

**FRESNO COUNTY BEHAVIORAL HEALTH BOARD**

# **ANNUAL REPORT**

**TO**

**BOARD OF SUPERVISORS**

**Combined Report 2021 and 2022**



Prepared by Brooke Frost, Chair

Approved by Behavioral Health Board June 20, 2023

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# **Fresno County Behavioral Health Board**

## **Vision**

Fresno County residents will receive effective, responsive, and timely behavioral health services for mental health and/or substance use disorders.

## **Mission**

As a liaison between the community and the Department of Behavioral Health, the Fresno County Behavioral Health Board advocates for effective Behavioral Health programs for all ages and all disorders through:

- Effective and timely culturally responsive services
- Elimination of stigma
- Support for family, caregivers, and service providers
- Community awareness, education, and advocacy
- Assistance to the Department of Behavioral Health to ensure it has adequate resources, appropriately applied

## SUMMARY 2021 – Mid 2023

Due to the COVID-19 pandemic and three chairs of the Behavioral Health Board (BHB) in the last two years, this report covers 2021 through June 2023. The intent is to provide a summary that combines past, present, and issues of the future. The BHB regrets the lack of annual reports and pledges to meet that obligation going forward.

The pandemic revealed a unified spirit in all areas of the county to address the resulting challenges. The Department of Behavioral Health is to be commended in its role to find and execute housing for those with mental illness or who were homeless to keep them quarantined when necessary. They were heavily engaged in providing vaccines to their staff and clients, as well.

### Mental Health and Substance Use Disorder Services

Mental health services were maintained in some form throughout the system during the pandemic. Isolation and quarantine needs created challenges for those in the justice system and support groups for substance use were often discontinued for lengths of time. Contracted service providers took extra steps trying to reach people, whether by phone, computer, or arranging home visits in some fashion. Collaborative courts for clients with mental health and substance use with criminal behavior took place remotely with clients at their service provider site and “Zooming” into hearings. One of the most difficult issues that affected continued recovery progress for the court was the difficulty providing drug testing. Hopefully future planning will determine a way forward when in a similar emergency. Another issue is the lack of inpatient dual diagnosis programs for recovery – mental health and substance use disorders or substance use disorders and intellectual and developmental disabilities.

The stress on clients, workforce, families, and systems affected everyone. Navigation for matching mental health need to the appropriate service became a higher priority as individuals and families struggled to know how to access support. The addition of 9-8-8 may help and we look forward to future information on its results locally. Cultural issues around mental health stigma are an ongoing educational endeavor. With the pandemic, where weaknesses existed, they were widened. Where strengths could be found, regardless of source, they were highlighted and used. Working together and cross-communicating among known and previously unknown partners provided grace and positive momentum during the pandemic. All contractors, Department of Behavior Health staff, clients, and BHB members are commended for the continuity of services and the openness to new methods of operation.

### Workforce

The pandemic and wildfires exacerbated existing needs that include an adequate, culturally congruent workforce that addresses the range of mild to moderate to severe mental health needs. In 2018, a UCSF report indicated the state by 2028 would be short 34% of needed psychologists, LMFTs, LPCs, and LCSWs combined and 50% fewer psychiatrists than needed. This is exacerbated for regions like the Central Valley which are under-resourced already. With the pandemic and rising need, the lack of workforce is being felt now and mild-to-moderate needs have grown significantly. Mild to moderate needs are to be provided by Medi-Cal managed care plans or through private insurance. While they are listed in their directories, clinics often rotate those individuals from site to site on different days. In addition, during this time, billing required a second visit and could not occur the same day as a health

visit. For rural residents especially, and for any low wage earner or those with transportation difficulties, this is a true hardship.

The isolation and lack of socialization opportunities raised positive awareness of mental health support as students and adults struggled. The good news is that now families are more willing to acknowledge mental health wellness needs for their children; however, they want these services provided at the school site, which helps avoid stigma and where relationships are stronger.

The foresight of Fresno County Superintendent of Schools and Department of Behavioral Health to establish All 4 Youth for school-site mental health services has enabled moderate to severe services for youth to be addressed but the effects of the pandemic on youth continue. The Department of Behavioral Health is required to provide services for those with primarily serious mental illnesses (SMI) or moderate to severe for children, which is what All 4 Youth provides. Behavior that could be addressed for mild to moderate level are unable to be provided by All 4 Youth. To assist the effort, we know that school districts are hiring psychologists, specialized social workers, and have been providing trauma-informed training to teachers and staff but the need is simply greater than there are trained staff available. Community-based organizations (CBOs) which are contracted service providers throughout the mental health and substance use disorder continuum of care have seen low retention as people switch to another organization hiring at higher pay or with less stress. Just as other organizations and agencies have done, CBOs have implemented pay and incentive strategies to increase workforce retention to combat pandemic fatigue.

### Housing

Affordable housing of any sort, as we all know, has become a major issue everywhere in the County. The Department of Behavioral has been consistently working on this for its clients the past few years and opened a low-barrier shelter funded through MHSA Innovation funds during the pandemic to research how successful it might be to enable individuals to move to a state of readiness for treatment. Supportive housing will continue to be a challenge for those with mental health needs. DBH is to be commended for working closely with various county partners to increase supportive housing for its clients. For those with co-occurring substance use issues, finding good sober living housing after treatment is extremely difficult, often perpetuating the cycle that may end in homelessness and inadequate mental health treatment.

### Broadband Inequities

While not a topic of review these past two years by the BHB, broadband inequities for clients and those needing mental health services became apparent that left too many rural families with little to no access and urban families with inadequate speeds for telehealth mental health services. When sufficient broadband speeds were available, a local youth [survey](#) indicated that 19% of youth in middle or high school needed to leave their schooling to interpret for family members for any sort of virtual meeting or appointment. Digital literacy to know how to use telehealth for appointments is a separate issue that also needs attention. This area is not often considered in mental health as a need, but the pandemic revealed its importance and requires attention.

Virtual meetings allowed the Behavioral Health Board to continue meeting and conduct site visits, for the Collaborative Courts to meet safely and maintain some connection during the pandemic with clients, and the initial resistance by a wide variety of clients, staff, and board members changed over time. Now

decisions are being made on when in person meetings are best and when virtual meetings will allow more participation or address travel issues.

## Initiatives Added in 2022

As the pandemic showed signs of receding and American Rescue Plan Act funding began dissemination to states, California began multiple initiatives or moved forward with existing initiatives that directly impacted Fresno County and the Department of Behavioral Health.

- CalAIM, including but not limited to Documentation Reform and Payment Reform
- Transition to new Electronic Health Record
- Children and Youth Behavioral Health Initiative
- Multiple Behavioral Health Continuum Infrastructure Project applications
- Children’s Crisis Continuum Pilot (in partnership with Department of Social Services and Probation)
- 24/7 Mobile Crisis Response (goes live in Dec 2023 and planning is underway)
- CARE Court implementation (goes live in 2024, but planning is underway)
- Felony Incompetent to Stand Trial Growth Cap (multi-department analysis and planning is underway)

The Behavioral Health Board would like to gratefully acknowledge the extra work the department and its partners have undertaken to address these initiatives. The time involved is considerable. In addition, the new three-year Mental Health Services Act plan was undertaken and drafted in 2022 and approved for State submission in the spring of 2023.

It should also be noted that current California legislative proposals for 2023 may result in a “refreshing” or “modernization” of the Mental Health Services Act. If all the different bills and proposals are passed and signed by the Governor, the current emphasis on providing funding for youth services may shift to the homeless. While the growing homeless population is a concern and important to address, the unintended consequence for families may be less funding for youth and prevention activities at a time when they are asking for more services not less. Also of great concern is the lack of capacity for housing and workforce in Fresno County that may be required with the reworking of MHSA.

If these legislative changes are enacted, the composition of the Behavioral Health Board will also change. The membership will continue with 50% being consumers or family members and at least one member be a veteran as required for our sized county, but additions will be 20% of membership to be employed by Local Education Agencies and 20% be individuals ages 25 or younger. At this time, the Behavioral Health Board has 9 of the 15 positions filled and we do maintain the 50% being consumers or family members ratio with the filled positions. The current BHB roster can be found in the Appendix.

## Conclusion

The last three years presented unprecedented challenges that were met with fortitude by all involved in the mental health system. Attention to wellness for staff as well as clients continues to be needed. Being creative and financially supportive to expand the workforce is a high need. Capitalizing on the beginning of collaborative work will be important as attention is placed on changes and initiatives moving forward.

## RECOMMENDATIONS

The following recommendations for the Board of Supervisors were developed by the Behavioral Health Board in the first quarter of 2023.

1. Support recruitment and retention of behavioral health professionals, including fiscal incentives and technological flexibility.
2. Expand permanent supportive housing inventory with less restrictive criteria for individuals with behavioral health disorders at all levels of need, regardless of current housing status.
3. Educate and disseminate information to the community about behavioral health services and programs that are available, along with a navigation system for accessing those services.
4. Establish inpatient substance use disorder treatment programs for individuals with severe mental illness.

## APPENDIX 1 – Behavioral Health Board

### FRESNO COUNTY BEHAVIORAL HEALTH BOARD

As of June 20, 2023

Brooke Frost, Chair

Manuel Piceno, Vice Chair

Mary Lou Brauti-Minkler, Secretary

Yolanda Cruz

Carolyn Evans

Alan Faulks

Elizabeth Kuss

David Thorne

Debbie Xiong

Supervisor Sal Quintero (non-voting)

The Behavioral Health Board list can also be found on the Fresno County website.

The Behavioral Health Board is currently recruiting for a veteran/veteran's advocate (required) and five other positions.

## APPENDIX 2- Behavioral Health Board Goals 2021-2023

The Fresno County Behavioral Health Board is a liaison between the community, the Fresno County Department of Behavioral Health, and the Fresno County Board of Supervisors. It also advocates on behavioral health issues to state and federal agencies.

### **Liaison to the Community**

- Develop and implement a plan for interaction with clients, family members and other interested community members
- Hold at least two community forms, one at a metropolitan site and one at a rural location
- Act as a conduit of resources for clients, family members caretakers and community members
- Encourage BHB representation on other community committees that deal with behavioral health issues
- Support community events related to mental health and substance use disorders

### **Liaison to the Department of Behavioral Health**

- Receive reports at BHB meetings on selected county behavioral health programs
- Visit programs and services in rural and urban communities
- Participate in development of MHSA Annual Plan and Update by providing input, by communicating community concerns, and by hosting a stakeholders meeting prior to or during a regular BHB meeting.
- Receive semi-annual reports on MHSA sustainability/reversion
- Receive quarterly reports on housing
- Encourage collaboration with community providers through BHB committees

### **Liaison to the Board of Supervisors**

- Submit an annual report to the BOS
- Attend BOS meetings to provide information and concerns
- Meet with Supervisors annually either in small groups or personal contacts
- Recruit and recommend new BHB members to the BOS emphasizing diverse representation, including clients and family members

### **Board Member Responsibilities**

- Encourage applications and membership on the BHB through public and personal invitation
- Provide an orientation and mentoring process for new board members
- Conduct an annual BHB retreat/training workshop
- Adopt a two-year standing agenda
- Attend and participate in regular and special BHB meetings

## APPENDIX 3 - Committee Reports

- Adult Services Committee
- Children's Services Committee
- Forensics Committee
- Substance Use Disorder Committee

## Adult Service's Committee Report 2022

Prepared by and Chair: Carolyn Evans

The Adult Services Committee met virtually eight times in 2022. The purpose of the Committee is to inform Board members, community members, and service providers about available services in Fresno County, opportunities for behavioral health clients, and how to access appropriate services. The Chairperson makes monthly presentations to the full Board at its monthly meetings, so that those not able to attend have opportunities to hear about the information learned at the Adult Services Committee. When possible, Committee participants advocate for improvements in programs with the inclusion of Seriously Mentally Ill (SMI) clients in all services provided in the County.

This Committee began many years ago as a housing committee, so, along with other programs, we continue to study needed housing options for those with behavioral health diagnoses. Improving the quality of Room and Board (R&B) homes has been a long time goal for our Board. The Independent Living Association (ILA) works with owners of R&B homes to provide support and oversight of homes available for clients who are able to live somewhat independently with support. We would like to see more owners join ILA, so that the community would have more confidence in the quality of homes. DBH has its own Housing Access and Resource Team (HART) to assist clients in meeting their housing needs. This program primarily works with available permanent supportive housing. The County needs to provide more supportive housing. This team needs to include all clients, and may need to change some of its procedures to serve this unique clientele. In order to maintain their housing, some individuals may need the help of In-Home Support Services (IHSS) provided by the Department of Social Services, so the Committee had a presentation from this program to learn how to access services for behavioral health clients.

Many community members are confused about the services provided by the Department of Behavioral Health (DBH,) and about how to access those services for their loved ones. The Family Advocacy Program made a presentation about its services for families. Advocates work with families and friends of those with behavioral health disorders, help them understand the system of care, and assist in navigating that system to receive the best services for their loved ones. Conservatorship is the highest level of care for individuals living with mental illness. Many community members consider conservatorship to be the best way in which to help their loved ones. The Committee heard a presentation from the Recovery with Inspiration, Support, and Empowerment (RISE) Conservatorship Team to clarify which individuals are eligible for conservatorship, and the services that they may receive to avoid the legal process of conservatorship or to become conserved by the County of Fresno.

The Committee always makes an effort to learn about services available for those living in the rural areas of Fresno County. Rural Behavioral Health Services provided by DBH are contracted to Turning Point of Central California that operates clinics in eight rural areas and serves 4073 clients. Wait times for therapy and psychiatric appointments are too long and supportive

housing is a rare commodity. Clearly, Fresno County needs more behavioral health services in its rural communities.

In a presentation by the Special Needs Division of CalWORKS Welfare-to-Work Program, provided by the Department of Social Services, other opportunities for clients were explored. While the program's services for SMI clients are limited, the Committee participants were able to learn who could be eligible and how to access those services. Blue Sky Wellness Center provides opportunities for behavioral health clients to participate in recovery groups, recreational activities, and vocational preparation. The presentation provided information on changes to the program and plans for expansion now that the Center is almost fully operational since COVID.

The Board would like more attendees from the community to spread the word about available services and to advocate for expanded services. This Committee will continue to encourage participation and to provide pertinent information about services provided in Fresno County for adults with behavioral health diagnoses.

# **Children’s Committee Report 2022**

## **Fresno County Behavioral Health Board**

Co-Chairs: Mary Lou Brauti-Minkler and Wilma Tom Hashimoto

The Children’s Committee of the Behavioral Health Board is a joint committee of the Behavioral Health Board and the Foster Care Standards and Oversight Mental Health Committee. It meets bimonthly and in 2022 the meetings were held on **Web Ex** on the fourth Thursday of the month at 9:00 am to 10:30. The co-chairs alternate facilitating the meeting.

Each meeting includes introductions by each attendee and an update by the Department of Behavioral Health, Children’s Services Department Division Manager Lesby Flores.

The meeting format also includes a speaker from a children’s services agency in Fresno County.

The meeting months were **February, April, June, August, October, and December.**

**February 24, 2022:** This meeting was facilitated by Mary Lou Brauti-Minkler and included a speaker from City Without Orphans. Support Specialist, Kyra Zimmerman, shared information about the work done by the organization with foster youth and families. There are many challenges faced by foster youth as they enter adulthood: criminal justice involvement, mental illness and/ or substance use disorders, homelessness, human trafficking and poverty. These youth often have challenges from multiple traumas, lack of consistent education and many disruptions in their care.

**April 28, 2022:** This meeting was facilitated by Wilma Tom Hashimoto and included a speaker from the Fresno County Network of CARE—Adverse Childhood Experiences--ACES. Dr. Amy Parks thoroughly explained the concept of ACES and the benefits of being ACES aware. She also shared the plan of building, through community-based organizations and community health workers, increased capacity to provide trauma-informed care through a curriculum of resilience, education and training in the use of screening tools to assess for ACES. Treatment will be incorporated for individuals and families.

**June 23, 2022:** Mary Lou Brauti-Minkler facilitated the meeting and included a speaker from Fresno New Connections Adolescent Program. Rob Martin explained that the program is for youth ages 12-17 with an average age of 16.

**August 25, 2022:** This meeting was facilitated by co-chair Wilma Tom Hashimoto and included a speaker from Prodigy Healthcare Inc., Adolescent Substance Use Disorder (SUD) Services.

**October 27, 2022:** This meeting was facilitated by Wilma Tom Hashimoto and included a speaker from the Fresno Resiliency Center Executive Director, Rodney Lowery. The Center has two programs: 1) The Rise Program is contracted with 25 schools in the Fresno Unified School District. A curriculum on resiliency skills is taught to 2000-2500 first grade students weekly on self-esteem and emotional regulation. 2) Early Intervention Services is for youth 18 and younger who have committed crimes within the city of Fresno and have experienced trauma and need to receive treatment.

**December 15, 2022:** Wilma Tom Hashimoto facilitated the meeting. CEO, Robert Dutile presented an overview of the River Vista Behavioral Health complex that is being built next to Children’s Hospital in Madera. This project of Universal Health Systems (UHS) is scheduled to open between April and June 2023 and will provide services for children, adolescents, adults and older adults on an inpatient, partial and outpatient basis. It will provide treatment for mental illnesses, substance use disorders, eating disorders, autism-spectrum disorders, trauma including PTSD, and neuropsychiatry.

Compiled by Mary Lou Brauti-Minkler, Chair  
5/26/23

## Forensics Committee Report 2022

2022 Chair: Nick Lutton  
Prepared by Brooke Frost, 2023 Chair

The Forensics Committee (formerly the Justice-Involved Advisory Group) met virtually in 2022 five times: February, April, August, October, and December.

An early overview of CalAIM for those in the justice sector was provided in February. Several meetings were devoted to data from the jail and the Juvenile Justice Center. This required the DBH Analyst to prepare the data as it not accessible directly from the contractor providing mental health services. Without much, if any, attendance from jail personnel or the contracted provider, it was difficult to learn what was occurring. The committee was able to review suicide data in the jail from 2016-2021 and it appeared low, with 2020 the highest at three successful suicides. Methods utilized were also provided for those attempted. Attempts were higher in 2020 (32) than 2021 (17). Of these, 97% in 2020 were individuals without a serious mental illness and in 2021 it was 100%.

Preliminary information was provided on the implementation of SB 83 Department of Juvenile Justice Realignment and the population of ages 18-25 was introduced at the Juvenile Justice Center in Fresno County.

In the fall, Turning Point presented on the new Assistant Outpatient Treatment (AOT) program, which went live in October 2022. Court-ordered services are available through the Full Service Partnership VISTA for up to 20 individuals through Turning Point. After the program has been running for a while, it will be revisited to learn challenges and successes.

- The AOT program is for adults aged 18 and over who are diagnosed with a serious mental illness (SMI)
- Experienced involuntary hospitalization within the last 36 months
- Violent act or threats of violence within the last 48 months
- Fitting for individuals likely to participate as this being the least restrictive option
- Ideal for individuals who have not reached conservatorship and need additional support

A justice-involved youth research project was developed and requested approval for Innovation funding through Mental Health Services Act (MHSA), later approved by the state in 2023.

## Substance Use Disorder (SUD) Committee Report 2022

Prepared by: Carolyn Evans

Chair – Carolyn Evans, Co-chair – Debbie Xiong

When the Mental Health Board and Alcohol and Drug Advisory Board were consolidated to form the Behavioral Health Board (BHB), the Board pledged to create a Substance Use Disorders (SUD) Committee to continue with the work of the Alcohol and Drug Advisory Board. This Committee is composed of BHB members, SUD service providers, and members of the public, who meet quarterly, to share and learn about SUD issues and services.

The Department of Behavioral Health (DBH) began the year with a report on its SUD System of Care. The Committee learned how to access treatment services through the 24/7 Access Line, through access points within DBH, and through SUD providers. Levels of care include Withdrawal Management, Residential, Intensive Outpatient, Outpatient, Narcotic Replacement Therapy, Medication Assisted Treatment, Recovery Services (aftercare), Recovery Residences (sober living,) and Case Management. Goals are to manage the comprehensive needs of the whole person. Contracted service providers deliver most SUD services, so the Committee asked representatives from a few programs to make presentations. However, the Committee also explored options provided by programs not contracted with DBH.

The Board is interested particularly in services for clients with co-occurring diagnoses. Most of these individuals live with mental illnesses and substance use disorders. Mental Health System's IMPACT Program is a Full Services Partnership for clients with serious mental illnesses (SMI), as well as SUD. IMPACT provides the highest level of care, may refer to inpatient treatment programs, and assists clients with recovery and basic life skills, as well as addressing their mental health needs.

The First Street Center contracted with Turning Point of Central California opened 10 years ago in response to Assembly Bill 109 that provided for post-release, community-based supervision of non-violent prison inmates. This program provides SUD treatment, and mental health treatment if needed. A Full Service Partnership program is included for individuals with SMI conditions.

Westcare Residential Treatment Program provides SUD inpatient services for women and men, including mothers and fathers with children under age 12. Staff works with clients to make positive choices and to transition into the community while maintaining sobriety. Co-occurring mental health services are available if needed. SMI clients are accepted into the program if they are able to participate in programming. Staff administers any prescribed medications.

Along with other services, Poverello House has a Residential SUD Treatment Program for men. Forty-five men live and work on the Poverello House campus for 6 to 12 months, where they participate in SUD treatment services. Recently, mental health services have been included in the curriculum. Only those with mild to moderate mental health diagnoses participate in the

program; SMI individuals are referred to other programs. Poverello House plans to develop a SUD treatment program for women in the future.

The SUD Committee would like to see more SUD residential treatment programs for individuals with serious mental health diagnoses, as well as more sober living homes for those who complete treatment programs. The Board and this Committee will continue to advocate for more inclusive SUD treatment for residents of Fresno County.

## APPENDIX 4 – Behavioral Health Board Site Visits Conducted

### **2021**

January - Urgent Care Wellness Center

February – Perinatal Wellness Center

March – Blue Sky Wellness Center

April – Uplift Family Services

May – Living Well Center

June – Crestwood Behavioral Health Kingsburg Healing Center

July – Behavioral Health Court and Mental Health Court

August – Central Star Youth Psychiatric Facility

September – ART Addiction Research & Treatment / Bay Area Addiction & Treatment

October – Centro La Familia

November – Central Valley Regional Center

December – Westcare Supportive Overnight Stay

## **2022**

February – The Lodge

March – Tour of the new West Annex section of the County Jail

April – Cultural-Based Access Navigation Support (CBANS)

May – County Operated ~ Older Adult Team

June- JJC Mental Health Systems Substance Abuse Unit (SAU)

July – Older Adult Team

August – Westside Family Preservation Services Youth Empowerment Centers

September – Hinds Hospice Local Outreach to Suicide Survivors (LOSS) Team

October – Crisis Intervention Team (CIT)

November – None

December - DBH Housing Access Resource Team (HART)

## **2023**

January – None (BHB annual workshop)

February – A&J Social Services (DUI and PC 1000 services)

March – Assisted Outpatient Treatment

***Site visits able to occur in person; BHB will use both in person and virtual going forward***

April – The Lodge (in person)

May – Sanger Place (in person)

June – Youth Leadership Institute (virtual)

## APPENDIX 5 - Behavioral Health Board 2023 Meeting Schedule

**\*\* All meetings are back to in-person as of February 28, 2023\*\***

### **Behavioral Health Board**

**Scheduled for the third Wednesday of every month at 3:30 P.M. to 5:30 P.M.**

At the Health and Wellness Center 1925 E. Dakota Fresno, CA 93726

*Brooke Frost, Chair*

*Manuel Piceno, Vice Chair*

*Mary Lou Brauti-Minkler, Secretary*

January 18<sup>th</sup>

February 15<sup>th</sup>

March 15<sup>th</sup>

April 19<sup>th</sup>

May 17<sup>th</sup>

June 21<sup>st</sup>

July 19<sup>th</sup>

August 16<sup>th</sup>

September 20<sup>th</sup>

October 18<sup>th</sup>

November 15<sup>th</sup>

December 20<sup>th</sup>

## **Executive Committee**

**Scheduled for the first Monday of each month at 11:45 A.M. to 1:30 P.M.**

BlueSky Wellness Center 1617 E. Saginaw Way Fresno, CA

*Chair, Brooke Frost*

January 3<sup>rd</sup>

February 6<sup>th</sup>

March 6<sup>th</sup>

April 3<sup>rd</sup>

May 1<sup>st</sup>

June 5<sup>th</sup>

July 3<sup>rd</sup>

August 7<sup>th</sup>

September 4<sup>th</sup>

October 2<sup>nd</sup>

November 6<sup>th</sup>

December 4<sup>th</sup>

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## **Adult Services Committee**

**Scheduled for the first Monday of every other month at 10:00 A.M. to 11:30 A.M.**

BlueSky Wellness Center 1617 E. Saginaw Way Fresno, CA

*Carolyn Evans, Chair*

February 6<sup>th</sup>

April 3<sup>rd</sup>

June 5<sup>th</sup>

August 7<sup>th</sup>

October 2<sup>nd</sup>

December 4<sup>th</sup>

## **Forensics Committee**

**Scheduled quarterly for the second Monday at 1:30 P.M. to 3:00 P.M.**

BlueSky Wellness Center 1617 E. Saginaw Way Fresno, CA

*Brooke Frost, Chair*

**\*\*\*Please note this meeting schedule may change\*\*\***

February 13<sup>th</sup>

April 10<sup>th</sup>

June 12<sup>th</sup>

September 11<sup>th</sup>

December 11<sup>th</sup>

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## **Children's Services Committee**

**Scheduled for the fourth Thursday every other month at 9:00am - 10:30am**

BlueSky Wellness Center 1617 E. Saginaw Way Fresno, CA

*Mary Lou Brauti-Minkler, Chair*

February 23<sup>rd</sup>

April 27<sup>th</sup>

June 22<sup>nd</sup>

August 24<sup>th</sup>

October 26<sup>th</sup>

December 28<sup>th</sup><sup>d</sup>

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## **Substance Use Disorder Committee**

**Scheduled for the second Thursday of every third month at 10:00am - 11:30am**

BlueSky Wellness Center 1617 E. Saginaw Way Fresno, CA

*Carolyn Evans, Co-Chair*

*Debbie Xiong, Co-Chair*

March 9<sup>th</sup>

June 8<sup>th</sup>

September 14<sup>th</sup>

December 14<sup>th</sup>

## APPENDIX 6 – DATA NOTEBOOK 2021

Thank you to the Department of Behavioral Health for their assistance in completing this. The information is provided by the Behavioral Health Board to the California Department of Health Care Services' Behavioral Health Planning Council annually via electronic survey transmission. While Part 1 requests consistent data categories, Part II can change every year.

# FRESNO COUNTY: DATA NOTEBOOK 2021

## FOR CALIFORNIA

### BEHAVIORAL HEALTH BOARDS AND COMMISSIONS



Prepared by California Behavioral Health Planning Council, in collaboration with:  
California Association of Local Behavioral Health Boards/Commissions

The California Behavioral Health Planning Council (Council) is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally, and linguistically responsive and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resilience, and wellness of Californians living with severe mental illness.

For information, you may contact the following email address or telephone number:

[DataNotebook@CMHPC.ca.gov](mailto:DataNotebook@CMHPC.ca.gov)  
(916) 701-8211

Or, you may contact us by postal mail at:

Data Notebook  
California Behavioral Health Planning Council  
1501 Capitol Avenue, MS 2706  
P.O. Box 997413 Sacramento, CA 95899-7413



## NOTICE:

This document contains a textual **preview** of the California Behavioral Health Planning Council 2021 Data Notebook survey, as well as **supplemental data** for your county. It is meant as a **reference document only**.

Some of the survey items appear differently on the live survey due to the difference in formatting. For a more accurate preview of the online survey, please reference the **Data Notebook 2021 SurveyMonkey Preview PDF**, which you received along with this document. We recommend reviewing both documents while preparing your survey responses.

**DO NOT RETURN THIS DOCUMENT.**

*Please use it for preparation purposes only.*

To complete your 2021 Data Notebook, please use the following link and fill out the survey online:

<https://www.surveymonkey.com/r/DPQT8F8>

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## **Introduction: Purpose and Goals**

The Data Notebook is a structured format to review information and report on each county's behavioral health services. A different part of the public behavioral health system is focused on each year, because the overall system is very large and complex. This system includes both mental health and substance use treatment services designed for individuals across the lifespan.

Local behavioral health boards/commissions are required to review performance outcomes data for their county and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and to make the reporting easier, each year a Data Notebook is created for local behavioral health boards to complete and submit to the Planning Council. The discussion questions seek input from the local boards and their departments. These responses are analyzed by Planning Council staff to create an annual report to inform policy makers, stakeholders, and the public.

The Data Notebook structure and questions are designed to meet important goals:

- To help local boards meet their legal mandates<sup>1</sup> to review and comment on their county's performance outcome data, and communicate its findings to the CA Behavioral Health Planning Council;
- To serve as an educational resource on behavioral health data;
- To obtain opinion and thoughts of local board members on specific topics;
- To identify unmet needs and make recommendations.

The 2021 Data Notebook is focusing on racial/ethnic inequities in behavioral health. This topic comprises only part of the Data Notebook. We also have developed a section (Part I) with questions that are addressed each year to help us detect any trends. Monitoring these trends will assist in identification of unmet needs or gaps in services which may occur due to changes in population, resources available, or public policy.

The Planning Council encourages all members of local behavioral health boards/commissions to participate in developing responses for the Data Notebook. This is an opportunity for the local boards and their county behavioral health departments to work together to identify important issues in their community. This work informs county and state leadership about local behavioral health programs, needs, and services. This

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<sup>1</sup> W.I.C. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.

Information is used in the Planning Council's advocacy to the legislature and for input to the state mental health block grant application to SAMHSA<sup>2</sup>.

## **CBHPC 2021 Data Notebook – Part I:**

### **Standard Yearly Data and Questions for Counties and Local Boards**

In recent years, major improvements in data availability now permit local boards and other stakeholders to consult extensive Medi-Cal data online that is provided by the Department of Health Care Services (DHCS). These data include populations that receive Specialty Mental Health Services (SMHS) and Substance Use Disorder Treatment. Similar data are analyzed each year to evaluate county programs and those reports can be found at [www.CalEQRO.com](http://www.CalEQRO.com). Additionally, Mental Health Services Act (MHSA) data can be found in the 'MHSA Transparency Tool' presented on the Mental Health Services Oversight and Accountability Commission (MHSOAC) website.

In addition, members of the Planning Council would like to examine some county-level data that are not readily available online and for which there is no other publicly-accessible source. The items of interest include data that are collected by the counties because they need to know how much they are spending in these service categories and for how many clients. Collecting these data will help us analyze aspects of the behavioral health system that are not currently tracked.

Please answer these questions using information for fiscal year (FY) 2020-2021 or the most recent fiscal year for which you have data. Not all counties will have readily available data for some of the questions asked below. In that case, please enter N/A for 'data not available.'

#### **Adult Residential Care**

There is little public data available about who is residing in licensed facilities on the website of the Community Care Licensing Division at the CA Department of Social Services. This makes it difficult to determine how many of the licensed Adult Residential Facilities (ARFs) operate with services to meet the needs of adults with chronic and/or serious mental illness (SMI), compared to other adults who have physical or developmental disabilities. In 2020, legislation was signed that requires the collection of data from licensed operators about how many residents have SMI and whether these

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<sup>2</sup> SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For more information and reports, see [www.SAMHSA.gov](http://www.SAMHSA.gov).

facilities have services these clients need to support their recovery or transition to other housing.

The Planning Council would like to understand what type of data are currently available at the county level regarding ARFs and Institutions for Mental Diseases (IMDs)<sup>3</sup> available to serve individuals with SMI, and how many of these individuals (for whom the county has financial responsibility) are served in facilities such as ARFs or IMDs. 'Bed day' is defined as a treatment slot (or bed) occupied by one person for one day.

The following is a text summary of the survey questions for Part I of the 2021 Data Notebook. Please note that the questions are presented here in a different format than the finalized SurveyMonkey online survey. Refer to the PDF preview of the SurveyMonkey survey to see a more accurate presentation of the items.

- 1) Please identify your County / Local Board or Commission.  
[Fresno County Behavioral Health Board](#)
- 2) For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Care Facility (ARF), during the last fiscal year? (Text response)  
[115 Individuals](#)
- 3) What is the total number of ARF bed-days paid for these individuals, during the last fiscal year? (Text response)  
[28,346 bed-days](#)
- 4) Unmet needs: how many individuals served by your county behavioral health department need this type of housing but currently are not living in an ARF? (Text response)  
[3](#)
- 5) Does your county have any 'Institutions for Mental Disease' (IMD)?
  - a. No
  - ✓ b. Yes (If Yes, how many IMDs?) [Fresno County Currently has 29 IMD's Contracted. One in Fresno and the remainder in other counties](#)
- 6) For how many individual clients did your county behavioral health department pay the costs for an IMD stay (either in or out of your county), during the last fiscal year?  
In-county: (Text response) [120 Individuals](#)      Out-of-county: (Text response) [83 Individuals](#)
- 7) What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period? [41,473 bed-days](#)  
(Text response)

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<sup>3</sup> Institution for Mental Diseases (IMD) List: [https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-IMD\\_List.aspx](https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-IMD_List.aspx).

## **Homelessness: Programs and Services in California Counties**

The Planning Council has a long history of advocacy for individuals with SMI who are homeless, or who are at-risk of becoming homeless. California's recent natural disasters and public health emergency have exacerbated the affordable housing crisis and homelessness. Federal funding was provided to states that could be used for temporary housing for individuals living on the streets as a method to stop the spread of the COVID-19 virus. Additional policy changes were made to mitigate the rate of evictions for persons who became unemployed as a result of the public health crisis.

Studies indicate that approximately only 1 in 3 individuals who are homeless also have serious mental illness and/or a substance use disorder. While the Planning Council does not endorse the idea that homelessness is caused by mental illness nor that the public BH system is responsible to fix homelessness, financially or otherwise, we know that recovery happens when an individual has a safe, stable place to live. Because this issue is so complex and will not be resolved in the near future, the Council will continue to track and report on the programs and supports offered by counties to assist homeless individuals who have SMI and/or SUD.

- 8) During the most recent fiscal year (2020-2021), what new programs were implemented, or existing programs were expanded, in your county to serve persons who are both homeless and have severe mental illness? (Mark all that apply.)
- a. Emergency Shelter
  - b. Temporary Housing
  - ✓ c. Transitional Housing - DSS partnered with Upholdings, Inc and RH Community Builders to secure over 4,000,000 to remodel the Hotel Fresno to provide 165 transitional living units for homeless individuals. The project is now known as Crossroads Village. DBH will provide specialty mental health and housing supportive services for tenants.
  - ✓ d. Housing/Motel Vouchers - DBH expanded the Hotel/Motel Voucher program to provide greater access and ease of use by replacing the voucher requirement to use of the County CalCard credit card to provide temporary housing for homeless individuals transitioning into a more permanent housing solution.
  - ✓ e. Supportive Housing - DBH entered into an agreement with Exodus Recovery to provide housing supportive services and specialty Mental Health services for tenants living in our Renaissance sites and Round one No Place Like Home sites of Villages at Paragon, Villages at Broadway and Alegre Commons
  - f. Safe Parking Lots
  - g. Rapid Re-Housing
  - h. Adult Residential Care Patch/Subsidy
  - i. Other (Please specify)

## **Child Welfare Services: Foster Children in Certain Types of Congregate Care**

About 60,000 children, under the age of 18, in California are in foster care. They were removed from their homes because county child welfare departments, in conjunction with juvenile dependency courts, determined that these children could not live safely with their caregiver(s). Most children are placed with a family who receive foster children, but a small number of the children need a higher level of care and are placed

in a 'Group Home'. California is striving to move away from the use of long-term group homes, and prefers to place all youth in family settings, if possible. California has revised the treatment facilities for children whose needs cannot be safely met initially in a family setting. Group homes are to be transitioned into a new facility type called Short-Term Residential Treatment Program (STRTP). STRTPs provide short-term, specialized, and intensive treatment individualized to the needs of each child in placement.

All of California's counties are working toward closing long-term group homes and are establishing licensed STRTPs. This transition will take time and it is important for your board to talk with your county director about what is happening in your county for children in foster care who are not yet able to be placed in a family setting or who are in a family setting and experience a crisis which requires short-term intensive treatment.

- 9) Do you think your county is doing enough to serve the children/youth in group care?
- ✓a. Yes
  - b. No (If No, what is your recommendation? Please list or describe briefly)  
(Text response)

Many counties do not yet have STRTPs and may place children/youth in another county. Recent legislation (AB 1299) directs that the Medi-Cal eligibility of the child be transferred to the receiving county. This means, the county receiving the child now becomes financially responsible for his/her Medi-Cal costs.

- 10) Has your county received any children needing "group home" level of care from another county?
- a. No
  - ✓b. Yes (If Yes, how many?) [167 presumptive transfers were made into Fresno County STRTP's between July 1st, 2020 to June 30th, 2021](#)
- 11) Has your county placed any children needing "group home" level of care into another county?
- a. No
  - ✓b. Yes (If Yes, how many?) [218 Between July 1st, 2020 to June 30th, 2021](#)

## **CBHPC 2021 Data Notebook – Part II: Racial/Ethnic Inequities in Behavioral Health**

## Background

California is one of the most culturally diverse states in the nation regarding race, ethnicity, and language. This diversity is one of the state's greatest assets, but it also comes with a need to provide services in ways that are culturally relevant and respectful of these diverse communities. Health disparities by race and ethnicity are well documented, and there are prominent inequities in behavioral health outcomes and access to services. The state has a responsibility to address these disparities and work towards a mental health system that serves California's cultural and linguistic diversity.

The 2014 Data Notebook touched on some of these issues in a section titled "Access by Unserved and Under-Served Communities." Using data from the External Quality Review Organization (EQRO), the number of individuals eligible for Medi-Cal in the county was compared to the number who were served in county Specialty Mental Health programs in two charts, broken down by race/ethnicity. The counties were then asked 3 questions.

1. Is there a big difference between the race/ethnicity breakdowns on the two charts? Do you feel that the cultural group(s) that needs services in your county is receiving services?
2. What outreach efforts are being made to reach underserved groups in your community?
3. Do you have suggestions for improving outreach to and/or programs for underserved groups?

Since 2014, awareness of inequities in behavioral health has continued to increase. In 2017, Governor Jerry Brown signed AB 470 (Arambula) into law, which requires the tracking and evaluation of Medi-Cal specialty mental health services with the goal of reducing mental health disparities. The California Pan Ethnic Health Network (CPHEN) developed an Advisory Workgroup in 2018 to provide recommendations for the implementation of AB 470. The Department of Health Care Services published the first report of the data in 2019, with an update in 2020. The California Health Care Foundation (CHCF) and CPHEN [released a report](#) in November 2020 with analysis of that data, highlighting some of the findings that the data provides while also providing recommendations for additional measures focused on quality of care and outcomes. It also called for continued stakeholder engagement to ensure that "performance and disparity reduction measures reflect consumer needs."

This is just one example of the efforts being made to address behavioral health inequities; there is much more work to be done. The [CBHPC Equity Statement](#) acknowledges the impact of social injustice on the behavioral health system that leads to health inequities, and "supports California in achieving the goals to reduce disparities, rebuild the trust lost from communities that have been historically under/inappropriately

served and eliminate social injustice and racial inequities.” As part of the effort to put this into action, the 2021 Data Notebook is returning to this timely topic.

### County Data: Fresno

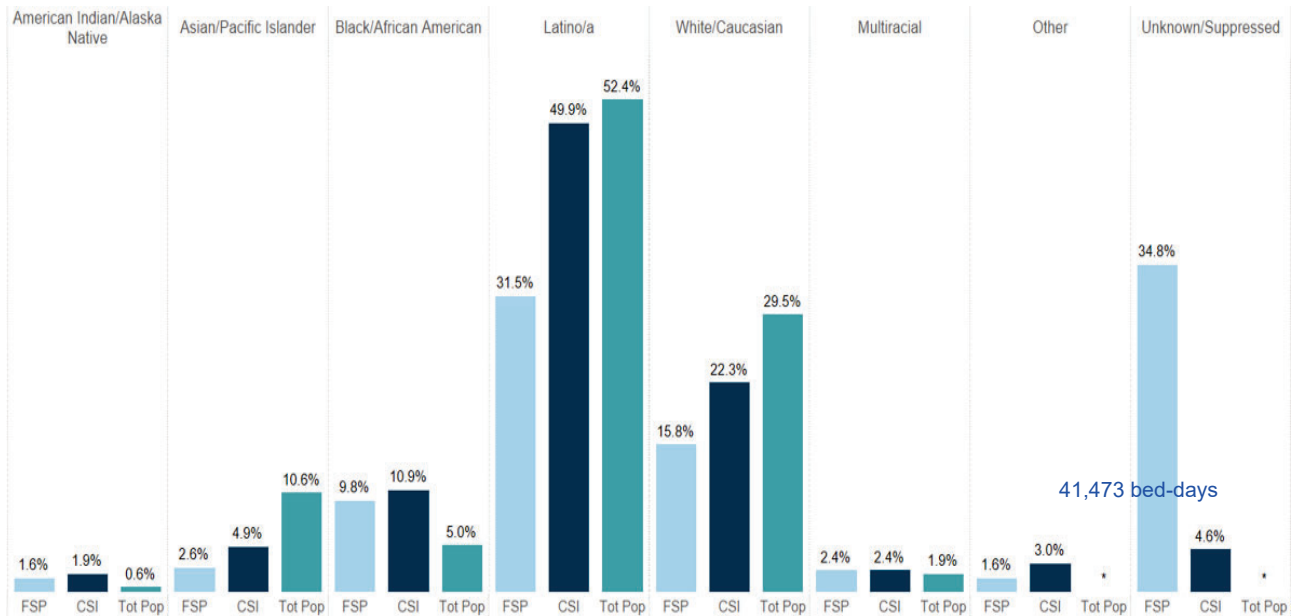
The following data has been personalized for your county. Please review it and reflect on the potential trends regarding race and ethnicity. Refer to it as you answer Part II of the 2021 Data Notebook Survey. See Appendix I for statewide California data.

Figure 1 is from the [Highlighting Differences to Understand Disparities](#) dashboard of the MHSOAC transparency suite. It compares the percentage of total persons by race/ethnicity in your county from three sources for fiscal year (FY) 18-19:

1. FSP: Persons in Full-Service Partnerships.
2. CSI: Persons receiving publicly funded mental health services as reported in the Clients Services Information system.
3. Total Pop: Department of Finance population estimates based on US Census data.

The data is also presented in table format below the chart. Some values may be unavailable or suppressed due to the low count to protect patient privacy. Comparing these percentages may show some insight into potential disparities in access based on race/ethnicity.

**Figure 1. Mental Health Access by Race/Ethnicity in Fresno, FY 18-19, Total**



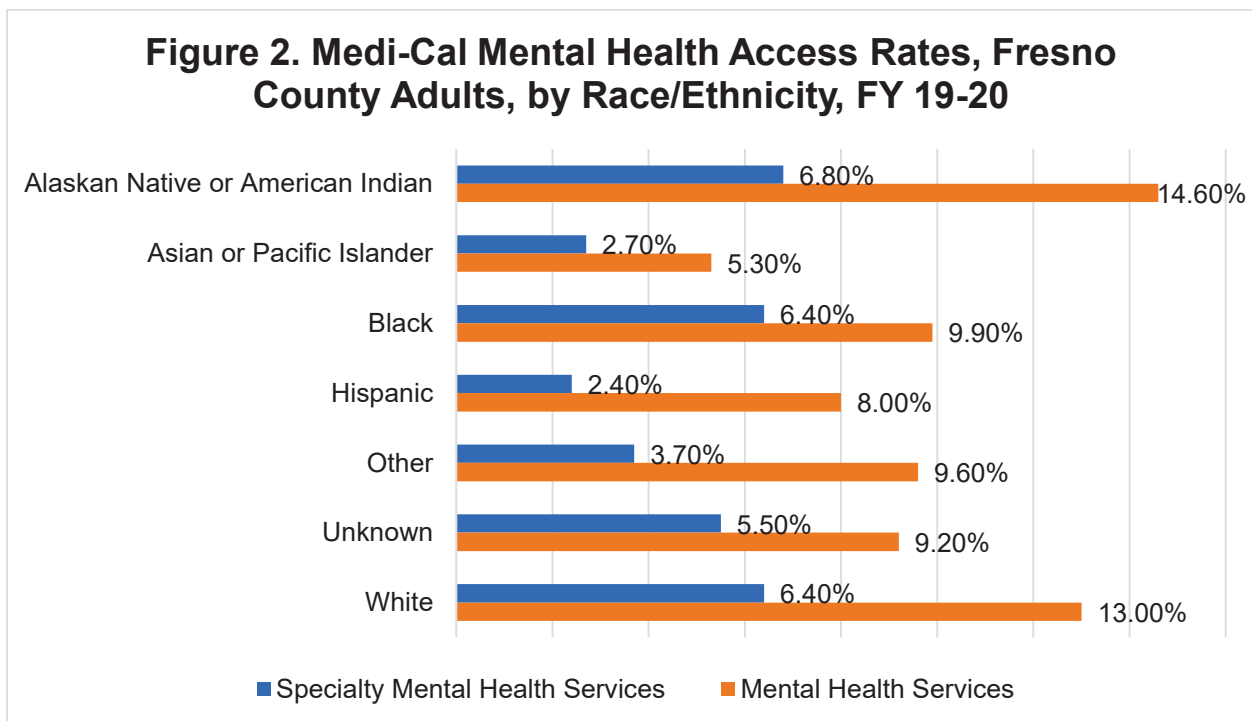
**Table 1. Mental Health Access by Race/Ethnicity in Fresno, FY 18-19, Total**

	American Indian/ Alaska Native	Asian/ Pacific Islander	Black/ African American	Latino/a	White/ Caucasian	Multiracial	Other	Unknown/ suppressed
FSP	1.6%	2.6%	9.8%	31.5%	15.8%	2.4%	1.6%	34.8%
CSI	1.9%	4.9%	10.9%	49.9%	22.3%	2.4%	3.0%	4.6%
Total Pop	0.6%	10.6%	5.0%	52.4%	29.5%	1.9%	*	*

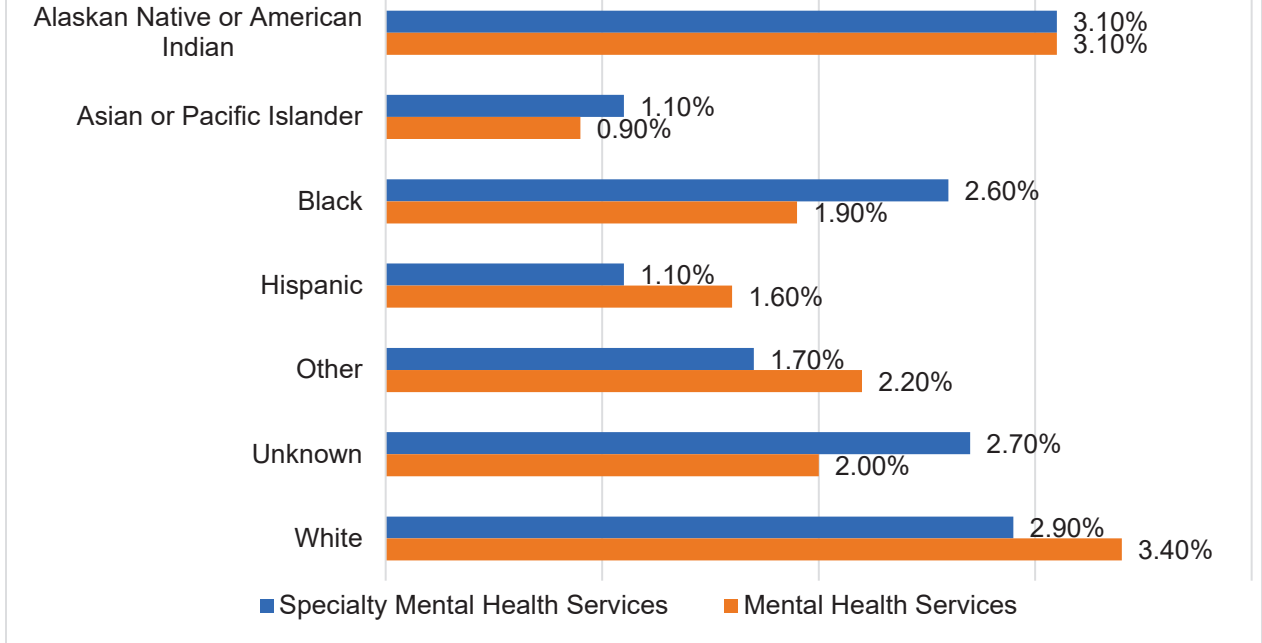
*\*Data not available or suppressed (any count <11)*

Further data is provided below from the [Performance Dashboard AB 470 Report Application](#), published by DHCS. The first two charts (Figures 2 & 3) show the percentages of adult beneficiaries in your county receiving **Specialty Mental Health Services** or **Mental Health Services** compared to the overall Medi-Cal eligible count, by race/ethnicity. **Mental Health Services** refers to non-specialty mental health services; mostly mild-moderate mental health services found in fee-for-service claims and managed care encounters. The **access** rate includes beneficiaries receiving **at least one** mental health services visit in a single fiscal year while the **engagement** rate includes beneficiaries with **five or more** visits in a fiscal year.

Differences in the percentages by race/ethnicity may show potential disparities. For example, some groups may have lower penetration and engagement rates than others. There may also be discrepancies between the penetration and engagement rates for the same group, or between the rates for Specialty Mental Health Services compared to Mental Health Services. What does the data for your county say about access and engagement for different racial/ethnic groups?

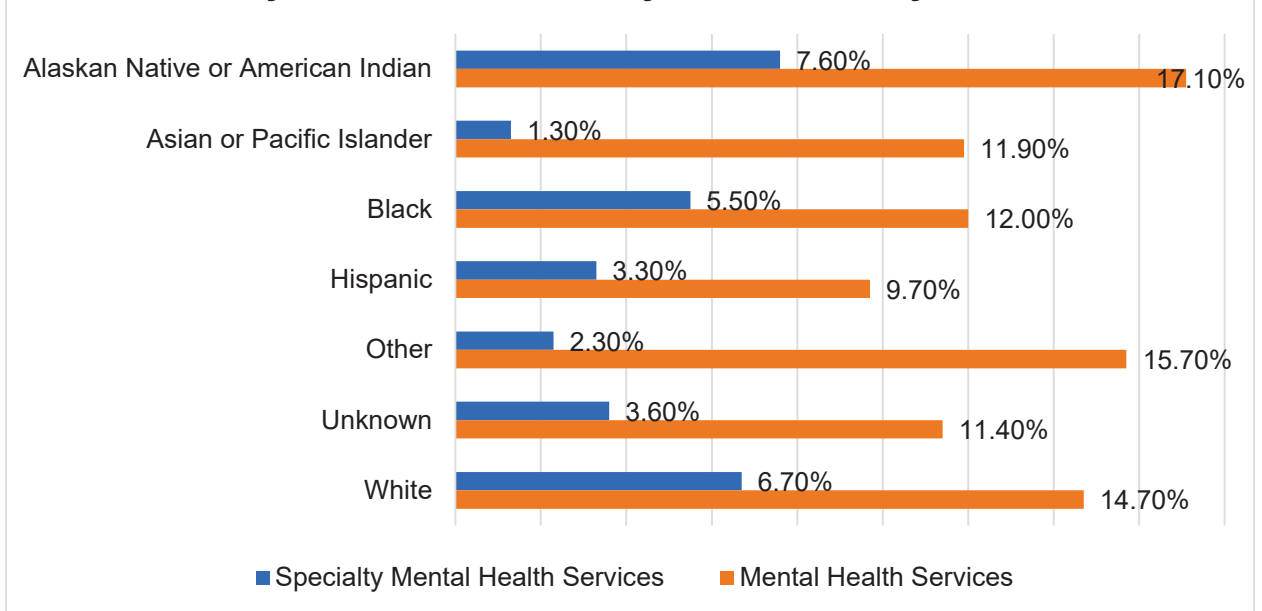


**Figure 3. Medi-Cal Mental Health Engagement Rates, Fresno County Adults, by Race/Ethnicity, FY 19-20**

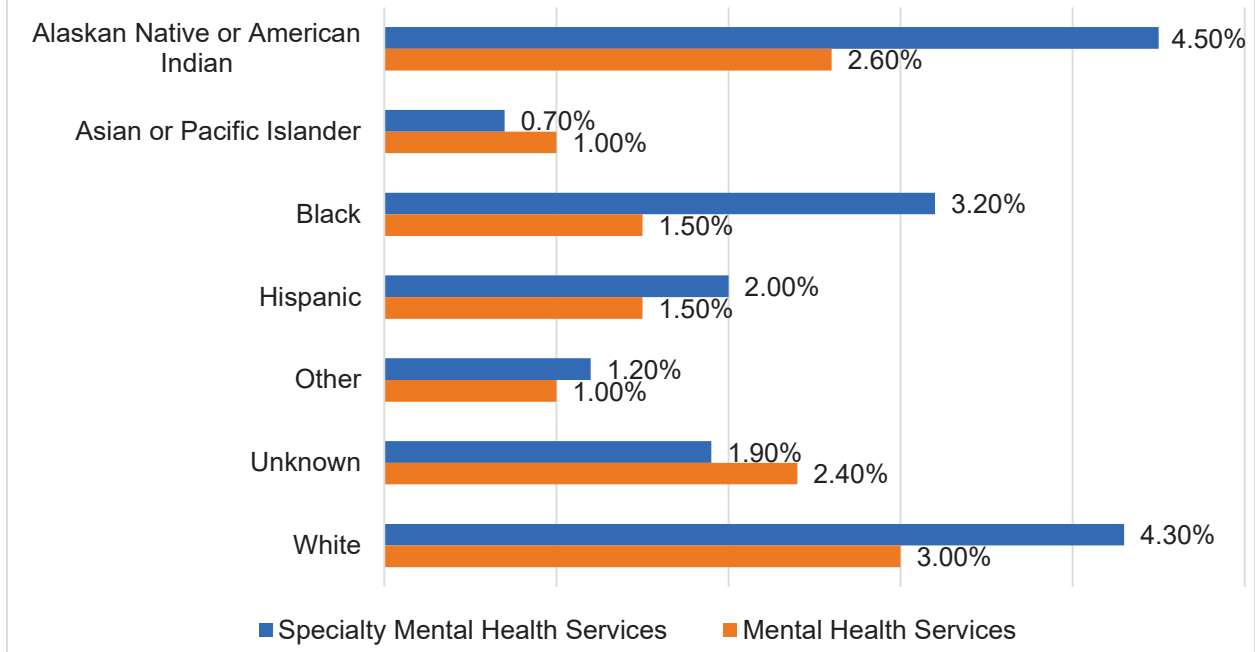


The next two charts (Figures 4 & 5) show the same measures for children and youth in your county. Once again, differences in the rates between groups may indicate inequities in access to care, and trends may be different from the data for adults in your county.

**Figure 4. Medi-Cal Mental Health Access Rates, Fresno County Children & Youth, by Race/Ethnicity, FY 19-20**



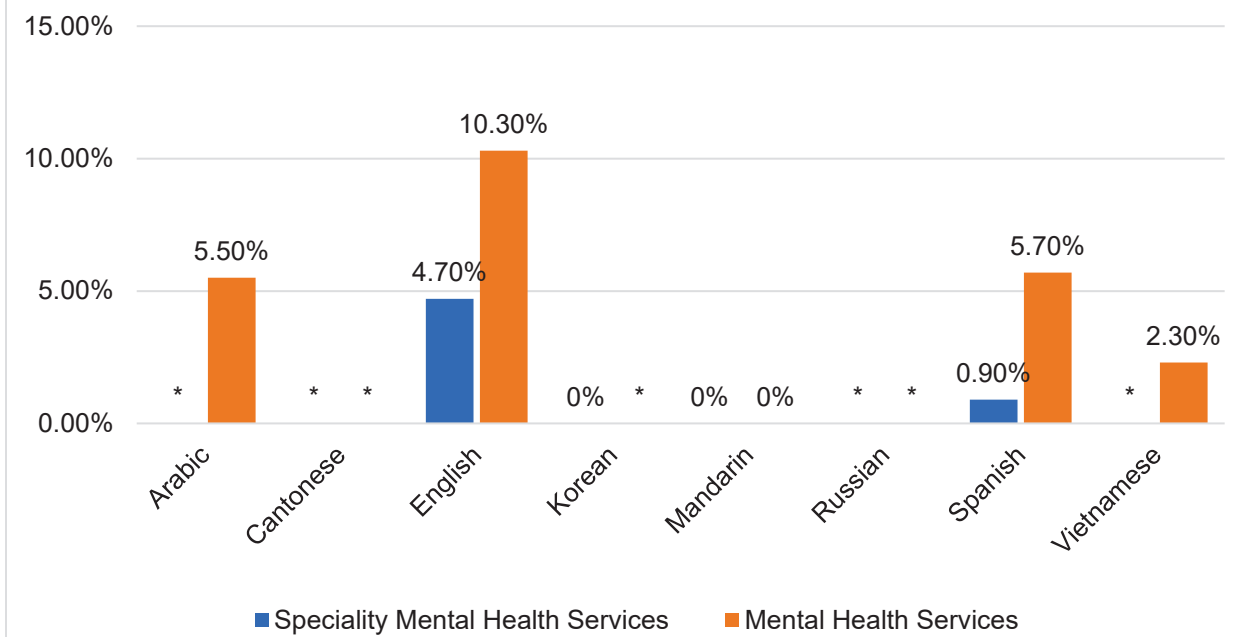
**Figure 5. Medi-Cal Mental Health Engagement Rates, Fresno County Children & Youth, by Race/Ethnicity, FY 19-20**



The next two charts (Figures 6 & 7) show the percentage of beneficiaries receiving Specialty Mental Health Services and Mental Health Services (at least one mental health service visit per FY) compared to the overall Medi-Cal eligible count for the 8 most common preferred written languages for Medi-Cal enrollees overall (listed in alphabetical order): Arabic, Cantonese, English, Korean, Mandarin, Russian, Spanish, and Vietnamese. This data does not indicate what language services were delivered in, just the written language preference of the individuals receiving services.

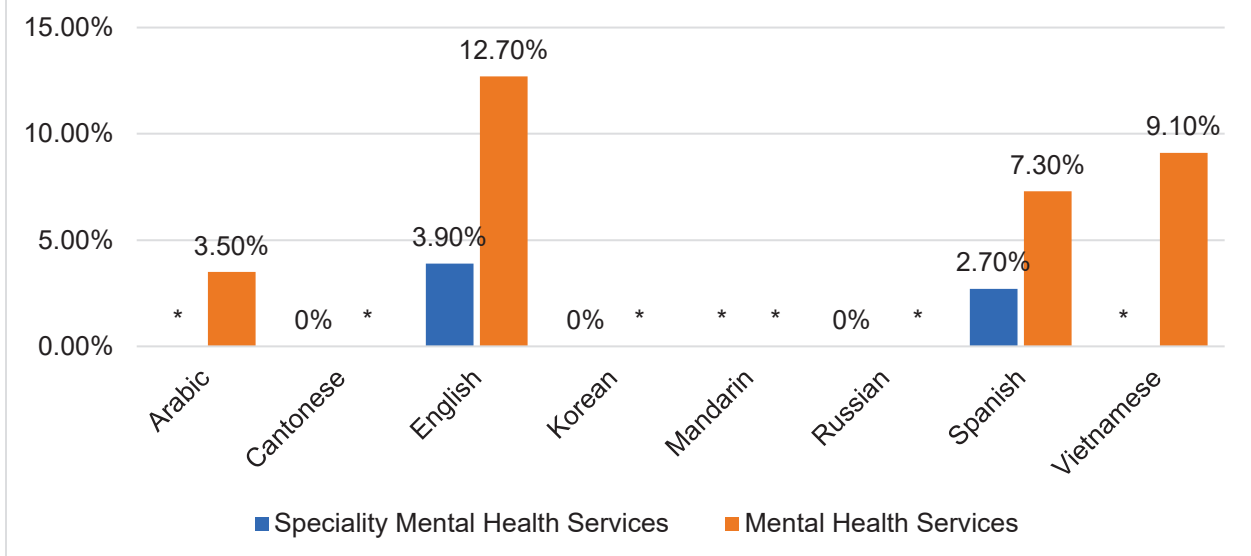
Observe which enrollees in your county were less likely to receive mental health services through either Specialty Mental Health Services or Mental Health Services based on their preferred language. Again, if the data show significant differences, you may want to explore possible reasons and whether there is something that can be done to reduce the differences in your county.

**Figure 6. Medi-Cal Mental Health Access Rates by Language, Fresno County Adults, FY 19-20**



\*Data has been suppressed to protect patient privacy.

**Figure 7. Mental Health Access Rates by Language, Fresno County Children & Youth, FY 19-20**



\*Data has been suppressed to protect patient privacy.

## Part II Survey Questions

The following is a text summary of the survey questions for Part II of the 2021 Data Notebook. Please note that the questions are presented here in a different format than the finalized SurveyMonkey online survey. Refer to the PDF preview of the SurveyMonkey survey to see a more accurate presentation of the items.

### Please answer the following questions:

12. Based on the data provided for your county, please rate the **access** and **engagement** to stepdown services for each of the following racial/ethnic groups. (Dropdown menus for access rate and engagement rate with the ratings of “Excellent”, “Very Good”, “Good”, “Fair”, and “Poor” for each group.)
- a. Alaskan Native / American Indian:  h. Transition age youth (16-24 years)
  - b. Asian or Pacific Islander:
  - c. Black:
  - d. Hispanic:
  - e. Other:
  - f. White:
  - g. Older adult (65+years)

13. What outreach, community engagement, and/or education methods are being used to reach and serve the following racial/ethnic groups in your community? (Please select all that apply.)

(Matrix of checkboxes for each item and racial/ethnic group.)

- a. Outreach at local community venues and events
- b. House visits to underserved individuals/communities
- c. Telehealth services to increase access and engagement
- d. Community stakeholder meetings/events
- e. Written materials translated into multiple languages
- f. Live/virtual interpretation services
- g. Educational classes, workshops, or videos
- h. Providing food/drink at meetings and events
- i. Providing reimbursement or stipends for involvement
- j. Providing transportation to and from services
- k. Other (please describe):

14. Which of the following groups are represented on your mental health board/commission or related work groups/task forces? (Please select all that apply.)
- a. Alaskan Native / American Indian
  - b. Asian or Pacific Islander
  - c. Black
  - d. Hispanic

13. Which outreach, community engagement, and/or education methods are being used to reach and serve the following racial/ethnic groups in your county? (Please check all that apply. If a given method is not utilized for any group, please select "N/A")

	Alaskan Native / American Indian	Asian or Pacific Islander	Black	Hispanic	Other	White	N/A
House visits to underserved individuals/communities							/
Telehealth services to increase access and engagement	/	/	/	/	/	/	
Community stakeholder meetings/events		/	/	/			
Written materials translated into multiple languages		/		/			
Live or virtual (real-time) interpretation services		/		/			
Educational classes, workshops, or videos	/	/	/	/	/	/	
Providing food/drink at meetings and events							/
Providing reimbursement or stipends for involvement							/
Providing transportation to and from services							/

LANGUAGES IS BY LANGUAGES SPOKEN NOT RACE. QUESTION IS FLAWED

/ - NO INPERSON IN PAST YR  
 / - NOT FOR VIRTUAL 2 NO IN PERSON IN LAST YR.  
 / NOT DURING PAST YR.

- ✓ e. White
- f. Other race/ethnicity
- ✓ g. Older adults (65+ years)
- ✓ h. Transition-age youth (16-24 years)

15. Which of the following steps have been taken to develop a culturally diverse behavioral health work force in your county? (Please check all that apply.)
- a. Tailoring recruitment efforts (re: professional outreach and job ads) to applicants who are representative of the racial/ethnic populations in your county
  - ✓ b. Utilizing behavioral health workforce pipeline programs that value cultural/linguistic diversity among applicants
  - ✓ c. Actively cultivating a culturally inclusive workplace environment in which racial/ethnic minority staff are engaged
  - ✓ d. Conducting listening sessions or other methods for staff to provide feedback on workplace environment and hiring/promoting practices
  - ✓ e. Providing professional development opportunities such as mentorship or continued education and training for behavioral health staff and providers
  - f. Other (please describe):
  - g. None of the above.

16. Does your county provide cultural proficiency training for behavioral health staff and providers?

- ✓ a. Yes (please describe): All contracted providers are required to complete annual training and to provide documentation of such training.

DBH staff receive foundational training annually. The Relias platform used allows DBH staff and contracted providers to access an array of training in the area of culturally responsive care.

Trainings provided for the system of care include HEMCDY, REIA, CLAS and interpreter. Information on training efforts are also outlined in the annual Cultural Competency Plan delivered with Humility.

b. No

17. Which of the following does your county have difficulty with in regard to providing culturally responsive and accessible mental health services? (Please select all that apply.)

- ✓ a. Employing culturally diverse staff and providers
- ✓ b. Retaining culturally diverse staff and providers
- c. Translating written materials
- d. Providing live/virtual interpretation services
- e. Providing cultural proficiency training for staff and providers
- f. Outreach to racial/ethnic minority communities
- g. Other (please specify):

18. What barriers to accessing mental health services do individuals from underserved communities face in your county? (Please select all that apply.)

- ✓ a. Language barriers
- ✓ b. Lack of culturally diverse/representative staff providers
- c. Distrust of mental health services

- ✓ d. Community stigma
- e. Lack of information or awareness of services
- f. Difficulty securing transportation to or from services
- g. Difficulty accessing telehealth services
- h. Other (please specify):

19. Do you feel that the COVID-19 pandemic has increased behavioral health disparities for any of the following groups? (Please select all that apply.)

- a. Alaskan Native / American Indian
- b. Asian or Pacific Islander
- c. Black
- d. Hispanic
- e. White
- f. Other race/ethnicity
- ✓ g. Older adults (65+ years)
- h. Transition-age youth (16-24 years)
- i. Children (Under 16)

20. Please rate the impact of the use of telehealth services during Covid-19 for the following groups regarding access and utilization of behavioral health services

(Rating options for each group are “very positive”, “somewhat positive”, “neutral”, “somewhat negative”, and “very negative”.)

- a. Alaskan Native / American Indian: - Neutral
- b. Asian or Pacific Islander: - Neutral
- c. Black:- Neutral
- d. Hispanic: - Somewhat positive
- e. Other: - Neutral
- f. White: - Somewhat positive

Where there was noticeable changes was with age groups. Children and youth access seemed to increase.

21. Which providers or services have been employed, utilized, or collaborated with to serve the following racial/ethnic populations in your county? (Please select all that apply.)

(Matrix of checkboxes for each item and racial/ethnic group.)

- ✓ a. Community Health Workers / *promotoras*
- b. Community-accepted first responders
- c. Peer Support Specialists
- ✓ d. SUD providers
- ✓ e. Community-based organizations
- ✓ g. Faith-based leaders/organizations
- ✓ h. Local tribal nations / native communities
- ✓ i. Homeless services

- ✓ i. Local K-12 schools
- ✓ j. Higher education
- k. Domestic violence programs
- ✓ l. Immigration services
- ✓ m. Sport/athletic teams or organizations
- n. Grocery stores or food pantries
- ✓ o. Other (Please specify): [Some limited with COVID  
CBAN's](#)

22. Do you have suggestions for improving outreach to and/or programs for underserved groups? (Text Response)

\*20. Please rate the impact of the use of telehealth services during Covid-19 for the following groups regarding access and utilization of behavioral health services.

	Very Positive	Somewhat Positive	Neutral	Somewhat Negative	Very Negative
Alaskan Native / American Indian					
Asian or Pacific Islander					
Black					
Hispanic					
Other race/ethnicity					
White					

\*21. Which providers or services have been employed, utilized, or collaborated with to serve the following racial/ethnic populations in your county? (Please select all that apply. If a given provider or service is not utilized for any group, please select "N/A")

	Alaskan Native/ American Indian	Asian or Pacific Islander	Black	Hispanic	Other	White	N/A
Community Health Workers/ <i>Promotoras</i>	/	/	/	/	/	/	
Community-accepted first responders		//	/	/	/	//	
Peer support specialists							//
SUD providers	/	/	/	/	/	/	
Community-based organizations	/	/	/	/	/		
Local tribal nations / native communities	/						/

CBAS

	Alaskan Native / American Indian	Asian or Pacific Islander	Black	Hispanic	Other	White	N/A
Homeless services	/	/	/	/	/	/	/
Local K-12 schools	/	/	/	/	/	/	/
Higher education institutions		/					/
Domestic violence programs							/
Immigration services		/		/			/
Sport/athletic teams or organizations	/	/	/	/	/	/	/
Grocery stores or food pantries							/
Other (please specify)	SOME LIMITED w/ COVID.						

22. Do you have suggestions for improving outreach to and/or programs for underserved groups?

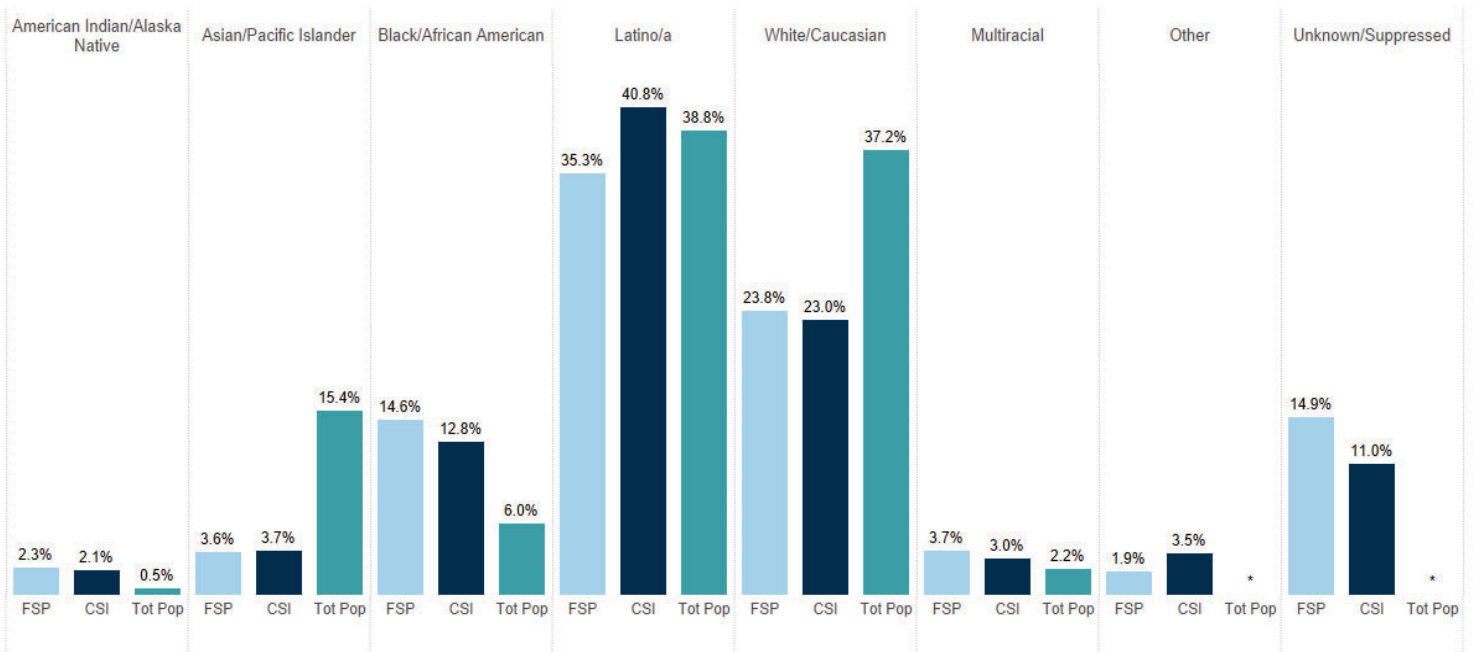
## Appendix A: Statewide Data for California

The following data is for the state of California. Figure A1 is from the [Highlighting Differences to Understand Disparities](#) dashboard of the MHSOAC transparency suite. It compares the percentage of total persons by race/ethnicity in California from three sources for fiscal year (FY) 18-19:

1. FSP: Persons in Full-Service Partnerships.
2. CSI: Persons receiving publicly funded mental health services as reported in the Clients Services Information system.
3. Total Pop: Department of Finance population estimates based on US Census data.

The data is also presented in table format below the chart. Some values may be unavailable or suppressed due to the low count to protect patient privacy. Comparing these percentages may show some insight into potential disparities in access based on race/ethnicity.

**Figure A1. Mental Health Access by Race/Ethnicity in California, FY 18-19, Total**



\*Data not available or suppressed (any count <11)

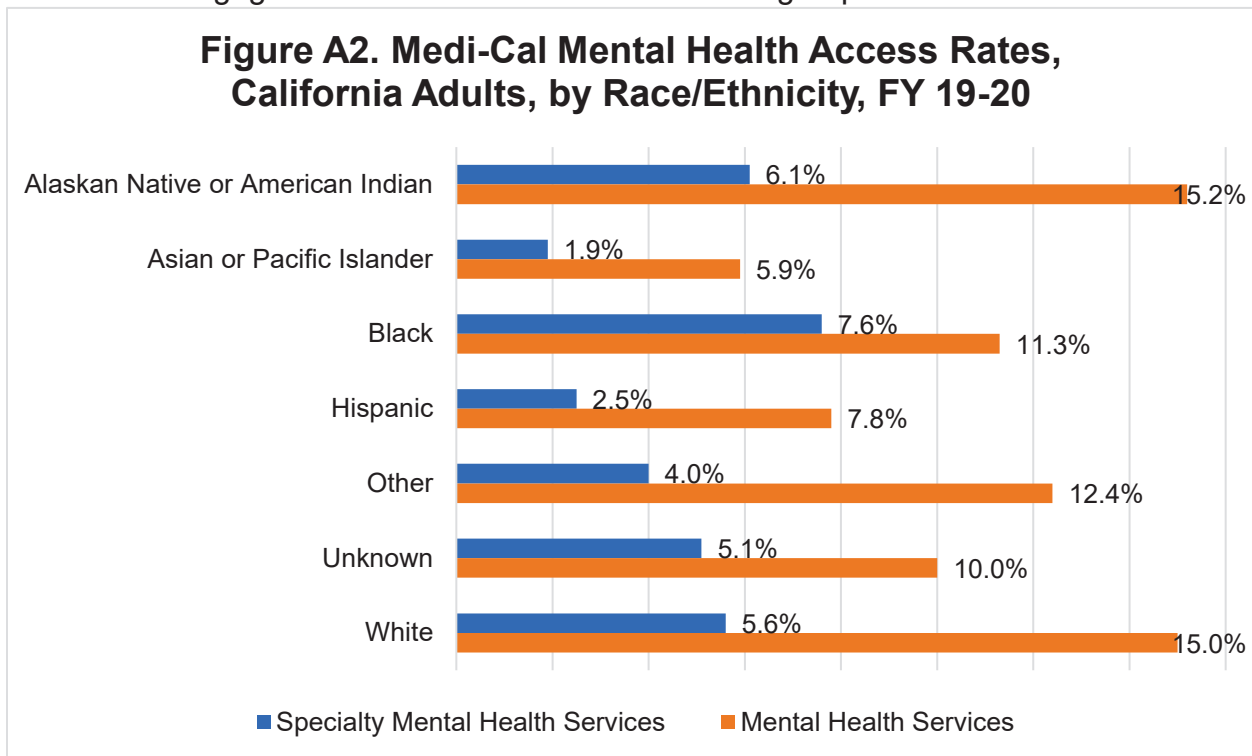
**Table A1. Mental Health Access by Race/Ethnicity in California, FY 18-19, Total**

	American Indian/ Alaska Native	Asian/ Pacific Islander	Black/ African American	Latino/a	White/ Caucasian	Multiracial	Other	Unknown/ suppressed
FSP	2.3%	3.5%	14.6%	35.3%	23.8%	3.7%	1.9%	14.9%
CSI	2.1%	3.7%	12.8%	40.8%	23.0%	3.0%	3.5%	11.0%
Total Pop.	0.5%	15.4%	6.0%	38.8%	37.2%	2.2%	*	*

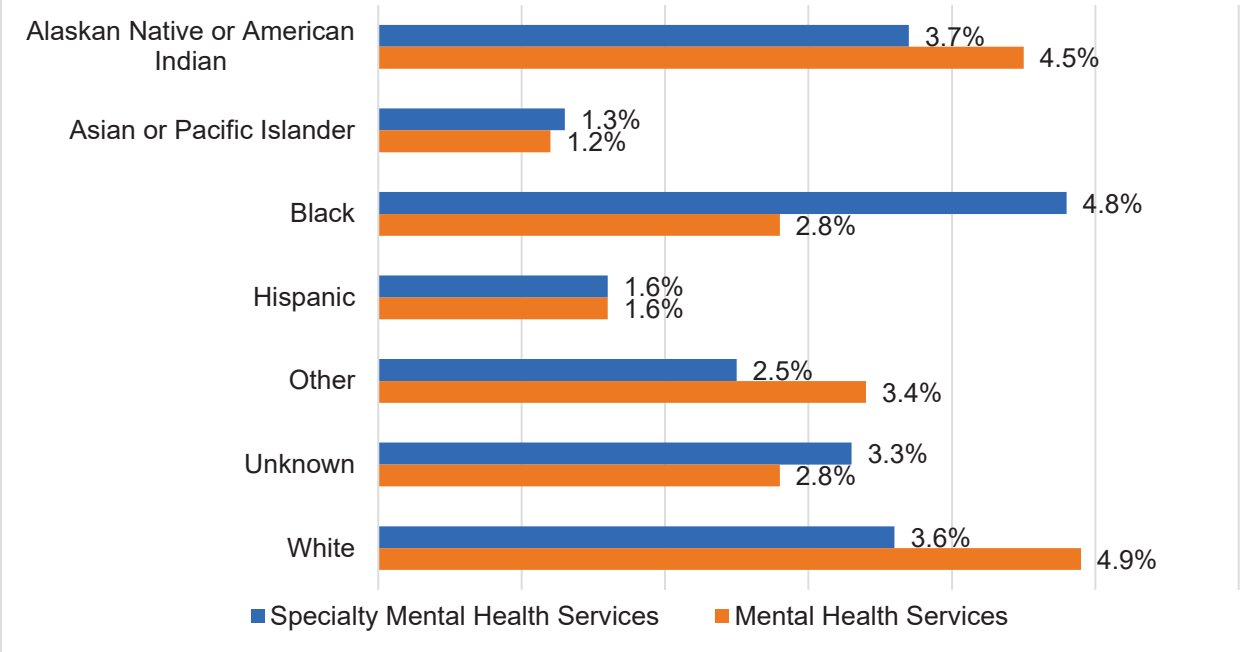
*\*Data not available or suppressed (any count <11)*

Further data is provided below from the [Performance Dashboard AB 470 Report Application](#), published by DHCS. The first two charts (Figures A1 & A2) show the percentages of adult beneficiaries in California receiving **Specialty Mental Health Services** or **Mental Health Services** compared to the overall Medi-Cal eligible count, by race/ethnicity. **Mental Health Services** refers to non-specialty mental health services; mostly mild-moderate mental health services found in fee-for-service claims and managed care encounters. The **access** rate includes beneficiaries receiving **at least one** mental health services visit in a single fiscal year while the **engagement** rate includes beneficiaries with **five or more** visits in a fiscal year.

Differences in the percentages by race/ethnicity may show potential disparities. For example, Asian or Pacific Islander and Hispanic beneficiaries have notably lower access and engagement rates than other racial/ethnic groups.

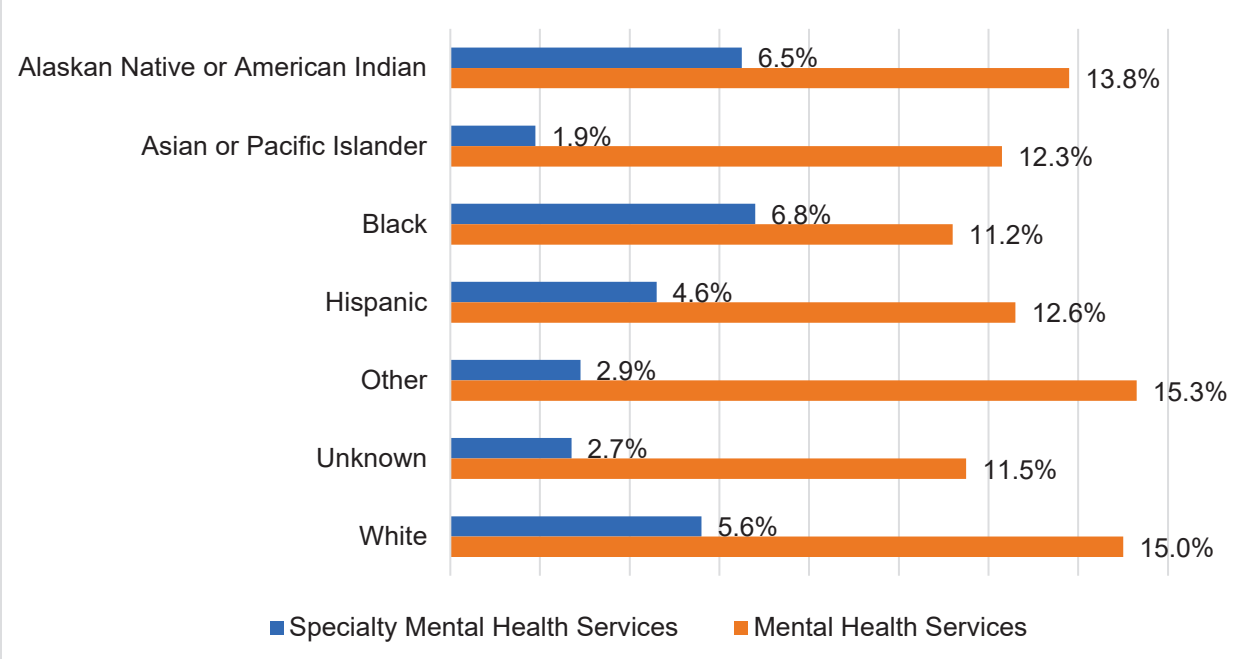


**Figure A3. Medi-Cal Mental Health Engagement Rates, California Adults, by Race/Ethnicity, FY 19-20**



The next two charts (Figures A4 & A5) show the same measures for children and youth in California. Once again, rates for Asian or Pacific Islander and Hispanic children/youth are lower than for other groups.

**Figure A4. Medi-Cal Mental Health Access Rates, California Children & Youth, by Race/Ethnicity, FY 19-20**



**Figure A5. Medi-Cal Mental Health Engagement Rates, California Children & Youth, by Race/Ethnicity, FY 19-20**

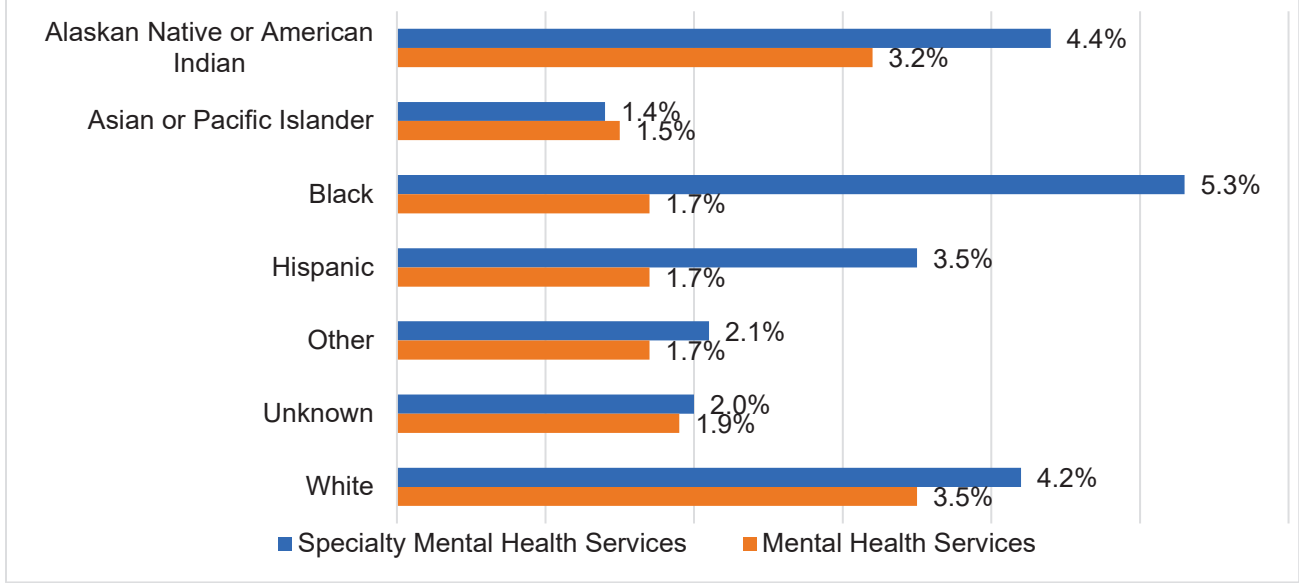


Figure A6 shows the percentage of adult beneficiaries receiving Specialty Mental Health Services and Mental Health Services (at least one mental health service visit per FY) compared to the overall Medi-Cal eligible count for each of the 8 most common preferred written languages for Medi-Cal enrollees overall (listed in alphabetical order): Arabic, Cantonese, English, Korean, Mandarin, Russian, Spanish, and Vietnamese. This data does not indicate what language services were delivered in, just the written language preference of the individuals. Based on this data, access rates for Specialty Mental health Services among non-English speaking groups are lower than for English speaking beneficiaries, with Mandarin and Korean having the lowest rates. However, English beneficiaries do not have the highest access rates for Mental Health Services.

**Figure A6. Medi-Cal Mental Health Access Rates by Language, California Adults, FY 19-20**

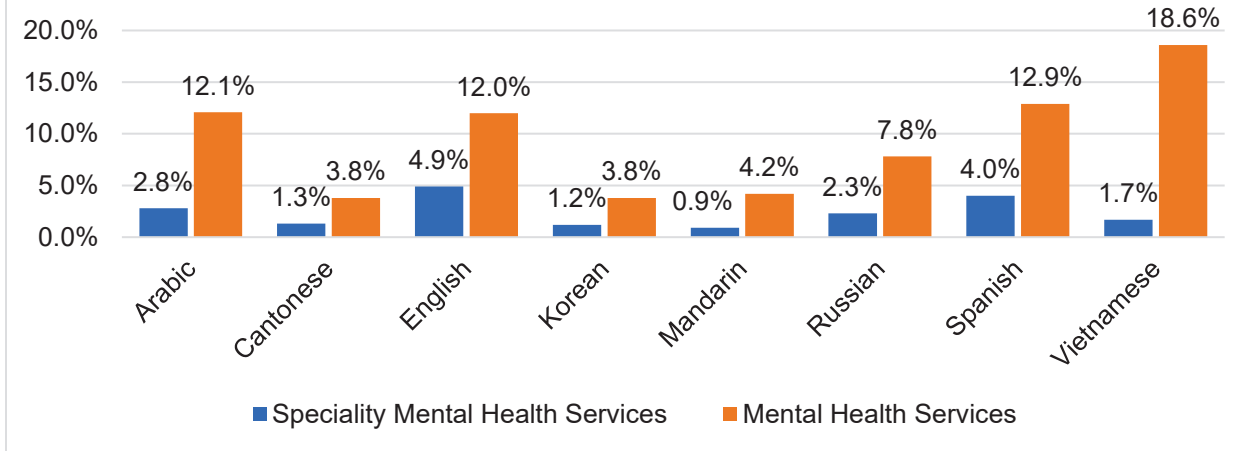
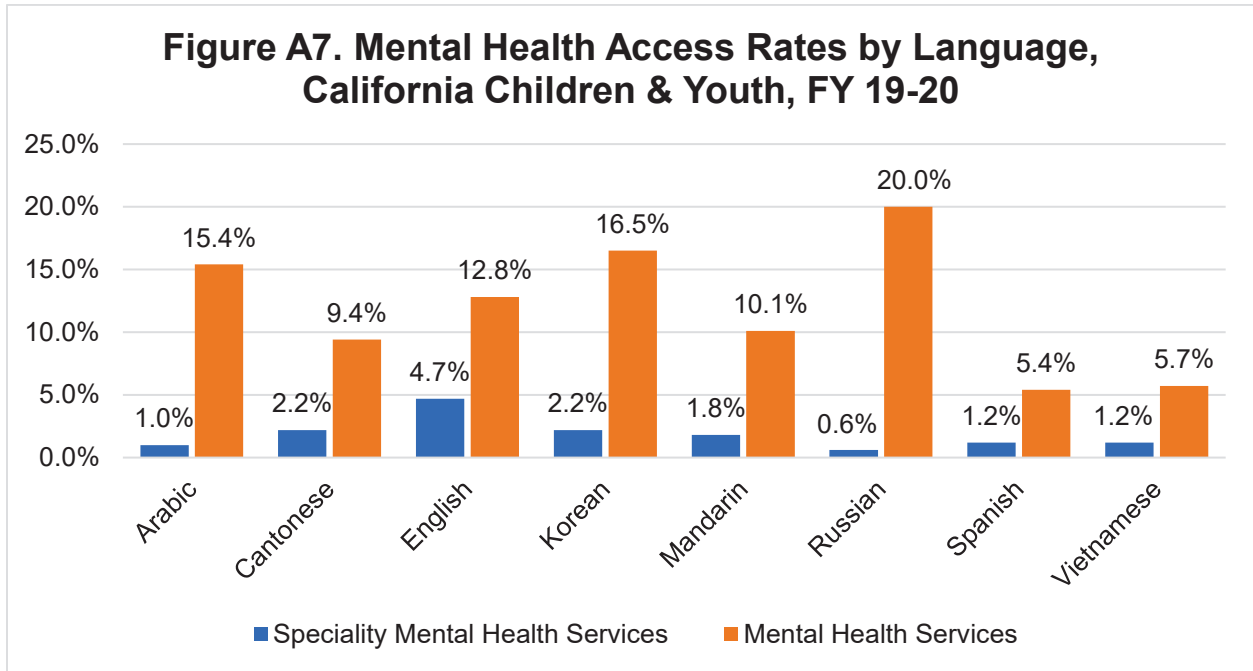


Figure A7 shows the same measures for Children and Youth. Once again, access rates for Specialty Mental health Services among non-English speaking groups are lower than for English speaking children and youth. Among this age group, the lowest rates for Specialty Mental Health Services are among Arabic and Russian speaking beneficiaries.



## APPENDIX 7 – DATA NOTEBOOK 2022

Thank you to the Department of Behavioral Health for their assistance in completing this. The information is provided by the Behavioral Health Board to the California Department of Health Care Services' Behavioral Health Planning Council annually via an electronic survey submission. While Part 1 requests consistent data categories, Part II can change every year.

# #19

**COMPLETE**

**Collector:** CBHPC 2022 Dat... SurveyMonkey (Web Link)  
**Started:** Friday, October 21, 2022 4:51:36 PM  
**Last Modified:** Monday, October 24, 2022 4:22:55 PM  
**Time Spent:** Over a day  
**IP Address:** 64.171.224.83

Page 3: Part I: Standard Yearly Data and Questions for Counties and Local Boards

**Q1** **Fresno**

Please identify your County / Local Board or Commission.

**Q2**

For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Facility (ARF) during the last fiscal year?

217

**Q3**

What is the total number of ARF bed-days paid for these individuals, during the last fiscal year?

45784

**Q4**

Unmet needs: How many individuals served by your county behavioral health department need this type of housing but currently are not living in an ARF?

8

**Q5**

Does your county have any "Institutions for Mental Disease" (IMDs)?

Yes (If Yes, how many IMDs?):  
 Fresno County currently contracts with 34 IMD's. Only one is located in Fresno County

**Q6**

For how many individual clients did your county behavioral health department pay the costs for an IMD stay (either in or out of your county), during the last fiscal year?

In-County	<b>122 Unique Individuals</b>
Out-of-County	<b>83 Unique Individuals</b>

**Q7**

What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period?

37,992 bed days

Page 4: Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

**Q8**

During the most recent fiscal year (2020-2021), what new programs were implemented, or existing programs were expanded, in your county behavioral health department to serve persons who are both homeless and have severe mental illness? (Mark all that apply)

- Temporary Housing,**
- Transitional Housing,**
- Housing/Motel Vouchers,**
- Supportive Housing,**

Other (please specify):

The PATH Program (15-257-4) received Community Development Block Grant - Coronal Virus funds expanded on rural outreach efforts that began through homeless Mentally Ill Outreach Treatment funding.

Page 5: Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

**Q9**

Do you think your county is doing enough to serve the children/youth in group care?

No (If No, what is your recommendation? Please list or describe briefly):

Our county is addressing the needs of the foster youth in group care to the best of our ability. More resources are needed to support STRTP's, such as more staff, more training for STRTP staff and more mental health services.

**Q10**

Has your county received any children needing "group home" level of care from another county?

Yes (If Yes, how many?):

169 for fiscal year 2020-2021

**Q11**

Has your county placed any children needing "group home" level of care into another county?

Yes (If Yes, how many?):

1123 for fiscal year 2020 - 2021

Page 6: Part II: Impact of the Covid-19 Public Health Emergency on Behavioral Health Needs and Services

**Q12**

Please identify the points of stress on your county’s system for children and youth behavioral health services during the pandemic (mark all that apply)

- Increased numbers of youth presenting for services who report thoughts of suicide or other thoughts of self-harm.**
- ,
- Increased numbers of youth receiving services who reported significant levels of anxiety, with or without severe impairment.**
- ,
- Increased numbers of youth receiving services who reported significant levels of major depression, with or without severe impairment.**
- ,
- Increased need for youth crisis interventions by Behavioral Health crisis teams (and/or use of psychiatric emergency setting or crisis stabilization unit).**
- ,
- Decreased access/utilization of mental health services for youth.**
- ,
- Other (please specify):  
At the beginning of the pandemic access to behavioral health services decreased but soon after increased.

**Q13**

Of the previously identified stressors, which are the top three concerns for your county for children and youth services? (Please select your county’s top three points of impact in descending order)

Top concerns for children and youth services

1st	<b>Decreased access/utilization of mental health services for youth.</b>
2nd	<b>Increased need for youth crisis interventions by Behavioral Health crisis teams (and/or use of psychiatric emergency setting or crisis stabilization unit).</b>
3rd	<b>Increased numbers of youth receiving services who reported significant levels of major depression, with or without severe impairment.</b>

**Q14**

Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, mental health services for children and youth in your county during the Covid-19 pandemic?

The access to services due to technological difficulties and little internet access for our community has been a concern during the COVID-19 Pandemic

**Q15**

Please identify the points of stress on your county’s system for all adult behavioral health services during the pandemic (mark all that apply)

**Increased Emergency Department admissions for episodes of self-harm and suicide attempts among adults.**

**Increased need for crisis interventions by BH crisis teams (and/or use of psychiatric emergency rooms).**

Other (please specify):

The number of individuals utilizing DBH services increased following the onset of the pandemic and has remained stable in the time since. However, we do not have an ongoing mechanism for tracking individuals receiving services by diagnosis (e.g. anxiety, depression as noted above). Due to the manner of which diagnosis is tracked in our EHR, our data on ED admissions is based on follow-up appointments with DBH post ED admission.

**Q16**

Of the previously identified stressors, which are the top three concerns for your county for all adults services? (Please select your county’s top three points of impact in descending order)

Top concerns for all adults

1st	<b>Other</b>
2nd	<b>Other</b>
3rd	<b>Other</b>

**Q17**

Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, behavioral health programs for all adults in your county during the Covid-19 pandemic?

yes, 16 above. 1st: Staffing issues, inability to hire, quarantine and remote services 2nd: Facility limitations (spatial) no walk-ins, no transportation (bus) 3rd: Technology challenges (not yet fluent in Teams, Zoom etc.

**Q18**

**Yes**

Since 2020, has your county increased the use of telehealth for all adult behavioral health therapy and supportive services?

**Q19**

**Yes**

Since 2020, has your county increased the use of telehealth for psychiatric medication management for all adults?

---

**Q20**

**Yes**

Does your county have tele-health appointments for evaluation and prescription of medication-assisted treatment (MAT) for substance use disorders?

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**Q21**

Many or most MAT programs rely on in-person visits by necessity in order to get certified to provide these services. [Some of these medications include buprenorphine, methadone, suboxone, emergency use Narcan]. As part of SUD treatment services, are you able to coordinate routine drug testing with clinics near the client?

**No,**

If Yes, how has this been useful in promoting successful outcomes? If No, do you have alternatives to help clients succeed?:

In regard to testing at five clinics in Fresno: MedMart, ART E. Street and Aegis-Testing is performed on site. ART Cartwright and Van Ness - Not able to coordinate services with other clinics. however, County would be able to provide testing through Quest, available UA tests for patients in online MAT services. Alternative to help clients succeed: (response from BayMark= MedMark and the 3 ART clinics) Many of our clients are more successful when they are able to access medical transportation services. All of our counselors are trained on how to assist or walk our patients through utilizing transportation services to one of our locations. We encourage new clients to schedule the intake appointment and transportation in advance. Intakes can be lengthy which is a barrier to treatment for patients who are employed or have other responsibilities like caring for children. We reduce the time a new patient has to spend during the initial visit when appointments are scheduled in advance.

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**Q22**

Have any of the following factors impacted your county's ability to provide crisis intervention services? (Check all that apply)

**Issues with staffing and/or scheduling,**

Other (please specify):

- inability to access Crisis Care Mobile Unit grant fund awarded 09/2021 for expanded crisis services (case management and CIT for youth training) in FY 21-22 due to contract delays from DHCS contracted grant administrator. Contract will be presented at 9/2022 BOS -clarification to Rural ED's in 12/2021 of contracted Rural Triage CIT Program's intent to provide mobile CIT services out in the field with law enforcement and other first responders, discontinued CIT services at hospital facilities -Fresno Police Department CIT changed data systems so it has been difficult to gather information and outcomes of FPD CIT encounters after 02/2022

**Q23**

Did your county experience negative impacts on staffing as a result of the pandemic? (Please select your county's top points of impact from the dropdown menus, all in descending order of importance)

negative impacts on staffing as a result of the pandemic

- 1st **Other**
- 2nd **Other**
- 3rd **Other**
- 4th **Other**

**Q24**

Has your county used any of the following methods to meet staffing needs during the pandemic? (please mark all that apply)

**Utilizing telework practices,**

**Hiring new staff,**

**Increased use of various types of peer support staff and/or volunteers**

,

Other (please specify):

The Department has utilized various strategies to attract qualified candidates with increased paid marketing and strategies for greater social media presence and promotion of County benefits inclusion focused efforts are included in job flyers. The HR Dept. participates in general job fairs and collaborates with college universities to attend their job fairs. Other efforts include the hiring of new staff, utilization of contracted (non-county) positions for difficult to fill classifications. Participation in student work experience contracted help and CalWORKS work experience in certain positions. As government institutions are bound by civil service processes and county wide policies. The department retired staff, flexible work hours, facilitating access to child care/daycare are not options readily available. The Department offers some form flexible work hours (start/endtime, shorter lunch periods Within the defined core business, operations and while following federal, state and county rules). I.E. MOU with bargaining labor units.

**Q25**

Consider how the pandemic may have affected your county's ability to reach and serve the behavioral health needs of clients from diverse backgrounds. Has the pandemic adversely affected your county's ability to reach and serve clients and families from the following racial/ethnic communities? (Check all that apply.)

**Asian American / Pacific Islander,**

**Native American/Alaska Native,**

Other (please specify):

Note: for Asian Pacific Islander and Native American/Alaska Native populations, there was a small decrease in persons served which has rebounded to pre-pandemic levels. For Black/African American Latino/Hispanic populations services increased

**Q26**

Based on your experience in your county, has the pandemic adversely impacted your county's ability to reach and serve behavioral health clients and families from the following communities and backgrounds? (Check all that apply.)

**Homeless individuals,**

**Seniors (65+),**

Other (please specify):

Note: Services for children and youth and foster children increased, while less services were provided in homeless shelters and for seniors 65+

**Q27**

Which of the following pandemic-related challenges have presented significant barriers to accessing behavioral health services in your county? (Please check all that apply.)

- Difficulty with or inability to utilize telehealth services,**
- Concerns over Covid-19 safety for in-person services,**
- Inadequate staffing to provide services for all clients,**
- Lack of transportation to and from services,**
- Client or family member illness due to Covid-19,**
- Mistrust of medical and/or government services,**
- Language barriers (including ASL for hard-of-hearing),**

Other (please specify):

For Children: 1) limited parents from attending due to COVID protocols 2) child care was eliminated during the pandemic 3) group therapy and family therapy was affected.

Page 7: Post-Survey Questionnaire

**Q28**

What process was used to complete this Data Notebook? (please select all that apply)

- Data Notebook placed on Agenda and discussed at Board meeting**
- '**
- MH board partnered with county staff or director**

**Q29**

Does your board have designated staff to support your activities?

Yes (if Yes, please provide their job classification):  
Administrative Assistant

**Q30**

Please provide contact information for this staff member or board liaison.

Name	<b>Jeannette Dominguez</b>
County	<b>Fresno</b>
Email Address	<b>dominja@fresnocountyca.gov</b>
Phone Number	<b>(559)600 - 0738</b>

**Q31**

Please provide contact information for your Board's presiding officer (Chair, etc.)

Name	<b>Nick Lutton</b>
County	<b>Fresno</b>
Email Address	<b>Nicklutton@aol.com</b>
Phone Number	<b>(702) 423 - 6726</b>

**Q32**

Do you have any feedback or recommendations to improve the Data Notebook for next year?

appreciated the amount of time provide to complete and submit.

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