

The County of Fresno Department of Behavioral Health

Mental Health Services Act Three-Year Plan 2023-2026

Posted: March 17, 2023
Public Comments Close: April 17, 2023
Public Hearing: April 19, 2023

Board of Supervisors Approval: TBD

Where Hope & Healing Unite



Department of
Behavioral Health

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Fresno

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

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

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

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

Local Mental Health Director/Designee (PRINT)

Signature

Date

County: _____

Date: _____

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Fresno

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

<p align="center">Local Mental Health Director</p> <p>Name: Susan L. Holt, LMFT</p> <p>Telephone Number: 559-960-9058</p> <p>E-mail: sholt@fresnocountyca.gov</p>	<p align="center">County Auditor-Controller / City Financial Officer</p> <p>Name: Oscar Garcia</p> <p>Telephone Number: 559-600-1347</p> <p>E-mail: ogarcia@fresnocountyca.gov</p>
<p>Local Mental Health Mailing Address:</p> <p align="center">1925 E. Dakota Way Fresno, CA 93726</p>	

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

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

Susan L. Holt, LMFT
Local Mental Health Director (PRINT)


Susan Holt (May 1, 2023 11:27 PDT)
Signature

May 1, 2023
Date

I hereby certify that for the fiscal year ended June 30, 2022, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 1/25/2023 for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2022, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

County Auditor Controller / City Financial Officer (PRINT)

Signature

Date

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

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Executive Summary

The Fresno County Department of Behavioral Health is proud to present its new Mental Health Services Act (MHSA) Three Year Plan 2023-2026. This current plan is a culmination of six months of work by the Department's staff. This plan comes at the end of the global pandemic, with new needs and understanding that have emerged at a time when state has sought to address the mental health needs of residents through a variety of novel and proposed legislation. The plan put forth was developed based on current needs, current capacity, sustainability, current MHSA regulations, and stakeholder input.

The Department embarked on an effort to ensure both a robust and meaningful community planning process. The Department held 15 formal MHSA focused in-person community planning sessions, in different communities, at different times, and on different days of the week to maximize accessibility. Forums were held in all three Fresno County threshold languages to increase inclusive and meaningful participation. All sessions included interpretation support.

Three-hundred and forty eight (348) unduplicated individuals participated in the community forums, with 384 more providing feedback via surveys and comments. The Department also conducted 15 cross-sector Key Informant Interviews to obtain additional insight into community needs. During each engagement activity, efforts were made to clarify the role of a public behavioral health system, levels of care, populations that are served by specialty mental health, and those served by broader prevention and early intervention efforts.

The community planning process yielded approximately 14 common themes. Some of the themes raise new opportunities, while others are currently being addressed through existing efforts. Each of these themes represents opportunities to improve services and further address identified needs.

Rank Identified Area of Needs from Community Forums

1	Navigation Support
2	Increase culturally specific mental health services
3	Increase promotion of access line and where to get help
4	Increase capacity of community-based organizations and services providers trusted by the community
5	Increase staff and staff retention
6	Support community connectedness, intergenerational connection, and capacity-building
7	Increase the availability of bilingual service providers
8	Provide more information on services and community resources
9	Continue to promote stigma reduction
10	Continue to provide peer support roles
11	Increase training for providers, especially that which assists in providing culturally appropriate services

12	Provide support for parents of children receiving services
13	Increase support for individuals experiencing homelessness, including transition aged youth
14	Increase availability of confidential spaces available in schools and faith-based services

In addition to areas of need identified in community forums, stakeholder surveys revealed the following as areas of interest for the plan’s efforts.

<i>Priority</i>	<i>Areas of Interest from Survey</i>
1	Education and Information
2	Parent and Family Support
3	More School Services
4	Access to Housing Resources
5	Older Adult Services
6	More Transportation
7	Culturally Focused Services
8	Veterans Services
9	Some Other Responses
10	Did Not Respond

Proposed Changes

With a focus on efficacy of services, sustainability of services, and with input from stakeholders the Department has opted to not develop new programs/services, and rather focus its efforts to support and expand existing services and programs, to transition pilot efforts to on-going projects, and to address current needs.

The Department has existing services, efforts, and initiatives that support most of the identified themes and areas of interest that were conveyed during the community planning process. Thus, the focus is on how to increase access, timeliness, and effectiveness of those current resources and services.

Prevention and Early Intervention (PEI)

Currently, the plan does make one change to the current Prevention and Early Intervention (PEI) program list. The Department will remove the Katie A Team from the MHSA plan and end funding through MHSA. This service will continue in the county’s system of care but will no longer be funded through MHSA in the new plan.

Through the term of this plan, the Department will be working to implement opportunities through CalAIM to access more stable revenues for PEI programs. It will work to implement the findings from the

RAND PEI evaluation to improve and enhance services, and potentially transition some Innovation funded services to PEI in the coming years.

Community Supports and Services (CSS)

The Department continues to develop and sustain CSS programs that are eligible to use federal financial participation (FFP) through Medi-Cal to increase the utilization of those funds and work to sustain MHSA funded amounts. The CSS component provides many specialty mental health services and supports to persons served by the public behavioral health system.

The county will implement some recommendations from its participation in the recent Full-Service Partnership (FSP) Statewide Evaluation to improve care. Over the next three years, the Department will explore opportunities to transition FSPs from standalone programs into continuums of care to better meet the needs of individuals served.

As part of this new MHSA Plan, the Department will create a new continuum of care for forensic populations. This change will combine what had been the AB109 programs (including the AB 109 FSP) and the AB1810 Diversion Programs into one new Forensic Behavioral Health Continuum of Care. This new continuum of care that will allow for the current provider to address the various levels of care and needs of individuals in one program, allowing for them to move up or down in levels of care as needed. The continuum does feature FSP level of care.

Workforce Education and Training (WET)

The Department and the system of care continues to face workforce shortage challenges. This has been a challenge in the region for nearly two decades, and the pandemic highlighted the need.

The Department plans to continue utilizing Workforce Education and Training (WET) to address those needs. Efforts have included investments in the Central Region WET partnership, which seeks to use scholarships, loan repayment, stipends, and career pathways to address workforce needs. Additional investments are being made to provide training and professional development for behavioral health professionals.

Capital Facilities Technology Need (CFTN)

In this plan, the Department is seeking to invest at least \$10,000,000 of CFTN funds into capital projects. These funds will be used for the completion of the new direct service campus on Olive Avenue, which will provide an array of outpatient services for children, youth, and adults. Additional investment is being made to support the completion of new Psychiatric Health Facilities and Crisis Stabilization Centers. These will provide new, modern spaces for current services and further efforts to expand the capacity of inpatient services in Fresno County.

Innovation

At the time of writing, Fresno County has six active Innovation Plans, one plan pending initiation, and one plan pending approval by the MHSOAC. When this plan goes into effect FY 2023-2024, the Department anticipates it will have eight Innovation Plans which seek to pilot projects, examine the efficacy of models of care, and provide research and learning to support future local and statewide service efforts. This document presents general summaries of each Innovation plan; full innovation plans, annual updates, and information on upcoming plans are available on our MHSOAC page at www.fresnomhsa.com.

Conclusion

In short, the new MHSOAC three-year plan is supporting over 60 programs, services, initiatives, and efforts, at a projected amount of \$112,615,403 in FY 2023-24. These funds support a broad range of specialty mental health services, prevention services, evidence-based programs, community defined practices, pilot projects, initiatives, research projects, and other behavioral health efforts seeking to address the varying and diverse needs of Fresno County and its diverse communities. This plan will not be stagnant or set, but rather will guide our efforts, which include evaluating programs, improving care, enhancing services, and increasing sustainability over the next three years. Those efforts will be shared with the community through continuing community planning and annual updates. For now, we encourage you to review the plan. Should you have questions you can contact our team at mhsa@fresnocountyca.gov

Description of Fresno County

Below is some general information about Fresno County that can help frame the needs, efforts and plans to best meet the needs of this diverse and growing community.

Community Snapshot



Fresno County is a large county, the 10th largest by population. The US Census placed of Fresno County's population at 1,008,654 in 2020. Fresno County lies in the Central Valley of California. It is bordered on the west by the Coast Range and on the east by the Sierra Nevada Mountain Range. The county seat, the City of Fresno, is the fifth largest city in California with a population of 544,510. Other cities in the county include Clovis, Sanger, Reedley, Selma, Parlier, Kerman, Coalinga, Kingsburg, Mendota, Orange Cove, Firebaugh, Huron, Fowler, and San Joaquin. In addition, there are twenty-eight (28) census-designated places, and seven (7) unincorporated communities.

Demographics of the County

Of the 1,008,654 Fresno County residents counted in the 2020 Census, 7.1% were children under 5yr of age; 28.2% were children ages 0-18; 59.2% were adults ages 18-59; and 12.6% were adults ages 60 years and older. The majority of persons in Fresno County are Latino/a (54.7%). Persons who identified as White only represent 27.2% of the population, Asian/Pacific Islander represent 10.7% of the population, Black represent 4.6% of the population, American Indian/Alaskan Native represent 0.6% of the population, and those who identified as Multiracial represent 2% of the population. There is an almost equal proportion of females (49.8%) and males (50.2%) based on the Census; however, the data does not include persons who identify as non-binary.

Figure 1 shows age and race/ethnicity, and gender of the general population. The 2020 Census was collected during the COVID-19 pandemic, and there have been concerns that the numbers are not as accurate as the 2010 Census data. Thus, data provided includes data points from the 2020 US Census and additional sources to help assess and obtain the demographics for the community. Sources include the 2020 United States Census, USAFACTS.org, WorldPopulationReview.com and racecounts.org.

Table 1
Fresno County Residents
By Gender, Age, and Race/Ethnicity

	Fresno County Population 2021 USAfacts.org	
Age Distribution	Number	Percent
0 - 4	71,882	7.5%
5-14 years	165,061	16.5
15- 24 years	145,684	14.1
25-59 years	447,324	43.6
60+ years	197,128	19.2
Total	1,027,079	100.0%
Race/Ethnicity Distribution	Number	Percent
Black	46,875	4.6%

American Indian/Alaskan Native	5,797	0.6%
Asian	108,892	10.7%
Native Hawaiian/Pacific Islander	1,537	0.2%
White	207,787	27.2
Hispanic/Latino	554,633	54.7%
Multi-Racial	20,060	1.7%
Not Reported/unknown	81498	0.3%
Total	1,027,079	100%
Gender Distribution	Number	Percent
Male	515,594	50.2
Female	511,485	49.8
Total	1,027,079	100%

It is estimated that about 43.6% of the population of Fresno County speaks a language other than English at home (worldpopulation.org). Spanish and Hmong remain the threshold languages in Fresno County (2012 – 2018 American Community Survey). 29.49% of the county’s residents speak only Spanish (www.worldpopulationreview.com). These sources do not provide information on emerging language needs. According to the 2020 US Census data 199,253 people, or 19.4%, of the county’s residents live in poverty. According to Racecounts.com 76,302, or 7.8%, of persons are uninsured in Fresno County.

Penetration Rates for Mental Health Services

Figure 2 shows the percentage of the general population who access mental health services. Figure 2 shows the same county general population data shown in Figure 1, and also provides information on the number of persons who received mental health services (FY 2021/22). From this data, a penetration rate was calculated, showing the percent of persons in the general population that received mental health services in FY 2021/22. This data is shown by age, race/ethnicity, and gender. Primary language was not available for the general population. Note: The general population is used to calculate the penetration rate because the total number of persons in the county with Medi-Cal eligibility/benefits was not available). In addition, the total

number of persons served by mental health includes both individuals with Medi-Cal and those who do not have Medi-Cal. So, using the general population is a better representation of access to services.

According to USAFACTS.org the Latino population increase by 4.3 % in the past decade and the population who identified as “white” decreased by 5.6% (making up 27.2% of Fresno’s total population). Since the last census, Fresno County’s population of 65+ increased by 36.1% in that decade. Fresno County’s population has grown by close to 80,000 people from the last census to the. Those are all factors in evaluating the data.

There were 26,618 people who received one or more mental health services in FY 2021/22. Of these individuals, 34.9% were children ages 0-15; 17.6% were Transition Age Youth (TAY) ages 16-25; 40.2% were adults ages 26-59; and 7.3% were 60 and older. There were 21.2% of the individuals who were White, 47.3% Hispanic/Latino, 10.2% Black, 4.6% Asian/Pacific Islander and 0.8% American Indian/ Alaskan Native. All other race/ethnicity groups represented a small number of individuals. The majority of individuals receiving mental health services have a primary language of English (81.8%), 12.4% have a primary language of Spanish, and 1.6% have a primary language of Hmong/Lao.

***NOTE:** This data was collected from the DBH Avatar Electronic Health Record (EHR). The data does not include all persons served through the Mental Health Services Act (MHSA) programs, as only some MHSA programs and providers utilize or have access to Avatar EHR.*

**Table 2
Fresno County Mental Health Penetration
Rates by Gender, Age, Race/Ethnicity, and
Language**

	Fresno County Population 2020 Census		All Mental Health Participants FY 2021-22		Fresno County Population Mental Health Penetration Rate FY 2021-22
Age Distribution					
0 - 15 years	236,943	24%	9,281	34.9%	9,281 / 236,943 = 3.9%
16 - 25 years	145,684	14.1%	4,679	17.6%	4,679 / 145,684 = 3.2%
26 - 59 years	447,324	43.6%	10,711	40.2%	10,711 / 447,324 = 2.4%
60+ years	197,128	19.2%	1,947	7.3%	1,947 / 197,128 = 0.98%

Total	1,027,079	100.0%	26,618	100.0%	26,618 / 1,027,079 = 2.6%
Race/Ethnicity Distribution					
Black	46,875	4.6%	2,722	10.2%	2,722 / 46,875 = 4.5%
American Indian/ Alaskan Native	5,797	0.6%	219	0.8%	219 / 5797 = 3.7%
Asian/ Other Pacific Islander	110,492	10.9%	1,224	4.6%	1,224 / 110,429 = 1.1%
White	207,787	27.2%	5,651	21.2%	5,651 / 207,787 = 2.7%
Hispanic/ Latino	554,633	54.7%	12,600	47.3%	12,600 / 554,633 = 2.2%
Other/ Not Reported	101,558	2.9%	4,202	15.8%	4,202 / 101,558 = 4.1%
Total	1,027,079	100.0%	26,618	100.0%	26,618 / 1,027,079 = 2.6%
Language Distribution					
English	-	-	21,780	81.8%	-
Spanish	-	-	3,301	12.4%	-
Hmong/ Lao	-	-	436	1.6%	-
Other/ Not Reported	-	-	1,101	4.1%	-
Total	-	-	26,618	100.0%	-
Gender Distribution					
Male	515,594	50.2%	12,957	48.7%	12,957 / 515,594 = 2.5%
Female	511,485	50.0%	13,623	51.2%	13,623 / 511,485 = 2.6%
Transgender	-	-	33	0.12%	-
Other/ Not Reported	-	-	5	0.02%	-
Total	1,027,079	100.0%	26,618	100.0%	26,618 / 1,027,079 = 2.5%

Analysis of Disparities identified in Mental Health Penetration Rates

The penetration rate data by age shows that there are higher proportions of children and TAY served, compared to adults and older adults. Older adults are the most underserved age group of the individuals receiving mental health services. However, many older adults have Medicare insurance, and may be accessing mental health services through private providers. When Medicare services are delivered by private providers, the data on service utilization is not reported to BH.

The penetration rate data by race/ethnicity shows the number of persons served out of the county population for each cultural group. Across all cultures, the penetration rate is 3.05%. This data shows variability across the different cultural groups, but this data is difficult to interpret for the cultural groups with smaller numbers in the population. The penetration rate for persons who are Latino is 2.2% with 12,600 accessing mental health services out of the total Latino population of 554,633. The penetration rate for persons who are Black is 4.5%, with a smaller

number of people served (2,722) and smaller population in the county (46,875).

The penetration rate for persons who are White is 2.7%, with 5,651 persons served, out of 207,787 in the population. There were 4,202 out of 101,558 people with an 'Other/Not Reported' for data reported on race/ethnicity, showing a penetration rate of 4.1%. There is a very high rate of Other/Not Reported race/ethnicity for FY 2021/22. However, when this is broken down into multi-racial (20,060) which is about 1.7%, the none-reported is 81,496 (or just 0.3).

It should be noted as services for an individual were/are delivered through telehealth, demographic information is not consistently collected by service delivery staff and is an area of focus.

This data highlights the need to further analyze and disaggregate the data to assess access to services for different racial, ethnic, and cultural groups and identify methods for collecting preferred language, especially for persons who speak Spanish and Hmong, the two threshold languages. Also, the data shows the need to develop methods to accurately collect race and ethnicity and expand the availability of bilingual, bicultural staff to deliver services in the individual's preferred language.

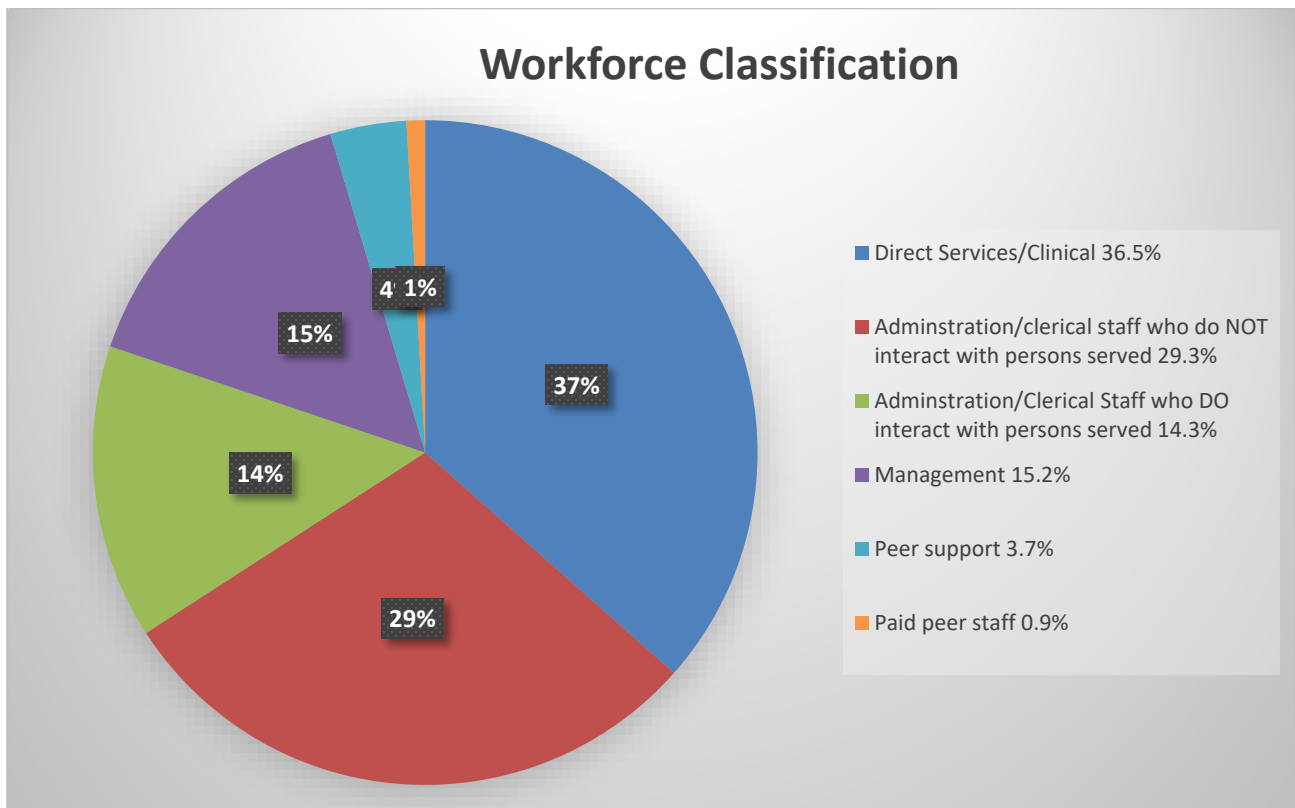
This data provides important information on documenting the ongoing need to develop bilingual/bicultural workforce, improve access, and identify other opportunities to engage culturally diverse communities. The development of additional positions and expanding workforce to address cultural/language needs will be implemented in collaboration with a mental health literacy, training, and career pathways efforts. This approach will help to address the stigma that prevents people from accessing care, even when the staff speaks the language or understands their family's culture. While we continue to increase the number of bilingual and bicultural staff across the BHSOC, this data illustrates a continued need to refine and enhance data collection to support our goals of improving access and services using accurate and reliable data.

The data on gender distribution shows that there are many challenges in collecting accurate information on Sexual Orientation and Gender Identity (SOGI) data. Out of the 26,618 persons served, only 33 reported Transgender. This area will continue to be a focus for Fresno County's system of care, to identify strategies for collecting this important information (Fresno County

System Capacity to Implement Culturally Appropriate Services

For the past four years, Fresno County has conducted an annual Cultural Humility Survey in the Spring of year. One of those surveys is focused on the workforce and seeks to assess the cultural responsiveness of the workforce, staff, and volunteers. The last one was completed in Spring of 2022.

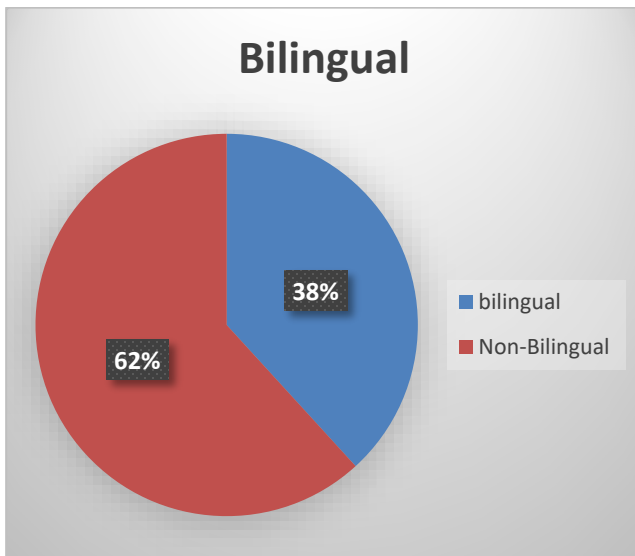
Four hundred and thirty-three members of the workforce completed the survey. Of these individuals, 58.3% were county staff, 41.2% were contract provider staff, and less than 1% were volunteers. Of all staff responding to the survey, 36.5% were direct service/clinical/case management staff, 29.3% were administration/clerical staff who do *not* routinely interact with persons served, 14.3% were administration/clerical staff who *do* routinely interact with persons served, 15.2% were management staff, 3.7% were peer support, and 0.9% were paid peer staff.



Of the 433 individuals who completed the survey, the breakdown of staff by department/program

is as follows: 21% from Children's Mental Health, 15.5% from Contracts Department (MH/SUD), 14.5% from the Adult System of Care, 13.4% from Administration, 7.2% from Finance/Accounting/Business Office, 8.8% from Managed Care, 4.6% from ISDS/Quality Improvement/Medical Records, 1.2% from Compliance, and 13.9% from Public Behavioral Health. Of these 409 survey respondents who reported their race/ethnicity, 43.8% were Hispanic/Latino, 30.3% were White, 15.2% were Asian, 7.8% were Black, 0.2% were Native Hawaiian or Other Pacific Islanders, 1.2% were American Indian or Alaska Native, 1% were Middle Eastern, and 0.5% identified as 'Other.' For the 408 respondents who report their current gender identity, 74.5% identify as Female, 23.8% identify as Male, and 1.7% identify as another gender. For sexual orientation, 91.1% of staff identified as Heterosexual/Straight, and 8.9% as LGBTQ+. Of the 433 survey respondents, 167 (38.6%) were bilingual, with 67% of those bilingual staff speaking Spanish, 15% speaking Hmong, 3% speaking Punjabi, and 18% speaking another language. Staff may speak more than one language other than English. Of the 167 bilingual staff, 83 (49.7%) acted as an interpreter as a part of their job function, and 9.6% of received bilingual pay (16/167). This 2022 data shows a decrease from the survey results, in which 61% of bilingual staff acted as an interpreter as a part of their job 2021 function (140/228), and 21% received bilingual pay (48/228). These results highlight an area of potential growth opportunity for the County and support some current initiatives. In late summer 2022, the Department received approval to add bilingual certified positions across all divisions and is working to increase the number of staff receiving bilingual pay.

According to the most recent Network Adequacy Certification Tool (NACT) there are 936 unique providers in the Fresno County System of Care. Of those there are 337 reported who are fluent or certified in another language other than English. Thus thirty-six (36) percent of the current providers are bilingual.



Other survey results show that 60.1% of staff identified as a person with lived Mental Health experience and 69.8% reported having a family member with lived Mental Health experience; 17.6% of staff identified as a person with lived substance use disorder experience and 50% reported having a family member with lived substance use disorder experience.

Survey results were also analyzed across the past four years (2019; 2020; 2021; 2022). In 2019, 460 staff completed the survey items; 2020, 582 staff completed the survey; in 2021, 494 staff completed the survey; and in 2022, 433 staff completed the survey. We compared the responses to see how we have improved from 2019 to 2022.

There was an **increase** in the percentage of staff who responded “**Frequently**” or “**Occasionally**” to the following two questions from 2019 to 2022:

- *I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice. (Frequently or occasionally = 76% in 2019; 79% in 2022)*
- *I examine my own cultural background and biases (race, culture, sexual orientation) and how they may influence my behavior towards others. (Frequently or occasionally = 89% in 2019; 93% in 2022)*

Commitment to Cultural Humility

Fresno County continues to focus on the area of health equity and reducing health disparities. In years past, MHSAs have afforded the County opportunities to address community needs and service gaps. Fresno County's MHSAs Plan features several programs which are focused on communities that are disproportionately impacted by disparities.

In April 2021, Fresno County was approved for an Innovation Plan to support three California Reducing Disparities Project (CRDP) Phase II programs—also known as Community Defined Evidence-based Practices (CDEPs). These three programs (Hmong Helping Hands, Sweet Potato Project, and Atención Placticas) operate under the [CRDP Evolutions](#) Innovation Plan. Fresno County was the first to attempt to bring CDEPs into its system of care.

Fresno County is also investing in other efforts to understand and improve health disparities through community engagement. The Department allocated

\$584,973 as part of its [Innovation Community Planning Process](#) with small local initiatives to help identify and address possible service gaps. Activities included in this plan provided outreach to the local African American communities; Black, Indigenous, and Persons of Color who are also members of the LGBTQ+ Community; justice-involved persons; the Central American Indigenous Community; immigrant Communities; Muslim communities; Spanish speaking, youth and other Southeast Asian and other underserved communities.

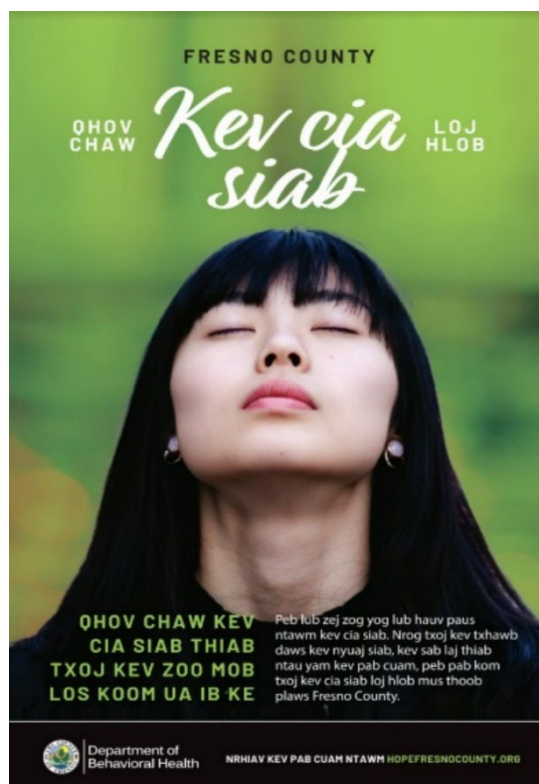


Figure 2. Hmong outreach poster



Figure 3. Community Participatory Action Research flyer.

One unique program within the Fresno County system of care is the Holistic Wellness Center. This program was originally implemented as an MHSa innovation project. Upon conclusion of the Innovation Project period, the County reclassified the program as a PEI program, and has sustained it in that manner since. The Holistic Wellness Center provides holistic healing services and activities, with outcome goals of increased mental health awareness, reduced stigma/discrimination, increased program capacity and the promotion of wellness and recovery through a developed process that links persons seeking service to nontraditional holistic healers within the diverse cultural

communities of Fresno County. The same provider operates the Cultural Based Access and Navigation (CBANS) program, which assists individuals from unserved and underserved communities in receiving timely access to culturally appropriate behavioral health services. Fresno County has a Suicide Prevention Initiative for LGBTQ Youth (the Pop Ups) in partnership with the Fresno Economic Opportunities Commission (EOC)'s LGBTQ Center.

Fresno County also has several Full-Service Partnerships (FSPs) that focus on specific cultural populations (the Living Well Center) for the API/Southeast Asian Community, as well as an FSP program specifically for justice/forensic populations. There is a full continuum of care (including FSP services) that focuses on the rural communities (Rural Mental



Figure 4. Hmong Women & Mental Health Panel

Services) via Turning Point of Central California. Fresno County’s rural communities are largely Latino, Spanish speaking and geographically isolated, so a specific program operated in those communities can provide more accessible, responsive care.

VETERANS SUICIDE PREVENTION
Be There Together: Supporting Veterans & Their Families

In collaboration, the Fresno County Department of Behavioral Health, VA Central California Health Care System, and the Clovis Veterans Memorial District will be hosting a half day conference to discuss Veteran's mental health and suicide prevention. We invite all veterans, their loved ones, and service providers to join us as we hear from local veterans and suicide prevention experts.

SEPTEMBER 27, 2022

8:00 AM - 12:30 PM
Half Day In-Person Conference

CLOVIS VETERANS MEMORIAL DISTRICT
808 4TH STREET, CLOVIS, CA 93612

SUSANNA MONTES
KEYNOTE SPEAKER

LIVED EXPERIENCE PANEL
Patrick Garza Courtney Harris
Gustavo Martinez Jonathan Fontano
Angelica Cabrera Jeremy Devault

BREAKOUT SESSION #1
#1 Starting The Conversation about Lethal Means Safety! - Brief presentation on Lethal Means Safety and open discussion on practical strategies to improve lethal means safety within the community.
DERRIC BROWN
Derric is a Veteran of the United States Army and served 4 years (to include a Combat deployment in support of Operation Iraqi Freedom). He is a Licensed Clinical Social Worker. Derric has 15 years' experience working in various human service agencies with diverse client populations. Derric has worked at the VA in Fresno since 2014 and has held the following positions: HUD/VASH Social Worker, Emergency Department Social Worker, Inpatient Social Worker, HCHV Social Worker and GPD Liaison and is currently serving as Community Engagement Program Coordinator in the Suicide Prevention program. Derric also operates a solo private practice, and has been providing therapeutic services for 2 years.

BREAKOUT SESSION #2
#2 Understanding Suicide - Suicide and suicide prevention are complicated and complex topics that can stir up some of our deepest emotions. How can our bravest warriors fall victim to this tragedy?
STAN COLLINS
Stan Collins has worked in the field of suicide prevention for more than 20 years and is recognized nationally as a leader in the field. Currently he is working as a consultant, focusing on technical assistance in creation and implementation of suicide prevention curricula and strategies. Stan has been instrumental in assisting counties across California in the development and roll out of strategic plans to address suicide prevention. He is the co-founder of the Directing Change Program and Film Contest, and is a registered Emergency Medical Technician (EMT).

REGISTRATION: https://bit.ly/Veterans_Suicide_Prevention

Figure 5. Flyer for our Veterans Suicide Prevention mini conference.

Fresno County is one of four active learning cohort member counties in the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM), a statewide project funded by the Mental Health Services Oversight and Accountability Commission which came out of an MHSA Innovation project of Solano County. Fresno County has developed easy-to-find webpages in the local threshold languages (www.DBHespanol.com and www.DBHHmoob.com) and MHSA materials ([MHSA Spanish Video](#)) in threshold languages as an attempt to improve access and participation in the CPP, behavioral health services, and resources. The Public Behavioral Health Division oversees the MHSA efforts and houses the Department’s health equity work (Ethnic Services Manager and the Diversity Services Coordinator). These staff members work in close collaboration with the MHSA Coordinator to maximize the opportunities provided by MHSA to reduce health disparities. Fresno County’s ESM is the co-chair of the Central Region’s ESM workgroup and a member of the CBHDA CCESJ Executive Committee, thereby bringing additional perspectives to the work. Fresno County’s Diversity Equity and Inclusion (DEI) Committee also facilitates an annual systemwide Cultural Humility survey which helps inform plans, needs, and opportunities. Information about efforts to address cultural responsiveness and health equity can be found on the Department’s equity page (www.dbhequity.com) and its

[Cultural Humility Committee](#) page. The Department has also worked to use linguistically and culturally specific outreach, stigma reduction and awareness efforts.

Workforce Assessment

For the MHSA Three-Year Plan, Fresno County used the most recent survey that was completed for the California Department of Health Care Access and Information (HCAI) for its workforce assessment.

Like most of the Central Valley, Fresno County is in the heart of a mental health shortage area, which experiences an even greater dearth of psychiatric services than the general populace. Fresno County and the central region have been a mental health shortage area for close to two decades (the problem existed before the pandemic for our system of care). In addition to developing its workforce (as in the County's WET Plan) the County seeks to also develop a more diversified, linguistically capable, and bi-cultural workforce that better reflects Fresno's diverse communities.

Community Planning Process

In summer 2022, Fresno County Department of Behavioral Health (DBH) developed a Community Planning Process (CPP) Plan to identify specific timelines, efforts, and engagement strategies to drive and guide the CPP process. That plan is included in Appendix A. This CPP plan was reviewed by the DBH leadership team and approved by the Executive Team of the Department prior to implementation of CPP efforts. This plan assisted in scheduling and allocating resources, provided a strategy for engagement, and projected initial budgets and costs for the CPP. This was a valuable exercise as it provided the Department and the team driving the CPP with reference points, direction, timelines, and specific objectives as part of this current CPP. This pre-planning assisted in standardization of presentations/trainings, forum formats, translation of materials, development of surveys, and development of key informant interviews.

Staff and Training

This Department-wide effort was spearheaded by the Public Behavioral Health division who is tasked with MSHA oversight and planning. Participating staff included the Division Manager/Equity Services Manager, the Principal Staff Analyst – MSHA Coordinator, senior staff analysts, staff analysts, diversity services coordinator and program technicians. A bilingual Licensed Clinical Supervisor presented one community forum in Spanish. Additional staff from the Department supported various community forum sessions.

All staff who assisted in conducting the community forum were trained on MSHA and the Community Planning Process with a standardized PowerPoint (Appendix B) and informational videos which described each MSHA component. All staff who assisted with the resource table at each community forum were instructed in program offerings and oriented to all resource materials.

Community Forums

Fresno County conducted a total of 15 formal, MSHA-focused, in-person community planning forums which were attended by 348 unduplicated individuals. These forums were developed to increase the opportunity for diverse stakeholders to participate in the planning. Some forums focused on geographic accessibility, ensuring accessibility for rural, distant, and isolated communities. Other forums were planned to accommodate a variety of schedules, including days, evenings, and weekends for those who may not be able to attend forums held during normal business hours. Yet more forums were designed to increase participation of specific groups including individuals with specific cultural and language needs, the LGBTQ+ community, service users/consumers, family/care takers, and first responders. The County held a separate forum for its contracted providers. It should be noted that the County worked with several community providers and/or partners to host gatherings based on their existing relationships with some of the targeted communities; for example, Westside Family Prevention Services Network assisted in engaging individuals in Huron. The Fresno Center was instrumental in engaging monolingual Spanish speakers and Southeast Asians who access culturally specific services from the Fresno Center. While some forums were targeting specific populations and communities, all forums were open to public, and had interpretation available. Finally, this year was the first time DBH offered a hybrid community forum option,

allowing the potential for greater participation by those individuals unable to attend an in-person forum.



Community Planning Process presentations. Figure 6. The Fresno Center, Spanish session on November 4, 2022. Figure 7. The Fresno Center, Hmong session on November 14, 2022.

DBH worked in conjunction with local providers and partners in identifying the best venues in the different accessible locations for the community forums. The County worked with communities to identify optimal dates and times where the forums could engage the most persons in the targeted groups. This collaboration used provider and community expertise on local outreach to maximize participation, as well as provide recommendations for the best participation incentives.

	DATE	LOCATION	TARGET POPULATION	TIME
1	10/17/2022	Tarpey Elementary Wellness Center	Families with school-aged children/Tarpey Community	5:00pm – 7:00pm
2	10/18/2022	DBH Health and Wellness Center	Individuals Served	11:30am – 1:30pm
3	10/22/2022	DBH Health and Wellness Center	Community – weekend/Saturday session	Noon – 2:00pm
4	10/25/2022	Public Safety Wellness Center	First Responders	10:00am – noon
5	11/01/2022	DBH Health and Wellness Center	Community – Evening Session	5:00 pm – 7:00pm
6	11/04/2022	Holistic Wellness Center	Spanish Speakers (Presented in Spanish)	10:00am – noon
7	11/08/2022	Blue Sky Wellness Center	Individuals Served/Lived Experience	10:00am – noon

8	11/09/2022	DBH Health and Wellness Center	Providers and CBOs (hybrid meeting)	11:30am – 1:30pm
9	11/14/2022	Biola Elementary School	Rural Community	6:00pm – 8:00pm
10	11/15/2022	The Fresno Center	Hmong Speakers (Southeast Asian Community)	3:00pm – 5:00pm
11	11/19/2022	DBH Health and Wellness Center	Fresno Resident’s Council & Community weekend/Saturday session (hybrid forum)	10:30am – 12:30pm
12	11/28/2022	Smittcamp Alumni House (Fresno State)	LGBTQ+ Community	Noon – 2:00pm
13	11/30/2022	Huron – John Palacios Community Center	Rural Community/Latino Youth in Rural Community	3:00pm – 5:00pm
14	12/6/2022	DBH Health and Wellness Center	Faith Community/Faith Leaders	11:45am – 1:15pm
15	12/7/2022	West Fresno Family Resource Center	West Fresno Residents	4:30pm – 6:30pm

While the Department worked to tailor forums appropriately for each population, every community forum followed the same basic format. First, the presenter would provide a brief community training on the Mental Health Services Act (Appendix C). This presentation instructed individuals on the components of MHSA, an overview of MHSA requirements for reporting, and the importance of community engagement. After this presentation, the presenter (and/or interpreters and support staff) would lead a conversation to elicit community input on Fresno County’s MHSA activities and community needs. The Department provided a staffed resource table at each community forum to assist community members in obtaining appropriate and relevant information about behavioral health services.

For most community forums, participants were provided with a \$30 gift card for their participation. The \$30 dollars was based on a minimum wage of \$15 an hour for two hours of participation, a way to provide stakeholder and those with lived experience with value for their time and input. The type of cards selected were based on community and local provider input, to ensure they were of value to the participants. For certain forums, community leaders suggested that the Department raffle off specific items that would resonate with cultural population, such

as rice cookers and large bags of rice for the older Hmong participants at the Fresno Center, instead of gift cards.

All in-person forums had interpreters on-site. Many in metro Fresno had both Spanish and Hmong translators on site.

The Department attend and participated in several public forums to obtain insights on needs, challenges, and interests of community stakeholders. As such the Department attended the following community meetings and used feedback and input in efforts to address the needs of the county in this plan. These were all community meetings in the current fiscal year.

	DATE	EVENT	HOST	LOCATION
1	8/31/2022	Creating Common Ground Regional Dialog-Central Valley	The Prevention Institute	Virtual
2	9/13/2022	West Fresno CAN Plan	Fresno Housing Authority	Virtual
3	9/27/2022	Veterans Suicide Prevention Summit	DBH, VA Central California, Clovis Veterans Memorial District	In-Person (Clovis Veterans Memorial Building)
4	10/3/2022	Youth Focus Group-Mental Health	Central Valley Community Foundation	Virtual
5	10/6/2022	Women’s Support Group-Focus Group	Central Valley Community Foundation	Virtual
6	10/19/22	ICSI-Community Defined Evidence Practice Stakeholder Group	ICSI	In-Person (Betty Rodriguez Branch Library)
7	10/25/22	Children’s Mental Health in our community: Current Situation, Opportunities, Gaps.	Community Conversation	In-Person (DBH)
8	10/27/22	High School NAMI Club Feedback Session	Justin Garza HS NAMI Club	In-Person (Justin Garza HS)
9	11/2/2022	West Fresno Community Engagement	Dept of Social Service	Edison High School
10	11/3/2022	Justice Involved Youth and Providers	DBH	In-Person (DBH H&WC)

Promotion

Promotion of the CPP is an important process that ensures members of the community and stakeholders are made aware of, understand, and participate in, the CPP. The CPP was promoted in several different ways in Fresno County.

The Department produced several flyers detailing the information for the community forums happening each month (Appendix D). These flyers were distributed in hard copy, through email, and over social media. The flyers were produced in English, Spanish, and Hmong, and were distributed multiple times throughout the entirety of the community planning process. Fresno County disseminated several emails to its providers, community list serves, and community groups with the request that they not only share information on the CPP with their networks, but to also participate themselves. These email efforts extended to over 175 unduplicated individuals who are not county employees, but members of various workgroups and committees, and encouraged them to share the CPP among their organizations and interested stakeholders. These emails included a carbon copy (cc) to the mhsa@fresnocountyca.gov address for documentation of the notifications. The groups included state and regional stakeholders such as United Parents, the Fresno-Madera Continuum of Care, ACCESS California, The Racial and Ethnic Mental Health Disparities Coalition (REMHDC), California Pan-Ethnic Health Network (CPEHN), Central Valley Urban Institute, and California Mental Health Services Oversight and Accountability Commission (MHSOAC), just to name a few.

The upcoming meetings for each month were also posted on www.FresnoMHSA.com to be an easy way for interested residents to find information about upcoming forums.

In 2020, Fresno County DBH created several one-minute introductory videos about MHSA. These videos included information on the CPP process, as well as five short videos on each component of MHSA. These videos were posted on the Department's website to assist individuals and communities in understanding more about MHSA and the CPP to increase participation. A single video was also developed in Spanish and Hmong to allow for additional access for those monolingual populations. The department maintains a vanity URL, www.FresnoMHSA.com, for the CPP and all things MHSA related with hopes to make it easier to promote the CPP process; learn about MHSA, and access plans and resources. This URL also made it easier for the public to

determine local CPP dates, and access CPP surveys (which were translated into the threshold languages of Spanish and Hmong) and available on the county’s MHSa page. These links and videos were also shared in emails and postings.

DBH promoted the upcoming CPP at various community and open meetings including the Quality Improvement Committee, the Diversity Equity and Inclusion Committee Meeting, the Behavioral Health Board Meeting, and the Suicide Prevention Collaborative Meetings.

Key Themes from the Community Forums

The 15 formal MHSa CPP public forums yielded the themes listed in the table below. Those themes have been ranked based on the frequency that these themes, needs, or recommendations appeared across the various community forums. The higher the theme is ranked, the more times it was discussed across various forums. Overall, there were 14 different theme areas, with each having some specific sub-set needs.

PUBLIC FORUM THEMES

RANK	Identified Area of Need
1	Navigation support
2	Increase culturally specific mental health services
3	Increase promotion of access line and where to get help
4	Increase capacity of Community Based Organizations and service providers trusted by the community
5	Increase staff and staff retention
6	Support community connectedness, intergenerational connection, and capacity-building
7	Increase the availability of bilingual service providers
8	Provide more information on services and community resources

9	Continue to promote stigma reduction
10	Continue to support Peer Support roles
11	Increase training for providers, especially that which assists in providing culturally appropriate services
12	Provide support for parents of children receiving services
13	Increase support for individuals experiencing homelessness, including Transition Aged Youth
14	Increase availability of confidential spaces available in schools and for field-based services

It should be noted that the Department’s overview and presentations did not include a review of existing MHSA programs or services, nor did it redirect conversations or interests on existing services, which would address some of the needs areas identified in some forums and the themes.

Key Informant Interviews

In addition to the 15 public forums, DBH facilitated key informant interviews with stakeholders who represented different sectors and/or populations that partner with the public behavioral health system. Many of the key informant interviews were not providers of behavioral health service; this intentional choice ensured that our plan addressed community needs and could garner input from all stakeholders and sectors and not just those who are providers or users of behavioral health services. All interviews used the same set of questions, and all interviews were for one hour or less.

Name	Title	Agency	Sector
Reverend D.J. Criner	Senior Pastor	Saint Rest’s Baptist Church	Faith Leader/African American Community

Susan Kincaid	Program Director	Fresno Community Health Improvement Project (FCHIP)	Community Wellness Groups
Mike Espinosa	Executive Director	The Children’s Movement of Fresno	Community/Residents and Children’s Advocacy
David Lucchini	Director	Fresno County Department of Public Health	Government - Public Health
Sonia De La Rosa	(then) Assistant CAO	Fresno County	County Government – Administration
Lynne Ashbeck	Sr. Vice President and Chief Community Impact Officer	Valley Children’s Hospital	Health Care
Wilma Hashimoto	Executive Director	CASA of Fresno and Madera Counties	Children/Foster Youth
Sanja Bugay	Director	Fresno County Department of Social Services	Government – Social Services
Kirk Haynes	Chief of Probation	Fresno County Probation	Government – Justice
Christine Barker	Executive Director	Fresno Immigrant and Refugee Ministry (FIRM)	Immigrant and Refugee Communities
Trina Frazier	Asst. Superintendent of Student Services	Fresno County Superintendent of Schools	Education
Dr. Robert Pimentel	President	Fresno City College	Education/Vocational
Shantay Davies-Balch	CEO	Black Wellness and Prosperity Center	Underserved Communities-/Community Health
Kata Nemeth	Executive Project Manager		
Maggie Navarro	Program Manager	City of Fresno Office of Neighborhood Safety	Government - City of Fresno/Underserved Communities
Jammy Harris	Community	n/a	Former Foster Youth

Community Member	Community/ family member		Community/family member
No Show/Unable to Reschedule		Regional Advocacy Agency	
No Show/Unable to Reschedule		Current Foster Youth	

After completion of the Key Informant Interviews, staff reviewed the comments and began to group them into similar interests and/or themes. DBH staff coded the responses, but the different stakeholder sectors identified wide variety of priorities. The most common themes represented in the interviews were: the challenges individuals face when navigating the behavioral health system; the commonality of entering the behavioral health system through school-based behavioral health programs or the crisis continuum; and the lack of behavioral health resources available to certain communities (transportation, number of providers, etc.). Common priorities from the key informants are presented in the table below.

<p>Question 1: In your opinion, what has been the most successful Behavioral Health program/effort over the last 3 years?</p> <ul style="list-style-type: none"> • All 4 Youth • DBH response to COVID-19 Pandemic
<p>Question 2: What do you find to be the biggest behavioral health challenge for the population that you serve?</p> <ul style="list-style-type: none"> • Knowledge of how to navigate the behavioral health system • Access to professional services/workforce shortage
<p>Question 3: Consider the population that you serve. What is the most likely way for individuals to enter the behavioral health system?</p> <ul style="list-style-type: none"> • Through interaction with healthcare providers/hospitals • Through linkage programs, including those in schools
<p>Question 4 Responses: Are you aware of any barriers that prevent the individuals you serve from accessing behavioral health services?</p> <ul style="list-style-type: none"> • Knowledge of how to navigate the behavioral health system • Stigma surrounding behavioral health problems • Transportation
<p>Question 5: What do you understand to be a gap or gaps in receiving appropriate behavioral health services?</p> <ul style="list-style-type: none"> • Navigation through the behavioral health system • Capacity of providers

Question 6: In your opinion, how could DBH best engage your population to strengthen prevention services/increase resilience/etc.?

- Build community/CBO capacity to serve individuals
- Provide training opportunities

Question 7: Are there any programs that you would like to see strengthened in the next three-year plan?

- Linkage and navigation resources
- Increase in culturally specific services and diverse providers

Question 8: Are there any innovative ideas/models/methods in your field that we should be aware of?

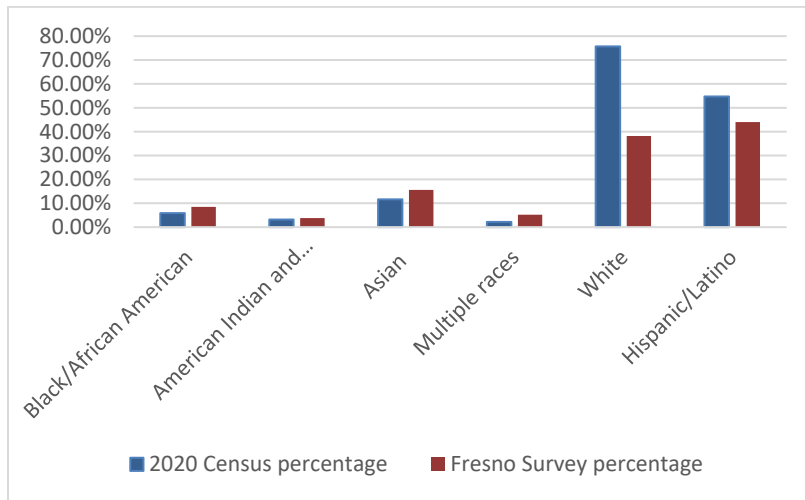
- Data analysis and information sharing

Community Needs Survey

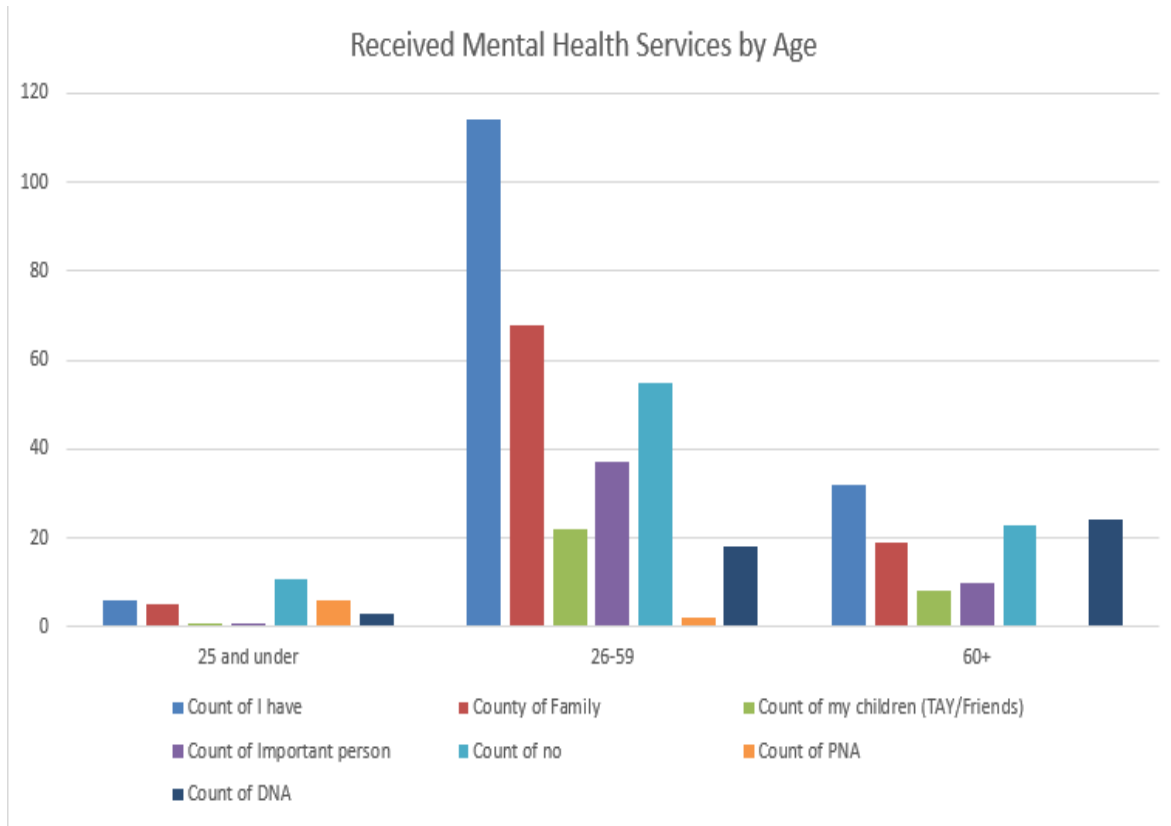
In addition to the virtual, in-person meetings and key informant interviews, DBH distributed a TAY and Adult Community Needs Surveys (see Appendix E for sample) in hard copy and digitally via SurveyMonkey. These surveys were translated into Spanish and Hmong using professional translation services and were then reviewed by DBH staff to ensure the translation captured the intent of the questions (secondary translation). These surveys collected demographic information and sought input on needs from the community as part of the CPP.

Fresno County collected a total of **384** surveys over the course of two months. The surveys were available online from the start of the CPP in October 2022 until January 1, 2023. This extended time provided individuals an opportunity to complete the survey after the conclusion of the in-person community forums. The use of the surveys was promoted and noted at the various community forums and in all the Department’s communications to stakeholders.

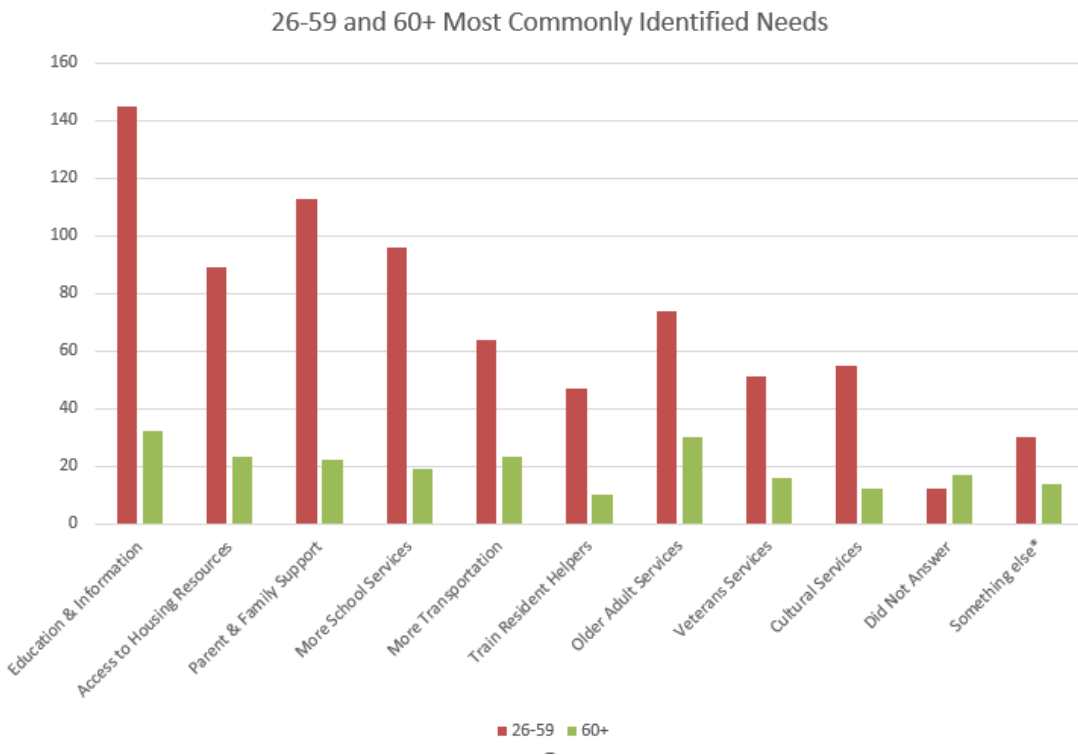
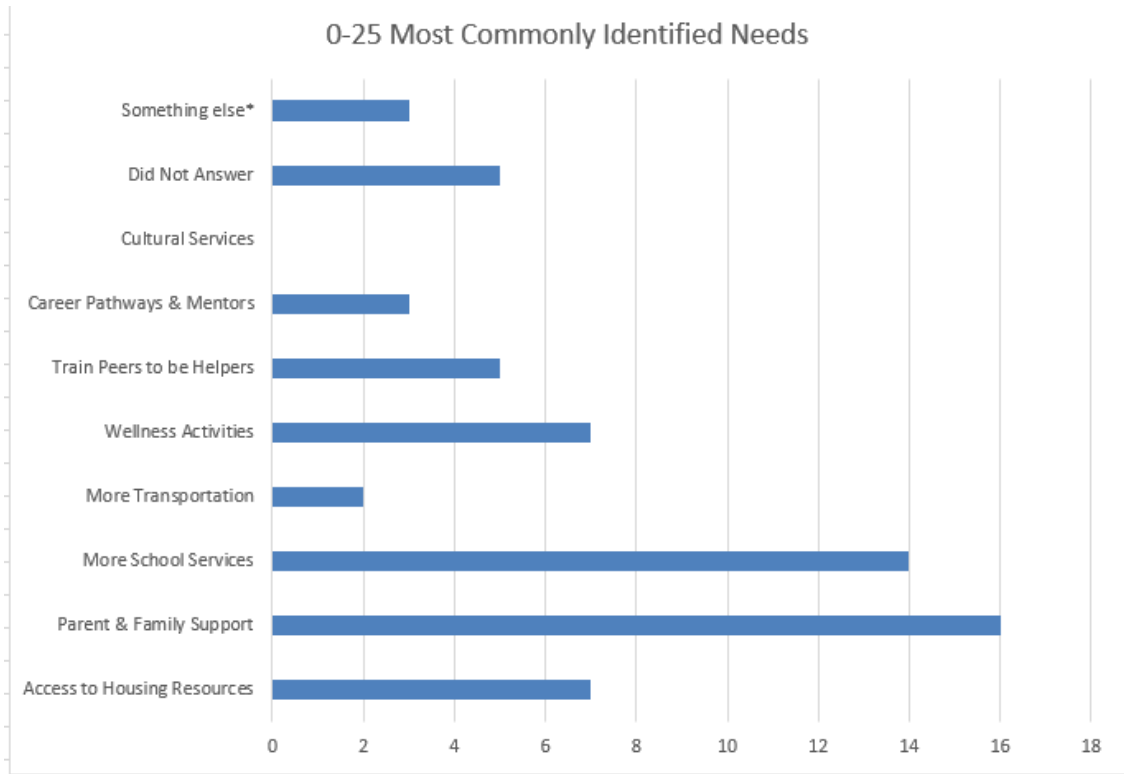
The Department’s efforts to promote this survey resulted in a demographic makeup of survey takers that was congruent with the larger demographic make-up of Fresno County.



Most survey respondents have received mental health services and/or have a loved one who has received mental health services.



When asked to identify the top three needs of their community, many survey respondents indicated a need for education and information about mental health, as well as a need for supports for caregiver, parents, and families. While fewer respondents identified wellness activities, peer helpers, and career pathways as a top need in the community, these topics were frequently discussed at the in-person community forums. As expected, survey respondents who took the TAY Community Needs survey identified different needs than those who responded to the Adult Community Needs survey.



One final finding from the administration of the Community Needs Survey was that Asian Pacific Islanders (API) respondents were more likely to skip questions that asked participants to identify

the top community needs. Meanwhile, the community forum held with southeast Asian community and rendered primarily in Hmong was the most well-attended session of the entire Community Planning Process with over 100 attendees. The Department should continue to prioritize engaging the southeast Asian population in the manner which is most appropriate and accepted by the community.

Other Community Input

To preserve equitable access in the Community Planning Process, the Department did not conduct individual meetings or interviews with any stakeholders (exception being key informants from specific sectors). All participating stakeholders who did not share comments in a community forum or on the Community Needs Survey were invited to submit written comments to mhsa@fresnocountyca.gov. Those comments are included in Appendix F.

Incorporation of Stakeholder Input

Priority	Area of Interest	Number of Respondents
1	Education and Information	198
2	Parent and Family Support	153
3	More School Services	135
4	Accessing to Housing Resources	124
5	Older Adult Services	111
6	More Transportation	95
7	Culturally Focused Services	70
8	Veteran’s Services	69
9	Some Other Response	65

10	Did Not Answer	43
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Throughout the entirety of the Community Planning Process (CPP), the Department strove to elicit community feedback on the six components of community planning described in WIC 5848 and CCR 3315: mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.

Mental Health Policy

During the CPP, the Department informed community members about the status of several bills that could affect the implementation of MHSAs funds. A status update on SB 803 was of particular interest to Fresno County stakeholders, as the use of certified Peer Support Specialists could increase the availability of culturally responsive services and service providers; emphasize community connections; and increase community capacity.

Program Planning and Implementation

Participants of the 2022 CPP identified navigating the behavioral health system as a challenge for individuals who seek care. The Department is pursuing several strategies to incorporate this feedback; most noticeable in this MHSAs Three-Year Plan is the consolidation of several programs into one Forensic Continuum of Care. The Department also funds several different navigation resources that will be Department areas of focus during the next three years.

Program Monitoring and Quality Improvement

Fresno County stakeholders participate in program monitoring and quality improvement in a variety of ways, including but not limited to Behavioral Health Board site visits, Consumer Satisfaction Surveys, stakeholder input during program evaluations, focus groups (such as with the FSP Evaluation) and of course, the Community Planning Process. This year, several CPP participants indicated their interest in receiving further information about the Department of Behavioral Health and its activities. These individuals were added to the MHSAs email listserv and will receive all communications about stakeholder participation opportunities. The Department also advertises opportunities to engage on its social media

accounts.

Evaluation

Many stakeholder conversations included discussion on the value of community-driven services and culturally responsive services. The Department is committed to providing community-defined practices which necessitates the use of new evaluation techniques. Throughout the course of this Three-Year Plan, the Department will work with the participants in its community-defined programs to identify methods of evaluation that complement traditional evaluation practices and accurately represent programmatic outcomes.

Budget Allocation

The Department has carefully monitored MHSA funding projections during the development of this plan and plans to balance the use of one-time funds with principles of sustainability. One-time funds may be used for long-lasting investments into capital projects or as assistance for providers to seamlessly adopt payment reform. Meanwhile, the Department has planned to sustain all existing services while simultaneously supplementing cultural services and streamlining system navigation. All these ideas were discussed during the 2022 CPP.

Circulation of Three-Year Plan

At the time of writing, the Department intends to post this three-year plan for 30-day public comment from mid-March 2023 through mid-April 2023. A public hearing is planned for the Behavioral Health Board meeting on April 17, 2023.

The County's Follow-Up Sessions will begin upon posting of the plan and are intended to educate stakeholders about the structure of the plan, inform stakeholders of changes to the plan, and provide information regarding the 30-day public comment session and Public Hearing.

Summary of Program Changes

Prevention and Early Intervention (PEI)

The Department does not anticipate any substantial changes to the spectrum of existing Prevention and Early Intervention (PEI) services over the next three years. The Department remains committed

to expending PEI dollars to prevent serious mental illness, reduce stigma, increase awareness, improve access to care, reduced suicides and to provide early intervention for those individuals who have developed a serious mental illness.

With the advent of California's payment reform, the Department will assist its PEI providers in maximizing use of Federal Financial Participation (FFP) dollars. This could be achieved through several methods including the addition of certified Peer Support Specialists in PEI programs.

The main addition to the PEI component of Fresno County's MHSa Three-Year Plan will be the programs currently operating under the CRDP Evolutions Innovation Plan. The purpose of that plan is to adapt these existing community-defined practices into programs that meet the requirements of an MHSa PEI program. Upon completion of the Innovation plan, the Department will evaluate the programs and determine how to incorporate the learnings and services into the PEI continuum.

Community Supports and Services (CSS)

During the past three years Fresno County was part of a statewide innovation project that explored process improvement opportunities for Full-Service Partnership (FSP), ways to create more continuity with FSP standards within a county and statewide. Some of those evaluations also explored ways to leverage and diversify funding.

A number of CSS programs will be impacted in the coming years by California's payment reform (CalAIM) which will increase the types of services which may be a billable service as part of the care provided. This can provide additional opportunities to generate revenues, fund care, and to leverage the use of FSP and other MHSa CSS services to expand or enhance services.

As part of the new Three-Year Plan, the County plans to examine changes to its FSPs to implement some of the recommendations from the Statewide FSP Evaluation. The County will also take advantage of opportunities to improve continuity of care by shifting some programs from a sole FSP, or a sole CSS program into continuums of cares to better meet individuals where they are. Lastly, the examination and redesign of FSPs during the next three years will also seek to apply the opportunities provided via payment reform to better structure care, maximize all available funding, and use CSS funding to improve or enhance care.

For most modifications, specific FSPs and CSS programs have not yet been identified, but the process of implementing design improvements to FSP and other CSS programs will commence in

the coming years with this plan.

The first continuum of care that will be created under these efforts is the Forensic Behavioral Health Continuum of Care. This Continuum will be created by combining the current AB109 programs and AB1810 programs into one FSP and one outpatient program. These programs are already offered by the same provider, so streamlining the services into one program will allow individuals to seamlessly move between levels of care as clinically indicated. Furthermore, the creation of this continuum will allow the Department to collect appropriate data and make informed decisions about future programs that may enhance this continuum of care.

Innovation (INN)

Current Innovation Plans (as of March 2023)	Status
Statewide FSP Evaluation	Completed
Psychiatric Advance Directive	Active
The Lodge	Active; Extension requested
Handle With Care Plus+	Active
Suicide Prevention Follow-Up Call Program	Active
Project Ridewell	Not Active
INN-Community Planning Process	Active
CRDP Evolutions	Active
Allcove	Proposed concept paper for MHSOAC review
Justice-involved Youth Research Project	Pending MHSOAC Approval

In FY 2021-2022, the Department completed its Statewide FSP Evaluation project. The Department has six approved, active Innovation projects. One approved project is not yet active due to the delays posed by the COVID-19 pandemic. Finally, the Department is working for approval for two new Innovation projects, one of which is pending approval and other for which a concept paper has been developed. Innovation Plans and Annual Updates are available at fresnomhsa.com.

Workforce Education and Training (WET)

The Department has several activities funded through the WET plan and WET funding. These are primarily focused on annual workforce training and development, which included an array of training opportunities, internships, and professional development. The proposed annual budget for WET activities will not change. Some trainings may be modified, but the overall goals and

allocation will remain the same.

A small portion of the work is the oversight and administration of the WET efforts. This will not change.

The Department is part of the regional WET initiative that works to develop the workforce through career pathways promotion, growth through scholarships tuition repayment, and some possible retention efforts. While there are no changes to this plan, the Department will continue to examine ways to promote the opportunities for career development, scholarships, and tuition reimbursement, including more opportunities for professional peer development

Capital Facilities and Technology Needs (CFTN)

The County will allocate approximately \$10 million in FY 2022-2023 and also in the new plan from CSS dollars to support capital projects and plans, including but not limited to the completion of the direct service campus, components of the Psychiatric Health Facilities, Crisis Stabilization Center and transitions supports from current locations to the Heritage Campus. Lastly, the Department will continue exploring expansion and development of new crisis care infrastructure at the Heritage Campus

Summary and Analysis of Substantive Comments

An analysis of substantive recommendations and changes is included in the Public Posting and Comment section of this document (Appendix G). Comments were accepted verbally and in writing during the community planning process. Stakeholders are invited to submit comments to the MHSA email box mhsa@fresnocountyca.gov during the 30-day public posting period.

Once the plan is posted the Department will host virtual Follow Up Sessions, to inform the public of the posting, where to find it, highlight sections with any changes, and review ways they can provide comment and feedback,

Finally, a public hearing will be held at the conclusion of the 30-day public posting period.

The Department accepts general comments and suggestions relating to MHSA programs throughout the year at the MHSA email box mhsa@fresnocountyca.gov. Stakeholders are invited to learn more about the MHSA process through the videos posted at fresnomhsa.com.

Community Supports and Services

Introduction

The purpose of the Community Supports and Services component is to provide access to an expanded continuum of care for individuals living with a serious mental illness (SMI) or serious emotional disturbance (SED).

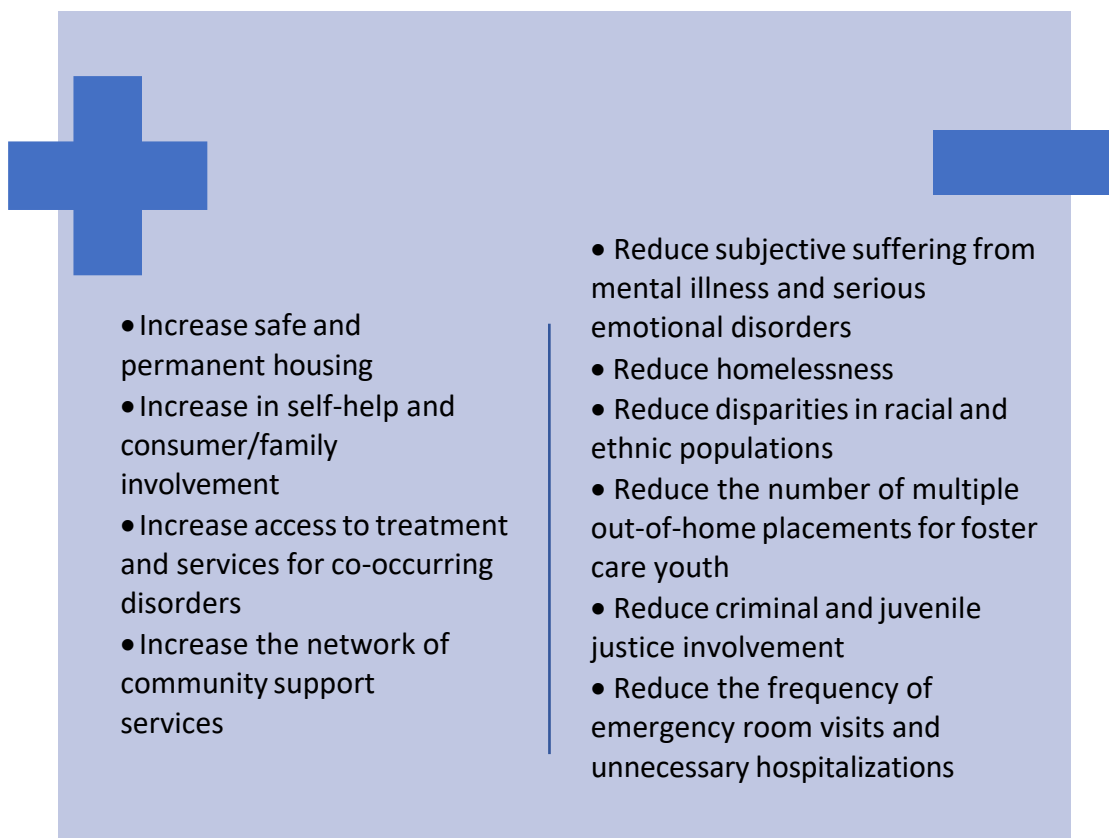
Fresno County provides a complete continuum of care for several specific populations and the wider community.

Specific efforts to provide culturally appropriate services are embedded throughout Fresno County's continuum of CSS programs. Examples include:

- **The Rural Mental Health Services** program (RMS) operates in largely Latino Spanish speaking communities and works to recruit bilingual providers to help render services. When possible, RMS recruits directly from the communities it serves.
- **The Fresno County Superintendent of Schools (FCSS)-All4Youth** program operates in over 200 schools presently in Fresno County, and recruits staff that are bilingual in the County's threshold languages, as well as languages prevalent in particular communities.
- **The Fresno Center** operates a Full-Service Partnership program specifically intended to serve individuals who identify as Southeast Asian. This program provides services in a variety of languages, including Hmong and Lao.

All Fresno County programs have access to the Language Line. County-operated programs offer interpretation services to ensure both the capacity to meet diverse language needs as well as render services in a timely manner.

CSS Goals and Outcomes



- Increase safe and permanent housing
- Increase in self-help and consumer/family involvement
- Increase access to treatment and services for co-occurring disorders
- Increase the network of community support services

- Reduce subjective suffering from mental illness and serious emotional disorders
- Reduce homelessness
- Reduce disparities in racial and ethnic populations
- Reduce the number of multiple out-of-home placements for foster care youth
- Reduce criminal and juvenile justice involvement
- Reduce the frequency of emergency room visits and unnecessary hospitalizations

Full-Service Partnerships

Introduction

The purpose of Full-Service Partnership (FSP) programs is to provide intensive services for individuals with serious mental illness (SMI) or severe emotional disturbance (SED). These services are provided in a community-based setting and utilize a “whatever it takes” approach to meet the needs of the individuals served. These programs seek to improve a variety of outcomes for individuals served, including reducing suffering associated with mental illness, increasing access to safe and permanent housing, reducing out of home placements for children and youth, decreased

interactions with the criminal justice system, and a reduction of frequent psychiatric hospitalizations and use of crisis services.

Projections of the number of individuals to be served by FSP programs is based upon feedback from past MHSA stakeholder meetings regarding the needs of persons served and the broader community needs. Projections are also based upon the review of capacity available in current FSP agreements and operations and the potential for Federal Financial Participation (FFP) matched funds. The County also solicits feedback from current providers as to their recommendations for operations. Finally, the County considers State projections of new populations to be served overall estimates of numbers to be served.

Fresno County completed work as part of a statewide FSP Evaluation. The findings of this evaluation included opportunities to improve coordination, outcomes, and oversights to improve FSP programs locally. The Department continues to work to implement those recommendations with current FSP programs and to improve program designs in upcoming RFP and contracting cycles.

Program Name	Ages Served	Projected numbers to be Served
Adult Full Service Partnership	18+	540
Children & Youth Juvenile Justice Services - ACT	10 – 18	200
Children's Full-Service Partnership	0 - 10	475
Co-occurring Disorders Full Service Partnership	18+	90
Cultural Specific Services Full Service Partnership	All ages	50
Enhanced Rural Services Full Service Partnership	All ages	225
Forensic Behavioral Health Full Service Partnership	18+	175
Transition Age Youth Services and Support FSP	16 – 25	150
AB109 Full Service Partnership	Rolled into Forensic Behavioral Health FSP	
AB1810 Full Service Partnership		

**MHSA 3YP 23-26 MHSA Dollars Budget
Full-Service Partnership**

Project Name 2023-2026	Comp	Subcomponent	FY 21/22 BUD	FY 22/23 BUD	FY 23/24 BUD	FY 24/25 BUD	FY 25/26 BUD
AB 109 Full Service Partnership	CSS	Full-Service Partnership	487,008	487,008	-	-	-
AB1810 - FSP/ACT	CSS	Full-Service Partnership	576,775	720,455	-	-	-
Adult Assertive Community Treatment	CSS	Full-Service Partnership	-	-	-	-	-
Adult Full Service Partnership	CSS	Full-Service Partnership	9,880,398	9,984,160	9,984,160	9,984,160	9,984,160
Children & Youth Juvenile Justice Services - ACT	CSS	Full-Service Partnership	981,921	981,921	981,921	981,921	981,921
Children's Full Service Partnership (FSP) SP 0-10 Years	CSS	Full-Service Partnership	2,097,353	2,097,353	2,097,353	2,097,353	2,097,353
Co-Occurring Disorders Full Service Partnership (FSP)	CSS	Full-Service Partnership	771,558	771,558	771,558	771,558	771,558
Cultural Specific Services - FSP	CSS	Full-Service Partnership	258,960	258,960	258,960	258,960	258,960
Enhanced Rural Services-Full Services Partnership (FSP)	CSS	Full-Service Partnership	1,269,423	1,350,529	1,350,529	1,350,529	1,350,529
Forensic Behavioral Health Continuum of Care - FSP	CSS	Full-Service Partnership	-	-	1,207,463	1,207,463	1,207,463
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	CSS	Full-Service Partnership	677,688	677,688	677,688	677,688	677,688
Totals			17,001,084	17,329,632	17,329,632	17,329,632	17,329,632

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Complete

Project Name: AB109 Full Service Partnership
Project Identifier(s): 039 **Avatar:** 4525 **PeopleSoft:** 4525
Provider(s): Turning Point (A17-266)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** April 24, 2012
Project Overview: The AB109 FSP program provides services to justice-involved populations such as AB109 post-release adults, age 18 and older, who have a serious mental illness (SMI). As an FSP program, the program uses a “whatever-it-takes” model that works towards ending homelessness, frequent hospitalizations, and/or incarcerations by providing care services focused on recovery. Services are delivered in the metropolitan area at both clinic and community locations. The program serves a capacity of 105 individuals at any given time and served 183 unique individuals in FY 20-21.

Project Update FY 2020-2021:

Turning Point continued to provide comprehensive mental health, housing, and community supports to justice involved adults with the goal of supporting the person served in recovery and self-sufficiency. The program provides multi-level services directed towards the individual needs of those in the program. Services and supports include assessments, therapy, medication support, personal service coordination, crisis management, rehabilitation services, employment and education, advocacy, and linkage to community resources. Additional support includes any direct assistance necessary to ensure that persons served obtain the basic necessities of daily life, such as food, clothing, transportation, housing, personal hygiene, medical services, and other financial support.

The program has worked with the Community Corrections Partnership (CCP) by providing quarterly statistics as requested. These statistics included the number of mental health referrals and the number of mental health encounters.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	46
Asian/Pacific Islander	5
Caucasian	35
Latino	85
Native American	4
Other	5
Unreported	3
Total Number Served	183

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input checked="" type="checkbox"/> 16-24	8
<input checked="" type="checkbox"/> 25-64	172
<input checked="" type="checkbox"/> 65+	3
Total Number Served	183

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The COVID-19 Pandemic resulted in a decrease in referrals to the program. Beginning in the middle of March 2020, the program canceled all face-to-face group and individual sessions, except for face to face medication injections, to avoid exposure to both persons served and program staff. The program implemented telephone and telehealth services to provide individual mental health services and restructured the program to practice social distancing as well as formulating protocols for cleaning and disinfecting.

The COVID-19 Pandemic has made it difficult to serve clients who lack technology resources, or the technical skill needed to successfully navigate tele-health services. Possible exposures to COVID-19 have prevented individuals from receiving normal FSP level services and at times have necessitated persons served receive either telephone or tele-health services. When the Department of Behavioral Health started the reopening process, Turning Point began to provide face to face individual mental health sessions and limited group sessions to ensure the program followed the COVID-19 prevention and mitigation while maintaining social distancing.

Limited housing resources in the community continue to present challenges; specifically access to recovery residences (sober living) beds, Board and Care beds, and independent supportive housing. The limited housing issue presents increased barriers when attempting to serve individuals with prior convictions for arson or sex offenses and for those who identify as transgender. The restriction to access is greater for those who may have exhibited behavioral challenges while receiving treatment in the past. COVID-19 had further restricted access to Substance Use Inpatient facilities as participants in these programs tested positive causing these programs to cease accepting new referrals for long durations of time. Employment and Education continued to be a barrier for most individuals for a variety of reasons but mainly due to severe mental health symptoms, co-occurring substance use issues, and criminal backgrounds. The length of duration spent in the program was limited as often individuals complete their probation within 9 months to a year of entering the program, making it difficult to achieve individual treatment goals. Being able to transition those with continued need to either a lower level or an different FSP where they can received the same level of care and support but not mandated by the justice system is an option for those open to continuing with their recovery or care.

Proposed Project Changes 2023-2024:

The contract for this program ended on June 30, 2022. RFP No. 22-047 was released on March 7, 2022, and closed on April 4, 2022, with one bid received. The new contract approved on June 21, 2022. With the approval of the Community Corrections Partnership, the Department took the opportunity of the new contract cycle to make changes to the key factors of the contract. These changes included combining the what was the AB 109 FSP and OP programs under one contract, extending the length of stay in both programs past the probation term of the person served, expanding services to individuals found Misdemeanor Incompetent to Stand Trial and Mental Health Diversion Court participants, incorporating evidence-based practices such as Risk Needs Responsivity and Risk Assessment, and adding an Assertive Community Treatment) level of care to better serve the expanded target population. With the expansion of the target population, the new contract was named the Forensic Behavioral Health Continuum of Care, and thus recommend the MHSA Project Name to be changed from the current "AB 109 Full Service Partnership" to "Forensic Behavioral Health Continuum of Care FSP/ACT" to reflect the expanded target population and service modality.

The AB 1810 Diversion Court program will be combined with this Forensic FSP which can provided responsive care and services to justice involved populations.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Complete

Project Name:	AB1810 PreTrial Diversion FSP/ACT	
Project Identifier(s): 074	Avatar: 4331	PeopleSoft: 4331
Provider(s):	Turning Point of Central California, Inc. (A20-341)	
Approval Date:	TBD	
Start Dates:	Anticipated: N/A	Actual: March 15, 2021
Project Overview:	AB1810 pre-trial jail diversion opportunity into community-based treatment program and wraparound services for justice-involved adults with serious mental illness and housing challenges, who committed certain felony or misdemeanor crime in Fresno County as a result of their untreated behavioral health diagnosis and are not a significant risk to public safety. This continuum of care program is comprised of five levels: assertive community treatment (ACT), full service partnership (FSP), intensive case management (ICM), outpatient (OP) and outreach and engagement (OE). Program capacity is expected to ramp up from 30 to a maximum of 75 as eligible and suitable Mental Health Diversion Court referrals are processed.	

Project Update 2020-2021:

A three-year contract was executed with Turning Point effective September 22, 2020, for a pilot continuum of care program. Due to funding limitations and unknown referral volume of persons meeting program eligibility, the contract term was aligned with available AB1810 pretrial felony diversion funding from a Department of State Hospitals (DSH) grant ending June 30, 2023. DSH funds are limited to incompetent to stand trial or likely to be incompetent to stand trial individuals charged with certain felonies and diagnoses. The pilot expands on the DSH funds to serve more eligible and suitable mental health diversion participants.

After a ramp up period that included delays related to the COVID-19 pandemic, direct services from the Turning Point Diversion Program began March 15, 2021.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	6
Asian/Pacific Islander	
Caucasian	2
Latino	13
Native American	
Other	
Unreported	1
Total Number Served	22

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input checked="" type="checkbox"/> 25-64	21
<input checked="" type="checkbox"/> 65+	1
Unreported	
Total Number Served	22

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The parameters set by DSH for funding eligibility, including a limited set of mental health diagnoses, remain a barrier for some individuals to enter the program. While many referrals are received, the incompetent to stand trial or likely to be incompetent to stand trial requirements makes the majority of referrals ineligible for participation. Turning Point and the DBH Mental Health Diversion Court Liaison continue to collaborate

with justice partners and review mental health diversion court applicants in advance to determine eligibility and suitability. Housing participants is becoming increasingly challenging, as some participants have serious charges and/or co-occurring substance use disorders. Often supportive transitional housing is needed for the individual while transitioning from the jail to community environment. Transitional housing slots are limited and only available to persons placed on pre-trial community supervision under Probation.

Proposed Project Changes 2023-2024:

Current agreement is set to expire June 20, 2023, and this pilot program will not be renewed. The Department identified that the standalone programs built around specific funding sources, criminal justice processes and referral eligibilities are difficult to sustain. Program participants will be transitioned to the Turning Point First Street Center program at the appropriate level of care. The Department will also review existing program budgets to determine how these MHSA funds will be allocated in the future.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name 2020-2023:	Adult Full-Service Partnership	
Project Identifier(s): 058	Avatar: 4531(Vista), 4535(D.A.R.T. West), 4536(Sunrise)	PeopleSoft: 4531(Vista), 4535(D.A.R.T. West), 4536(Sunrise)
Provider(s):	Turning Point of Central California, Inc. (A20-216) TURN (formerly Mental Health Systems, Inc). (A20-216)	
Approval Date:	Historical	
Start Dates:	Anticipated: N/A	Actual: July 1, 2020
Project Overview:	The Adult FSP programs provide intensive based outpatient mental health, co-occurring, and supportive housing services to adults residing in Fresno County. Program objectives and goals include the prevention and reduction of psychiatric hospitalizations, incarcerations, homelessness, and medical hospitalizations; increase in frequency of time spent in educational or employment settings; and the provision of services and skills helping to achieve a level of recovery and stability that will allow transitions to the least restrictive levels of care.	

Project Update FY 2020-2021:

The Adult FSP program now has three separate FSP sites providing Full-Service Partnership (FSP) program services for up to 180 adults ages 18-59 in the community per site with the ability and capacity to serve up to 540 persons served total at the Vista, Sunrise, and D.A.R.T West FSP sites.

The Vista program, FSP site #1, continued to provide FSP services to their 300 persons served while beginning to transition to a 180 capacity FSP site effective 10/1/2020 when they began transitioning FSP persons served out to the other newly created FSP sites. Vista continues to provide recovery-oriented intensive outpatient mental health services that provide individuals served with opportunities to utilize their strengths and abilities to gain independence and self-sufficiency in the community.

The Sunrise program, FSP site #2, began providing FSP services to a capacity of up to 180 persons served on 10/1/2020. Sunrise also assisted in transitioning existing FSP persons served from the Vista program to allow the Vista program to reduce their capacity to meet the new contract capacity of up to 180 persons served per site. Vista and Sunrise are ran by Turning Point of Central California, Inc. and both sites provide services based on the Assertive Community Treatment model and utilizes several evidence based interventions including: Cognitive Behavioral Therapeutic (CBT) interventions, Harm reduction, Integrated Dual Disorder Treatment, Mental Health First Aid, Motivational Interviewing techniques, Trauma-Informed Care, Trauma-Focused CBT, Changing Offender Behavior/Courage to Change: Cognitive-Behavioral Curriculum, Recognizing and Responding to Suicidal Risks (RRSR), and Wellness & Recovery Action Planning (WRAP).

The Dare to Achieve Recovery Together (D.A.R.T. West) program, FSP site #3, also began providing FSP services to a capacity of up to 180 persons served on 10/1/2020. D.A.R.T. West employs several evidence-based approaches and best practices shown to be effective with the target population. Staff have participated in a number of evidenced based and evidence informed practice training during the reporting period including: Motivational Interviewing; "Housing First" Model and linkage to permanent supportive housing; Harm Reduction Model; Integrated Dual Diagnosis Treatment; Common Ground and Deegan's Intentional Care Performance Standards; Cognitive Behavioral Therapy (CBT); Cognitive Behavioral Therapy for Psychosis (CBTP); Dialectical Behavior Therapy (DBT); Trauma Focused CBT; Cognitive Behavioral Social Skills Training (CBSST); ASAM; Living Skills Practical Guidance; 'Living in Balance: Moving from a Life of

Addiction to a Life of Recovery'; Criminal and Addictive Thinking; Medication Management and Medication Assisted Treatment; Supported Employment; and SSI/SSDI Outreach, and Access, and Recovery (SOAR).

Across all three FSP program sites, the target population served includes adults residing in Fresno County who meet requirements for Serious Mental Illness and meet one of more of the following criteria: homelessness; at risk of homelessness; involvement in the criminal justice system; frequent users of hospitals and/or emergency room services. At the start of the COVID-19 Pandemic the programs had to adapt as services shifted heavily towards telehealth and the programs continues to make the adjustments necessary to successfully provides services to our target population that may not always be easily reached by the usual avenues.

In FY19-20, when we only had the one Adult FSP site, we served 369 unique persons served. As of the FY20-21 we were able to serve 613 unique persons served under the Adult FSP program.

FY 2020-2021– Unique Individuals Served

Ethnicity	Served
African American	139
Asian/Pacific Islander	49
Caucasian	225
Latino	182
Native American	6
Other	0
Unreported	12
Total Number Served	613

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input checked="" type="checkbox"/> 16-24	6
<input checked="" type="checkbox"/> 25-64	569
<input checked="" type="checkbox"/> 65+	38
Unreported	
Total Number Served	613

*Due to project requirements, there may be specific age guidelines

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The COVID-19 pandemic challenged our FSPs during the 20-21 Fiscal Year. The programs had to deal with not being able to provide services in office due to the Public Health Emergency, they also had to deal with Staff Members and Persons Served getting sick during the Pandemic which caused barriers for services being provided on both sides of the equation. The strategies that the FSP programs utilized to continue providing services and helping staff and persons served remain healthy were increased telehealth services being provided to FSP persons served.

Proposed Project Changes FY 2023-2024:

No proposed changes currently.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2021 - 2022

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Children & Youth Juvenile Justice Services-ACT
Project Identifier(s): 042 **Avatar:** 4323 **PeopleSoft:** 4323
Provider(s): Pacific Clinics A22-342 (Previously Uplift Family Services A18-689)
Approval Date: Historical
Start Dates: January 1, 2019 **Anticipated:** N/A **Actual:** August 25, 2009
Project Overview: This program is available to youth, ages 10-18 years old, and their families. The ACT program is centered on a small staff-to-child ratio to provide multiple contacts per week, dependent upon youth need and a mutually agreed upon treatment plan between youth and program staff. Services are provided in the home, community, and educational locations, whichever is most comfortable for the youth and family. Additionally, services shall be provided to families as necessary, to optimize the youth's ability to reach wellness and recovery. The youth must be between the ages of 10 and 18 years old and must have serious emotional disturbance (SED) and at least one diagnosis from the current Diagnostic and Statistical Manual of Mental Disorders (DSM).

Project Update FY 2020-2021:

This program was heavily impacted by staffing shortages and other challenges created by the onset of COVID-19. The program saw an increase in referrals at the end of 2021 due to youth coping with COVID-19 stay at home orders. Services were shifted to telehealth.

FY 2020-2021– Unique Individuals Served

Ethnicity	Served
African American	16
Asian/Pacific Islander	1
Caucasian	60
Latino	110
Native American	0
Other	10
Unreported	11
Total Number Served	208

Ages Served*	Served
<input type="checkbox"/> 0-15	150
<input type="checkbox"/> 16-25	43
<input type="checkbox"/> 26-59	15
<input type="checkbox"/> 60+	0
Unreported	0
Total Number Served	208

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Staff retention was a major barrier to the program. An Amendment for salary increases to direct staff was approved to aid in staff retention efforts.

Proposed Project Changes FY 2023-2024:

The current contract is set to expire June 30, 2023. The contract will be extended for one more year to allow for the implementation of CalAIM initiatives, including payment reform.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2021 - 2022

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Children’s Full Service Partnership (FSP) SP 0-10 Years
Project Identifier(s): 043 **Avatar:** 4320 **PeopleSoft:** 4320
Provider(s): Comprehensive Youth Services, Exceptional Parents Unlimited, Pacific Clinics A-22-342 (Previously 18-366)

Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** September 1, 2007

Project Overview: This program is a Full Service Partnership (FSP) program that is available to individuals and their families 24 hours a day, seven days a week. Services are provided to children and their families who are unable to maintain their school settings, families affected by substance abuse issues, children who are exhibiting extreme behaviors at school, and at-risk children discharged from the County's Crisis Stabilization Unit.

The child must meet at least one of the following criteria:

- Have a substantial impairment in at least two of the following as a result of a mental disorder or severe emotional disturbance: self-care, school functioning, family relationships, and ability to function in the community. The child must be at risk of or already removed from the home, or the mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.
- Displays psychotic features, is at risk of suicide, and/or is at risk of violence to a mental disorder or severe emotional disturbance
- Meets special education eligibility requirements under Chapter 26.5 of the Government Code.

Project Update FY 2020-2021:

This program was heavily impacted by staffing shortages and other challenges presented during COVID-19. The program saw an increase in referrals at the end of 2021 due to youth coping with COVID-19 stay at home orders. Services were shifted to telehealth to ensure access during the pandemic.

FY 2020-2021 – Unique Individuals

Ethnicity	Served
African American	32
Asian/Pacific Islander	9
Caucasian	85
Latino	219
Native American	3
Other	21
Unreported	114
Total Number Served	483

Ages Served*	Served
<input type="checkbox"/> 0-15	459
<input type="checkbox"/> 16-25	1
<input type="checkbox"/> 26-59	21
<input type="checkbox"/> 60+	2
Unreported	
Total Number Served	483

*Due to Project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSAs.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Staff retention was a major barrier to the program. An Amendment for salary increases to direct staff was approved to aid in staff retention efforts. Timely access to care is expected to improve as staffing improves.

Proposed Project Changes FY 2023-2024:

The current contract is set to expire June 30, 2023. The Department will extend this contract by one year in order to implement CalAIM initiatives, including payment reform. During that time, this program will be evaluated for potential areas of improvement that may be included in the next RFP.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Co-Occurring Disorders Full-Service Partnership
Project Identifier(s): 046 **Avatar:** 4563 **PeopleSoft:** 4562, 4563
Provider(s): TURN (formerly Mental Health Systems (A20-014))
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** July 21, 2009
Project Overview: A full-service partnership that provides/coordinates mental health services, housing, and substance abuse treatment for seriously and persistently mentally ill adults and older adults; also provides three substance abuse residential beds.

Project Update FY 2020-2021:

The contract renewed as of January 7, 2020 and was again awarded to Mental Health Systems (now known as TURN). The provision of Co-Occurring Disorder Full-Service-Partnership services includes mental health services, housing, and substance abuse treatment for Fresno County adults and older adults who are seriously and persistently mentally ill with substance use disorders. As a result of several interval meetings between Department of Behavioral Health Staff, the program expanded to included substance abuse services to make it a true co-occurring disorders program. The program began serving individuals with substance abuse disorders in October 2021.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	14
Asian/Pacific Islander	3
Caucasian	26
Latino	48
Native American	2
Other	3
Unreported	3
Total Number Served	99

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input checked="" type="checkbox"/> 16-25	0
<input checked="" type="checkbox"/> 26-59	87
<input checked="" type="checkbox"/> 60+	12
Unreported	0
Total Number Served	99

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Some barriers at this time include a shortage of clinical staff, which makes it difficult or delays complete intake assessments/re-assessments/individual therapy, as staffing capacity is limited. Other barriers include difficulty securing housing options for persons served and connecting them with long-term housing options, which allows for stability and increased participation in treatment as program staff are better able to locate the persons served.

Proposed Project Changes FY 2023-2024:

The current agreement is set to end June 30, 2023. The Department will extend this contract for one year to allow for the implementation of CalAIM initiatives, including payment reform.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Cultural Specific Services - FSP
Project Identifier(s): 063 **Avatar:** 4540A, 4540B **PeopleSoft:** 4540
Provider(s): The Fresno Center (TFC) (A18-599)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** August 25, 2009
Project Overview: The Fresno Center’s Living Well Center Program provides comprehensive specialty mental health services in three levels of care (Outpatient, Intensive Case Management, and Full-Service Partnership) for SED/SMI individuals and their families of Southeast Asian origin. The Living Well Center also has a clinical training component designed to develop culturally and linguistically competent mental health staff for the intended populations. Services are provided primarily within the greater Fresno Metro area, but also within rural Fresno County. The target number of individuals served within the fiscal year is a minimum of 30 SEA persons for the FSP program.

Project Update FY 2020-2021:

In Fiscal Year 2020-2021, LWC was able to increase their program census and successfully meet their program goals. LWC was able to assist the individuals served from being homeless, nor seeking a higher level of care. LWC was able to successfully complete individual service plans (ISP) with all their individuals in a timely manner. LWC was also able to successfully identify that each individual served has a primary care physician (PCP) or was linked to a PCP. A satisfaction survey was developed by LWC for their target population, and it provided positive feedback about the individuals experience with the program and their own outcomes. A majority reported having improved coping skills and overall wellness.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	54
Caucasian	1
Latino	1
Native American	
Other	
Unreported	2
Total Number Served	58

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	
<input checked="" type="checkbox"/> 16-24	7
<input checked="" type="checkbox"/> 25-64	49
<input checked="" type="checkbox"/> 65+	2
Unreported	
Total Number Served	58

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Within Fiscal Year 2020-2021 the public health emergency, COVID-19 derailed program operations. Due to the target population, videoconferencing was not a good platform to engage the individuals. LWC had to resort to telephone services, where the population had greater access. Although this inconvenienced services, LWC was still able to engage their persons served. For the higher acuity individuals, staff was able

to schedule face to face sessions to maintain the individual's treatment plans. Ongoing barriers continue to be lack of transportation, cultural stigma, and lack of knowledge of Department of Behavioral Health's full system of care resources. LWC will work with persons served to meet them where they are and research the community's resources to best serve the target population. Additionally, since LWC is pioneering new mental health treatments with their programs, it often leads to difficulty with acquiring culturally linguistic and appropriate tools/assessments/survey readily available for the population. However, LWC invites the challenges of developing new tools and is excited to pioneer potential accredited tools for this population.

Proposed Project Changes FY 2023-2024:

The current agreement expires in June 2023 but will be extended for one additional year to incorporate the change to Cal AIM and payment reform.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2021 - 2022

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Enhanced Rural Services Full-Service Partnership (FSP)
Project Identifier(s): 048 **Avatar:** 4529 **PeopleSoft:** 4529
Provider(s): Turning Point (A-18-327)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 1, 2008
Project Overview: Enhanced Rural Services FSP or Rural Mental Health (RMH) FSP clinics provide outpatient based mental health and psychiatric services to the adult, children, adolescents, and older adult populations. Services are provided to individuals living with severe mental health and co-occurring conditions in rural Fresno County areas including Pinedale, Reedley, Selma, Kerman, Coalinga, Mendota, Huron, and Sanger. RMH FSP provides comprehensive mental health services, including housing and community supports, to Fresno County persons served with a serious mental illness at each clinic depending on each individual's level of need including personal service coordination, medications, housing through treatment plans for adults with serious and persistent mental illness and children with severe emotional disturbance.

Project Update FY 2020-2021:

The Mendota clinic completed construction in early 2020 and was fully operational in FY20-21. The Kerman clinic was previously approved to expand within their existing property to serve additional individuals safely. The Pinedale clinic was also approved to expand office space within their existing site location to provide services to Pinedale RMH with was approved in late FY20-21 and will go into effect in FY21-22. As of FY20-21 RMH is now able to provide services to a total of eight Fresno County rural locations and the surrounding areas providing outpatient services and intense case management to our growing RMH target population.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	6
Asian/Pacific Islander	5
Caucasian	52
Latino	151
Native American	1
Other	6
Unreported	8
Total Number Served	229

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	27
<input checked="" type="checkbox"/> 16-24	43
<input checked="" type="checkbox"/> 25-64	152
<input checked="" type="checkbox"/> 65+	7
Unreported	N/A
Total Number Served	229

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The COVID-19 pandemic challenged RMH during the 20-21 Fiscal Year. The program was not able to provide services in office due to the Public Health Emergency, and manage staff members becoming ill during the

Pandemic which caused barriers for services being provided on both the program and persons served. The strategies that RMH utilized to continue providing services by increasing telehealth services provided to persons served. The program also followed the Public Health guidelines and coordinated regularly with Public Health.

RMH continues to experience difficulties with workforce shortage in the rural clinics, thus keeping response times for referrals and appointments low. The County continues to meet with RMH monthly and stress the mandate for meeting timeliness of services and continues to work with the program to make sure everything is being done to meet our timeliness requirements. RMH is continuing to aggressively market and advertise for open positions to fill them quickly and keep wait times low. RMH is committed to hiring bilingual and bicultural staff whenever possible. COVID-19 had provided additional challenges with serving individuals in a safe environment, but the shift to telehealth services has ensured that most did not experience a lapse in service.

Proposed Project Changes FY 2023-2024:

RMH continues to experience growth with the program and is looking ahead at potential locations for their clinics that would improve the program with increased physical space as they outgrown some current locations. The current agreement was set to expire at the end of FY 22-23; however, the county is extending the agreement for one additional year to allow for implementation of California's payment reform. The delay in the issuing of an RFP will allow for the RFP to include information about the CalAIM revenue opportunities.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: New

Project Name: Forensic Behavioral Health Continuum of Care – FSP/ACT

Project Identifier(s): 085 **Avatar:** **PeopleSoft:**

Provider(s):

Approval Date:

Start Dates: **Anticipated:** **Actual:**

Project Overview: Full Service Partnership (FSP) and Assertive Community Treatment (ACT) service delivery model for adults with serious mental illness (SMI) as referred by justice partners through pre-trial and post-release community supervision. Criminogenic risks and needs are addressed as part of community-based treatment and wraparound services planning. Services can be provided to individuals in their homes, the community and other locations. Program has capacity to serve 100 individuals at any given time, with 20 at the ACT level of care.

Project Update FY 2020-2021

This project was conceived in FY 2022-2023 and did not exist in FY 2020-2021.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unknown	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Not applicable.

Proposed Project Changes FY 2023-2024:

<p>This project will merge the AB109 Full Service Partnership (being re-titled to Forensic Behavioral Health Continuum of Care FSP/ACT) and AB1810 Pre-Trial Diversion FSP/ACT projects into one comprehensive Forensic Behavioral Health Continuum of Care FSP/ACT. Program activities and allocations will remain unchanged. With the AB 1810 Diversion Continuum pilot agreement concluding in FY 2022-2023, there was already effort in the new Forensic Continuum of Care agreement to continue meeting new criminal justice processes initiated to divert eligible individuals in need of treatment away from the criminal justice system. By reducing duplication of efforts, the Department will be able to plan and evaluate interventions that bridge the behavioral health and criminal justice systems more efficiently.</p>
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MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2021 - 2022

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Transition Age Youth Services and Support FSP
Project Identifier(s): 057 **Avatar:** 4471 **PeopleSoft:** 4470
Provider(s): Central Star Behavioral Health, Inc. (A-18-576)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** November 27, 2007
Project Overview: Fresno County Department of Behavioral Health subcontracts with Central Star Behavioral Health, Inc. to provide the following Full-Service Partnership (FSP) mental health services and supports, as well as housing services and support to a minimum of one hundred forty-nine (149) Transitional Age Youth (TAY) ages sixteen (16) to twenty-five (25) years. The TAY Program shall deliver integrated mental health and supportive housing services to youth and young adults who are aging out of the Juvenile Justice System and are at risk of being hospitalized, homeless, or incarcerated, and to individuals who are referred by the County Behavioral Health Court.

Project Update FY 2020-2021

The largest single impact to the TAY Program was the COVID-19 pandemic. County distributed an Infection Control Plan (ICP) that provided guidance to minimize the spread of COVID-19, including protocols and actions to implement/relax as public health directives change during the pandemic. When COVID-19 hit, Central Stars relied on the ICP to minimize its spread. The plan includes protocols, processes, cleaning and disinfecting standards, reconfiguring space, and ensuring adequate personal protection equipment (PPE).

- TAY adhered to the rapid COVID testing protocols for staff and persons served.
- TAY implemented telehealth services following County’s Telehealth Policy and Procedure (PGM 1.91 Telehealth Services) addresses the purpose and appropriate uses (per DHCS Information Notice 20-009) of telehealth.
- TAY staff continue to provide intake, crisis interventions, and aftercare planning/discharge sessions in person. Telehealth services should not alter basic sound clinical practice.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	26
Asian/Pacific Islander	4
Caucasian	38
Latino	96
Native American	2
Other	2
Unreported	3
Total Number Served	171

Ages Served*	Served
<input type="checkbox"/> 0-15	1
<input checked="" type="checkbox"/> 16-25	168
<input checked="" type="checkbox"/> 26-59	2
<input type="checkbox"/> 60+	
Unreported	
Total Number Served	171

*Due to project requirements, there may be specific age guidelines.

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Transportation has been a consistent challenge for persons served that prefer services in the office rather than in-home services. Since the onset of the COVID-19 Pandemic in 2020, a large majority of the persons-served prefer telehealth/telephone services or in-field services versus coming into the office. However, transportation always being an issue, the ability to provide telehealth now may have reduced barriers to treatment for those that have difficulty with transportation.

It has been a continued effort with the Central Star TAY Program to have bi-monthly meetings for regular communications in FY 2022-2023. Special incident meetings are held at County or the Program's request for discussion and guidance. Currently, the TAY program has been unable to retain fully staffed status, as required by the contract. The County continues to modify TAY's budget to reflect salary increases for staff retention purposes. TAY is not capable of maintaining the full capacity of persons served. County staff is educated on TAY's scope of practices and eager to recommend the facility to the person served.

Proposed Project Changes FY 2023-2024:

As TAY has never reached their capacity available to serve individuals, the County recommends to TAY that they increase their program's education and training to other mental health providers to elicit more appropriate referrals to the program. TAY should also increase their outreach and engagement with disengaged individuals to improve retention of the persons served within the program.

Housing Programs

Fresno’s Housing services under the MHSA Plan include direct housing programs, supportive housing projects, navigation, temporary housing assistance, housing navigation, and strategies for increasing housing capacity and supply. The table below provides a list of all such efforts related to housing. For illustration purposes, the Department has provided the budget of all MHSA-funded housing programs. These programs will appear in this section of the plan as well as in their respective component section in order to best represent the budget of each component.

Program Name	Sub-component	Projected numbers to be Served
CalFHA SNHP Returned Interest	General System Dev.	-
Flex Account for Housing	General System Dev.	-
Hotel Motel Voucher Program	Outreach & Engagement	-
Housing Access and Resource Team	Outreach & Engagement	290
Housing Supportive Services	Outreach & Engagement	100
Independent Living Association	General System Dev.	350
Master Lease Housing	General System Dev.	100
Project for Assistance from Homelessness	General System Dev.	486
Fresno Housing Institute	General System Dev.	Project complete, remove from plan
Project Ignite	General System Dev.	

No Place Like Home (NPLH) Programs

The Fresno County Department of Behavioral Health submitted several applications to the competitive funding rounds of the No Place Like Home initiative. The County secured awards for the following programs (see table below).

The department also funds the supportive services component through contracts with CBOs at the various supportive housing sites.

Operation Status	NPLH & SNHP Awards	MHSA Supportive Services Commitment	Total Supportive Services Budget from all Sources
NPLH Competitive Round One	\$2,800,000.00	\$474,138.00	\$474,138.00
NPLH Competitive Round Two	\$0.00	\$474,138.00	\$474,138.00
NPLH Non-Competitive Allocation	\$2,183,000.00	\$0.00	\$123,723.00
Projected to be completed early 2023	\$3,500,000.00	\$466,379.00	\$466,379.00
NPLH Competitive Round Three	\$0.00	\$0.00	\$667,430.00
DBH treatment team coordinates housing supportive services for 5-Set Aside MHSA Units Only	\$0.00	\$0.00	\$0.00
NPLH Competitive Round One	\$2,368,706.00	\$326,071.00	\$619,084.00
NPLH Competitive Round One Contracted provider (Exodus Recovery) is currently providing Housing Supportive Services	\$1,000,000.00	\$318,752.00	\$656,182.46
Contracted provider (Exodus Recovery) is currently providing Housing Supportive Services	\$0.00	\$500,000.00	\$798,641.00
Contracted provider (Exodus Recovery) is currently providing Housing Supportive Services	\$0.00	\$500,000.00	\$1,155,089.00
Contracted provider (Exodus Recovery) is currently providing Housing Supportive Services	\$0.00	\$500,000.00	\$742,596.30
	\$11,851,706.00	\$3,559,478.00	\$6,177,400.76

State Redistributed SNHP Funds

Fresno County received \$211,578.24 of SNHP funds by California Housing Finance Agency (CalHFA), which were the result of interest from Fresno County's allocated funds. These funds must be expended by June 30, 2023.

The DBH Housing team examined the current need and the community input for use of the funds. As these are not recurring funds, the Department's strategy is to use the funds to augment current housing efforts rather than expand to create new efforts. As such the following is being recommended as part of the use for these housing funds.

- Apply some portion of the funds for rental deposits to support the transition of persons from unhoused settings to permanent and supportive housing. During the remaining fiscal year two more housing opportunities funded through the *No Place Like Home* will be completed and able to house new tenants. The supportive housing however does not cover deposit costs. This augmentation of the services will allow for a more timely and smoother transition for tenants eligible for the housing.
- Applying a portion of the returned SNHP funds into the current Housing *Flex Account Program* to support new tenants served by the system of care as they move into new housing. The funds will specifically support "Welcome kits" which will provide the new tenants with items including hygiene kits, house cleaning supplies, and some basic household necessities. These will not be furnishings and things of that nature which are currently supplied. This expenditure aligns with current supportive housing work and would allow to augment current efforts to support the new housing opportunities that will be realized before the end of the current fiscal year.

**MHSA 3YP 23-26 MHSA Dollars Budget
Housing**

Project Name 2023-2026	Comp	Subcomponent	FY 21/22 BUD	FY 22/23 BUD	FY 23/24 BUD	FY 24/25 BUD	FY 25/26 BUD
Flex Account for Housing	CSS	System Development	100,000	100,000	100,000	100,000	100,000
Fresno Housing Institute (FHI)	CSS	System Development	200,000	200,000	200,000	200,000	200,000
Hotel Motel Voucher Program (HMVP)	CSS	Outreach and Engagement	100,000	100,000	100,000	100,000	100,000
Housing Access and Resource Team (HART)	CSS	Outreach and Engagement	930,488	930,488	930,488	930,488	930,488
Housing Supportive Services	CSS	Outreach and Engagement	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
Independent Living Association (ILA)	CSS	System Development	400,000	400,000	400,000	400,000	400,000
Master Lease Housing	CSS	System Development	1,092,505	1,500,000	1,500,000	1,500,000	1,500,000
Project for Assistance from Homelessness (PATH) Grant Expansions	CSS	System Development	125,756	125,756	125,756	125,756	125,756
Project Ignite	CSS	System Development	650,000	650,000	-	-	-
Totals			5,098,749	5,506,244	4,856,244	4,856,244	4,856,244

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: New

Project Name: CalFHA SNHP
Project Identifier(s): 094 **Avatar:** N/A **PeopleSoft:** 4991
Provider(s): Fresno County Department of Behavioral Health
Approval Date: July 1, 2022
Start Dates: July 1, 2022 **Anticipated:** N/A **Actual:** N/A
Program Overview: Fresno County received one time allocation of \$211,578.24 of SNHP funds by California Housing Finance Agency (CalHFA), which were the result of interest from Fresno County’s allocated funds.

Project Update FY 2020-2021:

This SNHP interest did not exist in FY 2020-2021.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	
Total Number Served	0

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Writing the funding source into our existing 3-year plans and how we were going to utilize the funds given.

Proposed Project Changes FY 2023-2024:

The Department examined the current need and elicited community input for use of the funds. As these are not recurring funds, the Department’s strategy is to use the funds to augment current housing efforts rather than expand to create new efforts. As such the following is being recommended as part of the use for these housing funds.

- Apply some portion of the funds for rental deposits to support the transition of persons from unhoused settings to permanent and supportive housing. During the remaining fiscal year two more housing opportunities funded through the No Place Like Home will be completed and able to house new tenants. The supportive housing however does not cover deposit costs. This augmentation of the services will allow for a more timely and smoother transition for tenants eligible for the housing.
- Apply a portion of the returned SNHP funds into the current Housing Flex Account Program to support new tenants with their move into new housing. The funds will specifically support “Welcome kits” which will provide the new tenants with an SMI who are served by the system of care with items including hygiene kits, house cleaning supplies, and some basic household necessities. These will not be furnishings and things of that nature which are currently supplied. This expenditure aligns with current supportive housing work and would allow to augment current efforts to support the new housing opportunities that will be realized before the end of the current fiscal year.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Flex Account for Housing
Project Identifier(s): 019 **Avatar:** N/A **PeopleSoft:** 4817
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** Historical **Actual:** July 1, 2011
Project Overview: This internal program provides financial assistance to persons with a Serious Mental Illness (SMI) served by the Department and select contracted providers to remove barriers to obtaining or maintaining housing. Barriers include but are not limited to one-time payments toward security deposits, pet deposits, PG&E deposits, or overages, rent, money order fees, application fees, costs associated with obtaining government identification documents (e.g., birth certificate, social security card, driver’s license). The Flex funding has been used for welcome bags/baskets for newly housed persons served by the system of care who have no general supplies for cleaning, personal hygiene, etc.
 Through Memoranda of Understanding with Fresno Housing Authority and UPholdings’ affiliated Limited Partnerships, this program pays for the security deposits toward select units at permanent supportive housing sites developed in collaboration with the Department.

Project Update 2020-2021:

This program was underutilized by persons served due to administrative barriers that resulted in slower-than-required processing times. For instance, prospective applicants who needed assistance that exceeded petty cash limits could wait up to a month before a check is sent out. As such, CalCards were issued to the Department’s Housing Team supervisors to reduce turnaround time and improve access to this resource and housing

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	
Total Number Served	0

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

In FY 2020-21, the Flex Account could only be accessed through petty cash or a Limited Purchase Order (LPO). Petty cash has a limit of \$75 per request, which significantly limited what costs may be covered. While LPOs has a greater limit (\$2,500 at the time), the request would have to go through multiple reviewing parties, including the County's Auditor-Controller's Office, who would ultimately issue the check. This process could take weeks, which would rule out barriers that need to be removed quickly. Vendors would also need to be listed in PeopleSoft Financials, which could limit payees. The Housing Team requested CalCards (i.e., credit cards) as a means to quickly make payments, even same day, after reviewing applications to ensure eligibility. Since FY 2020-21, the Department also entered Memoranda of Understanding (MOUs) with Fresno Housing Authority and UPholdings, Inc. to provide security deposit assistance to designated units at various permanent supportive housing sites. These MOUs act as a mechanism to pay security deposits in arrears, which will increase utilization of the Flex Account.

Proposed Project Changes 2023-2024:

More detailed tracking and demographics on those served will be collected to improve oversight, and better understand use and needs of the program. No other proposed changes.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Expired/Delete

Project Name: Fresno Housing Institute
Project Identifier(s): 021 **Avatar:** N/A **PeopleSoft:** 4820
Provider(s): Corporation for Supportive Housing (A19-541) and 19-541-1
Approval Date: Historical
Start Dates: **Anticipated:** Summer 2021 **Actual:**
Project Overview: CSH provided technical assistance for No Place Like Home permanent supportive housing developments and training on behavioral health evidenced practices to DBH and Contracted providers.

Project Update 2020-2021:

CSH provided evidenced-based training modules to 247 DBH and Contracted provider staff on the following topics:

- Critical Time Intervention
- Trauma-Informed for staff
- Trauma-Informed supervision
- Active engagement and De-escalation
- Avoiding Burnout
- Housing First
- Centering Racial Equity
- Motivational Interviewing
- Stages of Change
- Harm Reduction

This agreement ended on October 21, 2022 and will not be renewed.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-25	0
<input type="checkbox"/> 26-59	0
<input type="checkbox"/> 60+	0
Unreported	0
Total Number Served	0

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

This agreement expired on October 21, 2022, prior to full implementation of the Phase Four Activities “Learning Academy” leaving approximately \$150,000 of unexpended contract funds. These funds will be reallocated to other MHSA CSS Systems Development programs.

Proposed Project Changes 2023-2024:

This agreement will not be renewed. The program is being removed/deleted from the three-year plan.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Active Keep

Project Name: Hotel Motel Program
Project Identifier(s): 022 **Avatar:** N/A **PeopleSoft:** 4821
Provider(s): Fresno County Department of Behavioral Health (internal)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** August 1, 2018
Project Overview: This internal resource-program provides a temporary hotel/motel room to persons with a Serious Mental Illness (SMI) served by the Department who are transitioning out of homelessness or housing instability into temporary or permanent housing. The program covers the cost of the hotel/motel room, incidentals and any additional costs encountered during a person's participation in the program. The maximum length of stay is 28-days.

Program Costs:

- Cost per night up to \$150.00, including taxes and fees
- Maximum total cost per person \$4,500, not including damages and incidentals.
- Maximum program cost per month \$7,500
- \$2,500 for damages/incidentals per person

Project Update 2020-2021:

Two Housing Team supervisors were issued CalCards (county credit cards), which removed an administrative barrier to booking and payment for hotel/motel rooms that were previously hindered previous payment method (vouchers). As such, there were instances in which persons served were able to make a safe exit out of homelessness into a hotel/motel until their move-in date to permanent housing.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	2
Total Number Served	2

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	2
Total Number Served	2

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

One of the barriers to utilizing the program was the utilization of hotel/motel vouchers. When the program began, it utilized vouchers that paid hotels/motels in arrears. A change was made to this method due to the lengthy timeline for payment. This administrative barrier was mitigated through acquiring CalCards for the program which allowed for immediate payment.

Other barriers to utilization include the duration of stay being limited by daily CalCard limits, hotel/motel incidentals, and requirement of an exit plan, both limiting eligibilities. These can and have been mitigated on a case-by-case basis.

Proposed Project Changes:

The staff will be using direct bill options with the hotel/motels that are most frequently used. “Direct bill” will make for a quicker and more efficient process for reserving rooms for persons served. To support the resource-program staff are cataloging lists of hotel/motel used and their rules as well as updating programs’ s application screening processes.

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Housing Access and Resource Team (HART)
Project Identifier(s): 023 **Avatar:** 4810, 4811, 4812, 4813, **PeopleSoft:** 4822, 4815, 4816, 4823, 4824, 4825, 4826, 4827
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual: ** approval of AU18-19**
Project Overview: The HART is an internal county program, provides coordination and consultation related to housing for Department/ county-operated programs across the system of care. Functions of the program include and may not be limited to review of housing inquiries submitted by treatment teams to determine eligibility for various housing resources (including DBH funded and others); serving as a liaison with property managers and landlords, processing approvals for linkages to Department funded housing options, ensuring that reporting obligations for housing programs are met, and providing supportive services including tenancy support and case management when treatment and support teams are unavailable for an individual in need.

Project Update 2020-2021:

The Housing Access Resource Team (HART) has experienced growth during the 2020-2021 fiscal year. HART has been working to expand capacity by increasing the allocating of staffing resources and housing programs. The creation of workflows and more defined processes have been implemented. Moreover, the integration of both housing contracts and housing services/treatment has resulted in the development of a cohabitating working relationship that supports the persons served by the Department.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	58
Asian/Pacific Islander	0
Caucasian	103
Latino	0
Native American	4
Other	110
Unreported	0
Total Number Served	275

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-25	20
<input type="checkbox"/> 26-59	209
<input type="checkbox"/> 60+	46
Unreported	1
Total Number Served	275

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Some of the challenges and barriers experienced were overcome by integrating the housing contracts and housing services/treatment to better support persons served. In addition, the Covid-19 pandemic caused delays in construction as well as increased construction costs for the planned housing developers. HART supported persons served with mitigating these delays and assisting development of proposals available or additional funding to move the identified projects forward and implemented .

Proposed Project Changes 2023-2024:

HART anticipates an increase demand and need for housing with additional supportive housing developments planned in the coming year. The Department will continue to monitor community needs and investigate methods to support service needs.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Housing Supportive Services
Project Identifier(s): 024 **Avatar:** 4811, 4812, 4813, 4830, **PeopleSoft:** 4811, 4812, 4813, 4830, 4831, 4832, 4833, 4834, 4835, 4831, 4832, 4833, 4834, 4835, 4836
Provider(s): Fresno County Department of Behavioral Health; Exodus Recovery
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** January 1, 2011
Project Overview: The Housing Supportive Services Program provides voluntary onsite supportive services and specialty mental health services to all tenants living at supportive housing developments, as well as No Place Like Home (NPLH) Permanent Supportive Housing (PSH) sites. These sites have a portion of their units dedicated to persons with a serious mental illness who are exiting homelessness. Onsite service provision will assist these individuals in maintaining their housing, meet their personal goals, and integrate in the community. Currently there are 10 such housing sites in Fresno County.

Project Update 2020-2021:

The County entered into an agreement with Exodus Recovery on March 23, 2021, to provide onsite supportive services to persons served at a NPLH development with Fresno Housing Authority (FHA). On May 25, 2021, this agreement was amended to include the three Renaissance (housing) sites, as well as Villages at Broadway, another NPLH development with the Fresno Housing Authority (FHA). Services did not begin fiscal year 2020-2021 and would instead begin in FY 2021-22. Due to construction delays, Villages at Paragon would not be occupied until fall of 2021 and Villages at Broadway would not be occupied until spring of 2022. In the meantime, the Department continued its service provision to persons served at the Renaissance sites, coordinating with Exodus to ensure a warm hand-off of persons served.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	21
Asian/Pacific Islander	3
Caucasian	33
Latino	25
Native American	1
Other	3
Unreported	0
Total Number Served	87

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-25	0
<input checked="" type="checkbox"/> 26-59	61
<input checked="" type="checkbox"/> 60+	26
Unreported	0
Total Number Served	87

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Construction delays were a barrier to serving individuals at upcoming NPLH sites, such as Villages at Paragon. As such, services from Exodus Recovery would not begin until the subsequent FY (2021-22).

Persons served were also impacted by the COVID-19 pandemic, which significantly reduced access to in-person services, group activities, and other methods of support. This was mitigated through telehealth and other virtual methods of communication. In FY 2021-22 onward, as COVID-19 public health guidelines relaxed, in-person services were able to be done more safely.

Disengagement with the Department was another barrier in keeping tenants in their housing. In FY 2021-22 onward, the Department mitigated this through its collaboration with Exodus Recovery. With more staff present onsite, they are able to dedicate more time to persons served. The Department and the Exodus staff also received Critical Time Intervention (CTI) training, which is an evidence-based strategy intended to provide intensive case management through the transition period from homelessness to housing.

Proposed Project Changes 2023-2024:

Exodus Recovery is to coordinate with the Department and PSH property managers to engage with persons served as soon as possible, including during the application process if able, to ensure that individuals moving into the PSH sites have a rapport with Exodus and maintain engagement in services. Additional housing developments are slated to come on-line in the coming year.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: ActiveKeep

Project Name: Independent Living Association (ILA)
Project Identifier(s): 025 **Avatar:** N/A **PeopleSoft:** 4819
Provider(s): Community Health Improvement Partners (CHIP) (A18-568)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 1, 2018
Project Overview: The ILA is a quality/capacity improvement program designed to expand the number of high qualities, independent, affordable living homes (i.e., room and boards) for individuals in need of housing who are receiving services from the Department of Behavioral Health (DBH) or its contracted providers. An online directory is maintained, which includes member home capacity, resources, quality standards, and upcoming trainings that benefit Operators and their residents.

Project Update 2020-2021:

COVID-19 continued to surge which greatly impacted the ILA’s ability to conduct in-person outreach to current and potential Independent Living Operators. Virtual meetings became the normal communication method during the reporting period. The Fresno ILA Work Team, consisting of ILA staff, Department of Behavioral Health (DBH) staff, service providers, law enforcement, and community members met monthly (virtually) to discuss the Quality Standards of the Fresno ILA and to be updated on existing and potential ILA homes. The ILA Peer Review Accountability Team (PRAT) also met (virtually) and conducted scheduled inspections of ILA member homes to ensure compliance with established ILA Quality Standards.

The ILA website provided individuals, family members and the community with information of ILA homes including locations, up-to-date vacancies. During the reporting period, the website was visited approximately 8,052 times.

During the reporting period, eight new Operators (homeowners) were added to the ILA, adding eight homes to the ILA inventory and 47 new beds for individuals in need of housing. Also, a promotional video of the ILA was created in partnership with DBH that is posted on the ILA website and DBH social media pages.

During the reporting period, training and education opportunities were made available (virtually) to Operators. Most Operators had limited to no knowledge of the ILA and how they might benefit from membership in the ILA. Approximately 364 individuals took part in these opportunities and post-training survey results indicate all attendees significantly increased their awareness and knowledge of the Fresno ILA program.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	364
Total Number Served	364

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	364
Total Number Served	364

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

One challenge the ILA faced was learning how to facilitate training sessions virtually, and the logistics to coordinate such trainings. Community outreach proved to be a challenge due to the uncertainty of COVID-19, including how long public health mitigation strategies would be in place. Since FY 2020-21, the ILA has conducted several virtual trainings and presentations tailored to operators and tenants. As restrictions lifted, ILA was able to incorporate in-person outreach efforts.

Increasing membership has also been a challenge, partly due to knowledge of the ILA, its benefits, and the small inventory of homes. ILA staff and Work Team members continue to try various methods/techniques to mitigate this, such as resource fairs, recreational events for current and prospective members, tenants, and service providers, as well as community partnerships that resulted in donations to persons served. ILA staff also direct everyone to the website to ensure everyone can easily locate resources and member homes.

Lastly, ILA has also reallocated funds to better support its members while conducting its outreach strategies.

Proposed Project Changes 2023-2024:

The current agreement with CHIP expires on June 30, 2023. Staff Analysts will monitor, evaluate and strategize on how to assist CHIP to meet its goals and objectives. This agreement will be extended while the department implements CalAIM Payment Reform.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Master Leasing Program
Project Identifier(s): 027 **Avatar:** 4816 **PeopleSoft:** 4816
Provider(s): RH Community Builders (A-22-267)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** May 1, 2017
Project Overview: The Master Leasing Program provides temporary housing services to people with a serious mental illness who are experiencing or at-risk of homelessness that are also connected to services through the Department or its select contracted providers. While housed, persons served receive supportive services that help them maintain housing while removing barriers to obtaining permanent housing outside of the program.

Project Update 2020-2021:

The Department entered into an interim two-year Agreement with RH Community Builders on July 1, 2020, to provide leases to existing tenants, collect rents and deposits, and provide property management services. The Master Leasing housing contracts and treatment team developed weekly meetings to address tenant behaviors, concerns, and any maintenance issues. Monthly meetings were developed with RH Community Builders to resolve any issues and concerns in a timely and supportive manner.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	19
Asian/Pacific Islander	0
Caucasian	44
Latino	0
Native American	1
Other	43
Unreported	0
Total Number Served	107

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input checked="" type="checkbox"/> 16-25	9
<input checked="" type="checkbox"/> 26-59	78
<input checked="" type="checkbox"/> 60+	20
Unreported	0
Total Number Served	107

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

- Developing a new working relationship with RH Community Builders as a new vendor.
- Working together to address tenant concerns and maintenance issues

Proposed Project Changes 2023-2024:

Outcome goals will be retailored to better reflect the efficacy of the supportive service team, turnover and referral timelines for incoming tenants, and the satisfaction of persons served with their housing placement and services provided.

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COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Project for Assistance in Transition from Homelessness (PATH)
Project Identifier(s): 029 **Avatar:** 2184 **PeopleSoft:** 2493, 4526
Provider(s): Kings View, A20-237, PATH Grant
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 1, 2008
Project Overview: The PATH Program provides services to adults (18+) with a serious mental illness and/or co-occurring disorder who are experiencing or at-risk of homelessness in Fresno County. There are three components: (1) Outreach, Engagement, and Linkage (OEL), (2) Specialty Mental Health Services (SMHS), and (3) Street-Outreach Team and Rural Support (STARS). In the OEL and STARS components the PATH team seeks to ‘meet individuals where they are’, engage, and link to appropriate resources as needed and requested, including navigation services through the Coordinated Entry System (CES). The OEL outreach workers serve the Fresno-Clovis metro area with a goal of outreaching to 350 individuals per year. The STARS outreach workers serve rural and unincorporated areas in Fresno County with the goal of serving at least 100 individuals per year. In the SMHS component, the PATH team serves up to 36 individuals at a given time with case management, mental health, and substance use services as needed.

Project Update 2020-2021:

Due to the COVID-19 pandemic, the PATH Program received additional one-time funds through the CARES Act and Community Development Block Grant-Coronavirus (CDBG-CV) to utilize a dedicated outreach team (PATH Mobile Outreach Team) to assist unhoused individuals in rural and unincorporated areas with linkages to resources, personal protective equipment (PPE), hygiene kits, and COVID-19 information. Outreach services were also supplemented by the Homeless Housing, Assistance and Prevention (HHAP) grant funding.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	67
Asian/Pacific Islander	18
Caucasian	158
Latino	246
Native American	29
Other	7
Unreported	1
Total Number Served	526

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-25	13
<input type="checkbox"/> 26-59	489
<input type="checkbox"/> 60+	21
Unreported	3
Total Number Served	526

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The PATH program was impacted by the COVID-19 pandemic, which limited the availability of some resources and services available to persons served.

Proposed Project Changes 2023-2024:

A dedicated rural outreach team will continue through HHAP funding, increasing outreach worker capacity in rural and unincorporated areas from two to six. This will help increase presence and efforts in the rural community.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Delete

Project Name: Project Ignite
Project Identifier(s): 030 **Avatar:** N/A **PeopleSoft:**
Provider(s):
Approval Date: Historical
Start Dates: **Anticipated:** Spring 2019 **Actual:**
Project Overview: Project Ignite provides project-based vouchers for tenants living in Permanent Supportive Developments throughout Fresno County.

Project Update FY 2020-2021:

Project Ignite has provided 390 project-based vouchers to tenants living in permanent supportive housing developments. Project-based vouchers under this program are owned by the Fresno Housing Authority. As such they are distributed to various development partners by Fresno Housing Authority at the request of the site owners/administrators. Once vouchers are issued, DBH provides the required housing supportive services to tenants and collects the necessary data for outcomes.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	390
Total Number Served	390

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	390
Total Number Served	390

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

No.

Proposed Project Changes FY 2023-2024:

This project will be deleted as the larger program has concluded. This project sheet will remain in the plan until all years of activity are reported.

General Systems Development

Programs and services funded through General Systems Development may include mental health treatment; peer support; supportive services; wellness centers; personal service coordination/case management; needs assessments; Individual Services and Supports Plan development; crisis intervention and stabilization services; family education services; and project-based housing programs. These programs should strive to improve the county mental health service delivery system for all individuals served with an SMI, Co-occurring or SED and their families, and to develop and implement strategies for reducing ethnic and racial disparities.

Program Name	Projected numbers to be served	Ages served
Children's Expansion of Outpatient Services	500	0-17
Culturally Specific Services - OP/ICM	350	all ages
Enhanced Rural Services Outpatient/Intensive Case Management	3500	all ages
Forensic Behavioral Health System of Care – Outpatient	425	18+
Medication Payments for Indigent Individuals	20	All ages
Older Adult Team	500	60+
Peer and Recovery Services	-	-
RISE / Community Conservatorship	-	18+
Specialty Mental Health Services to Schools	2460	0-22
Supervised Childcare Services	-	0-15

Supervised Overnight Stay	335	18+
Transition Age Youth	100	16-24
Urgent Care Wellness Center	3500	18+
Vocational and Educational Services	100	18+
Youth Wellness Center	1500	0-17
AB109 Outpatient Mental Health & Substance Use Disorder Services	Rolled into Forensic Behavioral Health Continuum of Care	
AB1810 Pre-Trial Diversion OE-OP-ICM		
Integrated Mental Health Services at Primary Care Clinics	Program sunsetted	
School-Based Services	Sunsetting at conclusion of transition to FCSS in summer 2023	

MHSA 3YP 23-26 MHSA Dollars Budget General System Development

Project Name 2023-2026	Comp	Subcomponent	FY 21/22 BUD	FY 22/23 BUD	FY 23/24 BUD	FY 24/25 BUD	FY 25/26 BUD
AB109 Outpatient Mental Health & Substance Services	CSS	System Development	300,000	300,000	-	-	-
AB1810 - OE/OP/ICM	CSS	System Development	-	-	-	-	-
CalFHA SNHP	CalFHA	CalFHA	N/A	275,000	N/A	N/A	N/A
Children's Expansion of Outpatient Services	CSS	System Development	600,258	600,258	600,258	600,258	600,258
Cultural Specific Services - OP/ICM	CSS	System Development	1,085,322	1,085,322	1,085,322	1,085,322	1,085,322
Enhanced Rural Services-Outpatient/Intense Case Management	CSS	System Development	4,483,113	4,483,113	4,483,113	4,483,113	4,483,113
Family Advocacy Services	CSS	System Development	250,000	250,000	250,000	250,000	250,000
Flex Account for Housing	CSS	System Development	100,000	100,000	100,000	100,000	100,000
Forensic Behavioral Health Continuum of Care - OP/ICM	CSS	System Development	-	-	300,000	300,000	300,000
Fresno Housing Institute (FHI)	CSS	System Development	200,000	200,000	200,000	200,000	200,000
Independent Living Association (ILA)	CSS	System Development	400,000	400,000	400,000	400,000	400,000
Integrated Mental Health Services at Primary Care Clinics	CSS	System Development	2,900,000	2,900,000	2,900,000	2,900,000	2,900,000
Integrated Wellness Activities	CSS	System Development	-	-	-	-	-
Master Lease Housing	CSS	System Development	1,092,505	1,500,000	1,500,000	1,500,000	1,500,000
Medication Payments for Indigent Individuals	CSS	System Development	290,000	290,000	290,000	290,000	290,000
Mental Health Patients Rights Advocacy Services	CSS	System Development	263,747	268,237	268,237	268,237	268,237
MHSA Administrative Support	CSS	System Development	9,200,000	9,200,000	9,200,000	9,200,000	9,200,000
Older Adult Team	CSS	System Development	900,000	900,000	900,000	900,000	900,000
Peer and Recovery Services	CSS	System Development	457,461	457,461	457,461	457,461	457,461
Project for Assistance from Homelessness (PATH) Grant Expansions	CSS	System Development	125,756	125,756	125,756	125,756	125,756
Project Ignite	CSS	System Development	650,000	650,000	-	-	-
Recovery with Inspiration, Support and Empowerment (RISE)	CSS	System Development	675,496	675,496	675,496	675,496	675,496
School Based Services	CSS	System Development	6,000,000	6,000,000	6,000,000	6,000,000	6,000,000
Specialty Mental Health Services to Schools	CSS	System Development	4,545,135	4,545,135	4,545,135	4,545,135	4,545,135
Supervised Child Care Services	CSS	System Development	157,388	157,388	157,388	157,388	157,388
Supervised Overnight Stay	CSS	System Development	839,090	839,090	839,090	839,090	839,090
Transitional Age Youth (TAY) - Department of Behavioral Health	CSS	System Development	1,274,486	1,274,486	1,274,486	1,274,486	1,274,486
Urgent Care Wellness Center (UCWC)	CSS	System Development	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000
Vocational & Educational Services	CSS	System Development	986,686	986,686	986,686	986,686	986,686
Youth Wellness Center	CSS	System Development	769,269	769,269	769,269	769,269	769,269
Totals			42,545,712	43,232,697	42,307,697	42,307,697	42,307,697

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Complete

Project Name: AB109 Outpatient Mental Health & Substance Use Disorder Services

Project Identifier(s): 040 **Avatar:** 4784 (MH)/2070 (SUD) **PeopleSoft:** 4784 (MH)/2070 (SUD)

Provider(s): Turning Point (A17-265)

Approval Date: Historical

Start Dates: **Anticipated:** N/A **Actual:** April 24, 2012

Project Overview: The AB 109 Outpatient program provides services specifically tailored to the unique needs of the population identified in AB 109 legislation. The program emphasis is on the provision of comprehensive and integrated mental health and substance use disorder treatment services featuring a unified team approach. Services are delivered in the metropolitan area at the First Street Center. The program does not have a set capacity but served 453 unique individuals in FY 20-21.

Project Update FY 2020-2021

Turning Point continued to operate an outpatient program that emphasizes a broad and cohesive substance use, mental health, and co-occurring treatment approach for all participants. The outpatient program works in partnership with the AB 109 Full Service Partnership program and Probation to ensure all individuals in the program are appropriately transitioned and placed in the proper level of care as determined by local community standards of care.

The outpatient continued to work with the Community Corrections Partnership (CCP) by providing quarterly statistics as requested. These statistics included the number of mental health referrals, mental health encounters, SUD referrals, and SUD encounters.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	64
Asian/Pacific Islander	18
Caucasian	68
Latino	246
Native American	5
Other	14
Unknown	38
Total Number Served	453

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input checked="" type="checkbox"/> 16-24	40
<input checked="" type="checkbox"/> 25-64	409
<input checked="" type="checkbox"/> 65+	4
Unreported	
Total Number Served	453

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

As a result of the COVID-19 pandemic, the provider implemented more telephone and telehealth sessions to provide both individual based services for SUD and Mental Health and observed impacts to mental health markers as a result. When in-person services were allowed to resume, the provider began to provide face-to-face individual SUD sessions with counselors that included drug testing and other case

management services. In person sessions increased, as did engagement in services, perception, and more successful outcomes.

Limited housing resources in the community continue to present challenges; specifically access to sober living beds, Board and Care beds, and independent supportive housing. The limited housing issue presents increased barriers when attempting to service individuals with prior convictions for arson or sex offenses and for those who identify as transgender. Currently there is a lack of inpatient substance use disorder treatment facilities severely limiting access for individuals. The restriction to access is greater for those who may have exhibited behavioral challenges while receiving treatment in the past. Employment continues to be a barrier for most individuals for a variety of reasons but mainly due to severe mental health symptoms, co-occurring substance use issues, and criminal backgrounds.

Proposed Project Changes FY 2023-2024:

The contract for this program ended on June 30, 2022. An RFP was released on March 7, 2022, and closed on April 4, 2022, with one bid received. The new contract was approved by the Board of Supervisors on June 21, 2022. With the approval of the CCP, DBH took the opportunity of the new contract cycle to make changes to the key factors of the contract. These changes included combining the AB 109 FSP and OP programs under one contract, extending the length of stay in both programs past the probation term of the person served, expanding services to individuals found Misdemeanor Incompetent to Stand Trial and Mental Health Diversion Court participants, incorporating evidence-based practices such as Risk Needs Responsivity and Risk Assessment, and adding an Assertive Community Treatment level of care to better serve the expanded target population. With the expansion of the target population, the new contract was named the Forensic Behavioral Health Continuum of Care, and thus recommend the MHSA Project Name to be changed from the current "AB 109 Outpatient Mental Health & Substance Use Disorder Services" to "Forensic Behavioral Health Continuum of Care Outpatient Services" to reflect the expanded target population.

The CCP plans to evaluate AB109 funded projects in FY 23-24, and this may have some impact on the allocated amount of AB109 funding and expected SOW requirements in the future. DBH is also currently working with the provider to implement Recovery Services and CalAIM expansions.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Complete

Project Name:	AB1810 PreTrial Diversion	
Project Identifier(s): 075	Avatar: 4332, 2361	PeopleSoft: 4332, 2361
Provider(s):	Turning Point of Central California, Inc. (A20-341)	
Approval Date:	Summer 2020	
Start Dates:	Anticipated: N/A	Actual: September 22, 2020
Project Overview:	AB1810 pre-trial jail diversion opportunity into community-based treatment program and wraparound services for justice-involved adults with serious mental illness and housing challenges, who committed certain felony or misdemeanor crime in Fresno County as a result of their untreated behavioral health diagnosis and are not a significant risk to public safety. This continuum of care program is comprised of five levels: assertive community treatment (ACT), full service partnership (FSP), intensive case management (ICM), outpatient (OP) and outreach and engagement (OE). Program capacity is expected to ramp up from 30 to a maximum of 75 as eligible and suitable Mental Health Diversion Court referrals are processed.	

Project Update 2020-2021:

A three-year contract was executed with Turning Point effective September 22, 2020, for a pilot program. Due to funding limitations and unknown referral volume of persons meeting program eligibility, the contract term was aligned with available AB1810 pretrial felony diversion funding from a Department of State Hospitals (DSH) grant ending June 30, 2023. DSH funds are limited to incompetent to stand trial or likely to be incompetent to stand trial individuals charged with certain felonies and diagnoses. The pilot expands on the DSH funds to serve more eligible and suitable mental health diversion participants.

After a ramp up period that included delays related to the COVID-19 pandemic, direct services from the Turning Point Diversion Program began March 15, 2021.

FY 2020-2021– Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	1
Total Number Served	1

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input checked="" type="checkbox"/> 25-64	1
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	1

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

As a result of the COVID-19 pandemic and jail entry restrictions, the intended outreach and engagement services component of this program with incarcerated persons eligible for mental health diversion court was very limited. Turning Point coordinated with jail behavioral health service provider, Wellpath, and the DBH Mental Health Diversion Court Liaison to identify incarcerated candidates and encourage mental health services and medication compliance in preparation for community-based treatment programming on jail

discharge. Many Mental Health Diversion Court participants were appropriate for outpatient level of care; however, it was determined to focus referrals for this continuum of care program on individuals with higher acuity needs as other community outpatient treatment resources were available. Since referrals to the program had higher acuity needs, they were not appropriate to be receiving or immediately stepped down into intensive case management or outpatient levels of care during this reporting period.

Proposed Project Changes 2023-2024:

Current agreement is set to expire June 20, 2023, and this pilot program will not be renewed. The Department identified that the standalone programs built around specific funding sources, criminal justice processes and referral eligibilities are difficult to sustain. Program participants will be transitioned to the Turning Point First Street Center program at the appropriate level of care. The Department will also review existing program budgets to determine how these MHSA funds will be allocated in the future.

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COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Children’s Expansion of Outpatient Services
Project Identifier(s): 044 **Avatar:** **PeopleSoft:** 4316
Provider(s): Fresno County Department of Behavioral Health—Children’s
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 2014
Project Overview: The program seeks to improve timely access and incorporate specific mental health treatment interventions for the target population of children (from infants through age 17). Program strives to have personnel with expertise or will be trained in infant and early childhood mental health and others will have or be trained in evidence-based therapeutic interventions/practices (i.e., Trauma Informed Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavioral Therapy (DBT), Motivational Interviewing, etc.) that will increase and improve successful treatment outcomes.

Project Update 2020-2021:

The program, as many behavioral health services around the state, experienced staffing turnover and staffing shortages. This resulted in limited, specialized interventions being provided. The project continued to provide services during the Pandemic, providing some limited in-person options, as well as utilization of tele-medicine for those who were able to engage in that platform.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	46
Asian/Pacific Islander	11
Caucasian	102
Latino	312
Native American	2
Other	19
Unreported	32
Total Number Served	524

Ages Served*	Served
<input type="checkbox"/> 0-15	412
<input type="checkbox"/> 16-25	112
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	
Total Number Served	524

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Some barriers during FY 2020-2021 were transition tele-medicine as part of remote work during the COVID-19 pandemic. Remote work also changed trainings, training opportunities and availability. Some persons served had difficulty adjusting to remote/phone/virtual services, difficulty person served’s transportation problems, inflexible hours of operation that overlaps with caregivers’ work hours or person served school hours, limited in-person services and community work due to pandemic safety regulations.

Strategies to mitigate barriers related to providing services during pandemic were providing staff with new technology to adapted to remote setting and virtual services and having staff in the office at least parttime to meet the needs of persons served.

Strategies put in place to mitigate vacancy rates in the department included increase in salary, trainings that seems to have improved both the hiring and retention of staff, and the opportunity for remote work. All efforts will be made to hire staff with evidenced based practice training and/or to have newer staff trained as soon as possible. To mitigate lack of transportation, the Department collaborated with the health plan to help parents with transportation to and from appointments or providing bus tokens to person served. To mitigate the limitation on hours of operation, staff accommodates persons served by working 9am to 6pm, which has been feasible via telehealth as staff does not need to be in the office while providing services after 5pm.

As COVID restrictions are loosened, staff have returned to the office to be more available and accessible to persons served, as well as expanding access by providing more services and care in the field, in addition to in-office are or virtual sessions.

Proposed Project Changes 2023-2024:

Providing services in the community, extending hours of operation according to community needs (possibly 7-7), offering flexible hours of operation to accommodate person served, examine, and implement strategies to improve employee turnover rate, and increasing training for Evidenced Based Practices. Implement California's payment reform (CalAIM), to leverage funding for care and services, and expand services.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Cultural Specific Services – OP/ICM
Project Identifier(s): 036 **Avatar:** 4524A, 4524B **PeopleSoft:** 4524
Provider(s): The Fresno Center (TFC) (A18-599)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** August 25, 2009
Project Overview: The Fresno Center’s Living Well Center (LWC) Program provides comprehensive specialty mental health services in three levels of care (Outpatient, Intensive Case Management, and Full-Service Partnership) for persons experiencing a Severe Emotional Disturbance (SED)/Serious Mental Illness (SMI) and their families of Southeast Asian (SEA) origin. The Living Well Center renders a clinical training component designed to develop culturally and linguistically competent mental health staff for the intended populations. Services are provided primarily within the greater Fresno Metro area, but also within rural Fresno County. The target number of individuals served within the fiscal year is a minimum of 220 SEA persons for the OP/ICM Program.

Project Update FY 2020-2021:

In Fiscal Year 2020-2021, the program provided approximately 5,656 total direct hours of clinical staffing time, while direct hours of medical staffing were at approximately 126 hours. This generated over 6,197 counts of services. All referrals to the OP/ICM and appointments for psychiatry were all within the time limit. Program is successfully serving 220 plus individuals at any given time and has been able to serve 303 unique individuals in FY 20-21. The program was able to link 100% of the individuals served to primary care and other mental health resources within the organization or out in the community. The program developed its own cultural wellness survey for the SEA community. From the survey data, the persons served reported an increase confidence in coping strategies for their mental health symptoms, increased positive perception of mental health interventions, and an increase in overall wellness after seeking services at the Living Well Program.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	375
Caucasian	
Latino	2
Native American	
Other	1
Unreported	74
Total Number Served	452

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	25
<input checked="" type="checkbox"/> 16-25	9
<input checked="" type="checkbox"/> 26-59	365
<input checked="" type="checkbox"/> 60+	53
Unreported	
Total Number Served	452

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Within Fiscal Year 2020-2021 the public health emergency, COVID-19 derailed program operations. Due to the target population, videoconferencing was not an effective platform to engage the individuals. The program had to resort to telephone services, where the population had greater access. Although this inconvenienced services, the Program was still able to engage their persons served. For the higher acuity individuals, staff were able to schedule face to face sessions to maintain the individual's treatment plans. Ongoing barriers are a lack of transportation, cultural stigma with mental health, and lack of knowledge of Department of Behavioral Health's full system of care. The Living Well Program (LWC) will work with persons served to meet them where they are and research the community's resources that best serves the target population. Additionally, since LWC is pioneering new mental health treatments with their programs, it often leads to difficulty with acquiring culturally linguistic and appropriate tools/assessments/survey readily available for the population. However, the program invites the challenges of developing new tools and is excited to pioneer potential accredited tools for this population.

Proposed Project Changes FY 2023-2024:

The agreement expires in June 2023. California's payment reform CalAIM is slated to go into effect for FY 2023-24. Due to the coming implementation of payment reform (CalAIM) and the desire for such programs to be able to leverage more federal financial participation (FFP or Medi-Cal) to support growth, sustainability, all such agreements are being extended for one additional year. In FY 2023-24 new RFPs will be developed and issued which will include opportunities to leverage revenues from payment reform.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2021 - 2022

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Enhanced Rural Services Outpatient Intense Case Management
Project Identifier(s): 049 **Avatar:** 4527 and 4528 **PeopleSoft:** 4527 and 4528
Provider(s): Turning Point (A-18-327)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 1, 2008
Project Overview: Enhanced Rural Services or Rural Mental Health (RMH) clinics provide outpatient based mental health and psychiatric services to the adult, children, adolescents, and older adult populations. Services are provided to individuals living with severe mental health and co-occurring conditions in rural Fresno County areas including Pinedale, Reedley, Selma, Kerman, Coalinga, Mendota, Huron, and Sanger. RMH provides Outpatient and Intense Case Management at each clinic depending on each individual’s level of need.

Project Update FY 2020-2021:

The Mendota clinic completed construction in early 2020 and was fully operational in FY20-21. The Kerman clinic was previously approved to expand within their existing property to serve additional individuals safely. The Pinedale clinic was also approved to expand office space within their existing site location to provide services to Pinedale RMH persons served with was approved in late FY20-21 and will go into effect in FY21-22. As of FY20-21 RMH is now able to provide services to a total of eight Fresno County rural locations and the surrounding areas providing outpatient services and intense case management to our growing RMH target population.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	74
Asian/Pacific Islander	43
Caucasian	787
Latino	2558
Native American	17
Other	154
Unreported	243
Total Number Served	3876

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	891
<input checked="" type="checkbox"/> 16-24	783
<input checked="" type="checkbox"/> 25-64	2070
<input checked="" type="checkbox"/> 65+	132
Unreported	N/A
Total Number Served	3876

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The COVID-19 pandemic challenged RMH during the 20-21 Fiscal Year. The program had to deal with not being able to provide services in office due to the Public Health Emergency, and illness of staff members and persons served during the Pandemic causing barriers for services being provided. The strategies that RMH utilized to continue providing services and help staff remain healthy were increased telehealth services

provided to RMH persons served. The program also followed the Public Health guidelines and coordinated regularly with Public Health.

RMH continues to experience difficulties with maintaining full staffing in the rural clinics, thus keeping response times for referrals and appointments low. The County continues to meet with RMH monthly and stress the mandate for meeting timeliness of services and continues to work with the program to make sure everything is being done to meet our timeliness requirements. RMH is continuing to aggressively market and advertise for open positions to fill them quickly and keep wait times low. RMH is committed to hiring bilingual and bicultural staff whenever possible. COVID-19 has provided additional challenges with serving individuals in a safe environment, but the shift to telehealth services has ensured that most did not experience a lapse in service.

Proposed Project Changes FY 2023-2024:

RMH continues to experience program growth and is looking ahead at potential locations for their clinics that would improve the program with increased physical space. In FY22-23, the current agreement for RMH services will end and the County will extend the contract for one year, with the option for a further one year extension to allow for implementation on CalAIM/payment reform

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: New

Project Name: Forensic Behavioral Health Continuum of Care - Outpatient

Project Identifier(s): 086 **Avatar:** **PeopleSoft:**

Provider(s):

Approval Date:

Start Dates: **Anticipated:** **Actual:**

Project Overview: Co-occurring mental health and substance use disorder outpatient treatment services for adults as referred by justice partners through pre-trial and post-release community supervision. Criminogenic risks and needs are addressed as part of community-based treatment and wraparound services planning. Services can be provided to individuals in their homes, the community and other locations. Program does not have a set capacity.

Project Update FY 2020-2021

This project was conceived in **FY** 2022-2023 and did not exist in FY 2020-2021.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unknown	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Not applicable.

Proposed Project Changes FY 2023-2024:

This project will merge the AB109 Outpatient Mental Health & Substance Use Disorder Services project (being re-titled to Forensic Behavioral Health Continuum of Care Outpatient Services) and AB1810 Pre-Trial Diversion projects into one comprehensive Forensic Behavioral Health Continuum of Care Outpatient. Program activities and allocations will remain unchanged. With the AB 1810 Diversion Continuum pilot agreement concluding in FY 2022-2023, there was already effort in the new Forensic Continuum of Care agreement to continue meeting new criminal justice processes initiated to divert eligible individuals in need of treatment away from the criminal justice system. By reducing duplication of effort, the Department will be able to plan and evaluate interventions that bridge the behavioral health and criminal justice systems more efficiently.

MENTAL HEALTH SERVICES ACT THREE YEAR PLAN 2023-2026

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Medication Payments for Indigent Individuals
Project Identifier(s): 051 **Avatar:** **PeopleSoft:** 4512
Provider(s): Integrated Prescription Management (A-21-260)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** September 9, 2008
Project Overview: This program provides psychotropic medications for uninsured or underinsured adults and children receiving mental health services within Department of Behavioral health programs. Medications are sent to the person served's preferred pharmacy for pick up. There is no target number of individuals served- this program functions on an as-needed basis.

Project Update FY 2020-2021:

FY 2021-22 marked the final year of the previous contract with vendor Evolve Pharmacy Solutions. The RFP process was conducted and there was one RFP response, from Integrated Prescription Management (IPM). IPM was subsequently chosen as the new vendor, and a new contract was written. Evolve concluded their services to Fresno County, and IPM began their program in July 2021 with no disturbance in services to clients.

Furthermore, the number of total persons served in FY 2020-2021 were 20, compared to 29 in FY 2019-2020. This decrease is encouraging as it may infer more persons served are successfully utilizing MediCal as their primary coverage for medications. However, this program will continue to be available for those persons served that require assistance in paying for their prescriptions.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	25
Total Number Served	25

*Due to project limitations, ethnicity of client served is not currently collected.

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	25
Total Number Served	25

*Due to project limitations, ages of clients served is not currently collected.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

With the start of the new vendor, IPM, in July 2021, there were some new issues that arose around MediCal billing and payment to the vendor. Specifically, there were quite a few cases where the vendor initially paid for a person served, and the person served ended up having MediCal at the time of request or later obtained

MediCal retroactively. Due to the persons served having MediCal, DBH Invoices stated that MediCal should be rebilled and Fresno County should not be billed for these charges. IPM insisted that they should be paid, due to unusual circumstances.

MHSA funds are to be the funding source of last resort.

The first of the situations involved IPM's Contracted Pharmacies not seeking to rebill MediCal outside of a 7-10 day window. After some discussion with IPM regarding situation number one, IPM stated that it would not be able to make these pharmacies change this policy. DBH decided they would pay IPM for these charges and DBH Contracts informed the nurse team that refers persons served to utilize these pharmacies only as a last resort.

Another recurring situation involved persons served who had MediCal but MediCal refused to pay (such as in situations where persons served lost their medication, or their injection was used/given incorrectly). After discussion, DBH Contracts determined that they would pay in this situation and implemented an extra step in the request process. This step involves the request processor reaching out to the DBH AI team to double check the persons served MediCal status prior to sending the request to IPM.

DBH Contracts also notified IPM that they will need to provide documentation with invoices for situations where the pharmacy refuses to rebill MediCal or when persons served have MediCal that will not cover the persons served's medication.

Proposed Project Changes FY 2023-2024:

No Proposed Changes.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2021 - 2022

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Older Adult Team
Project Identifier(s): 052 **Avatar:** **PeopleSoft:** 4610
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 1, 2008
Project Overview: Metropolitan services for older adult persons served. Staff collaborate with primary care physicians and Adult Protective Services (APS) for outreach and engagement of services to seniors

Project Update FY 2020-2021:

The Older Adult team continues to provide specialty mental health services to seniors ages 60 and older who are experiencing symptoms of mental illness with significant impairment. The program continues to provide a variety of Evidence-Based Practices. There have been no significant changes to the mission, goals or funding of this program in the past year.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	97
Asian/Pacific Islander	23
Caucasian	246
Latino	242
Native American	8
Other	13
Unreported	31
Total Number Served	660

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	25
<input type="checkbox"/> 26-59	206
<input type="checkbox"/> 60+	429
Unreported	
Total Number Served	660

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

As in prior years the main challenges have been maintaining staffing levels. During the past three years the staffing has averaged less than 50% full capacity. Affordable housing also remains a major barrier to helping the seniors recover. As in past years, individuals with medical issues, mobility issues, very limited income and difficulty using public transportation have made the work very challenging. The program expects that the streamlining of documentation and services through the CalAIM act and the addition of Enhance Care Management and Community Supports also through CalAIM will significantly reduce some of these barriers in the coming year.

Proposed Project Changes FY 2023-2024:

No changes at this time.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Peer and Recovery Services
Project Identifier(s): 028 **Avatar:** 4511, 4781 **PeopleSoft:** 4511, 4781
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** Historical **Actual:** February 12, 2007
Project Overview: Activities associated with securing full-time Peer Support Specialists and Parent Partners.

Project Update 2020-2021:

Through this program, the Department employs full-time, benefitted positions known as Peer Support Specialists working in County-operated programs. The Department is continuing in the development of peer-based services throughout the system of care. The Peer Support Specialist positions associated with the project are placed in one cost center for tracking of staff costs; however, positions are allocated to work in programs throughout the Department.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-25	0
<input type="checkbox"/> 26-59	0
<input type="checkbox"/> 60+	0
Unreported	0
Total Number Served	0

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The recruitment process for county positions can often be slow, which effects the vacancy rate of positions. The Department continues to work with Human Resources in hopes of reducing barriers to recruitment of peer professionals.

Proposed Project Changes 2023-2024:

The Department continues to refine its strategies for recruiting individuals with lived experience into full-time positions. In addition, the Department is committed to supporting its Peer Support Specialists in achieving Peer Certification should they so choose. The Department maintains a Participation Agreement with CalMHSA to participate in its statewide Peer Training and Certification.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name:	RISE	
Project Identifier(s):	054	Avatar: PeopleSoft: 4519
Provider(s):	Fresno County Department of Behavioral Health	
Approval Date:	Historical	
Start Dates:	Anticipated: N/A	Actual: January 2014
Project Overview:	Provides support for LPS (Lanterman Petris Short) Conserved beneficiaries and those who were recently placed in the community as a stepdown from IMD (Institution for Mental Disease) / MHRC (Mental Health Rehabilitation Center) level of care. The team provides services that include intensive case management, rehabilitation, and therapeutic services in a way that supports and helps to restore dignity, supports the empowerment of each individual person, demonstrates respect, and is individualized to the expressed need of each client. The goal of RISE/Community Conservatorship team is to increase stability and wellness in the community as the least restrictive environment possible. Using natural supports to increase overall wellness and reduce recidivism back to LPS.	

Program Update:

RISE continues to provide specialty mental health services for people on conservatorship. The program has focused on the transition from IMD level of care to outpatient care and establishing the individual in the community. In 2020-2021 a plan will develop two separate the program into two parts, the IMD/MHRC level of care and community level of care. For this separation to happen an additional Clinical Supervisor was added. The primary focus (4519) will be community based. The plan went live in 2022 with will the "Community Conservatorship" Team. The IMD/MHRC level of care, "RISE Conservatorship" cost center (2175) will be a separate program.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

During the COVID 19 pandemic which had lasted 2020-2021 there were change to the program on how services has been provided. Telehealth has become a tool to keep employee's and person served with social distance, yet with the population served, the social aspect was often desire by someone visiting them. Additionally, some facilities were not as well equipped as others to provide sufficient scheduling for telehealth or had enough equipment. The pandemic impacted staff retention which has impacted the program caseload sizes which also decreased number of contacts.

Proposed Project Changes FY 2023-2024:

Implement ongoing recruitment hiring for unlicensed clinicians and CMHS's to reduce the shortage of staff who provide direct services to the population. In 2023-2024 the separation between cost center of 2175 and 4519 should be finalized. There will be person served transitioning between the two levels. The data collection will be gathered by level.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Delete

Project Name:	School Based Services
Project Identifier(s): 055	Avatar: PeopleSoft: 4311 & 4312
Provider(s):	Fresno County Department of Behavioral Health Fresno County Superintendent of Schools (FCSS) (A18-308)
Approval Date:	Historical
Start Dates:	Anticipated: N/A Actual: September 1, 2008
Project Overview:	The target population is youth in grades 1 st -12 th (ages 6-17 or until graduation from high school) with serious emotional disturbances that require screening, engagement, assessment, and ongoing mental health treatment services that include individual/group/family therapy, case management, rehabilitation both individual and group, and collateral services. The services are provided at the school, DBH Clinic when schools are out of session, in the home or community to improve access to mental health services and decrease barriers such as transportation, stigma, conflicts with caregiver work hours, etc. The program is designed to have flexible hours of treatment.

Project Update FY 2020-2021:

The School-Based Services Team (SBT) has been developing a partnership with the Fresno County Superintendent of Schools (FCSS) to service geographic areas the Department is unable to cover. The Department has also developed a partnership with United Health and Turning Point to increase capacity and to integrate primary care into the county operated school-based services. FCSS began the integration process January 2, 2019. FCSS, in collaboration with DBH staff, are transitioning individuals served as appropriate in the West Region and the Foothills school districts. The county-operated School Based team clinical supervisors and CMH division manager meet monthly to streamline referrals and coordinate care for onboarding school districts. On July 2019, the School-Based West District Team started to work in partnership with FCSS. By school year 2021-2022 (August of 2021) FCSS fully transitioned into providing mental health services in the all districts according to the 5-year plan. As of April 13th, 2020 the School-Based Team consolidated the Metro and West Region Teams under the guidance and support of one Clinical Supervisor.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

On 3/15/2020 States began to implement shutdowns. As of 3/16/2020 due to a COVID-19 pandemic all School Districts transitioned all children from in-person classes to virtual learning. Clinicians started to work primarily from their homes and offered mental health services via tele-health to children who could benefit from this new delivery of service. Children with high-risk symptoms who were experiencing self-injurious behaviors, whose symptoms were not stable and/or children who were not able to engage in treatment via tele-health were seen in-person in a DBH clinic following COVID-19 social distancing protocols. This was an extremely challenging and stressful event for children, their families, Clinicians, and everyone. In efforts to address the socio-emotional stress related to the health risks associated with being exposed to a virus in which it can jeopardize one's health and wellbeing; DBH strategically develop and put together a plan to be able to continue to provide in-person services to specific cases that needed this mental health service and at the same time would address the health concerns associated with providing in-person services. DBH implemented a daily health screening tool to screen for COVID-19 symptoms.

The DBH Outpatient Receptions provided hard copies of the health screening tools to anyone whom entered the clinic and prior to being able to participate and/or provide in-person therapy services. Some of the Clinician's offices were not suitable to meet the recommended COVID-19 social distancing requirements. It was recommended to provide all the in-person services in Conferences Rooms where the six feet of social distancing could be met, a scheduling calendar with all the available conference rooms was developed for staff to schedule their in-person therapy appointments and disinfecting cleaning supplies kits were available with specific disinfecting protocols and procedures. Another barrier was for some families it was difficult to arrange for services to be provided in a private and confidential setting since all children were not participating in in-person schooling, the person served, and siblings were at home. To be able to address this challenge, clinicians spent significant amount of time stressing the importance of privacy and confidentiality when tele-health sessions were provided with the person-served legal guardians. If maintaining confidentiality was not possible after attempting to address and assist the person-served legal guardian in exploring possible solutions, then in-person therapy sessions at a DBH Clinic was recommended and offered. Children also struggled in being able to function effectively in the beginning of the day and struggled to get out of bed. To be able to address this challenge, therapy sessions were planned later in the day, and some clinicians adjusted their work schedule from 8am-5pm to 9am-6pm. The SBT clinical supervisor also changed her work schedule from 8am-5pm to 9am-6pm. Another challenge was the protocol and procedure of how to assess and respond to crisis situations in a tele-health therapy session. It was recommended using a county cell phone while the tele-health is in session and contact 911. Prior to calling 911 and requesting EMS, police with the assistance of a mental health responder to assist, the person-served and legal guardians are to be explained how the 5150 processes will be evolving in their home and how the clinician will remain present virtually until the 5150 assessment is completed.

An additional challenge the School Based Program experienced was the number of staff assigned to the program/staffing issues. The Foothills area was served only by three clinicians. In the West Region, Coalinga-Huron was served by one clinician. This challenge was addressed by utilizing Rural Mental Health provided Turning Point -DBH contracted provider.

Proposed Project Changes FY 2023-2024:

As of August of 2022; FCSS has onboarded in the Coalinga-Huron School District Schools. The in-house SBT/DBH program is only serving schools in the Metro/Central District which includes schools in Fresno Unified School District, Clovis Unified School District and Central Unified School District. As of August of 2023, all School Districts currently being served by the SBT program will be transitioned over to FCSS. The SBT will transition to providing other services.

BEHAVIORAL HEALTH CLINICAL CARE FY 2021 - 2022

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Specialty Mental Health Services to Schools
Project Identifier(s): 065 **Avatar:** 4329 **PeopleSoft:** 4330
Provider(s): Fresno County Superintendent of Schools (FCSS) (A18-308)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** July 1, 2018
Project Overview: All 4 Youth is an integrated expanded treatment program that provide specialty mental health outpatient treatment services in a school-based setting. The goal of All 4 Youth is to remove barriers and increase timely access for all children and families to the full continuum of behavioral health services that promotes a positive healthy environment in which to live and learn.

Project Update 2020-2021:

The program is set up for periodic expansion over the five-year life of the agreement. The geographical expansion was strategically planned in five phases. All the phase implementations were planned to provide access to communities that historically were underserved due to their lack of local community resources. In FY 2020-2021, the program onboarded 67 school sites. These schools' sites were within Big Creek School District, Central Unified School District, Clovis Unified School District, Fresno Unified School District, Kings Canyon Unified School District, Sanger Unified School District, Pine Ridge Elementary School District, and San Joaquin Memorial school districts.

All4Youth can receive referrals from the following sources: school staff, County of Fresno, Department of Behavioral Health (DBH) staff, self-referral, family member, community member, school employee or any agency members in the community. The program rendered 55,500 services to children and youth during this fiscal year. There were 2,952 unique individuals served. FCSS met their target goal of 2,460 for the year.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	139
Asian/Pacific Islander	26
Caucasian	310
Latino	1478
Native American	14
Other	390
Unreported	593
Total Number Served	2952

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	2542
<input checked="" type="checkbox"/> 16-24	410
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	2952

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The program receives referrals from various sources and capacity has been a challenge. Keeping open communication with DBH and working with the DBH's Children's Division to help identify appropriate

referrals and how to serve youth when capacity becomes a challenge. FCSS and DBH clinical supervisors and management meet regularly to develop strategies for challenges as they arise.

Proposed Project Changes 2023-2024:

The Fresno County Superintendent of Schools All4Youth Program's five phase expansion was accomplished in FY 2022-2023. DBH is currently in contract negotiations with FCSS for a new agreement which will begin in FY 2023-24 and will incorporate Cal AIM initiative including payment reform.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep/Reinstate

Project Name: Supervised Child Care Services
Project Identifier(s): 033
Provider(s): **Avatar:** 4311 **PeopleSoft:** 4311
Approval Date: Reading and Beyond, Inc. (A20-239)
Start Dates: Historical
Project Overview: **Anticipated:** N/A **Actual:** July 1, 2020
 Reading and Beyond provided supervised child-care services for children in two locations: 1) the Heritage Center, and 2) the West Fresno Regional Center. Reading and Beyond served children 12 years of age and younger and services were provided only while persons served (parents/guardians/siblings) were in the building conducting business with the Department. Children were offered nutritional snacks/ water, and age/developmentally appropriate activities. The staff-to-child ratio was no less than one staff person for each of the following: three infants (up to one years old); nine children (ages 2 – 12); two infants and five children; and one infant and seven children.

Project Update FY 2020-2021:

Fiscal year 2020-21 was a challenge for Reading and Beyond (RaB) Supervised Child Care services as the Covid-19 pandemic caused both Supervised Childcare spaces to completely shut down when in-person services at the Heritage and West Fresno locations were not available. With no in-person services being provided at either the Heritage or the West Fresno Regional Center locations due to the pandemic, the Supervised Childcare services were not needed. The goal of the program was to provide the Department’s persons-served with temporary, on-site childcare so that they could have the ability to receive the necessary supportive services from the Department during in-person appointments at these two locations. When Supervised Childcare services were actively being provided, the program also worked towards complying with the CARF performance measures. If/when these services are allowed to resume, the plan has been for RaB to incorporate monthly educational themes and stations into the daily schedule of the supervised childcare sites in order to facilitate educational and enrichment activities. The value of this service has proven quite effective in previous years because without it parents express that they would often have to miss their in-person appointments due to lack of childcare.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	0

*Due to project requirements, there may be specific age guidelines. In addition, for FY19-20 there were less persons served due to the Covid-19 pandemic

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The main challenge that occurred during FY 20-21 was the program not being operational due to the COVID-19 pandemic, which was effective March of 2020 (FY19-20) and continued through all of FY20-21. There were no strategies to mitigate the challenge because in-office, in-person services were not allowed to resume for the whole FY 20-21. In June 2022, the Reading and Beyond Supervised Childcare Agreement was terminated, due to logistical constraints within the Department regarding the intended program spaces and no estimated date as to when the provider would be able to safely resume providing Supervised Childcare services. However, in late 2022 the Department reviewed available data and formulated a plan to resume in-person services when available space is identified and deemed appropriate.

Proposed Project Changes FY 2023-2024:

The Department aims to reopen the Supervised Child Care program when adequate space can be obtained for both the West Fresno Regional Center and Children’s Outpatient Center.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name:	Supervised Overnight Stay	
Project Identifier(s): 008	Avatar: 4782	PeopleSoft: 4782
Provider(s):	WestCare California, Inc. (A18-686)	
Approval Date:	Historical	
Start Dates:	Anticipated: N/A	Actual: May 22, 2012
Project Overview:	An overnight stay provides supports and services for persons with a serious mental illness (SMI) who are discharged from local hospital emergency departments and/or 5150 designated facilities. The program provides overnight stay, clinical response, peer support, discharge services. In addition, transportation to appropriate mental health programs/services is provide for adults and older adults from the program to services that will assist with their mental health needs. The program provides on-going case management supports to assist with access and facilitation to care for persons with a mental health need.	

Project Update FY 2020-2021:

The Supervised Overnight Stay Program began in May 2012 as an Innovation program. In the 2017-2020 plan it transitioned to being funded in the MHSA plan. WestCare has been the sole provider since the program’s inception and was awarded a new service contract in 2019. As the program has evolved it has been expanded to provide case management. A second case management location was added to the program to assist individuals can in receiving clinical assessment and case management after their oversight stay as the facility with the goal to link individuals to appropriate level of care. Referrals from referring sources were down from previous years. This reduction in referrals was result primarily of more individuals staying involved with services for longer periods this fiscal year (up to 180 days) instead of 90 days because of COVID challenges that restricted most services, especially case management, to telephonic contact.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	57
Asian/Pacific Islander	12
Caucasian	108
Latino	133
Native American	7
Other	2
Unreported	20
Total Number Served	339

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	45
<input type="checkbox"/> 26-59	276
<input type="checkbox"/> 60+	18
Unreported	
Total Number Served	339

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

A large percentage of individuals referred to SOS are unhoused at time of admission. As a result, successful follow-up contact is often difficult, and many individuals become lost to the case management team until the next visit to the ED or 5150 facility. Keeping individuals engaged in services is has been a challenge, and once linkages have been made, contact with SOS is less intensive as responsibility for engagement shifts to the referred/linked mental health provider. The biggest challenges (aside from COVID) have been staff turnover and staffing shortages that have been impacted the behavioral health field since the pandemic.

Proposed Project Changes FY 2023-2024:

The current agreement is set to expire June 30, 2023. California’s payment reform CalAIM is slated to go into effect for FY 2023-24. Due to the coming implementation of payment reform (CalAIM) and the desire for such programs to be able to leverage more federal financial participation (FFP or Medi-Cal) to support growth and sustainability, the Department will extend this agreement by one additional year and delay the RFP process until FY 2023/24 so that program design and RFP can include revenue opportunities from the payment reform.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2021 - 2022

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Transition Age Youth (TAY)
Project Identifier(s): 056 **Avatar:** **PeopleSoft:** 4421 & 4761
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** **Actual:** May 12, 2012
Project Overview: The Transition Age Youth (TAY) program serves Medi-Cal beneficiaries ages 17 through 23 who live within Fresno County and who require specialty mental health treatment services. The mission of DBH-TAY program is to assist young adults in making a successful transition into adulthood, and more specifically, to provide mental health services which help the young adult reach personal goals in the areas of employment, education, housing, personal adjustment and overall functioning in the community. This program has been merged with First Onset Team (FOT).

Project Update FY 2020-2021:

The TAY program continues to assist young adults with a Severe Emotional Disturbance (SED) or Serious Mental Illness (SMI) in transitioning to adulthood. The programs continue to use Evidence-Based Practices and continue with TIP training boosters to maintain program integrity. The TAY program location has moved and is now located near Fresno County Children's Mental Health.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	1
Asian/Pacific Islander	
Caucasian	1
Latino	12
Native American	
Other	1
Unreported	
Total Number Served	15

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	13
<input type="checkbox"/> 26-59	2
<input type="checkbox"/> 60+	
Unreported	
Total Number Served	15

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

No barriers were identified in this past year 2021-2022. The program continues to support persons served as needed

Proposed Project Changes FY 2023-2024:

The program is being classified as a Systems Development program within the CSS component, as to clarify its difference from the FSP program with a similar name. The program will see to implement CalAIM payment reform to assist in leveraging funds for services.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name:	Urgent Care Wellness Center (UCWC)	
Project Identifier(s): 012	Avatar: 4622	PeopleSoft: 4622, 4623
Provider(s):	Fresno County Department of Behavioral Health	
Approval Date:	Historical	
Start Dates:	Anticipated: N/A	Actual: June 29, 2009
Project Overview:	Urgent Care is an internal county operated wellness service that includes, but is not limited to, initial request for services, crisis evaluation, crisis intervention, medication supports, individual/group therapy, substance use disorder screenings and linkage to other appropriate services. Adults ages 18 and older who are at risk of needing crisis service interventions or at risk of homelessness, incarceration and/or are frequent users of emergency and crisis services may access UCWC supports. Referrals are made through local mental health providers, self-referrals, community partners and/or local emergency rooms. Services include triage, access and linkages through a walk-in setting or virtual setting.	

Project Update FY 2020-2021

The Urgent Care Wellness Center (UCWC) was designed to provide an a “front door” to enter the system of care with initial screening and/or assessment of persons served with mental health or substance use disorders with linkages to appropriate levels of care within the continuum of services available. UCWC has operated with significant staff shortages throughout the year and managed to provide pandemic appropriate services via available technology based on the needs of persons served. The department established pandemic guidelines (social distancing, masking, screening) to ensure the safety of persons served and staff. For individuals presenting with COVID symptoms, staff could meet via telephone, telehealth or in-person with appropriate PPE in designated areas. UCWC continued to provide initial services in-person, over the phone and via telehealth. UCWC continues to strive for same day services for all initial requests.

FY 2020-2021– Unique Individuals Served

Ethnicity	Served
African American	607
Asian/Pacific Islander	129
Caucasian	1034
Latino	1661
Native American	49
Other	118
Unreported	341
Total Number Served	3939

Ages Served*	Served
<input type="checkbox"/> 0-15	14
<input type="checkbox"/> 16-25	875
<input type="checkbox"/> 26-59	2873
<input type="checkbox"/> 60+	177
Unreported	0
Total Number Served	3939

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Staffing shortages have been a significant challenge. The Department has worked to retain and recruit staff including increasing salaries, focusing on the wellness of staff, and improving communication from administration/leadership to line staff.

Proposed Project Changes FY 2023-2024:

UCWC anticipates the continued need to deliver services in-person, by phone and by telehealth indefinitely. UCWC will continue to strive toward same day service for all requests with a focus on same day services for phone requests, which has limitations due to vacant positions. UCWC continue to work towards filling vacant positions. UCWC will adapt to changing laws and CalAIM implementation. UCWC plans to increase the follow up on person referred to programs, services and to their insurance plans to confirm the linkage was successful.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name 2023-2026: Vocational and Educational Services
Project Name 2020-2023: Supported Education and Employment Services (SEES)
Project Identifier(s): 032 **Avatar:** **PeopleSoft:** 4533, 4526
Provider(s): Dreamcatchers Empowerment Network (A20-102)
 State Department of Rehabilitation—Grant Match
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** July 1, 2009
Program Overview: Services provided are designed to prepare persons served by the system of care with necessary skills to obtain and retain competitive employment using the Individualized Placement and Supports (IPS) fidelity model. The target population includes Adults and Transitional Aged Youth who have current open cases within the system of care. Individuals must have a medical documentation of a psychiatric diagnosis, must be a legal resident of the Fresno County, must be at least 16-years old and be receiving services from DBH or mental health contract provider. For each fiscal year, a minimum of 100 unduplicated individuals will be served.

Project Update FY 2020-2021:

DBH executed the agreement with Dreamcatchers Empowerment Network on March 10, 2020. Due to the COVID-19 pandemic many of the standard ramp up activities required to begin services were significantly delayed or more expensive than originally estimated. On October 20, 2020, DBH executed an amendment to realign the initial contract ramp up/operational budgets to cover the expenses incurred by the contractor. FY 2020-2021 was the first year of services after ramp-up period and CORE Teams were established for the IPS referrals to assist in fidelity to the IPS model.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	11
Asian/Pacific Islander	2
Caucasian	23
Latino	42
Native American	2
Other	11
Unreported	1
Total Number Served	92

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-25	18
<input type="checkbox"/> 26-59	69
<input type="checkbox"/> 60+	5
Unreported	0
Total Number Served	92

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Over the fiscal years, the program has balanced providing services to all persons eligible and attempting to stay in alignment with IPS fidelity which provides ratios to caseloads and integration with treatment teams requirements. Strategies implemented have been to assign Employment Specialists to CORE teams and have

one Employment Specialist for all other programs. The contractor and DBH continue to discuss how to ensure services are available with high fidelity to the IPS model. In FY 21-22, DOR requested that the agreement with DBH be transitioned to a cash transfer agreement to be in compliance with the Rehabilitation Services Administration and the agreement was executed on May 3, 2022.

Proposed Project Changes FY 2023-2024:

No proposed changes.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name:	Youth Wellness Center	
Project Identifier(s): 014	Avatar: 4315	PeopleSoft: 4315 & 4471
Provider(s):	Fresno County Department of Behavioral Health	
Approval Date:	Historical	
Start Dates:	Anticipated: N/A	Actual: June 2015
Project Overview:	<p>This county operated program is designed to improve timely access to mental health screening, assessments, referrals for ongoing treatment and short-term interventions for youth ages 0-17 with serious emotional disturbances (SED). It is intended to be a “front door” for accessing youth services in the system of care. Referrals may be received from caregivers seeking mental health services, Medi-Cal health plans, other community-based healthcare providers, other county jurisdictions and agencies serving youth who identify that a higher intensity and array of mental health treatment and supportive services may be required. Services may also include facilitating the transition of youth to/from Children’s Mental Health programs from/to community resources when clinically appropriate. Youth Wellness also serves as an access point for youth and families seeking Substance Use Disorder services. The program provides ASAM screening, assessment and linkage to services, including outpatient and residential care</p>	

Project Update FY 2020-2021:

Youth Wellness provides children and families with timely access to behavioral health services. Youth Wellness offers same day appointments and maintains a cancellation list to ensure expedited process of scheduling assessments (and so that no available appointments will go unused). Youth Wellness implemented a triage process for new access requests, whereby case manager will reach out to the family same day/next day after request to gather information on presenting concerns, and schedule for timely assessment within 10-days. With triage/screening, Youth Wellness can more easily and quickly identify the needs of the youth, connecting to appropriate community resources and providing case management as needed while awaiting assessment appointment. Youth Wellness implemented screening for Substance Use Disorder during triage. Once SUD need is identified, ASAM screening is offered timely within 10-days, and youth are then connected to appropriate services based on their identified level of care. Youth Wellness is now able to access residential care for youth, and assistance, case management, care coordination is provided as youth are admitted and then discharged from residential program.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	182
Asian/Pacific Islander	33
Caucasian	290
Latino	1122
Native American	8
Other	119
Unreported	184
Total Number Served	1938

Ages Served*	Served
<input type="checkbox"/> 0-15	1538
<input type="checkbox"/> 16-25	399
<input type="checkbox"/> 26-59	1
<input type="checkbox"/> 60+	
Unreported	
Total Number Served	1938

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Challenges faced included increasing number of Access referrals. Youth Wellness added a Community Mental Health Specialist to meet the demand of increasing requests, and to continue to meet objective of contacting families same day/next day for triage. Triage/screening is important in determining the need of each youth to secure appointment and make appropriate referrals as soon as possible. In the event of crisis or urgent need, the family will be assisted in being seen the same day or next day by utilizing our cancellation list or no-show appointment.

Youth Wellness continues to receive a high number of Presumptive Transfers requests from other county and faces barriers in obtaining the necessary documents to move forward with services. Youth Wellness mitigates this issue by dedicating a full time, trained Community Mental Health Specialist for sole purposes of assisting Presumptive Transfer foster youth accessing timely services. The staff process referrals received on a daily basis, reach out to social work staff, supervisors and Presumptive Transfer Coordinators in other counties same day/next day to obtain necessary documentation to move forward with referrals. This has resulted in superior services and arranging for the therapy and medication needs of foster youth arriving in Fresno County timely. Another barrier to services has been parent’s work schedule and location of services. Youth Wellness mitigates barriers by offering Telehealth, community-based services, and in-person services at two different sites in the Metro area making services more accessible to meet the family’s needs, schedule and geographical area. Staff also voluntarily flex their work schedule to accommodate parents work schedule in an effort to provide timely services when needed.

In the current year, the Youth Wellness Center did change locations to a new temporary location (until the new campus is ready). Notices were provided, a press story was conducted, information was sent to persons served and shared on social media. The change in location has not interrupted care at this time.

Proposed Project Changes FY 2023-2024:

While and internal program, the services will seek to implement California’s payment reform CalAIM, to leverage revenues. Currently there are no other proposed changes.

Outreach and Engagement

Outreach and Engagement programs are intended to identify unserved individuals with a SMI or SED who qualify for public behavioral health services in order to engage them and, if appropriate their families, in the mental health system so that they can receive the appropriate services.

Program Name	Projected Numbers to be Served
Client and Family Advocacy Services	700
Collaborative Treatment Courts	1500
Family Advocacy Services	-
Mental Health Patients' Rights Advocate	

MHSA 3YP 23-26 MHSA Dollars Budget Outreach & Engagement

Project Name 2023-2026	Comp	Subcomponent	FY 21/22 BUD	FY 22/23 BUD	FY 23/24 BUD	FY 24/25 BUD	FY 25/26 BUD
Collaborative Treatment Courts	CSS	Outreach and Engagement	219,475	219,475	219,475	219,475	219,475
Client and Family Advocacy Services	CSS	Outreach and Engagement	113,568	113,568	113,568	113,568	113,568
Hotel Motel Voucher Program (HMVP)	CSS	Outreach and Engagement	100,000	100,000	100,000	100,000	100,000
Housing Access and Resource Team (HART)	CSS	Outreach and Engagement	930,488	930,488	930,488	930,488	930,488
Housing Supportive Services	CSS	Outreach and Engagement	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
Totals			2,863,531	2,863,531	2,863,531	2,863,531	2,863,531

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Client and Family Advocacy Services
Project Identifier(s): 017 **Avatar:** N/A **PeopleSoft:** 4710
Provider(s): Centro La Familia Advocacy Services (A11-338, A16-691-1)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** July 1, 2011
Project Overview: This program provides support to individuals served in navigating the Behavioral Health system; educates individuals on mental health, wellness, and recovery; assists in stigma reduction; and provides warm hand-offs to services. Services may be provided in the office or in the field.

Project Update FY 2020-2021:

The program continued to provide services in the office and in the field. Staff members provide individual and group services to community members.

FY 2020-2021– Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	722

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	722

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

This program has a limited budget which inhibits the provision of additional services.

Proposed Project Changes FY 2023-2024:

The Name of this program will be adjusted so that it is not confused with a similar program with similar name.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name 2023-2026: Collaborative Courts
Project Name 2020-2023: Collaborative Treatment Courts
Project Identifier(s): 003 **Avatar:** 4313 **PeopleSoft:** 4313
Provider(s): Superior Court of California, County of Fresno (A18-328)
 Fresno County Department of Behavioral Health – Collaborative Courts Team

Approval Date:

Start Dates:

Anticipated: N/A

Actual: July 1, 2015

Project Overview:

Collaborative Treatment Courts are intended to increase access to services and remove barriers for justice-involved individuals who are in need of substance use disorder and/or mental health treatment as well as supportive services in lieu of incarceration. Court Coordinators manage and coordinate program activities related to the daily functioning of respective Collaborative Treatment Courts, including monitoring of plans to assist participants in their recovery and liaison with other cross-sectional justice and behavioral health partners to exchange information and coordinate services. Collaborative Treatment Courts that incorporate coordination services include Behavioral Health Court (BHC), Family Behavioral Health Court (FBHC), Adult Drug Court (ADC), Family Dependency Treatment Court (FDTC), Unity Court and Federal Wellness Court. Each court has specific eligibility requirements; capacity of the program varies per court. A Department Behavioral Health (DBH) clinician and case managers outreach to and assess minors considered for the program and provide clinical recommendations to the Courts for minors and adults.

Project Update FY 2020-2021:

Fresno Superior Court (Court) completed their transition from sub-contracted to fully employed personnel providing court coordination services, with final sub-contracted services for FDTC ending June 2020. As a result of personnel shifts in order to continue services during the COVID-19 pandemic, the Court also had to be strategic with less coverage in collaborative courts with lower caseloads such as FDTC and FBHC.

The Courts implemented additional collaborative courts in FY 2020-21. In June 2020, Mental Health Diversion Court centralized all cases under AB1810 under one presiding judge.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	18
Asian/Pacific Islander	7
Caucasian	29
Latino	59
Native American	
Other	9
Unreported	1,389
Total Number Served	1,511

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	16
<input checked="" type="checkbox"/> 16-25	28
<input checked="" type="checkbox"/> 26-59	79
<input checked="" type="checkbox"/> 60+	5
Unreported	1,383
Total Number Served	1,511

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Obtaining necessary data from the courts to accurately measure program success remains difficult due to limitations of the Court's case management information system and DBH Collaborative Courts team's ability to enter non-Medi-Cal billable services into its electronic health record system. Court coordinators continue to review appropriate data collection and outcome reporting methods. The Court committed to hiring another full-time court coordinator in FY 2021-22 to fulfill data collection requirements and centralization of all collaborative courts protocols. In response to the onset of the COVID19 pandemic, the Court significantly scaled back operations by, initially closing, then limiting access to court buildings. Participants, treatment staff and liaisons made virtual appearances on Zoom as opposed to face-to-face appearances. The Court attempted to mitigate deterring effects on participation in judicial proceedings and compliance with treatment plan recommendations with requirements for in-person appearances at the start of the program and as needed. The development and implementation of additional collaborative courts through un-funded mandates continue to constrain Court and DBH Collaborative Courts team staffing with already limited resources. Both partners are looking at standardizing tools and processes to be more efficient and effective.

Proposed Project Changes FY 2023-2024:

The Superior Court agreement, A-18-328, was amended in August 2021 to include Mental Health Diversion Court (MHDC), Veteran's Court (VC), and Unity Court (Unity) for court coordinator services. The current agreement is set to expire June 30, 2023. The Department will extend this contract to allow for the implementation of CalAIM initiatives, including payment reform. DBH Collaborative Courts will be moving to become Medi-Cal site certified and begin billing for eligible services including CalAIM expansions. It is anticipated that clinical and liaison support for Misdemeanor Incompetent to Stand Trial Court (SB317) and Mental Health Diversion Court (AB1810) will also completely transition to the DBH Collaborative Courts team. The Department's participation in any new collaborative treatment courts, mandated such as Community Assistance Recovery and Empowerment (CARE) Court or non-mandated such as Reintegration/Re-entry Court, will require assessment of programmatic needs and resources to provide clinical work associated with such expansions.

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: Outreach and Engagement:

Status of Project: Keep

Project Name: Family Advocacy Services
Project Identifier(s): 020 Avatar: N/A **PeopleSoft:** 4569
Provider(s): Reading and Beyond Inc. (A20-284)
Approval Date: April 2020
Start Dates: Anticipated: April 2020 **Actual:** April 2020
Project Overview: The Family Advocacy Services program provides Family Advocacy Navigators (FANs) to assist family members/support systems in coping with the signs and symptoms of mental illness of their loved one (adult or child) through the provision of culturally sensitive information, education, support, navigation of DBH services and referral to community resources. Additionally, FANs provide navigation assistance to family members and support systems through interactions with service providers to facilitate working relationships between families and providers and the behavioral health system in general.

Project Update FY 2020-2021:

This program, previously a single Family Advocate position, remained vacant for two years. In 2019, the service was released via Request For Proposal and a new provider, Reading and Beyond, Inc. was selected. The Agreement became effective on March 24, 2020. Ramp-up started in April 2020, including hiring and training of program staff. Ramp-up was hindered due to the Covid pandemic. Services were initiated on August 1, 2020 via telework: services were primarily provided over phone, email, and video conferencing pending the re-opening of DBH facilities to program staff that were not accessible due to the ongoing Public Health crisis.

FY 2019-2020 – Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-25	0
<input type="checkbox"/> 26-59	0
<input type="checkbox"/> 60+	0
Unreported	0
Total Number Served	0

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The ongoing COVID public health pandemic delayed the initial ramp-up timeframe to begin services. Training the Family Advocacy Navigators also faced delays due to the breadth and scope of the System of Care, which had limited availability during the covid-19 public health crisis. The FANs were able to begin providing services in August 2020 (during FY 2020-21) and have been consistently assisting families and support systems since then.

Proposed Project Changes FY 2023-2024:

The proposed plan for the Family Advocacy Services is to continue to build rapport and networking with providers throughout the public System of Care. This plan includes securing an office space for a Family Advocate Navigator to be collocated with the Children’s Outpatient Center to provide services for families and support individuals with children receiving services. Family Advocate Navigators continue to partner with community organizations to better provide resources to address the needs and barriers of the families and support individuals. Additionally, Family Advocates will continue to participate and attend community events to provide outreach education regarding mental health services and resources to help educate and reduce stigma.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023

COMMUNITY SERVICES and SUPPORTS

Full-Service Partnership: System Development: **Outreach and Engagement:**

Status of Project: Keep

Project Name: Mental Health Patients’ Rights Advocacy Services
Project Identifier(s): 082 **Avatar:** N/A **PeopleSoft:** 4710
Provider(s): Mental Health Patient’s Rights Advocate Program (A19-586)
Approval Date:
Start Dates: **Anticipated:** N/A **Actual:** July 2020
Project Overview: The Patients’ Rights Advocacy (PRA) program encompasses two components: receiving and investigating grievances/complaints and representing individuals in all AB 3454 certification review hearings. The program also monitors mental health facilities, services, and programs for compliance with statutory and regulatory patient’s rights provision and provides training.

Project Update FY 2019-2020:

The provider continued to develop metrics and tools while adapting their own services to comply with COVID-19 safety measures. The provider also advised on the safety measures of other providers while ensuring the maintenance of patients’ rights. Patients’ Rights of persons served.

FY 2019-2020 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	0

*Due to project requirements, there may be specific age guidelines.

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The provider was delayed in developing metrics and tools due to the COVID-19 pandemic.

Proposed Project Changes FY 2022-2023:

The Department will continue to monitor the agreement and utilize newly developed tools to improve data collection.

Prevention and Early Intervention

Introduction

Prevention and Early Intervention (PEI) programs are a key strategy in preventing individuals from developing severe and disabling mental illness. Fresno County strives to meet the needs of its diverse community by carefully incorporating community defined practices and evidence-based interventions into its continuum of PEI programs. These programs are intended to increase early access and linkage to medically necessary care and treatment; improve timely access to service; promote, design, and implement programs in ways that reduce and circumvent stigma; prevent suicide as a consequence of mental illness; increase recognition of early signs of mental illness; reduce prolonged suffering associated with mental illness; and reduce stigma and discrimination associated with mental illness.

Fresno County offers programs across all six components of MHSAs PEI as described in the MHSAs regulations, as well as the optional category of Increasing Timely Access to Services for Unserved and Underserved Populations. These services are available to any residents of Fresno County, and are offered in a variety of locations across the Fresno Metro area and rural areas of the County.

Stigma and Discrimination Reduction

- **DBH Communications Plan**
- **Suicide Prevention**

Outreach for Increasing Recognition of Signs of Mental Illness

- **Prevention and Early Intervention Services to Schools**
- **DBH Communications Plan**

Access and Linkage

- **Crisis Intervention Teams (CIT)**
- **Multi-Agency Access Program (MAP)**

Prevention

- **Prevention and Early Intervention Services to Schools**
- **Blue Sky Wellness Center**
- **Holistic Wellness Center**
- **Youth Empowerment Centers**

Early Intervention

- **Prevention and Early Intervention Services to Schools**
- **Functional Family Therapy**
- **Perinatal Wellness**

Suicide Prevention

- **DBH Communication Plan**
- **Suicide Prevention**
- **Local Outreach for Suicide Survivors (LOSS) Team**

Increasing Timely Access for Unserved and Underserved Populations

- **Culturally Based Access and Navigation (CBANS)**

The 2021-2022 Annual Revenue and Expenditures Report (ARER) notes that Fresno County spent 59.83% of its PEI for persons under the age of 25. Thus, Fresno County continues to expend the majority of its PEI funds on persons under the age of 25 in accordance with PEI requirements.

PEI Projections

The Department is using information from evaluations as well as examining sustainability, diversification of program funding, and developing a better continuum of prevention, rather than siloed efforts to improve its PEI efforts. Some of the current work being conducting includes examining how certain PEI programs can either access or improve their FFP so as to offset limited PEI dollars.

For several years, the Department has been examining PEI program costs, structure, and outcomes. As existing contracts expire, the Department is utilizing the Request for Proposal (RFP) process as an opportunity to implement program changes and to help improve services.

The Department is committed to leveraging PEI funding to address health disparities and improve the wellness of underserved communities. One of the goals for PEI during the three-year plan is to be able to effectively integrate Community Defined Evidence Practices (CDEP)s into its system of care. Currently there are three such CDEPs as part of an Innovation Plan that if successful will be considered for transition to PEI funding and supporting prevention or stigma reduction activities.

**MHSA 3YP PEI Budgets (including all revenue sources)
For FY 23-24**

Project Name 2020-2023	Primary Funding Sources(s)		FFP + Others			Total Project Cost
	MHSA	Realignment	Medi- Cal FFP/SGF	Grant	Other	
Child Welfare Mental Health Team/Katie A Team.	-	-	-	-	-	-
Community Response/Law Enforcement	3,667,857	-	757,215	-	-	4,425,072
Multi-Agency Access Point (MAP)	1,284,529	-	-	-	-	1,284,529
Blue Sky Wellness Center	1,200,000	-	-	-	-	1,200,000
DBH Communication Plan	700,000	-	-	-	-	700,000
Suicide Prevention/Stigma Reduction	644,511	-	-	-	-	644,511
Youth Empowerment Centers (YEC)	846,868	-	-	-	-	846,868
Community Gardens	-	-	-	-	-	-
Cultural-Based Access Navigation and Peer/Family Support Services (CBANS)	550,000	-	-	-	-	550,000
Holistic Cultural Education and Wellness Center	896,719	-	-	-	-	896,719
Functional Family Therapy	673,005	-	826,995	-	-	1,500,000
Perinatal Wellness Center	1,173,323	-	226,169	-	508	1,400,000
Prevention Services to Schools	6,779,650	-	-	-	-	6,779,650
CALMHSA JPA	-	-	-	-	-	-
MHSA CPPP	40,000	-	-	-	-	40,000
Integrated Mental Health Services at Primary Care Clinics (PEI)	-	-	-	-	-	-
PEI Administration Support	2,000,000	-	-	-	-	2,000,000
PEI - Local Outreach to Survivors of Suicide (LOSS) Team	355,489	-	-	-	-	355,489
Total	20,811,951	-	1,810,379	-	508	22,622,838

**MHSA 3YP PEI Budgets (including all revenue sources)
For FY 24-25**

Project Name 2020-2023	Primary Funding Sources(s)		FFP + Others			Total Project Cost
	MHSA	Realignment	Medi- Cal FFP/SGF	Grant	Other	
Child Welfare Mental Health Team/Katie A Team.	-	-	-	-	-	-
Community Response/Law Enforcement	3,667,857	-	757,215	-	-	4,425,072
Multi-Agency Access Point (MAP)	1,284,529	-	-	-	-	1,284,529
Blue Sky Wellness Center	1,200,000	-	-	-	-	1,200,000
DBH Communication Plan	700,000	-	-	-	-	700,000
Suicide Prevention/Stigma Reduction	644,511	-	-	-	-	644,511
Youth Empowerment Centers (YEC)	846,868	-	-	-	-	846,868
Community Gardens	-	-	-	-	-	-
Cultural-Based Access Navigation and Peer/Family Support Services (CBANS)	550,000	-	-	-	-	550,000
Holistic Cultural Education and Wellness Center	896,719	-	-	-	-	896,719
Functional Family Therapy	673,005	-	826,995	-	-	1,500,000
Perinatal Wellness Center	1,173,323	-	226,169	-	508	1,400,000
Prevention Services to Schools	6,779,650	-	-	-	-	6,779,650
CALMHSA JPA	-	-	-	-	-	-
MHSA CPPP	40,000	-	-	-	-	40,000
Integrated Mental Health Services at Primary Care Clinics (PEI)	-	-	-	-	-	-
PEI Administration Support	2,000,000	-	-	-	-	2,000,000
PEI - Local Outreach to Survivors of Suicide (LOSS) Team	355,489	-	-	-	-	355,489
Total	20,811,951	-	1,810,379	-	508	22,622,838

**MHSA 3YP PEI Budgets (including all revenue sources)
For FY 25-26**

Project Name 2020-2023	Primary Funding Sources(s)		FFP + Others			Total Project Cost
	MHSA	Realignment	Medi- Cal FFP/SGF	Grant	Other	
Child Welfare Mental Health Team/Katie A Team.	-	-	-	-	-	-
Community Response/Law Enforcement	3,667,857	-	757,215	-	-	4,425,072
Multi-Agency Access Point (MAP)	1,284,529	-	-	-	-	1,284,529
Blue Sky Wellness Center	1,200,000	-	-	-	-	1,200,000
DBH Communication Plan	700,000	-	-	-	-	700,000
Suicide Prevention/Stigma Reduction	644,511	-	-	-	-	644,511
Youth Empowerment Centers (YEC)	846,868	-	-	-	-	846,868
Community Gardens	-	-	-	-	-	-
Cultural-Based Access Navigation and Peer/Family Support Se	550,000	-	-	-	-	550,000
Holistic Cultural Education and Wellness Center	896,719	-	-	-	-	896,719
Functional Family Therapy	673,005	-	826,995	-	-	1,500,000
Perinatal Wellness Center	1,173,323	-	226,169	-	508	1,400,000
Prevention Services to Schools	6,779,650	-	-	-	-	6,779,650
CALMHSA JPA	-	-	-	-	-	-
MHSA CPPP	40,000	-	-	-	-	40,000
Integrated Mental Health Services at Primary Care Clinics (PEI	-	-	-	-	-	-
PEI Administration Support	2,000,000	-	-	-	-	2,000,000
PEI - Local Outreach to Survivors of Suicide (LOSS) Team	355,489	-	-	-	-	355,489
Total	20,811,951	-	1,810,379	-	508	22,622,838

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:
 Stigma Reduction: Suicide Prevention:
 Status of Project: Keep

Project Name: Blue Sky Wellness Center
Project Identifier(s): 015 **Avatar:** N/A **PeopleSoft:** 4521
Provider(s): Kings View (A19-372)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 23, 2007
Project Overview: Prevention through peer centered wellness and recovery focused activities. Services include group and individual peer supportive services in addition to teaching Wellness Recovery Action Plan services and Crisis Plan services/relapse prevention, transportation, life skills courses, job readiness services, and onsite volunteer opportunities. Services are provided at the Blue Sky Wellness Center in central Fresno.

Project Update FY 2020-2021:

During the COVID-19 Pandemic, March 2020-June 15, 2020, Blue Sky was closed to in person services. The site was cleaned and disinfecting to ensure safety of all staff and members upon reopening. Staff consistently worked to contact all members via phone calls to ensure continued contact with each member during the pandemic. Blue Sky staff provided support group services, activities, and dropped off wellness kits at members’ residences. This was a challenging time for each of the center’s members and for staff. Staff voiced their struggles with the shelter in place orders and not being able to utilize the center. Staff also wrote letters and cards to those members who do not have phones. The needed support to these individuals was maintained by ongoing written communication (letters and cards). Since reopening, Blue Sky attendance by members at the center has steadily increased but is still not at pre-pandemic levels.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	83
Asian/Pacific Islander	13
Caucasian	171
Latino	168
Native American	22
Other	46
Unreported	52
Total Number Served	555

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-25	12
<input type="checkbox"/> 26-59	379
<input type="checkbox"/> 60+	104
Unreported	60
Total Number Served	555

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Attendance numbers are increasing but continue to be below pre-pandemic levels. Staff continues to engage past and current members with phones calls to those members who have not yet returned to the center since reopening. Staff are routinely working on conducting community presentations regarding the services

provided at the Blue Sky Wellness Center and collaborating with community organizations in hopes of increasing awareness of the resources and improve attendance at the center.

Proposed Project Changes FY 2023-2024:

Members who are unhoused or as risk of homelessness continues to be one of the biggest challenges. Blue Sky will continue to work with community partners and the whole system of care to implement any new methods for keeping connected with impacted and unhoused members.

In the future there will be greater opportunity for peers at the center to become Certified Peers and increase the role of peers in the center and increase revenues through Medi-Cal billable services.

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Status of Project:Keep

Project Name: CalMHSA JPA Expenditures
Project Identifier(s): 071 **Avatar:** N/A **PeopleSoft:** 4902
Provider(s): California Mental Health Services Authority (CalMHSA) Joint Powers Authority (JPA)
Approval Date:
Start Dates: **Anticipated:** **Actual:**
Project Overview: The Department participates in the CalMHSA, a JPA, which allows the Department to easily participate in statewide projects and other initiatives.

Project Update:

The Department continues to participate as a member of the CalMHSA JPA. For FY 2022-21, the Department participated in statewide projects and initiatives which included Evaluation of Fresno County’s Prevention and Early Intervention (PEI) programs, the Central Valley Suicide Prevention Hotline, Statewide PEI Program, and Third Sector Multi-County Full-Service Partnership Innovation Project. Those are current MHSAs activities supported through CalMHSA.

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

There were no challenges or barriers for FY 20-21.

Proposed Project Changes:

Currently no proposed changes.

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:
Stigma Reduction: Suicide Prevention:

Status of Project: Delete

Project Name: Child Welfare Mental Health Team/Katie A Team
Project Identifier(s): 002 **Avatar:** 4318 **PeopleSoft:** 4318
Provider(s): Fresno County Department of Behavioral Health
Approval Date:
Start Dates: **Anticipated:** **Actual:**
Project Overview: Child Welfare Mental Team/Katie A Team is designed to improve the mental health services and coordination of care as required by the State Departments of Health Care Services and Social Services resulting from the statewide implementation of the class action lawsuit known as "Katie A."

Project Update 2020-2021:

In the last year, the Child Welfare Mental Health Team (CWMH) has retained a total of the mental health clinicians (two SLMHC and one LMHC). CWMH program has hired two new community mental health specialist, completing a total of six CMHS to participate in care coordination, CFT's, ICC meetings, State calls, school meetings (504, IEP), linkage and referral process from Department of Social Services (DSS) to the County's Vendors (currently supporting four CWMH vendors). Over the last year the CMHS continued to assist with the care coordination of medication services provided to the County's Short-Term Residential Therapeutic Programs (STRTP)s by the DBH prescriber. CWMH program worked closely with assigned DBH Psychiatrist to serve youth placed in STRTP level of care. In addition, the program's CMHS participate in care coordination of Presumptive Transfer youth currently residing in Fresno County. The program continued to track Fresno County child dependents being placed out of county on a presumptive transfer. To improve timeliness, the program maintains a 24 hour turn around referral process to ensure the four vendors begin their assessment/treatment process timely. Clinicians on the team coordinate care of assigned youth with DSS social workers, vendors, (STRTPs), Probation and other counties as needed. This past year the team-initiated support in linkage to SUD residential services and will grow in this are in the coming years. The team participates in the Interagency Review Placement Committee (IRPC) meetings on a weekly basis to review/approve STRTP placements based on a youth's mental health needs as well as the needed Wraparound services. The team participated with Department of Social Services on a weekly basis in the Child Review Team (CRT) to assist in linking newly dependent youth to mental health services. The strengthening communication with local crisis stabilization units to ensure follow up of mental health services with all youth being discharged. The program continues to increase the level of documentation of all CFT, ICC, case management meeting services in the Department's Electronic Health Record. The team supports other internal program in facilitating ICC meetings as needed, including providing training on facilitation of these meetings. The updates to the program such as, increased number of CMHS have been made in an effort to improve collaboration across departments and with an end goal of providing timely quality services and clinical care coordination to court dependent children and their families. Over the past year the program continued to strengthen collaboration with community providers, DSS and Probation to sustain improved care for the youth served.

This project was examined as part of some PEI evaluation during the past year and the project was not able to produce measurable outcomes as needed by the funding, and the program's capacity would have to be expanded with additional costs just to collect the required funding data and outcomes. Thus, the program's funding is planned to shift away from MHSA and to other funding sources.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	1452
<input type="checkbox"/> 16-25	292
<input type="checkbox"/> 26-59	829
<input type="checkbox"/> 60+	26
Unreported	0
Total Number Served	2599

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The resources allocated to the program compared to the amount of work have been limited. This is project could not have MHSA funding allocated to enhanced it due to the program design not being able to track the work according to PEI regulations. Thus, has been planned for transition to other funding option.

Proposed Project Changes 2023-2024:

While the work of this program will remain unchanged, this program and will be removed from the MHSA plan and funded through other revenues that do not have the specific outcome requirements of PEI. This shift will allow the Department to the allocated funds to other existing PEI resources. This will eliminate the capacity limits in producing PEI required outcomes and allow the program to continue to render the current services.

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:
Stigma Reduction: Suicide Prevention:

Status of Project: Keep

Project Name: Crisis Intervention Team and Rural Triage
Project Identifier(s): 004 **Avatar:** 4762 (DBH CIT), 4763 **PeopleSoft:** 4762 (DBH CIT), 4763
(Kings View Metro), 4766 (Kings View Rural Triage East), 4767 (Kings View Rural Triage West) (Kings View Metro & FPD CIT), 4766 (Kings View Rural Triage East), 4767 (Kings View Rural Triage West)
Provider(s): Fresno County Department of Behavioral Health
City of Fresno Police Department (A-18-074)
Kings View Behavioral Health (A-18-688 & A-15-317)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** June 1, 2010
Project Overview: Behavioral health clinicians serve as active liaisons with law enforcement and other first responders to provide Crisis Intervention Team (CIT) services to all individuals experiencing a behavioral health crisis in the community, specifically in the metropolitan (metro) area, and the East and West regions of Fresno County. Services include, but are not limited to: crisis assessments, crisis intervention, suicide risk assessments, community referrals and linkages, case management and care coordination activities.

The Kings View CIT clinicians are available to respond to behavioral health calls for service, as dispatched by law enforcement, from 6:00am to 12:00am, 365 days a year. The DBH clinicians provide intensive engagement services five days a week from 8:00am to 5:00pm with the support of a clinical supervisor. Services are provided by interagency coordination between behavioral health clinicians, law enforcement and other first responders to identify, triage, assess, and connect or reconnect individuals to treatment and support and mitigate unnecessary involvement with the criminal justice system.

The program provides approximately 8,000 services to 6,500 individuals each year.

Project Update FY 2020-2021:

Kings View and DBH behavioral health clinicians continue to provide community outreach, education training and consultation to the law enforcement agencies within Fresno County as well as direct field response to behavioral health crisis calls; assessments for danger to self, danger to others and grave disability; and post-crisis follow up and case management, as needed.

Due to the COVID-19 pandemic, the contract for Rural Triage CIT services was extended from June 30, 2020 until June 30, 2022 and the Request for Proposal process for contract renewal was released in Spring 2022. In preparation for the procurement process, DBH met internally to review program data and discuss service improvement strategies as well as upcoming California Advancing & Innovating Medi-Cal

(CalAIM) requirements. The Request for Proposals included the following changes from previous program operations:

- Location of services in the Rural community was expanded to include all rural cities, not just the East and West regions of Fresno County;
- Clear communication regarding the inability to respond to detention facilities, hospitals and other inpatient facilities;
- Documentation must be completed within 24 hours of service delivery, including access forms, client referral forms, progress notes, diagnosis forms and all related documents (e.g., safety plans, suicide risk assessments, 5150 holds, etc.);
- If a 5150 hold isn't initiated, the clinician is required to, at minimum, completed a suicide risk assessment and safety plan;
- Collaborative documentation will be utilized whenever it's clinically indicated;
- Coordination with the Family Urgent Response System (FURS) in Fresno County and utilize the program as a resource for qualified individuals; and
- The addition of case management and peer support staff to conduct post-crisis follow up activities.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	417
Asian/Pacific Islander	124
Caucasian	1,093
Latino	1,718
Native American	37
Other	79
Unreported	3,032
Total Number Served	6,500

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	635
<input checked="" type="checkbox"/> 16-25	924
<input checked="" type="checkbox"/> 26-59	2,403
<input checked="" type="checkbox"/> 60+	509
Unreported	2,029
Total Number Served	6,500

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The law enforcement partners within Fresno County currently do not collect and report all the demographic information requested in order to fulfill MHSA PEI reporting requirements. In the past, DBH has relied on its behavioral health clinicians and Kings View to collect the required data; however, it doesn't include all the calls law enforcement responds to without a behavioral health clinician.

Over the coming fiscal year, DBH will continue to work with our law enforcement partners to develop more robust data collection and reporting mechanisms.

Proposed Project Changes FY 2023-2024:

On November 10, 2021, DBH was awarded \$753,437 in Crisis Care Mobile Units grant funding from the Department of Health Care Services (DHCS) to expand CIT services with additional case management/peer support staff and training specific to CIT for Youth. DBH is working with Kings View to hire the additional case management/peer support staff and procuring a training vendor to conduct the CIT trainings targeted towards youth in crisis.

Additionally, on December 22, 2022, DBH was awarded \$1,371,806 in grant funding from the California Health Facilities Financing Authority to further expand CIT services. Through this grant, DBH will work

internally and with its contracted providers and community partners to form teams of clinicians and case management/peer support staff dedicated to non-law enforcement crisis response in K-12 schools throughout Fresno County. Although the CIT programs currently respond to crisis calls for service in school-based settings, it's anticipated these specialized teams will provide a more targeted response to the initial crisis, mitigate youth interaction with law enforcement and robust post-crisis follow up services in a timely manner.

In FY 23/24, DBH should have sufficient data from these grant-funded activities to evaluate their impact to our community and the people we serve, which will also inform future program improvement projects and initiatives.

The program is also being evaluated in accordance with DHCS Behavioral Health Information Notice (BHIN) 22-064 (released December 19, 2022) to ensure compliance by December 2023. Upcoming CIT program changes include, but are not limited to:

- 24/7 mobile crisis response;
- One phone number for all individuals to contact for crisis services;
- A standardized dispatch tool and procedures regarding when and how mobile crisis teams will respond onsite;
- Two-person mobile response teams consisting of at least 1 Licensed Practitioner of the Healing Arts (LPHA) or Licensed Mental Health Professional;
- Mobile response teams have access to an individual who can prescribe medications for addiction treatment (i.e., Medication-Assisted Treatment) and psychotropic medications, as needed;
- Response times will not exceed 60 minutes in the County's urban areas and 120 minutes in the rural areas of Fresno County; and
- Law enforcement response will be minimized and requested when a special safety concern exists.

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:
 Stigma Reduction: Suicide Prevention:

Increasing Timely Access to Care for Underserved Populations:

Status of Project: Keep

Project Name: Cultural Based Access Navigation Services
Project Identifier(s): 037 **Avatar:** 4764 **PeopleSoft:** 4764
Provider(s): The Fresno Center
Approval Date:
Start Dates: **Anticipated:** N/A **Actual:** October 11, 2001
Project Overview: This PEI program seeks to provide opportunities for increasing timely access to care for underserved populations, through navigation combining elements of peer support intervention, cultural brokers/ community health workers, or promotoras interventions. The project works to better engage, inform and support underserved cultural communities in accessing mental health and specialty mental health care. .

Project Update FY 2020-2021:

Culturally Based Access Navigation System (CBANS) program was redesigned for the RFP. The project was classified as Increasing Timely Access for Underserved or Unserved Populations under the PEI component. The project shifted the focus to use peers support, cultural brokers, community health workers or promotoras to engage underserve communities and assist in navigating specialty mental health care services that are linguistically and culturally appropriate. Past iterations of the program had activities that be described as prevention related but lacked clarity.

The Fresno Center was awarded the contract to render CBANS services in Fresno County.

Additionally, the program was part of an evaluation of existing PEI services conducted by the RAND Corporation. This process sought to provide recommendation for improvement and increase data and outcomes collection.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	1,258
Total Number Served	1,258

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	1,258
Total Number Served	1,258

*Due to project requirements, there may be specific age guidelines.

***Total number served is from Fresno American Indian Health Project, Centro La Familia, and West Fresno Family Resource Center and does not include information from Fresno Interdenominational Refugee Ministries**

Performance Outcomes: fresnoMHSAs.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

During this reporting period, the programs continued to experience the impacts of COVID-19 and staffing gaps.

During this time the program was transitioning to the new model and work with new vendor. Additionally, there were still impacts from COVID 19 which provided some limit on engagement.

Need for additional training to understand barriers related to insurance, levels of care, and financial challenges to support the navigation of persons seeking and needing care. Part of this included CBANS staff working with other staff within the organization to conduct community outreach opportunities (this leverage provided valuable support). Overcoming the challenges helped the program achieve its outcomes.

Proposed Project Changes FY 2023-2024:

Work with provider to increase data collection and outcomes, provide additional training opportunities to peers/health workers on local resources, recognition of signs of mental illness and focusing on connecting persons with insurance to proper services and levels of care. Under the new payment reform (CalAIM) many of the services provided by this program could become a reimbursable service and leverage the work.

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PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Project: Keep

Project Name: DBH Communications Plan
Project Identifier(s): 018 **Avatar:** N/A **PeopleSoft:** 4564
Provider(s): Fresno County Department of Behavioral Health
 JP Marketing (A19-178)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:**
Project Overview: The DBH Communications Plan is critical in implementing effective methods to increase public awareness and engagement, stigma reduction, increasing understanding and recognizing early signs of serious mental illness, suicide prevention, and behavioral health and care services. This plan describes the methods for integrating and cross-promoting messages and ensuring the Department’s myriad of services and supports are familiar to the community.

Project Update FY 2020-2021:

The Department’s Communication Plan includes a branding guide for the Department, policies and procedures when working with the media, as well as procedures for how the department and its Contracted Providers disseminate information to the public. It also develops and implements strategies for specific campaigns, efforts, and other means to support suicide prevention, increase education and awareness and reduce stigma in the community. This plan is a living document and may be updated as need arises, or as other opportunities are identified.

FY 2019-2020 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	N/A

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	N/A

*Due to project requirements, there may be specific age guidelines.

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The Department continues to assess and understand marketing best practices for each of Fresno County's unique communities. The Department has used market research/focus groups and surveys to better understand the needs and desires of the community in order to assess audience preferences and build trust. It has worked to better understand the impact and effectiveness of communication efforts related to stigma reduction, awareness and suicide prevention.

The Department continues to use the communication plan to address behavioral health stigma, promote access to care and suicide prevention awareness.

Proposed Project Changes FY 2022-2023:

There are no planned changes at this time; however, the Department will continue to seek opportunities to market its services and other behavioral health messages to the community. The Department will seek to reduce some of this budget in future years, as it increases its own internal capacity to create and produce content related to outreach and education.

MENTAL HEALTH SERVICES ACT THREE YEAR PLAN 2023-2026

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:

Stigma Reduction: Suicide Prevention:

Status of Project: Keep

Project Name: Functional Family Therapy
Project Identifier(s): 050 **Avatar:** 4321 **PeopleSoft:** 4321
Provider(s): Comprehensive Youth Services (A-18-687)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** April 20, 2007
Project Overview: Functional Family Therapy (FFT) is an evidenced-based family therapy program for youth ages 11-17 years old who are involved in or at risk of involvement in the Juvenile Justice System. The model works with the identified youth, parents/guardians, siblings, and other relatives that have a significant impact on the families' functioning. Youth are generally referred for behavioral, emotional, relational and/or mental health concerns. Referrals are received from probation, courts, schools, other service providers, parents/guardians or self-referred.

The program focuses on assessment of those risk and protective factors that impact the adolescent and his or her environment, with specific attention paid to both intra familial and extra familial factors, and how they present within and influence the therapeutic process. The intervention program itself consists of five major components in addition to pretreatment activities: Engagement in change; Motivation to change; Relational/Interpersonal Assessment and planning for Behavior change; Behavior Change; and Generalization across behavioral domains and multiple systems.

Services are provided to youth and families throughout Fresno County, including small communities throughout rural communities in the county. Services can be delivered in the home, community, school, or other community settings as determined by collaborating with all relevant parties. Services are provided throughout Fresno County in the community as opposed to services being performed at traditional mental health department offices to increase the frequency of clients obtaining needed services as some children/families are reluctant to seek services from traditional mental health settings.

The program serves minimum of 450 unduplicated identified persons served within each 12-month period of this Agreement. In addition, identified persons served' siblings, other relatives, caregivers, and other significant support person may participate and receive specialty mental health services from this program.

Project Update FY 2020-2021:

For the fiscal year of 2020-2021, FFT served 557 unduplicated youth, 573 parents/guardians and 126 siblings/other relatives, for a total of 1,256 people being served in the FFT program.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	41
Asian/Pacific Islander	10
Caucasian	73
Latino	393
Native American	1
Other	4
Unreported	35
Total Number Served	557

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	350
<input checked="" type="checkbox"/> 16-24	183
<input checked="" type="checkbox"/> 25-64	24
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	557

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The FFT Program has historically had a long wait list and had difficulty enrolling person served/family into services in a timely manner. Often, this led to families declining services as the crisis or troublesome issues was not their primary focus at the time of contact. Two years ago, the county instituted specific timeframes to make the initial outreach/contact with the person served/family and the amount of time to the initial assessment session. FFT initially struggled with meeting these time frames and developing a system that met these requirements initially but were able to meet the standards and maintain the standards throughout the 2021-2022 year.

Additionally, COVID 19 had a significant impact on FFT services. When the pandemic first hit in 2020 and mandates were put into place to socially distance and provide services through telehealth, both FFT staff and persons served/families struggled with this new manner of services. Many persons served who were in services declined to continue via telehealth and preferred to wait until in-person services could resume. New persons served declined to begin services stating their lack of comfort with telehealth or lack of access. In order to mitigate these issues, FFT case managers worked on access issues with the families to alleviate that barrier. All FFT staff worked on learning and understanding the telehealth world, participated in trainings, talked with other providers and each other. The FFT staff also provided socially distant home visits just to introduce themselves in person to increase the person served/family comfort level with the staff. FFT staff worked hard to build their knowledge and their comfort level with telehealth services to assist persons served/families in building confidence and comfort in this mode of treatment.

As of the end of the 2021-2022 fiscal year, persons served, and families were much more receptive to telehealth services. In addition, most of the technology issues have been addressed which eliminated that barrier to services. Changing from in-person sessions held in homes, schools and community locations to telehealth was a difficult transition for staff as well as persons served. Most have had little experience with telehealth and were a little intimidated and hesitant initially. However, both staff and persons served/families agree there are drawbacks to telehealth both agree that telehealth was better than no option. Some were relieved that they could still get services in a safe and distant manner. One positive aspect of telehealth for family therapy is it does allow for parent and person served to be at different locations and still have FFT services. Either through a three-way call or virtual session. Families have had to cancel fewer appointments due to location difficulties. While the services were delivered in a different

manner, persons served/families continued to report satisfaction and progress with the FFT services at the same level as the previous in-person services. The overall progress and satisfaction with the services did not change significantly.

Proposed Project Changes FY 2023-2024:

The current contract for this program will conclude on June 30, 2023. Proposed changes include increasing the expected capacity of this program, as the current provider has experienced a wait list for persons served to be accepted into the program. Secondly, this new program will utilize MediCal billing primarily, and MHSa secondarily, rather than equivalently. The new vendor will be encouraged to leverage MediCal as much as possible, with MHSa funding filling in where MediCal is unable to be used. Thirdly, peer support staff will be utilized within the new program structure, in order to include peer partners in the FFT service model. MHSa funding may be used to pay for peer support specialist certification.

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:
 Stigma Reduction: Suicide Prevention:
 Status of Project: Keep

Project Name: Holistic Cultural Education Wellness Center
Project Identifier(s): 038 **Avatar:** **PeopleSoft:** 4783
Provider(s): The Fresno Center
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** June 19, 2012
Project Overview: The Holistic Center contributes to learning of holistic healing practices, with learning goals of increased mental health awareness, reduced stigma/discrimination, the promotion of wellness and recovery through a developed process that links individuals to nontraditional and/or non-clinical wellness approaches, such a dance, healing circles, holistic healers within the diverse cultural communities of Fresno County.

Project Update FY 2020-2021:

The Holistic Cultural Education Wellness Center (Holistic Wellness Center) program is operating well under the oversight and guidance of The Fresno Center. Due to the pandemic, many activities were conducted virtually and were able to reach a broader audience. The program has continued to encourage refining program practices and processes, evaluating activities and workshops, and introducing new ones as requested by individuals served.

Holistic Wellness Services was put out for an RFP in FY 2020-2021 and the Holistic Wellness Center was once again awarded the contract for these services.

The program was evaluated by the RAND Corporation as part of a county effort to evaluate its PEI programs and services. One of the areas that the evaluation identified was more effective data/outcomes collections and exploring what opportunities for evidence-based practices may be available and implemented.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	7,024
Total Number Served	7,024

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	
<input type="checkbox"/> 26-59+	
<input type="checkbox"/> 60+	
Unreported	7,024
Total Number Served	7,024

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The Holistic Center’s team continued to meet the many challenges of operating virtually to serve the participants. Data that was collected from the recent Focus Groups indicated that the Cultural Brokers have remained very connected with their participants during this time and have significantly helped them in

providing a place to “release my stress,” “make me feel happy,” “making a safe place for us,” “refresh my mental and physical health” and “it has helped me overcome the pandemic and stay positive.” Being on Zoom expanded some of the activities as some of the participants came from Mexico, North Carolina, Los Angeles (note: only Fresno County participants are counted for services provided) and several had children with them included giving “me time to be with my kids who love working the activities,” “time to share with my family as we all work together and have fun” and “helps me to get closer to my family with stress free activities.” The participants clearly appreciated and were thankful for the Holistic Center, noting that “thank you for all of the services you provide-my health has improved and I’m able to move forward and be happy,” “Holistic Wellness Center is whole in itself and helps us to feel that we can do anything as long as we are healthy-physically and mentally” and “we have a strong commitment from the instructor who is dedicated, has energy and supports us. The affirmative activity and participant outcomes that were found in all of the Focus Groups data also supported the data from the Activity Surveys and Pre/Post Tests. The new agreement has provided some additional opportunities for data tracking.

Proposed Project Changes FY 2023-2024:

In the coming year the County will work with the Holistic Wellness Center to better document the vast efforts and programs provided to the community to reflect its work and impact. In addition to examining evidence-based practices that can be used in the service delivery, the County seeks to also include community defined evidence-based practices

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:
 Stigma Reduction: Suicide Prevention:
 Status of Project: Keep

Project Name: Local Outreach to Survivors of Suicide Team (LOSS)
Project Identifier(s): 093 **Avatar:** **PeopleSoft:** 4771
Provider(s): Hinds Hospice
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** April 2019
Project Overview: The Local Outreach to Suicide Survivors (LOSS) Team provides information, support, warm linkage, and resources to newly bereaved suicide survivors. The LOSS Team is activated by first response officials when a suicide occurs. The LOSS Team provide immediate assistance to survivors to help them cope with the trauma of their loss, provide follow-up contact with the survivors, and coordinate the utilization of services and support groups within the community.

Project Update 2020-2021

The COVID-19 pandemic continued to be a challenge for many in our community who were providing important social services as the COVID-19 virus continued to run its course. However, the LOSS Team and volunteers remained committed to providing grievers the best support possible. Changes were made to the LOSS Team’s practice of going on-scene to ensure that each clinician and volunteer had appropriate personal protective equipment, maintained social distance, and screened for symptoms of the virus. Families continued to welcome the LOSS Team on-scene to provide support despite the pandemic. In a time when isolation was high for most people, the LOSS Team ensured that survivors of suicide loss were not alone, and that support remained available to them. Clinicians continued providing one-on-one counseling and both open and closed support groups were made available via Zoom video conferencing. Many individuals seeking services expressed appreciation for the continuing services provided by the LOSS Team despite not being able to gather in person.

For FY 2020-21, the program saw an increase in the number of unique individuals served. Bereavement phone calls and mailings increased 61% (675 to 1,085) and 51% (428 to 645) from the prior year due to the limitations of in-person gatherings because of the COVID-19 pandemic. The team responded to 60% of suicide deaths in County, a decrease of 13% from the prior year, primarily due the pandemic and in-person restrictions.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	293
Total Number Served	293

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	293
Total Number Served	293

*Due to program requirements, there may be specific age guidelines.

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Overall, the LOSS Team was able to meet three of the four program goals for FY 2020-21. They were not able to complete their goal of providing four community trainings due to COVID. It is anticipated that for the future, in-person trainings will be modified to allow for virtual training options.

Although the program did meet the goal of providing an active or delayed response all suicide losses, the response rate dropped 13% from the prior year, from 73% to 60%. This was due to various factors which include the COVID pandemics affect to services, a decline in overall referrals to the program, and data tracking. COVID continues to be an ongoing issue, but the LOSS Team will be flexible and adjust its program to provide services to the residents of Fresno County. The LOSS Team will continue to work with the Department of Behavioral Health and follow any guidelines provided by the Department, health officials and county leadership. To address the decline in referrals, an initiative was started to encourage contact from partners even when next-of-kin was not present at the time of death, such as referrals to apartment managers, hotel staff, train engineers, etc. In addition, a video was created and shared with referring partners, which reminded them to make referrals to the LOSS Team for any suicide death. The LOSS Team has also increased outreach efforts to referring partners within the county to make connection with leaders and law enforcement. The LOSS Team is also reviewing its current practice to collecting data to ensure consistency and accuracy of all data captured.

Proposed Project Changes FY 2023-2024:

The LOSS Team will continue to build off the work started in FY 2022-23 to expand services for residents of Fresno County. Some of this work includes:

- Translating materials into Spanish
- Providing Spanish speaking peer-led support groups
- Explore providing types of postvention supports to zip codes with higher suicide rates
- Create support groups in the zip codes where survivors are more densely populated
- Participating on the Fresno County Suicide Prevention Steering Team to help with local suicide prevention efforts.

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:
 Stigma Reduction: Suicide Prevention:

Status of Project: Keep

Project Name: Multi-Agency Access Program (MAP Point)
Project Identifier(s): 007 **Avatar:** 4768 **PeopleSoft:** 4768
Provider(s): Kings View Corporation (A17-006)
 Poverello House (A17-006)
 Centro La Familia Advocacy Services (A17-006)
Approval Date: January 10, 2017
Start Dates: **Anticipated:** NA **Actual:** January 10, 2017
Project Overview: MAP is an access and linkage service that provides a single point of entry for residents of Fresno County to needing navigation support to services in various life domains to promote their wellness and recovery. An integrated screening process developed by the department identifies individual needs and possible resources and is used to connect individuals and families facing mental health concerns, physical health conditions, substance use disorders, housing/homelessness, social service needs, and other related challenges to supportive services in Fresno County. Persons served are matched to the appropriate available resources through a collaborative network of partner agencies and local available resources. Services are provided at partner agency locations throughout the county, which may include brick-and-mortar locations and mobile locations.

Project Update FY 2020-2021:

The onset of the COVID-19 pandemic at the end of the previous fiscal year required that all MAP providers make changes to their service delivery methods, and as the pandemic progressed in 2020 there was an increasingly greater need for MAP services. While most MAP Points in rural areas closed or were reduced to telephonic service only, other sites (e.g., Poverello House) remained open and continued to service individual and families in-person, with the necessary health precautions in place. The total number of persons served in FY 2020-21 compared to FY 2019-20 doubled; however, MAP providers faced significant staff turnover.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	3,684
Asian/Pacific Islander	487
Caucasian	9,318
Latino	1,944
Native American	673
Other	2,267
Unreported	1,902
Total Number Served	20,274

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input checked="" type="checkbox"/> 16-25	
<input checked="" type="checkbox"/> 26-59	
<input checked="" type="checkbox"/> 60+	
Unreported	
Total Number Served	20,274

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The ongoing and varied challenges that the COVID-19 pandemic brought a multitude of difficulties to service provision but did not stop services from being provided. COVID-19 led to closures of various resources (e.g., Housing Authority, DMV) individuals and families had a greater need to locate and access services, thus turning to MAP for assistance. MAP providers were able to make changes to their service delivery strategies that complied with State and County rules and regulations regarding work from home options, and social distancing and personal protective equipment when working in MAP sites.

Data collection and integrity concerns due to the limitations of the MAP database continued to be a challenge to producing reliable reports. As a result, MAP providers maintain an additional dataset alongside the data collected in the MAP database. When reports are run from the MAP database, MAP staff manually verify those reports with the separate dataset they maintain. This is a tedious process that may not be fully reliable. A decision was made to seek an alternative database to house the screening tool and data collection. The cost and ineffectiveness of the existing database were no longer viable. The County funded a new platform for MAP providers to use.

Additionally, the MAP program along with several other PEI funded services were part of a required evaluation of PEI programs. This evaluation was conducted by a third-party vendor.

Proposed Project Changes FY 2023-2024:

In January 2022, the Department of Behavioral Health partnered with Unite Us, Inc. to use their nationally utilized online (Unite Us) platform to administer and collect data from the MAP screening tool/questionnaire, which is used to help determine the needs and identify available resources for persons seeking MAP services. MAP fully transitioned from the previous database to the Unite Us platform as of May 1, 2022. The Unite Us platform is used by many linkage resource partners and other community based organizations in Fresno County, and offers an opportunity for future close-loop linkage tracking. Although the Unite Us platform provides reliable screening and data collection with real-time canned reports and customizable program-specific reporting, the opportunities to customize to fully meet the needs of MAP are more limited because MAP is one of several entities using the platform. The Department continues to meet with Unite Us partners regularly to address any opportunities for improvement.

Some of the limitations in addressing needs of service users is not having more providers and partner agencies using the same database, which could increase access to screening tool, linkages, and resources.

The MAP agreement is set to expire June 30, 2024. The Department is in the early planning stages for the continuation of MAP. It is seeking ways to implement the recommendations from the program evaluation as well with a redesign. The Department is exploring other navigation service designs and funding opportunities for the next iteration of the MAP agreement and program, including possible options that will be available through payment reform.

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:
 Stigma Reduction: Suicide Prevention:

Status of Project: Keep

Project Name: Perinatal Wellness Center
Project Identifier(s): 053 **Avatar:** 4314 **PeopleSoft:** 4314
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** April 5, 2020
Project Overview: The Perinatal program provides outpatient mental health services to pregnant and postpartum teens, adults, and their infants. The short-term mental health services include outreach, prevention and early intervention identification through screening, assessment, and treatment. Services are open to women who experience first onset of mental disorders during pregnancy and up to a year postpartum.

Project Update FY 2020-2021

Services at the Perinatal Wellness Center are open to women with previously diagnosed mental disorders, as well as those who experience the first onset of mental disorders during pregnancy and/or the postpartum period. The Perinatal Wellness Center provides therapeutic mental health services to fathers who are experiencing Paternal Postnatal Depression, as well as to children affected by the Severe Postpartum Depression experienced by their mothers. The Perinatal Wellness Center also provides Infant Mental Health assessments and treatment. The Perinatal Team is a multidisciplinary team currently composed of 1 clinical supervisor, 8 clinicians, 1 CMHS, 1 PPS, 1 OA, 2 public health nurses, 1 Psychiatrist, 1 NP, 1 LVN. The team has been trained in several EBP’s and specialties such as Perinatal Mental Health, EMDR, DBT, CBT, and Infant Mental Health.

Prevention and Early Intervention (PEI) efforts include regular screening for Perinatal Mood and Anxiety Disorders using the PHQ-9 and GAD-7 screening tools for maternal depression and anxiety to better ensure safe outcomes for both mother and baby; referrals are made for medication consultation and support as needed; referrals are made to Public Health Nurses for support for baby and mother as needed; linkages are made as needed to community supports for substance use disorder treatment/support, food, clothing, housing, diapers, infant formula, other supports as indicated by persons-served.

FY 2020-2021– Unique Individuals Served

Ethnicity	Served
African American	112
Asian/Pacific Islander	32
Caucasian	109
Latino	425
Native American	4
Other	73
Unreported	240
Total Number Served	995

Ages Served*	Served
<input type="checkbox"/> 0-15	25
<input type="checkbox"/> 16-25	398
<input type="checkbox"/> 26-59	571
<input type="checkbox"/> 60+	
Unreported	1
Total Number Served	995

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

Transportation has been a consistent challenge for persons-served that prefer services in the office rather than in-home services. Since the onset of the COVID-19 Pandemic in 2020, a large majority of the persons-served via the Perinatal Wellness Center have preferred telehealth or telephone services over in-person or in-home services, even when in-person and in-home services were once again safely made available to them. Thus, it appears that the option to have supportive services provided via telehealth and telephone may have reduced barriers to treatment for those that have difficulty with transportation or a lack of childcare. Additionally, during the COVID-19 pandemic the Perinatal Wellness Center was no longer able to provide a Supervised Childcare Room available for childcare services for those persons-served desiring in-person services, which has also presented a barrier. The stigma of receiving mental health services has often been a barrier to treatment. Strategies implemented to mitigate these challenges and barriers are as follows: Perinatal Program name changed to the 'Perinatal Wellness Center'; continuously updating the Perinatal Wellness Center brochure to include supportive services to other family members impacted by Perinatal Mood and Anxiety Disorders or Paternal Postnatal Depression; a bilingual (English/Spanish) Peer Support Specialist was hired to help reduce stigma and assist with initial outreach as well as transportation challenges; education efforts within the community have also been made to reduce stigma for pregnant and postpartum women.

Proposed Project Changes FY 2023-2024:

No proposed changes.

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:
 Stigma Reduction: Suicide Prevention:

Status of Project: Keep

Project Name: Prevention and Early Intervention Services to School
Project Identifier(s): 066 **Avatar:** N/A **PeopleSoft:** 4329
Provider(s): Fresno County Superintendent of Schools (FCSS) (A18-308)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** May 3, 2010
Project Overview: The All 4 Youth Prevention and Early Intervention (PEI) component provides positive behavioral interventions and supports in a school, community, and home setting to children and youth. The purpose of the PEI component is to prevent and reduce the long-term adverse impact on youths and their families resulting from untreated mental illness. The school-based program will incorporate positive behavioral PEI services reflecting evidence-based models, which include the three-tier integrated approach, Positive Behavioral Interventions and Supports (PBIS).

Project Update FY 2020-2021:

The program is set up for a five-phase periodic expansion over the life of the agreement. All the phase implementations were planned to provide access to communities that historically were underserved due to their lack of local community resources. In FY 2020-2021, the program onboarded 67 school sites. School districts onboarded were: Big Creek School District, Central Unified School District, Clovis Unified School District, Fresno Unified School District, Kings Canyon Unified School District, Sanger Unified School District, Pine Ridge Elementary School District, and San Joaquin Memorial school district.

All 4 Youth’s target was to serve 2,460 individuals and exceeded that amount by 492, totaling 2,952 persons served. This data only tracks individuals who received services that can be extracted from our Electronic Health Record (EHR), Avatar. The program keeps record of services rendered that are not trackable in our EHR, which totals up to 3,972.

COVID-19 became a challenge in this FY. The All 4 Youth program had to shift their training mechanisms from in person to virtual trainings. They accomplished 67 trainings on prevention and early intervention knowledge and strategies. Topics included were mindfulness and verbal de-escalation strategies as well as trauma responsiveness and Adverse Childhood Experiences. These trainings had a total of 3,257 attendees. This is a 59% increase in attendees compared to the prior FY 2019-2020.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	139
Asian/Pacific Islander	29
Caucasian	310
Latino	1478
Native American	14
Other	390
Unreported	593

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	2542
<input checked="" type="checkbox"/> 16-25	410
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	
Total Number Served	2952

*Due to project requirements, there may be specific age guidelines.

Total Number Served	2952
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Performance Outcomes: fresnoMHSAs.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

DBH in partnership with FCSS will continue to collaborate and strategize on what measuring tools could be helpful to capture PEI data more accurately to assist with program decisions.

Proposed Project Changes FY 2023-2024

The Fresno County Superintendent of Schools All 4 Youth Program’s five phase expansion was accomplished in FY 2022-2023. DBH is currently in contract negotiations with FCSS for a new agreement which will begin in FY 2023-24. Implementation of CalAIM/Payment reform will be key considerations and goals in the coming year.

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:
Stigma Reduction: Suicide Prevention:

Status of Project: Keep

Project Name: Suicide Prevention/Stigma Reduction
Project Identifier(s): 031 **Avatar:** **PeopleSoft:** 4902
Provider(s): Fresno County Department of Behavioral Health
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** August 2015
Project Overview: This MHSA work plan provides the structure, resources, activities, and reporting of performance indicators related to Fresno County suicide prevention and stigma reduction. Activities include, but are not limited to, funding of specific suicide prevention activities, Strategic Suicide Prevention and Stigma Reduction campaigns, social media and other outreach and education efforts, while focusing on the lifespan of Fresno County residents and recognizing cultural and linguistic variations in the perceptions of mental wellness.

Project Update FY 2020-2021:

The Department uses a multi-faceted outreach approach to the varying communities with awareness and education activities. These activities include, but are not limited to, recognition of Mental Health Awareness Month, Suicide Prevention Month and Recovery Month, stigma reduction and suicide prevention activities, and coordination of leveraged resources for outreach, education, and training in the community.

Fresno County helped lead a multi-county virtual suicide prevention summit with five other counties that provided, a day long training, continuing educational units, that was open to the public statewide. It had roughly 1000 participants in that year.

The county is the primary funder of the Central Valley Suicide Prevention Hotline, the is providing regional suicide prevention lifeline services, as well as outreach, supports and education. This project is supported by six other counties, but as funding is based on call volume, and Fresno County is the largest county in the region and also promoted the number extensively, it does have the largest call volume of any county making up more than half the total calls.

The established Fresno County Suicide Prevention Collaborative continues to provide ongoing input and support to the suicide prevention and stigma reduction efforts in the community monthly. Additionally, the Collaborative maintains an informative website (www.Fresnocares.org), social media outlet (Facebook), and utilizes traditional media sources (e.g., television and radio) to increase awareness and outreach to all ages and populations. Collaborative efforts included the development of a training guide of CSSRS (Columbia Suicide Severity Rating Scale), promotion of suicide prevention and mental health trainings, suicide prevention awareness mini-series (360 degrees of suicide) focusing on Ideation, Attempt Survivors & Success Stories, Survivors & LOSS Team, promotion of self-care during COVID, and education and outreach activities which included presentations from suicide prevention experts, LGBTQ+ leaders, awareness walks and survivor memorials. The Collaborative has been responsible for past recommendations and development of the County's Suicide Prevention Plan, and services that have evolved out of that plan and effort including, Local Outreach to Survivors of Suicide, adoption of CSSRS as the countywide screening tool, Follow Up Call program and Suicide Death Review Team.

The Department contracts with JP Marketing to assist with media communications and advertising services to support campaign strategies based on specific local needs including conducting local market research. Suicide prevention campaigns have been launched the allowed the Department to develop messages and advertisements to

be shared with the community. These messages and advertisements were shared via television, radio, digital banners and video, public relations, outreach and various social media platforms. Efforts included the development of suicide prevention Zoom backgrounds and Let’s Talk/Masking Campaign focused on starting conversations about mental health, suicide prevention, and stigma reduction.

Department efforts included hosting virtual Central California Suicide Prevention Summit 2020 with five counties, purchasing of Living Works start licenses and issuance to the community, partnership with community partners and county departments to host drive-thru events at local high schools targeting zip codes with high suicide numbers, participation in awareness and outreach events (American Foundation for Suicide Prevention Out of Darkness Walk, NAMI Walk), and providing access to various suicide prevention trainings.

The Department and Collaborative continue to develop the Call Center Follow-up program as an approved Innovation Plan. Services are essential as this ensures individuals have a continuity of care, provides individuals support during a time of heightened risk, and facilitates linkages to care. Services will fill a gap and act as a safety net for those individuals at risk of suicide. The program is estimated to launch some time in FY 21/22.

In FY 2020-2021 Fresno County launched an effort to increase suicide prevention for LBGTQ Youth. A project was developed in collaboration with The Source LBGTQ Center and the EOC LBGTQ Center to host monthly “pop-up” groups. These were initially virtual with the goal to be provided in person in different locations throughout the county to provide safe, supportive and affirming space for LBGTQ+ youth where they would receive information and support so to reduce their risk factors for suicide, without solely focusing on suicide prevention as the topic.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	N/A

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	
Total Number Served	N/A

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: [fresnoMHS.com/outcomes](https://www.fresnoMHS.com/outcomes)

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

COVID continues to impact service delivery restricting in-person gatherings, school and business closures, changes in work schedules (in office and remote work), zoom fatigue, and overall uncertainty of the future. The current situation has also made it difficult to outreach and engage with individuals who are in need of supports and services. To address these challenges, the Department continues to work with its contracted marketing vendor on development and dissemination of information via social media sources (Facebook, Instagram, television, audio, billboards, ads) to increase outreach. The Department is also working with community partners (schools, healthcare, first responders, non-profits) to determine best strategies to reach out to individuals in need. Meetings will be shifted to hybrid model, when appropriate, to allow for individuals to attend events and meetings in-person or online.

Pop Up Groups were a challenge to do zoom fatigue and plans were made to resume in-person during this year, and work for a hybrid to allow for participants who may not be in the area. Additionally, the Pop Up provider (EOC LBGTQ Center) was connected with the All4Youth Program as a way to reach more youth, explore use of possible student wellness centers for sites and more engagement of youth.

The demand for supports had increase as seen with continued increase in calls to the call center, also in the past year the shift to 988 and its role has been something that has required additional promotion and supports. 988 promotion has been a key focus in this year as a way to ensure public awareness and improve access.

The Collaborative (with its various partners) has lost several of its trainers and so the number of trainings has been limited during pandemic and efforts are underway to identify persons interested in becoming train the trainers and investing in developing a pool of trainers to allow for more community awareness and education. The additional offering of no-cost CEUs to professionals at the annual virtual suicide prevention summit has also increase attendance and participation for professionals.

Training, and pandemic measured had limited the work of the Suicide Review Team, but with having the necessary training for persons, and the restrictions of COVID 19, the Suicide Review Team is being developed with plans to begin work in the coming year. The development of that team may need additional supports (and the Department is examining how to provide some of the supports needed for the work).

Proposed Project Changes FY 2023-2024:

The Department will look to evaluate its current implemented suicide prevention programs and ongoing outreach and awareness efforts. The evaluation will consist of review of suicide data from previous years, data obtained through suicide prevention campaigns, and findings and feedback from the community.

Continue the virtual Multi-County Suicide Prevention Summit, increase trainers and training opportunities by investing in train-the-trainer opportunities.

Continue to focus on 988 promotions for 988 intended supports.

Future efforts will focus on how to improve/enhance current programs/activities and implement new goals to expand prevention efforts, where appropriate and necessary. The Department will continue to solicit feedback from the Suicide Prevention Collaborative, follow recommendations from our suicide prevention strategic plan, and utilize a local marketing firm to support ongoing suicide prevention activities.

Lastly the Department and the Collaborative will seek to review the County's Suicide Prevention Plan which was developed six years ago to examine any needed changes, updated, and opportunities for future work.

PREVENTION and EARLY INTERVENTION

Prevention: Early Intervention: Outreach: Access and Linkage:
 Stigma Reduction: Suicide Prevention:
 Status of Project: Keep

Project Name: Youth Empowerment Centers
Project Identifier(s): 034 **Avatar:** N/A **PeopleSoft:** N/A
Provider(s): Westside Family Preservation Services Network
Approval Date: Historical
Start Dates: 9/1/2021 **Anticipated:** N/A **Actual:** October 1, 2010
Project Overview: This Prevention and Stigma Reduction program supports youth before and during the early signs of mental illness. The program provides linkage for youth and their families to services and educational programs.

Project Update FY 2020-2021:

Westside Family Preservation Services Network started the Youth Empowerment Center contract on September 2021. The program in four different communities: Huron, Coalinga, Kerman, and Firebaugh. During that ramp up period, the program hired and trained employees from every community, secured a location for centers, established the proper intakes and documentation, conducted outreach in all communities, and established the Apricot 360 data system.

The program had a total of 228 participants within the four months of ramp up. We were able to accomplish our goals of ramping up and recruitment by being active and visible in community events. We did door to door canvassing and enrolling youth in our food distributions (in Huron, Coalinga, and Kerman). Connections with the superintendents on every community were established which allowed us to do school presentations, disseminate information in classrooms and career fairs as well as information booths.

FY 2020-2021– Unique Individuals Served

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	228
Native American	0
Other	0
Unreported	0
Total Number Served	228

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	140
<input checked="" type="checkbox"/> 16-24	87
<input checked="" type="checkbox"/> 25-64	1
<input type="checkbox"/> 65+	0
Unreported	
Total Number Served	228

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHS.com/outcomes.

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The first four months of program implementation was consumed mostly with program ramp-up. Even so, the program served 228 unduplicated youth/young adults during that period. The most significant

challenges encountered stemmed from the program's inclusion of the whole family in the project. A key tenant of this program is that parent involvement is key to longer-term success with the youth who are truly at-risk or experiencing early onset of severe mental illness. The program closely monitors feedback from participants and community leaders.

The COVID-19 pandemic stressed already stressed families and rural, impoverished communities. These and other challenges created high demand for services. Staffing has been challenging due to turnover and other stressors.

The strategies that were utilized to mitigate were establishing weekly meetings with supervisors to evaluate the contract responsibilities. Jobs were posted online which allowed the program to receive participants from every community and continue its commitment to hiring from within the communities served by the program.

Finally, the program faced challenges regarding marketing strategies to attract program participants. The program staff used weekly meetings and brainstorming sessions to refine the marketing strategy and increase participation.

Proposed Project Changes FY 2023-2024:

Westside YEC will continue to roll up the multi-year ramp up extending into more communities with additional centers. They will continue to build relationships with more community partners and the whole system of care in order to address the myriad and ever changing needs of their members.

Innovation

About Innovation

The overall goal of the MHSAs Innovation component is to implement and test novel, creative, time-limited, or ingenious mental health approaches that are expected to contribute to learning, transformation, and integration of the mental health system. Fresno County seeks to design and execute Innovation projects that focus on research and learning which can be applied across our system of care, rather than implementing specific programs which must be sustained if successful. These projects must be lifted up by the community, approved by the Behavioral Health Board and the Fresno County Board of Supervisors, and then approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). When implementing Innovation projects, the County carefully adheres to the approved Innovation plan. No substantive changes may be made to these projects without the express approval of the community, and, in some cases, the MHSOAC. All Innovation projects must address at least one of the following:

- Introduce a behavioral health practice or approach that is new to the overall behavioral health system, including, but not limited to, prevention and early intervention.
- Make a change to an existing practice in the field of behavioral health, including, but not limited to, application to a different population.
- Apply to the behavioral health system a promising community-driven practice or approach that has been successful in a non-behavioral health context or setting.

Furthermore, the primary purpose of each Innovation project should be at least one of the following:

- Increase access to mental health services for underserved groups
- Increase the quality of mental health services
- Increase access to mental health services
- Promote interagency and community collaboration related to mental health services, supports, or outcomes.

Current Innovation Programs

Fresno County currently has eight MHSOAC approved Innovation projects. Of those approved projects, seven are currently operating, and one is in the contracting stage. The Statewide FSP Evaluation project has been completed for Fresno County (the project itself continues with other counties).

At the time of the writing of this plan, the Department is in the process of gaining approval for a two-year extension of the INN plan with a funding request to fund the program for an additional two years.

The Department also has another Innovation Plan that is awaiting approval by the MHSOAC. With approval of that project Fresno County will have nine Innovation projects.

Each program is briefly described below. For more information, please see the Innovation Plans and Annual Updates posted at fresnomhsa.com.

Statewide Psychiatric Advanced Directive

In FY 2021-2022, Fresno County and six other counties are working on the Multi-County Psychiatric Advance Directive Innovation Plan to develop the technology necessary to implement a statewide PADs project. This program was originally approved as a three-year project, but Fresno County received approval for an extension in July 2020. The program is budgeted for \$1,450,000 over five years. Fresno County has a local component to this project focused on two specific populations: unhoused individuals with the goal of using PADs as a way to empower individual to engage in care; and Conserved Individuals, with the goal of reducing hospitalization and incarceration by having a PAD. Fresno's financial involvement and formal project will complete its five-year term in November of 2024.

Statewide FSP Evaluation

Fresno County completed the initial phase of work with Third Sector Capital on December 1, 2021. Fresno County amended the agreement with CalMHSA and Third Sector Capital to fund three additional months of work on Continuous Quality Improvement processes for its Full-Service Partnership programs. This project was budgeted for \$950,000 over three years. These funds were

expended by September 2022, concluding Fresno County's participation in the project.

Community Program Planning Process for Innovation

This INN project funds several smaller initiatives intended to increase stakeholder engagement in unserved and underserved communities for the purpose of innovation planning. The funds have been used for several projects including:

- Project BeWell
- ACEs Connection: Fresno County has allocated \$3,000 to support the local Fresno County Trauma and Resilience Network to fund participation in the ACEs Connection as a means to help gather, access, and review data related to Adverse Childhood Experiences (ACEs). This information will be disseminated to stakeholders, used to support community efforts to decrease ACEs, and may support the development of innovation project ideas.
- The **AU for the Innovation Community Planning** has worked with community stakeholders to identify a number of possible initiatives in which the stakeholders can engage in planning. These initiatives include, but are not limited to, targeted mental health literacy, human-centered needs assessments, and participatory action research. The plan continues to explore opportunities to engage communities in proposal of new possible innovation projects and learning opportunities.

The Lodge

This Innovation Project was approved by the MHSOAC in the spring of 2020. The purpose of this project is to examine ultra-low barrier lodging to individuals experiencing severe mental health problems and homelessness, and who are in the pre-contemplative stage of change regarding seeking treatment by focusing on their basic needs. Individuals may stay at The Lodge for up to 45 days, with no requirement for participation in programming, sobriety, or engagement in services. The Lodge is designed around a milieu of peer support specialists 24 hours a day, 7 days a week. This project was budgeted for \$4,200,000 over three years and will end on October 20, 2023. The County has sought an extension of this project for an additional two years, so it may obtain the necessary data to assess the effectiveness of this model for engagement and role of peer support in such a setting. The extension request is seeking to include \$3,160,000 in Innovation funds to support the continuation of services and evaluation for two additional years. This project is currently pending approval of the MHSOAC and is slated to be reviewed by the Commission in April of 2023.

[Handle with Care Plus+](#)

The program is a collaboration between the Department, the Fresno County Superintendent of Schools, Fresno Unified School District and the Resiliency Center. Any student attending one of four identified pilot schools who has experienced a trauma or life changing event is eligible for participation in the program. Partners engage families and students to provide screening, assessment, and linkage as needed. Partners also provide includes a new component to the Handle With Care model by providing a parent education component through a Parent Café. Those parents/guardians who accept the invite attend an open, eight-session course at Resiliency Center that teaches participants about trauma-informed care, resiliency and how to support their family through the trauma or adverse experience. The program was delayed by school closures and remote learning because of the Pandemic and did not begin ramp up until October 2021. The project did not begin to provide referrals and services until January of 2022. In June of 2022 the County sought and received approval for extending the project from three years to five years with no additional funding. This was due to the project being approved in May of 2020, but not being able to begin services for two years (until 2022). The project extension will allow for the program to operate for three years so an assessment of the project and goals can be made.

[Project RideWell](#)

This project has not yet been implemented due to COVID-19 restrictions. This pilot intended to assess how transportation access to wellness activities can improve one's overall wellness and recovery with easier access to wellness activities. Peers will train the project's drivers with the goal of increasing the program staff's understanding of behavioral health; destigmatizing mental health challenges; and thus, improving rider experience and increasing access to wellness resources. This Innovation Project is budgeted for \$1,200,000 over three years from the date of first expenditure. The Department is currently reviewing options to bring this project online.

[Suicide Attempt Follow-up Call Program](#)

Approved by the MHSOAC in April 2021, this program provides continuing support to individuals

who 1) have contacted the suicide prevention lifeline with suicidal ideation needing active rescue, or a talk-down call or 2) those who attempted suicide with linkages to timely mental health services. The County has added an innovative component to this model which is during the follow up calls to try and identify and document what factors may have contributed to the individuals' suicidality at that time with the hopes to gain real-time insight into factors that are contributing suicidality in our community. The program is working to increase the number of verifiable linkages to care for individuals who have attempted suicide and/or at significant risk for suicide. This Innovation Project is budgeted for \$1,000,000 over three years from the date of first expenditure. The project is currently in its second year of services. There may be an opportunity to extend the program by an additional year due to the delays with the initial ramp-up period.

[California Reducing Disparities Project – Evolutions](#)

Approved by the MHSOAC on April 22, 2022, this project seeks to work with the three California Reducing Disparities Projects (CRDPs) in Fresno County, while also working with program participants and stakeholder to identify and implement a community identified adaption to the programs to better align with PEI goals and regulations. This project will continue the ongoing work of increasing culturally specific and appropriate services available to individuals in Fresno County; integrate community-defined evidence practice (CDEP) -driven practices into the Fresno County system of care while maintaining program integrity; and help ensure that the CRDPs will be able to fulfill all PEI regulations and become PEI funded programs. This Innovation Project is budgeted for \$2,400,000 over three years from the date of first expenditure. The projects are in their second year.

[Participatory Action Research with Justice-Involved Youth Using an Adverse Childhood Experience \(ACEs\) Framework](#)

At the time of the writing of this plan, Fresno County had completed the submission of a research project seeking to work with justice-involved youth to help identify prevention or early intervention approaches that would have been effective for them. Youth will be educated on ACEs to help facilitate their understanding during the process. The project seeks to have youth with lived

experience assist in the research as trainers and facilitators. This five-year, \$3,000,000 research project is pending approval by the MHSOAC.

Fresno County will continue explore development of viable Innovation Plans based on the Innovation concepts that were put forth in previous Annual Updates, the result of the Innovation Community Planning Project, and this year's Community Planning Process for the new Three-Year Plan. These included:

- a youth-led, youth-focused Innovation Project, youth peer-to-peer centered project; potentially exploring an Allcove model for youth in Fresno County;
- a project that addresses the crisis continuum of care, as needs for crisis services continue to be identified in community forums;
- a project that utilizes community health workers or doulas to reach the Black/African American community using an enhanced case management model;
- and possibly curriculum development using the Becks Institute's Cognitive Behavioral Therapy (CBT) approach for use in schools to improve school climate.

**MHSA 3YP 23-26 MHSA Dollars Budget
Innovation**

Project Name 2023-2026	Comp	Subcomponent	FY 21/22 BUD	FY 22/23 BUD	FY 23/24 BUD	FY 24/25 BUD	FY 25/26 BUD
Project Ridewell	INN	INN	387,219	424,713	-	-	-
The Lodge	INN	INN	1,400,333	1,400,334	1,400,334	1,400,334	1,400,334
Community Program Planning Process (CPPP)	INN	INN	150,000	150,000	150,000	150,000	150,000
FSP Study (Third Sector)	INN	INN	237,500	237,500	237,500	237,500	237,500
Psychiatric Advance Directive-Supportive Decision-Making	INN	INN	316,667	250,000	250,000	250,000	250,000
Handle with Care Plus+	INN	INN	514,598	516,055	516,055	516,055	516,055
MHSA Administrative Support	INN	INN	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
Suicide Prevention Follow Up Call	INN	INN	347,000	327,000	327,000	327,000	327,000
CA Reducing Disparities Evolution	INN	INN	813,334	793,333	793,333	N/A	N/A
Totals			5,366,651	5,298,935	4,874,222	4,080,889	4,080,889

INNOVATION

Status of Project: Keep

Project Name: California Reducing Disparities Project
Project Identifier(s): 084
Provider(s): The Fresno Center, West Fresno Family Resource Center, Integral Community Solutions Institute
Avatar: N/A **PeopleSoft:** 4797
Approval Date: April 22, 2021
Start Dates: **Anticipated:** N/A **Actual:** 11/1/2021
Project Overview: The California Reducing Disparities Project aims to provide culturally responsive, community-defined, and innovative strategies to reduce disparities that exist among underserved populations. The project examines three Fresno area programs focusing on three populations (Hmong Helping Hands Program – Hmong adults, Sweet Potato Program – African American/Black youth, and Atención Plena and Pláticas – Latino/x youth). These programs would be adapted in a manner that will align with MHSa Prevention and Early Intervention (PEI) funding criteria and outcome measures without compromising the work and integrity of the CRDP programs.

Project Update FY 2020-2021:

This program was approved by the MHSOAC in April of 2021, but local contracts were not active until November 2021. As such, the program did not operate in FY 2020-2021.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	N/A

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	
Total Number Served	N/A

*Due to project requirements, there may be specific age guidelines.
*Program began serving individuals March 2, 2021

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

N/A

Proposed Project Changes FY 2023-2024:

In FY 2023-2024, the three programs within this project will be wrapping up services provided to the identified underserved populations. The project will then shift to the evaluation phase to assist in analyzing effectiveness and program feasibility. Should the evaluation prove the programs to be effective, the Department would evaluate options and make future program decisions based on data and information yielded from the programs and evaluation.

INNOVATION

Status of Project:Keep

Project Name: Community Program Planning Process for Innovation
Project Identifier(s): 067 **Avatar:** 4792 **PeopleSoft:** 4792
Provider(s): RH Community Builders (A20-492), Fresno State Social Policy Institute
Approval Date: June 24, 2019
Start Dates: **Anticipated: August 2019** **Actual: August 2019**
Project Overview: This Innovation project funds community engagement with communities that are disproportionately affected by disparities to generate ideas and plans for community-driven Innovation projects.

Project Update FY 2020-2021:

This project was greatly impacted by the COVID-19 pandemic as local providers shifted their focus to maintaining necessary services, rather than planning new projects. In 2020-2021, the Department resumed work to develop locally approved project plans and efforts, including some that were intended to be implemented in FY 2020-2021. This project involves the concurrent development of multiple projects.

Be Well – The Social Policy Institute of San Diego State University used Human-centered Design to lead Transition-aged Youth (TAY) development of a possible Innovation plan.

Mental Wealth Series – The West Fresno Christian Coalition, in partnership with the Armstrong Center for Hope, piloted a six-part psychoeducational series for an audience of African American parents, professionals, and community providers. Each session provided information on mental health and wellness in a culturally acceptable and responsive setting.

In Development – African American Faith Community-based Participatory Action Research; Understanding the needs and challenges of LGBTQ+ BIPOC in Fresno County; Interdisciplinary Collaboration and Cultural Transformation Model;

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	
Total Number Served	

*Due to project requirements, there may be specific age guidelines.

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The COVID-19 pandemic greatly impacted community participation and engagement well into FY 2021-2022. Health and safety concerns, closure of community locations, limited in-person activities, and “Zoom fatigue” negatively impacted participation in events. Furthermore, many purchasing efforts were postponed due to the County’s shift toward essential functions. As the effects of the pandemic ease, the Department is prioritizing hosting community events in the format most desired by the community (in person, virtual, hybrid, etc.) in order to increase participation.

Proposed Project Changes FY 2023-2024:

N/A

INNOVATION

Status of Project: Delete

Project Name: Full Service Partnership Evaluation
Project Identifier(s): 068 **Avatar:** N/A **PeopleSoft:** 4791
Provider(s): Fresno County Department of Behavioral Health
Approval Date: 6/24/2019
Start Dates: **Anticipated:** September 2019 **Actual:** September 3, 2019
Project Overview: This multi-county Innovation project focuses on the evaluation of each county's Full Service Partnership programs.

Project Update FY 2020-2021:

During year one of this project, the Department worked extensively with Third Sector Capital Partners (the vendor identified by the MHSOAC) to map and describe Fresno County's FSP network. Third Sector elicited feedback from individuals receiving services, clinicians/care team members, and Department staff in order to develop a Fresno-specific work plan. Fresno County also participated in multi-county meetings and available Learning Community meetings.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	
Total Number Served	

*Due to project requirements, there may be specific age guidelines.
 *Program began serving individuals March 2, 2021

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The COVID-19 pandemic inhibited counties from kicking off this project while they performed emergency operations. The project eventually established a virtual meeting schedule and eliminated the planned multi-county, in-person meetings.

Proposed Project Changes FY 2023-2024:

This Innovation project ended in September 2022. As the final project has been reported in a final annual update, it will be removed from the plan.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2021 - 2022

INNOVATION

Status of Project:Keep

Project Name: Handle with Care Plus+

Project Identifier(s): 070 **Avatar:** TBD **PeopleSoft:** 4794

Provider(s): Resiliency Center, Fresno County Superintendent of Schools (FCSS) (A-21-377)

Approval Date: May 28, 2020

Start Dates: **Anticipated:** TBD **Actual:** September 21, 2021

Project Overview: This project is a collaboration with Fresno County’s Department of Behavioral Health’s (DBH) community partners, Fresno County Superintendent of Schools (FCSS) and Resiliency Center of Fresno (RC) to provide rapid triage response to children experiencing trauma or a stressful life event and provide early support, screening, and assessment of children for early indicators of mental health symptoms. Psychoeducational support and resources are provided to the families to help support resiliency and recovery.

Project Update FY 2020-2021:

This Innovation project was approved by the MHSOAC on May 28, 2020. The program was not implemented until FY 2021-2022.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	N/A

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
Total Number Served	N/A

*Due to project requirements, there may be specific age guidelines.

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

This innovation project at designated school sites targets children and youth ages four to 11 and their families who have experienced a life impacting event or trauma. The Resiliency Center of Fresno (RC) and Fresno County Superintendent of Schools (FCSS) utilizes the Fresno Police Departments 9-1-1 emergency records to submit Handle with Care notices to schools and reach out to families for proper resources and referrals. The program has faced some challenges in engaging families and youth as the phone numbers provider are not always correct, families do not answer, and youth are no longer enrolled in a particular school. Strategies to assist with this challenge were to utilize school liaisons as they are more familiar to the families.

The Resiliency Center of Fresno’s access to the 9-1-1 calls was suspended during FY 22-23. The RC team is working diligently to establish a Memorandum of Understanding (MOU) with the Fresno Police Department to regain that access and/or create a new app for the Resiliency Center to receive referrals. Once re-established, the RC would be able to access the developed application where 9-1-1 responders could report live data for notice and referral purposes. Police Officers and community members can still send in alerts for a Handle with Care notice until the MOU is finalized. Team will continue to brainstorm ideas on how to reach more children and youth as well as their families. UC Davis’ Center for Reducing Health Disparities has been selected as the project evaluator and will begin evaluation this coming year.

Proposed Project Changes FY 2023-2024:

No proposed changes.

INNOVATION

Status of Project:Keep

Project Name:	Project Ridewell	
Project Identifier(s): 001	Avatar: 4793	PeopleSoft: N/A
Provider(s):	Fresno County Economic Opportunities Commission (EOC) – Services; Brain Wise Solutions Inc. - Evaluation	
Approval Date:	May 28, 2020	
Start Dates:	Anticipated: March 2023	Actual: TBD
Project Overview:	<p>This project will partner with Fresno County EOC to pilot providing transportation services to individuals served who request, or have a ride request made on their behalf, to and from appointments and/or wellness activities that are part of the individual’s wellness recovery action plan (WRAP). Drivers will be trained in topics around mental health in hopes to reduce stigma, improve the rider’s experience, and increase participation by the individuals served. The EOC’s initial phase will serve individuals in the rural Fresno County, including but not limited to, Kerman, San Joaquin, Firebaugh, and Mendota. The second phase will expand to include transportation to individuals living in the city of Fresno and receiving medication only services at the Urgent Care Wellness Center who have two or more no-shows. The Innovation program seeks to improve access to behavioral health care and wellness activities and measure if access to transportation improves wellness for one group and reduces “no-shows” for another</p>	

Project Update FY 2020-2021:

Due to the Coronavirus pandemic, the project was delayed as many of the wellness activities were not available in-person. It was also not within public health standard to have multiple individuals in a ridesharing type of vehicle during the pandemic. Contract discussions were tabled until DBH was sure it would be safe to resume the project safely.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	
Total Number Served	0

*Due to project requirements, there may be specific age guidelines.
*Program began serving individuals March 2, 2021

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The pandemic created the largest barrier or setback for this project. A lot of the wellness activities were no longer meeting in-person so there were fewer places to take the individual served to. Social distancing of the individual served and driver in the vehicles was also a barrier to start the program. Now the project is seeking to move forward but is finding customized smart phone apps development would exceed what was initially projected for the program. The project received approval to be extended from a three-year project to a five year by the MHSOAC, to allow for implementation of the program, as the initial two years of the project were postponed due to COVID -19

Proposed Project Changes FY 2023-2024:

The project should be fully implemented, and services and evaluation will be in the first full fiscal year. To date none of the project's allocated funds have been expended.

INNOVATION

Status of Project:Keep

Project Name: Psychiatric Advanced Directives – Supportive Decision-making
Project Identifier(s): 069 **Avatar:** N/A **PeopleSoft:** 4790
Provider(s): Fresno County Department of Behavioral Health
 Syracuse University, and Concepts Forward Consulting, California Mental
 Health Services Authority.
Approval Date: 6/24/2019
Start Dates: **Anticipated:** Summer 2019 **Actual:** November 12, 2019
Project Overview:

Project Update FY 2020-2021:

In FY 2020-2021, five other counties submitted an Innovation Plan to the Mental Health Services Oversight and Accountability Commission (MHSOAC), thereby joining Fresno County in the Statewide Psychiatric Advanced Directive project. Fresno County continued to work through the contracting process for vendors for the local and statewide process. This program was originally approved as a three-year project, but Fresno County received approval for an extension in July 2020 for two additional years. The program is budgeted for \$1,450,000 over five years. Fresno County will expend these Innovation funds by November 2024.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	
Total Number Served	

*Due to project requirements, there may be specific age guidelines.
 *Program began serving individuals March 2, 2021

Performance Outcomes: fresnoMHSA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The COVID-19 pandemic inhibited counties from joining this project while they performed emergency operations. The project also experienced a change in project managers.

Proposed Project Changes FY 2023-2024:

No changes. Fresno County will continue to participate in this project until the conclusion of FY 2023-2024 as allowed by the Innovation period.

INNOVATION

Status of Project: Keep

Project Name: Suicide Prevention Follow Up Call Program
Project Identifier(s): 083 **Avatar:** **PeopleSoft:** 4796
Provider(s): Kings View Behavioral Health – Services; Prevention Communities LLC. – Evaluation
Approval Date: April 22, 2021
Start Dates: **Anticipated:** September 7, 2021 **Actual:** November 19, 2021
Project Overview: The Suicide Follow-Up Call Program will provide resources and increase linkages to appropriate behavioral health services for those who have called the suicide prevention lifeline in crisis and/or with suicidal ideation, or persons who have recently been released from the emergency department, crisis stabilization center or inpatient care for suicide ideation and/or attempt. The program will also provide follow up with individuals who have been engaged by the suicide prevention lifeline to complete a wellness check and check the status of an individual’s engagement in follow up clinical care. The immediate follow-up model allows for critical, real-time information to understand environmental or social factors that may have contributed to an individual’s ideation and improve prevention efforts.

Project Update FY 2020-2021:

Although this program was approved by the Mental Health Services Oversight and Accountability Commission in FY 2020-21, the agreements with Kings View and Prevention Communities LLC did not go to the Fresno County Board of Supervisors until the following fiscal year (2021-2022).

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	0

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	
Total Number Served	0

*Due to project requirements, there may be specific age guidelines.
 *Program began serving individuals March 2, 2021

Performance Outcomes: fresnoMHA.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

N/A

Proposed Project Changes FY 2023-2024:

One thing the project would like to implement in the coming fiscal year is the use of the data collection survey tool. The evaluator, Prevention Communities LLC., has been working to get the data input tool

finished and translated into Fresno County's threshold languages. This tool will allow the individuals served to self-report and do mood check ins between the follow up calls from Kings View.

INNOVATION

Status of Project:Keep

Project Name: The Lodge

Project Identifier(s): 010 **Avatar:** 4793 **PeopleSoft:** 4793

Provider(s): RH Community Builders (A20-492), Fresno State Social Policy Institute

Approval Date: May 28, 2020

Start Dates: **Anticipated: October, 2020** **Actual: October 1, 2020**

Project Overview: The intent of The Lodge is to gain insight through a pilot research project on what can enhance and increase engagement of individuals who are homeless or at risk for homelessness, with the onset of an early or severe or chronic mental illness, and who are not engaging in care due to being in pre-contemplation stage of change. Specifically, when an individual’s basic needs are met in a safe setting does that increase engagement. And, can trained peers utilize interventions such as motivational interviewing in such a setting increase/improve engagement of individuals who have previously declined services.

Project Update FY 2020-2021:

The Lodge was approved in May of 2020 as a three-year project. The plan for The Lodge is to utilize Stages of Change and Motivational Interviewing, an evidenced based practice, as an indicator for readiness for change and assists individuals in moving out of the precontemplation stage of change and into care. As best practice, The Lodge utilizes a housing first model based on harm reduction. The Lodge seeks to remove barriers to make it possible for individuals to have equitable access to care and services. The philosophy focuses that safe and stable housing will be the entry point to services, not the reward for entry into services. The staff are trained in Motivational Interviewing, harm reduction, and operate from a trauma informed perspective. The program began to serve individuals in March of 2021. In the initial year (which served persons for four months) it had 211 unduplicated persons, with nine successful linkages.

FY 2020-2021 – Unique Individuals Served

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
Total Number Served	211

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-25	
<input type="checkbox"/> 26-59	
<input type="checkbox"/> 60+	
Unreported	
Total Number Served	211

*Due to project requirements, there may be specific age guidelines.
*Program began serving individuals March 2, 2021

Performance Outcomes: fresnoMHSa.com/outcomes

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

In its second year (FY 2022-23) the Lodge served 377 persons. Of which 97 (or 25%) were successfully linked (engaged in mental health or substance use treatment). Some challenges faced by the program is the

contractual maximum length of stay. Currently individuals are approved for a 30 day stay with 1 extension to 45 days total. Once an individual is referred to The Lodge, rapport is built, assessments of needs are completed, and then linkage begins. However, it frequently takes more than 45 days to successfully link and engage individuals to programs that meet their needs and level of care.

The Lodge has less than two years of data at this time, and it limits an effective assessment of the program. As such the County will be seeking approval from the MHSOAC, and through stakeholder support, to:

A) increase the project from three years to five years. This will provide additional participation and data to assess the projects effectiveness.

B) To extend the duration of the stay of individuals due to the low housing inventory and thus limited ability to transition persons served in a safe and timely manner.

Proposed Project Changes FY 2023-2024:

The initial program was set to expire June 30, 2023. At this time the Department is seeking approval from the MHSOAC for a two-year extension of the Lodge, and with that approval the agreement for the services with RH Community Builder and Fresno State's Social Policy Institute will be extended for two additional year.

Workforce Education and Training

Introduction

Fresno County has several tracks of work being conducted through its WET Plan. One is the actual 2020-2025 WET Plan which is part of a regional effort to help address workforce needs. The second track includes the on-going local WET efforts, which continue to support Fresno County's on-going needs for training and workforce development and administration of WET activities

WET Goals

Fresno County has once again invested WET funds into local staff development which includes training and resources to improve and enhance workforce skills to help ensure high quality of services are provided. The local WET efforts provide funding for trainings, train-the-trainer opportunities, and training systems such as Relias for virtual and self-directed training.

Fresno County invested \$370,667 as part of the Central Region WET Plan and will thus receive a total of \$1,112,001 in investments for workforce development. These funds will be then part of a larger \$8,799,237 five-year plan to support five specific regional workforce development activities. The focus of those funds is to support career pathways, especially for individuals from underserved communities and those who may be bilingual and/or bicultural. The funds will support scholarships and loan repayment programs with an effort to engage those who are from underserved communities and/or who may provide bilingual and/or bicultural experience. Other approved funding activities included stipend programs and retention activities. These services are being provided to the Central Region counties through an agreement with CalMHSA for administration of regional WET activities. At the end of each year, Fresno County will be able to assess how many of the total served are Fresno County residents/participants benefiting from the WET program services.

Fresno County, in conjunction with CalMHSA, will continue to rollout applications for scholarship, loan repayment, and retention activities. A targeted effort will be made to promote these opportunities to local students, professionals, and other workforce members.

The local (non-Central Region) WET budget of \$1,000,000 annually will support local efforts for our system of care in the areas of: Core Competency Trainings; Relias trainings and licenses; specialized

trainings and conferences, training capacity and train-the-trainer development.

\$200,000 is allocated for WET administrative costs which include the position of the WET Coordinator to administer WET plans and related activities, as well as the costs for student-interns and residents via stipends.

Some of the core competency trainings rendered through WET may include, but are not limited to, Cognitive Behavioral Therapy (CBT), Eating Disorders, Maternal Mental Health, Mental Health First Aid, Motivational Interviewing, Psychiatric Rehabilitation, project management, strength-based case management, clinical supervision, implementation of culturally responsive care, and trauma-informed care.

Elective trainings may include, but are not limited to, Didactical Behavioral Therapy (DBT), Wellness and Recovery Plans (WRAP), Eye Movement Desensitization and Reprocessing (EMDR), enhanced CBT, and other clinical-based skills.

**MHSA 3YP 23-26 MHSA Dollars Budget
Workforce Education and Training**

Project Name 2023-2026	Comp	Subcomponent	FY 21/22 BUD	FY 22/23 BUD	FY 23/24 BUD	FY 24/25 BUD	FY 25/26 BUD
WET Coordination and Implementation	WET	WET	1,500,000	1,000,000	1,000,000	1,000,000	1,000,000
CalMHSA JPA Expenditures	WET	WET	800,000	800,000	800,000	800,000	800,000
MHSA Administrative Support	WET	WET	500,000	500,000	500,000	500,000	500,000
Totals			2,800,000	2,300,000	2,300,000	2,300,000	2,300,000

WORKFORCE EDUCATION AND TRAINING

Status of Project:Keep

Project Name:	WET	
Project Identifier(s): 064	Avatar: N/A	PeopleSoft: 4756
Provider(s):	Fresno County Department of Behavioral Health	
Approval Date:	2008	
Start Dates:	Anticipated: 2007/2008	Actual: 2008
Project Overview:	Workforce Education and Training	

Project Update 2020-2021:

The COVID-19 pandemic impacted various facets of work. All trainings were conducted virtually. Staff were working remotely in 2020 and through June of 2021. Meetings and trainings were conducted through Microsoft Teams and other virtual platforms in efforts to continue staff development; recruitments and employment interviews were conducted virtually; clinical student interviews and internships were done remotely. We continued to deliver core competency trainings by switching from an in-person venue to a virtual training platform; staff utilized the department's Relias Learning Management System to access more trainings; the CAO's Office authorized the Department of Human Resources to specifically designate **153** bilingual skill proficient positions to the Department of Behavioral Health (DBH), increasing the positions by 123; and DBH funded resident stipends as a pipeline and outreach strategy to address the shortage of behavioral health professionals.

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The pandemic social distancing protocol and quarantining made it difficult to proceed with trainings that required contact or only authorized to deliver in-person due to the fidelity of the training model; these trainings include Non-Violent Crisis Intervention, Mental Health First Aid, and Wellness Recovery Action Plan trainings. Staff Development staff had to learn how to navigate several virtual platforms to support contracted trainers with technical support. The WET Coordinator position was vacant from February 2020 through September 2020 limiting the training support resources for DBH and its system of care.

Proposed Project Changes 2023-2024:

Fresno County DBH is committed to its participation in the Department of Health Care and Access of Information (HCAI) Central Region Behavioral Health Program 5-Year Grant; Fresno County serves as the lead for the Central Region. Currently in 2022-2023, Fresno County will be awarding eligible clinical direct service providers from its public mental health system with loan repayment award up to \$25,000 with a 24-month service commitment. Any leftover allocation dollars would be used for scholarships and pipeline development activities. DBH will continue to provide resident stipends to medical interns and opportunities for clinical student placements to address the shortage of behavioral health workers. DBH Adult Outpatient Services received re-certification for the National Health Service Corps (NHSC) approved site to participate in the loan repayment program for medical, mental/ behavioral health professionals, and we anticipate having additional county-operated sites certified as well. Hybrid remote work continues for administrative staff to accommodate challenges with COVID-19 and serve as a retention effort.

Capital Facilities and Technological Needs

Introduction

The Mental Health Services Act allows counties to allocate a portion of CSS funds to Capital Facilities and Technological Needs (CFTN). Historically, Fresno County has allocated funds to CFTN pay for purchased of facilities and improvements to buildings in which individuals and the public receive services, update staff equipment that is essential for their work, and fund the vital components like the electronic health record (EHR) and other care coordination data systems.

The Department remains committed to providing staff and contracted providers with appropriate technological tools.

The Department was one of the first counties to join an effort to develop an EHR with multiple counties and CalMHSA to improve care coordination, billing, reporting and state compliance. The County has been funding the current EHR and the new EHR which the county will transition to using July 1, 2023. In FY 2022-2023, the County committed \$2,933,091 to the development of the Smartcare EHR. In future years, this cost will decrease substantially to around \$1.4 million.

The implementation and expansion of the SmartCare EHR is an essential component of improving oversight with the implementation of payment reform, and so the plan will continue to monitor future needs related to EHR.

The Department is currently working with the RAND Corporation to pilot a web-based tool PEI data collection tool. Should the Department choose to continue use of this tool beyond the pilot period, these funds will be used to cover licensing and operations fees, as the EHR is limited to its effectiveness for non-clinical and non-billable services and activities. .

On Capital Projects, the Department continues work on its newly acquired campus at 5555 East Olive Ave (temporarily referred to as the Olive Building), which, upon completion, will become the site of clinical services for adults and children. This campus will provide an array of care and services for persons served in one location, with different access areas for the different populations. This is in alignment with the Department's Facility Needs Assessment. This will allow for greater utilization of psychiatric resources.

Additionally, the Department is renovating the Heritage Campus. This location is being developed to house much needed facilities such a Psychiatric Health Facilities (PHF), Crisis Stabilization Units

(CSU), and a Crisis Stabilization Center (CSC). This current redevelopment will allow existing programs to move from their current locations which are in poor conditions, to newly renovated facilities to improve care of persons served. These will also allow for expansion of those services. Currently the work is focused improvement of facilities for persons served and expanding other transition services and supports.

The County will allocate funds from CSS to CFTN to support the completion of capital projects for the Olive Building, the Heritage Campus, and technology needs related to the EHR and PEI data collection.

Administrative and Fiscal Information

Fresno County continues to maintain its prudent reserve. The Department will continue to monitor the prudent reserve and ensure its updates the reserve to ensure compliance with requirements. At this time, Fresno County does not plan to allocate funds to the prudent reserve. Instead, the Department will be allocating funds to immediate needs in programs, services, infrastructure, and resources to provide care. The allocation is subject to change and if so will be included in a future Annual Update.

Fresno County intends to allocate roughly \$10 million dollars to Capital Facilities and Technological Needs component in FY 2023-2024. The Department will continue to assess its CFTN funding needs throughout the course of this Three-Year Plan. At time of writing, the Department estimates the amount of future allocation to be \$10 million based on current MHSA projections.

**MHSA 3YP 23-26 MHSA Dollars Budget
Administrative Support**

Project Name 2023-2026	Comp	FY 21/22 BUD	FY 22/23 BUD	FY 23/24 BUD	FY 24/25 BUD	FY 25/26 BUD
MHSA Administrative Support	INN	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
MHSA Administrative Support	CSS	9,200,000	9,200,000	9,200,000	9,200,000	9,200,000
MHSA Administrative Support	PEI	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
MHSA Administrative Support	WET	500,000	500,000	500,000	500,000	500,000
MHSA Administration Support	CFTN	500,000	500,000	500,000	500,000	500,000
Totals		13,400,000	13,400,000	13,400,000	13,400,000	13,400,000

**MHSA 3YP 23-26 MHSA Dollars Budget
All MHSA Projects**

Project Name 2023-2026	Comp	FY 21/22 BUD	FY 22/23 BUD	FY 23/24 BUD	FY 24/25 BUD	FY 25/26 BUD
AB 109 Full Service Partnership	CSS	487,008	487,008	-	-	-
AB109 Outpatient Mental Health & Substance Services	CSS	300,000	300,000	-	-	-
AB1810 - FSP/ACT	CSS	576,775	720,455	-	-	-
AB1810 - OE/OP/ICM	CSS	-	-	-	-	-
Adult Assertive Community Treatment	CSS	-	-	-	-	-
Adult Full Service Partnership	CSS	9,880,398	9,984,160	9,984,160	9,984,160	9,984,160
Blue Sky Wellness Center	PEI	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
CA Reducing Disparities Evolution	INN	813,334	793,333	793,333	N/A	N/A
CalFHA SNHP	CalFHA	N/A	275,000	N/A	N/A	N/A
CalMHSA JPA Expenditures	WET	800,000	800,000	800,000	800,000	800,000
Capital Facilities	CFTN	1,500,000	1,500,000	15,000,000	1,500,000	1,500,000
Capital Facility Improvement/"UMC" Campus Improvements	CFTN	N/A	N/A	N/A	N/A	N/A
MHSA Administrative Support	INN	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
Child Welfare Mental Health Team/Katie A Team	PEI	350,000	350,000	-	-	-
Children & Youth Juvenile Justice Services - ACT	CSS	981,921	981,921	981,921	981,921	981,921
Children's Expansion of Outpatient Services	CSS	600,258	600,258	600,258	600,258	600,258
Children's Full Service Partnership (FSP) SP 0-10 Years	CSS	2,097,353	2,097,353	2,097,353	2,097,353	2,097,353
Client and Family Advocacy Services	CSS	113,568	113,568	113,568	113,568	113,568
Collaborative Treatment Courts	CSS	219,475	219,475	219,475	219,475	219,475
Community Gardens	PEI	-	-	-	-	-
Community Program Planning Process (CPPP)	INN	150,000	150,000	150,000	150,000	150,000
Co-Occurring Disorders Full Service Partnership (FSP)	CSS	771,558	771,558	771,558	771,558	771,558
Crisis Intervention Team and Rural Triage	PEI	4,425,072	4,425,072	4,425,072	4,425,072	4,425,072
Crisis Residential Treatment Construction	CFTN	N/A	N/A	N/A	N/A	N/A
Crisis Stabilization Services - Voluntary Admissions	CSS	N/A	N/A	N/A	N/A	N/A
CSS Payment Reform Optimization	CSS	N/A	1,000,000	2,000,000		
Cultural Specific Services - FSP	CSS	258,960	258,960	258,960	258,960	258,960
Cultural Specific Services - OP/ICM	CSS	1,085,322	1,085,322	1,085,322	1,085,322	1,085,322
Cultural-Based Access Navigation and Peer/Family Support Services (CBANS)	PEI	550,000	550,000	550,000	550,000	550,000
DBH Capital Facilities	CFTN	N/A	N/A	N/A	N/A	N/A
DBH Communications Plan	PEI	700,000	700,000	700,000	700,000	700,000
Enhanced Rural Services-Full Services Partnership (FSP)	CSS	1,269,423	1,350,529	1,350,529	1,350,529	1,350,529
Enhanced Rural Services-Outpatient/Intense Case Management	CSS	4,483,113	4,483,113	4,483,113	4,483,113	4,483,113
Family Advocacy Services	CSS	250,000	250,000	250,000	250,000	250,000
Flex Account for Housing	CSS	100,000	100,000	100,000	100,000	100,000
Forensic Behavioral Health Continuum of Care - FSP	CSS	-	-	1,207,463	1,207,463	1,207,463
Forensic Behavioral Health Continuum of Care - OP/ICM	CSS	-	-	300,000	300,000	300,000

Project Name 2023-2026	Comp	FY 21/22 BUD	FY 22/23 BUD	FY 23/24 BUD	FY 24/25 BUD	FY 25/26 BUD
Fresno Housing Institute (FHI)	CSS	200,000	200,000	200,000	200,000	200,000
FSP Study (Third Sector)	INN	237,500	237,500	237,500	237,500	237,500
Functional Family Therapy	PEI	673,005	673,005	1,500,000	1,500,000	1,500,000
Handle with Care Plus+	INN	514,598	516,055	516,055	516,055	516,055
Holistic Cultural Education Wellness Center	PEI	896,719	896,719	896,719	896,719	896,719
Hotel Motel Voucher Program (HMVP)	CSS	100,000	100,000	100,000	100,000	100,000
Housing Access and Resource Team (HART)	CSS	930,488	930,488	930,488	930,488	930,488
Housing Supportive Services	CSS	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
Independent Living Association (ILA)	CSS	400,000	400,000	400,000	400,000	400,000
Information Technology - Avatar	CFTN	2,612,788	2,912,788	2,912,788	2,912,788	2,912,788
Integrated Mental Health Services at Primary Care Clinics	CSS	2,900,000	2,900,000	2,900,000	2,900,000	2,900,000
Integrated Mental Health Services at Primary Care Clinics	PEI	-	-	-	-	-
Integrated Wellness Activities	CSS	-	-	-	-	-
Local Outreach to Survivors of Suicide (LOSS) Team	PEI	351,860	355,489	355,489	355,489	355,489
Master Lease Housing	CSS	1,092,505	1,500,000	1,500,000	1,500,000	1,500,000
Medication Payments for Indigent Individuals	CSS	290,000	290,000	290,000	290,000	290,000
Mental Health Patients Rights Advocacy Services	CSS	263,747	268,237	268,237	268,237	268,237
MHSA Administrative Support	CSS	9,200,000	9,200,000	9,200,000	9,200,000	9,200,000
MHSA Administrative Support	PEI	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
MHSA Administrative Support	WET	500,000	500,000	500,000	500,000	500,000
MHSA Administration Support	CFTN	500,000	500,000	500,000	500,000	500,000
MHSA CPPP	CSS	110,000	110,000	110,000	110,000	110,000
MHSA CPPP	PEI	40,000	40,000	40,000	40,000	40,000
Multi-Agency Access Point (MAP)	PEI	1,284,529	1,284,529	1,284,529	1,284,529	1,284,529
Older Adult Team	CSS	900,000	900,000	900,000	900,000	900,000
Peer and Recovery Services	CSS	457,461	457,461	457,461	457,461	457,461
Perinatal Wellness Center	PEI	400,000	400,000	1,400,000	1,400,000	1,400,000
Prevention Services to Schools	PEI	5,448,649	6,779,650	6,779,650	6,779,650	6,779,650
Project for Assistance from Homelessness (PATH) Grant Expansions	CSS	125,756	125,756	125,756	125,756	125,756
Project Ignite	CSS	650,000	650,000	-	-	-
Project Ridewell	INN	387,219	424,713	-	-	-
Psychiatric Advance Directive-Supportive Decision-Making	INN	316,667	250,000	250,000	250,000	250,000
Recovery with Inspiration, Support and Empowerment (RISE)	CSS	675,496	675,496	675,496	675,496	675,496
School Based Services	CSS	6,000,000	6,000,000	6,000,000	6,000,000	6,000,000
Specialty Mental Health Services to Schools	CSS	4,545,135	4,545,135	4,545,135	4,545,135	4,545,135
Suicide Prevention Follow Up Call	INN	347,000	327,000	327,000	327,000	327,000
Suicide Prevention/Stigma Reduction	PEI	648,140	644,511	644,511	644,511	644,511
Supervised Child Care Services	CSS	157,388	157,388	157,388	157,388	157,388
Supervised Overnight Stay	CSS	839,090	839,090	839,090	839,090	839,090
The Lodge	INN	1,400,333	1,400,334	1,400,334	1,400,334	1,400,334

Project Name 2023-2026	Comp	FY 21/22 BUD	FY 22/23 BUD	FY 23/24 BUD	FY 24/25 BUD	FY 25/26 BUD
Transitional Age Youth (TAY) - Department of Behavioral Health	CSS	1,274,486	1,274,486	1,274,486	1,274,486	1,274,486
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	CSS	677,688	677,688	677,688	677,688	677,688
Urgent Care Wellness Center (UCWC)	CSS	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000
Vocational & Educational Services	CSS	986,686	986,686	986,686	986,686	986,686
WET Coordination and Implementation	WET	1,500,000	1,000,000	1,000,000	1,000,000	1,000,000
Youth Empowerment Centers (YEC)	PEI	846,868	846,868	846,868	846,868	846,868
Youth Wellness Center	CSS	769,269	769,269	769,269	769,269	769,269
Totals		95,114,608	98,193,426	112,820,708	96,527,375	96,527,375

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2020 - 2021

CAPITAL FACILITIES AND TECHNOLOGY NEEDS

Capital Facilities: **Technology Needs:**

Status of Project: Keep

Project Name:	DBH Capital Facilities	
Project Identifier(s): 61	Avatar: N/A	PeopleSoft: 4730 & 4731
Provider(s):	Fresno County Department of Behavioral Health	
Approval Date:	Historical	
Start Dates:	Anticipated: N/A	Actual: N/A
Project Overview:		

Project Update 2020-2021:

The Department moved forward in planning work related to the Heritage Center and the Olive St. Campus. Upon completion, the Heritage Center will be the location of for Psychiatric Health Facilities (PHFs), two Crisis Stabilization Centers (CSC)s, and a Sobering Center, as well as administrative buildings. The Olive St Campus will be the future location of both Adult and Children’s Outpatient Services.

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

N/A

Proposed Project Changes 2023-2024

The Department will continue to invest MHPA funds into Capital Facilities projects that support the infrastructure required to operate the public Behavioral Health system.

CAPITAL FACILITIES AND TECHNOLOGY NEEDS

Capital Facilities: Technology Needs:

Status of Project: Keep

Project Name:	Information Technology (Avatar)	
Project Identifier(s): 062	Avatar: N/A	PeopleSoft: 9055
Provider(s):	Information Technology (A17-039)	
Approval Date:	Historical	
Start Dates:	Anticipated: N/A	Actual: August 12, 2009
Project Overview:	Information Technology—Enhancements Fresno County Department of Behavioral Health	

Project Update FY 2020-2021:

In FY 20-21, the County continued to expand access to the Electronic Health Record (EHR) to allow for the expansion of direct and supportive services. DBH increased the number of total EHR licenses/subscriptions from 1360 to 1560 named users to support the expansion of contracted programs.

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

There have been no barriers; however, as the County continues to implement technological tools and modernize technological infrastructure, the IT landscape in behavioral health has continued to change. Accelerated by the COVID-19 pandemic, County swiftly shifted to the virtual world during this period. This requires the County to continue to update and adapt this plan for the changing IT landscape. As a result, the County will continue to allocate MHPA funds to this plan to address the evolving landscape and Departmental needs.

Proposed Project Changes FY 2023-2024:

In July 2021, the Department enrolled to participate in the California Mental Health Services (CalMHPA) Authority Participation Agreement Statewide EHR Program project. This project focuses on (1) developing the RFP with detailed scenario-based requirements common to California County Behavioral Health organization, (2) organize/execute vendor selection process (3) work with the vendor to translate the California requirements into solution, (4) partner with the participated counties and vendor to implement a robust cross-county data platform that supports data driven decision making and apply economies of scale for implementation, training, application management, and technical support. The Department has been working to implement the new EHR system.

Meanwhile, the current EHR vendor agreement expires on June 30, 2022, and the Department will renew the current EHR vendor agreement with limited period to support the new EHR system implementation.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2020 - 2021

MHSA ADMINISTRATION

Status of Project:Keep

Project Name: MHSA Administration
Project Identifier(s): 078, 079, 080, 095, 096 **Avatar:** N/A **PeopleSoft:** 4710, 4776, 4780
Provider(s): Fresno County Department of Behavioral Health
Approval Date:
Start Dates: **Anticipated:** Historical **Actual:** N/A
Project Overview: This work plan addresses and funds the positions that support the administrative/infrastructure needs of the Department to plan, implement, and monitor MHSA program.

Project Update 2020-2021:

In FY 2020-2021, this project supported expenses required to administer MHSA such as staff time and a percentage of overhead.

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

N/A

Proposed Project Changes:

N/A

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2020 - 2021

MHSA ADMINISTRATION

Status of Project:Keep

Project Name: MHSA Community Planning Process
Project Identifier(s): 072, 073 **Avatar:** N/A **PeopleSoft:** 4718
Provider(s): Fresno County Department of Behavioral Health
Approval Date:
Start Dates: **Anticipated:** Historical **Actual:** N/A
Project Overview: This project funds the Department's ongoing Community Planning Process.

Project Update 2020-2021:

In FY 2020-2021, the Department hosted online forums/panels and attended a variety of community meetings to hear community feedback and support public hearings for work related to MHSA activities.

Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?

The COVID-19 pandemic prevented the Department from hosting or attending many in-person community meetings.

Proposed Project Changes:

As the state of California and Fresno County shift back to in-person services, the Department is committed to maintaining its ongoing in-person meetings and add virtual options to create hybrid meetings when possible. The Department will continue to host a formal community planning process and attend a variety of community meetings in an effort to obtain robust community feedback.

APPENDIX A: 2022-2023 MHSA Community Planning Process Plan

Introduction

Developing a “plan” for the last Mental Health Services Act (MHSA) Three-Year Plan greatly assisted the department in anticipating a budget, ensuring an inclusive stakeholder process, and establishing timelines to ensure the plans completion in time for the new three-year cycle. This will be a formal proposal for the efforts related to the 2023-2026 MHSA Three-Year Plan Community Planning Process (CPP). This proposal will start the process at the beginning of Fiscal Year 2022/2023 where the county will work to develop and complete the new three-year plan that will be effective for FY 2023/24 (through 2025/26).

Stakeholder Engagement

Fresno County Department of Behavioral Health’s (DBH) Public Behavioral Health (PBH) team will again lead this process. While PBH will lead the CPP, this is a countywide and departmental-wide effort, and PBH will seek support and input from other DBH Divisions, partner agencies, and communities.

As in the past, the effort will continue to uphold the past practices of having robust and meaningful stakeholder input and strive to be as inclusive in opportunities for community participation. This plan is focused on providing access to Fresno County’s diverse community as has been done in the past to be involved in the CPP and the development of the new MHSA Three-Year Plan, with considerations that focus to amplify the voices of underserved, unserved, or inappropriately served stakeholders of Fresno County.

Fresno County DBH will continue to expand the means of obtaining stakeholder involvement. These will again include educational opportunities via videos and PSAs to help with the understanding of the process. This plan will include open community forums, targeted community forums, key informant interviews, public surveys (on-line and in-person), and focus groups, ensuring access to forums at different times and in different geographical locations throughout the county.

Last time (pre-pandemic) the Department was an early applier of virtual forums (using live-streams and virtual platforms for meetings). These will continue, and at the same time all efforts will be made to have in-person meetings which can both close the digital divide, but with the understanding that there is a different synergy with in-person public forums.

The Department currently has several community planning initiatives via one of its [current Innovation \(INN\) Plans](#) and hopes to be able to use and include community input from those sessions and initiatives into the planning and development of the three-year plan. This will increase input from some currently underserved communities to be actively involved in the planning process.

In 2020 what the PBH team had proposed in the last version of a CPP plan seemed ambitious, but the success of 20 forums in two months, +600 survey responses, over 20 key-informant interviews, and first ever virtual sessions (four) demonstrated the viability of such a plan. This plan proposes a strategy and timeline that PBH deems can be completed based on the experience it has gained from previous efforts and access to supporting resources.

This proposal for the CPP (which includes community forums, virtual events, interviews, surveys, etc.) seeks to complete the CPP in a period of four months, beginning in August of 2022 and concluding in late November 2022.

Targeted In-Person Population Focused Forums

- Latino Youth in Rural Communities
- Rural Latino Services Users (West Fresno County)
- LGBTQ+ (Fresno)
- Hmong (Fresno)
- Community-Based Providers/Contracted Partners
- Individuals Served-General (Fresno)
- Individuals Served-Via Wellness Centers (Fresno)
- Community Faith Leaders (Fresno)
- Family/Care Givers
- TAY Students @ Fresno State or FCC (or both)
- First Responders (Fresno)
- Refugee or Immigrant Communities
- The Fresno Residents Council
- African Americans (Fresno)

In-Person Geographical Forums

- Huron (Persons Served)
- San Joaquin
- Selma
- Fresno (day meeting)
- Fresno (evening)
- Clovis
- South East Fresno
- Southwest Fresno
- Reedley

Surveys

- On-Line Survey open to any member of the public (who reside in Fresno County). Available in English, Spanish, Hmong, and Punjabi.
- On-Line Survey targeting TAY for ideas/or possible TAY specific Innovation Planning that is TAY drive
- Strength-Based what is working and what is not? (To serve as a needs assessment at events).
- Reports/Needs Assessment Results of INN CPP initiatives.

Virtual/Social Media Forums

- Virtual/Livestream with real-time opportunity for participation in:
 - English
 - Spanish
 - Hmong
- WebEx Open Forum (targeting county and department staff)

Key Informant Interviews

- Education (in-coming CSS Superintendent)
- Criminal Justice (Probation Chief)
- Foster Youth (CASA)
- Public Health (Director)
- Transition Aged Youth
- Hospitals/Health Care
- A Faith/Interfaith Group-Chair
- Housing Authority (CEO)
- Undocumented/Immigrant Populations (FIRM or Centro La Familia)
- County CAO (CAOs Office)
- Central Valley Urban Institute
- Rural Community or School Official
- City of Fresno Office of Neighborhood Safety & Engagement
- Older/Aging Adults
- FCHIP
- Social Services (Director)

This plan presents over 40 different opportunities (not a total of 36 public groups) for stakeholders to participate or be involved in lending their voice and experience to the planning process. The facilitation of the surveys provides additional opportunities for public involvement. Conducting the key-informant interviews with persons from a variety of targeted sectors can also provide a new or differing perspective that may not be familiar or considered. Specific efforts will be made to limit key informants whose organizations may receive direct funding or benefit from the MSHA plan.

We will leverage the URL www.FresnoMHSa.com to promote the CPP and related activities, such as education/training on MSHA and its components with content that currently exists. We will continue to develop some additional content in additional languages (including the recently updated Spanish content). The page will host the surveys, schedule of forums, information for providing feedback, and all activities related to our CPP for the new MSHA Three-Year Plan. The page hosts past plans, reports, and information that may be accessed by stakeholders should they want more information on past efforts.

The Department will again request our contracted providers to assist with the dissemination of surveys. We will provide some hard copies for various sites. DBH will also develop QR-Codes for the surveys in different languages which can be posted allowing for public/participants to participate more anonymously, paperless and alleviate burdens for provider staff.

This time our plan will not include efforts to ask contracted providers to hold their own stakeholder groups with individuals they serve and submit those responses. Doing this may place some providers in an awkward position, it can be uncomfortable for some participants, and there is the risk that it can skew participant information.

DBH will leverage some of the recent market research reports to assist in the activation of the various populations for participation, and to use marketing and advertising opportunities to inform the public and various target populations of the opportunity to be a participant in the planning process.

The robust approach and our targeted efforts are intended to ensure that the Department's new MSHA Three-Year Plan continues to develop a true continuum of care that is better able to address the behavioral needs of our community using MSHA appropriately to close service gaps, improve behavioral health equity, and further integrate our overall system of care.

Plan Development and Approval

As noted earlier, this plan for the Department's new CPP and MSHA Three-Year plan will provide over 40 different participation options for the community. Furnished with information and input from the CPP the PBH team will facilitate internal Program Development meetings during a 45-to-60-day window to formulate a Three-Year Plan (draft). These meetings will occur between December 2022 and February 2023. Once the plan is developed a series of public engagement opportunities will be facilitated to allow for stakeholders to weigh-in on the proposed MSHA Three-Year Plan. A specific plan for the Program Development process will be detailed separately.

Fresno County adopted these practices in FY 2019/2020 which is to provide a follow-up meeting after it has completed and processed input and feedback from the public during the CPP. These Report Back

sessions that have now been practiced for the past three years (all virtually) allow stakeholders to feel more a part of the process. It allows for greater transparency and communication between the department and the public. This report back also helps stakeholders be more aware of what is being proposed prior to the 30-day public comment which can help curtail delays in the plan or need for changes, etc.

This plan is proposing to host four public hearings, three in person and at least one (1) virtual public hearing to review the plan, answer questions, and receive stakeholder input leading up to the 30-Day Public Review Process. These sessions may be recorded so to share several of these public comments, and either post them for review by the public during the 30-day public comment, and/or also use social media options (Facebook and YouTube Live) to allow others to also view and participate in the public hearings. The dissemination of the information in ways beyond just the written plan may increase understanding and support for the plan.

The four “Report Back” sessions would be conducted before the start of the 30-Day Public Process, so that those who may not be aware of the plan, can access the plan or be aware of what is proposed, changed, or omitted from the plan prior to the final hearing so to have sufficient information on the plan to weigh in should they desire to do so.

MHSA Report Back Sessions Prior 30 –Day Public Comment

- Fresno or Rural Community (livestream and record in Spanish)
- Fresno (in-person, livestream, and record in English)
- SE Fresno (in-person in Hmong)
- Virtual - livestreamed (in English)

Completion of the Report Back session will allow access to the proposed plan and also ensure the targeting of some traditionally underserved communities. This effort will include targeting groups to allow more communication and thus for more transparency. As the department concludes those sessions it will initiate a 30-Day Public Comment Process. Recording some of the Report Back sessions will ensure those who have visual, literacy, or language barriers can obtain the information through other means (such as recordings of the public hearings) and increase ADA compliance.

The timeline being put forth seeks to have the 30-Day Public Comment begin at the start of March and conclude at the end of March. At the conclusion of the 30-Day Public Comment period, a final in-person public hearing (with a virtual option included) will be held on the same day as the Fresno County Behavioral Health Board (BHB) (for up to 2 hours) prior to the BHB meeting. The public hearing shall be held from 12-2:30 pm (including lunch which can be provided). This time slot will allow time for persons to participate fully (by having a portion of the hearing during traditional lunch hour) and not cut into the BHB meeting. At this final public hearing, all public comments received will be provided to the public. The final plan and any final input can be shared with the BHB for their adaption.

DBH will establish, prior to the completion of the plan, a thorough protocol and policies for the MHSA 30-Day Public Comment Process and Hearing. These will include ensuring hard copies of the plan to be available at all DBH locations, partner agency locations, County Libraries, and for BHB members. Details

will be developed for drafts, such as page numbering, feedback forms, etc. A process for the submission of public comments and responses will be conducted on a weekly bases and posted for public viewing by all public members on the DBH website. This ensures timely access by all interested parties to the public comments and responses from DBH prior to the final hearing and BHB adoption. This process will ensure the public all have access to the information at the same time and prior to the final hearing.

This plan establishes the goal to have the final 2023-2026 MHSA Three-Year Plan be submitted for approval by the Board of Supervisors (BOS) in late April of 2023. The plan will then be approved and allow for spending authority for the start of FY 2023/2024. The plan will be submitted to the Department of Health Care Services (DHCS) in May 2023, a month before its regulatory due date.

On new projects and Innovation Plans approved in the new Three-Year Plan, the Department will schedule community planning opportunities with the target populations of those programs and projects to assist in testing ideas, developing implementation plans, and receiving voices of the targeted population for those projects. This will ensure those programs are developed with those stakeholder's input for a best practice, but can also address some of the Mental Health Services Oversight and Accountability Commission (MHSOAC) needs for some INN plans ahead of time, expediting the approval process.

Project Costs

In working with the fiscal division, a cost center has been developed for MHSA CPP, so the Department can clearly account for costs related to the CPP as requested by various state agencies. The cost center 4718-MHSA CPP has been identified for this purpose. This plan does not have an established financial budget for the CPP for developing the new MHSA Three-Year Plan, specific MHSA funding has been identified for use of community planning. This plan will not seek to use up to five (5) percent of MHSA funds for CPP as is permitted and suggested by some advocates. Such expenditures are unnecessary in Fresno County, as past planning demonstrates the work can be effectively done for a fraction of the cost. Additionally, to expend five percent of MHSA funding on a CPP would require reduction and/or elimination of current programs and services, which would be something stakeholders would need to provide input on.

The Department projects costs for this coming year's CPP (beyond staff time), to be primary in the following areas:

- Incentives for the targeted stakeholder groups (mileage/gift cards, etc.) *(est. \$6,000)*
- Food and/or refreshments for all in-person community forums *(est. \$6,500-\$7,000)*
- Possible cost for some community venues (we do anticipate being able to obtain most for no cost) *(est. \$5,000)*
- Cost for advertising and promoting the various engagement opportunities (radio, digital ads (on-line ads/social media), theater ads, community events) *(\$5,500)*
- Interpreters (interpreters will be needed at all the in-person events) *(\$6,880)*
- Translation and other print materials for events *(\$4,000)*
- Print and distribution of plan drafts *(\$2,000)*

DBH initially estimated the process to need a budget of **\$35,000-\$40,000** (not including staff time). Costs may increase based on the size of groups and the number of participants. It is anticipated that expenses (not including staff time) will be lower than the projected costs at this time. There will likely be lower costs for venues, printing, translation, and interpreter costs. These however have been set forth to assist with the planning and managing cost for a CPP. As DBH plans to facilitate many of these forums in the various communities it will mitigate transportation barriers for many and thus reduce costs. The use of technology will also address some transportation barriers and reduce costs to persons served.

Staff assigned to the project will code their time related to the actual CPP to the established cost center to help clarify actual personnel costs.

A final accounting and reporting will be developed to capture the actual budget and costs for the CPP of the 2023-2026 MHSa Three-Year Plan.

CPP Team

The lead for this community planning effort as mentioned earlier will be the PBH team (primarily with the DM and the MHSa Coordinator), to monitor the process/project, to ensure compliance with MHSa planning guidelines, and lastly to document and update the process so it can be replicated in future annual updates and plans.

Public Behavioral Health

- Division Manager
- MHSa Coordinator
- Diversity Service Coordinator
- Sr. Staff Analyst
- Staff Analysts (2)
- Communications Coordinator/Media (Staff Analyst)
- Program Technician (2)
- Administrative Assistant

As with the prior MHSa Three-Year Planning, the PBH team would like to engage with DMs about the participation of some of the following DBH team members for assistance with parts of the overall CPP and MHSa Three-Year Plan development process.

MHSa Fiscal Team

- Primarily used for the assistance of purchase orders, requisitions, and budgets for the planning process for the CPP.
- The expertise in the development of the plan's fiscal components and budgeting related to MHSa funded programs.

Note: DHCS has informed us that MHSa program expenditure cannot exceed what has been established in the MHSa plan. Accurate program costs must be used to set the plan's budget.

Staff Development

- For assisting with Workforce Education and Training (WET) components.

- Facilitate and assist in the development of the Workforce Education and Training (WET) components of the Three-Year Plan and inclusion of any pertinent information from the current WET plan and efforts for the three-year plan.

Contracts

- For assisting in communication with various providers regarding the beginning of the CPP for the new MHSA Three-Year Plan, assisting in the distribution of survey opportunities or on-line/social media events where the CBOs and their staff may be able to provide input.
- Contracts will be able to provide some program data, information on programs, and history to assist in developing a plan based on stakeholder input.
- Program Development related to MHSA funded services.

Executive Team

- Approval of (this) plan.
- Coordination/approval of some key informant interviews.
- Approval of changes to plan or adaptations.
- Presentation/attendance at some community forums or virtual sessions.
- Review process, findings, and provide direction on plan development.

Clinical Operations

- Attendance of some representatives at identified community forums to provide response to questions programmatic in nature, also to be involved in discussions on needs, service gaps, etc.
- Possible support of bilingual staff who may be able to assist with presentations and/or some stakeholder group discussions.
- Assistance in dissemination of surveys and information on CPP activities with persons served and their families.

DBH Wide

- Utilization of key bilingual staff who may be able to assist with facilitation of some of the community groups or portions so to limit the translation and/or risk of information becoming lost in translation. This will not replace translators but rather have the presentations be in the primary language of the audiences.

During the development of the plan over the 45-60 days, there may be a number of program development meetings and discussions to plan out existing programs or system changes with all DBH teams. A plan will be developed to try and consolidate the internal program development meetings over one to two days. A separate planning process will be developed to guide internal program planning.

Standardization

For the purpose of developing themes, being able to merge various community voices into a new three-year plan, the standardization of some of the planning efforts may prove to be prudent, and as such this plan is suggesting that all meetings have a similar agenda (modified for audience/language), and to follow a similar process for purpose of comparing and evaluation. Previously, having a structured process did

make the analysis and work timelier and more effective. This also does make it easier to demonstrate consistency and inclusion of our efforts in any type of audit.

Agendas- The agendas for the forums will follow the same format and include training via MHSAs history and background. Included would be a brief overview of CSS, PEI, and INN. An update on the current plan and services, and then have open discussions about community needs, service gaps, successful efforts that can be expanded or replicated, learning opportunities, and target or population specific. The activities and engagement will be strength-based activities driven by Appreciated Inquiry (AI) model to focus on past successes and new opportunities. These efforts will be guided by the MHSAs regulations, recent outcomes, and annual update, which can ensure any new ideas and/or efforts are tied to direct and clear outcomes and objectives. A greater focus will be placed on a sustainable continuum rather than services to address specific needs.

Surveys- Utilize the surveys developed in the last MHSAs Three-Year Plan and Annual Update. Participant data information and surveys will be used at each event to capture who attended, as well as any ideas they may not have verbalized but may be able to submit. The surveys will be made available on-line and also disseminated to persons served. Data and demographics collected through this process will be used for funding reporting, but also to help identify in the plan the diversity and breathe of stakeholders involved. All surveys will include a frequently asked questions (FAQ) sheet to help address any questions and concerns respondents may have with completing surveys or sharing their opinion or information.

On-Line Surveys- Using the same standard, surveys will be available on-line (on the MHSAs page) and will be developed in several languages which can be used by members of the public to identify success, opportunities for improvement, and ideas to address unmet needs. The surveys need to be standardized across all languages and audiences so to ensure the survey is collecting the response needed to establish some themes or specific community needs. These will be shared with contracted providers and community organizations to share with individuals served and interested stakeholders. The same FAQ that are used for the hard copy surveys will also be on the digital version and also available on the DBH webpage.

Key Informant Interviews- For the same purposes as stated earlier and effective insights and inputs provided in the past key informant interviews will be conducted as a part of the planned CPP. The interviews will utilize a set of questions which will be used with all key informant interviews to ensure consistency in reporting, comparison across sectors, and development of themes. A short six (6) to eight (8) questionnaires will be used in the interviews.

Conducting interviews with our key informants (via phone/Teams or in person) have been an effective way to get the information rather than a survey or sending a questionnaire to be completed. A full list of proposed interviewees will be provided to the executive team for approval before coordinating interviews.

Timeline

The plan must have a timeline that will ensure planning and engagement of the community forums (over 20), key informant interview, surveys, and “events and opportunities”. Some of the timelines and dates

identified earlier in this plan will provide sufficient time for input, planning, plan development, and plan approval before the end of the FY 2022/2023.

With the understanding of Planning Fallacy, (*tendency to underestimate the time it will take to complete a project, while knowing similar projects have taken longer*) a timeline has been developed to complete the new Three-Year Plan in the coming fiscal year but setting goals for the various aspects of the plan development. Being aware of Planning Fallacy, and PBH's own internal drive to complete the task, a realistic timeline that will guide the efforts has been developed.

The CPP efforts will begin in August of 2022. The objectives to complete all the community stakeholder processes within a four-month span (completing before the new year). This will provide sufficient time to develop, implement and complete the stakeholder efforts. In the new year internal work will be done to process all the input, develop Program Development meetings, and develop a plan for public review and discussion based on the stakeholder input.

August and September shall be devoted to review and update of survey questions, developing agendas, scheduling, and securing venues and interpreters, etc.

At the same time, PBH would like to begin conducting its Key Informant Interviews in August and wrap those up by the time the community forums begin.

Late winter and early spring will be used for Report Back Sessions, Public Comment, and having the plan completed and formally approved.

The timeline seeks to have two months to compile all the input into an actual MHSA plan after four months of stakeholder engagement. This will also be a time for much of the internal discussion using data and input collected from the CPP, so that a plan for the system of care can be created. The current timeline will seek to have a plan presented for public review by the end of February 2023. At that time, DBH would facilitate the four Report Back sessions for the plans before implementing updates and posting the plans for 30-day review. These could be conducted in late February and early March.

It is the intent for the plan to be posted for Public Comment in early March, so it can complete the required 30-day public comment and hold a public hearing in April. This will allow it to align with a Behavioral Health Board (BHB) hearing and support of the plan at the April 2023 meeting. The plan can then be presented to the BOS for final approval by the end of April or early May. This timeline would then provide DBH staff time to complete any other updates, plan for implementation of new services and programs before the new MHSA Three-Year Plan becomes active on July 1, 2023. Individuals in PBH will be working during this time on a new INN plan that has funding subject to reversion, it will be implementing a new INN Plan, and still managing over eight other INN plans. Completing other projects on time or early, as well as having a clear plan and timeline will assist the Department in successfully completing numerous projects in the coming fiscal year.

Conclusion

With the approval of this proposed plan for the MHSA Three-Year CPP and Plan Development, PBH will begin work with other teams for some of the planning, and also work on the need for coordination of the

community events, development of agendas, presentation, surveys, information sheets, and interview questions so that we can begin as early as possible with parts of this effort.

The PBH Division would like time to plan out the workload for the coming six to nine months with the Three-Year Planning process, as they are also working on current plans, projects, and efforts, which will also be continuing during this time frame.

It is the goal of this plan to be approved as soon as possible so it may be implemented and the planning for the CPP can begin and the actual CPP efforts to commence at the beginning of August 2022.

APPENDIX B: Community Planning Staff Training

Community Forums

Provided by the Public Behavioral Health Division

1

The Purpose of Community Forums

- ▶ Solicit community input
 - ▶ 3-year MHSa Plans
 - ▶ MHSa Annual Updates
 - ▶ Innovation plans
 - ▶ Other DBH Activities
- ▶ Engage community members
 - ▶ Community development
 - ▶ Collective impact
- ▶ Provide information to the community

2

- ▶ A community forum is not
 - ▶ An “info-dump”
 - ▶ A task to be marked off a To Do list
- ▶ Productive community forums can help
 - ▶ Build trust with the community
 - ▶ Identify pitfalls and opportunities
 - ▶ Identify new partners
 - ▶ Avoid duplication of services

3

Logistic Considerations

- ▶ Audience
 - ▶ Prioritize populations identified in DBH planning documents
 - ▶ Work with community leaders
- ▶ Venue Selection
 - ▶ Use public venues when possible
 - ▶ Private venues
 - ▶ Used if a public venue is unavailable OR
 - ▶ To increase community comfort and participation
- ▶ Staffing
 - ▶ Coverage may be sought from across the department
 - ▶ If coverage cannot be obtained, the event may be cancelled
- ▶ Cancellation Notices
 - ▶ Contact community leaders ASAP
 - ▶ Post notices at venue
 - ▶ Call attendees for whom a phone number is available

4

Accessibility

- ▶ Materials
 - ▶ Written at a 6th grade level or below
 - ▶ Provided in hard-copy whenever possible
 - ▶ Maintain a small stock of large print material
- ▶ Posted at each forum
 - ▶ Standing rule
 - ▶ Community-developed standards (if applicable)
 - ▶ Contact information
- ▶ Interpretation
 - ▶ Spanish and Hmong interpretation at each event
 - ▶ Hard-copy materials should be provided in English, Spanish, and Hmong

5

Agenda

- ▶ Standardized for MHSA events
 - ▶ History and Background ($\leq 20\%$)
 - ▶ Community discussion (approx. 70%)
 - ▶ Next Steps ($\leq 10\%$)
- ▶ Hard-copy must include ADA statement

6

Facilitation

- ▶ Multiple modalities
 - ▶ Verbal information
 - ▶ Flipcharts
 - ▶ Handouts
 - ▶ Infographics
- ▶ Participant interactions
 - ▶ Opportunity for partnership
 - ▶ Provide accurate information
 - ▶ Staff should work in pairs

7

Data Collection

- ▶ Allows us to tell an accurate story
- ▶ Standardized surveys for ALL forums
 - ▶ Demographics
 - ▶ Community Needs Survey
- ▶ Participation is optional
 - ▶ Does not affect eligibility for incentives
 - ▶ Refusal methods
 - ▶ Check box on survey
 - ▶ Turning in a blank survey
 - ▶ Not turning in a survey
 - ▶ Partially completed surveys
 - ▶ Answers will be recorded
 - ▶ Blank responses will be recorded as “prefer not to answer”

8

Community Forum Follow-Up

- ▶ Provide contact information
- ▶ Send thank you cards to community leaders
- ▶ Provide follow-up information
 - ▶ In the method requested by the community
 - ▶ Timeframe
 - ▶ 2 weeks if in English
 - ▶ Within 30 days if translated

APPENDIX C: Community Forum Training and Presentation

Welcome to Your Community Planning Forum

Hosted by the Fresno County Department of Behavioral Health



THE COUNTY OF FRESNO
Department of Behavioral Health

1

Who is the Department of Behavioral Health?



DEPARTMENT of
BEHAVIORAL
HEALTH

- A county department
- Provides or oversees services for
 - Moderate to severe mental health problems
 - Substance use disorder problems (alcohol, drugs, etc.)
 - Prevention, education and training.
- Services are available for
 - People with Medi-Cal or no insurance
 - Children, Teens/Young Adults, Adults, and Older Adults

2

What is the Mental Health Services Act?

- A proposition, passed by voters in 2004
- Provides money for community-based mental health services
- Services should be developed on community input and need
- MHSA is intended to close the gap in the behavioral health system



3

The 5 Components of MHSA



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1. Prevention & Early Intervention
2. Community Services and Supports
3. Innovation
4. Workforce Education and Training
5. Capital Facilities and Technological Needs

4

What is an MHSA Plan?

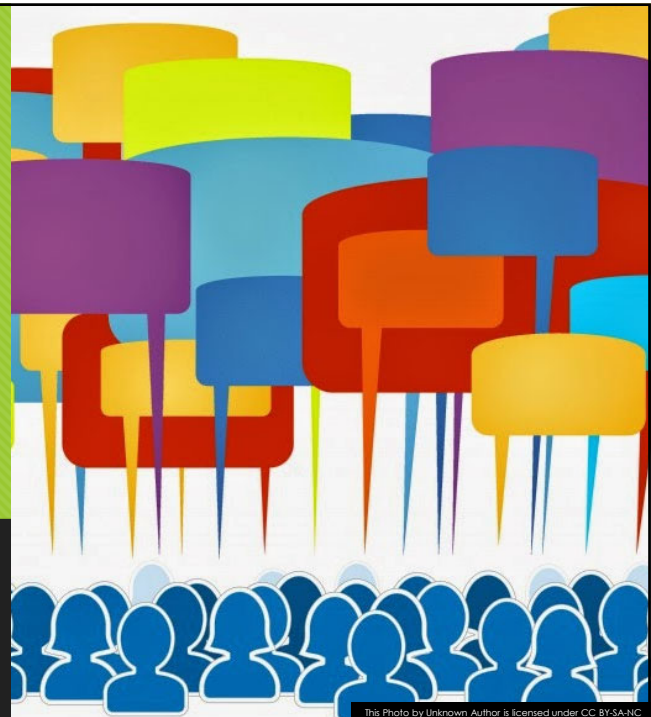
- Created every 3 years through a stakeholder process
- Road map for services
- After approval, changes can only occur with opportunity for community input



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5

What is DBH planning to continue doing in 2023-2026?



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6

What changes is DBH planning for 2023-2026?

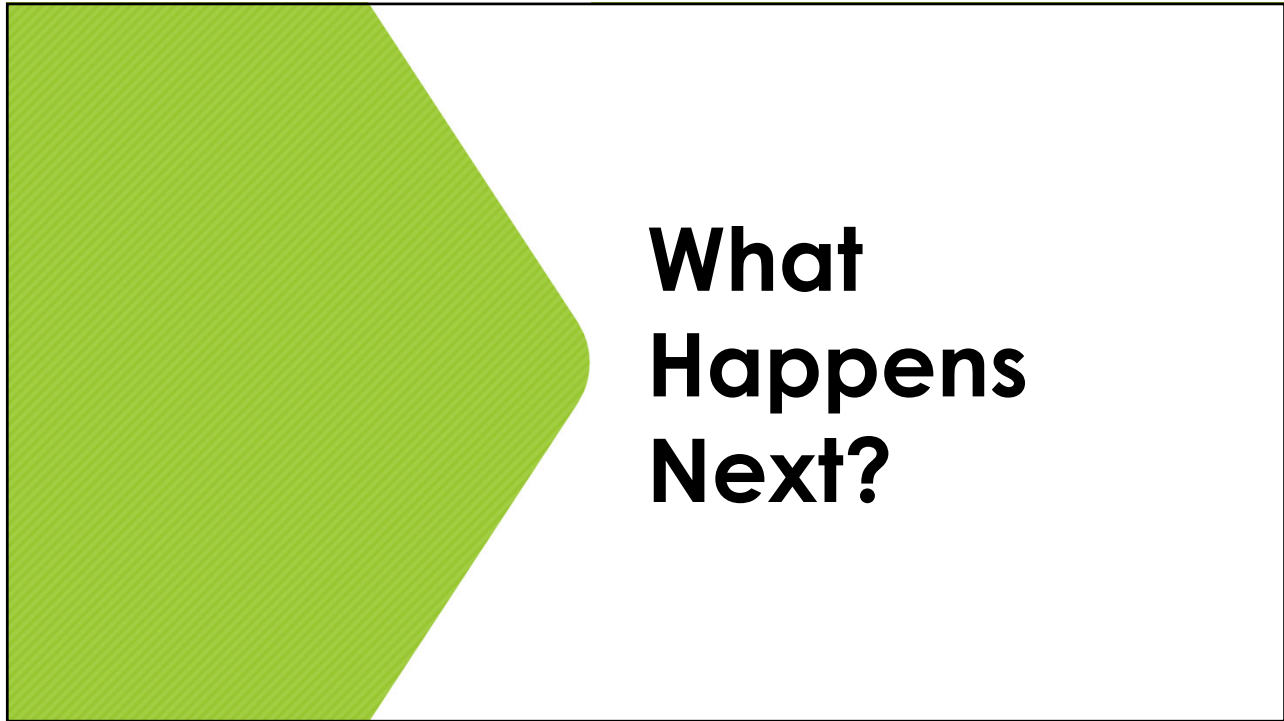
This Photo by Unknown Author is licensed under CC BY-SA-NC

7

What should DBH keep in mind for future MHSA services?

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8



9



10

APPENDIX D: Community Forum Flyers

COMMUNITY PLANNING MEETINGS

MENTAL HEALTH SERVICES ACT 2023-26 THREE YEAR PLAN



Department of Behavioral Health

Join the Department of Behavioral Health to learn more about the 2023-26 Three Year plan.

<p>DATE Thursday November 3, 2022 5:00PM - 7:00PM</p> <p>LOCATION Health & Wellness Center 1925 E. Dakota Ave. Fresno, CA</p> <p>POPULATION General Public</p>	<p>DATE Friday November 4, 2022 10:00AM - 12:00PM</p> <p>LOCATION Holistic Cultural and Education Wellness Center 4867 E Kings Canyon Fresno, CA</p> <p>POPULATION Spanish Speakers</p>	<p>DATE Tuesday November 8, 2022 10:00AM - 12:00PM</p> <p>LOCATION Blue Sky Wellness Center 1617 E Saginaw Fresno, CA 93726</p> <p>POPULATION Individuals Served</p>	
<p>DATE Wednesday November 9, 2022 11:30AM - 1:30PM</p> <p>LOCATION Health & Wellness Center 1925 E. Dakota Ave. Fresno, CA</p> <p>POPULATION Community Based & Contracted Providers</p> <p>Join from the Meeting Link Link available at http://fresnomhsa.com</p>	<p>DATE Monday November 14, 2022 6:00PM - 8:00PM</p> <p>LOCATION Biola Elementary School 4885 N Biola Ave Biola, CA 93723</p> <p>POPULATION Rural Fresno County</p>	<p>DATE Tuesday November 15, 2022 3:00PM - 5:00PM</p> <p>LOCATION The Fresno Center 4879 E Kings Canyon Rd Fresno, CA 93727</p> <p>POPULATION Hmong Speakers</p>	<p>DATE Wednesday November 30, 2022 3:00PM - 5:00PM</p> <p>LOCATION Huron John Palacios Community Center 16846 4th St Huron, CA 93234</p> <p>POPULATION Rural Latino Youth</p>

Questions? Please email us at MHSA@fresnocountyca.gov
Visit www.fresnomhsa.com



Department of Behavioral Health

COMMUNITY PLANNING MEETINGS

MENTAL HEALTH SERVICES ACT 2023-26 THREE YEAR PLAN



Department of Behavioral Health

Join the Department of Behavioral Health to learn more about the 2023-26 Three Year plan.

DATE
Monday
October 17, 2022

TIME
4:30PM - 7:30PM

LOCATION
Wellness Center
Tarpey Village 2700
Minnewawa Ave,
Clovis CA

POPULATION
Families, Parents/
Caregivers,
in the Clovis area

DATE
Tuesday
October 18, 2022

TIME
11:30AM - 1:30PM

LOCATION
Health and
Wellness Center
Auditorium A&B
1925 E Dakota Ave
Fresno CA

POPULATION
Individuals Served

DATE
Saturday
October 22, 2022

TIME
11:30AM - 2:30PM

LOCATION
Health and
Wellness Center
Auditorium A&B
1925 E Dakota Ave
Fresno CA

POPULATION
Fresno County
Residents

Questions? Please email us at MHSA@fresnocountyca.gov



Department of Behavioral Health

REUNIONES DE PLANIFICACIÓN COMUNITARIA

LEY DE SERVICIOS DE SALUD MENTAL 2023-26 PLAN TRIENAL

TODOS LOS FOROS ESTÁN ABIERTOS AL PÚBLICO



Department of Behavioral Health

Únase al Departamento de Salud del Comportamiento para obtener más información sobre el plan trienal 2023-26. Si necesita un intérprete, envíenos un correo electrónico con al menos 48 horas de anticipación.

<p>DATE Tuesday November 1, 2022 5:00PM - 7:00PM</p> <p>LOCATION Health & Wellness Center 1925 E. Dakota Ave. Fresno, CA</p> <p>POPULATION General Public</p>	<p>DATE Friday November 4, 2022 10:00AM - 12:00PM</p> <p>LOCATION Holistic Cultural and Education Wellness Center 4867 E Kings Canyon Fresno, CA</p> <p>POPULATION Spanish Speakers</p>	<p>DATE Tuesday November 8, 2022 10:00AM - 12:00PM</p> <p>LOCATION Blue Sky Wellness Center 1617 E Saginaw Fresno, CA 93726</p> <p>POPULATION Individuals Served</p>
--	--	---

<p>DATE Wednesday November 9, 2022 11:30AM - 1:30PM</p> <p>LOCATION Health & Wellness Center 1925 E. Dakota Ave. Fresno, CA</p> <p>POPULATION Community Based & Contracted Providers</p> <p>Join from the Meeting Link Link available at http://fresnomhsa.com</p>	<p>DATE Monday November 14, 2022 6:00PM - 8:00PM</p> <p>LOCATION Biola Elementary School 4885 N Biola Ave Biola, CA 93723</p> <p>POPULATION Rural Fresno County</p>	<p>DATE Tuesday November 15, 2022 3:00PM - 5:00PM</p> <p>LOCATION The Fresno Center 4879 E Kings Canyon Rd Fresno, CA 93727</p> <p>POPULATION Hmong Speakers</p>	<p>DATE Wednesday November 30, 2022 3:00PM - 5:00PM</p> <p>LOCATION Huron John Palacios Community Center 16846 4th St Huron, CA 93234</p> <p>POPULATION Rural Latino Youth</p>
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¿Preguntas? Por favor envíenos un correo electrónico a MHSA@fresnocountyca.gov
Visit www.fresnomhsa.com



Department of Behavioral Health
MHSA Three-Year Plan 2023-2026
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COV ROOJ SIB THAM HAUV ZEJ ZOG

KEV NPAJ HAUV PEB-XYOOS

2023-26



Department of Behavioral Health

Koom nrog Department of Behavioral Health kom paub xyoo 2023-2026 uas yog kev npaj hauv Peb-Xyoo

HNUB TIM

Tuesday
November 1, 2022
5:00PM - 7:00PM

QHOV CHAW

Health & Wellness Center
1925 E. Dakota Ave. Fresno, CA

COV NEEG TUAJ SAIB XAV TAU
General Public

HNUB TIM

Friday
November 4, 2022
10:00AM - 12:00PM

QHOV CHAW

Holistic Cultural and Education
Wellness Center
4867 E Kings Canyon
Fresno, CA

COV NEEG TUAJ SAIB XAV TAU
Spanish Speakers

HNUB TIM

Tuesday
November 8, 2022
10:00AM - 12:00PM

QHOV CHAW

Blue Sky Wellness Center
1617 E Saginaw
Fresno, CA 93726

COV NEEG TUAJ SAIB XAV TAU
Individuals Served

HNUB TIM

Wednesday
November 9, 2022
11:30AM - 1:30PM

QHOV CHAW

Health & Wellness Center
1925 E. Dakota Ave. Fresno, CA

COV NEEG TUAJ SAIB XAV TAU
Community Based &
Contracted Providers

Join from the Meeting Link
Link available at
<http://fresnomhsa.com>

HNUB TIM

Monday
November 14, 2022
6:00PM - 8:00PM

QHOV CHAW

Biola Elementary School
4885 N Biola Ave
Biola, CA 93723

COV NEEG TUAJ SAIB XAV TAU
Rural Fresno County

HNUB TIM

Tuesday
November 15, 2022
3:00PM - 5:00PM

QHOV CHAW

The Fresno Center
4879 E Kings Canyon Rd
Fresno, CA 93727

COV NEEG TUAJ SAIB XAV TAU
Hmong Speakers

HNUB TIM

Wednesday
November 30, 2022
3:00PM - 5:00PM

QHOV CHAW

Huron John Palacios
Community Center
16846 4th St
Huron, CA 93234

COV NEEG TUAJ SAIB XAV TAU
Rural Latino Youth

Muaj lus nug? Sau ntawv (email) rau peb tau ntawm MHSA@Fresnocountyca.gov. Muaj neeg txhais lus rau koj yog xav tau

Visit www.fresnomhsa.com



Department of Behavioral Health
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APPENDIX E: Community Needs Surveys

TAY Community Needs Survey

This survey will help us to improve behavioral health services in Fresno County. All questions are optional, and your answers are private.

1. **Which city do you live in?** _____

2. **Have you or a loved one ever received mental health services?**

- Yes, I have Yes, my family member has Yes, my friends have
 No Someone else important to me Prefer not to answer

3. **If I felt mentally unwell, I would reach out to (check all that apply):**

- My friends and family My doctor My religious leader
 A local clinic A community leader No one
 Someone else _____

4. **The most helpful services in my community are:**

- Access to education and information Support for my whole family
 Access to housing resources The transportation options
 Services provided in my schools Activities that keep me well
 Training for my peers to be helpers Career pathways and mentors
 Services that are connected to my culture _____
 Something else: _____
- _____
- _____

5. **The best way(s) to improve mental wellness in my community would be (please choose up to 3):**

- Increase education and information Support for my whole family
 Increase access to housing resources More transportation options
 Provide more services in my school Activities to keep me well
 Train my peers to be helpers More career pathways and mentors
 Provide services that are connected to my culture _____
 Something else: _____
- _____
- _____

6. **Please use the back of this paper for any other comments you have.**

Thank you for your help!

Community Needs Survey

This survey will help us to improve behavioral health services in Fresno County. All questions are optional, and your answers are private.

1. **Which city do you live in?** _____

2. **Have you or a loved one ever received mental health services?**

- Yes, I have Yes, my family member has Yes, my children have
 No Yes, another important person has Prefer not to answer

3. **If I felt mentally unwell, I would reach out to (check all that apply):**

- My friends and family My doctor My religious leader
 A local clinic A community leader No one
 Someone else _____

4. **The most helpful services in my community are:**

- Access to education and information Support for parents and families
 Access to housing resources The transportation options
 Services provided in the schools Train residents to be helpers
 Services available for older adults Services available for veterans
 Services that are connected to my culture _____
 Something else: _____
- _____
- _____

5. **The best way(s) to improve mental wellness in my community would be (please choose up to 3):**

- Increase education and information Support for parents and families
 Increase access to housing resources More transportation options
 Provide more services in schools Train residents to be helpers
 Increase services for older adults Increase services for veterans
 Provide services that are connected to my culture _____
 Something else: _____
- _____
- _____

6. **Please use the back of this paper for any other comments you have.**

Thank you for your help!

Encuesta de las necesidades de la comunidad de TAY

Esta encuesta nos ayudará a mejorar los servicios de salud de la conducta en el condado de Fresno. Todas las preguntas son opcionales y sus respuestas son privadas.

1. **¿En qué ciudad vive?** _____
2. **¿Alguna vez usted o un ser querido ha recibido servicios de salud mental?**
 Sí, yo Sí, un miembro de mi familia Sí, mis amigos
 No Prefiero no contestar
 otra persona importante en mi vida
3. **Si me sintiera mentalmente mal , contactaría a (marque todos los que correspondan):**
 Mis amigos y familia Mi doctor Mi líder religioso
 Una clínica local Un líder de la comunidad Nadie
 Alguien más _____
4. **Los servicios más útiles en mi comunidad son los siguientes:**
 Acceso a educación y información Apoyo para toda mi familia
 Acceso a recursos de vivienda Las opciones de transporte
 Servicios que se brindan en las escuelas Actividades que me mantienen sano
 Entrenamiento de mis pares como ayudantes Trayectorias profesionales y mentores
 Servicios que están relacionados con mi cultura _____
 Algo más: _____

5. **La mejor manera o maneras de mejorar el bienestar mental en mi comunidad sería (elija hasta 3 opciones):**
 Aumentar la educación y información Apoyo para toda mi familia
 Aumentar acceso a recursos de vivienda Más opciones de transporte
 Brindar más servicios en mi escuela Actividades para mantenerme sano
 Entrenar a mis pares como ayudantes Más trayectorias profesionales y mentores
 Brindar servicios que están relacionados con mi cultura _____
 Algo más: _____

6. **Utilice la parte posterior de este documento para cualquier otro comentario que tenga.**

¡Gracias por su ayuda!

Encuesta de las necesidades de la comunidad

Esta encuesta nos ayudará a mejorar los servicios de salud de la conducta en el condado de Fresno. Todas las preguntas son opcionales y sus respuestas son privadas.

1. **¿En qué ciudad vive?** _____

2. **¿Alguna vez usted o un ser querido ha recibido servicios de salud mental?**
 Sí, yo Sí, un miembro de mi familia Sí, mis hijos No
 Prefiero no responder otra persona importante en mi vida

3. **Si me sintiera mentalmente mal, contactaría a (marque todos los que correspondan):**
 Mis amigos y familia Mi doctor Mi líder religioso
 Una clínica local Un líder de la comunidad Nadie
 Alguien más _____

4. **Los servicios más útiles en mi comunidad son los siguientes:**
 Acceso a educación y información Apoyo para padres y familias
 Acceso a recursos de vivienda Las opciones de transporte
 Servicios que se brindan en las escuelas Entrenar residentes como ayudantes
 Servicios disponibles para personas mayores Servicios disponibles para veteranos
 Servicios que están relacionados con mi cultura _____
 Algo más: _____

5. **La mejor manera o maneras de mejorar el bienestar mental en mi comunidad serían (elija hasta 3 opciones):**
 Aumentar la educación y información Apoyo para padres y familias
 Aumentar acceso a recursos de vivienda Más opciones de transporte
 Brindar más servicios en las escuelas Entrenar residentes como ayudantes
 Aumentar los servicios para las personas mayores Aumentar los servicios para los veteranos
 Servicios que están relacionados con mi cultura _____
 Algo más: _____

6. **Utilice la parte posterior de este documento para cualquier otro comentario que tenga.**

¡Gracias por su ayuda!

Kev Ntxig Nug Kev Xav Tau Ntawm Zej Zog

Qhov kev ntxig nug no yuav pab peb los mus txhim kho cov kev pab kho mob nkeeg fab cwj pwm nyob rau Cheeb Nroog Fresno. Tag nrho cov lus nug tuaj yeem xaiv teb tau, yuav tsis pub lwm tus paub.

1. Koj nyob lub nroog twg? _____

2. Koj lossis ib tug uas koj hlub puas tau txais kev pab kho mob nkeeg fab hlwb los dua?

Kuv tau txais los dua Kuv tsev neeg tau txais los dua Kuv cov menyuum tau txais los dua

Tsis tau txais los dua Tsis xav teb Lwm tus tseem ceeb rau kuv

3. Yog tias kuv mloog tau tsis kaj siab, kuv yuav mus cuag (xaiv txhua qhov uas phim):

Kuv cov phooj ywg thiab kuv tsev neeg Kuv tus kws kho mob Kuv tus thawj koj ntawm kev ntseeg

Ib lub chaw kho mob Ib tus thawj koj hauv zej zog Tsis muaj leej twg

Lwm tus neeg _____

4. Cov kev pab uas muaj txiav ntsig tshaj plaws nyob rau hauv kuv lub zej zog yog:

Kev pab mus kawm ntawv thiab kev tau xov xwm Kev txhawb nqa rau cov niam txiv thiab tsev neeg

Kev nrhiav vaj tsev Kev xaiv thauj mus los

Cov kev pab nyob rau hauv cov tsev kawm ntawv Kev cob qhia pej xeem kom paub pab

Cov kev pab rau cov neeg laus Cov kev pab rau cov qub tub rog

Cov kev pab raug rau kuv li kab lis kev cai _____

Lwm yam: _____

5. Txoj hau kev uas zoo tshaj plaws txhawm rau txhim kho kev nyab xeeb fab hlwb nyob hauv kuv lub zej zog yuav yog (thov xaiv kom txog 3 qhov)

- | | |
|---|---|
| <input type="checkbox"/> Ntxiv kev pab mus rau kev kawm ntawv thiab kev tau xov xwm | <input type="checkbox"/> Txhawb nqa rau cov niam txiv thiab tsev neeg |
| <input type="checkbox"/> Ntxiv kev pab nrhiav vaj tsev | <input type="checkbox"/> Ntxiv cov kev xaiv thauj mus los |
| <input type="checkbox"/> Kom muab kev pab ntxiv nyob hau cov tsev kawm ntawv | <input type="checkbox"/> Cob qhia pej xeeb kom paub pab |
| <input type="checkbox"/> Ntxiv cov kev pab rau cov neeg laus | <input type="checkbox"/> Ntxiv cov kev pab rau cov qub tub rog |
| <input type="checkbox"/> Muab kev pab raug rau kuv li kab lis kev cai _____ | |
| <input type="checkbox"/> Lwm yam: _____ | |
-
-

**6. Thov siv sab ntawv nraum qab sau lwm yam lus xav uas koj muaj.
Ua tsaug rau koj txog kev pab!**

TAY Kev Ntxig Nug Kev Xav Tau Ntawm Zej Zog

Qhov kev ntxig nug no yuav pab peb los mus txhim kho cov kev pab kho mob nkeeg fab cwj pwm nyob rau Cheeb Nroog Fresno. Tag nrho cov lus nug tuaj yeem xaiv teb tau, yuav tsis pub lwm tus paub.

1. **Koj nyob lub nroog twg?** _____

2. **Koj lossis ib tug uas koj hlub puas tau txais kev pab kho mob nkeeg fab hlwb los dua?**

- Kuv tau txais los dua Kuv tsev neeg tau txais los dua Kuv cov phooj ywg tau txais
 Tsis tau Tsis xav teb Lwm tus tseem ceeb rau kuv

3. **Yog tias kuv mloog tau tsis kaj siab, kuv yuav mus cuag (xiav txhua qhov uas phim):**

- Kuv cov phooj ywg thiab kuv tsev neeg Kuv tus kws kho mob
 Kuv tus thawj coj ntawm kev ntseeg
 Ib lub chaw kho mob Ib tus thawj coj hauv zej zog Tsis muaj leej twg
 Lwm tus neeg _____

4. **Cov kev pab uas muaj txiav ntsig tshaj plaws nyob rau hauv kuv lub zej zog yog:**

- Kev pab mus kawm ntawv thiab kev tau xov xwm Kev txhawb nqa rau kuv tsev neeg
 Kev nrhiav vaj tsev Cov kev xaiv thauj mus los
 Cov kev pab muaj nyob hauv kuv lub tsev kawm ntawv Cov dej num uas ua rau kuv xis nyob
 Kev cob qhia rau kuv cov phooj ywg kom paub pab Cov kev qhia ua haujlwm thiab cov kws pab tswv yim
 Cov kev pab raug rau kuv li kab lig kev cai _____
 Lwm yam: _____

5. **Txoj hau kev uas zoo tshaj plaws txhawm rau txhim kho kev nyab xeeb fab hlwb nyob hauv kuv lub zej zog yuav yog (thov xaiv kom txog 3 qhov)**

- Ntxiv kev pab mus rau kev kawm thiab xov xwm Kev txhawb nqa rau kuv tsev neeg
 Ntxiv kev pab nrhiav vaj tsev Ntxiv cov kev xaiv thauj mus los
 Ntxiv cov kev pab muaj nyob hauv kuv lub tsev kawm ntawv Cov dej num uas ua rau kuv xis nyob
 Kev cob qhia rau kuv cov phooj ywg kom paub pab Ntxiv cov kev qhia ua haujlwm thiab cov kws pab tswv yim

Cov kev pab raug rau kuv li kab lig kev cai _____

Lwm yam: _____

- 6. Thov siv sab ntawv nraum qab sau lwm yam lus xav uas koj muaj.
Ua tsaug rau koj txog kev pab!**

APPENDIX F: Email Comments Received During Community Planning Process

Valley Caregiver Resource Center is interested in developing a community-based setting for a PEARLS program for seniors with the Department of Behavioral Health's funding and input as part of their 2023-2026 MHSa Plan. There is not a local PEARLS program in greater Fresno County.

PEARLS is one of only a handful of programs that focuses on helping older adults develop the skills they need to maintain their health, happiness, and independence. This program is part of a cultural shift in how depression is managed for aging community members with beneficial outcomes, while lightening the load on an already stressed mental health system.

Lori Norman
Director of Strategic Planning & Development



APPENDIX G: Public Comment and Substantive Changes
Public Comment Period 3/17/2023 - 4/17/2023

Fresno County 2023-2026 MHSA Three-Year Plan

Public Comments Received During 30-Day Posting (3/17/2023 – 4/17/2023)

and Department Response

April 19, 2023

Page 2: Comment #1 and Answer #1

Page 4: Comment #2 and Answer #2 combined

Page 7: Comment #3

Page 18: Answer #3

Comment #1

RE: DBH Communications Plan

For years the community has requested information on how to get help in accessing and support in navigating the behavioral health system of care. For years the same concern has been one of the Behavioral Health Board Recommendations to the Board of Supervisors. DBH has contracted for a number of years with a marketing firm to inform and to publicize services that are available and how to access those services. Yet in the themes listed from the recent public forums these requests remain among the top three. Obviously, the message is not getting through. It is discouraging to read in the Communication Plan included in the MHSA 3-Year Plan that "There are no planned changes at this time." While "the Department will continue to seek opportunities to market its services and other behavioral health messages to the community," it is paying a marketing firm to do just that. Something needs to change, because the status quo is not working.

This is a frustration! Please have a response for us all at the Public Hearing.

Thanks.

Carolyn Evans

Response #1

What we mean by the "no changes" is to our overall current large effort to push communication, awareness, stigma reduction, etc. The sheet does not detail our strategies.

As we've moved past the initial creation of a communication plan, learning the ropes, and doing the branding, we can now shift to more specific campaigns.

We are looking at the point you made on the navigation. We want and need to help people understand where to get care, we want to help clarify our role and what is private insurance, we get lumped in with them.

Doing more work on how to access care, working with our programs to navigate.

CalAIM is also putting a greater role and responsibility of managed care plans and insurance to navigation for beneficiaries and so we are also waiting to see how that pans out and where we need to address the needs.

So this does not go into details and our plans. We've seen significant increase in use of the 988 which we've promoted. We've seen a number of persons served increase even with the pandemic. We have been moving to have marketing firms assist us with strategies, campaigns and ad buys, we are taking on a greater role in doing more of the work internally. Also in the new RFP for marketing services, we are putting more focus proof of performance, so we can see what work, what didn't, what we need to

change, what will be more effective. Those are a different efforts which are not detailed in the program sheet, but will be in actual RFP, scopes of work and deliverables.

I hope this provides some clarification. Once we go through the RFP and a vendor is identified we will be working to get more specific strategies to address a number of needs, including what you have noted on improving navigation and access.

Comment #2

Hello.

Some of my comments are minor like typos. Some are at the 30,000 foot level to understand the requirements of the document and my perhaps misinformed expectations of such a 3 year plan. You all are doing a lot of work well in not always optimal circumstances. Know that we appreciate it and there is recognition that improvements are being made on a consistent basis (although it is hard to be fast enough for the general community with such an expanse of services and the workforce challenges.)

High Level

- Why does such a massive plan not have an Executive Summary? While summarizing all the programs would clearly be difficult, would it be possible to provide the thematic results that came from all the outreach conducted and then how it was applied into this plan in some kind of summary form? Pages 19-23 could be summarized and then indicating where those themes are incorporated into specific programs, perhaps? I realize that is not possible this year, but perhaps in the future or even the annual updates?

Answer: The executive summary is added after the 30-day public comment period and before final submission to the BoS to allow for incorporation of public comment, changes, and finalization of themes.

Specific Comments

- Page 3 – What do you mean in the last paragraph that primary language was not available for the general population? The census does provide the information that 42.7% speak a primary language other than English in the home. Wouldn't that be useful to know, even though you can't say specifically how many are Spanish-speaking, Punjabi, Hmong, etc? It is especially important for page 4 where you indicate the languages for Spanish and Hmong as it is telling regarding cultural congruence linguistically.

Answer: This language is from the Cultural Competency Plan (CCP). We cannot change a large amount of the language but it can be noted that over 42% of the county residents speak a language other than English in the home, and it is also noted that the collected information provides some insights, but it is limited as it does not provide information on the threshold languages, nor emerging language needs.

- Page 7 – 433 of the workforce completed the survey. That's great. Out of how many? Is it a representative sample? What is the confidence level?

Answer: This is from the Annual Cultural Competency Plan (CCP). This is a point in time type survey. It is difficult to identify how many total persons are active in the workforce across numerous providers and organizations at that time. It is estimated the workforce in our system of care could range from 1,500 to 2,000 (it can't factor for vacant positions, persons on leave, etc.). This is a voluntary survey, which also provides some limitations. Based on estimates of the

workforce and the number of completed surveys, the surveys account for about 20% of the workforce. Based on consultation with experts, our target response rate was 10% or more, so we do believe the sample sufficient for the information deduced from it.

- Page 14 – You indicate the total number of in person community forums but not the number of people who attended. What is it?
Answer: 348 people attended community forums in fall 2022. This information will be added to the plan.
- Page 23 – Question 8 – Data analysis and information sharing is listed as “innovative ideas/models/methods”. Can you be more specific about why this is innovative? What was meant to help make it clearer?
Answer: This is a summarized theme from multiple key informant interviews. Every key informant interviewee had a different example for data analysis and information ideas.
- Page 31 – What does CRDP stand for?
Answer: California Reducing Disparities Project (CRDP) Phase 2. “CRDP Evolutions” is the official program name. The description of the INN project is available in the innovation section.
- Page 33 – 2nd bullet – the word “recruits” has an apostrophe after the “s” that should be deleted.
Answer: Thank you, we will update.
- Page 36 & 77 – Why are there no projected numbers for Forensic Behavioral Health Full Service Partnership since where they are listed further down the chart, there are none and the statement for AB 109 and AB 1810 FSP will be rolled into Forensic BH FSP. Since the programs existed, it seems like you could make some projections.
Answer: This was an oversight. We will update.
- Pg 55 – Why is TAY not mentioned for CalAIM when other programs are? Enhanced Care Management for children services goes into effect 7/2023 and TAY’s younger ages would qualify, wouldn’t they?
Answer: First, the program sheets are completed by a variety of DBH staff in order to ensure staff most familiar with the projects are involved. The team responsible for creating the MHSA Plan edits these forms as little as possible.

Second, the team responsible for creating the MHSA plan only added the CalAIM clause to program sheets for which the existing agreement is being extended specifically to allow for implementation of CalAIM. This clause serves as a record of the reason for extension of these MHSA programs. As the TAY FSP agreement is not currently expiring or being extended, this clause was not added.

All DBH programs will be implementing CalAIM in FY 2023-2024. This MHSA Plan is not a full description of the Department’s CalAIM activities.

- Pg 60 – Typo in program overview section: should be SNHP not SNAP.
Answer: Thank you for the correction.

- Pg 116 – I was surprised to see that Collaborative Courts would be moving to become Medi-Cal site certified to begin billing. I would like to learn more about this as there are many community-based organization partners who also will need to become Medi-Cal site certified for CalAIM which do not have the funds and internal capacity to do so. Finding ways to partner and learn together would be extremely beneficial.

Answer: The transition to CalAIM is not managed by the personnel who are developing the MHSa plan, and is not the main focus of the plan. That can best be addressed by other DBH teams. The BHB is welcome to request a presentation through their standard procedure.

- Pg 189 – Should you update the actual dates for the Public Comment period?

Answer: Yes. Our standard practice is to edit this information after the public hearing and before final submission to the Board of Supervisors.

- Pg 190 – Planning Process Project Costs – for the next plan, I would suggest a higher amount for translation so that you can have simultaneous translation with people wearing headsets. Having participated in one meeting where it was not simultaneous, the meeting was extremely difficult to follow, there were no translations of the powerpoint, and comments were limited due to exceeding times.

Answer: The Department ensures interpreters are available for all scheduled community forums. Each community may choose whether the interpreter uses consecutive interpretation or simultaneous interpretation with headsets. The forum that is referenced here was a hybrid forum with both in-person and virtual attendance options. The in-room technology required interpreter to use a microphone in order for virtual attendees to hear the interpretation. When this system was tested with our simultaneous interpretation headsets, several headsets had feedback. In order to accommodate all attendees, the decision was made to simply use the microphone for consecutive interpretation.

The Spanish-language Community forum on 11/4/2022 used the PowerPoint in Spanish facilitated by Spanish-speaking personnel. The forum that is being noted was advertised as a presentation in English and presented by an English-speaking presenter, and thus the PowerPoint used was the English one. Limitations in available technology make it exceedingly difficult to run two simultaneous Powerpoint presentations. Therefore, the Department ensures interpreters are on hand to support language needs when a community forum is presented in English. The recommendation to make available copies of the translated powerpoint has been noted for future community forums.

Finally, all community forums were scheduled for the same amount of time. Additional comments, including those from individuals who were unable to make a comment at a community forum due to time constraints, were accepted throughout the entire community planning process (October-December 2022) via email and written submissions.

Thank you for the opportunity to comment.

Brooke Frost

Comment #3

TO: FRESNO COUNTY BEHAVIORAL HEALTH BOARD, FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SERVICES, EACH MEMBER OF THE FRESNO COUNTY BOARD OF SUPERVISORS, AND FRESNO COUNTY COUNSEL

FROM: DANIEL O. JAMISON, RETIRED ATTORNEY WHO NO LONGER PRACTICES LAW AND IS ACTING STRICTLY AS A CONCERNED CITIZEN

RE: CITIZEN COMMENTS ON THE MENTAL HEALTH SERVICES ACT DRAFT THREE-YEAR PLAN FOR FRESNO COUNTY

OVERVIEW

SINCE THE MENTAL HEALTH SERVICES ACT (MHSA) WAS ADOPTED IN 2004, THE SEVERELY MENTALLY ILL (SMI) HOMELESS HAVE GROWN IN NUMBER AND THE NUMBER OF SEVERELY MENTALLY ILL WHO END UP IN JAIL OR PRISON RATHER THAN IN SECURE PSYCHIATRIC HOSPITALS, OR COMPONENTS THEREOF, OR IN SECURE RESIDENTIAL TREATMENT FACILITIES, AND THE NUMBER OF SMI WHO DIE BY SUICIDE, REMAIN UNABATED. THE FAILURE OF FRESNO AND OTHER CALIFORNIA COUNTIES TO USE AT LEAST UP TO 20% OF THEIR MHSA ALLOCATIONS FOR CAPITAL AND TECHNOLOGICAL COSTS HAS MEANT THAT THE NEEDED FACILITIES HAVE NOT BEEN CONSTRUCTED AND FUNDS HAVE NOT BEEN DEVOTED TO REMEDYING THE SHORTAGE OF PSYCHIATRISTS TO STAFF THEM. THIS FAILURE TO PROPERLY IMPLEMENT THE MHSA CONTINUES IN THE COUNTY'S DRAFT THREE-YEAR MHSA PLAN

POINT ONE: THE COUNTY FAILS TO MEET THE NEEDS OF THE MOST SEVERELY MENTALLY ILL FOR SECURE INPATIENT PSYCHIATRIC HOSPITALS AND SECURE RESIDENTIAL TREATMENT

THE DRAFT STATES THERE ARE SUPPOSED TO BE FULL-SERVICE PARTNERSHIPS TO PROVIDE INTENSIVE SERVICES TO *“individuals with serious mental illness (SMI) or severe emotional disturbance (SED). These services are provided in a community-based setting and utilize a “whatever it takes” approach to meet the needs of the individuals served.”*

W&I CODE SECTION 5892 b)(1) STATES: *“In any fiscal year after the 2007-08 fiscal year, programs for services pursuant to Part 3 (commencing with [Section 5800](#)) and Part 4 (commencing with [Section 5850](#)) may include funds for technological needs and capital facilities, human resource needs, and a prudent reserve to ensure services do not have to be significantly reduced in years in which revenues are below the average of previous years. The total allocation for purposes authorized by this subdivision shall not exceed 20 percent of the average amount of funds allocated to that county for the previous five fiscal years pursuant to this section.”*

IT IS UNCLEAR BUT W&I CODE SECTION 5892 A)(1)-(6) APPEARS TO INDICATE THAT IN ADDITION TO THE ABOVE, MORE THAN 20% CAN BE ALLOCATED TO CAPITAL/TECH FOR THE CURRENT YEAR.

W&I CODE SECTION 5847 b)(5) STATES, *“The three-year program and expenditure plan shall be based on available unspent funds and estimated revenue allocations provided by the state and in accordance with established stakeholder engagement and planning requirements, as required in [Section 5848](#). The three-year program and expenditure plan and annual updates shall include all of the following: (5) A program for technological needs and capital facilities needed to provide services pursuant to Part 3 (commencing with [Section 5800](#)), Part 3.6 (commencing*

with [Section 5840](#)), and Part 4 (commencing with [Section 5850](#)). All plans for proposed facilities with restrictive settings shall demonstrate that the needs of the people to be served cannot be met in a less restrictive or more integrated setting, such as permanent supportive housing.”

THERE IS A DESPARATE NEED FOR SECURE PSYCHIATRIC HOSPITALS, SECURE RESIDENTIAL TREATMENT CENTERS, AND OTHER CAPITAL FACILITIES TO CARE FOR THE SEVERELY MENTALLY ILL. THE MAYOR OF SAN JOSE RECENTLY REPORTED THAT “50 years ago our country operated 337 psychiatric beds per 100,000 individuals. By 2016, that number plummeted to 12. It's no wonder the population of desperately ill people on our streets has skyrocketed”

<https://app.meltwater.com/newsletters/analytics/view/5e8624bb4a32930012f3b64d/newsletter/61c4b6b1c1abab0013267cc9/distribution/641c893c8c58e000157077bd/document/SBEE000020230322ej3m000qp> FRESNO COUNTY NO DOUBT HAS SIMILAR BED SHORTAGES TO THOSE DESCRIBED BY THE SAN JOSE MAYOR IN SANTA CLARA COUNTY.

IN ADDITION TO THE SEVERELY MENTALLY ILL HOMELESS, THE LACK OF FACILITIES RESULTS IN MANY SEVERELY MENTALLY ILL BEING PUT IN JAIL, NEEDLESSLY EXPANDING OUR PRISON POPULATION AND DENYING THESE INDIVIDUALS AN APPROPRIATE SETTING FOR TREATMENT.

I HAVE PERSONAL EXPERIENCE WITH A NOW DECEASED SEVERELY MENTALLY ILL OLDER BROTHER AS DESCRIBED IN MY ARTICLE AT <https://www.sandiegouniontribune.com/opinion/commentary/story/2023-01-20/opinion-lets-fix-the-system-that-failed-my-family>

AS I DESCRIBE IN MY ARTICLE, WITH NO PLACE TO PUT HIM WHEN HE WAS OFF HIS MEDICATION AND WITH THE OTHER CONSTRAINTS DESCRIBED IN MY ARTICLE, WE CAME WITHIN A WHISKER OF HIS CAUSING A MAJOR FIRE AT A LARGE WOODEN APARTMENT COMPLEX WHERE MANY PEOPLE WERE SLEEPING.

THUS, “WHATEVER IT TAKES” CAN AND MUST INCLUDE CAPITAL AND TECHNICAL EXPENDITURES OF MHSA FUNDS TO BUILD, OPERATE, MAINTAIN AND STAFF SECURE PSYCHIATRIC HOSPITALS OR SECURE COMPONENTS THEREOF AND SECURE RESIDENTIAL TREATMENT FACILITIES IN PARTNERSHIP WITH QUALIFIED PROVIDERS, BUT FOR YEARS FRESNO COUNTY HAS IGNORED THE NEED FOR SUCH FACILITIES.

ACCORDING TO THE RECORDS OF FRESNO COUNTY ON THE WEBSITE OF THE MENTAL HEALTH SERVICES ACT OVERSIGHT AND ACCOUNTABILITY COMMISSION, FROM FISCAL YEAR 2017-2018 THROUGH 2021-2022, FRESNO COUNTY RECEIVED A TOTAL OF AT LEAST AROUND \$354 MILLION FOR THOSE YEARS COMBINED AND AN AVERAGE OF AT LEAST ABOUT \$71 MILLION IN EACH OF THOSE YEARS. THE TOTAL AMOUNT OF FUNDS FOR CAPITAL FACILITIES AND TECHNICAL NEEDS FOR THE COMBINED YEARS WAS AROUND \$19 MILLION. THIS IS AROUND 6% OF THE \$354 MILLION. \$19 MILLION AVERAGES CLOSE TO \$4 MILLION IN EACH OF THOSE YEARS FOR CAPITAL/TECHNOLOGY, WHICH IS ALSO AROUND 6% IN EACH OF THOSE YEARS. IN NONE OF THE YEARS DID THE ACTUAL REPORTED AMOUNT FOR CAPITAL/TECHNICAL APPROACH ANYWHERE NEAR 20% WITH ONLY 2020-2021 IN THE 10-12% RANGE. IN EACH OF THE OTHER YEARS THE ALLOCATION WAS IN THE 2-5% RANGE.

BUT THE CURRENT DRAFT THREE-YEAR PLAN CONTINUES THE SHORT SHRIFT THAT THE COUNTY HAS PREVIOUSLY GIVEN TO CAPITAL/TECHNICAL. PAGES 178-179 OF THE DRAFT ARE OUT OF ORDER, BUT REFLECT BUDGETED MHSA FUNDS OF \$94,909,303, 97,988,121, 112,615,403, 96,322,070, 96,322,070 FOR FISCAL YEARS 2021-2022, 2022-2023, 2023-2024, 2024-2025, 2025-2026. Budgeting FOR CAPITAL/TECH FOR 2021-2022, 2022-2023, 2023-2024, 2024-2025 IS \$1,500,000 1,500,000 15,000,000 1,500,000. FOR TECH ALONE, THE AMOUNTS ARE \$2,312,391 2,612,788 2,912,788 2,912,788. \$500,000 IS ALSO BUDGETED IN EACH OF THOSE YEARS FOR ADMINISTRATIVE. FISCAL YEAR 2025-2026 SHOWS THE SAME AMOUNTS AS IN 2024-2025 FOR CAPITAL/TECH AND ADMINISTRATIVE. AS IN THE FIVE-YEAR PERIOD OF 2017-2018 TO 2021-22, IN MOST YEARS, THE

AMOUNTS UNDER THE DRAFT PLAN FOR CAPITAL/TECH ARE AROUND 2-5% OF THE \$94 MILLION PLUS OF BUDGETED MHSA FUNDS WITH JUST ONE YEAR IN THE STILL INADEQUATE 10-12% RANGE.

CONSERVATIVELY USING THE PRECEDING FIVE-YEAR AVERAGE AMOUNT FOR EACH YEAR, AT LEAST \$14 MILLION IN EACH YEAR OF THE CURRENT DRAFT THREE-YEAR PLAN, WHICH IS ABOUT 20% OF \$71 MILLION, CAN BE DEVOTED TO CAPITAL AND TECHNOLOGICAL COSTS.

IT CAN BE INFERRED FROM THE SHORT SHRIFT GIVEN TO CAPITAL/TECH THAT FRESNO COUNTY HAS BEEN INFLUENCED BY A MISLEADING STATE REGULATION TO THINK THE FUNDS CAN ONLY BE USED FOR VOLUNTARY CARE AND CANNOT BE USED FOR BUILDING, OPERATING, MAINTAINING AND STAFFING PSYCHIATRIC FACILITIES THAT ARE SECURE OR HAVE SECURE COMPONENTS. AS W&I CODE SECTIONS 5892b)(1) AND 5847b)(5) SHOW, MHSA FUNDS UP TO AT LEAST 20% OF THE COUNTY'S ALLOCATION OF MHSA FUNDS PER THAT CODE SECTION CAN BE USED FOR SUCH CAPITAL AND TECHNICAL PURPOSES. IN ADDITION, PLEASE SEE MY CITIZEN'S PETITION TO REPEAL AND AMEND THE OFFENDING REGULATION AND THE DEPARTMENT OF HEALTH CARE SERVICES' DECISION DENYING MY PETITION. IN THE DECISION, THE DEPARTMENT SAYS THAT 9 CCR 3400(b)(2), WHICH STATES, "*Programs and/or services provided with MHSA funds shall [b]e designed for voluntary participation,*" MERELY MEANS, "*The language in section 3400(b)(2) reflects MHSA intent that services and programs be designed with voluntary participation in mind*" AND DOES NOT EXCLUDE THE SECURE CARE AUTHORIZED IN W&I CODE SECTION 5847b)(5). MY PETITION AND THE DECISION ARE ATTACHED.

THE MOST SEVERELY MENTALLY ILL NEED SECURE HIGH QUALITY TEMPORARY INPATIENT PSYCHIATRIC FACILITIES WHERE THEY CAN RECEIVE APPROPRIATE TREATMENT THAT CAN BRING THEM TO MEDICATION COMPLIANCE AND TO STEP-DOWN SERVICES. THIS NEED IS ACUTE. THE DRAFT REPORT ALSO HIGHLIGHTS ITS OUTPATIENT CARE FOR THOSE COMING OUT OF JAIL OR PRISON

ON PAROLE OR PROBATION, OR WHO ARE TOO MENTALLY ILL TO BE ABLE TO ASSIST IN THEIR DEFENSE AT TRIAL, BUT THE CRITICAL SECURE HIGH QUALITY PSYCHIATRIC CARE FOR THE LATTER TO KEEP THEM FROM BOUNCING BACK AND FORTH TO ATASCADERO, OR FOR THOSE WHO FAIL PROBATION OR PAROLE DUE TO THEIR SEVERE MENTAL ILLNESS, IS NOT ADDRESSED OR INCLUDED IN THE COUNTY'S PLAN.

IN ADDITION, THE MHSA IS IDEALLY SUITED TO MEET THE COUNTY'S FINANCING NEEDS FOR THE REALIGNMENT OF JUVENIAL DETENTION FACILITIES/SERVICES TO COUNTIES. THE SACRAMENTO BEE REPORTS THAT THE REALIGNMENT LAW *"specifically called for secure youth treatment facilities that provided mental health and other supportive services that 'were evidence-based, promising, trauma-informed, and culturally responsive.'"*

THE COUNTY'S FAILURE TO ADDRESS SECURE FACILITY NEEDS MUST BE REMEDIED.

POINT TWO: MAJOR LOCAL PROVIDERS APPARENTLY HAVE NOT BEEN CONSULTED ON ADDRESSING THE NEED FOR SECURE PSYCHIATRIC HOSPITALS, SECURE COMPONENTS OF SUCH HOSPITALS, AND FOR SECURE RESIDENTIAL TREATMENT FACILITIES.

THE DRAFT PLAN STATES: "It should be noted that the Department's overview and presentations did not include a review of existing MHSA programs or services, nor did it redirect conversations or interests on existing services, which would address some of the needs areas identified in some forums and the themes. Key Informant Interviews In addition to the 15 public forums, DBH facilitated key informant interviews with stakeholders who represented different sectors and/or populations that partner with the public behavioral health system. Many of the key informant interviews were not providers of behavioral health."

IT APPEARS THAT LYNNE ASHBECK OF VALLEY CHILDRENS HOSPITAL WAS THE ONLY MAJOR FACILITY PROVIDER REPRESENTATIVE WHO WAS INTERVIEWED. SURELY COMMUNITY BEHAVIORAL HEALTH WOULD BE INTERESTED IN CAPITAL AND TECHNICAL SUPPORT FOR EXPANDING AND IMPROVING ITS SECURE FACILITY. SAINT AGNES MEDICAL CENTER NO DOUBT WOULD BE INTERESTED IN THERE BEING ADEQUATE SECURE FACILITIES FOR HOMELESS AND OTHER SEVERELY MENTALLY ILL WHO FREQUENT ITS ER. VALLEY CHILDRENS ALSO WOULD CERTAINLY BENEFIT FROM SUCH SUPPORT FOR ITS FACILITIES.

THE APPARENT FAILURE TO INVOLVE THE MAJOR AREA PROVIDERS AS MAJOR PLAYERS, ALONG WITH THE DEARTH OF ATTENTION TO BUILDING, OPERATING, MAINTIANING AND STAFFING SECURE FACILITIES, IS TROUBLING. GOING FURTHER, THE COUNTY SHOULD URGE THEM TO COLLABORATE IN THE DESIGN AND EXECUTION OF A COMPREHENSIVE PLAN ALONG WITH OTHER CRITICAL PARTNERS.

IT IS NOT ENOUGH TO SAY WELL, WE NOTIFIED THEM, IF THAT OCCURRED. WITH THE COUNTY'S LONGSTANDING ATTITUDE TOWARD CAPITAL/TECHNCIAL SUPPORT FOR THE SEVERELY MENTALLY ILL, IT IS NO WONDER THAT OUR LOCAL MAJOR PROVIDERS MIGHT NOT SEE ANY BENEFIT TO THE COUNTY'S PLANNING.

BUT WITH THE DEPARTMENT OF HEALTH CARE SERVICES NOW SAYING THAT VOLUNTARY PARTICIPATION IS MERELY TO BE KEPT IN MIND AND WITH THE CLEAR AUTHORIZATION OF W&I CODE SECTIONS 5847 AND 5892, THE COUNTY MUST ADDRESS THE NEEDS AND IDEAS OF THESE MAJOR PROVIDERS FOR CAPITAL AND TECHNICAL IMPROVEMENTS TO THE MENTAL HEALTH SYSTEM.

THE BOARD'S HEARING SHOULD BE POSTPONED AND THE DEPARTMENT OF BEHAVIORAL HEALTH REQUIRED TO THOROUGHLY INVESTGATE AND FUND AT

LEAST UP TO THE 20% LIMIT THE CAPITAL AND TECHNOLOGY NEEDS FOR MENTAL HEALTHCARE IN FRESNO COUNTY.

POINT THREE: THE PLAN FAILS TO ADDRESS THE ACUTE SHORTAGE OF WELL-QUALIFIED PSYCHIATRISTS AND OTHER MENTAL HEALTH PROVIDERS WHO COULD PRACTICE AT SECURE PSYCHIATRIC FACILITIES

THE DRAFT PLAN STATES: *“Like most of the Central Valley, Fresno County is in the heart of a mental health shortage area, which experiences an even greater dearth of psychiatric services than the general populace. Fresno County and the central region have been a mental health shortage area for close to two decades...”* THE COUNTY EXPECTS TO RECEIVE WELL OVER \$94 MILLION IN EACH OF THE THREE YEARS OF THE PLAN AND HAS RECEIVED MASSIVE MHSA FUNDING IN THE PAST. HOW IS IT POSSIBLE THAT WITH THIS HUGE FUNDING THE COUNTY HAS NOT BEEN ABLE TO SIGNIFICANTLY REDUCE THIS SHORTAGE?

THE COUNTY’S FUNDS SHOULD BE USED TO THE EXTENT ALLOWED BY LAW, TO ENTER INTO CONTRACTS WITH WELL-QUALIFIED PSYCHIATRISTS AND OTHER MENTAL HEALTH PROVIDERS TO REMEDY THIS SHORTAGE. IF THERE WERE HIGH-QUALITY LONGER TERM (BUT STILL TEMPORARY) LARGE SECURE PSYCHIATRIC HOSPITALS HERE WITH ATTRACTIVE COMPENSATION FOR PROVIDERS, WELL-QUALIFIED PSYCHIATRISTS WHO WELCOME THE CHALLENGE OF THE MOST SEVERE CASES COULD POTENTIALLY BE RECRUITED HERE.

W&I CODE SECTION 5892 b)(1) EXPRESSLY ALLOWS CAPITAL/TECHNOLOGY FUNDS TO ADDRESS HUMAN RESOURCE NEEDS. THE MASSIVE FUNDS CURRENTLY ALLOCATED TO COMMUNITY SUPPORTS AND SERVICES CAN ALSO BE TAPPED FOR THIS THIS PURPOSE.

POINT FOUR: PROPOSED SERVICES AT THE WELLNESS CENTER, HERITAGE AND OLIVE STREET CAMPUSES ARE POORLY DEFINED AND DO NOT ADDRESS THE NEED FOR ADEQUATE SECURE PSYCHIATRIC FACILITIES.

THE DRAFT PLAN STATES: *“THE Holistic Wellness Center provides holistic healing services and activities, with outcome goals of increased mental health awareness, reduced stigma/discrimination, increased program capacity and the promotion of wellness and recovery through a developed process that links persons seeking service to nontraditional holistic healers within the diverse cultural communities...”* IT ALSO STATES: *“The County will allocate approximately \$10 million in FY 2022-2023 and also in the new plan from CSS dollars to support capital projects and plans, including but not limited to the completion of the direct service campus, components of the Psychiatric Health Facilities, Crisis Stabilization Center and transitions supports from current locations to the Heritage Campus. Lastly, the Department will continue exploring expansion and development of new crisis care infrastructure at the Heritage Campus.”* ALSO, *“On Capital Projects, the Department continues work on its newly acquired campus at 5555 East Olive Ave (temporarily referred to as the Olive Building), which, upon completion, will become the site of clinical services for adults and children. This campus will provide an array of care and services for persons served in one location, with different access areas for the different populations.”* AND, *“Upon completion, the Heritage Center will be the location of for Psychiatric Health Facilities (PHFs), two Crisis Stabilization Centers (CSC)s, and a Sobering Center, as well as administrative buildings. The Olive St Campus will be the future location of both adult and children’s outpatient services.”*

WHILE IT MAKES SENSE TO CONSOLIDATE AND MAKE MORE EFFICIENT THE DELIVERY OF OUTPATIENT SERVICES, THE HOLISTIC WELLNESS CENTER’S DESCRIPTION IS UNDULY VAGUE. WHILE SOME FUNDS TO ADDRESS THE COUNTY’S DIVERSE CULTURES ARE APPROPRIATE, THIS REQUIRES CLEAR TASKS AND GOALS AND SHOULD NOT DETRACT FROM OTHER MORE URGENT AND CONCRETE NEEDS. THE HERTIAGE CENTER AND OLIVE STREET CAMPUS ALSO APPEAR TO BE LIMITED TO OUTPATIENT CARE AND ARE NOT WELL-DESCRIBED. IF

THERE WILL BE ANY SECURE BEDS IN HERITAGE AND OLIVE, THE NUMBER OF BEDS DOES NOT APPEAR TO BE STATED. AGAIN, ADEQUATE SECURE FACILITY CAPITAL NEEDS FOR THE MOST SEVERELY MENTALLY ILL ARE UNADDRESSED.

POINT FIVE: THE DEPARTMENT OF BEHAVIORAL HEALTH AND THE BOARD OF SUPERVISORS MUST NOT APPROVE INEFFECTIVE PROGRAMS BUT IN ADDITION TO MEANINGFUL WELL-DOCUMENTED OUTPATIENT SERVICES, MUST ENSURE A CONCRETE DELIVERY OF WELL-DOCUMENTED SERVICES IN SECURE INPATIENT PSYCHIATRIC FACILITIES THAT WILL ACTUALLY REDUCE THE SEVERELY MENTALLY ILL PRISON POPULATION AND THE SEVERELY MENTALLY ILL HOMELESS

GIVEN THE AMOUNT OF MONEY INVOLVED, MHSA FUNDING IS AN ATTRACTIVE TARGET FOR INEFFECTIVE PROGRAMS, NOT TO MENTION POTENTIAL GRAFT. IT IS CRUCIAL THAT THESE DOLLARS BE DEVOTED TO THE CONCRETE DELIVERY OF SERVICES IN THE APPROPRIATE FACILITIES THAT WILL ACTUALLY REDUCE THE SEVERELY MENTALLY ILL JAIL/PRISON POPULATION, THE SEVERELY MENTALLY ILL HOMELESS POPULATION, SUICIDES, AND PERIODIC CALAMITIES WROUGHT BY SEVERE MENTAL ILLNESS.

CONCLUSION:

IT IS EVIDENT THAT FOCUS ON COMMUNITY SUPPORT AND SERVICES, PREVENTION AND EARLY INTERVENTION, AND ON INNOVATION, WITH SECURE AND UNLOCKED CAPITAL FACILITIES AND RELATED WORKFORCE BEING LARGELY IGNORED BECAUSE OF AN ERRANT REGULATION, HAS NOT WORKED.

UNDER THE MHSA, THE ORDER OF PRIORITIES SHOULD FIRST BE BUILDING AND STAFFING SECURE AND UNLOCKED PSYCHIATRIC AND RESIDENTIAL TREATMENT FACILITIES FOR THE MOST SEVERELY MENTALLY ILL, THEN STEP-DOWN OUTPATIENT FOR THESE PERSONS WHEN THEY CAN LEAVE THE ACUTE FACILITIES, THEN ONGOING OUTPATIENT AND OTHER SERVICES AS NEEDED TO TRY TO KEEP THEM FROM RETURNING TO THE ACUTE FACILITIES, AND THEN PREVENTION AND EARLY INTERVENTION, ALL WITH NECESSARY COMMUNITY SUPPORT AND SERVICES AND ALL WITH INNOVATION TO BE KEPT IN MIND.

Response #3

1. Fresno County is not using up to 20% of MHSAs allocations for CFTN.

This is correct. It is important to note that there has been no new CFTN or WET funding since 2014, therefore any MHSAs funding allocated to support CFTN and WET initiatives requires community stakeholder endorsement to transfer CSS funding to support the identified need. CSS is the component that funds intensive treatment services for consumers with serious mental health conditions. Per the MHSAs regulations, while a county may transfer up to 20% cumulatively of CSS funding to support CFTN, WET, and/or Prudent Reserve, there is no requirement to do so. Based on Fresno County DBH's assessment of system needs and feedback from the community, it has been determined that it would not be in the best interest of the consumers being served to shift 20% of CSS funds to CFTN as this would result in a reduction of direct treatment services as well as WET strategies.

2. POINT ONE: THE COUNTY FAILS TO MEET THE NEEDS OF THE MOST SEVERELY MENTALLY ILL FOR SECURE INPATIENT PSYCHIATRIC HOSPITALS AND SECURE RESIDENTIAL TREATMENT.

County behavioral health departments across California commissioned RAND to assess inpatient bed capacity in the state, and it is this report which has been used by the state and the Governor's office to calculate the number of beds needed for a planned general bond measure expected on the 2024 ballot intended to address the need for step down housing capacity, which in turn, is anticipated to result in increased psychiatric bed capacity. The newly proposed bond measure is expected to create thousands of unlocked residential beds.

2a. THE DRAFT STATES THERE ARE SUPPOSED TO BE FULL-SERVICE PARTNERSHIPS TO PROVIDE INTENSIVE SERVICES TO "individuals with serious mental illness (SMI) or severe emotional disturbance (SED). These services are provided in a community-based setting and utilize a "whatever it takes" approach to meet the needs of the individuals served."

...

THUS, "WHATEVER IT TAKES" CAN AND MUST INCLUDE CAPITAL AND TECHNICAL EXPENDITURES OF MHSAs FUNDS TO BUILD, OPERATE, MAINTAIN AND STAFF SECURE PSYCHIATRIC HOSPITALS OR SECURE COMPONENTS THEREOF AND SECURE RESIDENTIAL TREATMENT FACILITIES IN PARTNERSHIP WITH QUALIFIED PROVIDERS, BUT FOR YEARS FRESNO COUNTY HAS IGNORED THE NEED FOR SUCH FACILITIES.

- The "whatever it takes" philosophy is often applied specifically to Full Service Partnerships. It has not been the interpretation of the Department of Health Care Services (DHCS), the Mental Health Services Oversight Accountability Commission (MHSOAC), or counties that the "whatever it takes" philosophy is

applicable to all of MHSA, or to the other components such as non-FSP CSS, PEI, INN, WET, or CFTN.

- Per Title 9 CCR § 3200.130 a "Full Service Partnership" means the collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals. DBH currently operates 9 FSP programs. Eligibility for these programs is narrow and is determined by statute. Only a small percentage of individuals served by DBH and its contractors are eligible for FSP-level services.
- MHSA is a volatile revenue source for county behavioral health and should not be the sole option to operate and maintain programs, including for the purpose of securing locked residential treatment programs.
- MHSA is limited to voluntary programs and services, and while MHSA CFTN may be used to develop acute locked facilities, the CFTN funds are not intended or approved for use to fund staff to provide direct treatment services and/or operate locked involuntary facilities.
- As noted, Fresno County was involved in the commission of the study to determine the needs for acute psychiatric beds. Furthermore, in an effort to create capacity across levels of care, Fresno County has completed or is planning various projects such as:
 - Recently established the new Crisis Residential Treatment Center (16 beds) that included some MHSA CFTN funding
 - Recently brought online a 16-bed youth Psychiatric Health Facility (PHF)
 - Brought online 66 beds of a Mental Health Rehabilitation Facility (MHRC)
 - Expanded statewide contracting for inpatient and Institute of Mental Disease (IMD) facilities
 - Currently developing in-patient facilities on the Heritage Campus and exploring opportunity for expanding those services on the same campus
 - Seeking to allocate in this new three-year plan \$10,000,000 to CFTN to support completion and expansion of those residential services
- It is also important to note that capital projects funded through MHSA CFTN have specific requirements, including the county must purchase/own the land for the project or have a lease of 20 years. In addition to those regulatory requirements Capital projects require finding adequate space, conditional use permits and zoning, community support, and funding for sustainable operation of such spaces once developed

3. Fresno County DBH's current budget allocates \$1,500,000 to the CFTN component

- In the current MHSA Three Year Plan-Draft, page 177 states that the county plans to allocate \$10 million in CFTN funds to identified capital projects, and that the county will continue to monitor CFTN needs. MHSA funds operate on

projections. Due to this, DBH has not yet updated the final budget for future fiscal years.

- Those CFTN funds are being allocated to support the development of new, modern in-patient facilities such as crisis stabilization centers and psychiatric health facilities.

4. POINT TWO: MAJOR LOCAL PROVIDERS APPARENTLY HAVE NOT BEEN CONSULTED ON ADDRESSING THE NEED FOR SECURE PSYCHIATRIC HOSPITALS, SECURE COMPONENTS OF SUCH HOSPITALS, AND FOR SECURE RESIDENTIAL TREATMENT FACILITIES.

- The MHSA Community Planning Process (CPP) is separate from engagement efforts the county has with providers of psychiatric facilities. The Department regularly communicates with major healthcare providers, including those contracted and not contracted with the County of Fresno.
- While the MHSA Community Planning Process (CPP) can and does include contracted providers, including vendors operating psychiatric facilities, counties are not required to facilitate key informant interviews. Furthermore, counties are not required to engage vendors independent of the larger CPP process.
- Fresno County has sought input specifically from healthcare sectors which is a credit to DBH's efforts to conduct a meaningful and robust stakeholder process.
 - Key Informants were not limited to one sector or sectors providing one type of services (psychiatric in-patient care). In regard to the 15 key informant interviews conducted during this CPP, the Department interviewed individuals from outside of the behavioral health system in order to more fully understand the needs of the community, and to gain new and outside perspectives.
- DBH widely advertised CPP meetings including a community forum facilitated specifically for providers, which was open to psychiatric hospitals.

5. THE BOARD'S HEARING SHOULD BE POSTPONED AND THE DEPARTMENT OF BEHAVIORAL HEALTH REQUIRED TO THOROUGHLY INVESTGATE AND FUND AT LEAST UP TO THE 20% LIMIT THE CAPITAL AND TECHNOLOGY NEEDS FOR MENTAL HEALTHCARE IN FRESNO COUNTY.

- As outlined previously, Fresno County is not required to direct 20% of MHSA funding to support CFTN.
- Should this hearing be postponed, Fresno County will not submit its 2023-2026 MHSA Three-Year Plan before June 30, 2023 as mandated by the state. This delay will result in the county being out of compliance with statute, and the loss of the County's spending authority for all MHSA funds until a plan is submit ed. This would put all MHSA-funded programs at risk, including the Urgent Care Wellness Center, all 9 Full-Service Partnerships, the All 4 Youth program (serving over 230 school sites), supportive housing programs, suicide prevention and the 988 Suicide & Crisis call center.

- The county has fully complied with the requirements for community planning, hosting 15 community forums with 348 unduplicated participants to ensure stakeholder were able to provide input. The Plan is developed based on the current regulations, available sustainable funding, service needs, and stakeholder input. It is not intended to be driven by any single interest, and thus the County met all regulatory requirements to gather community input and provide transparency in order to develop the new Three-Year Plan.
- As outlined previously, allocating 20% of the CSS funding to CFTN would result in the need to reduce budget allocations for programs providing direct treatment services for individuals with the greatest needs.

6. POINT THREE: THE PLAN FAILS TO ADDRESS THE ACUTE SHORTAGE OF WELL-QUALIFIED PSYCHIATRISTS AND OTHER MENTAL HEALTH PROVIDERS WHO COULD PRACTICE AT SECURE PSYCHIATRIC FACILITIES

- All California counties have experienced a shortage of psychiatrists and other mental health professionals.
- Before the pandemic, the Central Valley has been identified as having a mental health workforce shortage for close to two decades. Fresno County has worked for years to leverage WET funding with stakeholder endorsement to increase the local workforce.
- DBH is participating in several WET efforts, including the statewide Workforce Employment and Training Program 2020-2025 WET Five-Year Plan which is funded in partnership with the California Department of Health Care Access and Information (HCAI) and counties across California. This WET Plan is focused on increasing the workforce by repaying student loans and offering scholarships to individuals in return for a commitment to working in the Public Behavioral Health System.
- DBH maintains a contract with the University of California San Francisco (UCSF)-Fresno Psychiatry Residency to train psychiatrists and grow the workforce in the Central Valley. DBH also partners with the UCSF-Central California Faculty Medical Group (CCFMG) to recruit and retain qualified physicians, and to deliver services in the public behavioral health system.

7. POINT FOUR: PROPOSED SERVICES AT THE WELLNESS CENTER, HERITAGE AND OLIVE STREET CAMPUSES ARE POORLY DEFINED AND DO NOT ADDRESS THE NEED FOR ADEQUATE SECURE PSYCHIATRIC FACILITIES.

- The program descriptions included in the Plan are intended to be brief overviews of the programs and services funded by MHSA.
- The Heritage Campus will be the site of Psychiatric Health Facilities (PHFs) and the Crisis Stabilization Center, which are locked acute care facilities. This planned project will relocate the Crisis Stabilization Center location and expand the capacity of the county to provide in-patient beds. Crisis Stabilization Centers (CSUs) which are short term crisis facilities for individuals experiencing acute

crisis with staff who are qualified to place individuals on psychiatric holds. This site has been operational for several years. The plan for the Heritage Campus is aligned with the concerns outlined in this public comment regarding the need for additional acute psychiatric facilities.

- The Olive Street Campus is intended to provide office space for the delivery of outpatient services, including outpatient psychiatric and medication supports.

8. **POINT FIVE: THE DEPARTMENT OF BEHAVIORAL HEALTH AND THE BOARD OF SUPERVISORS MUST NOT APPROVE INEFFECTIVE PROGRAMS BUT IN ADDITION TO MEANINGFUL WELL-DOCUMENTED OUTPATIENT SERVICES, MUST ENSURE A CONCRETE DELIVERY OF WELL-DOCUMENTED SERVICES IN SECURE INPATIENT PSYCHIATRIC FACILITIES THAT WILL ACTUALLY REDUCE THE SEVERELY MENTALLY ILL PRISON POPULATION AND THE SEVERELY MENTALLY ILL HOMELESS**

- As outlined in this response Fresno County DBH has in fact made efforts to increase capacity for inpatient psychiatric facilities and residential programs to address the needs of the homeless population, while also addressing the many other needs identified by community stakeholders and the County. Delaying the approval of the MHSA Three-Year Plan will put core behavioral health services at risk at a time when these services are needed the most.

9. **CONCLUSION:**

IT IS EVIDENT THAT FOCUS ON COMMUNITY SUPPORT AND SERVICES, PREVENTION AND EARLY INTERVENTION, AND ON INNOVATION, WITH SECURE AND UNLOCKED CAPITAL FACILITIES AND RELATED WORKFORCE BEING LARGELY IGNORED BECAUSE OF AN ERRANT REGULATION, HAS NOT WORKED.

UNDER THE MHSA, THE ORDER OF PRIORITIES SHOULD FIRST BE BUILDING AND STAFFING SECURE AND UNLOCKED PSYCHIATRIC AND RESIDENTIAL TREATMENT FACILITIES FOR THE MOST SEVERELY MENTALLY ILL, THEN STEP-DOWN OUTPATIENT FOR THESE PERSONS WHEN THEY CAN LEAVE THE ACUTE FACILITIES, THEN ONGOING OUTPATIENT AND OTHER SERVICES AS NEEDED TO TRY TO KEEP THEM FROM RETURNING TO THE ACUTE FACILITIES, AND THEN PREVENTION AND EARLY INTERVENTION, ALL WITH NECESSARY COMMUNITY SUPPORT AND SERVICES AND ALL WITH INNOVATION TO BE KEPT IN MIND.

- DBH continues to adhere to statute as outlined in the MHSA regulations which requires that 5% of MHSA funding be allocated to Innovation (INN), 19% to Prevention and Early Intervention (PEI), and the remainder of funds, 76% allocated to Community Supports and Services (CSS), of which 51% of the CSS funds are then mandated to be allocated to support FSP programs. With the remaining 49% of the CSS funding the county can transfer funds to WET, CFTN and Prudent Reserve based on stakeholder feedback and within the cumulative 20% average of the last 5 years of incoming CSS funding.
- MHSA regulations prohibit the utilization of INN or PEI funding for capital projects and the funds are intended to be utilized for voluntary services.

- The proposed shift of funds to support the construction of locked psychiatric facilities and to support staffing in psychiatric facilities outlined in this public comment is not aligned with community stakeholder feedback. Furthermore, this would result in a reduction in outpatient community-based treatment services and could result in increased homelessness and suicide.
- Fresno County DBH adheres to the MHSA regulations as outlined in statute and strives to comply with the spirit of the Mental Health Services Act which is anchored in community engagement, voluntary services, upstream prevention, individual-driven services and transparency. Fresno County's MHSA Three-Year Plan and Annual Updates are subject to state program reviews, fiscal audits, and oversight. Fresno County has performed well with reviews and audits and is often hailed for its efforts to be transparent, inclusive, and innovative.

Summary of Public Comment During Public Hearing

Daniel O. Jamison. Not an exact transcription due to comment length (9:16)

- Commendations to Behavioral Health Board for their service
- Commendation to staff for preparing the MHSA Three-Year Plan
- If MHSA tax brings in close to \$4 billion per year, how is it possible that homelessness, suicides, and populations of incarcerated people with severe mental illness have all increased
- State guidance has been misleading. According to regulation, funds from MHSA shall be designed for voluntary participation.
- Individual submitted citizen's petition to repeal an amendment to the regulations but was denied.
- People who are most severely ill should receive care and priority when making funding decisions.
- MHSA funds should be reallocated to fund secure care for those who are severely mentally ill.
- According to my reading, the County can allocate up to 20% or more of MHSA funds to capital facilities and technological needs (CFTN).
- In one year, CARE Court will be implemented statewide, and will likely increase the number of conservatorships in the state.
 - Care in locked facilities
- We should prioritize providing care to people who are being released from jail, and then next we should prioritize those who need help in the community.
- The county does not have enough beds to meet the need.
- The county should pause the planning process and rewrite the plan to include these priorities.
- If the county cannot get an extension, it should use the next community planning process and annual update to reprioritize the use of MHSA funds.

MHSA Annual Update 2022-2023
Summary of Substantive
Changes

Change	Reason for Change
Edited budget numbers throughout document	Errors in a small number of component budgets necessitated the inclusion of revised budgets
Edited program status on several program sheets	Increase clarity on program status
Added Executive Summary	After the public comment period, the Department added an executive summary to this document to highlight themes and changes
Added DBH Communication Plan program sheet	Omitted from original draft in error
Added Community Planning Process for Innovation program sheet	Omitted from original draft in error
Page 3 – Added phrasing to indicate that source material does not provide information on emerging language needs	Increase clarity of information
Page 14 – Added number of community forum participants	Increase transparency of community planning process
Page 36 and 77 – Added projected numbers served in the Forensic Behavioral Health Continuum of Care	Omitted from original draft in error

APPENDIX H: 2021-2022 Annual Revenue and Expenditures Report

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2021-2022
Component Summary Worksheet

County: Fresno

Date: 1/30/2023

		A	B	C	D	E	F
SECTION 1: Interest		CSS	PEI	INN	WET	CFTN	TOTAL
1	Component Interest Earned	\$367,505.79	\$67,279.99	\$97,703.33	\$60,372.10	\$29,782.39	\$622,643.60
2	Joint Powers Authority Interest Earned						\$0.00

		A	B	C
SECTION 2: Prudent Reserve		CSS	PEI	TOTAL
3	Local Prudent Reserve Beginning Balance			\$10,081,463.06
4	Transfer from Local Prudent Reserve			\$0.00
5	CSS Funds Transferred to Local Prudent Reserve	\$0.00		\$0.00
6	Local Prudent Reserve Adjustments			\$0.00
7	Local Prudent Reserve Ending Balance			\$10,081,463.06

		A	B	C	D	E	F
SECTION 3: CSS Transfers to PEI, WET, CFTN, or Prudent Reserve		CSS	PEI	WET	CFTN	PR	TOTAL
8	Transfers	-\$2,000,000.00	\$0.00	\$2,000,000.00	\$0.00	\$0.00	\$0.00

		A	B	C	D	E	F
SECTION 4: Program Expenditures and Sources of Funding		CSS	PEI	INN	WET	CFTN	TOTAL
9	MHSA Funds	\$52,985,551.58	\$15,581,623.47	\$4,915,106.45	\$1,202,478.16	\$1,862,434.21	\$76,547,193.87
10	Medi-Cal FFP	\$20,436,888.99	\$4,101,674.11	\$26,160.08	\$0.00	\$0.00	\$24,564,723.18
11	1991 Realignment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	Behavioral Health Subaccount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	Other	\$103,068.20	\$454,340.32	\$0.00	\$0.00	\$269,737.88	\$827,146.40
14	TOTAL	\$73,525,508.77	\$20,137,637.90	\$4,941,266.53	\$1,202,478.16	\$2,132,172.09	\$101,939,063.45

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Fiscal Year: 2021-2022
Component Summary Worksheet

County: Fresno

Date: 1/30/2023

		A
SECTION 5: Miscellaneous MHSA Costs and Expenditures		TOTAL
15	Total Annual Planning Costs	\$9,500.00
16	Total Evaluation Costs	\$0.00
17	Total Administration	\$7,696,434.49
18	Total WET RP	
19	Total PEI SW	\$0.00
20	Total MHSA HP	
21	Total Mental Health Services For Veterans	\$3,491,472.87