FRESNO COUNTY BEHAVIORAL HEALTH BOARD

ANNUAL REPORT

TO

BOARD OF SUPERVISORS

2024

Prepared by Brooke Frost, Chair

Approved by Behavioral Health Board

April 16, 2025

Table of Contents

Fresno County Behavioral Health Board

Vision

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

Mission

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

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

SUMMARY 2024

The Behavioral Health Board (BHB) has been primarily focused on three areas in 2024:

1. Keeping up to date on implementation of the passed Behavioral Health Services Act (BHSA - Proposition 1) and CalAIM, trying to understand potential impact of both on contractors, the department, and clients along with the follow-up legislation or rule-making;
2. Learning about the complexities of CARE Court implementation;
3. Updating our Bylaws to include required changes and Behavioral Health Board recruitment efforts for vacant and especially new, required positions through BHSA, that of an education representative and a youth representative under the age of 25. While we have had some success with board vacancies, so far, we have been unsuccessful in adding an education representative or a youth representative. We are not at all unique in the state on the latter. Due to Fresno County Office of Education being a contractor for and with the County providing the excellent All 4 Youth program for students, anyone from that office is precluded from becoming a BHB member per our Bylaws.

The impact of the L.A. area wildfires and the changes in the federal administration have added to the uncertainty of funding that to this date is still unclear. This makes projections even less timely and difficult for planning.

Progress on last year's recommendations were shared at our meeting in February 2025 and we are pleased that:

- The Board of Supervisors consistently increased staff wages this past year and we are competitive in the Central Valley, as well as having a net gain of newly recruited clinicians joining the Department of Behavioral Health to those leaving by almost 2 to 1.
- Supportive housing that utilizes public funds requires the more restrictive federal definition for eligibility. We appreciate the advocacy by DBH, DSS, and the CAO's office for a new "service matching" pathway for all those referrals that must occur through the Coordinated Entry System. Every little bit helps.
- Communication about access and services integrated across the Behavioral Health entire continuum continues to be a work in progress.
- The American Society of Addiction Medicine (ASAM) eliminated a clinical category that was holding up having residential co-occurring mental health and substance use disorder programs locally. Training on co-occurring disorders is now needed across all clinical treatment categories, which will be reflected in this year's recommendations to the Board of Supervisors.

.

Fresno County Behavioral Health Board

2025 RECOMMENDATIONS TO THE BOARD OF SUPERVISORS

1. Support the Department of Behavioral Health and its partners that include managed care health plans, schools, and other county departments to collaborate integrating messaging and outreach to educate the public on access for the continuum of mental health services.

2. Strengthen residential substance use disorder workforce approach for co-occurring mental health and substance use disorder treatment.

3. Continue to support recruitment and retention of behavioral health professionals, including fiscal incentives and technological flexibility.

4. Continue to expand permanent supportive housing inventory with less restrictive criteria for individuals with behavioral health disorders at all levels of need, regardless of current housing status.

APPENDIX 1 – Behavioral Health Board

FRESNO COUNTY BEHAVIORAL HEALTH BOARD

As of March 31, 2025

Brooke Frost, Chair

Angel Lopez, Vice Chair

Elizabth Kus, Secretary

Mary Lou Brauti-Minkler

Carolyn Evans

Gobinder Pandher

Kyle Pennington

Michele Salas

David Thorne

Helen Vuong

Debbie Xiong

Luis Chavez, Supervisor (non-voting)

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

The Behavioral Health Board is currently recruiting for a youth ages 18-25 and a representative from a Local Education Agency (LEA).

APPENDIX 2 – Fresno County Behavioral Health Board 2025 Goals

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

Liaison to the Community

- Act as a conduit of resources for clients, family members caretakers and community members.
- Encourage BHB representation on other community committees that deal with behavioral health issues.
- Support community events related to mental health and substance use disorders.

Liaison to the Department of Behavioral Health

- Visit programs and services in rural and urban communities
- Participate in development of BHSA Annual Plan and Update by providing input and communicating community concerns.

Liaison to the Board of Supervisors

- Submit an annual report to the BOS.
- Attend BOS meetings to provide information and concerns.
- Increase engagement with BOS members meeting either in small groups or personal contacts with members.
- Recruit and recommend new BHB members to the BOS emphasizing new requirements under the Behavioral Health Services Act, specifically youth through age 24 and an education representative.

APPENDIX 3 - Committee Reports

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

Adult Services Committee 2024

Prepared by Chair Carolyn Evans

The Adult Services Committee meets bimonthly, providing opportunities for participants to explore programs in Fresno County that are available for individuals with behavioral health diagnoses. Attendees include Behavioral Health Board members, community members, and service providers. The informal setting allows questions, discussion, and sharing of information. The Committee Chair reports at the monthly Behavioral Health Board (BHB) meetings so that those not able to attend have opportunities to learn about information learned at the meetings.

The Committee began its year by learning about the two Transitional Age Youth (TAY) Teams that serve youth ages 17-26 years old. Youth are referred to the more appropriate team by the Department of Behavioral Health (DBH) Urgent Care Wellness Center. DBH has a team to assist young people in making a successful transition into adulthood. The goal is to assist youth in becoming as independent as possible by empowering, instilling hope, encouraging responsibility, reducing symptoms and reducing stigma against those with mental illness. Those youth needing more support may be referred to the Full-Service Partnership (FSP) for TAY, contracted with Central Star Behavioral Health. FSPs offer more intensive, wrap-around services. Staff sees clients more frequently in the community, at home, at school, or in the office. As clients age-out, they are transitioned to the most appropriate program to meet their needs.

Dreamcatchers Empowerment Network is contracted by DBH to prepare its clients with skills, job placement and learning opportunities to obtain and retain employment. Staff and clients create employment and/or education plans addressing interests, goals, abilities and needs of the individuals. Dreamcatchers and DBH also are contracted with the State Department of Rehabilitation (DOR) that provides employment specialists and funding for uniforms, equipment, transportation, and other necessities for employment.

The Hospital Access Linkage Outreach (HALO) Team is a DBH in-house program to ensure aftercare appointments within seven days for persons following hospitalization in acute care inpatient psychiatric hospitals and to determine the right level of care for persons who are unlinked to appropriate services. For this Team to work efficiently hospitals must notify DBH about the hospitalization and discharge planning for residents of Fresno County. Unfortunately, this linkage is often missing, especially in out-of-county hospitals, so clients do not have the benefits of this service.

For many years the BHB advocated for Assisted Outpatient Treatment (AOT) (Laura's Law), which finally was begun in Fresno County. AOT is court oversight of mandatory outpatient treatment that is intended for adults with severe mental illnesses who have difficulty accepting and participating in voluntary treatment. Referrals may come from those in the community who encounter individuals needing treatment. Staff attempt to engage individuals into voluntary treatment; if that fails, court petitions may be filed. Those already connect to behavioral health services are not eligible for this program. Board and community members were disappointed to learn that the eligibility criteria are so restrictive that few people may benefit from the program.

Family Advocates are persons contracted to assist families of individuals with behavioral health disorders. The Behavioral Health System of Care is difficult to navigate for those unfamiliar with its workings. Advocates assist with adult and children's services, and educate families about services available and how to access those services. Navigators are a much-needed resource for families in our community.

RH Community Builders operates two low-barrier shelters for homeless individuals with behavioral health disorders. Persons referred to Sierra Sunrise or Phoenix Landing receive mental health and housing assessments

that are used to create a treatment plan focusing on permanent housing solutions. While working with staff to find permanent housing, clients are provided rooms and three meals a day. An individual may stay in the shelter for 90 days, which may be extended to 180 days if progress is being made towards the client's goals.

Many behavioral health services are provided in Fresno County. The Adult Services Committee allows participants to select programs in which they have an interest and invites representatives to make presentations and answer questions about their programs. Though a common theme does not always seem obvious, all programs are designed to support residents of Fresno County who live with behavioral health disorders. The more the community knows of these programs, the more clients may benefit from services offered.

Children's Committee Report 2024

Fresno County Behavioral Health Board

Co-Chairs: Mary Lou Brauti-Minkler and Kevin Lisitsin

The Children's Committee of the Behavioral Health Board is a joint committee of the Foster Care Standards and Oversight Mental Health Committee and the Behavioral Health Board.

Behavioral Health Board and the Foster Care Standards and Oversight Mental Health Committee, with Kevin Lisitsin, as their representative. The committee meets bimonthly in **February**, **April**, **June**, **August**, **October**, and **December**. The 2024 meetings were in person meetings and held at Blue Sky Wellness Center on the fourth Thursday of the month at 9:00 am to 10:30.

Each meeting includes introductions by each attendee and an update by the Department of Behavioral Health, Children's Services Department Division Manager Gleyra Castro.

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

February 22, 2024: This meeting was facilitated by the chair, Mary Lou Brauti-Minkler and included Jacqui Cavallaro, the speaker from Exceptional Parents Unlimited (EPU). The program began in 1976 by a nurse and a group of parents for children with downs syndrome. Since then, the agency has grown to serve 800-1000 families a week with needs in many areas through the following four divisions that are led by four different directors:

- EPIC – Early start program for children 0-3 yrs.
- Parenting Services – Parent and family support for children
- Family Resource Center – Parent education and support
- Assessment Center for Children – Mental health support for children 0 – 8 years and parents/ Caregivers

At the Assessment Center for Children, EPU has the Bright Beginnings program which offers moderate to severe mental health services. As a full-service partnership, the services are funded through an MHSA grant and include:

- Mental Health Assessments
- Care Management & Coordination
- Evidence-Based Treatment
- Parent Engagement groups
- Referral and Linkages

Detailed information on all 4 divisions may be found at:

https://www.facebook.com/exceptionalparentsunlimited

April 25, 2024: The meeting was facilitated by the chair, Mary Lou Brauti-Minkler. The Turning Point, Dragonfly program Regional Director, David Tan and Program Director Marcos Gonzalez provided information about the services at Dragonfly:

- It is a Child Welfare Mental Health (CWMH) provider with Fresno County.
- Works with children and families who have active CPS involvement.
- The majority are children removed from their family's care due to some type of abuse.
- A small portion of the caseload are adults and families who are seeking voluntary services.
- 85% of the cases are mandated by the court.
- Services include: mental health assessment, individual therapy, med management and/or case management as needed and are primarily field based.
- There are 4 levels of care from mild to high risk.

June 27, 2024: This meeting was facilitated by co-chair, Kevin Lisitsin. The speaker, CEO JD Dhanda of Prodigy Healthcare, presented information about the services provided by Prodigy. Prodigy provides

SUD counseling services at 92 school sites in the many school districts in Fresno County. At least one counselor is available at every school site to serve primarily youth ages 12-21. The program is funded by Drug MediCal, private insurance, and government grants. Last year Prodigy served around 2900 adoles-

cents and had an average referral rate of 250 students per month. Through an assessment, counselors determine what level of care is needed by the students: early intervention, treatment, and recovery.

Prodigy partners with All 4 Youth for mental health services at the schools.

August 22, 2024: This meeting was facilitated by Mary Lou Brauti-Minkler. The Committee received information about the Perinatal Wellness Center which is a DBH program associated with Prevention & Early Intervention. The client population consists mainly of pregnant and postpartum women up to 12 months who are experiencing symptoms of perinatal depression and anxiety disorders. Beyond 12 months, clients may be treated on a case-by-case basis. The Center is a specialty

Program that provides services for all levels of care using different modalities. Most of the referrals come from OB/GYN offices, hospitals and a small 1% self-refer. The Center also provides supportive services for men who are experiencing paternal postnatal depression. The average number of referrals received per month over a 12-month period is 84 with a caseload of about 30 for each clinician.

October 24, 2024: This meeting was facilitated by Mary Lou Brauti-Minkler. Our presentation was from the DBH High Intensity Outpatient Program (HIOP) Team. HIOP treatment services are for older children and teens, ages 10-17 who usually have multiple, acute mental health crisis. Goals are to stabilize patients who have been referred from ED, CSC/CSU, PHF, and out- of-town behavioral health hospitals. High intensity MH services consist of two contacts a week either in-person or by telehealth, especially if there are problems with transportation.

Treatment services are short-term, lasting three to six months on average, with no emergency intervention and/or in-patient services for at least three months. Evidence-based therapies are used including DBT, Trauma-focused CBT, Mindfulness and other interventions which promote hope and a sense of well-being. Depending on need person served can be referred to DBH Children's Outpatient (OP) or a contracted private provider for continued treatment. For those persons making little progress, they may be referred for a higher level of care—Intensive Case Management (ICM) or Full-Service Partnership (FSP).

December 19, 2024: The meeting was facilitated by the chair, Mary Lou Brauti-Minkler. Amanda Rosen presented information about the Child Welfare Mental Health Team. This Team is the mental health link with the court for short-term Child Welfare mental health services. They provide the Qualified Individual (QI) assessment for all child Welfare Fresno County youth placed in STRTP level placement from DSS and Probation. The team is also responsible for monitoring and processing AB 1051 exemption requests.

Annual Report for Behavioral Health Board Forensics Committee

Prepared by Chair Brooke Frost

The Forensics Committee meets on a quarterly schedule. The scheduled 2023 December meeting was rescheduled to January 2024 due to illness of its speaker.

The Public Defender's Office presented on Clean Slate, a nonprofit organization funded by AB 109 to provide services free to interested individuals who have received eligible conviction(s), many of them old, in Fresno County to remove or reduce them from their criminal record. The program cited a 93% success rate, although the process time takes 6-8 months due to the size of their small staff. The number of requests has grown substantially, since results can positively affect getting into low-income housing or Section 8/HUD families.

In March, the Sheriff's Office provided an update on the status of the new West Annex Jail, providing information regarding the issues for it being more than three years behind schedule. It subsequently held its grand opening in December 2024 and the committee looks forward to hearing this year how a new jail-based mental health competency treatment program will bring improvements to those in custody.

An overview was provided in June on how Probation works with the justice and behavioral health system for the group. In addition, the newly added CalAIM Justice-Involved program was highlighted, with a more in-depth look occurring the next quarter, specifically on the 90-day pre-release MediCal process.

The December meeting focused on learning about the Blessed Survivors Trauma Recovery Center, with services available to individuals in Fresno County and the rural areas for victims of crime that are underserved and can be obtained at no cost. This is a grant funded program that began during the pandemic and often assist as legal advocates for the population that are isolated and more exploited. Referrals come from law enforcement, health care professionals, self-referred and the Roland Victim Center.

Annual Report from the Behavioral Health Board Substance Use Disorders Committee

Prepared by Co-Chair Debbie Xiong

Chair in 2024 – Carolyn Evans

The Substance Use Disorders (SUD) Committee meets quarterly and is composed of Behavioral Health Board (BHB) members, community members, and service providers. The Committee learns about programs that are available for individuals with SUDs by inviting providers to present information about their services.

Thursday, March 14, 2024

West Care

West Care provides programs for both men and women, who may bring their children (ages12 and under) while they complete a program lasting from 30 to 180 days. Clients receive individual and group counseling for substance use and mental health disorders. Education classes include relapse prevention, anger management, and introduction to community-based services. Most clients complete the program. A barrier to success is the lack of sober living beds available in the community after discharge.

Thursday, June 13, 2024.

The Department of Behavioral Health (DBH)

DBH does assessments and refers individuals to one of its contracted SUD service providers. DBH has only one in-house SUD program for adults. In-person services are provided in the metropolitan areas; telehealth serves rural communities. Services for youth are provided on many school campuses.

Thursday, September 12, 2024

BAART Programs, Van Ness Treatment Center

Attendees learned of the rules and regulations the clinic follows for medication dosing and the additional services individuals may receive Monday through Saturday, such as receiving groceries, and linkages to other resources that may be needed. All clinics are closed on Sundays. The clinic accepts Medi-Cal, Medicaid, private insurance, and private pay for treatment. With opiates as a primary drug of choice, the criterion for treatment is set forth by the SAMSHA Post-Public Health Emergency guidelines as a more flexible Take – Home medication program.

Thursday, December 12, 2024

TURN Behavioral Health

Susan Murdock and Yvonne Callaway attended the meeting to provide information about the services available through the TURN Behavioral Health Outpatient program. The discussion was information about their recovery, residence and the Perinatal Recovery Residence. Both programs provide sober living housing, with the Perinatal Recovery Residence being a newly formed program.

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

APPENDIX 4 – Behavioral Health Board Site Visits Conducted

Site visits are conducted both in person or virtually.

2024

January – None (BHB annual workshop)

February – River Vista

March – Exceptional Parents Unlimited, Bright Beginnings

April – Butterfly Gardens

May – Blue Sky

June – Westcare

July – None

August – TURN – Fresno Impact

September – The Fresno Center Holistic Center and Living Well Center

October – Rescue Mission's The City Centre

November – Turning Point Vista Program

December - None

APPENDIX 5 - Behavioral Health Board 2024 Meeting Schedule

Behavioral Health Board

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

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

Brooke Frost, Chair

Manuel Piceno, Vice Chair

Mary Lou Brauti-Minkler, Secretary

January 18th

February 21st

March 20th

April 17th

May 115th

June 19th - cancelled

July 17th

August 21st

September 18th

October 16th

November 20th

December 18th

Executive Committee

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

Moving to last Friday of each month from 11:30 to 12:30 P.M.

BlueSky Wellness Center 1617 E. Saginaw Way Fresno, CA

Chair, Brooke Frost

January 29th

February 26th

March 22nd

April 29th

May 28th

June 24th

July 29th

August 26th

September 30th

October 28th

November 18th

December 20th

Adult Services Committee

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

BlueSky Wellness Center 1617 E. Saginaw Way Fresno, CA

Carolyn Evans, Chair

February 5th

April 1st

June 3rd

August 5th

October 7th

December 2nd

Forensics Committee

First Friday at 10:00 to 11:30 AM

BlueSky Wellness Center 1617 E. Saginaw Way Fresno, CA

Brooke Frost, Chair

January 12th

March 1st

June 7th

September 6th

December 6th

Children's Services Committee

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

BlueSky Wellness Center 1617 E. Saginaw Way Fresno, CA

Mary Lou Brauti-Minkler, Chair

February 22nd

April 25th

June 27th

August 22nd

October 24th

December 18th

Substance Use Disorder Committee

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

BlueSky Wellness Center 1617 E. Saginaw Way Fresno, CA

Carolyn Evans, Co-Chair

Debbie Xiong, Co-Chair

March 14th

June 13th

September 12th

December 12th

APPENDIX 6 – DATA NOTEBOOK 2024

Thank you to the Department of Behavioral Health for their assistance in completing this and responding to our questions and edits. It was approved by the Behavioral Health Board November 20, 2024. The information is provided by the Behavioral Health Board to the California Department of Health Care Services' Behavioral Health Planning Council annually via electronic survey transmission. The focus of questions changes annually. It was submitted November 25, 2024.

DATA NOTEBOOK 2024

FOR CALIFORNIA

BEHAVIORAL HEALTH BOARDS AND COMMISSIONS

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

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

For general information, you may contact the following email address or telephone number:
DataNotebook@CBHPC.dhcs.ca.gov
(916) 701-8211

Or you may contact us by postal mail at:

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

For questions regarding the SurveyMonkey online survey, please contact Justin Boese at Justin.Boese@cbhpc.dhcs.ca.gov

NOTICE:

This document contains a textual **preview** of the California Behavioral Health Planning Council 2024 Data Notebook survey, as well as supplemental information and resources. It is meant as a **reference document only**. Some of the survey items appear differently on the live survey due to the difference in formatting.

DO NOT RETURN THIS DOCUMENT.

Please use it for preparation purposes only.

To complete your 2024 Data Notebook, please use the following link and fill out the survey online by **November 30, 2024**:

https://www.surveymonkey.com/r/MFGJBYT

Table of Contents

CBHPC 2024 Data Notebook: Introduction

What is the Data Notebook? Purpose and Goals

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

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

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

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

In 2019, we developed a section of the survey ("Part I") with standard questions that helped us detect any trends in critical areas affecting our most vulnerable populations. These included foster youth, individuals experiencing homelessness, and those with serious mental illness (SMI) who need housing in adult residential facilities (ARFs) and some other settings. These questions assisted in the identification of unmet needs or gaps in services that may occur due to changes in population, resources, or public policy. The Part I questions were used from 2019-2023. In addition to these standardized questions, each Data Notebook focused on a different topic of interest. Survey questions for these topics have been referred to as "Part II."

[1] W.I.C. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.

What's New This Year?

For the 2024 Data Notebook, the Planning Council will no longer include the standardized Part I questions in the survey. This change will give us the opportunity to develop a new set of important and timely performance outcomes measures that can be tracked over time. We also aim to shorten the overall length of the survey to make it more accessible for participating counties. A complete analysis of the data collected over that five-year period is forthcoming, but some of the data regarding housing and homelessness are discussed later in this document.

The topic selected for the 2024 Data Notebook is "homelessness within the public behavioral health system." The Planning Council recognizes that this complex issue is the subject of much discussion, advocacy, and policy across the state. Our goal is to gather information about how counties address the issue of homelessness and housing among people served in their behavioral health systems and identify what data counties collect on this topic. There are also several questions at the end of the survey asking for your input on what topics or performance outcomes you would like us to focus on next year.

How the Data Notebook Project Helps You

Understanding data empowers individuals and groups in their advocacy. The Planning Council encourages all members of local behavioral health (BH) boards/commissions to participate in developing the responses for the Data Notebook. This is an opportunity for local boards and their county behavioral health departments to work together to identify critical issues in their community. This work informs county and state leadership about local behavioral health programs, needs, and services. Some local boards use their Data Notebook in their annual report to the County Board of Supervisors.

In addition, the Planning Council will provide our annual 'Overview Report,' which is a compilation of information from all of the local behavioral health boards/commissions who completed their Data Notebooks. These reports feature prominently on the website[2] of the California Association of Local Mental Health Boards and Commissions (CALBHBC). The Planning Council uses this information in their advocacy to the legislature, and to provide input to the state mental health block grant application to SAMHSA[3].

What are Performance Outcomes?

[2] See the annual Overview Reports on the Data Notebook posted at the California Association of Local Behavioral Health Boards and Commissions website.
[3] SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For reports, see www.SAMHSA.gov.

While local behavioral health boards and commissions are required to review performance outcomes data for their counties, there is some ambiguity about what constitutes a "performance outcome measure." Outcome measures are one of several kinds of measures used to evaluate the quality of health care organizations and services. According to the Agency for Healthcare Research and Quality, a common classification of quality measures[4] includes:

- **Structural Measures** provide data on the capacity, systems, and infrastructure of a health care provider to gauge their ability to provide care. Examples of structural measures would be the ratio of providers to patients, or whether the organization uses electronic medical records.
- **Process Measures** indicate that a provider is using evidence-based best practices and processes to achieve a positive impact on people's health or reduce harmful outcomes. Examples of process measures are the number of patients who receive recommended health screenings, appointment wait times, or frequency of follow-up appointments.
- **Outcome Measures** evaluate the impact a service or intervention has on an individual's health status and recovery, whether positive or negative. Examples of outcome measures include evaluations of symptom severity, rates of hospital readmissions, and quality of life.

Of these three kinds of quality measures, outcome measures are arguably the most valuable for assessing the effectiveness of a health care service or intervention. However, they are also the hardest to evaluate. A big challenge with outcome measures is that there are many factors that influence health outcomes besides the treatment or services that an individual receives. It is beneficial to evaluate outcome measures in the context of structural and process measures, as they are closely related. Improving processes and system capacity within a health care organization can result in improved outcomes.

Patient-reported outcomes are important for assessing the quality of care that patients receive. These are outcome measures of an individual's health, quality of life, and their experiences regarding the care they receive, using information gathered directly from the patient and/or their caregivers. Examples include patient reports of how well they feel their provider listens to them during appointments, or how effective they feel their treatment has been over the past 6 months.

A **performance indicator** is a specific measure, whether quantitative or qualitative, that is used to determine if a service or program is achieving their desired outcomes. During the evaluation process, the organization reviews their indicators to assess the effectiveness of their processes, policies, and services. It is important to also review the indicators themselves at regular intervals to determine if those indicators are working as intended, or

[4] Types of Health care Quality Measures, by the Agency for Healthcare Research and Quality.

whether the indicators need to be modified to better serve the evaluation plan. Note that it may be difficult to draw sound conclusions from qualitative indicators.

In behavioral health care, there are many potential outcome indicators that can be used to evaluate the impact of programs and services. The California Association of Local Behavioral Health Boards and Commissions published an issue brief[5] on the topic of performance outcome data that includes suggested data points for county behavioral health agencies. The Agency for Healthcare Research and Quality also has publicly available resources on how to choose health care quality measures.[6] We recommend that local behavioral health boards and commissions and behavioral health agencies familiarize themselves with these resources when considering what data to collect or use.

CBHPC 2024 Data Notebook: Homelessness in the Public Behavioral Health System

Homelessness is a multifaceted and longstanding phenomenon in United States, and California in particular. The state of California is home to the largest number of individuals experiencing homelessness in the nation. Our state makes up about 12% of the total population of the United States, yet accounts for 31% of the nation's homeless population and 49% of the unsheltered population as of 2023. The combination of low income and a lack of affordable housing continues to be the largest contributing factors for homelessness. However, there are many other factors that play a role in this issue including incarceration, racial disparities, physical and mental health, and domestic violence.

The intersection of homelessness and behavioral health is a complex topic, and has been the subject of increasing public discussion, political debate, and legislation. Rates of homelessness have continued to increase at alarming rates, exacerbated by the effects of the COVID-19 pandemic. As public concerns about homelessness have grown, so have statewide efforts to reform behavioral health services in California. While the Planning Council does not share or endorse the view that mental illness is the primary cause of homelessness, the public behavioral health system does play a vital role in serving individuals experiencing homelessness.

[5] Performance Outcome Data Issue Brief, published by the California Association of Local Behavioral Health Boards and Commissions.
[6] Key Questions When Choosing Health Care Quality Measures, by the Agency for Healthcare Research and Quality.

The California Behavioral Health Planning Council has a long history of advocacy regarding housing and homelessness within the public mental health system. In 2016, the Planning Council published a report[7] highlighting programs and policies that looked promising for ending homelessness for those with severe mental illness and substance use disorders. This report was the result of multiple panel presentations in 2015 involving people with lived experience, providers, advocates, and other stakeholders. More recently, our Housing and Homelessness Committee published an issue brief[8] in 2020 highlighting services available to prepare persons experiencing homelessness for successful transitions to housing.

For the past 5 years, the Data Notebook survey has included an item asking counties to report on new or expanded services for homeless behavioral health clients. We have also included data from the federal Department of Housing and Urban Development (HUD) Point-In-Time counts for California. By making this topic the primary focus of the 2024 Data Notebook, we aim to learn more about how individuals experiencing homelessness are served within the public behavioral health system. The survey questions for this year have been written to identify the types of data being collected at the county level, as well as some basic information on county-level programs, needs, and goals regarding homelessness.

Defining Homelessness

The federal government finalized an official definition of homelessness in 2011[9] for the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. This definition states that a person or family is homeless if they fall into one of four categories:

- **Currently homeless** (lacking a fixed, regular, nighttime residence, which includes living in a car or temporary shelter program).
- **Imminent risk of homelessness** (those who will lose their nighttime residence within 14 days).
- **Homeless under other federal statutes or programs**. This includes those who have not had a permanent residence in the last 60 days.
- **Fleeing or attempting to flee domestic violence**, dating violence, or other threatening situations.

[7] Hope for the Hopeless: Effective Programs that Promote Real Change. Published January 2016 by the California Behavioral Health Planning Council.
[8] The Crisis of Housing and Homelessness: Effective Programs to Bridge the Gap from Homelessness to Housing. Published May 2020 by the California Behavioral Health Planning Council.
[9] The final ruling on the definition of homelessness for the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, on the HUD Exchange website.

Additionally, the definition of "chronic homelessness" was clarified in 2015[10]. This definition covers individuals or families who have been homeless for at least 12 months, or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months.

Because these definitions are the ones used by the Department of Housing and Urban Development, they are the ones that we will be using for the purposes of the 2024 Data Notebook. However, we understand that many organizations and programs have different working definitions for these terms and are interested to learn how your county behavioral health agency defines homelessness in practice.

A Recent History: Housing and Homelessness Data presented in 5 years of California Data Notebook Overview Reports, 2019-2023.

Every year, the states, counties, and many cities perform a "Point-in-Time" Count[11] of the individuals experiencing homelessness in their counties, usually on a specific date in January. Such data are key to state and federal policy and funding decisions. **Table 1** provides data from the 2023 Point-in-Time Count. This data is publicly available, provided by the U.S. Department of Housing and Urban Development.

Table 1. State of California Estimates of Homeless Individuals Point in Time[12] Count 2023

Summary of Homeless individuals	SHELTERED	UNSHELTERED	TOTAL 2023	Percent Change from 2022
Persons in households without children	38,230	117,020	155,028	+ 6.6%
Persons in households with children	19,484	5,999	25,483	- 0.2%
Unaccompanied homeless youth	3,239	6,934	10,173	+ 6.1%
Veterans	3,153	7,436	10,589	+ 1.9%

[10] Federal definition of chronic homelessness, on the HUD Exchange website.
[11] 2023 Point-in-Time Homeless Populations and Subpopulations Reports are available on the HUD Exchange website.

[12] PIT Count = yearly January Point-in-Time Count of Homeless Individuals, conducted according to the guidance of the U.S. Department of Housing and Urban Development (www.HUD.gov). Sheltered persons include those who were in homeless shelters and distinct types of transitional or emergency housing.

Chronically homeless individuals	16,621	54,529	71,150	+ 16.8%
Total (2023) Homeless Persons in CA	57,976	123,423	181,399	+ 5.8%
Total (2023) Homeless Persons, USA	396,494	256,610	653,104	+ 12.1%

We have presented California data from the federal HUD Point-in-Time Count in each data notebook to inform the local behavioral health boards and for a basis for their discussion and responses.

The data from the past 5 years, displayed below in **Figure 1**, show increasing trends during this time span for nearly all the groups selected, including total homeless persons, those unsheltered, the chronically homeless, those served by emergency shelters, those persons with severe mental illness, and those who experienced chronic substance abuse. The groups which did not show any major increases during this time span include those served in transitional housing at the selected point-in-time counts, and the numbers for unaccompanied youth aged 18-24, and for unaccompanied children under 18. We do not know the reason why numbers for those specific groups did not exhibit significant changes over this 5-year time span. Note the data gaps for January 2021, when COVID-19 health protocols precluded counting unsheltered individuals, and therefore impacted any data which normally would include those numbers in aggregated totals. Table 2 contains the numerical data used to construct Figure 1.

Figure 1. California Homeless Point-in-Time Counts for Several Vulnerable Populations, 2019-2023.

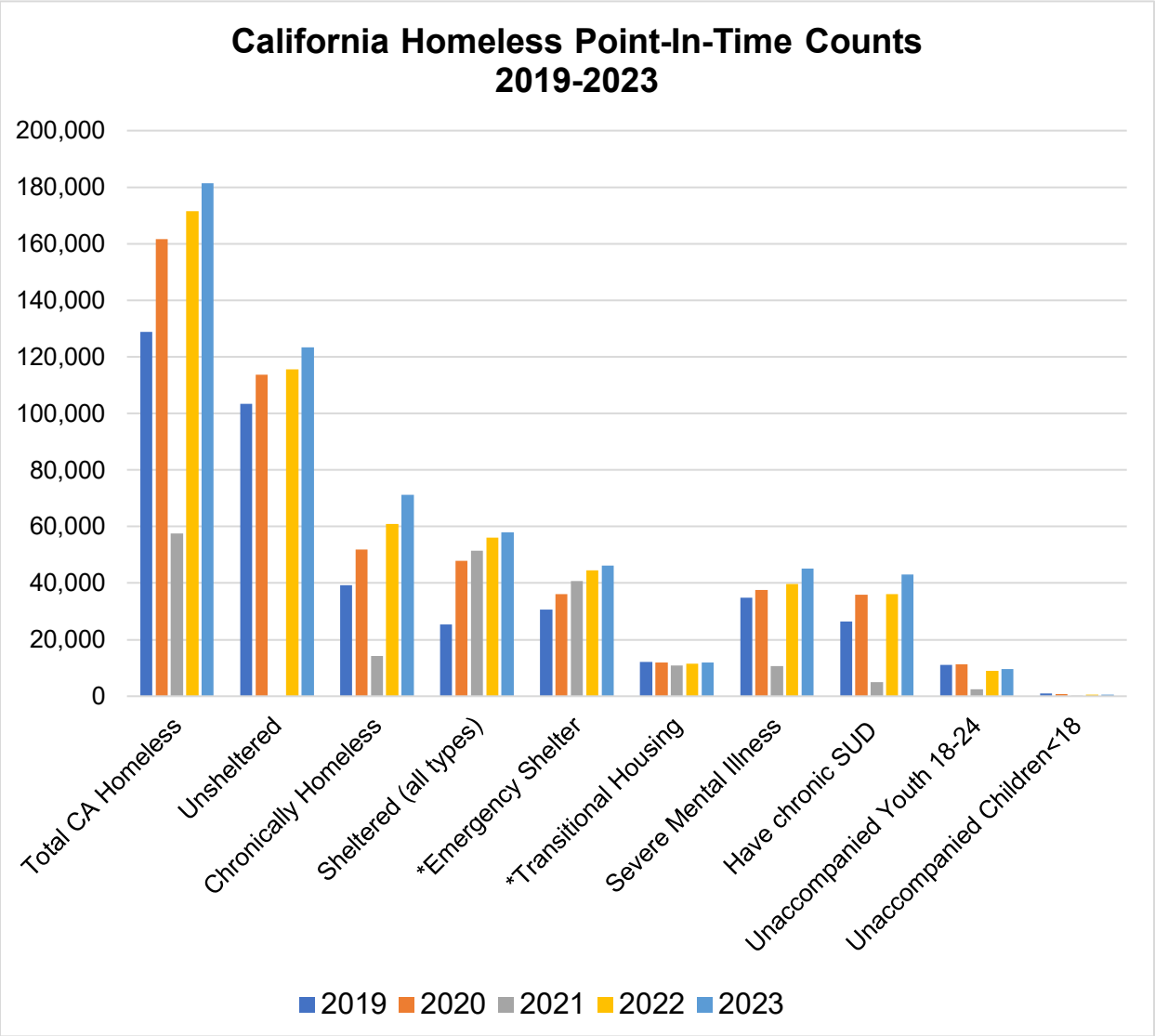


Table 2. CA Homeless Data from Annual P.I.T. Counts, 2019 – 2023.

	2019	2020	2021	2022	2023
Total CA Homeless	128,777	161,548	57,468	171,521	181,399
Unsheltered	103,454	113,660	*	115,491	123,423

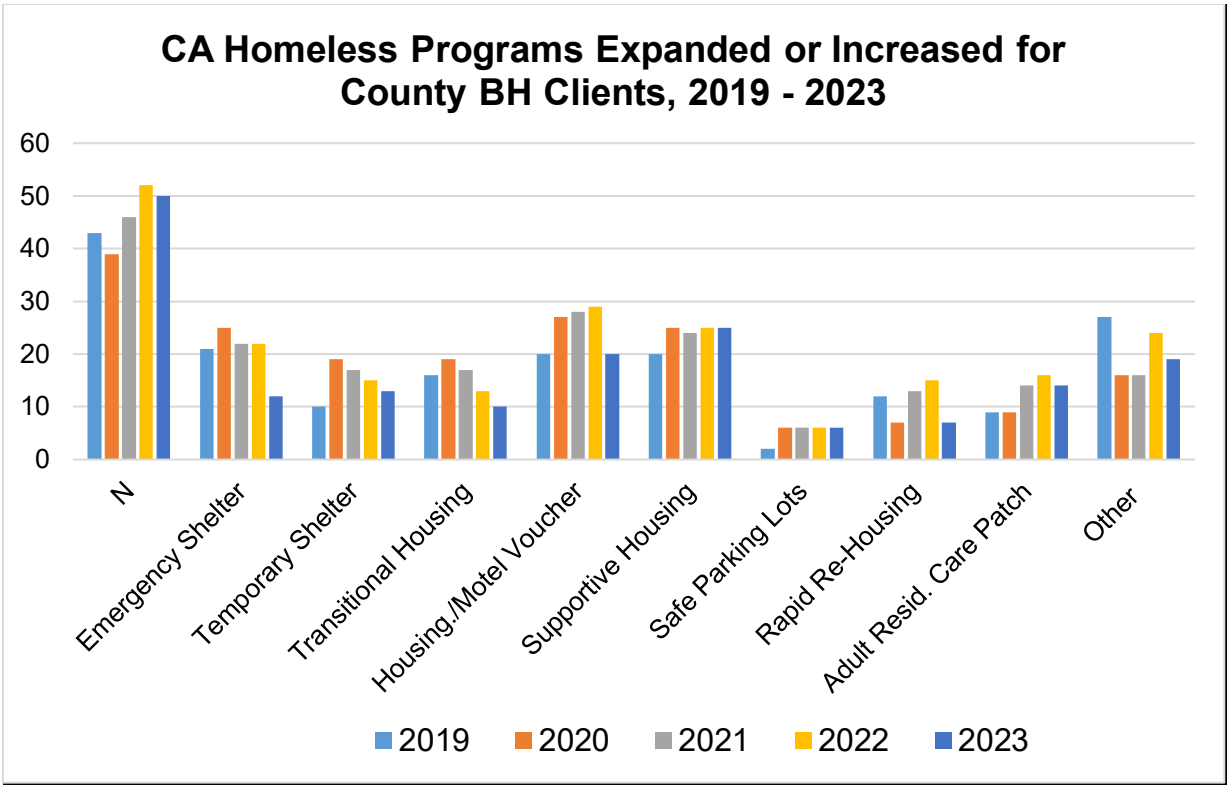
Chronically Homeless	39,275	51,785	14,168	60,905	71,150
Sheltered (all types)	25,323	47,918	51,429	56,030	57,976
***Emergency Shelter**	30,723	35,996	40,662	44,553	46,111
***Transitional Housing**	12,123	11,922	10,767	11,477	11,865
Severe Mental Illness	34,942	37,599	10,607	39,721	45,222
Have chronic SUD	26,410	35,821	4,970	36,096	43,047
Unaccompanied Youth 18-24	11,002	11,370	2,354	9,046	9,519
Unaccompanied Children<18	991	802	172	544	654

In addition to the HUD Point-In-Time data, previous Data Notebooks included the following survey question:

“During the most recent fiscal year, what new programs were implemented, or what existing programs were expanded, in your county to serve persons who are both homeless and have severe mental illness?”

Figure 2 shows a summary of the responses to this question from the past 5 years. The Data group labeled ‘N’ shows the number of counties which submitted responses to this question in that year’s Data Notebook. The category of ‘Other’ includes some programs which were developed with special funding (such as Project Home Key, etc.) in response to the pandemic and the economic dislocation experienced by many individuals.

Figure 2. California Homeless Programs Added or Expanded for County Behavioral health Clients, 2019-2023.


CA Homeless Programs Expanded or Increased for County BH Clients, 2019 - 2023
60
50
40
30
20
10
0
N
Emergency Shelter
Temporary Shelter
Transitional Housing
Housing./Motel Voucher
Supportive Housing
Safe Parking Lots
Rapid Re-Housing
Adult Resid. Care Patch
Other
2019
2020
2021
2022
2023

2024 Data Notebook Survey Questions

Please respond by means of the Survey Monkey link provided with this Data Notebook.

Section 1: Homelessness in the Public Behavioral Health System

1. **Please identify your County / Local Board or Commission.** *(dropdown menu)*
   Fresno County Behavioral Health Board
2. **Which of the following definitions of homelessness does your county use to identify individuals experiencing homelessness within your behavioral health system?** *(select all that apply)*
   a. The U.S. Housing and Urban Development (HUD) definition of *homelessness*, as used in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.
   b. The U.S. Department of Health and Human Services definition of *homeless youth* established by the Runaway and Homeless Youth Act (RHYA).
   c. The U.S. Department of Education definition of *homeless children and youths* as defined in the McKinney-Vento Homeless Assistance Act.
   d. Substance Abuse and Mental Health Services Administration (SAMHSA) definition of those who are *experiencing homelessness*.
   e. The Social Security Administration (SSA) definition of *homelessness*.
   f. Other (written response)

3. **Does your county enter data on homelessness and housing services into a Homeless Management Information System (HMIS)?**
   a. Yes
   b. No

4. **Concerning individuals currently receiving services in your county behavioral health system, is your county actively collecting data on the housing status of any of the groups listed?** *(Please check all that apply)*
   a. Foster youth
   b. Youth 18 years of age or younger
   c. Youth ages 19-24
   d. Adults ages 25-65
   e. Adults 66 years of age or older
   f. Consumers receiving mental health services
   g. Consumers receiving substance use treatment
   h. Veterans
   i. Individuals exiting incarceration from county jail
   j. Individuals exiting incarceration from prison
   k. Individuals in Institutions of Mental Disease (IMDs)
   l. Individuals in psychiatric hospitals
   m. Other (please specify)
   n. None/Not Applicable

5. **What supports are necessary to provide housing to people served in your county behavioral health system for more than 6 months?** *(Please check all that apply)*
    a. Case management services
    b. Intensive case management services
    c. Health or social services access/navigation services
    d. Medication-Assisted Treatment
    e. Enhanced Care Management (ECM) and Community Supports
    f. Rental subsidies
    g. Housing vouchers
    h. Transitional and temporary housing
    i. Peer support
    j. Community health worker
    k. Supported employment services
    l. Wellness centers
    m. Full-Service Partnerships (FSPs)
    n. Other (written response)

6. **Does your county behavioral health system participate in a county-wide interagency continuum of care that meets regularly to address housing for your county residents?**
    a. Yes
    b. No

7. **For people currently receiving services from your county behavioral health system, are you actively collecting any data on whether they are homeless/unsheltered at every point of service? For example, do you check for homeless status every time you provide individuals with any service?**
    a. Yes
    b. No

8. **Please list the organizations/agencies you work with to provide housing support and services for individuals served by your county behavioral health system.** *(Written Response: please use bullet points for this list)*
    - ***Upholdings***
    - ***Fresno Housing Authority***
    - ***GSF Properties Inc.***
    - ***RH Community Builders***
    - ***Community Management Services***
    - ***Exodus Recovery Housing Supportive Services (HSS)***

9. **Is your county behavioral health system able to use local data when making program decisions and financial investments in existing or new homelessness/housing programs?**
    a. Yes

b. No

10. **If you answered "Yes" to the previous question, can you give an example of a program your county initiated based on data you collect or track?** *(Written response)*
The INN Plan project Handle with Care Plus was driven based on data demonstrating the need for early response to life changing events which may include trauma often resulting from emergency, crisis, etc.
This program was developed based on data for INN funded pilot program and subsequently sunset by DBH largely due to lack of data to demonstrate the effectiveness of the model. While INN funding is intended to test new ideas and models, this program did not demonstrate effectiveness.

11. **Does your county behavioral health department have a housing services unit or housing coordinator?**
    a. Yes
    b. No

Section 2: Performance Outcomes Data

12. **Does your behavioral health agency currently collect data for the performance indicators listed below for all adult beneficiaries?** *(Please check all that apply)*
    a. Employment status
    b. Criminal justice involvement
    c. Housing status
    d. Visits to the emergency room (ER)
    e. Psychiatric Hospitalizations
    f. Lanterman-Petris-Short (LPS) Conservatorship
    g. Rates of self-harm
    h. Rates of suicide
    i. Social functioning and community connectedness
    j. Self-reported wellness
    k. Overall patient satisfaction
    l. Other (Please Specify)

13. **Does your behavioral health agency currently collect data for the performance indicators listed below for all child and youth beneficiaries?** *(Please check all that apply)*
    a. Criminal justice involvement
    b. Housing status
    c. Visits to the emergency room (ER)
    d. Psychiatric Hospitalizations
    e. Rates of self-harm

f. Rates of suicide
g. School attendance/absenteeism
h. Academic engagement
i. Classroom behavior
j. Social functioning and community connectedness
k. Self-reported wellness
l. Overall patient satisfaction
m. Other (Please Specify)

14. Do you utilize the performance indicators previously identified in any of the following ways? *(Please check all that apply)*

a. Evaluate the effectiveness of programs
b. Make changes in spending
c. Make changes in program planning
d. Inform partners and stakeholders
e. Advocate for policy changes
f. Engage in community outreach
g. Other (written response)

15. Overall, do you have adequate data to evaluate and comment on performance outcomes in your county behavioral health system?

a. Yes
b. No

16. Which of the following topics or areas of interest would your county like to see future Data Notebooks focus on? *(Please select up to 5).*

a. Employment Status
b. Criminal Justice Involvement
c. Housing Status
d. Visits to the emergency room (ER)
e. Psychiatric Hospitalizations
f. Lanterman-Petris-Short (LPS) Conservatorship
g. Rates of Self-Harm and Suicide
h. School-Based Wellness for Children/Youth
i. Social Functioning and Community Connectedness
j. Self-reported wellness
k. Overall Patient Satisfaction
l. Other (Please Specify)

Post-Survey Questionnaire

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Behavioral Health Planning Council. The questions below ask about operations of mental health boards, and behavioral health boards or commissions, etc.

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

a. MH board reviewed WIC 5604.2 regarding the reporting roles of mental health boards and commissions.
b. MH board completed majority of the Data Notebook.
c. Data Notebook placed on agenda and discussed at board meeting.
d. MH board work group or temporary ad hoc committee worked on it.
e. MH board partnered with county staff or director.
f. MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.
g. Other (please specify)
The BHB Executive Committee reviewed and asked clarifying questions of the Department on some of the information they provided and in the full board discussion edited and added answers.

18. Does your board have designated staff to support your activities?

h. Yes (if yes, please provide their job classification) ***Administrative Assistant***
i. No

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

Jeannette Dominguez
dominja@fresnocountyca.gov
ph. # (559) 600-0738
1925 E. Dakota
Fresno, CA 93726

20. Please provide contact information for your board's presiding officer (chair, etc.)

Brooke Frost, Chair
brookefrost@live.com

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

The Fresno County Behavioral Health Board would like to compliment the CBHPC on creating a shorter Data Notebook than in previous years.

We recommend any new additions chosen to add to the Data Notebook not occur after until after the new BHSA required data first report occurs in 2029.