COUNTY OF FRESNO

DEPARTMENT OF BEHAVIORAL HEALTH

MENTAL HEALTH SERVICES ACT

ANNUAL UPDATE: FY 17-18

POSTED: SEPTEMBER 17, 2018

PUBLIC COMMENTS CLOSED: OCTOBER 17, 2018

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APPROVED BY BOARD OF SUPERVISORS: NOVEMBER 6, 2018

WELLNESS • RECOVERY • RESILIENCE

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Summary of Comments – *posted during process, included after closing*
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A Message from the Executive Team

Our Executive Team is pleased to present the Department of Behavioral Health (DBH) Mental Health Services Act (MHSA) Annual Update. This is an update to the current approved Three Year Plan (Fiscal Year 2016/2017 through Fiscal Year 2019/2020). The Annual Update process provides a structured opportunity for our Department to receive input from stakeholders and to update our plans for the use of MHSA funding. We utilize our Community Planning Process to guide and support our decision making as we develop our plans for the Department.

This Annual Update was informed by a Community Program Planning Process which included traditional public stakeholder meetings as well as a few new strategies. For this year's process, we implemented an online survey to elicit input. It was a simple survey with open-ended questions about gaps and unmet needs, solutions, strengths, and other comments. Based on positive response to the survey, we plan to expand the content of the survey in future Annual Updates to gather input in other ways, such as through responses to targeted questions. We also plan to add other demographic information, which will afford us enhanced opportunities to analyze input. Another new strategy implemented for this Annual update was requesting every DBH mental health program to hold at least one focus group with individuals and/or families served by that program. We also asked each mental health program to conduct a focus group with their staff to gather input from providers as stakeholders. In the coming years we intend to continue to explore new strategies to elicit input.

We continue to grow as an organization and as a network of programs and services; this is due to the continued demand for services in our community. In fact, expansion of services was the number one solution recommended by stakeholders in the Community Program Planning Process, closely followed by the recommendation of access improvements. Because of that input, in this MHSA Annual Update many programs are proposed to expand. Related to service expansion and capacity building, Workforce Development also ranked very high as a recommendation from Stakeholders. This reflects the great need to enlarge the Behavioral Health workforce and to increase training efforts to ensure that knowledge and skills of our providers are at the highest levels. Additionally, in Workforce Development, we must increase efforts to reach into colleges, high schools and other settings to inform and inspire young people to consider a career in our field.

This Annual Update will outline programs and services funded through MHSA. Programs are marked as 'Keep' if we are maintaining with no change to program design or funding. Programs are marked as 'Delete' if they no longer fit our goals, no longer meet needs of our community, the goals have been achieved, or components are being incorporated throughout the system. Programs are marked 'Enhance' if funding or scope of program is changed. Programs identified as 'New' reflect new programs designed to address gaps and unmet needs. In the Overview and Executive Summary, additional emerging concepts are described. This new section of the Annual Update will inform stakeholders of concepts the Department intends to pursue in response to the Community Program Planning Process; these concepts will require further critical review, research and development and may result in new programs or services in the coming years. As always, we will be looking at all of our funding sources and the full spectrum of services offered to create a complete continuum of care for our clients, through integration of all available services.

Kindest Regards,

Dawan Utecht, Director of Behavioral Health
Susan Holt, Deputy Director, Clinical Operations
Maryann Le, Deputy Director, Administrative Operation

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MHSA COUNTY COMPLIANCE CERTIFICATION

County: Fresno County

Local Mental Health Director	Program Lead
Name: Dawan Utecht	Name: Susan Holt
Telephone Number: (559) 600-9193	Telephone Number: (559) 600-9058
E-mail: dutecht@FresnoCountyCA.gov	E-mail: sholt@FresnoCountyCA.gov
County Mental Health Mailing Address: 3133 N. Millbrook Avenue Fresno, CA 93703	

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 Nov 6, 2018.

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.

Dawan Utecht, Director
Local Mental Health Director/Designee (PRINT)

Signature

10-18-18
Date

County: Fresno

Date: 10/18/18

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Fresno County

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Dawan Utecht	Name: Oscar J. Garcia, CPA
Telephone Number: (559) 600-9193	Telephone Number: (559) 600-2769
E-mail: dutecht@FresnoCountyCA.gov	E-mail: ogarcia@FresnoCountyCA.gov
Local Mental Health Mailing Address: 3133 N. Millbrook Avenue Fresno, CA 93703	

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.

Dawan Utecht, Director
Local Mental Health Director (PRINT)

Signature for 10-18-18
Signature Date

I hereby certify that for the fiscal year ended June 30, 2017, 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 Dec. 27, 2017 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, 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.

Oscar J. Garcia, CPA, Auditor/Controller
County Auditor Controller / City Financial Officer (PRINT)

Oscar J. Garcia 10-19-18
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

Annual Update Overview and Executive Summary

- Background and Overview of the Annual Update
- Community Program Planning Process Summary
- Emerging Concepts
- Innovation Projects
- Highlights and Themes of the Annual Update
- AB114 Plan to Spend

Background and Overview of the Annual Update

In November 2004, voters in the State of California passed Proposition 63, the Mental Health Services Act (MHSA), which was designed to expand and transform California's county mental health service system. To accomplish its objectives MHSA applies a specific portion of funding to different system-building components. MHSA funding is allocated as follows:

- 76% of the county's annual MHSA funds are allocated to Community Services and Supports (CSS) with a 3-year reversion period
- 19% of the county's annual MHSA funds are allocated to Prevention and Early Intervention (PEI) with a 3-year reversion period
- 5% of the county's annual MHSA funds are allocated to Innovations (INN) with a 3-year reversion period
- One-time funds were allocated to Workforce, Education and Training (WET), Capital Facilities and Technology Needs (CFTN), and Permanent Supportive Housing (PSH), with a 10-year reversion period (Counties can allocate up to 20% for CF/TN, WET and the Prudent Reserve for any year after 2007-08)

The key to obtaining true system transformation is to focus on the five fundamental principles outlined in the MHSA regulations:

1. Community Collaboration
2. Cultural Competency
3. Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services
4. Access to Underserved Communities
5. Creating an Integrated Service System

The MHSA requires counties to develop a Three Year Plan and an Annual Update to that plan. This Annual Update document serves as the Fiscal Year (FY) 2017-2018 update to the current approved MHSA Three Year Plan (FY 2016/2017 through FY 2019/2020). That Three Year Plan is posted on the DBH MHSA webpage, https://www.co.fresno.ca.us/departments/behavioral-health/mental-health-services-act/mhsa-three-year-plan-and-annual-updates. This FY 17-18 Annual Update document outlines programs funded by MHSA that are administered and planned by the Department and includes funding allocations, program and/or implementation updates, population served, and links to the most recent outcomes measurement reports where applicable. Program summary sheets provide program descriptions and communicate enhancements, deletions or new programs recommended.

Programs are marked as 'Keep' if we are maintaining with no change to program design or funding. Programs are marked as 'Delete' if they no longer fit our goals, no longer meet the needs of our community, the goals have been achieved, or components are being incorporated throughout the system. Programs are marked 'Enhance' if funding or scope of program is changed. Programs identified as 'New' reflect new programs designed to address gaps and unmet needs. In the Overview and Executive Summary, additional emerging concepts are described. This new section of the Annual Update will inform stakeholders of concepts the Department intends to pursue in response to the Community Program Planning (CPP) Process; these concepts will require further critical review, research and development and may result in new programs or services in the coming years. As always, we will be looking at all of our funding sources and the full spectrum of services offered to create a complete continuum of care for our clients, through integration of all available services.

Programs, services, and activities outlined in this Annual Update are organized according to Work Plans. Early in the spring of 2015, while in the process analyzing programs and organizing stakeholder feedback, members of the DBH Leadership Team observed a pattern and saw opportunities to group departmental activities in an organizing framework. That was the genesis of the Work Plans concept utilized in DBH MHSA Annual Updates since that time. A brief description is at the beginning of each of the Work Plans. Naturally, some services or activities may have elements

that could fit into more than one Work Plan. The idea of the Work Plans is not to narrowly or exclusively classify any program or activity, but rather, to provide an organizing framework. Program, services and activities that have elements associated with more than one Work Plan are strategically placed in the Work Plan that most closely reflects the intended focus. The five DBH Work Plans are titled: 1. Behavioral Health Integrated Access (BHIA), 2. Wellness, Recovery and Resiliency Supports (WRRS), 3. Cultural/Community Defined Practices (CCDP), 4. Behavioral Health Clinical Care (BHCC), and, 5. Infrastructure Supports (IS).

Community Program Planning Process Summary

In this section of the Overview and Executive Summary, the Community Program Planning (CPP) Process that was utilized for the development of this Annual Update is summarized. The CPP Process provides a structured opportunity for our Department to receive input from stakeholders and to update our plans for the use of MHSA funding. Stakeholders are defined as members or representatives of various sectors of our County, including: individuals receiving behavioral health services and their families, loved ones, and advocates; underserved and unserved communities including but not limited to ethnic communities, monolingual non-English speaking communities, LGBTQ population, cultural brokers, community-based organizations, and spirituality-based organizations); professional sectors with a nexus to behavioral health and related issues (mental health service providers, substance use disorder treatment providers, other healthcare providers, law enforcement and other justice system partners, educators, child welfare professionals, and elected officials, among others); and geographically disperse populations, including homeless individuals and their advocates, migrant farm workers and their advocates, and individuals from rural communities. We use this CPP Process to guide and support our decision making as we develop our plans for the Department. Although the CPP Process is required only for planning related to MHSA funding, DBH utilizes this process to inform planning across all funding.

As mentioned previously, this Annual Update is an update to the current approved MHSA Three Year Plan (Fiscal Year 2016/2017 through Fiscal Year 2019/2020). As such, we continue to make use of stakeholder input received during the previous CPP Process for the development of the Three Year Plan. We build on that with additional input received through the structured CPP Process as well as other departmental activities throughout the year.

In year's prior, the Department had a small focused "MHSA Team" which managed the CPP Process, Three Year Plan development, and each Annual Update. As the Department works to support the growth of services and functions, several key positions were vacant this year. As a result, DBH approached this year's CPP Process with a cross-divisional team to support the Annual Update process. In addition, several new strategies were implemented for the structured stakeholder input process of the Annual Update. One new strategy was advertising of stakeholder input opportunities more robustly than in years past. The Department purchased targeted advertising with Facebook Ads. The Eastern and Western areas of Fresno County were the areas of this focus. The Facebook ad ran from August 7 through August 13. There were 323 "click throughs" recorded, meaning that those individuals clicked to connect to the DBH homepage. There were also 55,920 "impressions" recorded, meaning the number of times that the ad came up on Facebook and Instagram feeds. In total, the Facebook Ads reached 23,540 people. The information regarding opportunities to provide input for the CPP Process was posted on the DBH Facebook page. That post was shared by FresnoCares.org, the website of the Fresno County Suicide Prevention Collaborative. It was also shared by Cradle to Career, a community-based partnership that brings together cross-sector leaders to improve educational and health outcomes for children in Fresno County. It was also shared by The Children's Movement, a local organized network of committed citizens who collaborate to inform and support individuals, businesses, and community leaders in Fresno County to make the well-being and education of children a priority in every decision. In addition to the internet-based advertising, DBH purchased airtime for the week of August 6 through August 13. Ads with iHeart radio ran on FM103.7 and AM1340 in English and on FM92.9 in Spanish. Ads with KBIF ran on AM900 in Hmong. In addition to the advertising efforts, information about the CPP Process activities was distributed electronically through email to the Behavioral Health Board, the Department of Behavioral Health, other county departments, contracted providers, and various other distribution lists.

Traditionally, DBH has held public stakeholder meetings as a strategy to receive input from members of the public. We continued with that tradition this year with six public meetings. Four were in the Fresno metropolitan area and two were in rural communities. Efforts to secure additional locations in several other rural communities were, unfortunately, not successful. As a result, in the next CPP Process, the planning for public meetings in rural communities will begin much earlier in order to secure appropriate space and community support. Based on stakeholder input and turnout at public stakeholder meetings in years past, the hours of all but one of this year's public meetings occurred after traditional business hours. However, in spite of this strategy and in spite of advertising the meetings, turnout at these meetings was lower than hoped. In the end, the combined total for participants providing input through individual handwritten surveys and online surveys was higher than the number of participants in the public meetings. However, in future CPP efforts, DBH will work toward more targeted community engagement and efforts to spread the word about stakeholder

meetings through informal community leaders, churches, schools, and community based organizations. The six public meetings were as follows:
1. Selma: held at the Spanish Church of the Nazarene on August 13, 2018, from 5:30PM-7:30PM.
2. Southeast Fresno: held at The Fresno Center on August 14, 2018 from 5:30PM-7:30PM.
3. Central Fresno: held at Blue Sky Wellness Center on August 15, 2018 12:30PM-2:30PM.
4. West Fresno: held at Mary Ella Brown Center on August 15, 2018 5:30PM-7:30PM.
5. Mendota: held at Mendota Branch Library Meeting Room 1246 on August 16, 2018 5:00PM-7:00PM.
6. Innovations focused meeting: held at Blue Sky Wellness Center on August 29, 2018 1:30PM-3:30PM.

In preparation for this year's Annual Update CPP Process and, more specifically, the resource-intensive public meeting process, the Department sought to include DBH team members across divisions. As previously mentioned, in years prior, most of the work associated with the CPP Process rested with one small MHSA administrative team. However, this year the Department did not have that resource and, therefore, utilized team members from across the Department. In an effort to support those team members who took on the work associated with the CPP Process in additional to regular assigned duties, many of whom had not previously conducted stakeholder meetings, the Department developed "stakeholder meeting toolkits." The toolkits included all of the resources needed to facilitate the meeting including a standardized power point presentation, audio-visual equipment, large sticky note pads and markers for notetaking, an audio recorder, snacks and bottles of water, copies of handouts, sign-in sheets, interpreter equipment, promotional and informational materials, tickets and prizes for a raffle, and various other items needed to successfully execute the public meeting. The toolkits were stocked in large rolling carts and replenished each day by support staff in advance of the next scheduled event so that team members only had to pick up their kit and drive to the meeting location. This structured process afforded the Department the ability to include a broader cross-section of DBH staff in the CPP Process while ensuring consistency and maximizing efficiency. Staff across multiple divisions and disciplines volunteered to serve as facilitators and note takers. Building on this year's effort, the toolkit model will be refined and enhanced for future CPP Process endeavors.

In addition to the public meetings, several targeted focus groups took place. The Department facilitated an LGBTQ focus group hosted by a local nonprofit organization, Common Space. The meeting was facilitated by two DBH team members from the LGBTQ community as a strategy to provide a welcoming and supported environment for open sharing of input. Chris Roup, the Executive Director of NAMI Fresno, facilitated a focus group to ensure that voices of family members and individuals with lived experience were heard. DBH provided resources and note takers for that focus group. We appreciate Ms. Roup and NAMI Fresno for the dedication and support of the CPP Process. A third targeted focus group took place with justice partners involved in the juvenile justice system. This particular focus group explored gaps and unmet needs for youth and young adults who are affected by and at risk of human trafficking.

DBH tested a new strategy this year to seek more input from individuals and families who receive services from the Department and our network of providers and programs. Each mental health program operated or funded by DBH was asked to facilitate at least one focus group with individuals or families served by their program. Although this created an additional workload for program staff, the results validated the strategy as an effective means of reaching those who receive services. Additionally, each mental health program was also asked to facilitate a focus group with their staff so that their perspective would be included in stakeholder input. In the analysis of data related to participation in the CPP Process, the largest number of participants by far were those who attended focus groups.

Another new strategy this year was an online individual survey where any person in the community could contribute stakeholder input. This was a very simple survey developed with Survey Monkey, a free online survey development cloud-based software system. The survey included open-ended questions about gaps and unmet needs, solutions, strengths, and other comments as well as a few simple demographic data points. The survey was available on the DBH and DBH-MHSA webpages. A written version of the same survey was also available for download with instructions on how to submit written input. The aforementioned advertising directed the public to the DBH webpage. The survey link was also distributed via email to all Department staff, distributed to mental health contracted providers, and sent out to various DBH distribution lists. Recipients of the email were encouraged to share the survey with others. Although the percentage of stakeholder input from the survey was small in compared to that received from focus groups, positive feedback about the ease and convenience of this option was noted and we believe that there is great potential to build on this concept in the future. An expanded survey could include targeted questions in addition to open-ended questions. An expanded survey could also include specific domains for input. In future surveys we also plan to include additional detailed demographic questions, which will afford us enhanced opportunities to analyze input from the community differently, such as sorted by region, age, and other demographics. Another future strategy could be to ask individuals and families to anonymously complete the survey at the time of receiving a service, similar to the strategy

the Department has utilized with other surveys (such as the Housing Inventory and Needs Assessment and the Annual Consumer Perception Survey).

In the current approved Three Year Plan, the Department described prior efforts involved in producing a Housing Inventory and Needs Assessment. We continue to utilize that information to inform our efforts related to housing. A Housing Task Force was created as a forum to support continued housing planning efforts after the release of the Housing Inventory and Needs Assessment report. The Housing Task Force was also utilized as a platform to gather targeted stakeholder input for the proposed Innovations project known as "The Lodge" via a "Lodge Subcommittee." Representatives included, and were not limited to, county and contracted mental health program representatives, providers of housing services, law enforcement, and others. In addition, through the Housing Task Force, the Department developed and will soon implement a new MHSA funded program known as the Independent Living Association (ILA), piggybacking on a successful initiative implemented in San Diego County. This program will provide a locally driven process whereby room and board operators can receive training and technical assistance to become a member of the ILA, which conveys to individuals, families, and organizations that the home meets certain identified standards. In addition, with input received through the Housing Task Force, the Department procured a program evaluation with the Corporation for Supportive Housing (CSH) and DBH is in the process of implementing recommendations from that report. Among those recommendations is the establishment of a Supportive Housing Institute. Through both the Housing Inventory and Needs Assessment as well as technical assistance received through CSH during program evaluation process, it remains clear that there are many complex challenges associated with developing new Permanent Supportive Housing projects. The funding is multifaceted, many developers in the local community have not had experience developing such programs, and demand for housing overall makes our projects perceived as less desirable for some developers. The CSH Housing Institute initiative is intended to address each of these barriers and to result in production-ready Permanent Supportive Housing projects. This Institute will bring together project teams to learn about creating and operating quality supportive housing for people experiencing or at risk of homelessness who are also connected with Department of Behavioral Health due to their experience of having a serious mental illness.

The current approved Three Year Plan also describes input received through the Sequential Intercept Mapping (SIM) hosted by the Department. This process identified three priority areas including 1. Crisis Intervention Teams, 2. Transition from jail to community, and 3. Expanding capacity for services to meet the needs of the justice-involved population and those at risk of justice involvement. Through stakeholder input including additional meetings with justice partners, public stakeholder meetings, the online survey, and other forums, we continue to receive input aligned with these three justice priorities. In this Annual Update, we describe a plan to enhance the Crisis Intervention Team in alignment with prior and recent stakeholder input. We also describe the plan to execute an idea first articulated in the current Three Year Plan for an Intensive Transition Team to support individuals with a Serious Mental Illness when they leave the jail. Additionally, we describe in this update many programs to be expanded, thus addressing capacity-building needs. Lastly, we describe in this update the potential for a new Innovative plan to test the popular Multi-Agency Access Program (MAP) specifically with the justice population addressing the unique barriers to access for individuals involved in the justice system.

The current approved Three Year Plan also describes input received through stakeholder meetings held for the development of the Fresno County Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver; that prior stakeholder process ran concurrently with the previous CPP Process in the summer of 2017. Since that time, the Department continues to receive input from individuals and families as well as stakeholders in other sectors (justice, education, public health, and others) emphasizing the need for Substance Use Disorder (SUD) services for adults who experience a serious mental illness and youth with a serious emotional disturbance (SED). The DMC-ODS implementation plan is anticipated to go live in January of 2019. As expanded SUD services are implemented, the opportunity to increase services for co-occurring Mental Health and SUD programming is stronger than ever. Existing co-occurring programs will be enhanced and new co-occurring programs will be developed in the coming months and years. In addition, as part of our continued focus on Staff Development, training of all mental health staff in SUD remains an important priority.

Since January of 2017, members of the community across Fresno County representing families, healthcare facilities, law enforcement, schools, community-based organizations, county departments and other groups have gathered in what grew to become the Fresno County Suicide Prevention Collaborative. This group has contributed a wealth of stakeholder input to help inform the Department's efforts moving forward with respect to not just suicide prevention, but also other areas of mental health prevention, outreach, training of providers and the public, and other related work. In response to the need to develop a comprehensive suicide prevention strategic plan to organize these important prevention efforts, the Department procured consultation services from three suicide prevention subject matter experts. These experts provided guidance, training, and support to the Collaborative and to DBH. With DBH support, our consultants

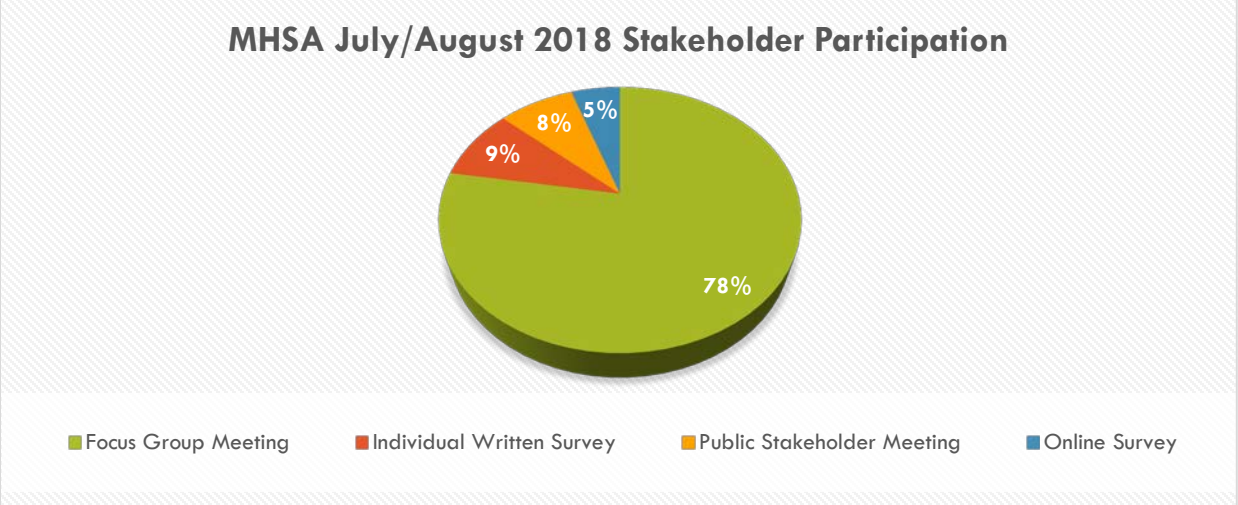
drafted the comprehensive Fresno County Suicide Prevention Plan that provides an organizing framework and numerous recommendations. The plan was launched in September of 2018 during Suicide Prevention Week. The Executive Summary is included as Appendix A of this Annual Update. The full, detailed plan including all recommendations is available on the Suicide Prevention Collaborative webpage, www.FresnoCARES.org and on the DBH webpage www.co.fresno.ca.us\departments\behavioral-health. In addition to being a reflection of standards and evidence-based practices in suicide prevention, this plan is a culmination of eighteen months of stakeholder input including a community survey, monthly public meetings, monthly domain-specific workgroups, and a live televised Town Hall. The Department will allocate MHSA and other funds to support many of the recommendations including, but not limited to numerous training initiatives, system-wide implementation of the Columbia Suicide Severity Rating Scale, Zero Suicide implementation within DBH, the development of a Local Outreach to Suicide Survivors (LOSS) Team program, expansion of community-based peer supports, expansion of community-based treatment and supportive services, and outreach to targeted groups and the public.

In addition to the stakeholder engagement efforts described above, it should be noted that throughout the year the Department participates in a variety of crosscutting efforts to improve the health and wellness of individuals and families in Fresno County. While not designed, per se, as stakeholder meetings, the Department receives ongoing information and feedback during these workgroups and other meetings. While this list is not exhaustive, a short list of these forums is provided here: Fresno County Pre-Term Birth Initiative, Health Me Grow Fresno County, The Children's Movement, Fresno County Maternal Wellness Coalition, Early Childhood Table, Community Conversations, 5150 Taskforce, and Fresno County Health Improvement Partnership. In addition, the Department routinely meets with other organizations and stakeholder groups as part of our routine business. During such meetings, the Department often receives input that helps to inform our planning process. Examples of such meetings include, and are not limited to, meetings with Managed Medi-Cal health plans, other county departments, law enforcement partners, courts, hospitals, other governmental agencies, community-based organizations.

Data regarding the structured, time-limited stakeholder input activities has been analyzed and is summarized here. Those activities occurred during the months of July and August of 2018 and included the public stakeholder meetings, the focus groups specifically identified as part of the CPP Process, and the individual written and online stakeholder survey. Thus, the data described below does not reflect ongoing input received through the Suicide Prevention Collaborative, other Coalitions, Work Groups, and Initiatives, the Housing Task Force, nor the other routine ongoing efforts to engage stakeholders throughout the year. The Department acknowledges that quantifying stakeholder input that is gathered throughout the year through forums that are not specifically labeled as "stakeholder input sessions" is an area for growth. The Department anticipates that the allocation of a fully dedicated MHSA Coordinator position in the future will afford an opportunity to enhance data tracking and documentation strategies.

The total number of participants in the July/August 2018 stakeholder activities was 815. This exceeds the number of participants in last year's stakeholder activities for the development of the Three Year Plan. The table below shows how many participated in each of the types of activities facilitated in August.

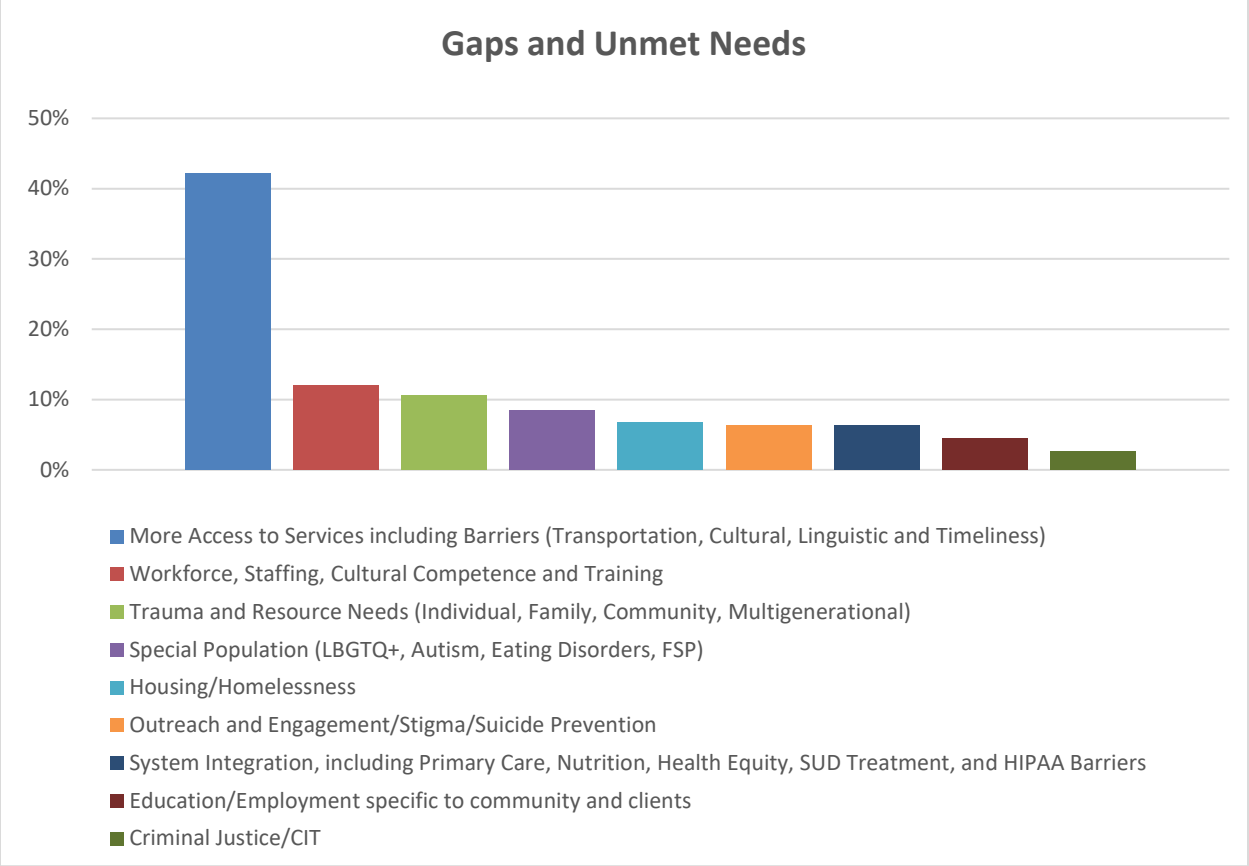
MHSA July/August 2018 Stakeholder Participation	**Number of Participants**	%
Focus Group Meeting	633	78%
Individual Written Survey	73	9%
Public Stakeholder Meeting	66	8%
Individual Online Survey	43	5%



From the July/August stakeholder meetings, focus groups, and survey we have identified key areas that stakeholders noted as gaps and unmet needs as well as key areas noted as recommendations for solutions.

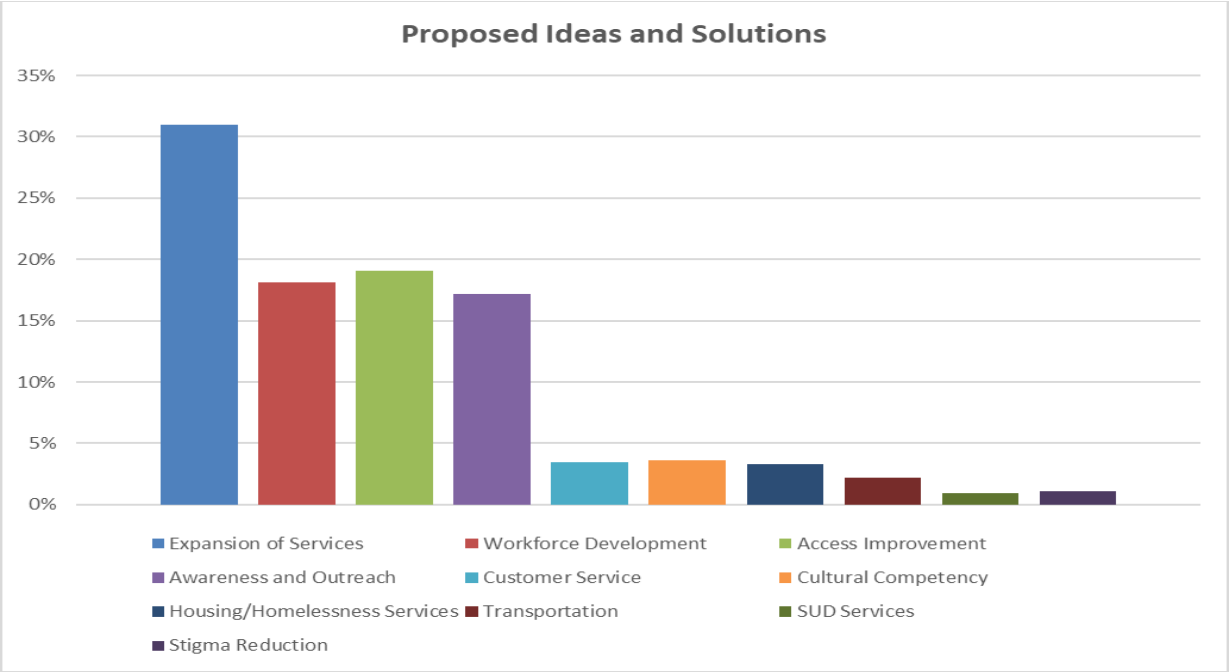
The highest ranked Gap and Unmet Needs category identified during the July/August CPP Process was More Access to Services including Barriers (Transportation, Cultural, Linguistic and Timeliness). Overwhelmingly stakeholders described that there are not enough mental health services and there are too many barriers to receiving services. The second highest ranked Gap and Unmet Needs category was Workforce, Staffing, Cultural Competency and Training. Stakeholders identified that DBH overall requires more staff of all disciplines to meet the needs of the community (more psychiatrists, clinicians, case managers, peer support specialists, etc.). Additionally stakeholders described a need for more culturally and linguistically diverse staff and, when that is not available, more staff trained to be culturally competent. Training of staff in evidence based practices and recovery practices were common themes in this category as well. The third highest ranked category was Trauma and Resource Needs, reflecting sentiment from stakeholders that services need to be trauma-focused in general, and that there needs to be specific trauma response programs to support individuals and families who experience traumas. A strong need for more resources was articulated in this category. Additional themes for Gaps and Unmet Needs included Special Populations, Housing/Homelessness, Outreach and Engagement/Stigma/Suicide Prevention, System Integration, including Primary Care, Nutrition, Health Equity, Substance Use Disorder Treatment, HIPAA Barriers, Education/Employment specific to Community and Clients, and Criminal Justice/CIT. The percentage, by category, of the areas of Gaps and Unmet Needs identified during July/August stakeholder input sessions is shown below.

Gaps and Unmet Needs	%
More Access to Services including Barriers (Transportation, Cultural, Linguistic and Timeliness)	42%
Workforce, Staffing, Cultural Competence and Training	12%
Trauma and Resource Needs (Individual, Family, Community, Multigenerational)	11%
Special Population (LBGTQ+, Autism, Eating Disorders, FSP)	8%
Housing/Homelessness	7%
Outreach and Engagement/Stigma/Suicide Prevention	6%
System Integration, including Primary Care, Nutrition, Health Equity, SUD Treatment, and HIPAA Barriers	6%
Education/Employment specific to community and clients	5%
Criminal Justice/CIT	3%



Stakeholders were also asked about ideas and recommendation for solutions. The top four categories identified were Expansion of Services, Access Improvement, Workforce Development, and Awareness and Outreach. Additional categories of solutions included Cultural Competency, Housing/Homelessness Services, Customer Service, Transportation, SUD Services, and Stigma Reduction. The percentage, by category, of Proposed Ideas and Solutions identified during the July/August stakeholder process are shown in the tables below.

Proposed Ideas/Solutions	%
Expansion of Services	31%
Access Improvement	19%
Workforce Development	18%
Awareness and Outreach	17%
Cultural Competency	4%
Housing/Homelessness Services	3%
Customer Service	3%
Transportation	2%
SUD Services	1%
Stigma Reduction	1%



Many of the enhancements described in this Annual Update are a direct reflection of the top identified gaps/needs and solutions. For example, readers of the program sheets outlined later in this Annual Update will find that many programs are expected to expand to increase capacity. In addition, new programs have also been identified which readers find will directly align with stakeholder input. For example, a new comprehensive communications plan will be developed which will help to address the recommendation related to awareness and outreach. Later in this summary, we describe highlights and themes of the proposed Annual Update. It is also important to note that stakeholder input received during the CPP Process for the current update will continue to be utilized moving forward in future updates as well.

Emerging Concepts

In this section of the Annual update, several emerging concepts are described. These are concepts that evolved from stakeholder input and represent ideas that the Department intends to pursue. These are concepts which require further critical review, research and analysis and may result in new programs, services or activities. The specific component of funding will need to be determined during the exploration process.

Stakeholders have identified growing interest in Behavioral Health partnership with the Fresno County Library. Ideas provided by stakeholders include having a Library Social Worker, providing social-emotional learning activities at libraries for youth, providing parenting-focused activities to support parents in social-emotional development of their children, using libraries for treatment and recovery activities including in-person and virtual services, and having a Multi-Agency Access Program located at a library or rotating across multiple library locations.

In the area of services for special populations, stakeholders have identified that a gap exists because there are few, if any, local programs focused on the treatment of eating disorders. Further, residential treatment programs outside of Fresno County have historically been quite limited in willingness to contract with counties. This gap is not unique to Fresno County as Mental Health Plans across the state struggle to identify appropriate services and levels of care for those with the highest levels of impairment due to a serious eating disorder. Complicating this further, the impairments caused by eating disorders often involve physical health and the need for physical health intervention; this can result in a care coordination challenge. Lastly, a challenge exists in terms of developing new programs because the volume of persons in need of residential care and other intensive diagnosis-specific programming has not been high and thus not prompted the ability to develop a stand-alone treatment program focused on this one diagnostic group. However, DBH remains committed to exploring the development of new services for individuals who experience eating disorders. Exploration will include possible regional partnerships with other counties and possible partnership with the Managed Medi-Cal Health Plans.

As stakeholders express the need for expansion of services, there is also expressed desire for measurement of the effectiveness of programs. A gap exists in the Department's expertise in the area of program evaluation. The Department does not have a research and evaluation team nor sufficient staffing personnel with this specific training and work experience. Fresno County is not alone in this regard, as counties across the state are faced with challenges in program evaluation. In fact, many counties have contracted for program evaluation services. Fresno County has some precedent for contracting for this type of work. Recently, DBH contracted for program evaluation services of supportive housing programs and for many years DBH has contracted for program evaluation of Substance Use Disorder prevention programs. The Department intends to explore a new contract for mental health program evaluation services. Initial areas of focus will be some of the programs funded by MHSA with a long-term goal to have program evaluation as a routine component of all programs. Consultation services may also include program design and implementation focus so that programs are structured from the beginning in a manner which lends well to meaningful evaluation of fidelity, effectiveness, efficiency, and other measures of program performance. A statewide focus on program evaluation is emerging and there is potential for a statewide program evaluation initiative.

A consistent theme in stakeholder input is the impact of trauma in the lives of individuals and families. Stakeholders have identified a gap related to programs and services related to trauma. The Department does include trauma-related training as part of the Workforce, Education, and Training (WET) plan. However, stakeholders are beginning to describe a need for strategies to provide timely response and intervention with individuals and families affected by trauma and significantly stressful events. In the Innovation section of this Overview and Executive Summary, a potential new program is described as a strategy to reduce the impact of trauma in youth and families. This pilot project would be studied to determine effectiveness and, in time, if results are positive the program could potentially be expanded to adults as well.

As the Department continues to focus on housing, we will explore all opportunities to increase inventory of all housing resources. In this Annual Update, a new program titled Independent Living Association (ILA) is described. This program will provide a structured process for Room and Board operators to receive training and technical assistance with a goal of the operator becoming a member of the ILA. Part of the goal of the ILA is to increase inventory of safe, affordable, healthy living environments. As the Department continues to have discussions with property owners in the community, it is clear that one of the barriers to property owners becoming a member of the future ILA is the physical condition of some properties. An area of future exploration is the potential development of a mini-grants program that would afford, through a contractual agreement, individual property owners the ability to receive limited funds for property improvements in order to meet ILA standards. Similarly, this new mini-grants concept might be applied to other types of housing options. Additionally, a related emerging concept is to develop a matching service for individuals who seek independent living with homeowners who may wish to share space in their home.

Peer Respite programs are growing across California and there is a growing body of evidence that such programs are an effective addition to a continuum of care. Peer Respite programs provide voluntary, short-term, overnight programs of support in a homelike environment. This type of program is designed to be person-centered, trauma-informed, and, most importantly, staffed, operated, and overseen by people with lived experience (peers). Peer staff provide support, advocacy, and empowerment in an environment that promotes wellness for guests who are staying at the respite program because they may have been experiencing distress and/or may be at risk for psychiatric crisis or emergency services. The Department intends to reach out to Peer Respite programs operated in other California counties to learn from their program designs and implementations in order to develop a Peer Respite program in our own community.

During this year's CPP Process the Department received a lot of community feedback about a relatively new program called the Multi-Agency Access Program. This program was developed through a cross-sector community group aiming to provide a one-stop approach to supporting individuals by providing a screening for a variety of needs and linking them to resources. People who come to a MAP Point answer questions in a universal "community screening tool" to help identify their needs across many domains. The screening tool auto-populates an action plan, based on responses to the questions. Individuals called "Navigators" link the person to the types of resources identified by the tool. Input received in the current CPP Process indicates desire of stakeholders to test the use of the universal Community Screening Tool and MAP Program with specialized populations and unique locations including individuals involved in the justice system and individuals who are homeless and staying in a shelter. This is further described in the Innovation Projects section, under the heading "Justice MAP and Shelter-based MAP." The Department anticipates that further critical review and planning will result in these concepts being presented for future Innovation funding.

Innovation Projects

"Innovative Projects" are designed and implemented for time-limited period in order to test and study ideas to develop new best practices. These strategies are novel, creative and/or ingenious mental health practices and approaches that contribute to learning. Currently the Department does not have an active Innovation approved project. In this section of the Overview and Executive Summary, new Innovation projects are described. These project concepts were developed in response to stakeholder input received during the previous CPP Process for the Three Year Plan as well as during time since that plan was approved. Five of these concepts were included in each of the public stakeholder meetings; the last two concepts were included in the last public stakeholder meeting which was fully dedicated to a discussion of Innovation ideas (the two additional were added based on the input received in this CPP Process leading up to this Annual Update). Discussions during public stakeholder meetings resulted in important, meaningful input that will be incorporated into the detailed project plans. Three of these projects are also identified in the Department's Mental Health Services Act Assembly Bill 114 (Statute of 2017) Plan to Spend, described later in this Overview and Executive Summary. In the upcoming months, each of these Innovations projects will be further developed and written into a detailed project plan that will be posted for public comment. Projects will then be presented to the Mental Health Services Oversight and Accountability Commission for approval in order to be implemented with Innovation funding. An overview of these programs is provided below.

The Lodge

In last year's stakeholder process, the community identified a gap for individuals who have a serious mental illness, are homeless or at risk of homelessness, have declined treatment services or are reluctant to receive treatment services, and are not making use of available resources for housing. The community came up with a new idea for a pilot program which came to be known as, "The Lodge." The DBH Housing Task Force created a stakeholder subcommittee to drill down deeper in order to further refine the idea. The hypothesis that we would be testing with this program is that individuals with Serious Mental Illness who are not making use of existing housing-focused resources (such as the Rescue Mission shelter) and who are not electing to engage in behavioral health services, are likely not at a stage of change to accept treatment or housing service. The idea is to test whether proving a safe place to stay while providing peer support, motivational interviewing, and engagement services might increase likelihood of individuals in the target population being connected into recovery services and housing and if they may consequently experience higher levels of recovery and stability of housing. The program would focus on individuals in pre-contemplative or contemplative stages of change and provide specific support to "meet people where they are at" while providing a safe place to stay. Pre-contemplative means that an individual may be unaware of or not accept the idea that there is a problem. Contemplative means that an individual may recognize that there are problems, but may feel ambivalent about whether or not to change. Meeting people where they are at means accepting people as they are with few "rules" in the program, including no requirements for sobriety and no requirements to participate in treatment services. The program would provide a safe place to stay in short-term lodging/shelter for up to 30 days. Peer Support services would be an essential component of the program and provided by persons with lived experience. The focus would be on engagement, the building of a trusting relationship in which to explore readiness for change, and on resolving Barriers by collaborating with individuals to identify and remove obstacles to recovery services and housing. Clinical services such as psychiatric care, case management, and substance use disorder services would be available but not required as a condition of staying at the Lodge. Clinical and peer support services, when accepted by participants, would serve as the bridge to a plan for services in the future, based on individual needs and strengths. This would not be a drop-in center or a place that is open to self-referrals or public access; it is intended to be available to persons referred from within the behavioral health system, including DBH crisis services, emergency psychiatric services, mental health outreach programs, and other DBH-approved referral sources. The Lodge program was first identified in the Three year Plan as a proposed "new" program and is reflected now as a "keep" program in the Annual Update. This year during the CPP Process, stakeholders had an opportunity to contribute more specific input on the concept which will be incorporated into the detailed project plan.

Transportation application

In previous stakeholder processes, the community expressed that transportation is a significant barrier for many people to access services. Reasons described include that many do not have a personal vehicle, have no bus route near home, may have a bus route available but it takes too many hours to get to and from appointments, and for some public transportation is overwhelming. An idea surfaced in preparing for the Three Year Plan to create an 'Uber-like' transportation application and program that is specifically designed to support individuals in participation in their recovery plan services. This program was first referenced in the current approved Three Year Plan as a new program. Based on current stakeholder input, the concept is considered as enhanced to include a training component for persons

with lived experience to apply to receive training and apply for employment as a driver for the program. The service would be contracted with an entity that either has or will develop a software system to deploy drivers to provide transportation and it will be customized for DBH services. Drivers will be trained in recovery and mental health first aid. The program will utilize technology to arrange for the trained driver to pick up individuals and drive them to and from scheduled appointments, as coordinated by the treatment team.

Technology Suite

In previous stakeholder processes, access and recovery supports were identified as priorities. The Three Year Plan identified a "new" program for the use of technology as an innovative program. It has not yet been implemented and so it is listed in the Annual Update as a program to keep. Since the approval of the Three Year Plan, the Department has continued to gather stakeholder input for the new program titled Technology Based Behavioral Health Solutions. Based on stakeholder support and input, the Department is in the process of further refining a detailed Innovation Project Plan Proposal to join the statewide "Technology Suite" Innovation Project. The target population may include: individuals with sub-clinical mental health symptoms, including those early in the course of a mental health condition who may not recognize that they are experiencing symptoms; individuals identified as at risk for developing mental health symptoms or who are at risk for return of mental health symptoms; socially isolated individuals, including older adults at risk of depression and other behavioral health conditions; high utilizers of inpatient psychiatric facilities; existing mental health clients seeking additional sources of support; and family members of children or adults experiencing mental illness who are seeking support. Overall, the primary purpose of this Innovation Project is to increase access to mental health care and support and to promote early detection of new or worsening mental health symptoms in order to provide timely intervention. This project will address barriers to receiving mental health services and support by utilizing and leveraging technology as a mode of connection and treatment integration to reach people who are likely to go either unserved or underserved by traditional mental health approaches. It will also serve to reduce the stigma associated with mental health treatment with virtual innovative engagement strategies, care pathways and bidirectional feedback. Components of the statewide technology suite project, which Fresno County intends to launch, include 7 Cups of Tea and MindStrong. 7 Cups of Tea is an on-demand emotional health and well-being service, bridging technology and support by anonymously and securely connecting real people to real support providers, known as listeners, through one-on-one text-based chatting. This service utilizes paid or volunteer listeners to provide support. Group chatrooms, organized by issue, also allow individuals to connect with others going through similar experiences. Self-help growth paths give users exercises based on evidence-based protocols, like CBT and DBT. MindStrong is a technology-based solution that integrates digital information with treatment. The goal is to increase engagement with care plans, reduce relapse rates, intervene timely with appropriate levels of care, and improve outcomes. The strategy utilizes passive, objective, and continuous assessment of mood and cognition through the smartphone application technology. Individuals using the application learn about their mental health condition and their associated cognitive and emotional biomarkers. The participant's recovery events and biomarkers are tracked and the information is shared with the participant and the treatment team, allowing for the participant and treatment team to learn how the individual's lifestyle may affect their recovery process. The application can detect changes in recovery and alert the participant and the treatment team, thus prompting timely intervention.

Intensive Transition Team

During the CPP Process for the Three Year Plan, the community voiced that many people with a serious mental illness are released from jail without connection to services, causing increased risks of symptoms escalating, homelessness, and re-incarceration. In the Three Year Plan, an idea for a new program using CSS funds was titled, Intensive Transition Team. As the Department began to develop this concept further, it was determined that the numerous challenges for persons who are released from jail make a simple program idea potentially more complicated. As such, this concept provides a ripe environment for learning. It was concluded during the current CPP process that this program would be a better fit for Innovations funding. As such, the program sheet for this program in the proposed Annual Update lists this program as one to enhance, due to the proposed change in funding component. The basic idea is to implement a new program which will provide 24/7 capability to pick up an adult with a serious mental illness at the time of release from jail. Care coordination would occur before and after release from jail, in partnership with the correctional staff and healthcare staff at the jail. The new program staff would collaborate with the individuals during their time in custody and upon release to identify and resolve barriers for successful re-entry into the community. The program would focus on a welcoming culture and support individuals in creating an individualized recovery and re-entry plan. The program will include peer support services provided by persons with lived experience, preferably those with experience being involved in justice systems as well as with lived experience with a behavioral health condition. Services are to include linkage to treatment, recovery supports, housing and other basic needs through short-term intensive case management and support until fully linked.

Response to Kids and Families Experiencing Stress & Trauma

As mentioned in the section titled, Emerging Concepts, the Department intends to develop a new pilot program for response to kids and families with stress and trauma. Through several cross-sector forums including the Fresno County Health Improvement Partnership, Cradle to Career, the Children's Movement, and other forums, there is increased focus on the lifelong impacts of Adverse Childhood Experiences (ACE). Additionally, at the state level, the Department of Health Care Services has convened a work group to review trauma screening tools and make recommendations for statewide implementation; the Fresno County Director of Behavioral Health sits on that work group. Although services exist for persons experiencing mental health crisis in Fresno County, there is currently no coordinated response available to support kids and families who are exposed to trauma or significantly stressful life events which are not an identified mental health crisis, such as danger to self/others or grave disability. The community has identified that many kids and teens in Fresno County are exposed to stressful life situations and traumatic events, including, but not limited to: violence in the home or community; loss of loved ones through divorce, death, incarceration, and other separations; and major life changes from natural disasters, accidents, and other incidents (i.e. house fire, car accident). An idea has come about through our stakeholders to develop a system for first responders (i.e. police, fire, ambulance) and/or schools to be able to deploy a rapid response for a support person to come out to visit the youth/family as soon as possible after a trauma or stressful life event occurs. The purpose would be to identify needs for services and support, and to directly link to timely services when appropriate. The focus will be to intervene with support as early as possible to reduce impacts of trauma, to connect kids and families to necessary resources, and to screen/assess for early indicators of mental health impacts. There is no program sheet in the proposed Annual Update for this concept, as it requires further critical review and research.

Justice MAP and Shelter-based MAP

As described in the Emerging Concepts section, the Department received a lot of positive community feedback about the Multi-Agency Access Program (MAP). Input received in the current CPP Process indicates desire of stakeholders to test the use of the universal Community Screening Tool with specialized populations and unique locations. It has been proposed to use Innovation funding to expand the MAP concept to specifically target justice-involved individuals in a collaborative Justice Hub model in which a "Justice MAP" would be co-located with other justice services such as Probation, Courts, etc. This aligns with prior stakeholder input described in the Three Year Plan and the Department's continued commitment to develop strategies for the "decarceration" of people who have mental health needs. This concept will be further explored in the project planning phase. Initial ideas include the ability to use a Justice MAP as a diversion strategy. Individuals could be directly linked to a MAP by law enforcement officers and/or immediately following court appearances. There is stakeholder interest in testing having the Justice MAP operate 24/7 for immediate diversion with screening and linkage supports available. Another key innovative concept to test is to modify the MAP Community Screening Tool to include the types of screening questions already utilized by justice partners in order to streamline screening for the individual and avoid redundancies. Possible ideas related to this pilot may include designating certain justice partners as MAP Navigators.

Another idea for testing the expansion of the MAP concept is to pair the MAP with a homeless shelter. Although the very first MAP in the community actually was targeted toward individuals experiencing homelessness, the MAP was not located within a homeless shelter environment and did not operate on weekends or evenings. For many years, Fresno County cross-sector leaders have had dialogue about the risks and benefits of having a homeless shelter in our community. Until recently, the consensus was not to pursue another shelter in Fresno; however, given the statewide focus on homelessness as well as the significant city and county focus on homelessness in our community, a new consensus may be emerging. The Department is closely involved in cross-sector discussions about cross-sector strategies to end homelessness. Visits to other California counties have fostered interest in a shelter concept known as a Navigation Center. In the event that the county and city officials endorse the construction of a shelter, the Innovation idea proposed here and supported by stakeholders is to collaborate with that project to bring the MAP into the shelter program. The hypothesis is that by pairing safe shelter with the Community Screening Tool and MAP services, individuals will be linked more rapidly to resources. Current MAP participants who are homeless experience many barriers that are a direct result of their experience of homelessness and the hope is that pairing a shelter with MAP services would reduce those barriers. The MAP is an existing MHSA funded program; in response to the desire to expand the MAP concept in general as well as to test this program with specialty populations, the MAP is listed in this Annual Update as a program to enhance.

Highlights and Themes of the Annual Update

Enhancements

In the Work Plans, readers of this Annual Update will note that many programs are listed as "enhance." This is a direct reflection of the top priority of stakeholders to expand services. It is important to note that programs identified for enhancement are those that the Department believes can reasonably be expanded in the timeframe of the current approved Three Year Plan, pending staff resources needed to amend contracts and/or release new Requests for Proposals. Expansion of services will also assist the Department in meeting Network Adequacy standards.

Continued Focus on Housing

The Department continues to place housing as a top priority. In response to stakeholder input, there is a variety of MHSA funded housing related programs described in this Annual Update. Existing programs from the Three Year Plan are continued and include Supportive Housing Services for the Renaissance properties; New Starts master leasing program, which is expected to grow; the Flex Account for Housing; and the Hotel Motel Voucher Program (formerly referenced under the Flex Account for Housing and now described as a stand-alone program). New programs described include the Housing Institute, which is expected to result in new capital projects for Permanent Supportive Housing; the Independent Living Association (ILA), which will provide a standard for Room and Board homes as well as training and technical assistance to ILA members; and the new Housing Access and Resource Team (HART) which developed recently out of the Urgent Care Wellness Center to provide the support and processes necessary to link individuals served by DBH to appropriate housing resources (now separated and described as a stand-alone program).

In addition to the above-mentioned programs, DBH continues to pursue other strategies to increase housing options including Permanent Supportive Housing. The No Place Like Home (NPLH) program, administered by the California Department of Housing and Community Development (HCD), dedicates $2 billion to California counties for the development of permanent supportive housing (PSH). NPLH funding is not grant funding but rather serves as a deferred loan to counties, administered and underwritten by HCD, to be paid over a 55-year period through MHSA funds. NPLH allows for acquisition, design, construction, rehabilitation or preservation of Permanent Supportive Housing. Additionally, technical assistance grants have been made available to counties to plan and prepare for the NPLH. The Fresno County allocation for technical assistance is $150,000 and will be utilized to secure the services of a consultant to assist in the preparation for NPLH. At this time, the Notice of Funding Availability (NOFA) has not been made available from HCD but is anticipated to be released prior to December 31, 2018. The services of the consultant will provide a much needed resource to the Department in terms of planning and implementing PSH projects. Currently, DBH is preparing to release a Request for Proposals to secure a technical assistance consultant to assist with preparation of the NPLH NOFA as well as a supportive housing developer(s) to construct and/or rehabilitate developments funded by the NPLH program. NPLH will consist of four separate annual funding rounds, the first commencing 2019. NPLH funding applications must have an identified housing developer, supportive services provider and a property manager with a 20-year commitment of supportive services. NPLH projects must have strong collaboration among housing, health, behavioral health and homeless systems. The program design must utilize a Coordinated Entry System for referral of qualified individuals and a low-barrier Housing First model for tenant selection. NPLH programs must have collaboration with the local Continuum of Care to assist in the program design.

Decarceration

DBH continues to work toward enhancing the continuum of services for persons who are involved in the justice system and those who are at risk for justice involvement. As described above, stakeholders have expressed desire to test the Multi-Agency Access Program with the justice population in collaboration with justice partners including law enforcement agencies and the Courts. The Department will also submit a proposal for approval of Innovation funding for the Intensive Transition Team, a re-entry strategy for persons with serious mental illness who are released from jail. This Annual Update proposed to enhance the Crisis Intervention Team. Other programs, such as the AB109 program are recommended to continue receiving MHSA funding.

Outreach and Prevention

A new proposed program in this Annual Update is a comprehensive Communication Plan. Current and prior stakeholder input has identified concerns of individuals and families served as well as the general public indicating that there is insufficient information available about the Department, available services, and mental health in general (health promotion, prevention of mental health conditions, stigma reduction). To address these concerns, the Department will improve communication about the system of care and the Department. The Department will invest in a Communications Plan to build the platform for branding and messaging on all Department activities including communication on current

services, how to access services, prevention and stigma reduction efforts, and health promotion. This will also enhance DBH outreach efforts. As described previously in the CPP Process section of this Overview and Executive Summary, the Fresno County Suicide Prevention Plan outlines, in detail, numerous recommendations for suicide prevention and general mental health prevention. In this Annual Update, we describe commitment to enhance prevention efforts through the implementation of these recommendations.

Workforce Development

Many of the training initiatives described in the Three Year Plan are recommended to continue through the Department's Workforce, Education, and Training (WET) Plan. This is aligned with continued stakeholder input for workforce development. The Department is excited to support a second round of the primary care psychiatry fellowship program. This program serves to increase knowledge and skills of primary care physicians to treat mental health conditions in the primary care setting, thus reserving the limited resource of psychiatrist time to those with impairments that are more significant. This capacity-building strategy is expected to assist the Department in transitioning those with higher levels of recovery into lower levels of care. Similarly, this strategy is intended to prevent those with lower levels of impairment from escalating into higher levels of care. Another area of focus in the WET Plan is cross-system training related to prevention. Much of these training recommendations are described in the aforementioned Fresno

AB 114 Plan to Spend

On December 28, 2017, Fresno County Department of Behavioral Health (DBH) received Information Notice (IN) 17-059 from California Department of Health Care Services (DHCS) Mental Health & Substance Use Disorders Services (MHSUDS). The purpose of that communication was to inform counties of the process DHCS would use to determine the amount of unspent MHSA funds subject to reversion as of July 1, 2017, to outline the appeal process regarding that determination, and to describe the requirement for counties to have a plan to expend the reverted funds by July 1, 2020. The communication from DHCS was prompted by Assembly Bill (AB) 114 (Chapter 38, Statutes of 2017) which became effective July 10, 2017. The bill amended certain Welfare and Institutions Code (WIC) Sections related to the reversion of MHSA funds. AB 114 implemented provisions concerning funds subject to reversion as of July 1, 2017. Funds subject to reversion as of July 1, 2017, were deemed to have been reverted and reallocated to the county of origin for the purposes for which they were originally allocated (WIC Section 5892.1 (a)). Funds that could be subject to reversion as of July 1, 2017, were distributed to counties from Fiscal Year (FY) 2005-06 through FY 2014-15. Pursuant to the requirements of AB 114, on June 28, 2018, the Department posted on our website a document titled, Fresno County Department of Behavioral Health Mental Health Services Act Assembly Bill 114 (Statute of 2017) Plan to Spend. This document was posted for the required public comment period. The Plan to Spend will be presented to the Fresno County Board of Supervisors for approval on September 25, 2018. The full Plan to Spend is attached as Appendix B of this Annual Update.

Proposal for MHSA Annual Update Plan

***=New Program Name**

Program Name	Status
AB 109 - Outpatient Mental Health & Substance Services	Enhance
AB 109 Full Service Partnership (FSP) Enhance BHCC	Keep
App for Transportation	Enhance
Assertive Community Treatment	Enhance
Blue Sky Wellness Center	Enhance
Capital Facility Improvement/"UMC" Campus Improvements	Enhance
Child Welfare Mental Health Team/Katie A Team	Keep
Children & Youth Juvenile Justice Services - ACT	Enhance
Children Full Service Partnership (FSP) SP 0-10 Years	Enhance
Children/Youth/Family Preventions and Early Intervention	Enhance
Children's Expansion of Outpatient Services	Keep
Collaborative Treatment Courts	Enhance
Community Gardens	Enhance
Community Response/Law Enforcement	Enhance
Consumer Family Advocate Services	Keep
Continuum of Care for Youth and Young Adults Affected by Human Trafficking (Name Pending)	New
Co-Occurring Disorders Full Service Partnership (FSP)	Enhance
Crisis Residential Treatment Construction	Enhance
Crisis Stabilization Voluntary Services	Keep
Cultural Specific Services	Enhance
Cultural-Based Access Navigation and Peer/Family Support Services (CBANS)	Enhance
DBH Communications Plan	New
Enhanced Rural Services-Full Services Partnership (FSP)	Enhance
Enhanced Rural Services-Outpatient/Intense Case Management	Enhance
Family Advocate Position	Keep
Flex Account for Housing	Enhance
Fresno Housing Institute (FHI)	New
Functional Family Therapy	Enhance
Health and Wellness Center* (Sierra Resource Center)	Enhance
Holistic Cultural Education Wellness Center	Enhance
Hotel Motel Voucher Program (HMVP)	New
Housing Access and Resource Team (HART)	New
Housing Supportive Services	Keep
Independent Living Association (ILA)	New
Information Technology - Avatar	Enhance

Program Name	Status
Integrated Mental Health Services at Primary Care Clinics	Enhance
Integrated Mental Health Services at Primary Care Clinics	Enhance
Integrated Wellness Activities	Enhance
Intensive Transitions Team	Keep
Medications Expansion	Keep
MHSA Administrative Support	Keep
Multi-Agency Access Point (MAP)	Enhance
New Starts Program* (Master Leasing Housing)	Enhance
Older Adult Team	Keep
Peer and Recovery Services	Keep
Perinatal Wellness Center	Keep
Project for Assistance from Homelessness (PATH) Grant Expansions	Keep
Project Ignite	New
Recovery with Inspiration, Support and Empowerment (RISE)	Keep
School Based Services	Enhance
Suicide Prevention/Stigma Reduction	Enhance
Supervised Overnight Stay	Enhance
Supported Education and Employment Services (SEES)	Keep
Technology Based Behavioral Health Solutions	Keep
The Lodge	Keep
Therapeutic Child Care Services	Enhance
Transitional Age Youth (TAY) - Department of Behavioral Health	Keep
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	Enhance
Transportation Access	Keep
Urgent Care Wellness Center (UCWC)	Keep
Vista	Keep
Wellness Integration and Navigation Supports for Expecting Families	Enhance
WET Coordination and Implementation	Keep
Youth Empowerment Centers (YEC)	Enhance
Youth Wellness Center	Keep

Work Plan # 1
Behavioral Health Integrated Access

The intent of the Behavioral Health Integrated Access (BHIA) Work Plan is to focus on those services, functions, and activities that serve as a gateway into the broader system of behavioral health care. We believe that persons have the greatest opportunity for recovery when they receive the right service at the right time in the right location. Navigating a large, complex behavioral health system can be a daunting task. The department seeks to streamline access processes to ensure that all persons in need of behavioral health care have a timely, personal, relevant, clear and understandable path to care. The word "integrated" was careful chosen for this work plan. It reflects our commitment to building a care delivery system that is broad in reach yet seamless and understandable to the persons served and to the community. The Behavioral Health Integrated Access work plan provides a description of all current and planned MHSA-funded activities that serve as key points of entry into services. Some programs that may also serve as an entryway may be referenced in another work plan if the other work plan better captures the focus and intent of the program.

***=New Program Name**

Program Name	Component	Status
App for Transportation	INN	Enhance
Child Welfare Mental Health Team/Katie A Team	PEI	Keep
Collaborative Treatment Courts	CSS	Enhance
Community Response/Law Enforcement	PEI	Enhance
Integrated Mental Health Services at Primary Care Clinics	CSS/PEI	Enhance
Intensive Transitions Team	INN	Keep
Multi-Agency Access Point (MAP)	PEI	Enhance
Supervised Overnight Stay	CSS	Enhance
Technology Based Behavioral Health Solutions	INN	Keep
The Lodge	INN	Keep
Transportation Access	CSS	Keep
Urgent Care Wellness Center (UCWC)	CSS	Keep
Youth Wellness Center	CSS	Keep

Intentionally Blank

Behavioral Health Integrated Access Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☐ PEI ☒ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	To be Assigned
Program Name	App for Transportation
Provider	TBD
Date Started	Program Development and Innovations Project Plan/Proposal in Process
Program Description	This program will create an 'Uber-like' transportation program, supported by a software application, which will be utilized by Department of Behavioral Health for individual(s)/families throughout Fresno County, for transportation to scheduled appointments that support access and individualized treatment plan / recovery goals. The program will be administered through a contractual agreement with an entity/agency, which will provide vehicles and drivers trained to provide transportation services. Criteria for use may include: location of home, location of services, type of services, access to public transportation, level of impairment/mental/physical limitations, etc.

Program Update

This program is still in development stage. This program idea was first identified in the current approved Three Year Plan as a placeholder for future development. In recent months, the Department solicited additional stakeholder input and the Department is utilizing this input to draft the detailed Innovations Project Plan for submission to the Mental Health Services Oversight and Accountability Commission. The target population has not changed substantially from the initial idea. The plan is to provide the option for this service for individuals and families who live in areas with limited or no access to public or other transportation or who have appointments in areas with limited or no access to public transportation. The target population also will include individuals with impairments that make use of public transportation more difficult. In a survey of 51 individuals served by the DBH county-operated psychiatry clinic, 14% identified that the primary reason for missed appointments was "no transportation." When asked if they would make use of a transportation service other than that of the city bus if the Department offered a transportation services, 37% of the respondents said yes. When asked if the chances of coming in for services would improve if transportation was provided, 33% said yes. This survey, along with other stakeholder input gathered during the stakeholder process, affirmed the need for an Innovative strategy to assist with transportation and aids in program development.

FY 2016-2017 – Unique Individuals Served:

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

Ages Served - (Check all that apply)	Served
☐ 0-15	
☐ 16-25	
☐ 26-64	
☐ 65+ -	
Unreported	
Total Number Served	**N/A**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other		
Total Cost	**N/A**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: N/A

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**N/A**	**N/A**	**$1,000,000**	**$1,000,000**
Increase/(Decrease)				

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

The primary challenge associated with developing the program has been competing priorities and limited management resources for developing new projects. The strategy to mitigate this challenge is the allocation of a full time MHSA Coordinator position. The individual in this position will serve as a project lead for the development and oversight of INN projects.

Proposed Changes

Based on stakeholder input, a new element of the Innovation Project Plan will be to incorporate a parallel strategy for intentional engagement of persons with lived experience as drivers. This strategy will provide an opportunity for persons with lived experience to apply for training and job placement as employed drivers in the new service. In addition, all drivers in the new service would receive Mental Health First Aid and an orientation to the Behavioral Health System of Care. The outcome measurements will be refined in the development of the detailed Innovations Project Plan. The preliminary goals of this new project are to increase access to services for underserved populations, to decrease no show and cancellation rates, and to learn if this innovative transportation strategy increases or accelerates levels of wellness and recovery. Performance outcome indicators will be refined in the INN Project Plan Proposal in the coming months.

Behavioral Health Integrated Access Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☒ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier	PEI4318
Program Name	Child Welfare Mental Health Team/Katie A Team
Provider	Fresno County Department of Behavioral Health – Children's Division
Date Started	April 6, 2007
Program Description	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."

Program Update

In the last year, the Child Welfare Mental Health Team/Katie A Team (CWMH/KAT) have hired and retained two licensed clinicians and temporarily allocated a clinician part-time from another program. However, the program has lost a case manager. To improve timeliness, the team has implemented a same-day referral process by equipping providers with access to a referral portal. The team has certified a clinician to do Level 14 assessments and placement into Short-Term residential homes for clients with high acuity of mental health needs. Clinicians are also embedded within teams at the Department of Social Services. They participate in trainings, Interagency Review Placement Committee, and conduct site visits of facilities. This is all in an effort to improve collaboration across departments and with an end goal of providing timely quality services to our clients.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	2264
Total Number Served	**2264**

Ages Served - (Check all that apply)	Served
☒ 0-15	1297
☒ 16-25	263
☒ 26-64	698
☒ 65+ -	5
Unreported	1
Total Number Served	**2264**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention	$257,260.00	$113.63
Early Interventions	$257,260.00	$113.63
Other		
Total Cost	**$514,520.00**	**$227.26**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$693,549**	**$350,000**	**$350,000**	**$ 350,000**
Increase/(Decrease)				

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

Staffing retention remains a challenge to this program. Additionally, some positions are split with other programs, (meaning some staff work only part-time for CWMH/KAT and part-time for another program).

Proposed Changes

There are no proposed changes at this time.

Behavioral Health Integrated Access Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: Keep

Project Identifier	CSS4710
Program Name	Collaborative Treatment Courts
Provider	Superior Court of California, County of Fresno
Date Started	July 1, 2015
Program Description	The Behavioral Health Court Coordinators provide service coordination, data compilation, and outcome evaluation for the Adult and Juvenile Behavioral Health Courts, Adult Criminal Drug Court, and Family Dependency Treatment Court (FDTC). A Department of Behavioral Health clinician and case manager outreach to and assess persons considered for the Adult and Juvenile Behavioral Health Court programs, and provide clinical recommendations to the Courts for minors and adults.

Program Update

New coordination services for Family Dependency Treatment Court (FDTC) began July 1, 2017. The contracted FDTC Coordinator works with court participants, who are at risk to lose their parental rights, to resolve issues and programs that could affect their efforts to become sober and stabilize their lives. A new five-year contract with Superior Courts was approved in June 2018 to continue court coordination services for the Adult Behavioral Health Court, Family Behavioral Health Court, Adult Drug Court and FDTC at the same funding level.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	18
Asian/Pacific Islander	4
Caucasian/White	50
Latino	84
Native American	5
Other Ethnicity	6
Unreported	814
Total Number Served	**981**

Ages Served - (Check all that apply)	Served
☒ 0-15	
☒ 16-25	22
☒ 26-64	144
☒ 65+ -	3
Unreported	812
Total Number Served	**981**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$35,296.25	$35.98
Total Cost	**$35,296.25**	**$35.98**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: No Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$335,522**	**$1,665,522**	**$1,665,522**	**$1,665,522**
Increase/(Decrease)				

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

Challenges include obtaining information from the courts to accurately measure program success due to confidentiality and release of information issues. Court Coordinators are reviewing appropriate data collection and outcome reporting methods.

Proposed Changes

DBH continues to work on the enhanced Collaborative Treatment Courts work plan to include filling the vacant Clinical Supervisor position to align with justice services, provide oversight to current staffing and be responsible for program development that will coordinate ACT services, 1370 evaluations, and complete analysis for additional staffing for use in all courts. The courts would also like to implement additional contracted coordination services for specialty courts, such as Veteran's Treatment Court, and develop a new court for the homeless, which would require assessment of programmatic needs and resources to provide clinical work associated with such expansions.

It is forecasted that within the next two years that this program would be expanded to increase capacity to address recommendations received from the stakeholder process and the department will analyze the needs for capacity and expand the program based upon those findings.

Behavioral Health Integrated Access Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☒ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	PEI4762
Program Name	Community Response/Law Enforcement
Provider	Fresno County Department of Behavioral Health King View Rural Triage Fresno Police Department
Date Started	June 1, 2010
Program Description	Prevention & Early Intervention Crisis Field Clinicians serve as active liaisons with law enforcement in the County to provide training, outreach, and direct field response to individuals of all ages with mental illness in the community. De-escalation of crisis, linkage to resources, evaluations for applications for involuntary holds, and response to recurrent calls for law enforcement are a primary focus. Enhancement included in this update include the associated costs for a metropolitan area Crisis Intervention Team

Program Update

The program continues to provide outreach, education, and consultation to law enforcement agencies including direct field response to support law enforcement in addressing mental health crisis calls and in providing post crisis call follow up as needed. This program consists of multiple components:

Rural Triage for East and West Fresno County, consisting of a contracted service provided by Kings View in which mental health professionals respond with law enforcement on mental health related calls. The Rural Triage program (divided by "East" and "West") provides outreach, education, and training to law enforcement and communities as well as provides crisis intervention services and short term case management. East services were funded for three years utilizing SB82 funds; the remaining two years are funded by MHSA PEI. West services are funded with MHSA PEI including a 'match' previously provided by Fresno County Police Chiefs Association funds for the initial year of implementation. The remaining four years will be funded by MHSA PEI. East services were implemented in July 2015; West services were implemented in October 2015. Rural Triage based field clinicians work seven days a week, 6am-12am. Both the East and West programs have two staff members working during each shift respectively.

The combined Metro Community Response/Law Enforcement [previously law enforcement field clinicians; now titled Metro Crisis Intervention Team (CIT)] was updated effective September 2017, in that the DBH clinician staff assigned to field response were combined as a CIT with Fresno Police CIT officers. Pending completion of construction at the Fresno County Health and Wellness buillding, the officerrs and clinicians will be co-located and to provide co-response as a dedicated Fresno Police Department Crisis Intervention Team. This dedicated team will provide behavioral health interventions as a response to crises and intensive case management and follow up with individuals who are frequent users of emergency services and individuals whose crises warrant law enforcement ongoing attention. During FY 2017-2018, a Memorandum of Understanding with the Fresno Police Department was developed for hard costs of vehicles, training to staffing, uniforms, etc. to assist in implementing an evidenced-based CIT Model in Fresno.

Crisis Intervention Training (CIT) correlates with WET Action Items. Actions are being taken to continue DBH presence and support in the provision of a local CIT model in collaboration with Fresno County law enforcement agencies and other community's agencies. CIT training ensures that staff is trained with intervention techniques for use in high-risk situations in order to appropriately serve clients and to mitigate risk for the Department.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	68
Asian/Pacific Islander	15
Caucasian/White	134
Latino	148
Native American	2
Other Ethnicity	11
Unreported	24
Total Number Served	**402**

Ages Served (Check all that apply)	Category	Served
☒ 0-15	Children and Youth	47
☒ 16-25	TAY	79
☒ 26-64	Adult	249
☒ 65+ -	Older Adult	27
Unreported		
	Total Number Served	**402**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention	$245,200.82	$609.95
Early Interventions	$980,803.28	$2,439.81
Other		
Total Cost	**$1,226,004.00**	**$3,049.76**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports

MHSA State Allocation

Allocation	FY 16/17	FY 17/18	FY 18/19	FY 19/20
Approved Allocation	**$2,040,928**	**$3,520,928**	**$3,720,928**	**$4,030,928**
Increase/(Decrease)				

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

Limited resources for follow up services in the rural areas is a challenge for timely linkage. DBH continues to expand services and programs to mitigate this challlenge.

Proposed Changes

During FY 2018-19, staff will monitor outcomes during Phase 1 of the Metro CIT pilot program and work collaboratively with Fresno Police Department to capture data that documents: decreased time on services calls for patrol, increased officer and community safety, effectiveness of on scene mental health assessment to access needed services. Future updates should have data inclusive of all crisis field response.

The enhancement of this Program during FY 2018-19 is related to the projected growth of the Metro CIT component through the development of a Request for Proposals and resulting agreement for expanded Metro CIT to increase staffing and hours of availability of behavioral health staff. The provider of services will be co-located and will co-respond with Fresno PD, Clovis PD, and the Sheriff's Department. DBH's provision of crisis response service will be enhanced to add case management, clinician and substance use disorder staffing. Positions to be filled based on actual need as determined during the pilot phase.

Behavioral Health Integrated Access Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☒ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	PEI4760/CSSXXXX
Program Name	Integrated Mental Health Services at Primary Care Clinics
Provider	United Health Centers of the San Joaquin Valley Inc. (PEI) , and Valley Health Team Inc. (PEI)
Date Started	October 1, 2011
Program Description	Previously, this program integrated Prevention and Early Intervention (PEI) mental health services at primary care locations. Beginning in Fiscal Year 2016-17, this program has been in the process of negotiating a more robust version of the original program. The expanded program would integrate PEI, specialty mental health, to be funded with newly allocated Community Services and Supports (CSS) funds, and substance use disorder (SUD) treatment services at primary care settings as part of an effort to integrate behavioral health and physical health care services. Services include behavioral health screening, assessment, treatment, and case management, as needed. The goal is to offer holistic wellness services to children, families, and adults at each of the primary care clinic general locations.

Program Update

Previously, an agreement with UHC and VHT was in place to integrate PEI services at primary care locations. This agreement began on October 11, 2011 and expired on October 11, 2016.

On November 14, 2017, the County of Fresno ratified a Master Agreement for the provision of PEI, Specialty Mental Health, and SUD services at select primary care clinics. Clinica Sierra Vista is the first organization to be signed onto the Master Agreement, and began developing three integrated sites in Fresno. Each sites would provide services in three separate suites due to appropriateness of service delivery and Federal and State billing restrictions; PEI services would be provided within the primary care clinic, and adult specialty mental health and SUD services would be provided in a suite separate from the children/family specialty mental health and SUD services.

Clinica Sierra Vista has secured office space at each of the three sites for Specialty Mental Health and SUD service delivery, of which some were remodeled to meet Federal and State requirements. The locations are in the process of being certified for service delivery, and staff are being vetted and credentialed. PEI services were provided within the primary care sites as of February 15, 2018. No direct services for Specialty Mental Health or SUD services have been provided.

Clinica Sierra Vista has opted to use the Department of Behavioral Health's (DBH) electronic health record (EHR) Avatar as their EHR for the services they provide under this master agreement. Accommodations are being made to ensure Clinica Sierra Vista has sufficient access to Avatar as well as the appropriate training for Avatar proficiency.

FY 2016-2017 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
☒ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	
Total Number Served	**N/A**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions	$302,639.18	
Other		
Total Cost	**$302,639.18**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: No Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation - CSS	**N/A**	**$800,000**	**$2,000,000**	**$2,000,000**
Approved Allocation - PEI	**$1,364,816**	**$248,000**	**700,000**	**$700,000**
Increase/(Decrease)				

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

Clinica Sierra Vista has not begun providing direct services for Specialty Mental Health and SUD. PEI services are currently being provided and there are no known barriers to providing PEI services at this time.

Proposed Changes

Clinica Sierra Vista is expected to begin providing direct services for Specialty Mental Health and submit their DMC application in FY 18-19. Within FY 18-19, it is anticipated that 1-2 additional providers will be added to the Master Agreement to provide integrated services in different regions of Fresno County.

It is forecasted that, within the next two years, this program would be expanded to increase capacity to address recommendations received from the stakeholder process and the Department will analyze the needs for capacity and expand the program based upon those findings.

Behavioral Health Integrated Access Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☐ PEI ☒ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier To be Assigned
Program Name Intensive Transitions Team
Provider TBD
Date Started Components in Process
Program Description The Department will develop a Request for Proposals (RFP) to develop a new program intended to serve as a bridge between programs/services for individuals with serious mental illness (SMI) who are released from the Fresno County Jail. The program staff will collaborate with the contracted provider for jail medical services and the jail correctional staff of Fresno County Sheriff's department for care coordination prior to, during, and after inmates' release from custody. Services will be available for all persons identified with a serious mental illness who are released from the jail, irrespective of whether release from custody is planned. Services will be available 24 hours per day 365 days per year. The purpose of the program is to ensure that inmates with serious mental illness receive appropriate linkage to treatment services, housing, and other necessary community-based supports with a warm handoff and validated linkage. Services will include all aspects of linkage based on an individualized assessment of individual needs and may include, but not be limited to: pre-release collaboration with correctional staff and jail medical provider, pre-release contact when possible to establish rapport and begin re-entry planning, post-release community welcoming and in-person pick-up, assessment of behavioral health needs and development of an individualized service plan, housing assistance, intensive short-term case management, assistance with medication management, connection or reconnection with family or other natural supports, intensive individual one-to-one supports and/or coaching, transportation, and other services as determined appropriate. Services are short-term and serve only as a bridge between services provided in the jail and the most appropriate community-based treatment program for the individual. The provider will develop strong collaborative relationships with all DBH mental health and substance use disorder treatment providers as well as other community-based non-treatment service agencies/providers.

Program Update

DBH Contracts staff have met with internal Departmental staff for input on the development of this program. Contracts staff also met with external stakeholders including Public Health, Probation, and Sheriff. More research and information gathering will take place and a Request for Proposals will be prepared. In the Three Year Plan, CSS funds were identified as the source of funding, but based on continued input into the program design, the Department proposes to use Innovations funding for this new program.

FY 2016-2017 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
☐ 0-15	
☐ 16-25	
☐ 26-64	
☐ 65+ -	
Unreported	
Total Number Served	**N/A**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other		
Total Cost	**N/A**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: No Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**N/A**	**$500,000**	**$500,000**	**$500,000**
Increase/(Decrease)				

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

Staffing resources for development and implementation of new programs and projects was a barrier; to mitigate this barrier, the Department is requesting to add additional staff.

Proposed Changes

The Request for Proposals will be released in Fall or Winter of FY 2018-19. The proposed change to this program is a change in the MHSA funding component from CSS to INN.

Behavioral Health Integrated Access Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☒ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	PEI4768
Program Name	Multi-Agency Access Point (MAP)
Provider	Kings View Corporation, Poverello House, Centro La Familia Advocacy Services
Date Started	January 10, 2017
Program Description	The Multi-Agency Access Program (MAP) provides a single point of entry for individuals living in Fresno County to participate in a universal screening to assist in identifying service and resource needs across multiple life domains and to receive linkages to those services and resources. An integrated screening process connects individuals and families facing mental health concerns, physical health conditions, substance use disorders, housing concerns, employment issues, and other challenges to resources within Fresno County. Contracted providers work directly with community and government agencies to ensure individuals receive services and supports that would appropriately address their needs.

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Program Update

The three agencies that operate the MAP are Kings View Corporation, Poverello House, and Centro La Familia Advocacy Services. There are currently ten MAP Points in operation and a mobile food truck that also serves as a MAP Point; stationary MAP Points are located in Fresno, Selma, Mendota, Firebaugh, Orange Cove, Kerman, Huron, and Parlier. In FY 16-17, the Department of Behavioral Health contracted with Shift3 Technologies, a software developer, to create a database to house the universal Community Screening Tool used to determine individuals' needs and the data obtained from the screens. The database was created in two phases: Phase I would produce the screening tool and basic functions; Phase II would expand the database and create built-in tools to allow users greater ability to assist service recipients and follow-up with linkages. The database is fully operational and has been in use since Phase I was finalized in June 2017; Phase II was completed in February 2018.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	16
Asian/Pacific Islander	0
Caucasian/White	42
Latino	6
Native American	2
Other Ethnicity	36
Unreported	12
Total Number Served	**114**

Ages Served - (Check all that apply)	Served
☒ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	114
Total Number Served	**114**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions	$110,824.00	$972.00
Other		
Total Cost	**$110,824.00**	**$972.00**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: No Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$1,500,000**	**$1,500,000**	**$1,500,000**	**$1,500,000**
Increase/(Decrease)			**$500,000**	**$500,000**

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

MAP providers have experienced challenges in finding housing and employment opportunities for individuals who are registered sex offenders. Employment opportunities are scarce for this population as employers are reluctant to hire registered sex offenders, which in turn creates a hardship in finding and maintaining steady housing. Additionally, there is a high need for low income (section 8) housing overall with a particular limited availability in rural communities. MAP has also experienced difficulties finding shelters that accept families.

Proposed Changes

It is forecasted that, within the next two years, this program would be expanded to increase capacity to address recommendations received from the stakeholder process and the Department will analyze the needs for capacity and expand the program based upon those findings. Numerous entities within Fresno County have expressed interest in using the universal Community Screening Tool used by the MAP providers to screen for needs of the individuals who visit MAP. The Department has been in discussion with Fresno Economic Opportunities Commission (FEOC) to add them as an additional MAP provider. The previously proposed "Break The Glass" module in the MAP application would give law enforcement agencies (LEAs) limited access to view MAP information so they may be better equipped to work with individuals they come across in their line of work. This module requires additional discussions between the Department of Behavioral Health and LEAs before it will be built into the MAP web-based application.

Through stakeholder input, the Department intends to pursue Innovation funding to test the use of the Community Screening Tool and the MAP Program with special populations and locations. . It has been proposed to use Innovation funding to expand the MAP concept to specifically target justice-involved individuals in a collaborative Justice Hub model in which a "Justice MAP" would be co-located with other justice services such as Probation, Courts, etc. This aligns with prior stakeholder input described in the Three Year Plan and the Department's continued commitment to develop strategies for the "decarceration" of people who have mental health needs. This concept will be further explored in the project planning phase. Initial ideas include the ability to use a Justice MAP as a diversion strategy. Individuals could be directly linked to a MAP by law enforcement officers and/or immediately following court appearances. There is stakeholder interest in testing having the Justice MAP operate 24/7 for immediate diversion with screening and linkage supports available. Another key innovative concept to test is to modify the MAP Community Screening Tool to include the types of screening questions already utilized by justice partners in order to streamline screening for the individual and avoid redundancies. Possible ideas related to this pilot may include designating certain justice partners as MAP Navigators. Another idea for testing the expansion of the MAP concept is to pair the MAP with a homeless shelter. Although the very first MAP in the community actually was targeted toward individuals experiencing homelessness, the MAP was not located within a homeless shelter environment and did not operate on weekends or evenings. For many years, Fresno County cross-sector leaders have had dialogue about the risks and benefits of having a homeless shelter in our community. Until recently, the consensus was not to pursue another shelter in Fresno; however, given the statewide focus on homelessness as well as the significant city and county focus on homelessness in our community, a new consensus may be emerging. The Department is closely involved in cross-sector discussions about cross-sector strategies to end homelessness. Visits to other California counties have fostered interest in a shelter concept known as a Navigation Center. In the event that the county and city officials endorse the construction of a shelter, the Innovation idea proposed here and supported by stakeholders is to collaborate with that project to bring the MAP into the shelter program. The hypothesis is that by pairing safe shelter with the Community Screening Tool and MAP services, individuals will be linked more rapidly to resources. Current MAP participants who are homeless experience many barriers that are a direct result of their experience of homelessness and the hope is that pairing a shelter with MAP services would reduce those barriers.

Behavioral Health Integrated Access Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier CSS4782
Program Name Supervised Overnight Stay
Provider WestCare California, Inc.
Date Started May 22, 2012
Program Description An overnight stay program for mental health clients discharged from local hospital emergency departments and 5150 designated facilities. The program provides overnight stay, clinical response, peer support, and discharge services, in addition to transportation to appropriate mental health programs for adults and older adults who are deemed applicable for the program pursuant to discharge.

Program Update

The Supervised Overnight Stay Program began May 22, 2012. Originally, the program was Innovation funded and the program switched funding in fiscal year 2017-2018. The current contract will end December 31, 2018. WestCare was selected for a new contract for this program which is expected to be active by January 1, 2019.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	656
Total Number Served	**656**

Ages Served - (Check all that apply)	Served
☐ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	656
Total Number Served	**656**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$853,305.76	$1,300.77
Total Cost	**$853,305.76**	**$1,300.77**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: http://www.co.fresno.ca.us/home/showdocument?id=23768

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$819,090**	**$819,090**	**$819,090**	**$819,090**
Increase/(Decrease)			**$20,000**	**$20,000**

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

The vast majority of individuals who recidivate to the Crisis Stabilization Center or area Emergency Departments (and are referred to SOS) are both homeless and have co-occurring substance use disorders. Many are in need of detoxification services and have mental health symptoms that are further destabilized by substance use; likewise, substance use often represents an attempt to medicate untreated mental health symptoms. Integrated services are limited for this population and represent a significant barrier to reducing crisis recidivism and overall access and engagement in MH services. To mitigate this challenge the Department continues to explore new programs, including Innovation funded programs and others to address the needs of the population.

Proposed Changes

Within the next two years, this program might be expanded to increase capacity to address recommendations received from the stakeholder process and the department will analyze the needs for capacity and expand the program based upon those findings.

Intentionally Blank

Behavioral Health Integrated Access Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☐ PEI ☒ INN ☐ WET ☐ CF&TN
Status of Program: Enhance

Project Identifier	To be Assigned
Program Name	Technology Based Behavioral Health Solutions
Provider	TBD
Date Started	Components in Process
Program Description	This program is proposed to contract with one or more virtual mental health care providers with capacity to implement technology-based mental health solutions accessed through multiform-factor devices (for example, a computer, smartphone, etc.) to identify and engage individuals, provide automated screening and assessments and improve access to mental health and supportive services focused on prevention, early intervention, family support, social connectedness and decreased use of psychiatric hospitals and emergency services

Program Update

Since the approval of the Three Year Plan, the Department has continued to gather stakeholder input for the Technology Based Behavioral Health Solutions. Based on stakeholder support and input, the Department is in the process of further refining a detailed Innovations Project Plan Proposal to join the statewide "Technology Suite" Innovations Project.

The target population may include: individuals with sub-clinical mental health symptom presentation, including those early in the course of a mental health condition who may not recognize that they are experiencing symptoms; individuals identified as at risk for developing mental health symptoms or who are at risk for return of mental health symptoms; socially isolated individuals, including older adults at risk of depression and other behavioral health conditions; high utilizers of inpatient psychiatric facilities; existing mental health clients seeking additional sources of support; and family members of children or adults experiencing mental illness who are seeking support.

Overall, the primary purpose of this Innovation Project is to increase access to mental health care and support and to promote early detection of new or worsening mental health symptoms and timely intervention. This project will address barriers to receiving mental health services and support by utilizing and leveraging technology as a mode of connection and treatment integration to reach people who are likely to go either unserved or underserved by traditional mental health approaches. It will also serve to reduce the stigma associated with mental health treatment with virtual innovative engagement strategies, care pathways and bidirectional feedback. Components of the statewide technology suite project, which Fresno County intends to launch, include 7 Cups of Tea and MindStrong.

7 Cups of Tea is an on-demand emotional health and well-being service, bridging technology and support by anonymously and securely connecting real people to real support providers, known as listeners, through one-on-one text-based chatting. This service utilizes paid or volunteer listeners to provide support. Group chatrooms, organized by issue, also allow individuals to connect with others going through similar experiences. Self-help growth paths give users exercises based on evidence-based protocols, like CBT and DBT.

MindStrong is a technology-based solution that integrates digital information with treatment. The goal is to increase engagement with care plans, reduce relapse rates, intervene timely with appropriate levels of care, and improve outcomes. The strategy utilizes passive, objective, and continuous assessment of mood and cognition through the smartphone application technology. Individuals using the application learn about their mental health condition and their associated cognitive and emotional biomarkers. The participant's recovery events and biomarkers are tracked and the information is shared with the participant and the treatment team, allowing for the participant and treatment team to learn how the individual's lifestyle may affect their recovery process. The application can detect changes in recovery and alert the participant and the treatment team, thus prompting timely intervention.

FY 2016-2017 – Unique Individuals Served:

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

Ages Served - (Check all that apply)	Served
☐ 0-15	
☐ 16-25	
☐ 26-64	
☐ 65+ -	
Unreported	
Total Number Served	**N/A**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other		
Total Cost	**N/A**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: N/A

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**N/A**	**$1,000,000**		
Increase/(Decrease)			**$1,000,000**	**$2,000,000**

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

This program was first introduced as a placeholder in the approved Three Year Plan. Since that time, the Department did not have the staff resources to implement the project. The Department has since allocated a full-time MHSA Coordinator who will begin serving in that role in the upcoming months. This strategy will afford a dedicated project manager to oversee the development and implementation of new Innovations projects.

Proposed Changes

With additional stakeholder input received during the CPP Process, the Department will complete the Innovations Project Plan Proposal and present to the Mental Health Services Oversight and Accountability Commission for approval in the months following the approval of the Annual Update.

Behavioral Health Integrated Access Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☐ PEI ☒ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier	To be Assigned
Program Name	The Lodge
Provider	TBD
Date Started	Components in Process
Program Description	This program will be a short-term come as you are place to stay with on-site (or readily accessible, such as adjacent to site) specialty mental health services for individuals with serious mental illness (SMI) or co-occurring SMI and substance use disorders where individuals would have access to showering, clothes, food and recovery supports during their stay. These individuals would be referred from local mental health plan (MHP) providers, Emergency Departments (ED), the Crisis Stabilization Unit (CSU), psychiatric hospitals, crisis intervention teams (CIT), and other agencies as approved by the Department. This program will serve adults and older adults who are at various stages of change related to their own recovery.

Program Update

This program will be a short-term come as you are place to stay with on-site (or readily accessible, such as adjacent to site) specialty mental health services for individuals with serious mental illness (SMI) or co-occurring SMI and substance use disorders where individuals would have access to showering, clothes, food and recovery supports during their stay. These individuals would be referred from local mental health plan (MHP) providers, Emergency Departments (ED), the Crisis Stabilization Unit (CSU), psychiatric hospitals, crisis intervention teams (CIT), and other agencies as approved by the Department. This program will serve adults and older adults who are at various stages of change related to their own recovery. In last year's stakeholder process, the community identified a gap for individuals who have a serious mental illness, are homeless or at risk of homelessness, have declined treatment services or are reluctant to receive treatment services, and are not making use of available resources for housing. The community came up with a new idea for a pilot program which came to be known as, "The Lodge." The DBH Housing Task Force created a stakeholder subcommittee to drill down deeper in order to further refine the idea. The hypothesis that we would be testing with this program is that individuals with Serious Mental Illness who are not making use of existing housing-focused resources (such as the Rescue Mission shelter) and who are not electing to engage in behavioral health services, are likely not at a stage of change to accept treatment or housing service. The idea is to test whether proving a safe place to stay while providing peer support, motivational interviewing, and engagement services might increase likelihood of individuals in the target population being connected into recovery services and housing and if they may consequently experience higher levels of recovery and stability of housing. The program would focus on individuals in pre-contemplative or contemplative stages of change and provide specific support to "meet people where they are at" while providing a safe place to stay. Pre-contemplative means that an individual may be unaware of or not accept the idea that there is a problem. Contemplative means that an individual may recognize that there are problems, but may feel ambivalent about whether or not to change. Meeting people where they are at means accepting people as they are with few "rules" in the program, including no requirements for sobriety and no requirements to participate in treatment services. The program would provide a safe place to stay in short-term lodging/shelter for up to 30 days. Peer Support services would be an essential component of the program and provided by persons with lived experience. The focus would be on engagement, the building of a trusting relationship in which to explore readiness for change, and on resolving Barriers by collaborating with individuals to identify and remove obstacles to recovery services and housing. Clinical services such as psychiatric care, case management, and substance use disorder services would be available but not required as a condition of staying at the Lodge. Clinical and peer support services, when accepted by participants, would serve as the bridge to a plan for services in the future, based on individual needs and strengths. This would not be a drop-in center or a place that is open to self-referrals or public access; it is intended to be available to persons referred from within the behavioral health system, including DBH crisis services, emergency psychiatric services, mental health outreach programs, and other DBH-approved referral sources. The Lodge program was first identified in the Three year Plan as a proposed "new" program and is reflected now as a "keep" program in the Annual Update. This year during the CPP Process, stakeholders had an opportunity to contribute more specific input on the concept which will be incorporated into the detailed project plan.

FY 2016-2017 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
☐ 0-15	
☐ 16-25	
☐ 26-64	
☐ 65+ -	
Unreported	
Total Number Served	**N/A**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other		
Total Cost	**N/A**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: No Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**N/A**	**$1,600,000**	**$1,660,000**	**$1,721,800**
Increase/(Decrease)				

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

This program is currently in the development stage and is expected to begin in 2019. Challenges and barriers have been associated with staffing resources available for the development and implementation of new programs. The strategy to mitigate this challenge is that the Department has recommended additional staffing.

Proposed Changes

No proposed Changes

Behavioral Health Integrated Access Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier	CSS4710
Program Name	Transportation Access
Provider	TBD
Date Started	Components in Progress
Program Description	Program activities in Transportation Access will serve as a 'hub' for the procurement, organization and management of transportation related services for clients and families. This work plan documents and addresses gaps with solutions are transportation related; specifically to create transportation opportunities to access services and transition through levels of care.

Program Update

Stakeholder input continues to describe transportation as a barrier to accessing services. As a priority focus, transportation resources serve as part of the overall solution to geographic and other transportation-related barriers. Since the time of the Three Year Plan approval, the Department has made progress in the allocation of resources and structure pertaining to Transportation Access for county-operated programs. A Program Technician position was added and the position was filled to assist with centralized deployment of resources and tracking. The county-employed drivers were consolidated in one chain of command. A new process for bus passes/tokens distribution was implemented. The coordination of transportation by medical transport companies was also centralized. In the upcoming months, the Department will finalize an Innovations Project Plan, based on stakeholder input, for a new technology-based system of deploying drivers to assist individuals in accessing treatment services and recovery supports (see Transportation Application).

FY 2016-2017 – Unique Individuals Served:

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

Ages Served - (Check all that apply)	Served
☐ 0-15	
☐ 16-25	
☐ 26-64	
☐ 65+ -	
Unreported	
Total Number Served	**N/A**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other		
Total Cost	**N/A**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: N/A

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$200,000.00**	**$288,500.00**	**$288,500.00**	**$288,500.00**
Increase/(Decrease)				

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

There are limited positions for county-employed Drivers; the centralization of the Drivers was a strategy to increase system efficiencies and mitigate the challenges associated with staffing challenges such as individual leaves of absence and vacancies.

Proposed Changes

There are no changes to the Transportation Access at this time; however, as previously noted, in the upcoming months, the Department will finalize an Innovations Project Plan, based on stakeholder input, for a new technology-based system of deploying drivers to assist individuals in accessing treatment services and recovery supports. Upon implementation and review of the future program, the existing Transportation Access strategies will be re-evaluated for possible changes in subsequent Annual Updates.

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Behavioral Health Integrated Access Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier	CSS4622
Program Name	Urgent Care Wellness Center (UCWC)
Provider	Fresno County Department of Behavioral Health
Date Started	June 29, 2009
Program Description	Urgent Care serves as a primary front door for individuals seeking behavioral health services. Individuals can receive services in this program for up to 90 days; services include but are not limited to, assessment, crisis evaluation, crisis intervention, medications, individual/group therapy, and linkage to other appropriate services. The target population is adults who are at risk of needing crisis service interventions or at risk of homelessness or incarceration and/or frequent users of emergency and crisis services. Referrals are made through local mental health providers, self-referrals, and/or local emergency rooms. Services also include triage and access and linkages through a walk in setting.

Program Update

Urgent Care Wellness Center (UCWC) is designed to provide an initial screening and/or assessment and bridge or short-term services for people who may not require ongoing intensive services. Due to increased focus on same day access and care, decreasing wait times for psychiatry, addressing housing related needs, and connecting with people who are discharging from the acute units, there has been a decreased emphasis on brief treatment up to 90 days. In planning for new regulations coming from the state of California that redefine benchmarks for standard and urgent mental health and psychiatry appointments, UCWC has prioritized same day service and decreasing wait times for care. Additionally, in planning for the DMC-ODS regulations we are currently preparing for integration of access and we anticipate adding 2-3 Substance Abuse Specialists (SAS) to the triage and access services. We anticipate that UCWC will provide access services for both mental health and substance use disorder (SUD) Medi-Cal services moving forward.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	939
Asian/Pacific Islander	286
Caucasian/White	1,770
Latino	2,477
Native American	74
Other Ethnicity	108
Unreported	55
Total Number Served	**5,709**

Ages Served - (Check all that apply)	Served
☒ 0-15	10
☒ 16-25	1,246
☒ 26-64	4,373
☒ 65+ -	80
Unreported	0
Total Number Served	**5,709**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention	$2,210,643	$387.22
Early Interventions	$2,210,643	$387.22
Other		
Total Cost	**$4,421,286**	**$774.44**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: http://www.fresnocountyca.gov/departments/behavioral-health/mental-health-services-act/mhsa-outcomes

MHSA State Allocation

Allocation	*FY 16-17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$3,965,948**	**$2,000,000**	**$2,000,000**	**$2,000,000**
Increase/(Decrease)				

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

Continued changes in regulations for timeliness of services and the Department's upcoming implementation of the new DMC-ODS have provided challenges and opportunities. With increasing standards for access, more resources are being directed to access and intake, reducing staff availability for short-term, up to 90-day treatment. DMC-ODS implementation and the integration of access services is a significant initiative. Additional analyst support and training supports have been deployed to support the program through this process. Additionally, due to increased housing resources in DBH as well as a countywide focus on reducing homelessness, significant UCWC staff time has been spent addressing housing related needs for individuals served by the Department; in recognition of this challenge, a separate MHSA program is recommended elsewhere in this Annual Update (see Housing Access and Resource Team, HART) in order to afford UCWC staff the ability to focus on access and triage, short-term treatment, and linkage.

Proposed Changes

Over the next year, we can expect to see a continued decrease in the provision to short-term treatment as these services will be provided by outpatient teams and the UCWC staff will continue to focus on same-day access, triage, immediate supports, and linkages. The program will continue to allocate resources to same day access, hospital discharge, and timeliness to medical and behavioral health services. The program will continue with planned future integration of SUD access services and SUD wellness groups. The current Annual Update does not include an increase to MHSA funding, however, expanded access is a top recommendation from stakeholders so the Department may expand this program in the future. Further critical review of access strategies will be a continued focus in the coming year.

Behavioral Health Integrated Assess Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier	CSS4315
Program Name	Youth Wellness Center
Provider	Fresno County Department of Behavioral Health
Date Started	June 2015
Program Description	Designed to improve timely access to mental health screening, assessment, referral for ongoing treatment and short-term interventions for youth ages 5-17 with serious emotional disturbances. Referrals may be received from caregivers seeking mental health services, Medi-Cal health plans, other community based healthcare providers and agencies serving youth who identify that a higher intensity and array of mental health treatment and supportive services may be required. The program will also support discharge planning and bridge services for clients being-discharged from Exodus Fresno Crisis Stabilization Center and inpatient psychiatric hospitals. Services may also include facilitating the transition of youth to/from Children's Mental Health programs from/to community resources when clinically appropriate.

Program Update

Youth Wellness (YW) strives to provide timely access services to families. This year a cancellation list was developed to offer short-notice appointments to families of clients identified with severe mental health needs to ensure expedited process of scheduling assessments (and so that no available appointments will go unused). YW also implemented a hospital follow-up and transitional care program. In the new process, clients being discharged from DBH's Psychiatric Health Facility operated by Central Star will have an appointment for an assessment scheduled for them within one week from discharge. Those youth are also assigned to a YW case manager and YW clinician before discharge, who provide services until the youth can be successfully linked to an outpatient treatment program. This is to ensure that clients are seen post-hospitalization, within an appropriate time, and experience a smooth transition of care. A goal is that the transitional care will increase the likelihood of follow through with treatment and to reduce recidivism to hospitalization.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	241
Asian/Pacific Islander	49
Caucasian/White	333
Latino	981
Native American	14
Other Ethnicity	26
Unreported	18
Total Number Served	**1,662**

Ages Served - (Check all that apply)	Served
☒ 0-15	1373
☒ 16-25	289
☐ 26-64	
☐ 65+ -	
Unreported	
Total Number Served	**1,662**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$713,586.00	$429.35
Total Cost	**$713,586.00**	**$429.35**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: http://www.fresnocountyca.gov/departments/behavioral-health/mental-health-services-act/mhsa-outcomes

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$1,470,577**	**$1,470,577**	**$1,470,577**	**$1,470,577**
Increase/(Decrease)				

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

Challenges faced included an influx of Presumptive Transfer cases. Other challenges include an increased number of requests for services with limited staffing resources, which unfortunately, extended timeliness of initial appointment beyond 30 days at points throughout the year. Strategies to mitigate issues of timeliness include the establishment of a cancellation list mentioned in the Program Update section of this sheet. Additionally, DBH continues to expand services for children and youth across the Mental Health Plan.

Proposed Changes

The program will work toward support for walk-in services, such as the provision of triage/screening to be available every hour of each business day. The program will consider expanding business hours to 6pm and possible Saturdays (half day) to accommodate working families and more after school appointments. DBH will provide additional outreach to local hospital Emergency Departments to establish a referral process for youth being discharged from ED following crisis/5150 episode. The program may expand to provide all hospital and crisis stabilization follow ups with case management and transitional care therapy until youth are linked to Outpatient care (so that high risk clients aren't waiting for services). The program will work to improve coordination of psychiatric services so youth can receive an appointment as part of their discharge plan.

Work Plan # 2
Wellness, Recovery and Resiliency Support

The intent of the Wellness, Recovery, and Resiliency Supports Work Plan is to focus on services, functions, and activities that promote wellness, recovery and resiliency. DBH knows that people can and do recover. We believe that creating an environment that supports recovery and resiliency is something we must do; it is our responsibility. We also know that creating this environment starts within our own department which strives to support an organizational culture of wellness. This Work Plan includes programs, services, and other supports that promote and sustain wellness, resiliency, and recovery. The Wellness, Recovery, and Resiliency Supports Work Plan will provide a description of all current and planned MHSA-funded programs, services and activities that serve primarily to support wellness, recovery and resiliency. Some programs that may also promote wellness and support recovery/resiliency may be referenced in another work plan if the other work plan better captures the focus and intent of the program.

***=New Program Name**

Program Name	Component	Status
Blue Sky Wellness Center	PEI	Enhance
Children/Youth/Family Preventions and Early Intervention	PEI	Enhance
Consumer Family Advocate Services	CSS	Keep
DBH Communications Plan	CSS	New
Family Advocate Position	CSS	Keep
Flex Account for Housing	CSS	Enhance
Fresno Housing Institute (FHI)	CSS	New
Hotel Motel Voucher Program (HMVP)	CSS	New
Housing Access and Resource Team (HART)	CSS	New
Housing Supportive Services	CSS	Keep
Independent Living Association (ILA)	OTHER/CSS	New
Integrated Wellness Activities	PEI	Enhance
New Starts Program* (Master Leasing Housing)	CSS	Enhance
Peer and Recovery Services	CSS	Keep
Project for Assistance from Homelessness (PATH) Grant Expansions	CSS	Keep
Project Ignite	CSS	New
Suicide Prevention/Stigma Reduction	PEI	Enhance
Supported Education and Employment Services (SEES)	CSS	Keep
Therapeutic Child Care Services	CSS	Enhance
Youth Empowerment Centers (YEC)	PEI	Enhance

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Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☒ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier PEI4521
Program Name Blue Sky Wellness Center
Provider Kings View
Date Started October 23, 2007
Program Description This program provides prevention and early intervention peer-centered wellness and recovery focused activities. Services include group and individual peer supportive services in addition to teaching Wellness Recovery Action Plan (WRAP) services and Crisis Plan services/relapse prevention, transportation, life skills courses, job readiness services, and on-site volunteer opportunities.

Program Update

Blue Sky Wellness Center expanded services to the Transition Age Youth (TAY) population for ages 16-25 years. These additional services provided at the "TAY Warehouse" are specifically designed for the TAY population. The TAY Warehouse is an energetic, youth focused program that provides job skill identification and development, computer skills, positive socialization and future goals that include Youth WRAP. The property was secured in April/May 2016 with services starting in July 2016; staffing is designed to focus on provision of services by those with youth experience.

During 2017, the Good Neighbor Crew (GNC) began which is a group of Blue Sky volunteers who go out and pick up trash in the neighborhood as a community service group supervised by the Operations Manager. The members are active and visible in the community with the goal of being a good neighbor and reducing the stigma of mental illness associated with Blue Sky.

A new Quality Improvement work plan was recently incorporated into the Blue Sky program for improved data collection as well as improved monitoring and reporting of outcomes and goals. Additionally, Kings View partnered with Resilience, Inc. to provide training for a greater emphasis on Peer Support.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	877
Total Number Served	**877**

Ages Served - (Check all that apply)	Served
☐ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	877
Total Number Served	**877**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention	$900,733.96	$1,027.11
Early Interventions		
Other		
Total Cost	**$900,773.96**	**$1,027.11**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: http://www.co.fresno.ca.us/home/showdocument?id=23748

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$1,250,000**	**$600,000**	**$650,000**	**$700,000**
Increase/(Decrease)		**$650,000**	**$600,000**	**$550,000**

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

The only target measure for outcomes that is not being met is the 100 members per day that is listed in the current contract; this was heavily influenced by the program not being able to provide all services that were originally available such as food, laundry, and showers due to negotiations with City of Fresno code enforcement officials. However, the number of members attending activities such as educational groups and social support has increased.

Proposed Changes

No proposed Changes at this time.

Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☒ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	PEI4324
Program Name	Children/Youth/Family Preventions and Early Intervention
Provider	Fresno County Superintendent of Schools (FCSS) – Master Agreement
Date Started	May 3, 2010
Program Description	Positive Behavior Interventions and Supports (PBIS) is an evidenced-based approach to early identification and prevention of students' behavioral/emotional problems. This framework allows children and youth early access to evidence-based academic and behavioral practices prior to onset of severe behavior/emotional challenges. PBIS is a decision-making framework established to guide, select, integrate, and implement evidence-based practices to achieve positive outcomes for all students. Schools organize their continuum of practices and interventions in a multi-tiered logic model, which typically include a universal level, a targeted level, and a tertiary level. Family Focus Prevention Services (FFPS) (substance abuse services) are provided to Fresno County children ages 17 and under whose parent or guardian is receiving Substance Abuse Disorder Funding.

Program Update

For the mental health prevention services (Master Agreement No. 15-209), FCSS remains the only provider. FCSS continues to work with schools in Fresno County to train school teachers, administrators, and other staff including each school's intervention team to intervene and mitigate potential emotional and behavioral challenges that may arise with students. Contact is maintain with school sites throughout the school year for continued support to schools' PBIS teams to ensure success and implementation of PBIS strategies.

As of August 2018, seven (7) cohort of schools (134 schools) have completed the three (3) year training process under the PBIS model. FCSS has reported that participating schools have demonstrated sustained improvements in student's behaviors and effective use of strategies to mitigate emerging behavioral issues. Training surveys reveal that 95% of participants rated PBIS trainings in the very beneficial range for schoolyard prevention and intervention.

Program outcomes for FY 2017-18 were met or exceeded. Eighty percent (80%) of included schools (107/134) were able to implement PBIS at model levels and demonstrate a decrease in suspensions and expulsions. Sixty percent (60%) of schools in Tier 2 and Tier 3 had at least one effective intervention at each level in their schools. Seventy-four percent (74%) of schools reported an improvement in protective factors based on school safety surveys.

Effective June 5, 2018, the current Prevention and Early Intervention School Based Program (K-12th grade) was superseded and nullified by the new All 4 Youth Program, Agreement No. 18-308. Prevention and early intervention services will be redesigned to be provided through this new agreement along with specialty mental health treatment services.

The current PBIS training framework has no direct services to students. The direct target population are the school personnel who participate in PBIS training cohorts. The indirect but primary target population is the K-12th grade students attending Fresno County schools. Overall, FY 2016-17, an approximation of 71,549 students (K-12) were reached at all school sites combined, as a result of the cohorts and refresher trainings and based on school enrollment, the estimated cost per student would be $5.35.

For the substance use disorder prevention services (Master Agreement No. 13-709-1), the providers are Delta Care, Fresno New Connections, and Central California Recovery. Family-Focus Prevention Services (FFPS) continues to be provided for minor children (ages 17 years and younger) whose parent is enrolled and participating in a County-funded Substance Use Disorder (SUD) Treatment program. In addition, providers delivered the following services:

1. Developing opportunities for youth that encourage bonding with and engaging in activities that include family, school and community.
2. Developing opportunities that encourage attachment to peers who possess healthy beliefs and clear standards about alcohol and illegal drug use.
3. Developing opportunities for families that encourage improvement in parent-child relations, healthy beliefs and clear standards about alcohol and illegal use.
4. Conducting community education programs that would educate the youth and family members about substance use disorder.
5. Distributing literature and other information about the dangers of drug abuse.
6. Providing counseling services to those adults who present with substance use disorder.

In FY 17-18, a Request for Application (RFA) was released to community-based SUD treatment providers, which when approved will result in a three (3) year Master Agreement with the potential of two (2) one (1) year extensions.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	613
Total Number Served	**613**

Ages Served - (Check all that apply)	Served
☒ 0-15	
☒ 16-25	
☒ 26-64	
☐ 65+ -	
Unreported	613
Total Number Served	**613**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention	$273,052.67	$445.44
Early Interventions		
Other		
Total Cost	**$273,052.67**	**$445.44**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: http://www.fresnocountyca.gov/departments/behavioral-health/mental-health-services-act/mhsa-outcomes

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$451,633**	**$350,000**	**$350,000**	**$350,000**
Increase/(Decrease)			**$1,237,822**	**$2,940,230**

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

For PBIS, sustainability of the implemented PBIS models were challenging. Effectiveness in some schools declined due to lack of attending refresher trainings and lack of strong support from school site administration. Schools that made PBIS a priority had far greater outcomes. Ongoing attendance of available trainings assist schools in building a strong PBIS team. Other barriers included challenges with conflicting traditional discipline beliefs. Some schools were more or less inclined than other schools to hand out discipline practices as designed in the appropriate model. Other unsuccessful implementation of the PBIS model were the results of opposition from school labor groups, stretching school teachers and administrators too thin and burning them out, and poor implementation of intensive behavior intervention principles. Turnover on schools' PBIS team members and leadership left the teams less motivated and unsupported to continue implementation correctly. To mitigate these challenges, the DBH-FCSS Partnership Steering Committee is working to develop partnerships through a hub and spoke model with clear expectations for school sites to participate in programming.

For Family Focused Prevention Services (FFPS), limited funding is a concern. As a result, the Fresno County Board of Supervisors approved an Amendment to increase provider allocation in June 2017. This increase allowed providers to further increase their outreach and provide services to populations that have otherwise been underserved.

Proposed Changes

On June 5, 2018, Agreement No. 18-308 was approved by the Fresno County Board of Supervisors. This new agreement superseded the Prevention and Early Intervention School Based Program K-12th grade (Agreement No. 15-209). Agreement No. 18-308 will expand on the PBIS trainings to include trauma-informed practices and to provide the ability to triage at-risk children and families and provide short term early intervention services in order to ensure youth have access to services in a timely manner. Services also expand into a larger age ranges, 0 to 22 years old, which now extends the prevention and early intervention framework into the younger grade levels like preschool and head-start to provide earlier preventive measures and while also supporting transition aged youth. Services will continue to be provided at school, community and home-settings as appropriate. To incorporate the new strategies, the existing PBIS framework will be providing an additional one year training cycle to the current three year training cycle, and an accelerated two year training cycle for the preschool grade level. The enhancements will increase funds to the PEI mental health services by $1,237,822.00 in FY 2018-19 and $2,940,230.00 in FY 2019-20.

This new agreement also has a treatment component funded by the MHSA CSS component. FCSS will provide specialty mental health outpatient treatment services to students who have been identified as having difficulty with social and emotional behaviors that are impacting their ability to cope in school and/or at home. Services to be provided includes, but are not limited to: Intensive Case Management, Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), rehabilitation, individual and group therapy, crisis services, medication support services, outreach, and advocacy services. The target population are primarily youths who are at-risk of the juvenile justice system, and youth/families in rural/metro areas with limited means, and those who traditionally are reluctant to seek services. Several service locations and mobile units will be developed across Fresno County to serve 32 school districts throughout the contract term. In FY 2018-19, phase one, FCSS will initially implement two service locations/hubs and a mobile unit. One will be located in the Fresno downtown area and the other will be located in Firebaugh with satellite offices in Golden Plains

and Kerman. This initial phase will provide mental health treatment services to four school districts or 31 schools. Phase two through five will be implemented respectively each year increasing the number of service locations/hubs .Additionally, any school sites can be added to receive mental health treatment services during the duration of this agreement.

It is forecasted that within the next two years, this mental health prevention program would be expanded to increase capacity to address recommendations received from the stakeholder process. The new mental health treatment component of this program will be expected to serve four school districts by the end of FY 2018-19 and 16 more school districts by the end of FY 2019-20. These enhancements to the current program will incorporate MHSA CSS funds into the treatment component by $3,306,072 in FY 2018-19 and $4,545,134 in FY 2019-20. The prevention component is expected to implement new strategies to the existing framework to address recommendations received from the stakeholder process. Training enhancements as well as early intervention assessment and short term services will increase the current program prevention services budget ($350,000) by $1,237,822 in FY 2018-19 and $2,940,230 in FY 2019-20.

For FFPS, in May 2018, an RFA was sent out to all SUD treatment providers, which resulted in a new Master Agreement No. 18-329 with an annual allocation of $120,000.00 with the same providers. The reason for the reduction from $240,000.00 per year is due to the over-allocation by more than $100,000.00 each year. However, services are not impacted by the reduction of the max annual compensation. Enhancements to this component will be reviewed as appropriate or recommended through the stakeholder process.

Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier CSS4710
Program Name Consumer Family Advocate Services
Provider Centro La Familia Advocacy Services
Date Started July 1, 2011
Program Description Mental health consumer and family advocacy services are provided to unserved and underserved populations, consumers and families.

Program Update

Contractor, Centro La Familia Advocacy Services (CLFAS), and their subcontractor, Fresno Interdenominational Refugee Services (FIRM), continue to provide culturally appropriate consumer/family advocacy services to unserved and underserved populations of rural and suburban Fresno County. Services include support groups, advocacy services, presentations, outreach, referrals to community resources, and education and training to increase awareness of the impact of mental health. Goals are to increase family support and awareness, increase confidence and independence level of the consumer/family through culturally competent liaison services, and reduce mental health stigma and barriers to services. Statistics below represent consumers and family members who were provided with individualized support. Community outreach events along with radio broadcasts and television (Channel 21) spots are estimated to have reached 8,780 and 438,000 individuals respectively.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	1,704
Total Number Served	**1,704**

Ages Served - (Check all that apply)	Served
☒ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	1,704
Total Number Served	**1,704**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$105,103.13	$61.70
Total Cost	**$105,103.13**	**$61.70**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: No Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$113,568**	**$113,568**	**$113,568**	**$113,568**
Increase/(Decrease)				

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

CLFA experienced program staff turnover during FY 16-17, but was able to continue to work to address clients' needs, provide linkages, and conduct outreach to the community through its extensive network of internal programs and community partnerships. Transportation continues to be a barrier to providing community-based responses and advocacy efforts. The Department continues to explore strategies to enhance access to transportation resources. CLFA continues to utilize places where underserved/unserved may frequent such as community centers and other gathering places throughout Fresno County.

Proposed Changes

None.

Wellness, Recovery and Resiliency Supports Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: New

Project Identifier: To be determined

Program Name: DBH Communications Plan

Anticipated Date Started: Late Winter / Early Spring 2019

Program Overview: The Department of Behavioral Health will soon release an RFP from qualified vendors to provide media and mass communications services to educate and engage target audiences, generate public interest in health topics, and influence positive changes in Fresno County.

Target Population:

The general public as well as specific target populations including demographic groups by age (youth, young adults, adults, older adults), unserved and underserved populations (LGBTQ, underserved ethnic groups, etc.).

Estimated # to be Served:

To be determined during program development.

Program Details:

Current and prior stakeholder input has identified concerns of individuals and families served as well as the general public indicating that there is insufficient information available about the Department, available services, and mental health information in general (health promotion, prevention of mental health conditions, stigma reduction). To address these concerns, the Department will improve communication about the system of care and the Department. The Department will additionally invest in a Communications Plan to build the platform for branding and messaging on all Department activities including communication on current services, how to access services, prevention and stigma reduction efforts, and health promotion. The Department will seek an experienced and qualified vendor to collaborate with the Department to develop and implement the Communications Plan. The selected vendor will be responsible for working with program staff to identify and analyze appropriate target audiences; ensure messages are clear, cohesive, and align with the mission of Behavioral Health and develop and place relevant media campaigns. The Communications Plan will be critical in implementing effective methods to increase public reach and engagement, integrating and cross-promoting messages, and ensuring the Department is recognized for the myriad of services and supports operated across the community with Department funds as well as ensure that the Department is viewed as a leading voice on behavioral health in the community.

Performance Measurement(s):

The selected vendor will be measured by contract deliverables, including but not limited to: developing an annual comprehensive communications plan, developing and producing media campaigns, developing and producing informational materials, and provide public relations consultation and training.

Estimated Cost per Client:

N/A

Estimated Budget:

Budget Summary	*FY 17/18*	*FY 18/19*	*FY 19/20*
		$500,000	**$950,000**

Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier	CSS4710
Program Name	Family Advocate Position
Provider	TBD – Pending New Contract
Date Started	December 3, 2013
Program Description	Mental health advocacy, support, and liaison services to County-operated and contracted programs for families and support systems of unserved and underserved persons in contact with or engaged in the behavioral health system.

Program Update

In FY 2017-18, the contract was terminated early on January 21, 2018 at the request of the provider. The County Family Advocate phone line was routed to the Access Line to ensure callers seeking assistance were properly assisted. The contracted providers of the Access Line and Consumer Family Advocacy Services were also asked to accommodate service needs as requested until services could be continued. DBH explored the addition of Family Advocacy Services to the existing Consumer Family Advocacy Services contract, but community stakeholders expressed an interest in keeping the program services separate. A Request for Proposal for Family Advocacy Services was released on August 13, 2018, with a new contract to continue services expected to be approved in December 2018. Statistics reported below represent the number of families served; data was not collected for the number of individual family members.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	427
Total Number Served	**427**

Ages Served - (Check all that apply)	Served
☒ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	427
Total Number Served	**427**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$74,687.68	$174.91
Total Cost	**$74,687.68**	**$174.91**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: http://www.co.fresno.ca.us/home/showdocument?id=23750

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$75,000**	**$75,000**	**$75,000**	**$75,000**
Increase/(Decrease)				

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

The services provided to families and support systems may occur in the midst of a crisis situation and therefore, are not conducive to in-depth data collection. This issue is addressed by attempting to follow up at a later date to gather the necessary data. Future contracted services will explore appropriate data collection strategies for the services provided. As mentioned above, the provider terminated the contract prior to the end of the contract term which resulted in a barrier to the program staying operational. A new Request for Proposals was expedited by the Department.

Proposed Changes

Any future requests for an allocation increase will be identified with demonstration of need by the contracted provider.

Intentionally Blank

Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	CSS4510
Program Name	Flex Account for Housing
Provider	Fresno County Department of Behavioral Health
Date Started	July 1, 2011
Program Description	Provides funding to bridge gaps/barriers to allow eligible homeless individuals to secure permanent housing and/or temporary lodging. Examples of possible expenditures: security deposit, PG&E deposit, pet deposit, and vouchers for temporary lodging via the Hotel-Motel Voucher Program.

Program Update

During the reporting period of 2016-2017, $9,418.93 was approved by DBH treatment teams and applied towards security deposits, PG&E deposits for homeless individuals, and fees for pet services required to secure housing (i.e.: Snip & Chip program, vaccinations, dog license). Each approval is individualized and part of the treatment team's plan for the individual's independence and recovery. Approval did not necessarily indicate 100% funding of deposits, as an individual and/or family may provide partial funds when available and appropriate. Also during the reporting period, the very new Hotel-Motel voucher program was piloted and 2 unique individuals received a voucher for brief lodging pending execution of an individual housing plan. As a pilot, the Hotel-Motel voucher program is not yet broadly utilized, however, in recognition of the value of temporary lodging for when an individual has an established housing plan pending, the Department anticipates expansion of this resource as a stand-alone program. The Flex Account for Housing would remain in place for deposit assistance, fees, and other barriers to securing stable housing.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	29
Total Number Served	**29**

Ages Served - (Check all that apply)	Served
☐ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	29
Total Number Served	**29**

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	$10,138.85	$349.62
Total Cost	**$10,138.85**	**$349.62**

Performance Outcomes: No Report Available

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$100,000.00**	**$100,000.00**	**$100,000.00**	**$100,000.00**
Increase/(Decrease)				

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

Management of this Flex Account for Housing program has changed. As a result, the program staff has been working toward implementing more structured protocols and procedures to better utilize the program. In addition, a new Division Manager has been selected and within the upcoming months will transition to oversee the housing efforts of the Department. At such time, the Department anticipates expansion of the underutilized Flex Account for Housing. Similarly, the Hotel-Motel Voucher program was intentionally slow to ramp up in order to test the viability of such a program, to ensure proper usage, and to evaluate risks and benefits of the service. To date the availability of this resource has been limited to county-operated adult programs. DBH staff awareness was limited so, to address this challenge, in recent months the program staff have educated other DBH staff (case managers, treatment team) about the option of assisting individuals in need of short term lodging. A positive outcome of these efforts was a recent incident in which numerous individuals were displaced when a local room and board was shut down; the Department was able to utilize the Hotel-Motel Voucher program to provide immediate lodging (these individuals are not reflected in 2016-2017 data due to the date of the incident being in 2017-2018 fiscal year. In addition, lengthy processing times of deposits created a challenge for individuals, as deposit funds were not readily available for individual's needs. To address that barrier, the team implemented more streamlined processes in recent months. Further, some motels were dissatisfied with lack of utilization of the contract and decided to terminate; additional outreach is needed

to procure additional hotels and motels for the program. The Housing Clinical Supervisor has begun to develop strategies to better utilize this short-term stay resource and to ensure that proper protocols and tracking mechanisms are in place.

Proposed Changes

Since the Hotel-Motel Voucher Program is a unique service, it will be moved out of the Flex Account for Housing program into a stand-alone program. The program operates with a master agreement with various hotels/motels in the amount of $99,900. In this Annual Update a new program sheet for the Hotel-Motel Voucher Program be created to reflect the contract maximum in the amount of $99,900 and it will be completely separate from the Flex Fund. The MSHA allocation for the Flex Fund will remain at $100,000 to provide funding for the various deposit and other expenses for individuals on an as needed basis. Although funds have been underutilized in the past, the Department is trending toward additional resources in the management and support of housing.

Wellness, Recovery and Resiliency Supports Work Plan for Fiscal Year 2017-2018

Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN

Status of Program: New

Project Identifier: To be determined

Program Name: Fresno Housing Institute (FHI)

Anticipated Date Started: Summer 2019

Program Overview: Based on recommendations from a supportive housing program evaluation report produced for the Department by the Corporation for Supportive Housing (CSH), the Department intends to collaborate with CSH for the implementation of a concept known as a Housing Institute. Once authorized, the Fresno Housing Institute would be a comprehensive project development and capacity building exercise for supportive housing developers and providers in Fresno County. The Institute (operated by CSH) is a project planning forum for project managers, service providers, and property management staff designed to ensure the development of successful supportive housing funding applications and high-quality supportive housing production and implementation.

Target Population:

Projects to be developed will be determined through partnership between DBH and the Institute and may include projects geared toward populations including those experiencing poverty, chronically homeless individuals with special needs, homeless individuals and families and those at risk of homelessness.

Estimated # to be Served:

The number of individuals anticipated to be housed in the resulting supportive housing developments as a result of the FHI activities is yet to be determined and will be further evaluated during the contracting process.

Program Details:

Participation in the CSH-operated Fresno Housing Institute would improve the supportive housing project planning/development process by building strong project teams and providing technical guidance designed to reduce the time it takes to obtain funding while ensuring strong outcomes for individuals in need of permanent supportive housing. The FHI would consist of four, two-day sessions over a ten month period for teams made up of a supportive housing developer/owner, a supportive service provider, and a property manager that are all committed to taking a project from concept to completion. Team members must attend ALL required training.

Performance Measurement(s):

Over the course of the Institute, teams will work to develop supportive housing project plans with these expected deliverables:

- MOU developed among members of the team, outlining the role of each member.
- A detailed supportive housing project plan and budget to be used to apply for funding.
- Training/coaching from CSH in how to apply for acquisition, pre-development and permanent financing.
- A high-quality supportive services plan for the project's identified target population.
- Operating policies/procedures for effective service and property management coordination.
- Greatly increased knowledge as well as new and improved skills to operate quality supportive housing.
- A strong, effective development, property management and supportive services team that knows how to best leverage the strengths of each team member.

Estimated Cost per Client:

To be determined based on the number of projects implemented as a result of participation in the Institute.

Estimated Budget:

Includes expenses associated with institute administrative logistics, curriculum development, classroom instruction, hands-on technical assistance to team members, and evaluation of the housing development projects designed by the teams.

Budget Summary	*FY 17/18*	*FY 18/19*	*FY 19/20*
		$200,000	**$200,000**

Wellness, Recovery and Resiliency Supports Work Plan for Fiscal Year 2017-2018

Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN

Status of Program: New

Project Identifier: To be determined

Program Name: Hotel Motel Voucher Program (HMVP)

Anticipated Date Started: August 1, 2016

Program Overview: The HMVP provides short term lodging for individuals in need of shelter who are connected to the DBH system of care. The HMVP provides the individual with a limited-stay voucher to be applied to various hotel/motels pending the implementation of a more permanent individualized housing plan. This program was previously initiated as a pilot project under the Flex Account for Housing program. Based on the early learning from this pilot as well as the unique nature of the service, the Department recommends to have the Hotel Motel Voucher Program described in the MHSA Plan separately as a stand-alone program.

Target Population:

Adults with Serious Mental Illness or children with Serious Emotional Disturbance and their families who are homeless or at risk of homelessness, who have a housing plan but need limited duration lodging until the housing resource in their plan is available.

Estimated # to be Served:

Utilization of the program is dependent upon need and program eligibility as well as available hotel and motel vacancies in sites contracted with the Department, thus firm estimates are difficult to establish. Utilization is to be tracked and trended over time in order to study the effectiveness of this program.

Program Details:

The HMVP agreement contract maximum is $99,900 over a 3 year period (8/1/18 – 7/30/21). Eligibility for the HMVP is determined by DBH on a case-by-case basis. The program provides the individual with short-term lodging while the individual's housing plan is finalized leading to appropriate housing placement. A DBH case manager assists the individual during their stay in the HMVP and is the individual's point of contact in relation to any correspondence with the hotel/motel.

Performance Measurement(s):

The program will measure the number of individuals afforded lodging and the number of nights of stay for individuals that utilized the HMVP who would have otherwise been homeless on those nights. The program will also measure the number of individuals housed upon exit from the HMVP.

Estimated Cost per Client:

Average cost of current vendors is $65-$70 per night of stay.

Estimated Budget:

Budget Summary	*FY 17/18*	*FY 18/19*	*FY 19/20*
		$100,000	**$100,000**

Wellness, Recovery and Resiliency Supports Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: New

Project Identifier: To be determined

Program Name: Housing Access and Resource Team (HART)

Anticipated Date Started: Upon approval of the Annual Update

Program Overview: In response to the availability of increased housing resources in DBH as well as a countywide focus on reducing homelessness, the Department's Urgent Care Wellness Center access team members began to spend significant time addressing housing related needs for individuals served by the Department's county-operated programs. They began to develop a robust knowledge related to the complex navigation of existing and new housing resources. In recognition of these few access team members' unique knowledge and emerging area of focus, they formed a sub-team within the unit known as the Housing Access and Resource Team. As the Department continues to expand housing resources, it is recognized that a separate program for housing coordination, navigation, consultation is needed and, in fact, additional staffing is required. Thus, the HART is described here as a new program. This will afford the UCWC staff the ability to focus on access and triage, short-term treatment, and linkage and the new HART team can focus on housing. The intention is that the HART team serves in a liaison, coordination, and support function; treatment teams will continue to have an important role in executing individualized recovery-focused treatment plan, including ensuring that appropriate housing plans are in place.

Target Population:

Adults experiencing serious mental illness who have housing instability or are homeless or at risk for becoming homeless.

Estimated # to be Served:

To be determined.

Program Details:

The HART Team provides coordination and consultation related to housing for DBH county-operated programs with an intention to expand across the system of care in upcoming years. Functions of the team 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 DBH 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. This team also provides cross-coverage for county-operated Permanent Supportive Housing sites operated as the Renaissance programs. Proposed staffing to include 1 supervisor, 1 Clinician, 4 Community Mental Health Specialists, 1 Peer Support Specialist, 1 Analyst, 1 Program Technician, and 1 Office Assistant.

Performance Measurement(s):

Timeliness of response to housing inquiries; satisfaction and/or customer service surveys.

Estimated Cost per Client:

To be determined

Estimated Budget:

Budget Summary	*FY 17/18*	*FY 18/19*	*FY 19/20*
		$400,000	**$930,488**

Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2018-2019
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier CSS4510/4810
Program Name Housing Supportive Services
Provider Fresno County Department of Behavioral Health
Date Started January 1, 2011
Program Description This program provides onsite supportive service for individuals who are placed into permanent supportive housing. Eligibility criteria include being homeless, at-risk of homelessness or chronically homeless and living with a severe mental illness. The Housing Supportive Services Team also conducts outreach to homeless people, provides hours at the Multi-Agency Access Program (MAP) and processes housing applications for eligible individuals seeking Department of Behavioral Health Services.

Program Update

The Renaissance developments of Trinity, Alta Monte and Santa Clara are the 3 current housing sites where onsite supportive services are provided, representing 69 dedicated MHSA housing units. The Clinical Supervisor overseeing supportive service staff has reconfigured staffing assignments between the Renaissance sites, leading to better utilization and efficiencies of staff and improved living experiences for tenants. In addition, the supervisor and staff are participating in numerous trainings and other learning opportunities to increase knowledge of the housing first model, tenancy support services, and other topics related to operating Permanent Supportive Housing programs.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	22
Asian/Pacific Islander	4
Caucasian/White	30
Latino	30
Native American	
Other Ethnicity	1
Unreported	
Total Number Served	**87**

Ages Served - (Check all that apply)	Served
☐ 0-15	
☒ 16-25	5
☒ 26-64	82
☒ 65+ -	
Unreported	
Total Number Served	**87**

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	$406,575.00	$4,673.28
Total Cost	**$406,575.00**	**$4,673.28**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports (4811, 4812, and 4813)

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$745,568**	**$745,568**	**$745,568**	**$745,568**
Increase/(Decrease)				

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

Historically the Clinical Supervisor allocated for this program was a long-standing vacancy. Management of the program was achieved through a Division Manager who also had numerous other responsibilities. In FY 17-18 a newly hired Clinical Supervisor was asked to oversee the Renaissance projects. The new supervisor has gained much knowledge of supportive housing and is able to provide more focused supervision of and attention to supportive services staff at the Renaissance sites. In addition, during FY 17-18, the Department procured a program evaluation report for Renaissance and other supportive housing programs in order to inform Department leadership of areas for growth and strengths and to provide recommendations that would assist the Department in the development of new Permanent Supportive Housing projects. This report has proved valuable to the new supervisor and the Department and recommendations from the report are being considered and implemented.

Proposed Changes

As previously mentioned, staff are receiving training to improve the knowledge of on-site supportive services related to the Housing First voluntary service model. This is accomplished through scheduled trainings, webinars and other training resources as made available from the Corporation of Supportive Housing (CSH).

Wellness, Recovery and Resiliency Supports Work Plan for Fiscal Year 2017-2018

Funding Source: ☐ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN

☒ OTHER: Initially Realignment and then moved to MHSA CSS upon approval of this Annual Update

Status of Program: New

Project Identifier: To be determined

Program Name: Independent Living Association (ILA)

Anticipated Date Started: October 1, 2018

Program Overview: The ILA is a quality improvement program operated by the Community Health Improvement Partnership (CHIP), designed to expand the number of high quality, independent, affordable living homes, aka room and boards, for individuals in need of housing who are receiving DBH services. Recognition as an ILA member provides individuals, family members and the community with knowledge that the home meets an established standard of quality housing.

Target Population:

Adults living with a Serious Mental Illness who are homeless or at risk of homelessness or otherwise in need of safe, affordable, and appropriate housing.

Estimated # to be Served:

By January 2021, 120 individuals will be served by homes with in Fresno County's ILA membership.

Program Details:

CHIP will provide technical assistance to local room and board operators including extensive hands-on training, resources and advocacy. Key components of the ILA program include: Creation of an ILA website/directory to provide individuals/families with quality information about available independent living home options; development of an ILA Work Team; creation of a system of oversight, support, coordination and quality improvement for ILA homes/operators; improving quality of life for ILA residents by improving quality housing standards; improving health outcomes for ILA resident by improving coordination/connection to critical services; creating partnerships between ILA members and community partners including code enforcement, Community Care Licensing, law enforcement and emergency responders; creating interventions for ILA residents that reduce utilization of higher levels of care and other more costly resources; and to have ongoing support from community partners.

Performance Measurement(s):

ILA Work Team membership is to be finalized by June 30, 2019. By June 30, 2019, the ILA website/ directory will be online and operational. By January 2020, an ILA standards and membership guide will be in place for Fresno County. By January 2022, the Fresno County ILA will have at a minimum 20 ILA homes in membership

Estimated Cost per Client:

To be determined based upon the number of homes to become members of the Fresno ILA.

Estimated Budget:

Budget Summary	*FY 17/18*	*FY 18/19*	*FY 19/20*
		$400,000	**$400,000**

Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2018-2019
Funding Source: ☐ CSS ☒ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	PEI4776
Program Name	Integrated Wellness Activities
Provider	Fresno County Department of Behavioral Health
Date Started	June 2013
Program Description	Provides support for recovery oriented services and activities throughout our traditional service delivery system.

Program Update

Integrated wellness activities provides support for recovery oriented services and activities throughout our service delivery system. Prior to the MHSA, DBH provided fee for service specialty mental health services for people with mental illness. This model relied heavily on the medical model with limited ability to provide recovery- and wellness oreiented supports and services that were not billable to Medi-Cal. Over the past years, the Department has embraced the MHSA as a system transformation initiative that was designed to change the way public mental health service is delivered. Consequently, each of the Adult System of Care (ASOC) programs has implemented a program plan which outlines the changes and adaptations made to incorporate Recovery oriented values and the principles of the MHSA. Supplemental funding was infused to support culture change department wide, integrate nontraditional mental health activities and provide the flexibility needed to address the whole person outside of the traditional fee-for Service medical model. As part of our strategy to continue to build a DBH "Culture of Wellness," DBH has formed a workgroup specifcally to accelerate these efforts.

FY 2016-2017 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
☐ 0-15	
☐ 16-25	
☐ 26-64	
☐ 65+ -	
Unreported	
Total Number Served	**N/A**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other		
Total Cost	**N/A**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: No Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$40,000**	**$50,000**	**$50,000**	**$50,000**
Increase/(Decrease)				

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

None noted.

Proposed Changes

The Department continues to enhance and support a DBH Culture of Wellness for individuals and families who receive services as well as for the staff who work within the Department and the network of contracted providers. Stakeholder input continues to recommend enhancements to the service experience, such as being more welcoming and focused on recovery. Therefore, Integrated Wellness Activities is to be reviewed for expansion across the system of care. At this time, the Department does not have a clear projection for an increase in MHSA funding, however, based on additional stakeholder input and review of the use of these funds, future Annual Updates are anticipated to reflect a planned expansion. DBH is currently working to implement strategies which highlight recovery and hope across our mental health service system.

Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	CSS4510
Program Name	New Starts Program* (Master Lease Housing)
Provider	Mental Health Systems
Date Started	May 1, 2017 (2 month period) followed by 5 year agreement 7/1/17 through 6/30/22
Program Description	Provides housing opportunities and rental assistance for eligible DBH individuals living with a Serious Mental Illness (SMI) who are working with their treatment provider(s) to address barriers that prevent them from securing a permanent housing plan. The New Starts program is operated by Mental Health Systems, an agency which secures leased units, then sub-leases the unit to individuals served by DBH who have been approved and referred by DBH for housing placement.

Program Update

During FY 17-18, the New Starts agreement was amended to increase capacity from 25 housing units up to 75 housing units, increasing the 5 year agreement from $2,338,698 to $4,454,344. The amendment was needed to expand capacity, as maximum capacity was realized in May of 2018. During FY 16-17, 5 individuals were referred to New Starts and housed. In FY 17-18, the capacity of the program was reached, prompting an amendment to the contract. In FY 17-18, an additional 25 individuals were referred and housed in the New Starts program. Of those housed in the program to date, all but two remained housed in New Starts. The contractor provides a monthly status report to DBH that includes tenant occupancy status, tenant rents received, security deposit status, tenant length of stay and any pending referrals.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	3
Asian/Pacific Islander	
Caucasian/White	2
Latino	
Native American	
Other Ethnicity	
Unreported	
Total Number Served	**5**

Ages Served - (Check all that apply)	Served
☐ 0-15	
☐ 16-25	
☒ 26-64	5
☐ 65+ -	
Unreported	
Total Number Served	**5**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other		
Total Cost	**N/A**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports (4815)

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$400,000**	**$800,000**	**$800,000**	**$800,000**
Increase/(Decrease)				**$500,000**

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

Securing units and having them readily available for DBH is a balancing act, as contractor needs consistent DBH referrals to secure additional units for quick housing placement. This situation is an inherent challenge of master leasing. The contractor and DBH remain in close and frequent contact and are working on efficiencies to improve this process.
Contractor provides some assistance to referred individuals but is not directly responsible for case management or supportive services, which are the responsibility of DBH. However, current resources of DBH clinical and supportive services staff are limited and the Department is working diligently to address this challenge. The DBH Housing Clinical Supervisor is working with other DBH Clinical Supervisors to create strategies which will result in improved health outcomes for DBH tenants residing at New Starts. Additionally, the creation of a dedicated Housing Access and Resource Team is anticipated to provide additional supports.

Proposed Changes

As described, the program has already expanded and, based upon the success and flexibility of the New Starts program, it is anticipated the agreement will be amended during the upcoming years to increase housing unit capacity by up to 100 units, potentially growing from the current 75 units to 175 units.

Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier	CSS4511
Program Name	Peer and Recovery Services
Provider	Fresno County Department of Behavioral Health
Date Started	February 12, 2007
Program Description	The original work plan funded activities for the securing of permanent full time paid Peer Support Specialists and Parent Partners. Funding allocation is for 10 full time equivalent PSS and 2 Parent Partners; costs are associated with approved work plan plans and fund supportive/wellness activities and supplies.

Program Update

Through the MHSA program titled Peer and Recovery Services, 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 this MHSA program plan are placed in one cost center for tracking of the staff costs, however positions are allocated to work in various programs throughout the Department. Additional program-specific positions make a total of 18 full time positions. The Department continues to work toward a comprehensive system of care focused on wellness and recovery and inclusive of paid peer professionals. The Department is implementing additional strategies to enhance the inclusion of persons with lived experience in paid peer positions by bringing in training and technical assistance to the Department.

FY 2016-2017 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
☐ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	
Total Number Served	**N/A**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$527,048	
Total Cost	**$527,048**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: http://www.fresnocountyca.gov/departments/behavioral-health/mental-health-services-act/mhsa-outcomes

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$**	**$457,461**	**$457,461**	**$457,461**
Increase/(Decrease)				

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

The recruitment process for county positions has been slow and the vacancy rate for all positions remains high. There are 19 allocated Peer Support Specialists with 9 currently filled, resulting in a current vacancy rate of just over 50%. There is one allocated Parent Partner position which has been vacant for many years. To mitigate the challenges, the Department has brought in training and technical assistance to support the enhancement of the peer workforce. The kick off for these efforts was a Peer Workforce Summit held on September 12th, 2018; attendees included representatives from DBH Human Resources as well as the county's main Human Resources Department in hopes to reduce barriers to recruitment of peer professionals.

Proposed Changes

Through training and technical assistance related to the peer workforce, the Department hopes to improve strategies to fill existing vacancies and ultimately expand the peer workforce in the coming years. There is no immediate change to the MHSA allocation at this time but enhancements may occur in subsequent Annual Updates.

Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2017-2018

Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN

Status of Program: KEEP

Project Identifier	CSS4526P
Program Name	Project for Assistance from Homelessness (PATH) Grant Expansions
Provider	Kings View
Date Started	October 1, 2008
Program Description	Provides services to individuals who experience a serious mental illness (SMI) and co-occurring substance use disorders, who are homeless or at imminent risk of becoming homeless. The goal of the PATH program is to enable individuals to live in the community and to avoid homelessness, hospitalization and/or jail detention. The PATH program serves as a front door for individuals into continuum of care services and mainstream mental health, primary health care and the substance use disorder services systems. The PATH contract includes two programs: Specialty Mental Health Services (SMHS) and Outreach, Education and Linkage services (OEL). Stats and costs below now reflect both programs combined based on YTD invoices, less client rents revenues.

Program Update

This program continues to provide Outreach, Education and Linkage services as well as Specialty Mental Health Services. There are no significant changes to the program design. The PATH Grant allocation increased from $310,122 to $316,524 for FY 2016-17, which includes the required 33% County match. As amended and approved on March 31, 2017, outreach services were reduced from 500 to a minimum of 350 clients, and of those, the number of clients to be engaged in services, referrals, and linkages reduced from 400 to 200. The service reduction was supported by SAMHSA as counties are encouraged to reflect realistic numbers, be responsive to program experience, and provide more in depth and substantial services to clients engaged.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	67
Asian/Pacific Islander	3
Caucasian/White	203
Latino	78
Native American	6
Other Ethnicity	
Unreported	
Total Number Served	**357**

Ages Served - (Check all that apply)	Served
☐ 0-15	
☐ 16-25	
☒ 26-64	345
☒ 65+ -	12
Unreported	
Total Number Served	**357**

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Intervention		
Other	$105,508	$295.54
Total Cost	**$105,508**	**$295.54**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: No Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$175,264.00**	**$175,264.00**	**$175,264.00**	**$175,264.00**
Increase/(Decrease)				

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

FY 2016-17 challenges were the results of underestimating the funding required for housing and fully addressing the needs of those clients actually engaged. These issues resulted in an amendment to the Agreement to reallocate funding and reduce outreach service numbers allowing more effective focus on those engaged and responding to services.

Proposed Changes

This program continues to provide Outreach, Education and Linkage services as well as Specialty Mental Health Services. There are no significant changes to the program design. The PATH Grant allocation increased from $310,122 to $316,524 for FY 2016-17, which includes the required 33% County match. As amended and approved on March 31, 2017, outreach services were reduced from 500 to a minimum of 350 clients, and of those, the number of clients to be engaged in services, referrals, and linkages reduced from 400 to 200. The service reduction was supported by SAMHSA as counties are encouraged to reflect realistic numbers, be responsive to program experience, and provide more in depth and substantial services to clients engaged. There are no other changes proposed.

Wellness, Recovery and Resiliency Supports Work Plan for Fiscal Year 2017-2018

Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN

Status of Program: New

Project Identifier:	To be determined
Program Name:	Project Ignite
Anticipated Date Started:	Spring of 2019
Program Overview:	Project Ignite will be a cooperative effort between the Department of Behavioral Health (DBH) and the Fresno Housing Authority (FHA) in which FHA will provide up to 600 housing vouchers for chronically homeless or homeless individuals living with a severe mental illness. DBH will provide (via contracted provider(s)) supportive services to assist the individuals in maintaining their housing as well as their wellness, resiliency and recovery.

Target Population:

Adults 18 years of age or older living with a severe mental illness that are chronically homeless or homeless or children living with a severe emotional disturbance and their families.

Estimated # to be Served:

To be determined. The number of individuals that are housed via the housing voucher will determine the number served.

Program Details:

Over a several year period, FHA will provide up to 600 Housing Choice Vouchers (HCV) to eligible adult individuals and/or eligible children with families. DBH will provide (via contracted provider(s)) supportive services to this population to assist/ensure the individual retains their housing, as well as assist the individual with their wellness, resiliency and recovery. Details of Project Ignite are in the planning stages, but it is anticipated DBH will release an RFP by winter 2018 to contract with local agencies capable of providing the supportive services for the population as the program expands over time. Anticipated the contract will be in place by late Spring 2019.

Performance Measurement(s):

To be determined during program development.

Estimated Cost per Client:

To be determined based upon the number of housing vouchers made available as the program ramps up and steadily increases over several years to 600 housing vouchers. It is anticipated up to 100 vouchers will be made available through FY 19/20, with related supportive services provided by DBH to assist housed individuals. An estimate of $6,500 per individual is the projected supportive service expense for FY 19/20. However, this is merely a cost estimate, and will be further clarified as the Project Ignite program develops.

Estimated Budget:

Budget Summary	*FY 17/18*	*FY 18/19*	*FY 19/20*
		$325,000	$650,000

Intentionally Blank

Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☒ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	PEI4776
Program Name	Suicide Prevention/Stigma Reduction
Provider	Fresno County Department of Behavioral Health
Date Started	August 2015
Program Description	This 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, a Strategic Suicide Prevention and Stigma Reduction Plan, social media and other outreach, while focusing on the lifespan of individuals and families, recognizing cultural and linguistic variations in the perceptions of mental wellness.

Program Update

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 Week and Recovery Month, stigma reduction and suicide prevention activities, and coordination of leveraged resources for outreach, education, and training in the community.

The Department continues to recognize the need for more focused strategic planning, performance measurement design and reporting with an enhancement to integration with substance use disorder services and other partners. In March 2018, the Department extended the contract with suicide prevention consultants to continue with the development of the strategic, community-based suicide prevention plan, including prevention, early intervention and postvention components for the County. The finalized plan, released publically during Suicide Prevention Week in September of 2018, will help established a solid and evolving framework to guide the Department in effective and sustainable suicide prevention and stigma reduction efforts. Although some recommendations are specific to suicide prevention, many recommendations are general mental health prevention and stigma reduction efforts as well as health and wellness promotion activities. The plan will prioritize the development and evaluation of prevention services specific to the community and its needs. Please see the comprehensive Fresno County Suicide Prevention Plan at www.FresnoCARES.org to view all recommendations. The Executive Summary of the Plan is attached as Appendix A.

The established Fresno County Suicide Prevention Collaborative continues to provide ongoing input and support into the suicide prevention and stigma reduction efforts in the community on a monthly basis. Additionally, the collaborative maintains an informative website (www.Fresnocares.org), social media outlet (Facebook), and utilization of traditional media sources (i.e. television and radio) to increase awareness and outreach to all ages and populations.

Data not available for FY 2016-17

FY 2016-2017 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
☒ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	
Total Number Served	**N/A**

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

Funding	Actual Cost	Cost Per Individual
Prevention	$17,880.06	
Early Interventions		
Other		
Total Cost	**$17,880.06**	**N/A**

Performance Outcomes: No Report

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$150,000**	**$600,000**	**$600,000**	**$600,000**
Increase/(Decrease)			$400,000	$400,000

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

Although there were a large amount of input from the Fresno County Suicide Prevention Collaborative, the suicide prevention and stigma reduction strategic plan is still lacking input and a voice from some major unserved and underserved communities (i.e., Faith-based, LGBTQ+). To mitigate this strategy, the Department facilitated a specific LGBTQ+ stakeholder focus group during the CPP Process leading to this Annual Update. Additionally, local LGBTQ+ advocates have joined the Collaborative. The Department continues to seek to engage Faith-based Leaders as well.

Proposed Changes

One or more Request for Proposals and associated contracts for services will be developed based on the strategic suicide prevention plan (Executive Summary is attached as Appendix A). Programs and initiatives may include, but are not limited to, trainings, media campaigns, and postvention services. Bereavement programs and/or services similar to a Local Outreach to Suicide Survivors (LOSS) team will be developed for survivors of suicide loss as a postvention program. It is expected that within the next two years, additional prevention campaigns, outreach strategies, and prevention programs will be developed to address the recommendations received from the stakeholder process and the Suicide Prevention Plan. The multiple programs, services, and activities will require an enhancement to the current program budget ($600,000.00) by $400,000.00. Please see the full Fresno County Suicide Prevention Plan at www.FresnoCARES.org.

Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: Enhance

Project Identifier	CSS4526
Program Name	Supported Education and Employment Services (SEES)
Provider	Fresno County Department of Behavioral Health State Department of Rehabilitation – Grant Match
Date Started	July 1, 2009
Program Description	This program provides recovery, vocational and educational services to individuals with psychiatric disabilities living in Fresno County and receiving mental health services from DBH or other County-contracted mental health providers. SEES is a program accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). This update will include the plan for enhancement of services to be delivered and expand the target population.

Program Update

During this last year, the SEES program has maintained its CARF accreditation. The current and existing SEES program is seen as meeting the objectives of the current program design and the DOR contract requirements. The Department recognizes that the current program design and allocated resources are insufficient to meet the varied educational and employment needs of the full DBH population. Therefore, the Department is currently developing a Scope of Work that significantly expands the vocational/educational supportive services beyond what is defined in the existing DOR contract. This will provide the Department with the ability to increase the target population as well as enhance the educational and employment services that are being offered. At this time, no contracts or expalnsions have been initiated. There are plans to initiate an Request for Proposal, (RFP), The RFP will include promising models that support educational and employment services that are reflective of Evidence-Based Practices.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	28
Asian/Pacific Islander	12
Caucasian/White	57
Latino	76
Native American	2
Other Ethnicity	2
Unreported	1
Total Number Served	**178**

Ages Served - (Check all that apply)	Served
☐ 0-15	0
☒ 16-25	48
☒ 26-64	128
☒ 65+ -	2
Unreported	
Total Number Served	**178**

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	$193,723	$1,088.33
Total Cost	**$193,723**	**$1,088.33**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: No Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$1,211,066**	**$98,723**	**$98,723**	**$98,723**
Increase/(Decrease)		**$1,112,343**	**$1,112,343**	**$1,112,343**

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

The existing program, in relation to education and employment expectations, targets and serves a very small population of people. Other models may be more comprehensive and provide services to a much broader census of the population. Currently the program is under staffed, but with an expansion of the program, there would also be an increase in employees to compensate for the needed expansion.

Proposed Changes

The Department has held several meetings to work toward developing a Request for Proposals for a more robust program. The expansion of these services is meant to provide a broader reach with increased scope of services. The new program will benefit from technical assistance including training and implementation support which the Department will procure through subject matter experts in Supported Employment evideced based practices.

Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier CSS4311
Program Name Therapeutic Child Care Services
Provider Reading and Beyond
Date Started October 1, 2009
Program Description Reading and Beyond provides supervised child-care services for children in two rooms of the County of Fresno Department of Behavioral Health (DBH): 1) the Heritage Centre, and 2) the West Fresno Regional Center. Reading and Beyond serves children 12 years of age and younger and services are provided only while clients (parents/guardians/siblings) are in the building conducting business with the DBH. Children are offered nutritional snacks, bottled water, and age/developmentally-appropriate activities. The staff-to-child ratio is no less than one staff person for each of the following; 3 infants (up to 1 year old); 9 children (ages 2 – 12); 2 infants and 5 children; and 1 infant and 7 children.

Program Update

The therapeutic child care program provided by Reading and Beyond continues to support an individual's ability to receive County DBH mental health services while their child is safely supervised. In an average calculated from surveys gathered from July 2016 to June 2017, 97.1% of parents or guardians stated they would miss either their appointment or another child's appointment if this program was not available. During the period of July 2016 to June 2017, an average of 44.5 children per week were supervised at the Heritage Center. The children were primarily under the age of five. An average of 36.6 children per week were supervised at the West Fresno Regional Center. The children were primarily between the ages of 6-10 years old.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	1,408
Total Number Served	**1,408**

Ages Served - (Check all that apply)	Served
☒ 0-15	**1,408**
☐ 16-25	
☐ 26-64	
☐ 65+ -	
Unreported	
Total Number Served	**1,408**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$124,012.06	$88.08
Total Cost	**$124,012.06**	**$88.08**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: http://www.co.fresno.ca.us/home/showdocument?id=23754

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$125,388**	**$125,388**	**$125,388**	**$125,388**
Increase/(Decrease)			**$11,000**	**$32,000**

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

None

Proposed Changes

This program may be expanded to increase the contract maximum compensation to address recommendations received from the MHSA stakeholder process (barriers to access). Considerations are that the current program funds will need to be increased to address the State-mandated minimum wage increases and other appropriate program expenses which will increase the current program budget $125,388 by $11,000 in FY 2018-19 and by $32,000 in FY 2019-20. Due to the State-mandated minimum wage increases starting January 1, 2017, includng, additional $1.00 increases every 1st of the year through 2020, the program foresees not being able to pay entry level employees based on the current budget amount unless the maximum compensation is increased.

Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☒ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	PEI4521
Program Name	Youth Empowerment Centers (YEC)
Provider	Kings View
Date Started	October 5, 2010
Program Description	Peer and Family Support Program to provide wellness and recovery support services to consumers with mental illness and their family members and support system.

Program Update

During this last year, there has been the continued offering of youth based services in metropolitan and rural Fresno County. The contract has two distinct Scopes of Work (Blue Sky and YEC) representing each unique service, budget and invoices have a clear separation. The Youth Empowerment Centers Program offers recovery and resiliency support groups throughout Fresno County. The program continues to expand peer and family support services to include children and youth peer support groups with Parent Partners and older peers to create a 'mentor' component.
YEC offers numerous group sessions per month at eighteen different mini-centers, located in Fresno Unified Schools, as well as rural sites including Firebaugh, Orange Cove, Tollhouse and Raisin City. There has been great success in providing services to youth of rural areas. Youth are engaged in a variety of mental health topics which empowers them to respond better in school and at home.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	421
Total Number Served	**421**

Ages Served - (Check all that apply)	Served
☒ 0-15	
☒ 16-25	
☐ 26-64	
☐ 65+ -	
Unreported	421
Total Number Served	**421**

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

Funding	Actual Cost	Cost Per Individual
Prevention	$334,308.82	$817.83
Early Interventions		
Other		
Total Cost	**$344,307.82**	**$817.83**

Performance Outcomes: http://www.co.fresno.ca.us/home/showdocument?id=23746

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$350,000**	**$350,000**	**$350,000**	**$350,000**
Increase/(Decrease)		**$155,543**	**$182,696**	**$204,464**

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

A challenge in the program is the scheduling of groups during school hours at school sites. Some school sites were not crediting these groups as excused absences. The program is trying to work out different systems with each school to make sure youth attendance is not affected.

Proposed Changes

Within the next two years, this program may be expanded to increase capacity to address recommendations received from the stakeholder process. The department will analyze the needs for capacity and expand the program based upon those findings.

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Work Plan # 3
Cultural/Community Defined Practices

The Cultural/Community Defined Practices Work Plan outlines those programs, services, and activities which focus attention on behavioral health practices which reflect the unique needs of various cultures and communities who are living within our county. Fresno County is a large geographic region of approximately 6000 square miles with a remarkably diverse population of close to one million persons. Many unique cultural groups experience ongoing stigma towards mental illness and other behavioral health issues. Programs and services in this Work Plan, include behavioral health practices that are specifically and intentionally geared toward cultural and community groups which are unserved, underserved, or inappropriately served. Additional programs and supports may be directed toward ensuring Cultural and Linguistically Appropriate Service (CLAS) national standards are met. The term "culture" is applied broadly to include groups of persons with shared knowledge, life experiences, beliefs, values, and customs. By understanding the variations of cultural groups and perceptions on mental health, best practices can be designed to address barriers in seeking and understanding help. The Cultural/Community Defined Practices Work Plan will provide a description of all current and planned MHSA-funded programs, services, and activities that are centered around cultural or community defined behavioral health practices. Some programs which may also have elements of cultural or community defined practices may be referenced in another work plan if the other work plan better captures the focus and intent of the program.

***=New Program Name**

Program Name	Component	Status
Community Gardens	PEI	Enhance
Cultural Specific Services	CSS	Enhance
Cultural-Based Access Navigation and Peer/Family Support Services (CBANS)	PEI	Enhance
Holistic Cultural Education Wellness Center	PEI	Enhance

Intentionally Blank

Cultural/Community Defined Practices Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☒ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	PEI4765
Program Name	Community Gardens
Provider	Fresno American Indian Health Project (FAIHP), Fresno Center for New Americans (FCNA), Fresno Interdenominational Refugee Ministries (FIRM), Sarbat Bhala, Inc., and West Fresno Family Resource Center (WFFRC)
Date Started	March 8, 2011
Program Description	Community gardens, are a platform for peer support, mental health delivery, and engagement on matters that relate to mental wellbeing and mental health services, and to deliver mental health prevention and early intervention activities in traditionally and culturally relevant environments to unserved and underserved suburban and rural communities.

Program Update

The community garden program currently has nine developed garden sites providing mental health outreach and education to the unserved and underserved communities in culturally appropriate and traditional settings. Community gardens are designed to target specific populations, but are flexible and open to all community populations including homeless, veterans, and lesbian, gay, bisexual, transgender, and questioning (LGTBQ+). The current providers are identified below with the primary population(s) they served:

- Fresno Interdenominational Refugee Ministries (FIRM) - Hmong/South East Asian (3 sites), African Immigrant/Refugee (1 site), and Slavic/Russian Immigrants (1 site);
- Fresno Center for New Americans) - Hmong (1 site);
- Fresno American Indian Health Project (FAIHP) - American Indian (1 site);
- West Fresno Family Resource Center (WFFRC) - African American and Hispanic/Latino (1 site); and
- Sarbat Bhala, Inc. - Punjabi (1 site).

A site relocation was necessary in FY 2017-18 for provider, FAIHP. The land use agreement between FAIHP and the landowner ended. FAIHP has successfully relocated to an appropriate new location without a disruption in service. As the program wraps up its second year of the current contract term, a third party needs assessment of the community gardens program is pending for the next coming fiscal year.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	3,113
Total Number Served	**3,113**

Ages Served - (Check all that apply)	Served
☒ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	3,113
Total Number Served	**3,113**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention	$219,971.00	$70.66
Early Interventions		
Other		
Total Cost	**$219,971.00**	**$70.66**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: http://www.co.fresno.ca.us/home/showdocument?id=23740

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$425,000**	**$225,000**	**$225,000**	**$225,000**
Increase/(Decrease)		**$200,000**	**$200,000**	**$200,000**

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

Limited funding continues to be a challenge as there is not enough funding to maintain a full-time liaison to coordinate community garden sites and related mental health support activities. Gardens are not able to operate as frequently as the participants would like. Providers are unable to lease additional land needed for new participants. Wait-lists for gardening space can be up to several months at a time. Providers have been able to develop temporary solutions to keep wait-listed individuals engaged. Mental health stigma continues to be a barrier. The communities are still lacking culturally specific mental health education and resources with a lack of available written materials in all relative languages. Providers have used stipends to obtain cultural community leaders as guest speakers to help reduce stigma. The Department's Cultural Competence Plan seeks to mitigate concerns about appropriate mental health education, resources, and written materials.
Transportation and child care remain barriers for most participants. Providers leveraged and allocated funds to be able to provide adequate transportation services, but child care is still lacking in availability.

Proposed Changes

For FY 2018-19, it is recommended that providers under the master agreement refine data collection and reporting methods for more accurate and useful outcomes on program effectiveness, efficiency, and development. A third party needs assessment will be procured through a contract to review the providers within the community garden program in order to provide better insight of the program's effectiveness, strengths, and needs. It is anticipated that, pending needs assessment results, this program may be expanded to increase capacity to address recommendations received from the stakeholder process.

Cultural/Community Defined Practices Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☒ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	PEI4764
Program Name	Cultural-Based Access Navigation and Peer/Family Support Services (CBANS)
Provider	Centro La Familia Advocacy Services (CLFA), Fresno American Indian Health Project (FAIHP), Fresno Interdenominational Refugee Ministries (FIRM), Sarbat Bhala, Inc., and West Fresno Family Resource Center (WFFRC)
Date Started	October 11, 2011
Program Description	Prevention and early intervention program aimed at reducing risk factors and stressors, building protective factors and skills, and increasing social supports across all age groups, through individual and peer support, community awareness, and education provided in culturally sensitive formats and contexts.

Program Update

Cultural-Based Access Navigation and Peer/Family Support Services (CBANS) provides linguistically and culturally appropriate, universal mental health education, prevention and early intervention services to unserved and underserved communities under a master agreement. Providers are able to serve specific cultures and communities as well as any population that is present, like the homeless, veterans, and lesbian, bi-sexual, gay, transgender, and questioning (LGBTQ+) communities. Services are provided through multi-faceted approaches that include, but not limited to direct services, referrals and linkages, individualized sessions, support groups, and targeted trainings. The current providers are identified below with the primary population(s) they served:

- Fresno American Indian Health Project (FAIHP) - American Indian;
- Centro La Familia Advocacy Services - Hispanics/Latinos;
- Fresno Interdenominational Refugee Ministries (FIRM) - Southeast Asian, and Syrian refugee;
- West Fresno Family Resource Center (WFFRC) - Hispanic/Latino and African American; and
- Sarbat Bhala, Inc. - Punjabi.

In February 2017, FIRM expanded to serve the incoming Syrian refugees. The expansion resulted in an approximated 1,715 points of contacts. The majority of the initial services were helping the group adjust to their new community while assessing and supporting their overall mental health and needs.
The master agreement contains the same five providers, but does have funding for a new provider to come on board or a current provider to expand.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	6,028
Total Number Served	**6,028**

Ages Served - (Check all that apply)	Served
☒ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	6,028
Total Number Served	**6,028**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention	$377,604.00	$62.64
Early Interventions		
Other		
Total Cost	**$377,604.00**	**$62.64**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: http://www.co.fresno.ca.us/home/showdocument?id=23716

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$551,633**	**$701,633**	**$701,633**	**$701,633**
Increase/(Decrease)				**$300,000**

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

Limited funding is a barrier. Providers don't have the staff needed to cover more populations and regions. Services to rural communities is lacking due to limited resources in their areas and limited transportation services. Staff do not have the availability to develop trusting relationships with enough participants to ensure ongoing success and/or prevent and reduce symptom relapse. Mental health stigma continues to be a barrier for specific communities. Providers found it difficult to gather demographic data. Individuals were reluctant to provide demographic information due to distrust of local government and/or political climate and due to cultural stigmas, especially the topic of sexual orientation. The Hispanic/Latino community feared the possibility of deportation and prosecution. Language and communication continues to be an additional area of need. Translation of resource materials and interpreters are available, but may not be culturally specific in order to reduce stigmas.

Proposed Changes

It is recommended that providers refine data collection and reporting methods for more accurate and useful outcome on program effectiveness, efficiency, and development. The Department seeks to expand the program with a focus in the LGBTQ+ community.

Cultural/Community Defined Practices Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier CSS4524
Program Name Cultural Specific Services
Provider Fresno Center for New Americans (FCNA), TBD
Date Started August 25, 2009
Program Description A network of culturally informed providers for individuals with serious mental illness across multiple populations. The Living Well Program provides two (Outpatient Mental Health Services and Clinical Training Services) distinct services under this Agreement and the Living Well Program. Services are provided in traditional South East Asian (SEA) languages and therapeutic methods are adapted appropriately to respond to the diverse mental health needs of SEA consumers.

Program Update

In spring 2018, FCNA changed their name to The Fresno Center. A Request for Proposals (RFP) for Cultural Specific Services was released in April 2018 for a new Master Agreement to enhance this program through additional cultures served, wider breadth of services, increased number of persons served, and the levels of care provided as specified in the Three Year Plan for persons with SMI across many cultural groups. The Fresno Center's contract for the Living Well Program was amended in June 2018 to extend for an additional three months in order to complete the RFP process and prevent interruption of on-going services. The Fresno Center was selected as a provider under this new Master Agreement contract to provide outpatient, intensive case management and full service partnership levels of care to SEA adults, older adults and youth. Anticipated approval of the new contract is in October 2018. The anticipated numbers to be served include 220 in the outpatient and intensive case management program and 30 in the full service partnership program to start in January 2019. Since the contract will be structured as a Master Agreement, DBH intends to add additional providers to provide integrated models of traditional mental health services and non-traditional culture based treatments and supports in the future.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	142
Total Number Served	**142**

Ages Served - (Check all that apply)	Served
☐ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	142
Total Number Served	**142**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$617,463.47	$44,348.33
Total Cost	**$617,463.47**	**$44,348.33**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: http://www.co.fresno.ca.us/home/showdocument?id=23730

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$644,626**	**$1,510,978**	**$1,510,978**	**$1,510,978**
Increase/(Decrease)		**$633,648**	**$633,648**	**$633,648**

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

Although two other proposals seeking to serve the Latino/Hispanic and LGBTQ populations were received during the RFP process in 2018, those proposals were not selected. It is the Department's intent to seek additional providers for identified target populations after review and clinical consultation support as needed throughout the term of the Master Agreement.

Proposed Changes

It is forecasted that within the next two years, this program may be expanded to increase capacity to address recommendations received from the stakeholder process. Cultural barriers continues to remain high on the list of gaps and unmet needs identified by stakeholders. The current program may be expanded to serve specific target populations, including but not limited to: Native American, African American, LGBTQ, Punjabi and refugees.

Cultural/Community Defined Practices Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☒ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	PEI4783
Program Name	Holistic Cultural Education Wellness Center
Provider	Fresno Center for New Americans (FCNA)
Date Started	June 19, 2012
Program Description	The Holistic Center contributes to learning of holistic healing practices, with learning 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 clients to nontraditional holistic healers within the diverse cultural communities of Fresno County.

Program Update

The Holistic Center concluded their Innovation funding phase, effective June 30, 2017. Beginning in July 1, 2017 it became PEI funding instead. In Spring 2017, the County issued a Request for Proposal (RFP) for a culturally diverse holistic center that would promote wellness and recovery of participants based on holistic and/or complementary healing practices and educational opportunities. The RFP resulted in an agreement that was executed with the Fresno Center for New Americans on June 20, 2017 to continue holistic cultural education services effective July 1, 2017 through June 30, 2022. Program goals and outcomes have been exceeded, according to surveys and focus groups, demonstrating highly favorable mental health gains for participants based on self-report. Most workshops (i.e., Yoga and Zumba) are at capacity and growing. Some of the well-attended activities (i.e., martial arts, Cambodian and Lao cultural arts, Parent/Child Sunday Group) have been well assisted by volunteers who care about their communities. Cultural Brokers continue to provide engaging community leaders and champions to keynote and provide outreach to underserve populations. The participation rate has been stable in the last couple years. Additional space was acquired during FY 2017-18 to better accommodate and serve the community participants and developing activities. Unlike before, the Holistic Center now has a reception area to welcome new individuals and provide readily available resources for incoming traffic. The Holistic Center continues to maintain a monthly Advisory Council for stakeholders to provide recommendations on the development of program services and policies. However, the Advisory Council meeting will be reduced to meeting on a quarterly basis as the program advances out of their innovation phase. The program continues to be a platform to select and develop complementary healers for individuals seeking complementary practices outside of the traditional clinical practices.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	4,099
Total Number Served	**4,099**

Ages Served - (Check all that apply)	Served
☒ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	4,099
Total Number Served	**4,099**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention	$730,911.21	$178.32
Early Interventions		
Other		
Total Cost	**$730,911.21**	**$178.32**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: http://www.co.fresno.ca.us/home/showdocument?id=23728

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$801,202**	**$496,719**	**$496,719**	**$496,719**
Increase/(Decrease)		**$400,000**	**$400,000**	**$400,000**

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

Activities and events in the rural communities are still lacking due to insufficient resources in the rural communities. Space and resources continue to be challenges as participation rates grow in the workshops. The program does not want to sacrifice workshops and activities in both the metro and rural satellite sites; thus, the Holistic Center continuously seeks to leverage additional space resources for workshops and activities that outgrew their capacity. Some participants are still reluctant to complete surveys or provide demographic data as cultural stigma is still present. Due to the current political climate, some

specific workgroup participation rates decreased due the fear of potential persecution due to immigration status. The Holistic Center has continued to engage and educate the affected populations about seeking legal assistance or other resources and to assure individuals that they are welcome in DBH and in the Holistic Center.

Proposed Changes

To better connect with participants who were referred to outside services and to track the outcomes of those referrals, the Holistic Center shall develop an electronic record management system that collects participant data related to educational and learning activities as well as non-traditional and/or traditional western clinical healing results. The integrated system will allow for the appropriate evaluation of participant's learning experiences. The Holistic Center will continue to work towards increasing linkages and referrals to mental health services, when appropriate.

Work Plan # 4
Behavioral Health Clinical Care

The Behavioral Health Clinical Care Work Plan encompasses services and activities which are broadly considered direct client care and clinical treatment. Clinical care services are geared toward supporting clients in reducing functional impairments resulting from a behavioral health condition, increasing coping skills and adaptive functioning, and of course services are likewise geared toward increasing wellness, resiliency and recovery. While treatment is always individualized to the unique client, some programs are designed to work with groups of clients who share similar experiences or who are of a similar demographic. The Behavioral Health Clinical Care Work Plan will provide a description of all current and planned MHSA-funded programs, services and activities which focus on direct client care and clinical treatment. Some programs which also provide clinical treatment may be referenced in another work plan if the other work plan better captures the focus and intent of the program.

***=New Program Name**

Program Name	Component	Status
AB 109 - Outpatient Mental Health & Substance Services	CSS	Enhance
AB 109 Full Service Partnership (FSP) Enhance BHCC	CSS	Keep
Assertive Community Treatment	CSS	Enhance
Children & Youth Juvenile Justice Services - ACT	CSS	Enhance
Children Full Service Partnership (FSP) SP 0-10 Years	CSS	Enhance
Children's Expansion of Outpatient Services	CSS	Keep
Continuum of Care for Youth and Young Adults Affected by Human Trafficking (Name Pending)	CSS	New
Co-Occurring Disorders Full Service Partnership (FSP)	CSS	Enhance
Crisis Stabilization Voluntary Services	CSS	Keep
Enhanced Rural Services-Full Services Partnership (FSP)	CSS	Enhance
Enhanced Rural Services-Outpatient/Intense Case Management	CSS	Enhance
Functional Family Therapy	PEI	Enhance
Medications Expansion	CSS	Keep
Older Adult Team	CSS	Keep
Perinatal Wellness Center	PEI	Keep
Recovery with Inspiration, Support and Empowerment (RISE)	CSS	Keep
School Based Services	CSS	Enhance
Transitional Age Youth (TAY) - Department of Behavioral Health	CSS	Keep
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	CSS	Enhance
Vista	CSS	Keep
Wellness Integration and Navigation Supports for Expecting Families	PEI	Enhance

Intentionally Blank

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier CSS4784
Program Name AB109 – Outpatient Mental Health & Substance Services
Provider Turning Point
Date Started April 24, 2012
Program Description This program provides mental health and substance use disorder treatment services as required by AB109 Public Safety realignment & Post-release Community Supervision Act of 2011. The program also provides linkages with residential treatment programs, sober living environments, emergency and temporary housing, anger management and batters' intervention courses. Individuals have also been linked to outside resources upon program completion as needed, such as external referrals for continuing mental health services, as well as other community resources.

Program Update

In 2016, funding for this program changed from MHSA Innovations to MH Realignment. In 2017, the program began being funded with MHSA Community Services and Supports (CSS) funding. Turning Point was awarded the AB109 contract once again on July 1, 2017.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	23
Asian/Pacific Islander	10
Caucasian/White	59
Latino	102
Native American	1
Other Ethnicity	12
Unreported	18
Total Number Served	**225**

Ages Served - (Check all that apply)	Served
☐ 0-15	
☒ 16-25	30
☒ 26-64	193
☒ 65+ -	2
Unreported	
Total Number Served	**225**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$361,304.00	$1,605.81
Total Cost	**$361,304.00**	**$1,605.81**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Report

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$449,279**	**$300,000**	**$300,000**	**$300,000**
Increase/(Decrease)				**$300,000**

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

Homelessness has been a barrier for many individuals that have been referred for services. The volume of individuals experiencing homelessness was unanticipated in the original program design. The program has been able to temporarily meet the housing needs for individuals that require residential treatment and/or sober living environments. Unemployment remains high with this population and employment opportunities are very limited. The lack of job readiness, job skills, and job opportunities affects motivation to seek employment. Strategies to mitigate these challenges include DBH focus on housing as well as an upcoming RFP for a more robust Supported Employment program.

Proposed Changes

It is forecasted that within the next two years, the Department may create a second outpatient co-occurring program with a wraparound service component to expand programming for individuals involved in the criminal justice system but who do not fall under the AB 109 designation. The program currently includes $300,000 in allocated MHSA CSS funding; the expansion or newly created program would include an additional $300,000 in MHSA CSS funding for a total of $600,000.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier CSS4525
Program Name AB109 – Full Service Partnership (FSP)
Provider Turning Point
Date Started April 24, 2012
Program Description This program provides outpatient mental health services to individuals referred by the County of Fresno Probation Department. The FSP program provides comprehensive mental health and co-occurring treatment services to post release adult AB 109 consumers. The FSP program currently offers consumer services including psychiatric evaluations, psychiatric medication, medication education, medication management, health education, intensive case management, linkage to community resources, rehabilitation services, individual psychotherapy, psychoeducational groups, supportive housing subsidy, housing placement assistance, social/educational/employment skill development, substance abuse treatment, assistance with applying for Medi-Cal, and a 24/7 after hours line.

Program Update

Beginning in 2016 the FSP program successfully integrated into the Fresno County Department of Behavioral Health's AVATAR Electronic Health Record (EHR) system. Beginning June 1, 2016 the FSP program began offering 2 hour Wellness Recovery Action Plan (WRAP) workshops each week. Turning Point was awarded the AB109 FSP contract once again on July 1, 2017.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	50
Asian/Pacific Islander	7
Caucasian/White	56
Latino	89
Native American	4
Other Ethnicity	5
Unreported	2
Total Number Served	**213**

Ages Served - (Check all that apply)	Served
☒ 0-15	25
☒ 16-25	188
☐ 26-64	
☐ 65+ -	
Unreported	
Total Number Served	**213**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$1,229,428.00	$5,771.96
Total Cost	**$1,229,428.00**	**$5,771.96**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$350,000**	**$837,008**	**$837,008**	**$837,008**
Increase/(Decrease)				

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

Homelessness has been a barrier for many individuals that have been referred for services. The volume of individuals experiencing homelessness was unanticipated in the original program design. The program has been able to temporarily meet the housing needs for individuals that require residential treatment and/or sober living environments. Unemployment remains high with this population and employment opportunities are very limited. The lack of job readiness, job skills, and job opportunities affects motivation to seek employment. Strategies to mitigate these challenges include DBH focus on housing as well as an upcoming RFP for a more robust Supported Employment program.

Proposed Changes

In the next two years this program may be considered for expansion to increase capacity to address recommendations received from the stakeholder process, specifically input regarding the need for more services for those involved in the justice system. Further analysis will be needed to determine expansion needs.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier To be Assigned
Program Name Assertive Community Treatment
Provider TBD
Date Started Anticipated Spring 2019
Program Description The Department will develop a Request for Proposals (RFP) for a high fidelity Assertive Community Treatment (ACT) Program in keeping with the standards for the Evidence Based Practice. ACT is a transdisciplinary team-based approach to care delivery in the community setting and is deeply rooted in the values of recovery. Services are delivered wherever is most appropriate and acceptable for the person served. ACT is a self-contained delivery system consisting of a team of professionals from different disciplines, inclusive of persons with lived experience, who collaborate in providing care to a shared caseload of persons with severe and persistent mental illness. In this self-contained system, it is expected that the ACT Team is fully responsive to the needs of the individuals served. Services are comprehensive, available 24 hours per day 365 days per year, and include, but are not limited to: assessments; psychiatric rehabilitation, case management; psychiatric services; employment and housing assistance; family support and education; substance use disorder services; and other services and supports necessary for an individual to live successfully in the community. The initial target population will be refined during the program and RFP development process. However, this ACT program intends to serve adults with serious and persistent mental illness who experience severe functional impairments and who have not engaged in or responded well to traditional outpatient mental health care and psychiatric rehabilitation services. Persons served will have a complexity of co-occurring challenges such as homelessness or housing instability, substance use, physical health issues, and/or involvement or risk of involvement with the judicial system. Persons considered for this level of service would experience frequent utilization of emergency and crisis services across the community.

Program Update

This program has not yet been implemented. The Department anticipates releasing an RFP in the upcoming winter months with a desire to have one or more contracts in place in the Spring of 2019. Based on stakeholder input, the need to expand services is paramount. ACT is the highest level of outpatient treatment services. Thus, in this Annual Update, the Department seeks to double the capacity of this planned program by including two ACT programs. There is continued interest among a select few stakeholders in the exploration of Assisted Outpatient Treatment (AOT). AOT is court ordered treated for a narrowly defined target population. AOT is also commonly called "Laura's Law" due to the legislation which drives the numerous requirements of such a program. Fresno County has not declared intention to implement AOT. County participation in this program requires many administrative and clinical functions that are not included in the Department's current plans for programming. However, in the event of a possible future adoption of Laura's Law, it is the Department's intent to utilize the ACT program as the mechanism for such services. If AOT were to be implemented, the AOT participants would be a small subset of the overall ACT target population. AOT will not be included as an approved component of the initial ACT program; however, the RFP will describe that the Department would use the ACT program for those services in the event of Fresno County electing to implement AOT at some future date. Such future implementation may require contract amendments. Additionally, such implementation may not be funded with MHSA.

FY 2016-2017 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
☐ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	
Total Number Served	**N/A**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other		
Total Cost	**N/A**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: N/A

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**N/A**	**$500,000.00**	**$500,000.00**	**$1,000,000.00**
Increase/(Decrease)				

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

This program was first introduced as a placeholder in the most recent approved Three Year Plan. Since that time, the Department did not have the staff resources to develop and release the RFP. The Department has since allocated additional staffing in the Contracted Services Division. This strategy will afford more resources to oversee the development and implementation of new programs in a timelier manner.

Proposed Changes

Based on stakeholder input, the need to expand services is paramount. ACT is the highest level of outpatient treatment services. Thus, in this Annual Update, the Department seeks to double the planned capacity of this planned program by including two ACT programs, rather than the previous stated intention for one ACT program.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	CSS4323
Program Name	Children & Youth Juvenile Justice Services – ACT
Provider	Uplift Family Services
Date Started	August 25, 2009
Program Description	The Assertive Community Treatment (ACT) program, is a Full Service Partnership and provides a wide range of mental health and rehabilitation services to youth aged 10-18 and their families, including individual and family therapy; case management; substance abuse, educational and vocational support; and psychiatric services

Program Update

The contract was amended to increase the maximum by $822,384 to a total of $8,859,474.The increase allowed Uplift to hire additional program staff to help reduce the waitlist, serve additional youth, and expand to include assessment and services to the clients' caregivers and family. The contract was amended a second time to extend the contract for 6 months until 12/31/2018 to allow time for the Request for Proposal process and contract negotiations.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	13
Asian/Pacific Islander	2
Caucasian/White	34
Latino	67
Native American	2
Other Ethnicity	1
Unreported	0
Total Number Served	**119**

Ages Served - (Check all that apply)	Served
☒ 0-15	81
☒ 16-25	36
☒ 26-64	2
☐ 65+ -	
Unreported	
Total Number Served	**119**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$1,880,136.82	$15,799.47
Total Cost	**$1,880,136.82**	**$15,799.47**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$1,393,309**	**$550,533**	**$550,533**	**$550,533**
Increase/(Decrease)		**$421,388**	**$421,388**	**$421,388**

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

One of the challenges the program is seeing is that services are being requested in the afternoon after school/work hours causing a wait list in the afternoon. In an attempt to mitigate this challenge, longer standard business hours including Saturday hours were proposed in the RFP.

Proposed Changes

The new contract resulting from the RFP was awarded to the incumbent, Uplift. The Department will continue to analyze the utilizaiton data moving forward. If demand for this level of care increases, then the program may be expanded to increase capacity.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	CSS4320X
Program Name	Children Full Service Partnership (FSP) 0-10 Years
Provider	Comprehensive Youth Services; Exceptional Parents Unlimited; Uplift Family Services
Date Started	September 1, 2007
Program Description	The Children's FSP program, commonly referred to as Bright Beginnings for Families (BBFF), is a collaboration between three agencies, which provides an array of services to families with complex behavioral health needs. It is designed to empower families to overcome barriers and effectively meet the needs of their children.

Program Update

This agreement was amended on 7/11/2017 with an effective date of 7/1/2017 to increase funding for the purpose of expanding services to family members of the youth served, as needed, providing more resources to decrease waitlists, and increasing training opportunities for staff. Agreement No. 13-315-1 expired on July 30, 2018. A request for proposal (RFP) was released March 19, 2018 and closed on April 20, 2018. The three collaborative partners, Comprehensive Youth Services (CYS), Exceptional Parents Unlimited (EPU), and Uplift Family Services (UFS) submitted one RFP response and, following a competitive bid and review process, were recommended for award of the new Children's FSP agreement. The Board of Supervisors approved the new agreement with CYS, EPU, and UFS for the Children's FSP agreement, which became effective on July 1, 2018.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	42
Asian/Pacific Islander	9
Caucasian/White	81
Latino	293
Native American	2
Other Ethnicity	8
Unreported	12
Total Number Served	**447**

Ages Served - (Check all that apply)	Served
☒ 0-15	447
☐ 16-25	
☐ 26-64	
☐ 65+ -	
Unreported	
Total Number Served	**447**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$3,035,723.00	$6,791.33
Total Cost	**$3,035,723.00**	**$6,791.33**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Report

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$2,957,247**	**$1,037,459**	**$1,037,459**	**$1,037,459**
Increase/(Decrease)		**$1,059,894**	**$1,059,894**	**$1,059,894**

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

One challenge with the program is that there are limited measurement tools used to determine progress of very young youth and their family members receiving services. Many of the measuring tools used in BBFF are based on a pre- and post-test. The CANS 50 is a required measurement tool but is not appropriate for children ages 0-5, which results in a hardship when comparing the child's functioning as the child moves into the next age group. For the older age group, post-test completions are lower for youth who have received services between 12-18 months, as well as when parents complete treatment but do not complete post-tests. The Department of Behavioral Health is vetting CANS measurement tools for the 0-5 age group used by other California counties.

Proposed Changes

To address capacity to serve young children at the highest levels of care, within the next two years, this program may be expanded to increase capacity to address recommendations received from the stakeholder process; the Department will analyze the needs for capacity and expand the program based upon those findings.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier	CSS4316
Program Name	Children's Expansion of Outpatient Services
Provider	Fresno County Department of Behavioral Health – Children's
Date Started	October 2014
Program Description	This program was designed to improve timely access and incorporate specific mental health treatment interventions for the target population that includes Medi-Cal eligible and underinsured/uninsured infants through age 17. Some of the staff will have 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 achieve the desired treatment outcomes.

Program Update

The Children's Expansion of Outpatient Services has clinicians that are trained in TF-CBT, EMDR and DBT. The Expansion Outpatient portion of the team is staffed by three clinicians and one community mental health specialist. One clinician is EMDR trained, one clinician is CBT for Psychosis (CBT-P) trained. The third clinician is a new employee who will become trained in an evidence-based practice. All staff are trained in WRAP and all clinicians are trained to use the Child and Adolescent Needs and Strengths tool (CANS). There is currently one clinical vacancy.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	26
Asian/Pacific Islander	7
Caucasian/White	63
Latino	282
Native American	2
Other Ethnicity	4
Unreported	1
Total Number Served	**385**

Ages Served - (Check all that apply)	Served
☒ 0-15	350
☒ 16-25	33
☐ 26-64	2
☐ 65+ -	
Unreported	
Total Number Served	**385**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$614,692.19	$1,596.60
Total Cost	**$614,692.19**	**$1,596.60**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$1,044,199**	**$544,199**	**$544,199**	**$544,199**
Increase/(Decrease)				

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

An ongoing barrier is the hiring and retaining staff. There continues to be one open position.

Proposed Changes

No proposed changes to program design or funding at this time.

Wellness, Recovery and Resiliency Supports Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: New

Project Identifier: To be determined

Program Name: Continuum of Care for Youth and Young Adults Affected by Human Trafficking (name of program may be refined during program development and/or contracting process)

Anticipated Date Started: Spring 2019

Program Overview: This program will be a continuum of services for youth and young adults who have been affected by or at risk of human trafficking. The program will incorporate levels of care determined by individual assessment of need. The program will be operated by a contracted provider following the release of a Request for Proposals.

Target Population:

Youth and young adults who are affected by or at risk of human trafficking.

Estimated # to be Served:

Up to 100 youth and young adults.

Program Details:

This program will provide a continuum of levels of care including outpatient mental health, intensive case management, and Full Service Partnership (FSP) services specifically for youth and young adults who are affected by or at risk of human trafficking based on individual assessment of need for those referred to the program. The Department will develop and release a Request for Proposals which will detail the competencies expected by the program operator, including, but not limited to: the provision of trauma-informed care, detailed understanding of human trafficking, understanding of how individual youth and young adults involved may be affected by human trafficking, ability to collaborate with multiple agencies, understanding of the legal system, ability to collaborate with justice partners, and the impacts of human trafficking on family systems and how to support and work with families. The program will serve individuals referred through Collaborative Treatment Courts, Probation, and other referral sources.

Performance Measurement(s):

For youth, the Child and Adolescent Needs and Strengths (CANS) and the Pediatric Symptom Checklist 35 (PSC 35) will be utilized to measure youth functioning at assessment and throughout treatment. For adults, the Reaching Recovery suite of tools will be used to measure recovery progress. Additional performance measures will be determined during the program development process.

Estimated Cost per Client:

To be determined during program development.

Estimated Budget:

Budget Summary	*FY 17/18*	*FY 18/19*	*FY 19/20*
		$1,300,000	**$1,300,000**

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	CSS4563
Program Name	Co-Occurring Disorders Full Services Partnership (FSP)
Provider	Mental Health Systems, Inc.
Date Started	July 21, 2009
Program Description	Program provides and coordinates mental health services, housing, and substance abuse treatment for seriously and persistently mentally ill adults and older adults; also provides 3 substance abuse residential beds.

Program Update

Mental Health Systems was the new provider for this service effective June 1, 2014, and the program is now commonly referred to as the "Fresno IMPACT" program. The scope of services and target population have remained the same under Mental Health Systems.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	20
Asian/Pacific Islander	3
Caucasian/White	66
Latino	56
Native American	3
Other Ethnicity	0
Unreported	0
Total Number Served	**148**

Ages Served - (Check all that apply)	Served
☐ 0-15	
☒ 16-25	24
☒ 26-64	123
☒ 65+ -	1
Unreported	
Total Number Served	**148**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$1,991,943.00	$13,459.00
Total Cost	**$1,991,943.00**	**$13,459.00**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$1,818,064**	**$577,272**	**$577,272**	**$577,272**
Increase/(Decrease)		**$620,396**	**$620,396**	**$620,396**

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

Appropriate housing resources has been a challenge. To address limited housing resources, the program has worked collaboratively with community vendors to establish appropriate housing for individuals receiving services through our program. Accommodations have been made for individuals who have a lower level of functioning due to lack of board and care access. The accommodations include collaborating with room and boards with increased supervision and providing consumers with pillboxes disbursed by the Fresno IMPACT registered nurse. Individuals were also linked to day programs to ensure appropriate care during the day with services provided in the field. The staff to consumer ratio from 1:14 to 1:10. Interns were included at the Fresno IMPACT program to support the ratio and to improve the quality of program services to consumers. Another barrier was that some individuals refused services or self-discharged before goals are met. To address that barrier, several strategies were implemented. Individuals who refuse services or self-discharge from services are scheduled to meet with the Program Manager and wellness team to discuss barriers, gaps in treatment and reason for refusal/self-discharge. The individuals are provided resources within the community and information on how to continue services; these individuals are held for 45 days before discharge or until notification of new services being started (whichever comes first). For discharge, a letter is provided with information on community resources, UCWC and crisis lines within Fresno County. If possible, a referral is submitted to UCWC on behalf of the consumer explaining the circumstances to ensure continuation of care. For successful discharge, Fresno IMPACT team members work collaboratively with the consumer to identify a lower level of care, schedule appointments with continued care and identify a crisis plan. Another barrier is that some substance abuse treatment programs lack of knowledge on serious mental illness or have stigma. To combat stigma and decrease barriers for the Fresno IMPACT consumers, Fresno IMPACT staff have provided psychoeducation on the SMI population and offered trainings on Co-Occurring and Crisis Management to Substance Abuse treatment facilities.

Proposed Changes

As the Drug Medi-Cal Organized Delivery System is launched in 2019, it is anticipated that additional co-occurring services will be implemented and existing services may be expanded. Stakeholders' recommendations have included increasing services for people who have co-occurring disorders.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018

Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN

Status of Program: KEEP

Project Identifier	CSS2110
Program Name	Crisis Stabilization Voluntary Services
Provider	Exodus Recovery, Inc.
Date Started	May 4, 2012
Program Description	Exodus Recovery, Inc. (Exodus) operates a LPS designated Crisis Stabilization Center (CSC) providing psychiatric crisis stabilization services to adults and youth who would otherwise access care in an emergency department. Individuals who experience a mental health crisis or are in imminent danger of presenting a risk to themselves, others or becoming gravely disabled are able to immediately access care 24/7, 365 days per year at the Crisis Stabilization Center.

Program Update

This program was designed to designate MHSA funds for services specific to adult clients receiving voluntary crisis services. Seeking voluntary crisis services is an important component of wellness and recovery as well as supporting individuals served and their families to help identify and respond to triggers prior to a crisis incident. Funding was intended to provide support, staffing, education and materials that integrate recovery into crisis intervention and post-crisis planning. At the time of this annual update, the Department has determined that funding for the voluntary component was not accessed; therefore, the reporting below provides an overview of the overall census of the Exodus Adult CSC program and does not speak specifically to the voluntary service component. Additionally, a cost per client is not identified since the funds were not accessed.

Exodus submitted a proposal to DHCS to provide enhanced program services for clients who, due to unavailability of beds for placement, end up staying longer than the designated 24 hours in the CSC. The proposal provides that this program would be located within the premise of the current facility, staffed separately with an estimated two or three part-time staff members to provide ongoing intensive treatment and linkage, as needed, as well as group and individual therapy. Although DHCS is still reviewing the proposal, Exodus has moved forward with implementing these services with no change in funding level in FY 2017-18.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	461
Asian/Pacific Islander	153
Caucasian/White	981
Latino	1,325
Native American	40
Other Ethnicity	84
Unreported	27
Total Number Served	**3,071**

Ages Served - (Check all that apply)	Served
☐ 0-15	
☐ 16-25	
☒ 26-64	914
☒ 65+ -	2,129
Unreported	28
Total Number Served	**3,071**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other		
Total Cost	**N/A**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$450,000**	**$450,000**	**$450,000**	**$450,000**
Increase/(Decrease)				

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

Due to an internal error a tracking process for utilization of these funds was not in place for the voluntary services in FY 2017-18. The unused funds have been identified internally and a process to utilize these MHSA funds going forward will be resolved during the next fiscal year. Exodus reports that they are able to identify persons admitted on a voluntary basis through their Admissions Log and will assist DBH in determining the tracking of that population.

Proposed Changes

Per MHSUDS Information Notice 16-034, these funds may be used for both voluntary and involuntary persons served. This clarification will help to establish a set process for the utilization of the allocated/designated funds and includes support for persons admitted to the CSC on an involuntary basis as well. The Department will provide an update as to the tracking and utilization of these funds in the next Annual Update.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier CSS4529X
Program Name Enhanced Rural Services Full Services Partnership (FSP)
Provider Turning Point
Date Started October 1, 2008
Program Description This program provides Full Service Partnership (FSP) in rural Fresno County (Sanger, Reedley, Pinedale, Selma, Kerman and Coalinga). Programs provide mental health services that may include personal service coordination, medications, housing through treatment plans for adults with serious and persistent mental illness and children with severe emotional disturbance. The program operates under a contract which includes also includes Intensive Case Management (ICM) and Outpatient Program (OP) levels of care (see next program sheet, Enhanced Rural Services OP/ICM).

Program Update

The number of rural individuals seeking mental health services in rural communities continues to increase. The contract was amended to modify the budget between the three programs: FSP, ICM, & OP. It was identified that ICM needed a majority of the funds to provide appropriate services. The redistributed appropriations became effective June 2015. Turning Point was also granted full access to and usage of the Department of Behavioral Health's electronic health record known as Avatar. Full access allowed Turning Point to utilize Avatar as its electronic health record and aided in greater coordination of care for individuals.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	3
Asian/Pacific Islander	4
Caucasian/White	53
Latino	105
Native American	1
Other Ethnicity	1
Unreported	3
Total Number Served	**170**

Ages Served - (Check all that apply)	Served
☒ 0-15	28
☒ 16-25	28
☒ 26-64	112
☒ 65+ -	2
Unreported	
Total Number Served	**170**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$938,933.63	$5,523.14
Total Cost	**$938,933.63**	**$5,523.14**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$1,268,641**	**$700,000**	**$700,000**	**$700,000**
Increase/(Decrease)		**$629,412**	**$629,412**	**$629,412**

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

Available space for services been a barrier for increased growth. Turning Point is actively seeking leased office space in order to continue growth of the FSP, ICM, and OP programs.

Proposed Changes

Within the next two years, based on need for expansion of access to services in rural communities, this program may be expanded to increase capacity to address recommendations received from the stakeholder process. Population data, penetration rates, and stakeholder input will determine additional locations for service in rural communities in the future.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier CSS4527/4528
Program Name Enhanced Rural Services Outpatient/Intense Case Management
Provider Turning Point
Date Started October 1, 2008
Program Description This program provides Intensive Case Management (ICM) and Outpatient Programs (OP) in rural Fresno County (Sanger, Reedley, Pinedale, Selma, Kerman and Coalinga). Programs provide mental health services that may include personal service coordination, medications, housing through treatment plans for adults with serious and persistent mental illness and children with severe emotional disturbance. The services are included in one contract which also includes Full Service Partnership services referenced in the prior program sheet (Enhanced Rural Services FSP).

Program Update

The number of individuals seeking services in rural communities continues to increase. The contract was amended to modify the budget between the three programs: FSP, ICM, & OP. It was identified that ICM needed a majority of the funds to provide appropriate services. The redistributed funds appropriations became effective June 2015. Turning Point was also granted full access to and usage of the Department of Behavioral Health's electronic health record known as Avatar. Full access allowed Turning Point to utilize Avatar as its electronic health record and aided in greater coordination of care for individuals.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	38
Asian/Pacific Islander	53
Caucasian/White	571
Latino	1494
Native American	12
Other Ethnicity	60
Unreported	44
Total Number Served	**2,272**

Ages Served - (Check all that apply)	Served
☒ 0-15	713
☒ 16-25	326
☒ 26-64	1,168
☒ 65+ -	65
Unreported	
Total Number Served	**2,272**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$4,488,562.49	$1,975.60
Total Cost	**$4,488,562.49**	**$1,975.60**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$3,667,824**	**$1,867,824**	**$1,867,824**	**$1,867,824**
Increase/(Decrease)		**$2,501,127**	**$2,511,244**	**$2,615,289**

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

Available space in rural communities has been a barrier for increased growth. Turning Point is actively seeking leased office space in order to continue growth of the FSP, ICM, and OP programs.

Proposed Changes

Within the next two years, based on need for expansion of access to services in rural communities, this program may be expanded to increase capacity to address recommendations received from the stakeholder process. Population data, penetration rates, and stakeholder input will determine additional locations for service in rural communities in the future.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☒ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier PEI4321
Program Name Functional Family Therapy
Provider Comprehensive Youth Services
Date Started April 20, 2007
Program Description Functional Family Therapy (FFT) is an evidenced-based family therapy program for youth ages 11-17 years old who are involved in the Juvenile Justice System or at-risk of involvement. 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.

Program Update

The contract was amended to increase the maximum by $403,564.00 to a total contract maximum of $8,260,329.00. The increase allowed CYS to hire additonal program staff to help reduce the watilist, serve additional youth, and expand to include assessment and services to the clients' caregivers and family. The contract was amended a second time to extend the contract for 6 months until 12/31/2018 to allow time for the RFP process and contract negotiations.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	952
Total Number Served	**952**

Ages Served - (Check all that apply)	Served
☒ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	952
Total Number Served	**952**

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions	$1,106,313.00	$1,162.09
Other		
Total Cost	**$1,106,313.29**	**$1,162.09**

Performance Outcomes: http://www.co.fresno.ca.us/home/showdocument?id=23724

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$571,810**	**$321,810**	**$321,810**	**$321,810**
Increase/(Decrease)		**$351,195**	**$351,195**	**$351,195**

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

The FFT model states the average duration should be 4-6 months but CYS has seen an average duration of 6-8 months due to seeing families with multiple issues that tend to interfere with their consistent participation in FFT, therefore therapy taking longer. FFT staff have incorporated alternate session times during the same week the initial appointment was missed.

Proposed Changes

The program is enhanced to reflect necessary funding increases to address capacity.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier	CSS4512
Program Name	Medications Expansion
Provider	Fresno County Department of Behavioral Health
Date Started	September 9, 2008
Program Description	This program provides psychotropic medications for uninsured adult and older adult mental health clients within the outpatient programs.

Program Update

The current vendor for pharmaceuticals under the medications expansion program is Envolve Pharmacy Solutions, Inc., which previously went by the name US Script. The program has seen a significant drop in the number of clients needing their services since the implementation of the Affordable Care Act. The program services and target population has remained the same; however, a large majority of clients now have Medi-Cal and are able to get their psychotropic medications without utilizing Envolve. Services expanded to include MHSA funds for medication services provided to clients in Juvenile Justice Systems and/or County Jails for the purpose of facilitating discharge; thus, adding to/enhancing the target population for medication services. (California Code of Regulations, Article 6 (f,g): Community Services and Supports, Section 3610). Funds also can be used to support POST release offenders. No additional funding needed at this time.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	28
Total Number Served	**28**

Ages Served - (Check all that apply)	Served
☐ 0-15	
☒ 16-25	5
☒ 26-64	23
☐ 65+ -	
Unreported	
Total Number Served	**28**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$7,595.47	$271.27
Total Cost	**$7,595.47**	**$271.27**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: No Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$250,000**	**$250,000**	**$250,000**	**$250,000**
Increase/(Decrease)				

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

None

Proposed Changes

Effective July 1, 2018, Medication Expansion for the Adult Jail and Juvenile Justice Campus clients will be covered by the subcontracted mental health provider within the detention facilities, California Forensic Medical Group (CFMG), and no longer provided under the Envolve contract. Although allocated funding far exceeds the utilization, the Department recommends to keep this allocation due to the uncertain future of the Affordable Care Act.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier CSS4610
Program Name Older Adult Team
Provider Fresno County Department of Behavioral Health
Date Started October 1, 2008
Program Description Older Adult Team's mission is to provide, through the utilization of a culturally competent, strength-based, solution-focused, wellness-oriented and client-centered approach to treatment, outpatient mental health services to older adults (seniors) ages 60 years and older with a mental disorder and significantly impaired functioning. Goals include outreach and engagement of services to seniors to reduce incarcerations, homelessness, and hospitalizations and to make access to mental health services more convenient to seniors and their families. Older Adult Team provides Cognitive Behavioral Therapy for psychosis (CBTp), Dialectical Behavior Therapy (DBT), and Wellness Recovery Action Plan (WRAP) to ensure adequate clinical support for staff.

Program Update

The Older Adult team continues to provide specialty mental health services to seniors ages 60 and older who are experiencing symptoms of mental illness. 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 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	59
Asian/Pacific Islander	18
Caucasian/White	229
Latino	148
Native American	6
Other Ethnicity	8
Unreported	15
Total Number Served	**483**

Ages Served - (Check all that apply)	Served
☐ 0-15	2
☐ 16-25	2
☒ 26-64	306
☒ 65+ -	173
Unreported	
Total Number Served	**483**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$1,480,085.19	$3,064.36
Total Cost	**$1,480,085.19**	**$3,064.36**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports (4610, 4611, 4612, and 4610P)

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$1,817,688**	**$900,000**	**$900,000**	**$900,000**
Increase/(Decrease)				

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

Demand for services, appropriate housing options, and transportation continue to be barriers for this program. The Older Adult team has been working with the Housing team to access additional resources and caseloads are being monitored to ensure more people have access to care. To mitigate transportation barriers, staff transport clients to essential appointments and the Department of Behavioral Health is in the early stages of implementing a Transportation Plan.

Proposed Changes

Due to difficulties staffing the allocated positions, there are no changes being proposed; however, the Department is aware of the demand for services for Older Adults and will critically review strategies to ensure appropriate services are available.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☒ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier PEI 4314
Program Name Perinatal Wellness Center
Provider Fresno County Department of Behavioral Health
Date Started April 5, 2010
Program Description 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 the period, pregnancy and up to a year postpartum and to their partners.

Program Update

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.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	62
Asian/Pacific Islander	21
Caucasian/White	127
Latino	288
Native American	2
Other Ethnicity	32
Unreported	100
Total Number Served	**632**

Ages Served - (Check all that apply)	Served
☒ 0-15	20
☒ 16-25	273
☒ 26-64	339
☐ 65+ -	0
Unreported	
Total Number Served	**632**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$1,887,705.46	$2,986.88
Total Cost	**$1,887,705.46**	**$2,986.88**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$1,244,914**	**$400,000**	**$400,000**	**$400,000**
Increase/(Decrease)				

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

Transportation has been a consistent challenge for clients that prefer services in the office rather than in-home services. The Department continues its plans to address transportation barriers for individuals across all programs. 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.' The program continues to update 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 (Spanish) Peer Support Specialist was hired to help reduce stigma among Latino program participants and to assist with transportation challenges.

Proposed Changes

No program changes are proposed at this time.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier	CSS4519
Program Name	Recovery with Inspiration, Support and Empowerment (RISE)
Provider	Fresno County Department of Behavioral Health
Date Started	January 2014
Program Description	Provides support for LPS (Lanterman-Petris-Short) Conserved beneficiaries and those who were recently released from conservatorship adjusting to a less structured living environment, 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, demonstrates respect, and is individualized to the expressed need of each client. The goal of RISE is to increase stability and wellness in the community using natural supports to increase overall wellness and reduce recidivism back to LPS MHP

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. Over the past year, there have been no major changes to the mission, goals, funding or staffing of this program.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	44
Asian/Pacific Islander	16
Caucasian/White	110
Latino	98
Native American	3
Other Ethnicity	4
Unreported	2
Total Number Served	**277**

Ages Served - (Check all that apply)	Served
☐ 0-15	1
☒ 16-25	37
☒ 26-64	227
☒ 65+ -	15
Unreported	
Total Number Served	**277**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$1,238,761.00	$4,472.06
Total Cost	**$1,238,761.00**	**$4,472.06**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports and http://www.co.fresno.ca.us/home/showdocument?id=23694

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$1,900,917**	**$1,900,917**	**$1,900,917**	**$1,900,917**
Increase/(Decrease)				

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

As noted in the Three Year Plan, there has been an increased number of people on conservatorship. Also, there are more conservatees in outpatient care. This may be because attention has been given to designing services that accurately meet the need of people on conservatorship so that long-term institutionalization is not required. This has created a great demand for the services. To meet this need, we have trained two other teams about the conservatorship process. One of those teams will work closely with the RISE team to accept clients who have been established in the community but are still on conservatorship and require ongoing rehabilitation.

Proposed Changes

Over the next year we anticipate adding the role of Deputy Conservator to the team. This will create efficiencies, streamline processes and lead to a better client experience.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	CSS4311/4312
Program Name	School-Based Services
Provider	Fresno County Department of Behavioral Health
Date Started	September 1, 2008
Program Description	The target population is youth in grades K-12 (ages 4-17 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, 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.

Program Update

School-Based Services Team (SBT) is developing a partnership with the Fresno County Superintendent of Schools to service geographic areas of the community. We have also developed a partnership with United Health and Turning Point to increase capacity and Clinica Sierra Vista to integrate primary care into our services. SBT hired a bilingual case manager to provide support and education to Spanish speaking parents. Clinicians meet regularly with school staff to discuss referrals and ways to support and encourage clients in getting services. Clinicians and case managers make home visits when necessary to maintain contact with clients and their families. Case managers are assigned to cases which need intensive services.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	69
Asian/Pacific Islander	30
Caucasian/White	164
Latino	925
Native American	8
Other Ethnicity	8
Unreported	10
Total Number Served	**1,214**

Ages Served - (Check all that apply)	Served
☒ 0-15	1,088
☒ 16-25	122
☐ 26-64	4
☐ 65+ -	0
Unreported	
Total Number Served	**1,214**

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	$5,369,418.68	$4,422.91
Total Cost	**$5,369,418.68**	**$4,422.91**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$1,818,154**	**$1,000,000**	**$1,500,000**	**$1,500,000**
Increase/(Decrease)				

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

Challenges include the inability to hire and retain staff. To mitigate this challenge, clinicians cover sites where demands are highest. Staff engagement and wellness may be areas of concern; in spite of assurances that positions are not being eliminated, some staff continue to express worry over new contracted services. Barriers at school sites are: Limited hours of operation, limited or inadequate space, bell schedules, holidays, and events; parents work schedules, travel time to school sites, limited support from school staff due to the impact of weekly absences on education; and connectivity issues with mobile equipment. To mitigate these challenges, clinicians schedule home visits and phone calls to parents when unable to see client at school.

Proposed Changes

The Department will continue efforts to recruit and retain staff to provide services at school sites.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier CSS2830
Program Name Transition Age Youth (TAY)
Provider Fresno County Department of Behavioral Health
Date Started August 10, 2009
Program Description The Department of Behavioral Health Transition Age Youth program serves Medi-Cal beneficiaries ages 17 through 24 who live within Fresno County and who require specialty mental health treatment services. The mission of DBHTAY 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 was with First Onset Team (FOT) during the Three Year Plan.

Program Update

The TAY programs continues to assist young adults in transitioning to adulthood. Continued focus has been placed on treating those with severe presentation of mental illness to align with our Department's target population. The program continues to use Evidence-Based Practices and continues with Transition to Independence Process training boosters to maintain program integrity. There have been no major changes to the mission, goals, staffing or financing in the past year.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	121
Asian/Pacific Islander	42
Caucasian/White	207
Latino	453
Native American	5
Other Ethnicity	20
Unreported	1
Total Number Served	**849**

Ages Served - (Check all that apply)	Served
☐ 0-15	12
☒ 16-25	770
☐ 26-64	67
☐ 65+ -	
Unreported	
Total Number Served	**849**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$493,345	$581
Total Cost	**$493,345**	**$581**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports (2830 nad 4761M)

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$1,274,486**	**$2,565,311**	**$2,565,311**	**$2,565,311**
Increase/(Decrease)				

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

No barriers were identified in this past year.

Proposed Changes

There are no proposed changes at this time.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	CSS4470
Program Name	Transitional Age Youth (TAY) Services & Support Full Services Partnership (FSP)
Provider	Turning Point
Date Started	November 27, 2007
Program Description	The TAY Program is a full service partnership (FSP) program serving up to 149 young adults ages 16-25 in the community. The TAY Program offers recovery-oriented outpatient mental health services that provide consumers with opportunities to utilize their strengths and abilities to gain independence and self–sufficiency in the community.

Program Update

The TAY program continues to maintain a steady census while accepting new referrals/intakes into the program and discharging due to: successful graduations, transitions to DBH Metro or Turning Point Vista due to aging out, difficulty with locating clients because of fluctuating contact information, and incarceration. The program continues to strive to educate program staff on topics applicable to client population to best understand and meet the needs of the population served. The program continues to have engaging events that promotes and encourages clients to achieve their personal recovery/resiliency and wellness goals. A Request for Proposals was released during FY 2017-18 seeking competitive bids for the upcoming 5-year contract.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	30
Asian/Pacific Islander	13
Caucasian/White	51
Latino	71
Native American	2
Other Ethnicity	27
Unreported	32
Total Number Served	**196**

Ages Served - (Check all that apply)	Served
☐ 0-15	
☒ 16-25	195
☒ 26-64	1
☐ 65+ -	
Unreported	
Total Number Served	**196**

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$2,194,973.01	$11,197.31
Total Cost	**$2,194,973.01**	**$11,197.31**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: http://www.co.fresno.ca.us/home/showdocument?id=23762

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$2,602,882**	**$786,462**	**$786,462**	**$786,462**
Increase/(Decrease)		**$1816,420**	**$2,148,394**	**$1,884,086**

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

No new challenges identified.

Proposed Changes

An RFP was released in FY 2017-18 and a new provider was selected in Summer 2018, Central Star Behavioral Health. During FY 2018-19, there will be transition of TAY individuals served from Turning Point to Central Star. The Turning Point contract will need to be amended to include a few additional months for a careful and thoughtful transition of the delicate TAY population. Increases to MHSA State Allocations are proposed for a new contract maximum compensation.

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: Enhance

Project Identifier	CSS4531
Program Name	Vista – FSP
Provider	Turning Point
Date Started	July 1, 2015
Program Description	Provides comprehensive mental health services, including housing and community supports, to adult Fresno County clients with a serious mental illness.

Program Update

Each participant is treated individually with a focus on person-centered goals and strengths. A treatment plan is developed in collaboration with the participant and includes personal goals in their voice. Participants are given the option to include support persons (family or others) in the development of the treatment plan. Vista staff promote the inclusion of support persons as part of the treatment team to enhance treatment interventions and outcomes. The treatment team attempts to offer a variety of options for treatment, rehabilitation, and support. Services are flexible and are provided with the individual needs of participants in mind. The program provides advocacy and helps develop connections with community partners. Collaborative relationships have been developed and maintained with several community agencies, treatment providers, and local government with the goal of continuity of care and optimal client outcomes. Program services focus on meeting the needs of the whole-person and ensure physical health, mental health, and substance abuse is considered in the treatment plan. Staff encourage and assist with linkage and transportation to primary care settings for preventative and follow-up health care. Program nursing staff provide routine monitoring of vitals, medication side effects, and health education. The program is committed to hiring bicultural, bilingual, and culturally competent staff. All staff members are provided sensitivity training in the area of cultural competence.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	95
Asian/Pacific Islander	28
Caucasian/White	147
Latino	105
Native American	4
Other Ethnicity	6
Unreported	1
Total Number Served	**386**

Ages Served - (Check all that apply)	Served
☐ 0-15	
☒ 16-25	32
☒ 26-64	349
☒ 65+ -	4
Unreported	1
Total Number Served	**386**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$3,196,984.20	$8,282.34
Total Cost	**$3,196,984.20**	**$8,282.34**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: Avatar Outcome Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$4,113,122**	**$1,053,611**	**$1,118,828**	**$1,188,148**
Increase/(Decrease)		**$3,059,511**	**$2,994,294**	**$2,924,974**

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

Challenges in communication have existed when outside agencies are making referrals to Vista or when individuals served by Vista have been incarcerated. Attempts to mitigate have been to keep an open line of communication from Vista to these agencies in order to better collaborate with respect to continuity of care. As needed, Vista staff request DBH assistance if there are continued barriers to communication. Client capacity of 300 has been reached at times. Attempts to mitigate have been to re-evaluate the entire current client caseload to determine if there are any clients that have been successful in the program and are ready to be discharged and transitioned to a lower level of care.

Proposed Changes

There are no proposed changes for FY 2018-19 at this time.

Intentionally Blank

Behavioral Health Clinical Care Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☒ PEI ☐ INN ☐ WET ☐ CF&TN
Status of Program: ENHANCE

Project Identifier	To be Assigned
Program Name	Wellness Integration and Navigation Supports for Expecting Families and Families of Newborn Children (please note new name – prior program name was Wellness Integration and Navigation Supports for Expecting Families)
Provider	TBD
Date Started	Anticipated
Program Description	This new pilot program will focus on the integration of behavioral health services within primary care settings that serve pregnant and post-partum women and their families. Prevention activities will include outreach, training, and supports to physicians and other health providers, education and wellness-focused coaching for pregnant and postpartum women and their families, services to help persons to access or develop personal or community-based supports, and screening for behavioral health needs. These prevention activities may occur within the primary care setting or in other settings affiliated with primary care, pregnancy, or early childhood. Early intervention services will include linkages, cultural brokerage, care coordination and navigation, and ongoing wellness supports. These early intervention activities may occur within the primary care setting or in other settings affiliated with primary care, pregnancy, or early childhood. This program will include staff members who have lived experience to serve as peer support specialists to both support peer-to-peer connection and recovery as well as to serve as cultural brokers and navigators. The program will also include a licensed mental health clinician to provide education, training, screening and assessment when indicated, and to ensure care coordination. The clinician will possess or develop specific competencies in perinatal mood and anxiety disorders, perinatal psychosis, infant-family mental health, and co-occurring mental health and substance use disorders. The new program will collaborate and integrate with existing community groups and/or initiatives including, but not limited to, the Fresno County Maternal Wellness Coalition, the Pre-Term Birth Initiative's "Group Prenatal Care" program, and the existing DBH Perinatal Wellness Center.

Program Update

This program has not yet been developed and is anticipated to be developed and implemented in the upcoming year. During the stakeholder input process, the Department received input which indicated that the community could benefit by an expansion of the scope of work to include integration of behavioral health and navigation/support services in labor and delivery hospital settings as well as neonatal intensive care units. Consistent input from the County's Pre-Term Birth Initiative validates the need to provide outreach and linkages for families affected by pre-term births. Consistent input from the Maternal Wellness Coalition highlights the need for screening and linkage not only during obstetrics and other primary care settings, but also in labor and delivery hospital settings. When the program is further developed for an upcoming Request for Proposals, these settings will be incorporated. Based on this stakeholder input, the name of the new program is changed to reflect the expanded scope.

FY 2016-2017 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
☒ 0-15	
☒ 16-25	
☒ 26-64	
☐ 65+ -	
Unreported	
Total Number Served	**N/A**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other		
Total Cost	**N/A**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: No Reports

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**N/A**	**$400,000**	**$400,000**	**$400,000**
Increase/(Decrease)				

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

This program was first introduced as a placeholder in the approved Three Year Plan. Since that time, the Department has not had the staff resources to implement the project. The Department has since allocated additional positions to support the development and implementation of new contracted programs. In addition, a new MHSA Coordinator was selected and will begin serving in that role in the upcoming months.

Proposed Changes

The scope of the work is proposed to expand to include integration, navigation and support to persons in labor and delivery settings as well as neonatal intensive care unit settings. Based on an expanded scope of the new program, it is anticipated that funding may be increased in subsequent Annual Updates; however, at this time, funding estimates are not solidified. Any change in recommended allocation stemming from further program development efforts will be reflected in subsequent Annual Updates.

Work Plan # 5
Infrastructure Supports

The Infrastructure Supports Work Plan includes basic systems and services that an entity must have in order to work effectively. In behavioral health, infrastructure includes and is not limited to information systems and technology, staffing resources and training, billing systems, quality management, data analysis, oversight and compliance, and facilities management. The Infrastructure Supports Work Plan is intended to outline the Department's activities which are necessary to support the effective implementation the remaining four work plans. To achieve our mission we must invest to fortify and further build an effective infrastructure. We are committed to operate a behavioral health system of care that is of the highest quality; to achieve that, DBH is committed to having a robust and resilient infrastructure. The Behavioral Health Infrastructure Supports Work Plan will provide a description of all current and planned MHSA-funded programs, services and activities that serve as infrastructure for clinical and administrative operations. Some other activities that may also serve in this way may be referenced in another work plan if the other work plan better captures the focus and intent of the activity.

***=New Program Name**

Program Name	Component	Status
Capital Facility Improvement/"UMC" Campus Improvements	CF&TN	Enhance
Crisis Residential Treatment Construction	CF&TN	Enhance
Health and Wellness Center* (Sierra Resource Center)	CF&TN	Enhance
Information Technology - Avatar	CF&TN	Enhance
MHSA Administrative Support	CSS/PEI/INN	Keep
WET Coordination and Implementation	WET	Keep

Intentionally Blank

Infrastructure Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☐ PEI ☐ INN ☐ WET ☒ CF&TN
Status of Program: ENHANCE

Project Identifier	CFTN
Program Name	Capital Facility Improvement / "UMC" Campus Improvements
Provider	Fresno County Department of Behavioral Health
Date Started	February 1, 2012
Program Description	In 2011, a Capital Facilities Plan was approved titled "UMC Campus Improvements" and outlined a plan to improve buildings and client service space that is currently in poor condition and in need of major renovation. The Department has completed an analysis of the buildings on campus, including a review of the zoning and building code requirements. It was determined that because of their poor condition, renovation of the facilities for the intended building usages would require two (2) phases: 1) Interior Abatement and Demolition, and 2) Interior Building Improvements.

Program Update

Many changes have been made to the service site located at Kings Canyon, changes include, but are not limited to: renovation of space to create Youth PHF, expansion of adult crisis stabilization and creation of space for children's crisis services (these actions were completed with separate MHSA actions and/or SB 82). These changes prompted to move of the Urgent Care Wellness Center to the building known as "Metro" and the re-configuring of programs in that building without any significant capital facility changes. Other changes included the move of administrative staff from the UMC Campus to Heritage, creating additional client care space on the UMC Campus in the building known as "PATH Building." The CF plan and funds were accessed to enhance signage and pilot use of sidewalk marking to create a welcoming environment and explore providing direction to campus services in a variety of means.
The FY 2018/19 enhancement of this work plan allows for an increase in funding to specifically providing CF improvements to Building 319, which houses the Department's Psychiatric Health Facilities (PHF) and Crisis Stabilization Units (CSU). The PHF and CSU are currently out of compliance with State regulations and in a state of disrepair. Building 319 requires significant CF enhancements to provide and safe and secure space for some of the Department's most fragile clients. Projects to be completed with these funds include, but are not limited to: removal of barriers, counters and plastic shields/walls, renovation of rooms, improve items such as lighting and flooring, and replacement/repair of AC/heating systems. Improvements will address interior, exterior, signage, and access to services on the UMC Campus per the CF guidelines.

FY 2016-2017 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
☐ 0-15	
☐ 16-25	
☐ 26-64	
☐ 65+ -	
Unreported	
Total Number Served	**N/A**

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other		
Total Cost	**N/A**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: http://www.fresnocountyca.gov/departments/behavioral-health/mental-health-services-act/mhsa-outcomes

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$250,000.00**	**$875,000.00**	**$875,000**	**N/A**
Increase/(Decrease)			**$1,625,000**	

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

Due to the Department of Public Works – Capital Projects Division staffing changes and competing priorities, the PHF/CSU projects will not begin until FY 2018-19.

Proposed Changes

The updated plan expands the use of CF funds to upgrade the PHF/CSU spaces in Building 319, making it a safe and secure space to provide client services.

Infrastructure Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☐ PEI ☐ INN ☐ WET ☒ CF&TN
Status of Program: ENHANCE

Project Identifier	CFTN
Program Name	Crisis Residential Treatment (CRT) Construction
Provider	TBD
Date Started	January 2017
Program Description	Provides crisis residential treatment (CRT) for up to 16-beds as an alternative to hospitalization for ED or Exodus clients who are experiencing acute psychiatric episodes or crises without medical complications requiring nursing care.

Program Update

The Fresno County Department of Behavioral Health was approved for a Senate Bill (SB) 82 Investment in Mental Health Wellness grant totaling $3,100,714.60 by the California Housing Facilities Financing Authority (CHFFA) to construct a 16-bed crisis residential treatment (CRT) facility in order to prevent acute inpatient psychiatric placements, reduce lengths of stay in a more intensive inpatient setting, and improve immediate and long-term outcomes for clients in crisis. The total construction cost is estimated at $4.3 million, with a total project cost of $6.5 million. The remainder of the costs will be financed with Mental Health Services Act Capital Facilities

The 16-bed CRT facility will be licensed by Community Care Licensing as a Social Rehabilitation Facility and be Medi-Cal certified. The CRT will be integrated into the continuum of care and provide a crisis residential 30 day service of highly structured recovery oriented services to avoid hospitalizations for clients. The current continuum provides emergency-room based mental health interventions, brief (under 24 hours) short-term crisis stabilization and treatment in an inpatient restrictive setting, none of which allow for community-based, client-centered interventions and services. There is a gap between very short term stabilization and outpatient community-based services. The addition of the CRT fills that gap with a longer stabilization early wellness and recovery initiation point and provides linkages to an array of comprehensive post-discharge services.

The facility is built on existing county-owned land adjacent to County Building 331, which currently houses a Community Regional Medical Center asthma and diabetes clinic. The structure is approximately 11,700 square feet with 1.2 acres of surrounding grounds (encompassing a total of 53,000 square feet). The CRT is conveniently located on the same campus as the adult and youth Crisis Stabilization Units (CSU) and the adult and youth Psychiatric Health Facilities (PHF).

FY 2016-2017 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
☐ 0-15	
☐ 16-25	
☐ 26-64	
☐ 65+ -	
Unreported	
Total Number Served	**N/A**

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other		
Total Cost	**N/A**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: No performance outcome reported on this program for FY 2016-2017

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$1,450,000**	**$1,450,000**	**N/A**	**N/A**
Increase/(Decrease)		**$499,285.40**		

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

Delays in construction and scope creep caused a delay in the anticipated opening date of this facility. The CRT is scheduled to open in September 2018.

Proposed Changes

This program has been enhanced to match the SB 82 funds provided through the CHFFA grant.

Infrastructure Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☐ PEI ☐ INN ☐ WET ☒ CF&TN
Status of Program: ENHANCE

Project Identifier	CFTN
Program Name	Health and Wellness Center* (Sierra Resource Center)
Provider	Fresno County Health and Wellness Center – Acquisition of New Property and Upgrades/Repairs
Date Started	January 2017
Program Description	It is anticipated that this building will house DBH administrative divisions including, but not limited to: Contracted Services, Finance, Managed Care, Quality Improvement and Information Technology Services, and Administration. DBH also plans to locate some children's mental health programs and select adult mental health programs at the site. Client services will be located on the ground floor of the building, whereas administrative operations will occupy the second floor.

Program Update

The Department of Behavioral Health (DBH) acquired the two-story building located at 1925 E. Dakota Avenue, Fresno, CA on August 8, 2016, previously known as the Sierra Community Health Center, from Community Regional Medical Centers. The purchase price of the 80,000 square foot building was $3.5 million, which included the 228 stall parking lot located on the West side of the property. An original amount of $4.2 million in CalMHSA Capital Facilities funds was earmarked for the purchase and remodel of the building. Based on further evaluation and needs assessment, the building requires additional capital improvements to meet ADA standards as well as address client and staff needs. The additional improvements include replacement of the roof and AC/heating units, and repaving of the parking lot. The total cost of the additional projects is estimated not to exceed $6.25 million.

FY 2016-2017 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
☐ 0-15	
☐ 16-25	
☐ 26-64	
☐ 65+ -	
Unreported	
Total Number Served	**N/A**

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$3,515,705.00	
Total Cost	**$3,515,705.00**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: N/A

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$2,500,000**	**$2,500,000**	**N/A**	**N/A**
Increase/(Decrease)	**$1,015,705**	**$234,295**		

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

DBH is working with the County's Department of Public Works and Planning – Capital Projects Division (Capital Projects) to finalize construction of the project. Delays in procurement of equipment and engineering of the HVAC system have delayed the project; however, the project completion date is scheduled for 10/30/2018.

Proposed Changes

The Department would like to enhance this project to include approximately: $1 million for the parking lot project; $1.9 million for the roof replacement project; and $3.35 million to replace the AC/heating units. The parking lot project encompasses the complete tear-out and repaving of the existing parking lot, addressing ADA deficiencies and increasing the parking stall number by approximately 10. The roof project encompasses the removal of the current roof, re-decking, and replacement with a 5-ply roofing system with an estimated usable life of 20+ years. The AC/heating unit replacement project encompasses the replacement of 36 units that have outlived their useful lives and are currently in a state disrepair, and installation of controls.

Infrastructure Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☐ PEI ☐ INN ☐ WET ☒ CF&TN
Status of Program: ENHANCE

Project Identifier	CFTN9055
Program Name	Information Technology
Provider	Capital Facilities and Technology Needs
Date Started	August 12, 2009
Program Description	Information Technology – Enhancements Fresno County Department of Behavioral Health

Program Update

This project originally called for the selection and implementation of a new Integrated Mental Health Information System (IMHIS), now Electronic Health Record (EHR). The County committed to transition to the fully integrated EHR system. Within the framework of the transformation of Fresno County's electronic health record, the goal is to have an Integrated Information Systems Infrastructure for secured access and exchange information. The initial plan, which began in 2009 included purchasing software for the EHR migration and user licenses, and training. The County continued to take additional necessary steps to migrate toward a full Electronic Health Record (EHR) and changes in the essence of continuous quality improvement, deployment of data analytics tools to support data-driven/informed decision making, and continue to work towards getting the system to deliver quality care, operational efficiency, and excellent care experience. Technological Needs projects continue to address two MHSA goals: 1) Continue to increase client and family empowerment and engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings; and 2) Continue to modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness.

FY 2016-2017 – Unique Individuals Served

Ethnicity	Served
African American/Black	3,361
Asian/Pacific Islander	1,401
Caucasian/White	7,492
Latino	13,282
Native American	271
Other Ethnicity	673
Unreported	885
Total Number Served	**27,365**

Ages Served - (Check all that apply)	Served
☒ 0-15	8,000
☒ 16-25	4,941
☒ 26-64	13,847
☒ 65+ -	577
Unreported	0
Total Number Served	**27,365**

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	$924,747.02	$33.79
Total Cost	**$924,747.02**	**$33.79**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: http://www.fresnocountyca.gov/departments/behavioral-health/mental-health-services-act/mhsa-outcomes

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$921,825.12**	**$1,988,917.00**	**$2,086,529.36**	**$2,224,214.66**
Increase/(Decrease)		**$1,067,092.38**	**$97,611.86**	**$137,685.30**

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

There had been no barriers. However, as the County continues to implement technological tool and modernize, the IT landscape in behavioral health has continued to change. This requires the County to keep adapting the plan and the additional expenditures to enhance continues to be needed in order to improve and respond to the changing landscape.

Were there Proposed Changes

Proposed changes include the following added services/functionalities: (1) Increased Viewer subscription of the dashboard/data analytics tool (SiSense) by 30 Viewers, (2) Increased EHR user subscription due to EHR expansion of mental health service contracted providers, by 300 additional users in FY 2018-19 and by 250 additional user in FY2019-20, and (3) Increased of subscription of Reaching Recovery clinical tool for FY 2018-19 and FY2019-20 by adult 3000 lives/clients.

Infrastructure Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☒ CSS ☒ PEI ☒ INN ☐ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier	CIP4710
Program Name	MHSA Administrative Support
Provider	Fresno County Department of Behavioral Health
Date Started	January 1, 2005
Program Description	This work plan addresses and funds the positions that support the administrative/ infrastructure needs of the Department, to plan, implement, and monitor MHSA programs.

Program Update

Recently the Department allocated a full time Principal Staff Analyst to serve as the MHSA Coordinator. In previous years the duties of MHSA Coodrinator were fulfilled by a Division Manager. The Department recognized the significant need for a dedicated position to ensure that regulatory requirements are met and to increase focus and dedicated resources to the planning process as well as project management for specific MHSA related projects, such as those funded by Innovations. The newly allocated position was vacant until a recruitment process was completed in July of 2018. An individual was selected for this position and will begin to transition into this assignment when her current duties are backfilled; this is anticipated to be sometime during the winter of the current fiscal year. The position of MHSA Financial Analyst was vacant for 7 months, and was filled in July of 2018. The Department moved the MHSA Financial Analyst position to the Business Office to better align the work and to increase checks and balances with MHSA regulations and accounting.

FY 2016-2017 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
☒ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	
Total Number Served	N/A

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	$7,461,787.79	N/A
Total Cost	**$7,461,787.79**	**N/A**

*Actual program costs may include funding sources beyond MHSA, such as Medi-Cal and/or other revenues; thus, overall program costs and cost-per-client may differ from the MHSA allocation referenced in this program sheet.

Performance Outcomes: No Reports

MHSA State Allocation

Allocation	*FY 16-17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$5,864,861**	**$9,291,571.00**	**$9,291,571.00**	**$9,291,571.00**
Increase/(Decrease)				

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

Departures of staff members who fulfilled the duties with respect to MHSA Coordinator and MHSA Financial Analyst have created a significant challenge. To mitigate this, the Department has worked to dedicate a full time MHSA Coordinator and will be transitioning the person selected into this role in the coming months. The Department has also recognized the need for cross-training regarding MHSA regulation and sent three individuals to the MHSA Boot-Camp held in Sacramento.

Proposed Changes

As the Department's programs and services continue to expand, the Department will be critically evaluating the MHSA Administrative Support requirements and expenditures and may make modifications in subsequent Annual Updates.

Infrastructure Support Work Plan for Fiscal Year 2017-2018
Funding Source: ☐ CSS ☐ PEI ☐ INN ☒ WET ☐ CF&TN
Status of Program: KEEP

Project Identifier	WET
Program Name	Workforce Education and Training (WET)
Provider	Department of Fresno County Department of Behavioral Health
Date Started	2008
Program Description	Workforce Education and Training

Program Update

MHSA WET activities will continue work in career pathway promotion, working with local universities and colleges, including placement of clinical students to support meeting educational requirements, and training all staff in core competencies and evidence-based practices.

FY 2016-2017 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
☐ 0-15	
☒ 16-25	
☒ 26-64	
☒ 65+ -	
Unreported	
Total Number Served	**N/A**

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	$596,459.24	
Total Cost	**$596,459.24**	**N/A**

Performance Outcomes: No Report

MHSA State Allocation

Allocation	*FY 16/17*	*FY 17/18*	*FY 18/19*	*FY 19/20*
Approved Allocation	**$1,297,215**	**$3,300,000**	**$500,000**	**$200,000**
Increase/(Decrease)				

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

Challenges include identifying sustainable funding for the continuation of WET supported activities, specifically around core competencies trainings.

Proposed Changes

MHSA WET is currently supporting integration of mental health services within primary care settings through support of the U.C. Irvine Primary Care Psychiatry Training-of-Trainers Fellowship, as well as a major initiative around Suicide Prevention, Intervention and Postvention training and education across the community.

Workforce Education and Training

The MHSA Workforce, Education and Training (WET) Three Year Plan Update is a continuation of existing program activities, with a specific enhancement in suicide prevention, early intervention, intervention and treatment and postvention training and strategies. This enhancement is in response to direct community needs and input, as documented through the draft Fresno County Community-based Suicide Prevention Strategic Plan informed by the stakeholders representing these areas. The WET related activities continue to build capacity in the workforce; support educational pathways in a number of domains; and provide training to a spectrum of stakeholders to help meet the County's behavioral health needs. The MHSA WET component's main function is to continuously work towards the development of a workforce capable of serving the County's diverse populations, including clients and their families, all age groups, and communities that are underserved and unserved. The proposed plan, however, is different from the other MHSA components in that there remain limited one-time funding for WET activities. The County will therefore redouble its efforts to ensure the remaining balance of WET funds are appropriately expended per regulation.

The WET Action Items outlined in the Annual Update have been organized around four essential Action Items designed to focus on the steps to build capacity, as follows:

- Action Item 1: *Administrative and Coordination Activities*—dedicated to the purpose of planning, coordinating, supporting, implementing, and monitoring a variety of the activities in an effort to meet the plan objectives, including equipment support specific to training needs.
- Action Item 2: *Appropriate Services* – focused on providing training and training supports that help ensure core competencies across staff and providers, including implementation of evidence-based practices, as well as supporting and developing capacity for services that are culturally and linguistically appropriate.
- Action Item 3: *De-stigmatization* – designed to address stigma-based barriers to seeking services, workforce development, and career pathways, as well as to build knowledge in our communities about mental health and mental illness, specifically through training first responders, law enforcement, other community professionals, and clients and their families/loved ones. Additionally, the enhancement to the WET Three-Year plan for training and education focused on a comprehensive initiative for the prevention, early intervention, intervention and treatment, and postvention related to suicide will reside within this Action Item, but will also touch on Action Item 2.
- Action Item 4: *Career Pathways* -- focused on supporting individuals at various points along the career pathway into a behavioral health field or as staff within the Department of Behavioral Health, including those with lived experience, through a number of specific activities, such as placement within the Department by working with various educational programs.

Activities listed under the approved Three-Year Plan and in the subsequent Annual Update will continue, including ongoing implementation of Evidence-based Practices (EBPs) and other core competencies to ensure clients and their families are receiving the highest quality of care and services. The Annual Update for the WET component will continue and enhance work through the Staff Development program to support management and staff training core competencies and clinical service providers across the public mental health plan. The implementation of a learning management system is a vital component of the management and coordination to ensure all staff are trained in meeting the needs of clients, as well as fostering wellness within the workplace.

Consistent with the MHSA core values, the WET component Annual Update will include the necessary flexibility to meet Departmental and community needs within the context of the four Action Items, as appropriate, and as challenges are addressed or new ones emerge. The lists of activities and specific implementation strategies are not exhaustive. As the Department learns of new, more appropriate opportunities specific to the four Action items, in terms of training, collaboration, planning and development, WET funding will be made available to address those needs.

The following table lists the status of key activities begun under the WET Three-Year Plan under each of the four Action Items. Overall, there are no significant changes to the proposed Three-Year Plan, aside from the enhancement of work expanding training opportunities in the areas of suicide prevention, early intervention, intervention and treatment, and postvention strategies. The remaining WET funds will be used to support ongoing work to ensure appropriate services, to promote de-stigmatization and to promote career pathway development through coordination of resources and training opportunities, with enhancements as noted above.

Action Item	Activity	Status	Comments
Action Item 1 Administrative and Coordination Activities	WET Coordination and Implementation	Keep	Activities are ongoing with efforts that include placing MFT/MSW students, MHFA training, Skills Development Workshops, various training events, participation at the WET Central Regional Partnership meetings and coordination of activities that arise through that partnership, coordinating and participating on the MHLAP application and evaluation committee, managing HPSA/NHSC site certification requirements, and implementing the various activities of the WET plan update.
Action Item	Activity	Status	Comments
Action Item 2 Appropriate services	Live and online training in Co-Occurring, Wellness, Evidence-based Practices and Core Competencies	Keep	In the process of scheduling specific trainings and planning to do so for others. Specific movement towards planning include: EMDR, TF-CBT, CBTp, DBT, continuing and including community/contract providers in Early Childhood Mental Health Training, Eating Disorders, Cultural Competency, and Motivational Interviewing. Other training discussed includes SEES Job Placement/Job Coaching. Most of these trainings are designed to address core competency primarily in clinical operations, address the loss of subject matter expertise and build capacity. Executed new CIBHS agreement.
	Cultural Awareness Training/Linguistic Access for Staff, Consumers, and Family Members	Keep	Cultural Competency training will be planned for the coming year. The goal is to develop a train-the-trainer opportunity for longevity. WET Recommends continuing/re-authorizing direct support for unlicensed clinicians towards their licensure by funding the expenses of study materials and the costs of the licensure exam.
	Provide Training and Support for Peer Support Specialists and Parent Partners	Keep	Continue developing and providing core competency training opportunities for staff who work directly with clients and their families
Action Item #3 De-Stigmatization	Educate Consumers and Family Members on Mental Health Disorders, Meds & Side Effects	Keep	Continue supporting training and education efforts for clients and families of medication, their side effects, and mental health disorders.
	Mental Health Training for PCP, Teachers, Faith-Based and Other Community Partners	Keep	Continue Mental Health First Aid training in all sectors of our County.
	Suicide Prevention, Intervention and Treatment, and Postvention Training and Education	Enhance	Mental Health First Aid, including Instructor Certification, Adult, Youth, and population specific MHFA training.
			LivingWorks Education, including suicideTalk, SafeTalk, suicide 2 Hope
			Applied Suicide Intervention Skills Training (ASIST)
			American Association of Suicidology Trainings, including Recognizing and Responding to Suicide Risk for Youth, Young Adults, and Essential Skills in Primary Care, Essential Skills for Clinicians, for Correctional Facility Clinicians, in College and University, in the Emergency Department, Suicide Bereavement and Psychological Autopsy Certification
			Training specific to ACEs, DBT, CBT and EMDR and other Trauma Informed Care trainings
			Training for development of Local Outreach to Suicide Survivors (LOSS)
			Other trainings appropriate for addressing suicide and suicide risk.

	Training Law Enforcement and first responders, on mental health	Keep	Continue working with Law Enforcement and other first responders on expanding their training in Mental Health/Mental Illness, stigma reduction and discrimination awareness.
Action Item	Activity	Status	Comments
Action Item # 4 Career Pathways	Collaboration with Adult Education, community college, ROP and SEES	Keep	Ongoing activities have included presentations to high school ROP programs and community college events. WET committee has discussed/approved moving forward with job readiness training for SEES. No activities to date with Adult Education directly through WET.
	Consultation Services for Utilization of Consumers and Volunteers	Keep	Consumer/client and volunteer opportunities are currently limited in the Department and are coordinated through the SEES program. Creation of additional volunteer opportunities and college undergraduate level internships could benefit the Department to develop career pathways into a behavioral health career.
	Expand Existing Students Internship Program	Keep	Continue existing student placement activities, but expand the number of schools with whom we have Memoranda of Understanding, with the principle goal of increasing the number of MSW student placements.
	Financial Incentives to Increase Workforce Diversity	Keep	Continue leveraging Federal and State programs that provide financial incentives through loan repayment programs, including MHLAP, NHCS grants and others. Provide oversight support for the MHSA Stipend program through the MFT Consortium that is coordinated through Phillips University.
	Outreach to High Schools / Career Academy	Keep	Leverage opportunities at events and through various allied statewide efforts to provide stigma reduction messaging and career pathway training. Efforts include annual OSHPD mini grant career pathway opportunities; Statewide MHSA PEI projects, including Walk In Our Shoes, Each Mind Matters and Directing Change; among other opportunities, such as Staff Development days for K-12 teachers/staff.
	Partnership with CSUF on Training Psychiatric Nurse Practitioner (PNP)	Keep	Continue working with Programs to place students for internships/preceptorships
	Partnership with the Psychiatry Residencies and Fellowships - UCSF	Keep	Continue working with Programs to place students for internships/preceptorships
	Primary Care Psychiatry Fellowship Stipends through Agreement with University of California at Irvine.	New	Continue to support Primary Care Psychiatry as part of the integration of behavioral health and primary care.

MHSA State Approved Allocations

State Approved Allocations
Welfare and Institutions Code (WIC) Section 5892(b) allows counties to use up to 20 percent of the average amount of funds allocated to the county for the previous five years to fund CFTN, WET, and/or Prudent Reserves.

MHSA Prudent Reserves
Welfare & Institutions Code (WIC) Section 5847(b)(7) requires each county to establish and maintain a prudent reserve to ensure, in years in which revenues for the MHSA funded programs are below recent averages, the county will be able to continue to serve children, adults and seniors that it had been serving through Community Services and Supports (CSS) (Systems of Care) and Prevention and Early Intervention (PEI).

MHSA funds dedicated to a local Prudent Reserve can only be accessed in accordance with WIC Sections 5847(b)(7) and 5847(f). A county will be able to access these funds only with DHCS/MHSOAC plan approval. For audit purposes, each county should be able to identify funds in their local MHS fund dedicated to the local Prudent Reserve. Interest earned on funds dedicated to the local Prudent Reserve is to be used for services consistent with a county's approved Plan and/or the Prudent Reserve.

The County of Fresno Prudent Reserve balance at the end of Fiscal Year 2016-17 was $19,490,383.04. These funds will be used to continue to serve children, adults, and seniors being served through Community Services and Supports (CSS) (Systems of Care) and Prevention and Early Intervention (PEI) in the event MHSA funds fall below recent averages. Full fiscal details can be found in the Budget Summary section of all MHSA funded programs. Modifications made to program allocations are based on input from the Community Program Planning Process and/or the Department's Administrative Team. During a review by the new MHSA Financial Analyst, the Department determined that there was an error in the total that was written in the Three Year Plan and this update serves to correct that error

Current Status: *The Department increased the Prudent Reserves by $6,157,245 during Fiscal Year 2016-17. For Fiscal Year 2017-18, Fresno County does not plan on contributing to the Prudent Reserve.*

Capital Facilities and Technology Needs
Current Status: Fresno County allocated $9,738,350 to CFTN during Fiscal Year 2016-17 and plans on allocating an additional $8,003,176 for Fiscal Year 2017-18.

Workforce and Education and Training
Current Status: Fresno County did not increase funding to WET plans during the 2016-17 Fiscal Year and does not plan increasing funding during Fiscal Year 2017-18.

CALMHSA Joint Powers Authority
On September 14, 2010, Board of Supervisor executed the Joint Exercise of Power Agreement (JPA), which established the operations of the California Mental Health Services Authority (CalMHSA). The JPA allows CalMHSA to perform statewide Prevention Early Intervention (PEI) services to increase cost efficiency for suicide prevention, student mental health initiative, stigma and discrimination reduction as well as stigma reduction related to mental illness.

The County of Fresno continues to participate in CalMHSA statewide PEI activities, specifically the Central Valley Suicide Hotline (CVSPH). Through an agreement between CalMHSA and Kings View a partnership with various central valley counties: Fresno, Stanislaus, Merced, Mariposa, and Madera, the suicide hotline is funded with designated PEI funds assigned to CalMHSA, which serves as the primary suicide prevention hotline for these counties.

Central Valley Suicide Hotline will operate 24 hours a day, 7 days a week (24/7) suicide prevention hotline accredited by the American Association of Sociology, and will answer calls through its participation in the National Suicide Prevention Lifeline. CVSPH will maintain a hotline website, and will provide outreach and technical assistance to counties that are participating and funding the program.
The County of Fresno assigned approximately $350,000 to CalMHSA as a fiscal intermediary of the CVSPH program. This is a one (1) year agreement with CALMHSA.

MHSA Supportive Housing Funds
Executive Order S-07-06 directed the Department of Mental Health "DMH," which was restructured to the Department of Health Care Services "DHCS" in consultation with the California Mental Health Directors' Association (CMHDA), to allocate up to $75 million per year to finance the capital costs associated with development, acquisition, construction and/or rehabilitation of permanent supportive housing for individuals living with mental illness and their families. On May 6, 2008, the Fresno County Board of Supervisors approved the assignment of $9,248,900 to the California Housing and Finance Agency (CalFHA) to participate in the Mental Health Services Act (MHSA) Housing Program jointly administered by the DHCS. The CalFHA is the state's affordable housing lender who is uniquely qualified to provide housing development expertise and real estate lending services for the benefit of governmental entities in the State of California for the construction, rehabilitation, and development of housing for persons qualifying for mental health services under the Act.

The Assignment agreement transferred $9,248,900 into a state held interest-bearing account for the County of Fresno for the development of local permanent supportive housing for seriously mentally ill clients and families with no net County cost. In 2011 and 2012, the Renaissance housing development (Trinity, Alta Monte and Santa Clara), leveraged $3,121,353 of the $9,248,900 Fresno County allocation and developed 69 permanent supportive housing units for DBH clients, which remain at full rental capacity.

In 2016, the Special Needs Housing Program "SNHP" was created by CalFHA to replace the expiring MHSA Housing Program as an option for local governments to begin or continue to develop permanent supportive housing for MHSA-eligible persons, and to utilize fully MHSA funds for housing purposes. An advantage of the SNHP allows local governments to roll over unused MHSA Housing funds from the expiring MHSA Housing Loan Program. Participation in the SNHP ensures County MHSA funds are not redirected locally for other purposes, and allows local governments to use MHSA funds and other local funds to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness. To participate in the SNHP, local governments must enter into a SNHP Participation Agreement with CalFHA.

Fresno County has $6,127,547 remaining of the original $9,248,900, which will remain assigned to CalHFA for use in the SNHP. The Department will use the findings from the Housing Inventory and Needs Assessment to implement strategies to develop projects for development of local permanent supportive housing.

Program Name	Component	FSP	Status	FY 16/17	FY 17/18	FY 18/19	FY 19/20
AB 109 - Outpatient Mental Health & Substance Services	CSS		Enhance	$ 449,279.00	$ 300,000.00	$ 300,000.00	$ 600,000.00
AB 109 Full Service Partnership (FSP) Enhance BHCC	CSS	x	Keep	$ 350,000.00	$ 837,008.00	$ 837,008.00	$ 837,008.00
App for Transportation	INN		Enhance	N/A	N/A	$ 1,000,000.00	$ 1,000,000.00
Assertive Community Treatment	CSS		Enhance	N/A	$ 500,000.00	$ 500,000.00	$ 1,000,000.00
Blue Sky Wellness Center	PEI		Enhance	$ 1,250,000.00	$ 1,250,000.00	$ 1,250,000.00	$ 1,250,000.00
Capital Facility Improvement/"UMC" Campus Improvements	CF&TN		Enhance	$ 250,000.00	$ 875,000.00	$ 2,500,000.00	N/A
Child Welfare Mental Health Team/Katie A Team	PEI		Keep	$ 693,549.00	$ 350,000.00	$ 350,000.00	$ 350,000.00
Children & Youth Juvenile Justice Services - ACT	CSS	x	Enhance	$ 1,393,309.00	$ 971,921.00	$ 971,921.00	$ 971,921.00
Children Full Service Partnership (FSP) SP 0-10 Years	CSS	x	Enhance	$ 2,957,247.00	$ 2,097,353.00	$ 2,097,353.00	$ 2,097,353.00
Children/Youth/Family Preventions and Early Intervention	PEI		Enhance	$ 451,633.00	$ 350,000.00	$ 1,587,822.00	$ 3,290,230.00
Children's Expansion of Outpatient Services	CSS	x	Keep	$ 1,044,199.00	$ 544,199.00	$ 544,199.00	$ 544,199.00
Collaborative Treatment Courts	CSS	x	Enhance	$ 335,522.00	$ 1,665,522.00	$ 1,665,522.00	$ 1,665,522.00
Community Gardens	PEI		Enhance	$ 425,000.00	$ 425,000.00	$ 425,000.00	$ 425,000.00
Community Response/Law Enforcement	PEI		Enhance	$ 2,040,928.00	$ 3,520,928.00	$ 3,720,928.00	$ 4,030,928.00
Consumer Family Advocate Services	CSS		Keep	$ 113,568.00	$ 113,568.00	$ 113,568.00	$ 113,568.00
Continuum of Care for Youth and Young Adults Affected by Human Trafficking (Name Pending)	CSS		New	$ -	$ -	$ 1,300,000.00	$ 1,300,000.00
Co-Occurring Disorders Full Service Partnership (FSP)	CSS	x	Enhance	$ 1,818,064.00	$ 1,197,668.00	$ 1,197,668.00	$ 1,197,668.00

Program Name	Component	FSP	Status	FY 16/17	FY 17/18	FY 18/19	FY 19/20
Crisis Residential Treatment Construction	CFTN		Enhance	$ 1,450,000.00	$ 1,949,285.40	N/A	N/A
Crisis Stabilization Voluntary Services	CSS		Keep	$ 450,000.00	$ 450,000.00	$ 450,000.00	$ 450,000.00
Cultural Specific Services	CSS		Enhance	$ 644,626.00	$ 2,144,626.00	$ 2,144,626.00	$ 2,144,626.00
Cultural-Based Access Navigation and Peer/Family Support Services (CBANS)	PEI		Enhance	$ 551,633.00	$ 701,633.00	$ 701,633.00	$ 1,001,633.00
DBH Communications Plan	CSS		New	$ -	$ -	$ 500,000.00	$ 950,000.00
Enhanced Rural Services-Full Services Partnership (FSP)	CSS	x	Enhance	$ 1,268,641.00	$ 1,329,412.00	$ 1,329,412.00	$ 1,329,412.00
Enhanced Rural Services-Outpatient/Intense Case Management	CSS		Enhance	$ 3,667,824.00	$ 4,368,951.00	$ 4,379,068.00	$ 4,483,113.00
Family Advocate Position	CSS		Keep	$ 75,000.00	$ 75,000.00	$ 75,000.00	$ 75,000.00
Flex Account for Housing	CSS		Enhance	$ 100,000.00	$ 100,000.00	$ 100,000.00	$ 100,000.00
Fresno Housing Institute (FHI)	CSS		New	N/A	N/A	$ 200,000.00	$ 200,000.00
Functional Family Therapy	PEI		Enhance	$ 571,810.00	$ 673,005.00	$ 673,005.00	$ 673,005.00
Health and Wellness Center* **(Sierra Resource Center)**	CFTN		Enhance	$ 3,515,705.00	$ 2,734,295.00	N/A	N/A
Holistic Cultural Education Wellness Center	PEI		Enhance	$ 801,202.00	$ 896,719.00	$ 896,719.00	$ 896,719.00
Hotel Motel Voucher Program (HMVP)	CSS		New	$ -	$ -	$ 100,000.00	$ 100,000.00
Housing Access and Resource Team (HART)	CSS		New	$ -	$ -	$ 400,000.00	$ 930,488.00
Housing Supportive Services	CSS		Keep	$ 745,568.00	$ 745,568.00	$ 745,568.00	$ 745,568.00
Independent Living Association (ILA)	OTHER /CSS		New	$ -	$ -	$ 400,000.00	$ 400,000.00
Information Technology - Avatar	CFTN		Enhance	$ 921,825.12	$ 3,056,009.38	$ 2,184,141.22	$ 2,361,899.96
Integrated Mental Health Services at Primary Care Clinics	CSS		Enhance	N/A	$ 800,000.00	$ 2,000,000.00	$ 2,000,000.00

Program Name	Component	FSP	Status	FY 16/17	FY 17/18	FY 18/19	FY 19/20
Integrated Mental Health Services at Primary Care Clinics	PEI		Enhance	$ 1,364,816.00	$ 248,000.00	$ 700,000.00	$ 700,000.00
Integrated Wellness Activities	PEI		Enhance	$ 40,000.00	$ 50,000.00	$ 50,000.00	$ 50,000.00
Intensive Transitions Team	INN		Keep	N/A	$ 500,000.00	$ 500,000.00	$ 500,000.00
Medications Expansion	CSS		Keep	$ 250,000.00	$ 250,000.00	$ 250,000.00	$ 250,000.00
MHSA Administrative Support	CSS/PEI/INN		Keep	$ 5,864,861.00	$ 9,291,571.00	$ 9,291,571.00	$ 9,291,571.00
Multi-Agency Access Point (MAP)	PEI		Enhance	$ 1,500,000.00	$ 1,500,000.00	$ 2,000,000.00	$ 2,000,000.00
New Starts Program* **(Master Leasing Housing)**	CSS		Enhance	$ 400,000.00	$ 800,000.00	$ 800,000.00	$ 1,300,000.00
Older Adult Team	CSS	x	Keep	$ 1,817,688.00	$ 900,000.00	$ 900,000.00	$ 900,000.00
Peer and Recovery Services	CSS		Keep	$ 457,461.00	$ 457,461.00	$ 457,461.00	$ 457,461.00
Perinatal Wellness Center	PEI		Keep	$ 1,244,914.00	$ 400,000.00	$ 400,000.00	$ 400,000.00
Project for Assistance from Homelessness (PATH) Grant Expansions	CSS		Keep	$ 175,264.00	$ 175,264.00	$ 175,264.00	$ 175,264.00
Project Ignite	CSS		New			$ 325,000.00	$ 650,000.00
Recovery with Inspiration, Support and Empowerment (RISE)	CSS	x	Keep	$ 1,900,917.00	$ 1,900,917.00	$ 1,900,917.00	$ 1,900,917.00
School Based Services	CSS	x	Enhance	$ 1,818,154.00	$ 1,000,000.00	$ 1,500,000.00	$ 1,500,000.00
Suicide Prevention/Stigma Reduction	PEI		Enhance	$ 150,000.00	$ 600,000.00	$ 1,000,000.00	$ 1,000,000.00
Supervised Overnight Stay	CSS		Enhance	$ 819,090.00	$ 819,090.00	$ 839,090.00	$ 839,090.00
Supported Education and Employment Services (SEES)	CSS		Enhance	$ 1,211,066.00	$ 1,211,066.00	$ 1,211,066.00	$ 1,211,066.00
Technology Based Behavioral Health Solutions	INN		Enhance	N/A	$ 1,000,000.00	$ 1,000,000.00	$ 2,000,000.00
The Lodge	INN		Keep	N/A	$ 1,600,000.00	$ 1,660,000.00	$ 1,721,800.00
Therapeutic Child Care Services	CSS		Enhance	$ 125,388.00	$ 125,388.00	$ 136,388.00	$ 157,388.00

Program Name	Component	FSP	Status	FY 16/17	FY 17/18	FY 18/19	FY 19/20
Transitional Age Youth (TAY) - Department of Behavioral Health	CSS	x	Keep	$ 1,274,486.00	$ 2,565,311.00	$ 2,565,311.00	$ 2,565,311.00
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	CSS	x	Enhance	$ 2,602,882.00	$ 2,602,882.00	$ 2,934,856.00	$ 2,670,548.00
Transportation Access	CSS		Keep	$ 200,000.00	$ 288,500.00	$ 288,500.00	$ 288,500.00
Urgent Care Wellness Center (UCWC)	CSS		Keep	$ 3,965,948.00	$ 2,000,000.00	$ 2,000,000.00	$ 2,000,000.00
Vista	CSS	x	Enhance	$ 4,094,147.00	$ 4,113,122.00	$ 4,113,122.00	$ 4,113,122.00
Wellness Integration and Navigation Supports for Expecting Families	PEI		Enhance	N/A	$ 400,000.00	$ 400,000.00	$ 400,000.00
WET Coordination and Implementation	WET		Keep	$ 1,297,215.00	$ 3,300,000.00	$ 500,000.00	$ 200,000.00
Youth Empowerment Centers (YEC)	PEI		Enhance	$ 350,000.00	$ 505,543.00	$ 532,696.00	$ 554,464.00
Youth Wellness Center	CSS		Keep	$ 1,470,577.00	$ 1,470,577.00	$ 1,470,577.00	$ 1,470,577.00
			TOTALS	**$ 62,731,006.12**	**$ 75,097,362.78**	**$ 77,541,980.22**	**$ 80,781,939.96**