can be expanded and update through review as needed.

Under this project Fresno County will provide the participating partner agencies with smart devices and data plans (or build into their budgets) in order to download the app and request this transportation service.

In this initial phase, the partner agencies who will participate in this project are existing contracted providers rendering mental health services (Turning Point-Rural Mental Health Services, All 4 Youth-Fresno County Superintendent of Schools, and Kings View-Rural Crisis Triage) in the targeted rural geographical area.

As part of the initial phase, Fresno County will assist the EOC in training drivers in Mental Health First Aid, HIPAA, Cultural Competency, and Wellness and Recovery in order to increase understanding of “passenger” mental health, promote stigma free discussions, and promote wellness and recovery support. The EOC will work with NAMI-Fresno for training of In Our Own Voice, and the Central Valley Suicide Prevention Hotline for training on Suicide 101 or QPR. Once drivers have completed the basic suicide prevention training, they will then receive the Safe Talk Training within one year, and then every three years. Outside of Fresno County mandated trainings, EOC will ensure that all drivers meet the specific driving requirements, including receiving a Commercial Class B drivers license, which is needed to transport 15 or more people at a time. Not all the drivers in this program will be driving 15 or more people at a time but the EOC recommends that all drivers receive Commercial Class B drivers licenses when starting to drive for any of their programs. The EOC has assisted drivers in obtaining Class B licenses as part of their own trainings.

Phase Two: The second phase will start (month seven) when transportation services will begin in the identified geographical area. Turning Point- RMS has a hub in Kerman that will be beneficial



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in testing the transportation pilot for underserved rural communities. The Kerman hub can dispatch rides to and from other rural communities such as Mendota, Firebaugh, San Joaquin, and unincorporated areas of Rolinda, Tranquility etc. to receive services in Kerman, other project designated Rural Mental Health centers, or even Fresno, if necessary. The Turning Point-RMS' Kerman clinic provides outpatient based mental health and psychiatric services to all ages including MHSA and managed care programs. They also provide satellite and home-based services in the other communities. Per the 2018 U.S. Census population estimates, 80% of Kerman's population is Latino. (United States Census, 2019). In the focus group with Turning Point RMS staff, it was mentioned that a large portion of the individuals served are monolingual Spanish speakers and therefore would need bilingual drivers and for drivers to be trained in cultural humility to understand mental health matters and promote the importance of wellness, and to even encourage the idea of becoming a peer driver in the future.

In phase two, the Rural Mental Health providers (Turning Point, All 4 Youth, or Kings View Rural Crisis Triage) will be requesting the rides on behalf of individuals they serve. The providers will request the times, the location for pick up and drop off, and if any additional resources are needed (child safety seats, wheelchair lifts/ramps, etc.). The hours of operation in phase two will start out as Monday through Friday from 7am to 7pm. Presently, most direct services and wellness services are provided within that window, and thus should ensure access to a wide range of services. If demand for drivers is before 7am or after 7pm, the EOC can adjust the number of drivers that they have working in the early and later hours to accommodate our population's needs.

This secondary phase anticipates serving up to **200** unique individuals. The providers will identify goals in each individual served's wellness and recovery plan and request rides in the app that will benefit the individual per their specific plan. For example, the provider can request rides to their office for services, arrange for the individual to pick up medication at the pharmacy, get the individual to English class at an area library, other activities, etc. The individuals served will not get to request rides to just any location if it is not beneficial to their specific wellness and recovery plan. Thus, a menu of wellness services for the area will be developed in collaboration with providers, Fresno County, EOC, individuals served, and provide flexibility for the menu to be updated, expanded, or adjusted as needs arise. This WRAP driven limit is to assist in the pilot's evaluation.

During this phase (Phase 2), a ride will be requested (by one of the three contracted service providers in the targeted geographical area) and in phase three, by individuals served participating in that phase. The notification for a ride will go to a dispatcher at the EOC, the



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dispatcher identifies which drivers are in the area and which would create the most efficient ride (based on location and time) for requested ride, and then assigns the ride to a driver. The driver will then receive a notification of a ride, the pick-up destination and drop-off destination. For this program, the EOC plans to use their fleet of 7-passenger Dodge vans and possibly the Chevrolet Volt vehicles, an electric sedan size vehicle. The demand for rides will determine if more vehicles will need to be designated for the program.

Once the program has ramped up and EOC knows the actual demand for rides, they will be able to adjust the number of drivers in this program. As more rides are requested and there are enough rides for a full-time driver, EOC will establish routes for dedicated drivers to operate. When the project routes have drivers specifically designated for the project the rides will still be assigned by dispatcher to one of the designated drivers in this program based on efficiency of time and location, so individuals are waiting for a single driver, or long wait times. As demand may increase on any given day, additional drivers can be assigned to routes.

Turning Point-RMS services in the targeted geographical area estimates having between 100-150 individuals they serve accessing services or utilizing the transportation program in Phase two.

The Fresno County Superintendent of Schools in partnership with Fresno County established the All 4 Youth program which provided year-round school based mental health services. These services currently operate in all the school districts (Kerman, Golden Plains, Firebaugh, and Mendota) in the identified rural geographical area that will be part of phase two. The program estimates using the transportation services for some family collateral and wellness activities throughout the year. While the services are school-based, and thus have a large number of resources available, there are some limitations. The All 4 Youth anticipates this additional resource can help support 20 - 30 cases (students and their families) in service engagement and wellness activities.

Kings View-Rural Crisis Triage currently provides transportation to the individuals that they serve and report the number of active cases in the targeted geographical area to be relatively low but could in a year see 10-20 unique individuals possibly utilizing the presented transportation.

The project anticipates serving up to 200 unique individuals total in the targeted rural community as part of phase two (150 from those served by Turning Point's RMS, 20-30 students/families through the All 4 Youth program, and possibly 10-20 through referrals from Rural Crisis Triage).

Phase Three: The established services and locations from Phase two will continue in Phase Three. However, in Phase Three the project will expand to the Fresno Metro area starting approximately on month 19 of the innovation plan. Due to this area being so large, having such a large number



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of individuals served, and having multiple providers in Fresno, it was suggested testing this project with the adult system of care meds-only program. The meds-only program has a high no-show rate (36%) and Fresno County is hoping to test if the transportation pilot can bridge the challenge for these individuals served, as well as assist them in their wellness and recovery. It is Fresno County's belief that if individuals who have only medication appointment involvement with the system are not able to engage in those services due to transportation barriers, that they are also likely to experience similar barriers to engaging on other wellness activities which may limit their potential for wellness or improve their own recovery.

The County's Adult System of Care has 2,248 adults in the Med-Only program. Of those adults, 813 individuals have had two or more no-shows/missed appointments. 36% of the total program participants have had at least two missed appointment for their psychiatric and medication services. For this project, those individuals in this program who have two or more missed appointments/"no-shows," and who do not have a means of reliable transportation will be targeted project participants. Fresno Metro program (county operated adult services) is in a diverse location that serves a diverse population. Selecting those individuals served with two or more no-shows who do not have their own transportation ensures that the project is also factoring a diverse population. The project allows for exploring of can this transportation service improve the access to care and thus, improve the wellness and afford individuals in care an opportunity for greater engagement in other wellness orientated opportunities is an innovative approach.

In phase three, a Fresno "Menu" list of approved locations will be added to the app. The Fresno Menu will be developed in the same manner as the menu development in phase two (using provider, EOC, peers and individuals served for input). As this will not be an open smart phone app, participants will have the app loaded on their smart devices (as access to the app download and activation will be restricted to Fresno County DBH). To ensure for testing purpose that only those identified for the program are using the app the County will activate the app in project participant's phones (restricting non-project participants from downloading and activating the app). No other information outside the actual app usage will be available to the program and thus fully ensuring participant privacy. The participants in the Metro Fresno portion of Phase Three will be able to schedule their own rides through the specific Fresno menu list app. Participants will receive a training/orientation on how to use the app and schedule rides to activities on the menu that support their wellness plans. The locations that are pre-approved will be determined by the workgroup to best support those individuals served wellness efforts. Some examples of wellness locations would be pharmacies, libraries, therapy sessions, medical appointments, grocery stores, recreational activities, gyms, school, if those types of things are in



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the individual's wellness and recovery plan. As was learned from the current Innovation project *Help@Hand* project lifeline phones may not be an option (and thus in the app development these challenges will be explored). Participants will need to have a smart phone. While the app will be free, its use may impact the data plans for some participants, and so that will be addressed with participants as part of their orientation.

Fresno County seeks to fund a half (0.5) full-time employee (FTE) and one-third (0.33 FTE) of a Staff Analyst position in Department of Behavioral Health. These positions will be added and funded by this innovation project in order to monitor the project, assist users with accessing the app, and working to match rides to wellness and recovery plans. As the Fresno metro pilot participants in phase three will be a much a higher number having a dedicated staff to support the project will reduce gaps in gathering data on the riders, drivers, and working with the evaluators and project managers to effectively track and measure the project goals.

Phase three anticipates serving up to 850 new unique individuals. An estimated 800 riders will be part of a targeted group of "meds-only" participants within the Department as part of the metro group, with an estimated 50 new individuals from the rural target group. In phase three an increase of 50 more riders may be added to the rural group of 200 (to bring that group up to 250, as the program becomes more established in the rural communities during phase two).

At the commencement of this project, the plan will have served and estimated 1,050 unique adult individuals in both rural and metro areas through the transportation coordination with the purpose of improving those participants' overall wellness.

Research on Innovation Component

Fresno County is not only trying to resolve the transportation limitations faced by individuals served in accessing care but seeking to learn from this project how to increase the wellness for individuals in services and how to do so in a way that is not stigmatizing. Making transportation available to wellness activities outside of traditional clinical appointments are important in an individual's wellness and recovery plan. What really distinguishes this program from all other transportation projects is the fact that we seek to facilitate access to non-clinical opportunities driven by the individuals own wellness plan and to have the drivers trained in mental health matters so to promote wellness and reduce stigma related to mental illness. This project seeks to support individuals served as well as opening a path for peers to become employed as trainers and drivers. From what has been researched, there are no other programs such as the one being proposed in this innovation plan.



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Uber and Lyft are successful rideshare services, but it is not guaranteed that those drivers would use non-stigmatizing language that promotes an individuals' wellness. Those drivers cannot be screened for safety concerns. In this proposed project, drivers will be trained in Mental Health First Aid, HIPAA, Suicide Prevention, Wellness and Recovery Plans (WRAP), Stigma Reduction and Cultural Humility to really be able to engage with the riders and help promote a positive experience for the riders without creating negativity around mental illness.

At the 2019 Fresno Regional Transportation Innovations Summit several programs in Fresno County were highlighted (Green Raiteros and FCRTA), and although these programs are reaching some rural communities, they are not utilizing trained drivers or peer support drivers to promote wellness and recovery that our plan is seeking to accomplish. However, if this RideWell project proves to be effective and/or successful, it can be expanded or applied to some of these other existing programs to address needs in other communities. Project RideWell will provide a model where either the model itself with the app and structure can be developed for the various communities in Fresno County, or portions can be applied to existing programs (such as training drivers, creating pathways for peers to becoming drivers, etc.).

Learning Component

- Can the use of a ride share application/program developed for behavioral health consumers increase their access and participation in wellness and recovery services, programs, and activities for those whom transportation is a barrier?
- Does having transportation provided by drivers who are trained in mental health (Mental Health First Aid, Safe Talk, Wellness, Recovery and Hope Training, HIPAA, Cultural Humility, etc.), who understand stigma related to mental health, and provide wellness and recovery improve participant wellness?
- Does such a program relying on lived experience provide employment opportunities for persons with lived experience as trainers and/or drivers?

Evaluation/Learning Plan

Fresno County in partnership with the EOC and community stakeholders are seeking to develop a solution to address transportation barriers to care and wellness activities, using collaboration, technology, and lived experience.

The Innovation Plan seeks to answer the following questions:



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- ❖ Does the coordination of a rideshare application, specifically for individuals served by the system of care, increase their access and their participation in wellness and recovery services, programs and activities who reside in Fresno County for which transportation is a barrier?
 - Measure the number of services accessed by consumers who participate in Project RideWell program.
 - For Phase 2, the identified rural service providers will track number of individuals served who access transportation and for what purpose/support which goals of their individual WRAP plans.
 - In Phase 3, participants in the rural and metro groups will track number of participants who access transportation and for what purpose/support which goals of their individual WRAP plans.
 - Measure improved wellness in participants who utilized the transportation services.
 - Participants will be identified to participate in surveys and have a Reaching Recovery Score (*Reaching Recovery is a measurement-based clinical content solution that promotes consumer engagement among adults seeking recovery from a mental illness. The solution offers outcome tools approved by the Joint Commission for clinicians that are designed to support an individual's recovery and growth (Netsmart, 2020)*) established at the start of their participation of the program.
 - The participants will then again be surveyed annually, up to the end of the program to measure self-perceptions of their own wellness, as well as completing an annual Reaching Recovery assessment to measure any improvement in their score annually until end of project.
 - For participants in Phase three, prior to being provided with the transportation app, they will be provided with instruction on how to use the app, the scope of the app/uses, as well as identifying those for program outcome monitoring and completion of a Reaching Recovery survey to establish baselines.
 - For Phase 3 (Metro) monitor those participants to see if over time their no-show rates and/or missed appointments for psychiatric and/or medication decreased.
 - Compare the Reaching Recovery scores of those who have used the RideWell program to access other services, versus those who have not. For rural this can be



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comparing the Provider individuals served in the targeted geographical area with those participants in another geographical area (Coalinga/Huron) without this service.

- For the meds only, the Reaching Recovery scores of participants can be compared with those who are also in the Meds-only program versus those meds-only participants not accepting the transportation project.
- Measure based on participant self-reports, new participation in some established wellness activities such as wellness centers, support groups, trainings, peer training, etc. that should increase based on improved transportation access.
 - Based on rider input assess the how many would be interested in becoming trainers, drivers or other peer involved members of the workforce.
- ❖ Does having transportation provided by drivers who are trained in mental health (Mental Health First Aid, Safe Talk, Wellness, Recovery & Hope Training, In Our Own Words, etc.), improve participant wellness?
 - Measure improvement in pilot participants' Reaching Recovery Scores from beginning of pilot to end.
 - Develop a specific rider perception survey that measures what role having trained drivers played in:
 - Their overall wellness based on self-perceptions.
 - Did having trained drivers increase their willingness to engage or use the service?
 - Measure the increase knowledge and understanding of drivers pre/post trainings.
 - Use either established pre/post screenings or test for the programs to measure increase in driver knowledge of related issues and subject.
 - For those trainings that do not have established pre/post, develop a brief pre/post to measure any changes in their knowledge of the subject.
 - Develop a driver perception survey to be administered at the start of their serving target populations and then in annual intervals to measure any changes in their own perception with regard to stigma related to those living with a mental illness.
- ❖ Does such a program relying on lived experience provide employment opportunities for persons with lived experience as trainers and/or drivers?
 - Measure the number of individuals with lived experience who obtain employment through this program as:
 - Trainers (mental health first aid, WRAP, etc.).



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- Drivers, etc. (including but not limited to gainful employment).
- Evaluate trainers using training's established evaluation, if one is not in existence, develop a trainer evaluation, which also addresses the lived experience of the trainers.

How do your learning goals relate to the key elements/approaches that are new, changed, or adapted in your project?

This project seeks address transportation challenges that impact individuals seeking to access services and care to improve their wellness and recovery. The project's effort to explore how concepts for ride sharing and model for transportation logistics can increase an individual's access to care, and thus improving their own wellness and recovery.

The project will seek to provide a model for providing services and engagement in a less stigmatizing manner and increasing understanding of mental health, which are goals of the PEI component of MHSA. The project provides an opportunity to explore how can something as general as transportation services be provided in a more supportive way through training and sharing of lived experiences. This approach seeks to provide the structured training, but also have some training rendered by those with lived experience and trainings that allow them to share their own experiences and thus enhancing understanding and putting a face and name to those with a mental illness and thus breaking down the stigma.

This project may increase opportunities for peers and those with lived experience to participate in the workforce where their experience can support the system of care. Opportunities in the form of paid presenters and trainers will evolve out of this project as well as possible opportunities as drivers.

This program is more than addressing the transportation barriers faced by those in care, but rather exploring how timely and accessible transportation can allow individuals to participate in more wellness related activities which improve their own wellness (including reduction in "no-show" rates). Additionally, this project looks at how training transportation drivers on topics like stigma reduction, confidentiality, mental health first aid, suicide prevention, wellness and recovery can improve the wellness of those utilizing the transportation service. As noted earlier, there are some ride share programs being used, and some that are working to address HIPAA needs for the drivers and riders, but none are truly focused on improving the experience of the individuals served by improving the knowledge of the drivers around pertinent issues related to mental illness. This adaption can lead to a model for both training drivers and improving the wellness and experience of those with a mental illness using transportation programs.



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As Fresno County works with the EOC to develop a transportation model through this innovation plan there is then an opportunity to share or apply this model to other existing transportation programs and services in Fresno County that can help increase access to transportation, enhance the individuals served experience in those services by having drivers operate in a less stigmatizing way, to increase access to non-clinical and traditional wellness services, and improve timelessness.

This project also embarks on the exploration of potential opportunities for greater involvement by peers in our system of care, including employment in a way that both uses their lived experience and can support others.

Lastly, using a model which will initiate pathways into employment (both part-time, flexible employment, such as a trainer), to those who seek more full-time work, such as drivers), would be something that is being adapted from its current form to some new employment opportunities in the transportation service sector.

Contracting

Fresno County will be collaborating with the Fresno Economic Opportunities Commission (EOC) for the creation of the customized transportation services. The Department received approval from the Fresno County Purchasing Department for a Suspension of Competition (SOC) to contract with the EOC which ensures that they will be a partner in the project. The approved SOC eliminates a Request for Proposal (RFP) process and thus expediting the contracting process once the plan is approved.

The Department is working with the County's Purchasing Department to secure an independent third-party evaluator via an approved procurement process. Utilizing a third-party evaluator ensures that the program is evaluated by those with evaluation expertise, and also the process is objective. Fresno County also has an option to secure an evaluator through its existing agreement with California Mental Health Services Authority (CalMHSA) which also allows for a more rapid option.

The RideWell project will allocate an average of \$35,000 per year for three years for a total of \$105,000 for project evaluation. This is to support the efforts for both quantitative and qualitative evaluation, creation of rubrics, surveys, data collection and evaluating the raw data for the research and evaluation. This allocation for evaluation of this program which is more quantitative and measured is competitive for the Fresno area and will address the evaluation need for this project.



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The EOC, Fresno County, its contracted partners, and evaluator will work to regularly to review the evaluation tools and criteria that will include peer and individuals served input.

Outcomes reports will be provided on a regular basis to local stakeholders (such as Behavioral Health Board, the EOC Board and the Fresno County Board of Supervisors, and to the MHSOAC via annual update).

The contracted evaluator will provide annual updates to stakeholders as part of the County's annual updates and community planning process. Additionally, the evaluator will work to assist with data to assess the program and explore challenges. Lastly, the contracted evaluator will present annually to the BHB its evaluation to date and at the conclusion its final report. The evaluation report will be for a three- year term.

Turning Point-RMS is an existing contracted provider with the County, and thus no new contract is needed for their involvement in this project. The County may amend the budget in their contract to fund the purchase of smart devices necessary for its staff to access the project and related data plan.

FCSS-All 4 Youth-as noted earlier the All 4 Youth program is a MHSA funded program of the County's and thus no new contract is needed with FCSS for the involvement of the All 4 Youth program. If the program staff that will be participating based on geographical area do not have smart devices or data plans, their existing agreement may be amended to include additional funding for tech and data plans.

Kings View-Rural Crisis Triage is also an MHSA funded program of the county's and thus no new contract is needed with KingsView for the involvement with this project. If the program staff that will be participating based on geographical area do not have smart devices or data plans, their existing agreement may be amended to include additional funding for tech and data plans.

Community Planning

There were four stakeholder meetings, and then an additional 40 focus groups (15 MHSA community planning groups and stakeholder input through other 25 existing meetings that were leveraged for input) from which access to services, including the transportation barrier, were highest ranked on the list of barriers and unmet needs. The "Transportation App" was added as a new Innovation plan in the 2017-2018 MHSA Annual Update based on community and stakeholder input. The annual plan update with the projected program and reversion funding for the project was approved by the Fresno County Board of Supervisors on December 5, 2017 and subsequent annual update on June 18, 2019.



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As this project has begun to move forward, the following community planning has continued to ensure stakeholders are involved in the development of the final plan.

- **Rural Mental Health (Turning Point-Kerman)** – A focus group of rural mental health workers (peer support, drivers, case managers, therapists, managers, etc.) was held on July 19, 2019 at Turning Point RMS in Kerman to gain a better understanding of the necessities to implement as a full Innovation Plan. The focus group noted the struggles of currently having one driver, three times a week, which only had very limited time. They expressed beliefs that the use of an app will save time, reduce stress and anxiety, and give individuals they serve hope and opportunity seek employment. The staff expressed the need for bilingual drivers since a large population in the rural towns are Latino and monolingual Spanish speakers. It was also expressed that unmarked vehicles would be a benefit for confidentiality and stigma of others knowing since they live in small rural communities where a lot of people know each other.
- **Fresno Economic Opportunities Commission** – A meeting with Monty Cox, EOC's Transit Systems Director, and his team, was held on July 25, 2019 to discuss some of the logistics and personnel aspects of the project. The EOC expressed that they currently use a smart device apps for a few other projects and that adding DBH to their drivers' lists would be feasible. Fresno County laid out what kind of trainings (MHFA, HIPAA, Cultural Competency, etc.) were needed for the drivers and EOC mentioned that some of drivers were already being trained in some of these areas as part of a different program with the Behavioral Health Department, and so expanding this to other or new drivers for this program would not be a challenge.
- **Fresno County Superintendent of Schools (FCSS)** – In speaking with Tammy Frates, Director of Behavioral Health Program Services, from FCSS on October 3, 2019, there are four school districts in the rural geographical identified areas that are served by All 4 Youth that could possibly benefit from the use of these transportation services. Approximately 20 to 30 cases (families and students) per year will benefit from these services in rural communities of Fresno County. As their services are year-round school based services, they are able to leverage existing resources for many of the students and families but anticipate there still being some limited barriers for some and/or to engage in additional wellness efforts.
- **The Rios Company/California Health Foundation-** On August 20, 2019 Department staff met with a consultant from the Rios Company and the California Health Foundation who were working on a larger transportation needs assessment and had heard about the RideWell project. The discussion was about the transportation challenges in many of



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Fresno's rural communities due to distances, how such a program could address some of the needs in a targeted manner, etc.

- **Green Raiteros-** On September 6, 2019, members of the County staff spoke to Ray De Leon, the Mayor of Huron, and founder of the Green Raiteros program to learn more about the program, its scope, capacity, etc. At that time, Mayor De Leon noted that their fleet was two cars and focused on the general Huron area, and used volunteers, but they did plan to expand over time.
- **Kings View Rural Crisis Triage-** Fresno County staff conferred with Gilberto Rivas, LMFT Rural Triage Program Manager at Kings View, who oversees the Rural Crisis Triage program. The program primarily provides the triage and crisis intervention services, and then works to link individuals to services. Until the individuals are linked, Kings View does provide case management to those case, and thus are able to provide support, and transportation, but as they are short term cases, full wellness plans are not established in a manner that would drive wellness activities. Also, the number of individuals whose cases are managed for any period of time are relatively low. It was reported that use of this transportation services would likely be low for those served through their rural crisis triage but having this available is always a resource for if/when needed.
- **Fresno County's Adult System of Care - Metro Clinic**
In a program development meeting on August 30, 2019, the Metro Clinic staff noted that they currently serve approximate 2,000 individuals who are meds-only, and of those, 813 (or 36%) have at least two or more no-shows. Of those, many have reported transportation as the primary barrier to engagement for their appointments.

Project RideWell was posted for a 30-day public comment period starting on March 2, 2020. That 30-day public comment period commenced on April 2, 2020. A virtual public hearing was then conducted on April 3, 2020. The virtual public hearing was facilitated using the YouTube live option. This allows unlimited users, real-time access, and the ability to also document the session. The YouTube platform also addresses barriers for those who do not have existing social media accounts.

The Fresno County Behavioral Health Board held a special session/hearing on April 9, 2020 where it approved the proposed plan.



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MHSA Standards/Values

Community Collaboration

This program was the result of Fresno County's community stakeholder process and MHSA Three-Year Plan Development. In the 2017-2020 MHSA Three Year Plan, the number one unmet need or barrier in the system was access to services, including transportation. After the plan was drafted, DBH surveyed 51 individuals served by a county-operated psychiatry clinic. 14% of people surveyed identified that the primary reason for missed appointments was "no transportation." When asked if they would make use of a transportation service other than that of the city bus if the Department offered these services, 37% of the respondents said yes. When asked if the chances of coming in for services would improve if transportation was provided, 33% said yes. This survey, along with other stakeholder input gathered during the stakeholder process, affirmed the need for an innovative strategy to assist with transportation and aided in the program development.

The plan evolved from community input and community providers have been engaged as partners in developing a program to help address the issue for access to wellness services.

After discovering that transportation was one of the primary barriers to receiving care, the project further developed from the input and insights of rural mental health services in Kerman, FCSS, Kings View Rural Crisis Triage, EOC and the County of Fresno's Adult System of Care staff to create a program that will work best for the individuals served that will be utilize in this innovation project.

Cultural Competency

This pilot, as with all other Fresno County DBH efforts, seeks to acknowledge and include each individual's culture and lived experience into the services we provide. The Department understands the diversity of its community in Fresno County, and are developing a program in such a manner that will be inclusive of those the system of care serves, including the lived experience, language needs, cultural considerations, gender identity and generational differences.

For the 930,450 residents who live in Fresno County, 16.8% are Transitional Age Youth (TAY) ages 15-24; 44.2% are adults ages 25-59; and 14.3% are older adults ages 60 years and older. Nearly half our total community members are persons who identify as Hispanic/Latino (50.3%). Persons who are Caucasian represent 32.7% of the population, Asian/Pacific Islander represent 9.3% of the population, African American/Black represent 4.8% of the population, Alaskan Native/Native American represent 0.7% of the population, and other/unknown represent 2.2% of the



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population. There are an equal proportion of females (50.0%) and males (50.0%) in the county (the data available did not provide information on those who identify as gender non-binary, etc.).

Table 2: Targeted Rural City Populations Demographics

CITY	PERCENTAGE OF POPULATION THAT IS LATINO	PERCENTAGE WHO LIVE IN POVERTY
KERMAN	71.1%	21.5%
MENDOTA	98.6%	49.5%
FIREBAUGH	91.2%	37.2%
SAN JOAQUIN	95.6%	46.3%

Kerman is the hub for our project in phase two, and the 2010 U.S. Census states that the City of Kerman has a population that is 71.7% Latino. Current estimates show that the Latino population keeps increasing and is at an estimated 80% for 2018 (State of California Department of Finance, 2019). Our focus group with providers in Kerman stated that having bilingual drivers were a necessity. Also, to note, some of the rural communities, such as Mendota, have experienced an influx of new immigrants from Central America, who have higher poverty rates and more challenges in navigating services.

Table 3: Demographics of Med-Only Participants with two or more no-shows.

Race/Ethnicity	Number
Mexican	222
Other Latino	118
African American	173
White	208
Native American	14
Native Asian	5
Cambodian	13
Filipino	7
Pacific Islander	1
Lao	17
Other Asian	29
Unknown (race/ethnicity)	2
Other Race/Ethnicity	34

Along with having bilingual and trained drivers, all drivers must complete cultural humility trainings to gain a better understanding of the diverse population being served across this project.



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The use of trained peers who have a shared, common and lived experience is one aspect of this research project that truly speaks to cultural competency. Partnering with an organization such as the Fresno County EOC who works to serve and employ individuals and families who experience poverty, disabilities, and criminal justice involvement enhances the project and increases opportunities for peers to gain employment. Having those who have shared experience who can use that to build rapport with those target population individuals is priceless, and Fresno County and the EOC working together can ensure the diversity of the drivers in both their backgrounds and experiences.

This project will also be partnering with peers and families from NAMI Fresno to facilitate some of the trainings.

The EOC's drivers and supervisors will be required to complete Cultural Competency trainings. They will be required to initially recruit and hire bilingual and culturally responsive drivers when available, and eventually eligible and qualified peers. Fresno County now requires all contracted providers to establish and share with the Department their cultural competency plans, and in lieu of a plan, a completed CLAS Assessment Tool may be submitted.

Client and Family-Driven

In this program, the primary focus is getting the individuals served, that is in service, or seeking service to and from places so that they can focus on their whole person wellness. Not only can they request a ride to their clinical appointments, but also request rides for wellness activities that are included in their Wellness and Recovery plan. The individual served is the one who drives their wellness and comes up with their individual Wellness Recovery Action Plan (WRAP). WRAP plans are carefully thought out processes and activities discussed by the individual served and their therapist. The plan helps one get well, stay well and make their life the way they want it to be. (Mental Health Recovery, 2018).

In this innovation plan, we realize the families can be a large part of someone's wellness and recovery plan. For example, an individual's wellness plan might include being more involved in their child's life, so wellness activities can include rides to the child's school for meetings or events or family activities.

When rides are dispatched, we also realize that the individuals served have families, and that spouses or children might need to ride along with them. EOC will do their best to provide an appropriate vehicle size and child safety seats, as needed. The transportation can be provided as mentioned to food, grocery shopping, banks, support groups, library (which also benefit the families), as well as parks, trainings for families and/or peers, which helps develop more opportunities for peer run wellness programs/efforts both in rural and metro areas.



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Transportation has been an important area that has been identified by our stakeholders as a barrier to care and creates a significant divide in our system of care, this program is seeking to address those needs and concerns raised by our clients and their families, but in a measured manner to assess how it can enhance their wellness through access.

Focus on Wellness, Recovery, and Resilience

Project RideWell is primarily focused on Wellness, Recovery and Resilience. DBH and our collaborative partners are working to provide transportation to get people in services or seeking services into care, as well as getting these individuals to and from activities that are in their wellness and recovery plan. This program is less about a need for transportation, but how to use transportation to help increase the wellness of individuals served by affording them access to those activities and services. It seeks to go beyond just an individual's clinical/medical needs but to provide the whole person support.

Eventually, as individuals served begin to achieve their own recovery, individuals using RideWell may have the potential opportunity to be a part of the program's trainers or drivers. Our goal for this program is that the people receiving the ride services will see that the drivers are supportive of their efforts and want to get to a state of recovery so they can secure such employment opportunities if they choose that as a goal.

Integrated Service Experience for Clients and Families

This program seeks to increase the wellness and recovery of individuals receiving services by increasing their access to other non-clinical and non-medical services that can help promote their own wellness and recovery goals. This program is focused on how to better integrate services for individuals served and their families by allowing more opportunity for services beyond just those that focus on medical necessity. The project is also seeking to make transportation available for individuals to have more access and interaction with their families and support systems, as well as providing transportation so families can also participate in some of the services and wellness opportunities the individuals served would be accessing.

Transportation is a significant barrier in rural communities as well as in Fresno that often limits an individual to accessing one to two services in a day, and more expedited transportation assistance can increase the number of services one can access in a single day and thus slow their wellness and recovery process.



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Cultural Competence and Stakeholder Involvement in Evaluation

The program evaluation process must be inclusive of all participants, and as such, materials must be developed and provided to participants in their preferred language, and/or have evaluation work, evaluation interviews use a certified interpreter or evaluation personnel who are bilingual. This is to ensure each participant is able to fully participate in the evaluation process.

The project will also have a rural workgroup which will include peers, individuals served, advocates, as well as the partner agencies and the evaluator to review the evaluation, program outcomes and provide input. In phase three a second small workgroup will be established to focus on the program's metro efforts, as the resources, approach and numbers will be different from the rural and thus having two separate workgroups.

Fresno County shall seek to have individuals with these transportation barriers, who will be participants in the program, to assist the evaluators by providing some insights and serve as an advisory committee in the evaluation launch. Families of the patients being served may also serve on these advisory committees/workgroups. Their insight and perspective will assist in an evaluation process that can be responsive to the participants and also anticipate challenges and have contingencies in place for follow ups, incentives, etc.

Fresno County staff shall assist the evaluators with coordination of any necessary community groups and other program/service providers to ensure the evaluation is inclusive. Additionally, Fresno County will coordinate efforts with the evaluator for updates of the program and progress to the community through community town halls, on-line information dissemination (including social media), hosting workgroups, and BHB meetings.

Innovation Project Sustainability and Continuity of Care

The technology, once developed, can then be maintained through other administrative funding and/or local partnerships. The model for the program can be expanded to include other communities where transportation is a hindrance to achieving wellness through participation in wellness programs and activities. The support for these efforts could be included in the supportive services provided under our other Full-Service Partnerships (FSP) and Early Intervention Programs.

The funding for training of drivers by peers and those with lived experience could, in the future, be sustained as an effort under the county's PEI Stigma Reduction and Discrimination efforts.



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A possible project expansion would also include taking this model and technology and applying it to the Green Raiteros program in the Coalinga/Huron community to address the challenges in that geographically isolated community, or even with older TAY populations in Metro Fresno.

While this innovative idea can be sustained, to initially develop it, coordinate it and to measure it without using an Innovation Plan, would require having a fragmented effort with multiple MHTA components trying to bring it to life. It is vital for the county to truly understand if this is a viable option to addressing a barrier to services and wellness, to measure if this can increase participation, and to determine whether the participation increase solely because there was more transportation options, or whether the engagement was driven by both the reduction of transportation barriers and also having drivers who could provide respect, acceptance, hope and work in a non-stigmatizing manner? Finally, does the increased access to wellness services improve the recovery of the service seekers/users? Due to the number of variables at play, this project can only be developed and evaluated effectively as a single Innovation plan, where each facet of the program is coordinated in one plan.

Should the program be successful, the technology, the training and the design will be shared with other counties who may be interested in reducing the barriers that transportation plays in their residents' ability to accessing the full spectrum of care services that are available. The program, if deemed successful, can be expanded to the different age groups, such as older TAY. If Fresno County continued the project, EOC or other community programs could apply for grant funding for electric vehicles, much like the Green Raiteros did for Huron and then use this model and technology to implement services.

If the program proves to be ineffective, it can be discontinued. However, if the program as a whole is proven to be unsuccessful, hopefully some of the strategies used in the innovation project can be salvaged and applied to other projects and initiatives. If some strategies, such as peer drivers, are effective, it can play a huge role in many of our existing or future programs.

Location (geography) and lack of transportation often prevent those not residing in the county seats, or larger communities from accessing and benefiting from the programs that are available, and thus they only are able to engage in portion of the services. Participation in the full spectrum of services including any supportive, peer and wellness related activities may be what is key to their recovery.



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The program should yield to answers to be derived from this research. One, can we improve the overall wellness of individuals in care by increasing their ability to access other wellness activities that are often unattainable due to challenges with transportation. If this not achieved then it will raise another question for us to solve for, as to why, with transportation, did individuals not access other wellness activities, or if they did, why in spite of it, did they not improve.

Two, the learning would be a way to address the transportation barrier, however if that does not prove to be effective, then there are options to default to those aspects that are in the existing transportation modalities, or work on expansion of other ride share options, or transportation to be built into future programs.

Communication and Dissemination Plan

Fresno County is fortunate that it is in its own media market and has access to many local press and media outlets where it can explore opportunities to share in outcomes of this program.

Fresno County intends to disseminate information about the project and its outcomes through use of its MHSA annual updates, as well as program annual reports and final reports. These reports will be shared through annual report to the County Board of Supervisors, as well as the Fresno County EOC Board. Additional these plans and reports will be available on the Department's website as well promotion of the plan on our site through links on our various social media pages.

DBH will be able to share the success of such a program with several local press outlets (Fresno Bee, GV Wire, news radio (local PBS), Spanish language media and Hmong radio), as well local TV news stations.

The final plan outcome will be shared with the MHSAOAC for public access, but Fresno County can share the plan and reports with other counties through the monthly MHSA Coordinators calls, and if the project is effective submit the project as a possible presentation in future MHSA Bootcamps.

Table 4: Five Phrases Summarizing Project RideWell

1. Transportation Solutions using Ride Sharing Technology
2. Mental Health Informed Drivers
3. Increasing consumer wellness
4. Improving Access to Care in Rural Communities
5. Growing paid opportunities for peers



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The EOC would be able to share the report within their networks and also seek possible presentations in conferences, and other transportation related forums. If any of the submissions for presentations are accepted Fresno County would ensure that peers (either drivers, trainers, or riders) are part of the presentation to share their role and/or impact the program had on them.

Timeline

A timeline has been developed based on phases and months (than actual dates due to the uncertainty of when the plan will be completed, submitted, and then approved by the MHSOAC Commission). Thus, having a timeline established based on phases and duration instead of actual dates allows for the plan to be implemented from approval, and not be hindered by specific start dates, etc.

Phase 1 -Months 1-6

- Fresno County's Plan is approved, and the Department obtains Memorandum of Understanding with the EOC and obtains approval to execute the contract from the Fresno County Board of Supervisors.
- EOC begins work to create App (with a focus on rural access in the target community)
 - Work with partners providers in the target area to develop menus of ride options/wellness services.
- Fresno County to amend agreements with existing service providers in the project, to share with providers smartphones for app use as well as data plans as needed.
- Fresno County to secure an independent evaluation provider.
 - In the time leading up to phase two develop all rubrics, measures, surveys, and other related evaluation tools.
- Fresno County DBH to use its staff development unit to assist in both providing certain trainings for potential drivers, and work with peers and community groups such as NAMI to identify peer trainers, as well as opportunities for interested peers to become paid trainers.
- EOC to obtain/hire and train drivers, and develop logistic/operations plan.
- Develop evaluation advisory workgroup.

Phase 2 – Months 6-18



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- Initiate the Pilot in identified rural geographical area (Kerman, Firebaugh, Mendota, San Joaquin, Tranquility, Cantua Creek, Five Points, and Rolinda). Transportation will also be available to Fresno.
- Train staff who will use the app and coordinate the rides on the app. Establish a technical assistance/support.
- All providers and evaluators to meet to ensure clear roles and responsibility for data collection.
- Evaluation workgroup to meet annually.
- On-going monthly calls between DBH, EOC and providers to note any additions/menu options to the app.
- Annual Review and update.
- On-going training for both new and existing EOC drivers.
- Hire additional Fresno County staff to provide the support in Phase three of the program.
- Establish an evaluation workgroup focused on the metro population and serve phase 3 (while maintain the work group for rural as both have different variable and needs).
- Phase 2 will serve up to 200 unique participants.

Phase 3 – Months 19-36

- Continue to provide trainings for both new and existing drivers.
- Work with the EOC to identify potential candidates who are peers to possibly become employed as drivers.
- Pilot project in metro with Meds-Only population.
 - Assist individuals with accessing free phones and installing the app.
 - Provide training for riders on how to use the app, the parameters of the program, and develop their WRAP plans to include wellness activities.
- Monitor participant attendance or appointments kept.
- Early in phase three assess the outcomes thus far, work with EOC and other possible transportation providers on how the program may be sustained and/or replicated or used to support wellness improvement.
- On-going monthly calls between DBH, EOC and providers to note any additions/menu options to the app.
- Annual Review and update.
- Phase 3 will serve up to 850 new participants.
- Program in total will have served 1250 individuals.



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Job Descriptions

- The EOC's rate is inclusive of the cost to provide the services, and includes the cost for drivers, dispatchers, maintenance, administration, etc. EOC is able to leverage a great deal of its current infrastructure to create this program, which in turn, keeps costs down. As drivers are a key component in this pilot, the driver position is what is being highlighted.

Drivers-Transports passengers to and from their destination by driving a 7-passenger van under the supervision of a Transit Supervisor. Safely transports passengers from designated pick up and drop off locations. Ensures all passengers are properly secured. Operates wheelchair lift properly for loading and unloading. Ensured all wheelchair equipment is stored properly prior to movement of vehicle. Fosters and maintains good rapport with passengers. Operates vehicle in all-weather and terrain conditions. Uses two-way radios, table and GPS systems. Effectively responds to emergency situations. Performs, documents and submits daily vehicle condition reports. Reads, interprets and follows maps and GPS. Performs arithmetic calculations. Responsible logging and tracking trips. Maintains regular attendance and punctuality. Works evenings and weekends as required. Performs other duties as assigned.

- **Peer Trainers-** Will be individuals who have experienced and/or living with a mental illness or other mental health challenge, who are, or will become trainers in specific trainings, that they can render to the EOC drivers. Peer Trainers are individuals who will be paid to conduct trainings and/or presentations on things such as *In Our Own Words*, or *Mental Health First Aid*, Wellness and Recovery, or other trainings related to this project that help increase driver and staff understanding of mental illness and/or can help reduce stigma related to mental illness.
- **DBH Staff Analyst** – Fresno County seeks to fund Staff Analyst positions through this project. The Staff Analyst positions are budgeted with the range of a Staff Analyst I-III. A Staff Analyst in Fresno County under general supervision, performs a variety of assignments involving research, analysis, planning, evaluation, and administrative duties; may act in a lead capacity over lower level professional and support staff; and performs related work as required



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Budget

Budget Narrative

The Program- Project RideWell, through its collaboration with the Fresno County EOC, will leverage their expertise and also their existing resources and infrastructure to help mitigate the costs from this project and to truly leverage opportunities to provide customized transportation services to targeted populations of individuals served in the system of care.

This project is part of Fresno County's AB 114 plan, and the funds for this project are subject to reversion, if not approved by June 30, 2020.

- **Evaluation** - Up to \$105,000 over three years. The project has allocated \$105,000 for three years to the project for the purpose of evaluation. This would allow the selected evaluator an average \$35,000 a year for evaluation, or a maximum of \$105,000 for the term. The amount to be spent each year, will be contingent on the chosen evaluator's proposed budget, and also on how the evaluation will be implemented and data gathered. The Evaluation is not to exceed a total of \$105,000. This is a competitive amount for this project in this region.
- **Smart Technology Application (App) Development** - The project is allocating up to \$50,000 to be used for the development of the application for this program, that will help is coordinating and request a ride, as well as identified menus for rides. The app, will also be able to track other logistics for future planning, such as distances, uses, length of time, etc. The EOC will work to develop the App through its network and process.
- **Personnel** - Fresno County seeks to fund 0.50 FTE and 0.33 FTE of two Staff Analyst positions. The amount is the salaries and other personnel costs for these positions. These positions will be working to support various aspects of this project as well as the overall INN Plan. The starting cost of 0.5 FTE of a Staff Analyst is \$57,163 annually, but calculating two percent increase due to inflation, the salary may go up to \$59,473 annually. The cost of a 0.33 FTE of a staff analyst is \$37,728 annually, but calculating two percent increase due to inflation, the salary may go up to \$39,252 annually. The total personnel cost for the project is \$290,404 for three years.
- **Direct Costs** - The direct costs for operation for Fresno County for this project are \$125,342 over the three years. This cost will include administration, cost for meetings, program staff travel and other operations.
- **Indirect Cost** - Fresno County has projected its indirect cost for operation for this project to be \$49,601 over the project's term.



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- **Communications** - The project is allocating up to \$7,500 for communication for this project, including the purchases of smart phones for providers who will be piloting this program, as well cost for data plans, if needed.
- **Training Stipends** – The program will set aside \$1,000 each year for training stipends for our trainers to train other peers. The trainers will get \$100 stipend for each day they spend training others. The project will have several trainers at a time, providing several trainings throughout the year. Trainings will not be monthly and not all are rendered by peers, thus the stipend budget will be an effective start.
- **Transportation Services** - This is the EOC’s total cost per year and for the term. The total is based on Inclusive Rate of \$78 per hour (which includes driver wages as well as all other EOC staff that support these efforts, dispatchers, maintenance, etc.). The rate also includes the cost of maintenance, registration, fuel, and lease of vehicle. The Rate per hour for the EOC factors in all the cost for the transportation services. The total transportation expenses are budgeted at \$755,300 over three years.

Three Year Budget

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*					
EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)		FY 20/21	FY 21/22	FY 22/23	TOTAL
1	Salaries	\$ 25,051	\$ 25,552	\$ 26,063	\$ 76,666
2	Direct Costs	1,980	2,020	2,060	6,060
3	Indirect Costs	10,697	10,911	11,129	32,736
4	Total Personnel Costs	\$ 37,728	\$ 38,482	\$ 39,252	\$ 115,462
OPERATING COSTS		FY 20/21	FY 21/22	FY 22/23	TOTAL
5	Direct Costs	\$ 40,956	\$ 41,775	\$ 42,611	\$ 125,342
6	Indirect Costs	16,207	16,531	16,862	\$ 49,601
7	Total Operating Costs	\$ 57,163	\$ 58,306	\$ 59,473	\$ 174,942



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NON-RECURRING COSTS (equipment, technology)		FY 20/21	FY 21/22	FY 22/23	TOTAL
8	Scheduling Equipment	\$ 4,500	\$ 1,500	\$ 1,500	\$ 7,500
9	Training Stipends	\$ 1,000	\$ 1,000	\$ 1,000	\$ 3,000
10	Total Non-recurring costs	\$ 5,500	\$ 2,500	\$ 2,500	\$ 10,500
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY 20/21	FY 21/22	FY 22/23	TOTAL
11	Direct Costs	\$ 35,000	\$ 35,000	\$ 35,000	\$ 105,000
12	Indirect Costs				
13	Total Consultant Costs	\$ 35,000	\$ 35,000	\$ 35,000	\$ 105,000
OTHER EXPENDITURES (please explain in budget narrative)		FY 20/21	FY 21/22	FY 22/23	TOTAL
14	Vendor - App	\$ 50,000			\$ 50,000
15	Vendor - Transportation	190,000	240,000	275,300	705,300
16	Total Other Expenditures	\$ 240,000	\$ 240,000	\$ 275,300	\$ 755,300
BUDGET TOTALS					
Personnel (line 1)		\$ 37,728	\$ 38,482	\$ 39,252	\$ 115,462
Direct Costs (add lines 2, 5 and 11 from above)		77,936	78,795	79,671	236,401
Indirect Costs (add lines 3, 6 and 12 from above)		26,904	27,442	27,991	82,337
Non-recurring costs (line 10)		5,500	2,500	2,500	10,500
Other Expenditures (line 16)		240,000	240,000	275,300	755,300
TOTAL INNOVATION BUDGET		\$ 388,068	\$ 387,219	\$ 424,713	\$ 1,200,000

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.



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BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

ADMINISTRATION:

A.	Estimated total mental health expenditures for <u>ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 20/21	FY 21/22	FY 22/23	TOTAL
1	Innovative MHSA Funds				
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	Total Proposed Administration				

EVALUATION:

B.	Estimated total mental health expenditures for <u>EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 20/21	FY 21/22	FY 22/23	TOTAL
1	Innovative MHSA Funds				
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	Total Proposed Evaluation				

TOTAL:

C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN	FY 20/21	FY 21/22	FY 22/23	TOTAL



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	Project by FY & the following funding sources:				
1	Innovative MESA Funds				
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	Total Proposed Expenditures				

*If "Other funding" is included, please explain.



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Appendix

Appendix A- Public Hearing and Public Comment

Appendix B- References

Appendix C- Letters of Support



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DEPARTMENT OF BEHAVIORAL HEALTH
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Appendix A- Public Hearing and Public Comment

PLEASE JOIN THE DEPARTMENT OF BEHAVIORAL HEALTH FOR

INNOVATION PLAN PUBLIC HEARING

Handle with Care Plus+
The Lodge
RideWell

VIRTUAL HEARING
FRIDAY, APRIL 3, 2020
12:00 - 1:30PM

To stream on DBH Facebook and YouTube page
Links to follow shortly.

For more information and to review the plans, go to www.FresnoMHSA.com

Department of Behavioral Health

The Three INN Plans

The plans were part of the 2017-2020 MHSA Three Year Plan. These plans are part of the County's AB 114 plan and subject to Reversion. These plans have been developed with community and stakeholder input.

Public Comment Started- March 2, 2020.
Public Comment End- April 1, 2020.
Public Hearing-Today (virtual)

Public Comment Cards available on www.FresnoMHSA.com
Send them to mhsa@fresnocountyca.gov

Innovation Public Plan Hearing
100 views • Streamed live on Apr 3, 2020

Fresno County Department of Behavioral Health
125 subscribers

The County of Fresno Department of Behavioral Health

you sleep a lot better
Like · Reply · 2d · Edited

The County of Fresno Department of Behavioral Health
April 4 at 8:59 AM

Yesterday, we hosted a LiveStream for our Public Hearing for the Innovation Public Plan. You can view the hearing on our YouTube channel now.
<https://youtu.be/kMZe833AIDk>

YOUTUBE.COM
Innovation Public Plan Hearing



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Fresno County Department of Behavioral Health

Mental Health Services Act (MHSA)

Innovations Plan: RideWell

30 Day Public Comment: March 2, 2020 to April 1, 2020

Public Hearing: Friday, April 3, 2020 12:00pm to 1:30pm

Hearing Conducted by Public Behavioral Health

Project RideWell received one public comment card (shown on right) and one email with inquires and comments (shown below).

My Role in the Behavioral Health System

- Individual Receiving Service
- Family Member/Caregiver
- BH Provider
- Education
- Healthcare
- Community-based Org.
- Community Member
- Policy Maker
- Law Enforcement
- Other Consultant

What do you see as the strengths of this plan?

This has the potential to serve a real transportation need while simultaneously addressing wellness recovery with access to more activities. This is especially true in the rural areas. It was good to see that families would be allowed.

If you have any concerns about the plan, please explain:

Once clients begin to use it, there could be requests for assistance to job interviews and then transportation to jobs. I didn't see any reference to how this would be handled. Many of the WRAP plans have employment in them.

- I support this Innovation plan
- I do not support this Innovation plan

INN Plans Questions & Comments

From: [REDACTED]
 Sent: Tuesday, March 10, 2020 11:48 AM
 To: MHSA <MHSA@fresnocountyca.gov>
 Subject: INN Plans Questions & Comments

Comments may be emailed to: MHSA@fresnocountyca.gov
or

Mailed to: MHSA Coordinator – Department of Behavioral Health 1925 E. Dakota Ave.
Fresno CA 93726

Handle With Care Plus+: What methods will be used to engage parents? Many of the parents who would benefit from this program have suffered trauma themselves; they struggle to support their families, both financially and emotionally, on a daily basis. An 8-week program may seem like an overwhelming commitment.

Project RideWell: A much needed and requested services for clients! It is convenient that Rural Mental Health providers may request rides on behalf of their clients. Would it be feasible to have a ride coordinator for the Metro area? Clients could call a "dispatcher" who could arrange their rides. Otherwise, Metro clients will be required to have smartphones; the proposal is unclear as to whether the "free" government phones would be adequate for the RideWell APP. Additionally, the clients who frequently miss appointments may be more likely to change phones often. It is great that family members may accompany clients using this program.



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Appendix B- References

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DIRECTOR

Appendix C- Letters of Support

Cont'd



April 8, 2020

Board Chair

Linda Hayes

First Vice Chair

Maiyer Vang

Second Vice Chair

Daniel Parra

Treasurer

Charles Garabedian

Commissioners

Amy Arambula
Oliver Baines
Zina Brown-Jenkins
Amparo Cid
Jerome Countee
Felipe De Jesus Perez
Lee Ann Eager
Misty Franklin
Angie Isaak
Lupe Jaime-Mileham
Richard Keyes
Rey Leon
Daniel Martinez
Bruce McAlister
Barigye McCoy
Lisa Nichols
Michael Reyna
Itzi Robles
Catherine Robles
Jimi Rodgers

Chief Executive Officer

Emilia Reyes

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Fresno EOC Letter of Support for Fresno County Department of Behavioral Health Innovation Plan for Project RideWell

Fresno Economic Opportunities Commission (Fresno EOC) is proud to support Fresno County Department of Behavioral Health’s (DBH) Innovation Plan for Project RideWell. This project helps address our community needs with regard to limited transportation and improving employment prospects for the clients it serves. Fresno EOC is proud to partner with this vitally needed community-based transportation program. It seeks to address transportation needs by helping underserved populations in gaining access to resources and services.

Our organization has spent over five decades investing in people and helping them become self-sufficient. Closing the gaps in access to wellness, through our transportation efforts supports that mission. Fresno EOC Transit Systems have been serving the community for over fifty years through a variety of local, state, and federal human service programs. The project will address the needs of low income and vulnerable people by connecting them to valuable resources they would otherwise not be able to receive. The motto of Community Action and Fresno EOC is “helping people, changing lives,” Fresno EOC has also historically trained and employed those who have had barriers to employment. Fresno EOC can help provide career pathways for individuals recovering from their mental illness with opportunities for meaningful employment.

We strongly support this plan’s intent to improve the lives of underserved Fresno County residents through a combination of transportation services, technology, collaboration, and actual voices of those who the program will benefit.

Should you have any questions with regard to our support, please contact Transit Systems Director, Monty Cox at (559) 263-8004 or monty.cox@fresnoeoc.org. Thank you for your consideration.

Sincerely,

Emilia Reyes
Chief Executive Officer

Executive Office

1920 Mariposa Street,
Suite 300
Fresno, CA 93721

(559) 263-1000
www.FresnoEOC.org



National Alliance on Mental Illness

nami | **Fresno**

April 6, 2020

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Commissioners,

National Alliance on Mental Illness (NAMI) Fresno is submitting this letter in support of Fresno County Department of Behavioral Health's Innovation Plan, for Project RideWell. In our rural communities, transportation limitations keep many from becoming involved in the full spectrum of wellness activities. Within the City of Fresno, many of the consumers are from lower socioeconomic communities which make costs related to transportation a barrier to whole person care (including wellness and volunteer opportunities). This project addresses the need for more access to wellness resources, and also allows for peers a greater opportunity to become involved in the system of care, as trainers, and possibly employed as drivers, so they can support the wellness of others.

NAMI Fresno understands the dynamics of existing transportation infrastructure in rural communities and for Fresno, but more so that number of resources and activity that are available, but not accessible due to lack of transportation. This project will explore feasibility of increasing access through some coordinated ride share, as well as ensuring those serving consumers (the drivers) receive appropriate training to promote wellness and not perpetuate stigma.

NAMI Fresno is in support of this project that seeks to address not just access, and peer involvement, but the critical component of training those providers in basics around mental health and wellness.

Should you have any questions with regard to our support, please do not hesitate contact NAMI Fresno at chris@namifresno.org.

Sincerely,

Christina Valdez-Roup
Executive Director, NAMI Fresno