



# COUNTY OF FRESNO

DEPARTMENT OF BEHAVIORAL HEALTH

## **MENTAL HEALTH SERVICES ACT**

ANNUAL UPDATE: FY 18-19

PREVENTION & EARLY INTERVENTION EVALUATION

REPORT: FY 16-17 TO FY 17-18

POSTED: [APRIL 12, 2019](#)

PUBLIC COMMENTS CLOSED: [MAY 14, 2019](#)

PUBLIC HEARING: [MAY 15, 2019](#)

APPROVED BY BOARD OF SUPERVISORS: [JUNE 18, 2019](#)



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# A Message from the Executive Team

The Fresno County Behavioral Health Department's Executive Team is pleased to present its Annual Update of the Mental Health Services Act (MHSA) Three Year Plan. This Annual update is for Fiscal Year 2018-19 and is part of the County's Three Year Plan, which covers the term of Fiscal Years (FY) 2017-2018 through FY 2019-2020. Annual updates are required for all MHSA Three Year Plans. The Annual Updates are an opportunity for stakeholders to receive updated data for the work provided with MHSA funding in FY 2017-2018, as well as information regarding changes during the current fiscal year and what is proposed for the next fiscal year. This plan provides our stakeholders with an opportunity to provide input regarding any changes, receive updates on the efforts of the past year and provide input for future considerations. The MHSA Plan guides the Department's efforts in leveraging MHSA funding to enhance our system of care to better meet the needs of our community.

The Department recently allocated new management resources to coordinate and manage the Department's MHSA planning process, regulatory compliance, and Annual Updates. The new team members were supported to use this Annual Update cycle to bring the Department current with reporting requirements. Stakeholders may recall that the previous Annual Update was approved in November of 2018. This year's MHSA Annual Update is really that, more of an update of what has transpired since November, and what actions have been taken by the Department with stakeholder input. Through this year's Annual Update, and with new management resources, the Department was able to identify some challenges with some of our MHSA services, as well as discover opportunities to improve our systems for MHSA implementation and oversight.

One of the objectives of MHSA is to work in partnership with our stakeholders (partners, providers, workforce members, peers, individuals and families who receive services, and communities) to address the needs of our community and work to close the gaps in services, we are also mindful of the work that we have to do to continue to enhance the structures required to do this work. The update process this year, in conjunction with our work on the Prevention and Early Intervention Annual Report/Update, has highlighted some great opportunities for improved oversight, and so our team is working diligently to take advantage of those opportunities to streamline and improve our processes.

The Department continues work to implement pending projects from previous years, and as such, this Annual Update reflects fewer new ideas, plans, and services, as compared to previous Annual Updates. The focus of this Annual Update is to support current program development efforts and transition us to a new level of work which will improve future MHSA funded services through greater system development.

The update process this year has begun our transition as we work to improve our overall system. This transition will aim to better organization of MHSA services and additional program oversight and evaluation for more effective reporting. Improved reporting will lead to greater compliance with state regulations and allow for better programming and fiduciary practice, allowing us to better serve our communities.

We are excited about our transition to greater stakeholder involvement, input, and guidance. The Department is committed to enhancing structure and supports in all that we do. The dedication of new

resources in the management of our MHSA process is evidence of our commitment to these enhancements. We thank you, our stakeholders, for your continued support in the continued development of an inclusive, collaborative, responsive, and effective system for care for all of Fresno County.

Kindest Regards,

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

## MHSA COUNTY COMPLIANCE CERTIFICATION

County: Fresno County

Local Mental Health Director	Program Lead
Name: Dawan Utecht	Name: Ahmadreza Bahrami
Telephone Number: (559) 600-9193	Telephone Number: 559-600-6865
E-mail: dutecht@FresnoCountyCA.gov	E-mail: abahrami@FresnoCountyCA.gov
County Mental Health Mailing Address:  <div style="text-align: center;">1925 E. Dakota Fresno, CA 93726</div>	

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 6/18/2019.

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)

Dawan Utecht 5/15/19  
Signature Date

County: Fresno

Date: 5/15/19

# MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County/City: Fresno County☐ Three-Year Program and Expenditure Plan☒ Annual Update☐ Annual Revenue and Expenditure Report

<p align="center"><b>Local Mental Health Director</b></p> <p>Name: Dawan Utecht</p> <p>Telephone Number: (559) 600-9193</p> <p>E-mail: dutecht@FresnoCountyCA.gov</p>	<p align="center"><b>County Auditor-Controller / City Financial Officer</b></p> <p>Name: Oscar J. Garcia, CPA</p> <p>Telephone Number: (559) 600-2769</p> <p>E-mail: ogarcia@FresnoCountyCA.gov</p>
<p>Local Mental Health Mailing Address:</p> <p align="center">1925 E Dakota Fresno, CA 93726</p>	

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

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

Dawan Utecht, Director  
Local Mental Health Director (PRINT)

Dawan Utecht 5/15/19  
Signature Date

I hereby certify that for the fiscal year ended June 30, 2018, 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. 19, 2018 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2018, 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 5-28-19  
Signature Date

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

## Executive Summary

The County of Fresno Department of Behavioral Health prepared the following Mental Health Services Act (MHSA) Annual Update and Prevention & Early Intervention Report. The report is primarily an update reflecting upon MHSA services provided in fiscal year 2017-2018. Through this annual update, the Department reclassified two programs, enhanced two programs, proposed four new programs (two which support physical and technology infrastructure), and proposed two possible innovative programs that are being sponsored by the Mental Health Services Oversight and Accountability Commission as part of a multi-county statewide pilot effort. The report recounts the efforts and progress of the previous year and identifies opportunities to strengthen MHSA efforts in Fresno County. We thank you for your interest in this report.

## Annual Update Overview

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

### *Background and Overview of the Annual Update*

The MHSA also known as Proposition 63, was approved by California Voters in 2004. The Act has sought to transform and enhance the mental health system in the state of California by implementing a 1% tax on personal income over one million dollars. The goal of funding from these tax revenues was to close the gaps in the current/existing system.

MHSA is broken into five components intended to transform the behavioral health system and allow for greater local focus on needs of treatment, prevention and innovation.

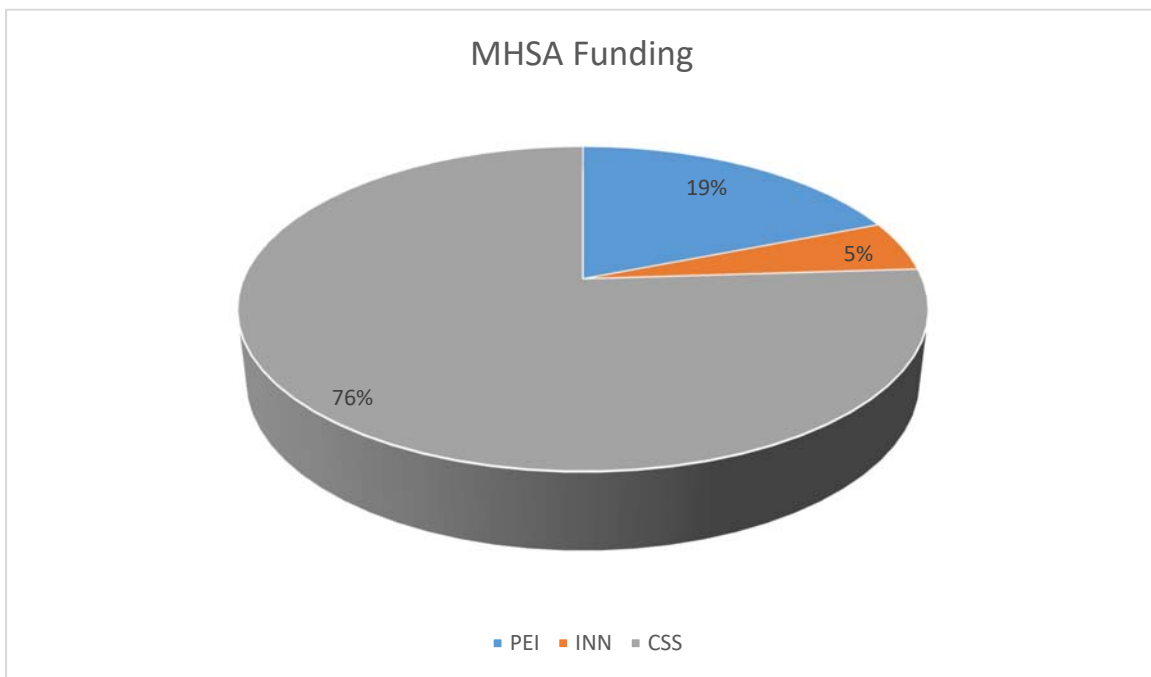
The five components of MHSA are:

1. Community Services and Support (CSS);
2. Prevention and Early Intervention (PEI);
3. Capital Facilities and Technology Needs (CFTN);
4. Workforce Education and Training (WET); and
5. Innovation (INN).

Each of these five components have their own funding allocation and reporting requirements and in this plan those will be addressed. The regulations that govern the use of the funds and the components are what shapes our stakeholder input into the services and efforts rendered by the Fresno County Department of Behavioral Health (DBH).

All participation in MHSA funded services must be voluntary, and thus use of such funding and programs in restricted, locked facilities such as hospitals and jails is prohibited.





CSS is comprised of 76% of Fresno County’s MHSA funds, and at least 50% or more must be used for the highest intensity treatment services such as Full Service Partnerships (FSP) or higher levels of care such as Assertive Community Treatment (ACT). Programs within CSS have to fall into one of the three CSS categories (See table below). These categories are established by Title 9 of the California Code of Regulations Section [3620](#), [3630](#) and [3640](#). See Attachment B (CSS FAQ) for additional information on CSS program criteria, etc.

<b>Full Service Partnerships</b>	<b>System Development</b>	<b>Outreach and Engagement</b>
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PEI is comprised of 19% of Fresno County’s annual MHSA funding allocation, and at least 51% of PEI funding must be used to serve children/youth and transitional aged youth (TAY). PEI covers six strategies and require a county of Fresno’s size to implement at least one program in each of the six strategies. The six PEI strategies are:

<b>Prevention</b>	<b>Early Intervention</b>	<b>Stigma &amp; Discrimination Reduction</b>
<b>Access and Linkage</b>	<b>Suicide Prevention</b>	<b>Outreach for Increasing Recognition of Early Signs of Mental Illness</b>

PEI services and programs are guided by the [PEI Regulations](#).

Innovation Plans and programs make up 5% of the Fresno County DBH’s MHSA funds. The 5% is carved out of the CSS and PEI funding allocation. Innovation programs are opportunities to pilot, test, assess, or research new approaches, ideas, or modifications to behavioral health services which have not previously existed or been conducted in California. All Innovation programs have to adhere to the established [Innovation Regulations](#).

MHSA provided one-time funds to counties at the onset of the implementation of the Act to support the Workforce Education and Training (WET), Capital, Facilities and Technology Needs (CFTN), and Permanent Supportive Housing, with a ten year term. Counties are permitted to allocate up to 20% for CFTN, WET and Prudent Reserve for any year after Fiscal Year 2007-2008.

MHSA has five guiding principles that drive the transformational efforts, they are:

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

### *Community Program Planning Process Summary*

This MHSA Annual Update will differ from some previous MHSA updates, as there is less emphasis on changes to programs and addition of programs. This is in part due to organizational capacity limitations in this year to initiate new programs and services, when the Department is still working to implement innovation plans and other services which were included in the current Three Year Plan, Annual Updates and the AB 114 plan. The Department does not add new programs and services to the MHSA Plan without stakeholder input, and since the Department recognized that it did not have the capacity to implement new services while focusing to bring forth quite a number of currently pending programs, the Department did not hold the community forums.

The Department did use community stakeholder input and involvement for the development of some Suicide Prevention programs, which are PEI funded. The Department utilized the monthly meeting of the [Fresno Cares Suicide Prevention Collaborative](#) to identify, prioritize and approve implementation of Suicide Prevention services from the [Fresno County Community-based Suicide Prevention Strategic Plan](#). The Suicide Prevention Plan was unveiled in September of 2018. Since that time, the Suicide Prevention Collaborative, which includes various organizations and community members, has helped identify priorities and services. One of these will be implemented in FY 2018-2019. It is the Local Outreach to Survivors of Suicide (LOSS) Team for Fresno County. The Suicide Prevention Collaborative meets monthly and has been working to identify other possible suicide prevention programs through an open and ongoing community stakeholder process. The Suicide Prevention Collaborative is comprised of 65 different organizations, not counting individual community members.

This Annual Update will review the MHSA funded services of the past fiscal year and address any changes to the plan in FY 2018-2019 as well as planned changes for FY 2019-2020. For the most part, there have been limited changes in the past year to the existing list of services and programs funded under MHSA. The Department's leadership made a conscious effort to limit the addition of new program and services until all previously planned programs have been developed. In addition, the Department has chosen to focus new management staff bandwidth on reviewing, assessing, and developing new strategies for improved MHSA processes and regulatory compliance.

The work in the current fiscal year has focused on system development as well as the development of several identified Innovation Plan projects, including The Lodge and The Transportation App.

The MHSA Annual Update-draft will be posted for a 30 day public comment/public review beginning April 12, 2019. Upon completion of the public comment and review period, the Department will have a public hearing on May 15, 2019 prior to the monthly Fresno County Behavioral Health Board. The Draft Annual Update will be posted to the Department's website and there will be links on its social media page. The Department will share the links with providers and stakeholders.

The Department will work to identify the number of clicks through on the website, as well as views to determine the number of stakeholders who may have viewed this update report online.

After public comment and public hearing, public input shall be noted in Attachment A to this Annual Update, and barring any significant changes, it shall be presented to the Fresno County Board of Supervisors (BOS) in June 2019 at a scheduled Board meeting. Upon approval of the Annual Update, it will be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Healthcare Services (DHCS). A final copy of the Annual Update shall also be posted to the Department's Website.

Moving forward, it is the plan of Fresno County DBH, through its newly formed Public Behavioral Health Division, to host a minimum of two community forums/stakeholder groups each quarter starting in FY 2019-2020 so that there is an on-going continuous engagement of stakeholders throughout Fresno County. Such forums will target specific populations, geographical communities, as well as additional community stakeholder groups/forums which may be related to other efforts such as Three Year Planning, modifications to any plans, annual updates, or new innovation plans.

Fresno County DBH also intends, in the coming year, as part of its MHSA Three Year Planning Process to implement the strategies identified in last year's Annual Update for increasing community and stakeholder input through use of online surveys, focus groups, and expanding partnerships for greater engagement. It will also include community and service needs assessments to garner community input.

### *Updates*

Fresno County DBH began this current Annual Update in November of 2018. The process began on the heels of the completion of the previous Annual Update. At this time the Department is required to complete and submit an MHSA Annual Update and now an Annual PEI Evaluation Report (as per Section 3560.011 (a)(1) Title 9 California Code of Regulations. This document focuses on the MHSA Annual Update; there is a separate PEI update that is following a very similar process.

The development of this new Annual Update began by conducting a full review of all MHSA programs listed and funded in the last MHSA Annual Update. Through this progress, Fresno County DBH identified a greater need to provide oversight and direction on the implementation of MHSA funded services due to their unique regulatory requirements. As such, the Department has taken action to provide these enhancements. This Annual Update is differing from some of the previous plan updates as noted earlier. We have held off on adding new MHSA service programs until many of the existing ones can be reviewed and evaluated and to also afford the Department and staff time to bring several lingering innovation plans ideas to fruition. Fresno County DBH is using this update to identify oversight needs and focus on development of oversight systems before it continues to expand the broad spectrum of services through MHSA funding.

In reviewing programs from FY 2017-2018, Fresno County DBH identified a greater need for processes to better support the actual services being provided across the system of care and how the Department can better report on the services provided through MHSA funded programs. An important finding from this review process is that many of our PEI Programs in FY 2017-2018 and going into FY 2018-2019 did not identify which of the six strategies PEI each of the programs was designated to address. Such designation is necessary to ensure that Fresno County has a program for each of the six strategies, as required by the regulation, but also the different strategies have different regulatory and reporting requirements, which were not always being met due to the fact that the programs were not matched with the proper regulations.

As a corrective action, Fresno County DBH has reviewed all MHSA funded programs (CSS and PEI) and has now assigned them each to the proper strategy based on both the program description, intended purpose and match to the regulations. The Department will be working in the coming year to evaluate each program's design and description to ensure that it addresses specific needs, goals and outcomes, thus allowing for more effective monitoring, reporting and evaluation of the services. For this Annual Update and for the PEI Annual Update all the programs have been classified to the correct strategies/component and, as such, that is one of the changes to be noted in this plan.

It is the intention of the Department to secure, for FY 2019-2020, independent evaluators to assist with evaluation design and evaluation of the PEI programs to objectively measure the program's effectiveness. Program evaluations will also explore whether selected prevention activities can truly prevent the issue that the program is intending to prevent. More details on the PEI efforts are in the County of Fresno's PEI Evaluation Report covering FYs 2016-2017 and 2017-2018.

In our continued commitment to program evaluations, the County of Fresno joined the Full Service Partnership Pilot Classification and Analysis research project through the MHSAOAC and Mental Health Data Alliance (MHDATA) to provide greater understanding of best practices for FSP programs and identify program improvement strategies for FSP programs.

### *Emerging Concepts*

In the previous Annual Update, new ideas, efforts, strategies and programs have been identified in the emerging concepts portion of the update. These have included new initiatives and several innovation project ideas that are currently in development.

Due to the number of innovation plans and other programs that are now in development, the number of programs that are planned for formal program evaluation, the current efforts to develop and provide MHSA oversight, and the development of new systems and processes to enhance all our MHSA endeavors we have opted to not identify new endeavors in this current update.

As the new three year planning process will begin in the coming fiscal year (FY 2019-2020), there will be ample opportunity for input and discussion on potential new programs and opportunities to address community and system needs. Those open community forums will be the best option to explore new ideas which can support and build on existing systems, and respond to community needs. It would not be prudent to seek to add additional projects when several have not been completed yet, and while we are in the midst of seeking to assess and evaluate many current programs, processes and systems.

## *Innovation Projects*

Fresno County DBH did not have any approved Innovation Plans or Projects in FY 2017-2018 and so this Annual Update will not have Innovation Plan reports for that period. There were six proposed Innovation plans in total in the MHSA Three Year Plan and previous Annual Updates. The organizational capacity, organizational changes, and challenges in navigating the innovation approval process by the MHSOAC resulted in delays in completion of Innovation plans. Stakeholders envisioned additional innovation opportunities, some of which were included in a section in the last Annual Update called Emerging Concepts. The Innovation update in this plan will focus on status of the six pending innovation plans during FY 2018-2019.

The Department presently has the following Innovation Plans identified:

<b>INN PLANS</b>	<b>STATUS</b>
<b>THE LODGE</b>	Concept Paper Submitted / In Development
<b>THE TRANSPORTATION APPLICATION</b>	Concept Paper Submitted / In Development
<b>INTENSIVE TRANSITION TEAM</b>	Eliminate as an Innovation Project
<b>TECHNOLOGY SUITE</b>	Researching Technology Options
<b>RESPONSE TO KIDS AND FAMILIES EXPERIENCING STRESS AND TRAUMA</b>	Development of Concept Paper
<b>JUSTICE MAP/SHELTER MAP</b>	No Concept Paper / Development Pending

To date, Fresno County DBH has submitted two concept papers for two previously identified Innovation Plan ideas. These were submitted to the MHSOAC on March 1, 2019. The two programs that are currently being developed by Fresno County DBH are The Lodge and The Transportation App. When the concept papers are approved by the MHSOAC, the Department will begin work on developing the full plans and proposals for each of these which must then be approved by the MHSOAC Commission in a public hearing for funding. Upon completion and approval of the plan by MHSOAC, Fresno County DBH shall post these to its website for public access and review.

### *The Lodge*

The Lodge project is similar in some aspects to innovation programs in Nevada, San Joaquin and San Bernardino Counties, however those are housing/homeless focused programs, whereas the Lodge is a research study project exploring effective engagement practices for homeless or those at risk of homelessness who have a serious mental illness and have not engaged in services through the use of paid trained peers. The specific focus of the research study makes this project different from other existing homeless programs, and will provide learning and data to understand how to best engage those who may be in the pre-contemplation stage of change as the County of Fresno seeks to address housing and services for individuals with a serious mental illness who experience homelessness.

### *Transportation App*

This project will be a collaborative process with the Fresno County Economic Opportunities Commission (EOC). This will be a pilot to work to develop a transportation app for a closed system that can provide

timely transportation to service seekers in some of the rural and underserved communities to increase their ability to access wellness and recovery programs to improve their own wellness and recovery. The program will use peers to train EOC staff and drivers and may potentially result in peers gaining employment as drivers.

### Intensive Transition Teams

The Department's research has yielded evidence that similar programs exist in several other counties, which would render the program as not "new" or innovative as it was initially proposed and thus making it ineligible as an Innovation Program. There are also similar programs in development stages by other counties. Further, the introduction of Senate Bill (SB) 42 *The Getting Home Safe Act*, if passed, will nullify the existing proposed project's eligibility for Innovation funds. The proposed legislation, which would be enacted before the proposed Innovation plan would be able to be approved by the MHSOAC, would result in the plan not being "innovative" because similar efforts would then be mandated by law under SB 42. The way the project was proposed would now be a general requirement for law enforcement agencies/jails under SB-42.

Since the proposed Intensive Transition Team will not be a viable as an Innovation funding option it is being eliminated as an Innovation Plan project. This is a significant change in this current Annual Update. It should be noted that Fresno County DBH is working to advance four existing INN proposed projects forward and may have additional projects as identified by stakeholders that it will seek to develop. This project may move forward in the future as a possible CSS-System Development or Outreach and Engagement program.

### Technology Suite (Tech Suite)

Fresno County DBH and its stakeholders had identified in the FY 2017-2020 Three Year Plan the desire to participate in the statewide Tech Suite project, an Innovation Project initiated by Kern and LA Counties. However, over the past few years, a number of different counties have joined the Tech Suite, bringing the number of counties and the funding of the project to a high level. The County of Fresno was notified in late November 2018 during a call with the MHSOAC that the MHSOAC was halting new participation in the Tech Suite. Until additional progress is made with development of a product, additional funds and participation will not occur. This action by the MHSOAC will exclude Fresno County DBH's current innovation plan from participation at this time. However, Fresno County DBH is continuing to monitor the progress to see if a third cohort will be permitted to join the Tech Suite.

While the County of Fresno cannot join the current Tech Suite program as it currently exists, Fresno County DBH can move forward with other technology based programs/projects. Efforts will be made to engage some stakeholder groups to identify several possible technology based projects including, tele-health through handheld devices, tele-health kiosks (for possible psychiatric care), and technology for improved psychiatric care and use of virtual reality in clinical treatment, etc. Fresno County DBH staff will research the opportunity and costs for such programs to develop a technology based pilot or resource to increase access to care, with users accessing care from home, or other rural locations. There is also opportunity to collaborate with California Mental Health Services Authority (CalMHSA), the statewide entity which is administering the current Tech Suite, for learning opportunities and insight into some existing or potential technology based behavioral health projects. Projects could include health kiosks that could be used to provide tele psych/tele-health in rural communities by co-locating these health kiosks with other health services or community resources such as libraries.

### Response to Kids and Families Experiencing Stress & Trauma

This project shall be the next project that Fresno County DBH is seeking to move forward in the form of a concept paper to the MHSOAC. Upon completion of the MHSA and PEI Annual Updates, Fresno County DBH will be working with partners from the Fresno County Superintendent of Schools, The Fresno Police Chaplaincy and Fresno Trauma and Resilience Network. It should be noted that these partners are being asked to provide some input, data, and information necessary to develop a project that can address the needs and design of a program that will respond to trauma. It does not insinuate in any way that any of these partners will be the providers of the services or funding if the project is approved by the MHSOAC. Once the plan and funding for the project are approved by the MHSOAC, the Department will go through the standard procurement process for services in accordance with the Fresno County Purchasing Department's requirements.

### Criminal Justice MAP/Shelter-Based MAP

These innovation plans emerged from the MHSA planning process as well as the Annual Updates and intended to test the expansion of the Multi-Agency Access Program (MAP) in new, innovative ways. One of the potential strategies included a MAP program co-located in a "Justice Hub" in collaboration with justice partner services (Probation, Courts, Law Enforcement) as well as service providers (physical health, mental health, and substance use disorders). The other potential strategy included a MAP program embedded in a shelter for persons experiencing homelessness. Both strategies would build up on the existing collaborative MAPS program Model.

Resources in term of personnel capacity have limited the Departments' ability to have multiple possible Innovation Plans developed at the same time, and thus this plan will be developed for MHSOAC approval in FY 2019-2020, after other innovation plans are either approved or near completion.

Another challenge that has to be factored into this plan development is that the Department has experienced significant challenges with the existing database that is used as the main tool for the current MAP programs. The current data system has been extremely costly, with projected increase in costs for its continued use, and the database still has not been developed to the level necessary for the required data to be extracted or reported so that the existing MAP program can meet its PEI funding requirements. While the Department is actively working to resolve the issue with the database system, it would not be prudent to build another program that would have to use the same poorly functioning and financially costly database for additional program that would operate off the same model.

Delaying the development of the Justice MAP and the Shelter-based MAP until after the MAP data system issues have been resolved or a new one has been created would be the most reasonable decision at this time.

## *Highlights and Themes of the Annual Update*

### Innovation Action

Fresno County DBH is working to fulfill innovation projects that have been identified in its MHSA Three Year Plan, MHSA Annual Updates, and AB 114 plan. Fresno County DBH has completed two concept papers for two of its Innovation plans and has submitted those to the MHSOAC for review. Once approved, the Department will move to the full plan development of two innovation plans and have those ready for MHSOAC final approval by the close of the end of FY 2018-2019 or early FY 2019-2020.



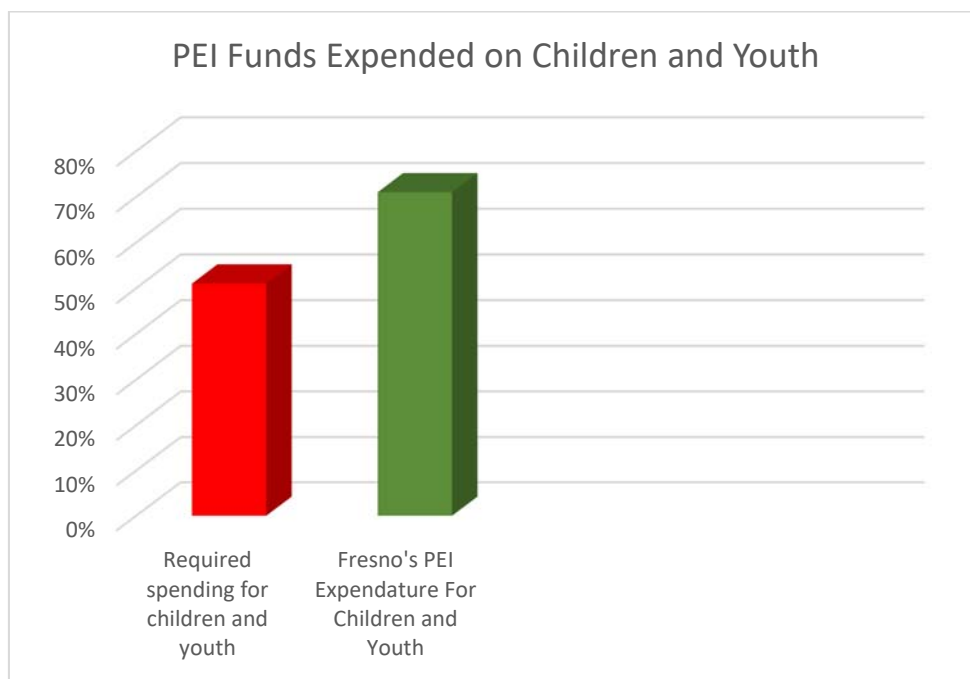
Fresno County DBH is initiating work to bring its third innovation plan to fruition to address childhood trauma and adverse childhood experiences (ACEs). The County of Fresno does have INN funds subject to reversion; the work of the AB 114 plan will address reversions for 2020, however there are some older Innovation funds subject to reversion at the end of FY 2018-2019. Fresno County DBH has been actively exploring the possibility of participating in an eight county FSP study, in conjunction with the MHSOAC, to develop a multi-county FSP focused Innovation Plan. That FSP project is aimed at improving data utilization to inform and improve FSP service design, beneficiary population targeting, outcome targets, and new outcomes incentives. A letter of interest for this project was submitted in March 2019 to the MHSOAC. The partnering counties are seeking to have this possible project approved by the MHSOAC before the end of the fiscal year, so some of the funds subject to reversion can be allocated to this program and prevent some reversion. Should this project be a viable opportunity Fresno County DBH will facilitate stakeholder groups specific to this project.

The Department is monitoring possible legislation that would extend the reversion for Innovation Funds for another year, allowing counties who are subject to Innovation Fund reversions to have more time to get their plans before the MHSOAC for approval.

The Department does not have any existing/active Innovation Plans at this time. The only change in this plan is the elimination of Intensive Transition Team from the plan/annual update due to the fact it is not eligible for innovations funding based on the existence of such programs in other counties and the changes projected based on pending SB 42.

### Prevention Improvement

In FY 2017-2018, the County of Fresno expended over 71% of its PEI funding on programs and services which served children/youth and TAY. This is well above the 51% minimum.



In this Annual Update, Fresno County DBH has identified a number of opportunities for improving PEI programs and services through the improvement of oversight, data collection, and planning of PEI



Services. The details of the PEI improvement may be found in the PEI Annual Update that is included in this document.

In brief, a key area of focus for PEI improvement will include the collection of required PEI demographic data (see table below). A priority is to inform all PEI providers (internal and external) of the need to collect the required data and specific outcomes for all PEI programs, as well as establishing a PEI database that can collect, store and report PEI demographic and programmatic data. The categories of demographic data that are required to be collected and reported for all PEI funded services are listed below.

<b>Age</b>	<b>Sexual Orientation</b>	<b>Ethnicity</b>	<b>Primary Language</b>
<b>Race</b>	<b>Veteran Status</b>	<b>Disabilities</b>	<b>Gender</b> (as assigned at birth and current gender identity)

In FY 2018-2019 the Fresno County DBH identified several PEI service agreement and the Scopes of Work that will need to be amended in the future, to clearly identify the data collection, reporting and outcomes required for each program as related to the applicable PEI regulation and strategy. All PEI programs must collect eight specific demographic data points, and in our review of FY 2017-2018 activities we concluded that this has not occurred across the board and will also be problematic in FY 2018-2019 service data as well. Thus, the focus has been to bring all of our services agreements, all our PEI Programs (county operated and contracted) up to the current PEI standards with data collection and outcomes.

An effort is being made to limit the number of programs which are constituting more than one PEI strategy. For those few that do provide services that are beyond just one strategy, we will work to provide clear language in their agreements, and in reporting requirements, to easily identify the work and outcomes. This is to improve accuracy of reporting, measuring, and oversight and to ensure programs can meet the regulator requirements.

Fresno County DBH has worked to revise language in program sheets and programs that may have been identified in the past as being both CSS and PEI, into more clearly PEI or CSS classifications. As CSS and PEI programs have different target populations, intents and requirements, differentiating them will improve financial/expenditure audits and reporting, as well as programmatic outcome requirements, measures, oversight and reporting.

The previous Annual Update included the DBH Communication Plan categorized under CSS. In this Annual Update, that activity is being shifted to PEI, where goals, intent and effort are more aligned with PEI activity and regulations. That is the only significant change that creates a “new” PEI program, and in actuality, it is a reclassification of an existing program in the plan.

The Children/Youth/Family Prevention and Early Intervention program was reorganized and classified in FY 2018-2019. The program previously had three different programs all merged into one, including some of the clinical services provided and funded in conjunction with Fresno County Superintendent of School (FCSS) under CSS. The CSS funded programs needed to stand separate from PEI. The two remaining efforts under this plan were listed as both prevention and early intervention, however one of those, Family Focused Prevention Services, needs to be its own Prevention Program. This program has a specific population it is seeking to assist and those are children who have a parent/caretaker in a County of Fresno funded Substance Use Disorder (SUD) treatment program. This program is prevention focused for a specific group.

The efforts to engage and support schools with the implementation of Positive Behavioral Intervention & Supports (PBIS) an evidence based approach for addressing student needs on campus should be an early intervention strategies, as its campus/school based more so than a specific population. PBIS will be classified as an early intervention program, as the top tier of the PBIS intervention is actually clinical in nature based on assessments and brief interventions.

In this annual update, Fresno County DBH is proposing to divide the *Children/Youth/Family Prevention & Early Intervention program*, into the following two separate programs:

- School Based Children's Early Intervention Using PBIS; and
- Family Focused Prevention Services. The CSS component that was bundled into this will remain as an existing separate CSS-System Development Program.

In FY 2018-2019, all of the MHSA funded programs were assessed and several were re-categorized to be in categories that matched the program description, intent and regulation. A Table for existing PEI Program is provided below and where each program will now live. The table below shows the new PEI classification of existing programs with the corresponding reclassification to their appropriate PEI Strategies. This effort demonstrated that the County of Fresno does have a program for each of the six PEI strategies as required for a county of its size.

PROGRAM NAME	PEI STRATEGY
BLUE SKY WELLNESS CENTER	Prevention
CHILD WELFARE MENTAL HEALTH/KATIE A TEAM	Prevention & Early Intervention
CHILDREN/YOUTH/FAMILY PREVENTION & EARLY INTERVENTION (SPLIT INTO TWO DISTINCT PEI EFFORTS):	
1. SCHOOL BASED CHILDREN'S EARLY INTERVENTION USING PBIS; and	Early Intervention
2. FAMILY FOCUSED PREVENTION SERVICES.	Prevention
COMMUNITY GARDENS	Stigma and Discrimination Reduction
COMMUNITY RESPONSE LAW ENFORCEMENT	Early Intervention
CBANS	Outreach for Increasing Recognition of Early Signs of Serious Mental Illness
DBH COMMUNICATIONS PLAN	Access and Linkage
FUNCTIONAL FAMILY THERAPY	Suicide Prevention
HOLISTIC CULTURAL EDUCATION WELLNESS CENTER	Outreach for Increasing Recognition of Early Signs of Serious Mental Illness
INTEGRATED MENTAL HEALTH AT PRIMARY CLINICS	Early Intervention
INTEGRATED WELLNESS ACTIVITIES	Prevention
MULTI-AGENCY ACCESS POINTS	Prevention & Early Intervention
PERINATAL WELLNESS CENTER	Stigma and Discrimination Reduction
SUICIDE PREVENTION	Access and Linkage
WELLNESS INTEGRATION AND NAVIGATION SUPPORT FOR EXPECTING FAMILIES	Early Intervention
	Suicide Prevention
	Prevention
	Outreach for Increasing Recognition of Early Signs of Serious Mental Illness

## YOUTH EMPOWERMENT CENTERS

Prevention  
Outreach for Increasing Recognition of  
Early Signs of Serious Mental Illness

No PEI programs were eliminated in FY 2017-2018. No PEI programs are planned to be eliminated at this time, and the significant changes was the division of one program into two programs and the reclassifications, which were discussed in an earlier portion of this update.

This annual update proposes a possible “enhancement” of funding for the Functional Family Therapy, an Early Intervention program, to increase capacity for the provider and increase access for families that would benefit from the service.

### Community Supports and Services (CSS)

There were no significant programmatic changes to the CSS programs in the last year, nor are there any significant changes at this time. The only changes to CSS programs in this Annual Update are minor administrative changes which aligned with the current theme of improvement in categorization of programs. In the past year the Culturally Specific Services has been expanded/enhanced to include FSP services. For the coming year Fresno County DBH is proposing to enhance funding for the Collaborative Treatment Courts to provide more staffing support for the program.

Fresno County DBH is seeking, in this Annual Update to shift \$8,361,522 dollars of CSS funds to Capital Facilities and Technology (CFTN). The intent for those funds is addressed in the CFTN section below. The MHSA regulations do allow Counties to shift CSS funds to CFTN for facilities and programmatic services.

If the Department’s *No Place Like Home* (NPLH) applications (see section on MHSA Supportive Housing) are approved, the Department will use some CSS funds to develop supportive housing services for those new NPLH funded programs. As the new supportive services are contingent on the approval of the application, no program is being identified at this time, but in the next Annual Update new services may be required.

Historically, many of Fresno County DBH’s CSS programs were identified as either simply FSP or non-FSP. This ensured that the expenditure requirements (at least 50% should go to FSP) were measured, which for FY 2017-2018 were captured properly and are reflected in the Annual Revenue Expenditure Reports (RER). All non-FSP programs had been lumped into a non-FSP group. In the Annual Update for FY 2018-2019 this has changed. All non-FSP level programs will now be identified into either System Development or Outreach and Engagement (O&E) based on the program’s description in the Three Year Plan and Annual Updates, the programs goal, intended participation, etc. and then compared to the established criteria for each of the three CSS Components. The RER for CSS Programs in FY 2017-2018 were identified correctly. In the future this will allow for easier review of programs, developing updates, as well as ensuring the various programs are achieving the intended and required outcomes based on various CSS criterions. There are 36 CSS programs at this time, with 25 belonging to System Development, 10 to FSPs and seven (7) that are Outreach and Engagement (O&E). The new proposed classification for all CSS programs is listed in the table below.

Program Name	CSS Component
<b><i>AB 109 Outpatient Mental Health Services &amp; Substance use Services</i></b>	System Development

<b>AB 109 FSP</b>	FSP
<b>Assertive Community Treatment (ACT) Team</b>	FSP
<b>Children and Youth Services Assertive Community Treatment (ACT) Team</b>	FSP
<b>Children's FSP (0-10)</b>	FSP
<b>Children's Expansion of Outpatient Services</b>	System Development
<b>Collaborative Treatment Courts</b>	O&E
<b>Consumer Family Advocate Services</b>	O&E
<b>Continuum of Care for Youth and Young Adults affected by human trafficking*</b>	FSP System Development O&E
<b>Co-Occurring Disorders FSP</b>	FSP
<b>Crisis Stabilization Voluntary Services</b>	System Development FSP
<b>Culturally Specific Services</b>	System Development O&E
<b>Enhance Rural Services FSP</b>	FSP
<b>Enhance Rural Services Outpatient/Intensive Case Management</b>	System Development
<b>Family Advocate Position</b>	O&E
<b>Flex Account For Housing</b>	System Development
<b>Fresno Housing Institute</b>	System Development
<b>Hotel-Motel Voucher Program</b>	System Development O&E
<b>Housing Access and Resource Team</b>	System Development O&E
<b>Housing Supportive Services</b>	System Development
<b>Independent Living Association (ILA)</b>	System Development
<b>Integrated Mental Health Services at Primary Clinics II</b>	System Development
<b>Medication Expansion</b>	System Development
<b>New Starts Program (Master Leasing)</b>	System Development
<b>Older Adult Team</b>	System Development
<b>Peer and Recovery Services</b>	System Development
<b>Project for Assistance From Homelessness (PATH)</b>	System Development O&E
<b>Project Ignite</b>	System Development
<b>Recovery with Inspiration, Support and Empowerment (RISE)</b>	System Development
<b>School Based Services</b>	System Development
<b>Supervised Overnight Stay</b>	System Development
<b>Supported Education &amp; Employment Services (SEES)</b>	System Development
<b>Therapeutic Child Care Services</b>	System Development
<b>Transitional Ages Youth</b>	System Development
<b>Transitional Aged Youth FSP</b>	FSP
<b>Transportation Access</b>	System Development
<b>Urgent Care Wellness Center (UCWC)</b>	System Development
<b>Vista FSP</b>	FSP
<b>Youth Wellness Center</b>	System Development

\*CSS programs that will be classified in all three CSS components.

Note: The DBH Communication Plan is being moved from CSS to PEI.

Assertive Community Treatment (ACT). In FY 2017-2018 Fresno County DBH was working to develop and implement two ACT Teams for adults, but has not yet established the adult ACT teams. Fresno County DBH has released Requests for Proposals (RFPs) for the adult ACT teams and is working to initiate those programs. The ACT teams will fall under the FSP level of care. The ACT teams will be the highest and most intensive of all the programs, including a higher level of care coordination than the FSP programs themselves. There is already an existing children's ACT team in service.

A continuum of care (which can have services ranging from FSP level to outreach) for children and youth affected by human trafficking is in the development stage, and is anticipated for implementation sometime in FY 2019-2020.

There was one expansion of FSP services in FY 2018-2019. The Culturally Specific Services which have previously been providing services under System Development and O&E targeting South East Asian populations will now include some FSP services. This provider and program will expand to render FSP services in its continuum of care to provide FSP services targeting local South East Asian consumers and communities. This will increase FSP expenditures in the future and provide culturally responsive FSP services for South East Asian populations whom face language and cultural barriers to services.

The Fresno County DBH fiscal team identified a concern in FY 2017-2018 for the FSP programs, and that concern was that FSP programs were not expending at least 50% or more of the County of Fresno's CSS funds. Only 31-37% of the CSS funds were spent on FSP. The range is due to inclusion of Medi-Cal Dollars in the calculation. Fresno County DBH is working to understand the reasons for the numbers and likely will make adjustments to the RER. As this issue has been identified, several efforts have begun. One effort has been a review of all CSS programs, to ensure programs are in the appropriate programmatic category. Another effort is the development of the ACT teams outlined in prior Annual Updates; these ACT programs will also be categorized with the FSP group. These programs will have a lower staff to client ratio and require additional support services necessary for stabilization and will assist with expenditure requirements. Lastly, there will be an effort to evaluate the FSP program expenditures and to see if supportive services for individuals served are being maximized. One step to assist in that effort will be development of protocol and Fresno County DBH established guidelines for support service expenditures to ensure programs are fully meeting the intended goal of "whatever it takes" approach for FSP services while also being fiscally prudent.

As previously described in this document, an item that was changed from the last Annual Update from CSS to PEI was the Communication Plan. Upon closer examination of the CSS regulation and the intent of the communication plan it did not fit with the CSS requirements. The program was thus moved to PEI, where it can be used to support direct efforts in suicide prevention, stigma and discrimination reduction, and recognizing early onset of serious mental illness. The communication plan better serves in supporting outreach, community wide prevention efforts, community, peer, family and other educational efforts, and an array of stigma reduction work. As such the program will be changed in this annual update from a CSS to PEI.

No CSS programs were eliminated in FY 2017-2018, nor are any being eliminated as a part of this current Annual Update. In the future, the Intensive Transition Team that was previously identified as a potential Innovation funded program in the Three Year Plan and subsequent Annual Updates will be moved to CSS for consideration. Once the program has completed program development and design, the MHSA

Coordinator can deem based on regulations if that program will be an FSP or a system development project.

#### MHSA Supportive Housing Updates:

Executive Order S-07-06 directed then 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 individual 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 (CalHFA) to participate in the MHSA Housing Loan Program jointly administered by the DHCS.

The CalHFA 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 County of Fresno allocation and developed 69 permanent supportive housing units for individuals utilizing Fresno County DBH services, which remain at full rental capacity.

In 2016, the MHSA Special Needs Housing Program "SNHP" was created by CalHFA to replace the expiring MHSA Housing Loan 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 CalHFA. Fresno County executed a Participation Agreement with CalHFA on January 10, 2017, releasing and transferring \$6,127,547 in MSHA Housing Loan Program funds to the MSHA SNHP.

Fresno County has \$6,127,547 remaining of the original \$9,248,900, which will remain assigned to CalHFA for use in the SNHP. On January 29, 2019, the Fresno County Board of Supervisors approved of an MOU for Fresno Housing Authority to serve as the Department of Behavioral Health's (Department) "development sponsor / co-applicant" related to the No Place Like Home (NPLH) program.

No Place Like Home was legislation approved by the Governor in 2016 to allocate \$2 billion in bonds to invest in the development of permanent supportive housing for persons who are in need of mental health services and who were also homeless or at risk of homelessness. The bonds are funded by a portion of county funds allocated for PEI. This legislation was reaffirmed by the voters when approved in November of 2018 during the election with the passage of Proposition 2. The NPLH allows counties independently

and/or with a housing development sponsor to apply for establishment of low barrier permanent supportive housing in conjunction with behavioral health services.

Under this process, the Department established an MOU with the Fresno County Housing Authority to enable submission of applications for the first round of NPLH funding. The MOU authorized the Fresno Housing Authority to prepare and submit permanent supportive housing development applications (known as “Universal Applications”) to the California Office of Housing and Community Development (HCD). As the Department’s NPLH development sponsor, the Fresno Housing Authority submitted three (3) NPLH separate Universal Applications to HCD on January 30, 2019. Counties are to be notified of awards in June of 2019. The MOU with Fresno Housing Authority also committed all of the remaining SNHP funds to the Fresno Housing Authority in return for the guaranteed development of a minimum of 39 permanent supportive housing units, exclusive of any NPLH award. If any of the Department’s three NPLH pending applications are successfully funded, savings of SNHP funds committed to Fresno Housing Authority will be realized and used as financial leverage towards future permanent supportive housing development opportunities between the Department and the Fresno Housing Authority.

Currently, Fresno County DBH is working to develop a contractual agreement for the Fresno Housing Institute and NPLH Technical Assistance. These projects will support Fresno County DBH in identifying and supporting additional development partners and projects for the collaborative development of supportive housing.

#### Capital Facilities and Technology Needs (CFTN)

There were no changes to the CFTN in FY 2017-2018. One of the projects funded by the CFTN was the development of the Health and Wellness Center (HaWC) and in 2018 the Fresno County DBH administrative and executive teams began occupying the second floor of the HaWC. The Department has opened up portions of the first floor which are being utilized for trainings, community meetings, the Crisis Intervention Team (CIT), and other activities. The Fresno County DBH leadership team continues to examine strategies to fully occupy the available space at the HaWC. The team is factoring in things such as space, accessibility, parking, confidentiality, etc.

The construction of the Crisis Residential Treatment program was completed, and became operational in FY 2018-2019.

There are two requested changes to the CFTN in this annual update to support both physical and technological needs of the system of care.

**Capital Project** - In this current annual plan, the County of Fresno seeks to move \$8,061,522 of CSS funds for the coming FY 2019-2020 to CFTN for use in purchasing and remodeling of space for the relocation of adult and/or children’s outpatient services as well as a data base (which will be detailed below and in the PEI Annual Update). These moves will allow for the consolidation of programs into more appropriate space for care delivery. For economies of scale, the team is searching for space which could accommodate both adult and children’s services, with separate entrances and program areas; however, as there are few properties suited for such collocation, the team is looking at other options. In the ultimate goal is to have space that is appropriate for care of our community.

Locations have yet to be identified and are largely contingent on the funds available for such capital projects. In addition, we must ensure that locations have both the capacity to meet the increasing service

needs and are aligned with the Fresno County DBH Needs Assessment & Facility Programming Report developed in September 2018. The aforementioned capital projects would be supporting expansion of services based on the needs assessment, and to support efforts for maximizing co-location of services for service users.

**Databases** - One of the challenges with reporting, especially for PEI projects has been the limited data, data collection, and/or quality data. The Electronic Health Record (EHR) utilized by Fresno County (Avatar) is not designed for many of the prevention efforts and activities. As such, it has not been used to date for PEI data collection.

There has not been a data system in use across the board by all providers of PEI services and thus there has been a challenge in how data is collected, stored and measured. The First 5 Fresno County [\*Draft Fresno Cradle to Career Preconception to Age 5 Blueprint for Funding and Advocacy\*](#) report released in March of 2019 stated that there is a limited capacity of many local providers to capture and monitor data on their programs and individuals served, which also hinders care coordination. To address these significant data challenges, Fresno County DBH is taking several steps to resolve the issue.

- One – Fresno County DBH has been working to identify a PEI database which can allow for PEI data collection, and support reporting requirements.
  - eBHS - Fresno County DBH is exploring options such as eBHS through California Institute for Behavioral Health Solutions (CIBHS) as a possible option for PEI data collection, storage and reporting. The eBHS system is used by CIBHS for current PEI Measure, Outcomes and Quality Assessments (MOQA) project and so with some adaption it may be a feasible solution.
  - Trilogy Network of Care – Fresno County DBH is also exploring some of the PEI Database options that may be yielded with some modifications to the Network of Care platform.
  - Develop a county run database - A third option is for development of a specific PEI database, similar to one that has been created by Stanislaus County to capture and report out their PEI data and efforts.
  - Netsmart/Avatar - the current EHR system for Fresno County DBH, which is utilized for current non-PEI services, could potentially be an option for developing a specific PEI based data system.
- Two - Classify the programs according to the regulations which can easily identify what data and outcomes need to be collected. The Department has identified PEI programs and contracts that need amending for FY 2019-2020. All PEI providers starting in FY 2019-2020 shall be collecting the required demographics data, and additional data, related to the type of PEI program they are providing.
- Three - Provide on-going technical assistance, support and training for all providers of PEI services to ensure they are continuously collecting the required PEI Data.

The request for shifting CSS funds to CFTN for the development of new service sites is a new request and thus being identified for approval in this Annual Update.

The creation of a PEI database, using some CFTN funds, is also a new proposal for use of CFTN funds, and thus also being identified for approval in this annual update. In this Annual Update we are seeking to



allocate \$300,000 of CFTN funds for data collection system/data base. This would be a new CFTN project as well and thus needing public approval.

### *Workforce Education & Training*

Workforce Education and Training (WET) is one of the five components for MHSA. The Annual 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. With the adoption of the Suicide Prevention Strategic Plan, there were additional enhancements added to the WET efforts. 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.

Fresno County DBH will continue to maintain efforts around WET, through other funding, to continue to develop our workforce in a mental health shortage area, as well as adhering to good practices to continuously develop our workforce to meet the diverse and changing needs of our various service seekers. Investing in training will assist us in continuously improving the quality of care individuals receive.

Activities of the WET efforts have included additional trainings related to suicide prevention, including specialty training for primary care physicians. Fresno County DBH is investing in peer training and peer development through efforts with Resilience, Inc.

Starting in FY 2017-2018 Fresno County DBH has invested in the Health Equity Multicultural Diversity Training (HEMDT) for its staff and in FY 2018-2019 has sought to expand it to all workforce members in the system of care. HEMDT is a significant effort to increase cultural responsiveness of the workforce.

Fresno County DBH, through a partnership, has increased psychiatric providers through collaboration with UCSF's Fresno Campus. The Department funded local participants in a Primary Care Psychiatric Fellowship program as a way to increase trained providers.

Fresno County also hosted California's Office of Statewide Health Planning and Development (OSHPD) discussions in an effort support OSHPD's five year plan for developing California's mental health workforce.

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, and other community professionals, individuals receiving care 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; and
- **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.

Fresno County DBH will continue to maintain a WET Coordinator who will be part of the Department's Staff Development team to assist in coordination of WET activities, funded through MHSA. Fresno County DBH will continue to fund WET efforts in the coming year with funds from existing AB-114 plan for the remainder of the current fiscal year (2018-2019). Otherwise, there are no significant changes to the WET Plan from previous year.

<b>Activity</b>	<b>Status</b>	<b>Action Item</b>
Collaboration with Adult Education, community college, ROP, and SEES	Keep	4
Consultation Services for Utilization of Consumers and Volunteer	Keep	4
Expand Existing Students Internship Program	Keep	4
Financial Incentives to Increase Workforce Diversity	Keep	4
Outreach to High Schools / Career Academy	Keep	4
Partnership with CSUF on Training Psychiatric Nurse Practitioner (PNP)	Keep	4
Partnership with the Psychiatry Residencies and Fellowships – UCSF	Keep	4
Primary Care Psychiatry Fellowship Stipends through Agreement with University of California at Irvine.	Keep	4
WET Coordination and Implementation	Keep	1
Live and online training in Co-Occurring, Wellness, Evidence-based Practices and Core Competencies	Keep	2
Cultural Awareness Training/Linguistic Access for Staff, Consumers, and Family Members	Keep	2
Provide Training and Support for Peer Support Specialists and Parent Partners	Keep	2
Educate Consumers and Family Members on Mental Health Disorders, Medications and Side Effects	Keep	3
Mental Health Training for PCP, Teachers, Faith-Based and Other Community Partners	Keep	3
Suicide Prevention, Intervention and Treatment, and Postvention Training and Education	Keep	3

### **AB 114 Plan to Spend**

AB 114 implemented provisions concerning MHSA 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) 2005-2006 through FY 2014-15. Pursuant to the requirements of AB 114, on June 28, 2018, the Department posted on its 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 was presented and approved by the Fresno County Board of Supervisors on September 25, 2018.

Fresno County DBH has identified in its [AB 114 Plan](#), its intention to utilize the funds that were subject to reversion. The Department has developed the plan and implemented the efforts to expend the identified funds by June 30, 2020. The funds allocated to Innovation that were subject to reversion are under planning. The plan development for those funds and the approval for utilization of any of those funds come from the MHSOAC. Fresno County DBH has submitted two concept papers for two Innovation programs, and is working to submit a third. If these concepts are approved by the MHSOAC, then the Department begins the process to develop the full Innovation Plans for each program which will then be presented in a public hearing to the MHSOAC Commission for approval. The MHSOAC Commission only meets 10-11 times a year (and does not always have quorum necessary to approve plans), and is able to hear on average only three to four plans each month, which can result in delays of counties being able to have their plans reviewed in accordance with any priority timeline they may have. Counties are advocating for solutions to address the delays inherent in the lengthy approval process.

Fresno County DBH anticipated to have three to four Innovation Plans in the AB 114 Plan approved before the June 30, 2020 deadline.

At this time there are no changes or amendments to the Fresno County DBH AB 114 Plan.

### *General System Updates*

Other action taken by the county to assist in providing better oversight and accountability regarding our vast breath of MHSA funded services was the creation an MHSA fiscal team. This team resides outside of the new Public Behavioral Health Division, Clinical Services, and Contracts/Programs so as to provide an independent internal system of checks and balances, while also providing specialized focus on the financial aspects of MHSA as well as the fiduciary requirements. This move occurred in FY 2017-2018. The new team was a part of the County's AB 114 Plan Development, as well as the FY 2017-2018 Annual Update (focused on FY 2016-2017).

Since its inception, this MHSA fiscal team has reviewed MHSA rules and regulations, participated in MHSA Statewide calls, trainings and other related MHSA activities. The team has also worked with the MHSOAC and DHCS to resolve some program funding and reporting issues with old Innovation Programs. The fiscal team and other staff working on MHSA worked to correct and update RERs and other innovation related to old INN plans in a timely manner.

In FY 2018-2019 Fresno County DBH established a new Division, the Public Behavioral Health Division, which will provide the administrative oversight of MHSA planning, reporting, and regulatory compliance, which includes community engagement, developing more opportunities for stakeholder input, development of timely Innovation Plans, creating processes for oversight of all MHSA funded programs, and systems for continued assessment of services, compliance with state, regulatory and plan requirements. This Division is also designated with the role of cultural humility plan and efforts, suicide

prevention, communication and public relations, and behavioral health prevention, which are all aligned with the MHSA values and efforts, but are functions intended for the entire department not just MHSA funding. This is not an MHSA Division, but rather a Division that houses some of the MHSA required functions.

The Public Behavioral Health Division houses the Fresno County DBH's MHSA Coordinator. The MHSA Coordinator position had been vacant for FY 2017-2018. While the position was filled in August of 2018, the person selected for the position was not able to fully transition into that role. At this time the Department is working to hire an MHSA Coordinator.

A new Division Manager was also hired in FY 2018-2019 to guide the Public Behavioral Health Division. This Division Manager has worked previously with MHSA as both a PEI Program Manager and MHSA Coordinator in another county which will assist in Fresno County DBH's ongoing efforts to better align its MHSA activities with the regulations and intent of the act. The Division Manager also brings experience in developing and creating Innovation Plans, which will accelerate the current efforts to implement a number of new Innovation plans.

These are a few steps Fresno County DBH is taking to increase, improve and enhance our MHSA services. The Public Behavioral Health Division team, in conjunction with the MHSA Fiscal team, have worked to ensure all programs described in this Annual Update are in alignment with both the MHSA Plan as well as the regulatory requirements. The MHSA oversight staff and the MHSA fiscal staff are working regularly to develop processes and systems to support the MHSA related programmatic efforts, and will begin working with other Fresno County DBH leadership team members to implement changes at the operations level.

# Proposal for MHSA Annual Update Plan

\*=New Program Name

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

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

# Work Plans

## Work Plan #1 Behavioral Health Integrated Access

As in previous Annual Updates, the intent of the Behavioral Health Integrated Access Work Plan is to focus on those services, functions, and activities that serve as a gateway into the broader system of behavioral health care. Fresno County DBH holds the belief 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 carefully 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.

Program Name	Component	Strategy / Component	Status
App for Transportation	INN	Innovation	Keep/Pending
Child Welfare Mental Health Team / Katie A Team	PEI	Prevention and Early Intervention	Keep
Collaborative Treatment Courts	CSS	Outreach and Engagement	Enhance
Community Response Law enforcement	PEI	Early Intervention/ Outreach for Increasing Recognition of Early Signs of Mental Illness	Keep
Integrated Mental Health Services at Primary Health Care Clinics	PEI	Prevention and Early Intervention	Keep
Intensive Transitions Team	CSS	System Development Outreach and Engagement	Keep
Multi-Agency Access Point (MAP)	PEI	Access and Linkage	Keep
Supervised Overnight Stay	CSS	System Development	Keep
Technology Based Behavioral Health Solutions	INN	Innovation	Keep/Pending
The Lodge	INN	Innovation	Keep/Pending
Transportation Access	CSS	System Development	Keep
Urgent Care Wellness Center (UCWC)	CSS	System Development	Keep
Wellness Integration and Navigation	PEI	Prevention/ Outreach for Increasing Recognition of Early Signs of Mental Illness	Keep
Supports for Expecting Families and Families of Newborn Children	PEI	Outreach for Increasing Recognition of Early Signs of Mental Illness	Keep
Youth Wellness Center	CSS	System Development	Keep

**Note:** The Wellness Integration and Navigation Supports for Expecting Families and Families of Newborn Children, which in a previous update was part of the Clinical Care work plan, has been moved to this work plan, as the program’s work is more in prevention and outreach for recognition of early signs of serious mental illness, rather than clinical care. This move was based on review of the program descriptions and also PEI regulations.

# Behavioral Health Integrated Access Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	To be Assigned
<b>Program Name</b>	App for Transportation
<b>Provider</b>	TBD
<b>Date Started</b>	Program Development and Innovations Project Plan/Proposal in Process
<b>Program Description</b>	This program will create an 'Uber-like' transportation program, supported by a software application, which will be utilized by the 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 the 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 and where the transportation challenges limit their ability to participate in other wellness activities and services. 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. A concept paper was submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in March of 2019.

## FY 2017-2018 – Unique Individuals Served:

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	N/A

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other		
<b>Total Cost</b>	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 plan is an Innovation Project, and thus has to be approved by the MHSOAC. Fresno County DBH has begun work with the Fresno County Economic Opportunities Commission to develop a plan for submission to the MHSOAC.

**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 trainers for all program drivers and potentially for them to also become 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, Safe Talk, Reaching Recovery, Confidentiality 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 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	PEI4318
<b>Program Name</b>	Child Welfare Mental Team/Katie A Team
<b>Provider</b>	Fresno County Department of Behavioral Health – Children’s
<b>Date Started</b>	April 6, 2007
<b>Program Description</b>	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 and the program tech. The program tech position remained vacant from October 2018 to February 25th 2019, and the CMHS position will be filled March 25th 2019. The program remains under the direct supervision of the Division 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 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	2,264
<b>Total Number Served</b>	<b>2,264</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	1,297
<input checked="" type="checkbox"/> 16 - 25	263
<input checked="" type="checkbox"/> 26 - 64	698
<input checked="" type="checkbox"/> 65+	5
Unreported	1
<b>Total Number Served</b>	<b>2,264</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention	\$190,306	\$84.06
Early Interventions	190,306	84.06
Other		
<b>Total Cost</b>	<b>\$380,612</b>	<b>\$168.12</b>

\*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:** <https://www.co.fresno.ca.us/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	\$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?

In previous years, all PEI programs were grouped as just PEI, and were not categorized into one of the six PEI strategies, and as such specific outcomes for PEI were not effectively tracked. Also a lack of a centralized data collection system for PEI services, resulted in much of the necessary data for PEI to not be obtained. Moving forward, this PEI program will be classified as both a Prevention and Early Intervention PEI program. Starting in 2019/2020 the program shall capture all required PEI Demographics, and will identify the number of participants who partook in prevention activities, what those activities were and measure the outcomes. The program shall begin using the EHR to track the number of participants in early intervention services, identified the types of services rendered, and any measures for outcomes.

**Proposed Changes**

This program will be classified as a Prevention and as an Early Intervention. The programs shall in accordance with the PEI Regulations starting in 2019/2020 collect all required demographic information, as well as outcomes called for within the regulations. The reporting requirements for the program shall be written and submitted in a Memorandum of Understanding (MOU) to the program to provide instructions on the new program requirements.

# Behavioral Health Integrated Access Work Plan for Fiscal Year 2018-2019

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

Status of Program: ENHANCE

<b>Project Identifier</b>	CSS4710
<b>Program Name</b>	Collaborative Treatment Courts
<b>Provider</b>	Superior Court of California, County of Fresno
<b>Date Started</b>	July 1, 2015
<b>Program Description</b>	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. A Department Behavioral Health clinician and case manager outreach to and assess minors considered for the program, 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 of losing their parental rights, to resolve issues and identify 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 2017-2018 – 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
<b>Total Number Served</b>	<b>981</b>

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input checked="" type="checkbox"/> 16 - 25	22
<input checked="" type="checkbox"/> 26 - 64	144
<input checked="" type="checkbox"/> 65+	3
Unreported	812
<b>Total Number Served</b>	<b>981</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$66,839	\$68.13
<b>Total Cost</b>	<b>\$66,839</b>	<b>\$68.13</b>

\*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. The previously vacant Clinical Supervisor position was successfully filled in February of 2018. However, that Supervisor left for another opportunity shortly after hire. The Clinical Supervisor position for this program remains vacant at this time.

The program shall in the future ensure it is identifying the number of participants served. This shall include the number who were referred, the number who were screened/assessed, the number who were referred to services and what types of services, as well as demographic information on participants.

Knowing some challenges in the collection of information related to the participants, the program will demonstrate having systems for tracking such information and also reasonable efforts to obtain the data necessary for reporting.

## 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.

This program is and has been a CSS program. However in previous years it was not identified with one of the three CSS components other than non-FSP. In this annual update this program will be classified as an Outreach and Engagement (O&E) program within the CSS. This designation is based on the program description and the CSS regulations.

# Behavioral Health Integrated Access Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

**Project Identifier** PEI4762  
**Program Name** Community Response/Law Enforcement  
**Provider** Fresno County Department of Behavioral Health  
 Fresno Police Department  
**Date Started** June 1, 2010  
**Program Description** Prevention & Early Intervention Crisis Field Clinician serves as active liaison with law enforcement in the County to provide training, outreach, and direct field response to clients with mental illness in the community, specifically in the metro area. Evaluations for 5150's and recurrent calls from law enforcement are a primary focus. Enhancement included in this update include the associated costs for a metropolitan area Crisis Intervention Team (CIT).

## Program Update

The Fresno/Clovis area Crisis Intervention Team (CIT) contract has been awarded to Kings View Counseling Services after the RFP Process. The program is in early implementation, but local CIT teams of law enforcement are responding to calls.

## FY 2017-2018 – 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
<b>Total Number Served</b>	<b>402</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	47
<input checked="" type="checkbox"/> 16 - 25	79
<input checked="" type="checkbox"/> 26 - 64	249
<input checked="" type="checkbox"/> 65+	27
Unreported	
<b>Total Number Served</b>	<b>402</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention	\$272,603	\$678.12
Early Interventions	1,090,413	2,712.47
Other		
<b>Total Cost</b>	<b>\$1,363,016</b>	<b>\$3,390.59</b>

\*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:** <https://www.co.fresno.ca.us/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	\$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?

The program is fairly new. Kings View and DBH are working with the local law enforcement agencies to train and increase awareness of the CIT team and services. Training/promotional videos and presentations are planned for local law enforcement.

## Proposed Changes

As a PEI program, DBH will work with Kings View to ensure proper reporting meeting the PEI classification are met for the next year. This program is classified as both an Early Intervention program as well as an Outreach for Recognition of Early Signs of Serious Mental Health conditions.

# Behavioral Health Integrated Access Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	PEI4760/CSSXXXX
<b>Program Name</b>	Integrated Mental Health Services at Primary Care Clinics
<b>Provider</b>	United Health Centers of the San Joaquin Valley Inc. (PEI) , and Valley Health Team Inc. (PEI)
<b>Date Started</b>	October 1, 2011
<b>Program Description</b>	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

Clinica Sierra Vista (CSV) has been developing three integrated locations in the city of Fresno: West Fresno, near the airport (Airport), and West Shaw Avenue. Each service location would provide PEI, specialty mental health, and SUD services within close proximity to a CSV-operated primary care clinic. PEI services would be provided within the primary care clinic, adult specialty mental health and SUD services for adults would be provided in a separate suite, and children/family specialty mental health and SUD services for children would be provided in a third suite.

In Fiscal Year (FY) 2017-2018, PEI services began on February 15, February 16, and March 18 2018 at the West Fresno, West Shaw, and Airport locations, respectively. Adult and children specialty mental health services began on August 31, 2018 at the West Fresno and Airport locations. Specialty mental health services have not begun at the West Shaw location, pending Medi-Cal site certification, but is anticipated to begin at the end of FY 2018-2019. SUD services have not been provided, pending the Drug Medi-Cal waiver and application.

## FY 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions	\$17,037	N/A
Other		
<b>Total Cost</b>	<b>\$17,037</b>	<b>N/A</b>

\*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?**

CSV has experienced significant staff turnover throughout the program, which impacts caseload and workplace morale. Most commonly, staff turnover is due to more competitive salaries and benefits packages offered by other organizations. CSV is exploring viable approaches to improve personnel-related concerns, which may result in the need to amend their program budgets. CSV is also working to improve employee morale through incentivized productivity and team-building events, neither of which utilizes MHSA funding.

Additionally, CSV has not provided SUD services as a result of the Drug Medi-Cal (DMC) waiver process and application, but is anticipated to begin providing SUD services in early FY 2019-2020.

**Proposed Changes**

There are no proposed changes at this time; however, the CSV approved budget may need to be increased to address staff turnover and caseload management issues. This program is being classified as a PEI Access and Linkage program, and will identify specific outcomes required for Access and Linkage Programs.



# Behavioral Health Integrated Access Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	To be Assigned
<b>Program Name</b>	Intensive Transitions Team
<b>Provider</b>	TBD
<b>Date Started</b>	Components in Process
<b>Program Description</b>	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 and during inmates release from custody. Services will be available for all persons with SMI who are released from the jail, irrespective of whether release from custody is planned or unplanned. 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 connection, post-release community welcoming and in-person pick-up, assessment of behavioral health needs and 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

This program was initially identified in the three year plan as an Innovation Plan project. Since that time, the Department has learned that there are several similar programs already in existence in other counties, focused on transitioning individuals from a criminal justice setting back into the community and care coordination. Additionally, the introduction of Senate Bill (SB) 42 The Getting Home Safe Act, will nullify the existing proposed project, as it would require for such a program to exist in all counties and thus the plan would not be "innovative" as it is currently proposed for the Mental Health Services Oversight and Accountability Commission. As such the program in this plan is being removed from the Innovations.

## FY 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other		
<b>Total Cost</b>	<b>N/A</b>	<b>N/A</b>

\*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**

<i>Allocation</i>	<i>FY 16/17</i>	<i>FY 17/18</i>	<i>FY 18/19</i>	<i>FY 19/20</i>
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?**

The primary challenges were the lack of organizational capacity in terms of personnel to develop the plan and launch prior to other counties developing similar programs, and legislation which will require such programs.

**Proposed Changes**

The proposed change is for this program to be changed from an Innovation Project (where it does not meet the requirements as developed in the three year plan) and to explore options for the program to be funded under a CSS component of Systems Development or an Outreach and Engagement program in the coming year.

# Behavioral Health Integrated Access Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	PEI4768
<b>Program Name</b>	Multi-Agency Access Point (MAP)
<b>Provider</b>	Kings View, Poverello House, and Centro
<b>Date Started</b>	December 2016
<b>Program Description</b>	MAP provides a single point of entry for residents of Fresno County to access linkage to services in various life domains to promote their wellness and recovery. An integrated screening process connects individuals and families facing mental health concerns, physical health conditions, substance use disorders, housing/homelessness, social service needs, and other related challenges to supportive services in Fresno County. Clients are matched to the right resources at the right time in the right location through a collaborative network of partner agencies and local resources.

## Program Update

MAPS providers have been providing services in targeted areas. The collaborative agencies has been coordinating care, services and resources. The collaborative has found that the MAP tool that supports a database has not always captured the individuals served in non-duplication and has found some challenges to the data collection, which has under reported the services, and also there has been limitations to verifying follow through with some referrals.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	43
Asian/Pacific Islander	6
Caucasian/White	123
Latino	4
Native American	10
Other Ethnicity	37
Unreported	7
<b>Total Number Served</b>	<b>230</b>

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	-
<input checked="" type="checkbox"/> 16 - 25	25
<input checked="" type="checkbox"/> 26 - 64	194
<input checked="" type="checkbox"/> 65+	11
Unreported	-
<b>Total Number Served</b>	<b>230</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions	\$630,855	\$2,742.85
Other		
<b>Total Cost</b>	<b>\$630,855</b>	<b>\$2,742.85</b>

\*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	\$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?

The primary challenges has been with the data. There has been on-going challenges with tracking individuals served and what services were provided. The database vendor has shared options for addressing the issue in future phases with additional costs. Yet the current system has not met the intended service delivery. The collaborative has begun to work on promoting and marketing through outreach more information on the MAP program, services, dates and locations in increase access.

**Proposed Changes**

In 2018-2019 this program has been identified as an Access and Linkage Program, and will thus be classified as such in the future. This will require some additional outcomes tracking. The main challenges have been around the data and the vendor of the data systems. If the data system cannot be corrected to meet the data and reporting requirements a new vendor will be sought through an RFP process. Additionally, we have learned that the licensing costs related to the software used in this database will increase to over \$80,000 in five years. As such DBH and the MAP providers are exploring options and possible database alternatives.

# Behavioral Health Integrated Access Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

**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

No significant changes from previous years.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	100
Asian/Pacific Islander	26
Caucasian/White	183
Latino	218
Native American	26
Other Ethnicity	10
Unreported	-
<b>Total Number Served</b>	<b>563</b>

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	-
<input checked="" type="checkbox"/> 16 - 25	15
<input checked="" type="checkbox"/> 26 - 64	534
<input checked="" type="checkbox"/> 65+	14
Unreported	-
<b>Total Number Served</b>	<b>563</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$597,970	\$1,062.11
<b>Total Cost</b>	<b>\$597,970</b>	<b>\$1,062.11</b>

\*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:** <https://www.co.fresno.ca.us/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	\$819,090	\$819,090	\$839,090	\$839,090
Increase/(Decrease)				

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

There were not specific metrics implemented to measure some of the outcomes of the program. Thus moving forward it will be recommended for the program to collect in addition to demographics, and numbers served to monitor and report on the length of stay, number of individuals linked to care/services, the number who engaged in services, services provided, etc.

## Proposed Changes

This program was classified previously as a non-FSP program under CSS. It will now be designated as a System Development, and additional outcome matrix.

# Behavioral Health Integrated Access Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	To be Assigned
<b>Program Name</b>	Technology Based Behavioral Health Solutions
<b>Provider</b>	TBD
<b>Date Started</b>	Components in Process
<b>Program Description</b>	This program proposed to contract with one or more virtual mental health care providers with capacity to implement technology-based mental health solutions accessed through multifactor 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

During fiscal year 2017-2018 the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved a second cohort of counties to participate in the technology suite. Since that time the MHSOAC has halted the participation of additional counties in the Tech Suite, as there are now 20 counties involved, there are significant sums of funding allocated to the projects and to date there has not been a "product" introduced into use. As such the MHSOAC has not established a third cohort to participate.

As Fresno County is unable to participate in the Tech Suite as this time, the Department may explore other technology based solutions to address mental health needs. As such the Department is exploring the feasibility of tele-psych kiosks, tele-psych smart phone applications, technology to increase access to psychiatric care, or allowing those in rural communities to access care from their homes.

## FY 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other		
<b>Total Cost</b>	<b>N/A</b>	<b>N/A</b>

\*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	\$1,000,000	\$2,000,000
Increase/(Decrease)				

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

As noted in the program update, the plans to join the tech suite have been halted due to the MHSOAC not accepting any new participants in the current tech suite. As such Fresno County is working to bring the concept to life on its own, outside of being a member of the current Tech Suite cohorts.

**Proposed Changes**

No changes. The Department will move forward to explore technology based mental health solutions projects under the Innovation Plan.

# Behavioral Health Integrated Access Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	To be Assigned
<b>Program Name</b>	The Lodge
<b>Provider</b>	TBD
<b>Date Started</b>	Components in Process
<b>Program Description</b>	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

Fresno County DBH has developed a Concept Paper for the Lodge program and has submitted the concept paper to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in the Spring of 2019. The Department is in conversation with the MHSOAC at this time to see if the program meets MHSOAC criteria, and if so to develop and submit a formal plan for the Lodge. The Lodge will be a research project to determine if utilizing trained peers rendering motivational interviewing to individuals who are homeless/at-risk of homelessness, who have a serious mental health condition and are not in care due to being in the pre-contemplation stage, would engage in care by having basic needs of shelter/safe space.

## FY 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

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

\*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	\$1,600,000	\$1,660,000	\$1,721,800
Increase/(Decrease)			\$460,000.00	\$338,200.00

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

The department lacked the organizational capacity at the time to develop the innovation idea into a plan, and thus there was a delay in the development and implementation of the Lodge. DBH has hired personnel to address the MHSA services and is actively working on the Lodge proposal with the MHSOAC. The program is anticipated to begin in FY 2019-2020. As the program is not yet operational there have been no programmatic specific challenges yet.



**Proposed Changes**

No proposed changes
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# Behavioral Health Integrated Access Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4710
<b>Program Name</b>	Transportation Access
<b>Provider</b>	TBD
<b>Date Started</b>	Components in Progress
<b>Program Description</b>	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 into 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 in the rural communities. (See Transportation Application).

## FY 2017-2018 – Unique Individuals Served:

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

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

\*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	\$288,500	\$288,500	\$288,500
Increase/(Decrease)			460,000	338,000

## 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. The size and geography of Fresno County do pose limitations to this current program for addressing transportation limitations in our rural communities. Localized transportation services in the rural communities, will improve access and reduce transportation barriers. The planned Innovation Plan for transportation application (Program for Transportation Application Collaboration) when approved will address these rural gaps.

**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 (Program for Transportation Application Collaboration), based on stakeholder input, for a new technology-based system of deploying drivers to assist individuals in accessing treatment services and recovery supports in rural communities. Upon implementation and review of the future program, the existing Transportation Access strategies will be re-evaluated for possible changes in subsequent Annual Updates and possibly utilize the transportation application. This program is being classified as a Systems Development program under CSS.

# Behavioral Health Integrated Access Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4622
<b>Program Name</b>	Urgent Care Wellness Center (UCWC)
<b>Provider</b>	Fresno County Department of Behavioral Health
<b>Date Started</b>	June 29, 2009
<b>Program Description</b>	Urgent Care serves clients for up to 90 days; services include but are not limited to, crisis evaluation, crisis intervention, medications, individual/group therapy, and linkage to other appropriate services. Adults ages 18 and older who are at risk of needing crisis service interventions or at risk of homelessness 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 include triage and access and linkages through a walk in setting.

## Program Update

The 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. During fiscal year 2017-18, DBH filled 3 Substance Abuse Specialists in accordance with the standards set forth by DMC-ODS waiver. The additional staff has resulted in individuals having access to both SUD and MH services and linkage at the front door. In prior years this program was classified as a non-FSP CSS program. In this update the program is now being classified as a Systems Development program within CSS, allowing for more accurate reporting, tracking and support in the future.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	911
Asian/Pacific Islander	333
Caucasian/White	1,728
Latino	2,342
Native American	81
Other Ethnicity	112
Unreported	65
<b>Total Number Served</b>	<b>5,572</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	44
<input checked="" type="checkbox"/> 16 - 25	1,335
<input checked="" type="checkbox"/> 26 - 64	4,130
<input checked="" type="checkbox"/> 65+	62
Unreported	1
<b>Total Number Served</b>	<b>5,572</b>

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	\$5,931,151	\$1,064.46
<b>Total Cost</b>	<b>\$5,931,151</b>	<b>\$1,064.46</b>

\*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)			2,000,000	2,000,000

## 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 the increased housing resources in DBH as well as a county-wide 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. As noted earlier this program is being reclassified as a CSS-Systems Development program in accordance with appropriate regulations.

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	To be Assigned
<b>Program Name</b>	Wellness Integration and Navigation Supports for Expecting Families and Families of Newborn Children
<b>Provider</b>	TBD
<b>Date Started</b>	Anticipated
<b>Program Description</b>	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 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

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

\*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**

<i>Allocation</i>	<i>FY 16/17</i>	<i>FY 17/18</i>	<i>FY 18/19</i>	<i>FY 19/20</i>
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 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.

**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. This will be a PEI program that will have both prevention and outreach for recognition of early signs of serious mental illness, and as such will have PEI specific data collection and outreach goals.

# Behavioral Health Integrated Assess Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4315
<b>Program Name</b>	Youth Wellness Center
<b>Provider</b>	Fresno County Department of Behavioral Health
<b>Date Started</b>	June 2015
<b>Program Description</b>	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 Central Star's Psychiatric Facility will have an appointment for an assessment scheduled for them within one week from discharge. They are also assigned a YW case manager and YW clinician before discharge, who provide services until clients can be successfully linked to an Outpatient program. This is to ensure that clients are seen post-hospitalization, within an appropriate time, and experience a smooth transition of care. Other intents are that the transitional care will increase the likelihood of follow through with treatment and to reduce recidivism to hospitalization. The program worked on coordination of psychiatric services before the youth is released from the hospital so the youth receives an appointment as part of their discharge plan.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	239
Asian/Pacific Islander	56
Caucasian/White	284
Latino	1,029
Native American	13
Other Ethnicity	24
Unreported	32
<b>Total Number Served</b>	<b>1,677</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	1656
<input checked="" type="checkbox"/> 16 - 25	19
<input checked="" type="checkbox"/> 26 - 64	2
<input type="checkbox"/> 65+	-
Unreported	-
<b>Total Number Served</b>	<b>1,677</b>

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	\$1,074,227	\$640.56
<b>Total Cost</b>	<b>\$1,074,227</b>	<b>\$640.56</b>

\*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 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 and establishing triage to expedite urgent referrals.

#### **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. 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).

## Work Plan #2 Wellness, Recovery, and Resiliency Support

The purpose of the Wellness, Recovery, and Resiliency Supports Work Plan is to target services, functions, and activities that promote wellness, recovery and resiliency. Fresno County DBH knows that people can and do recover. We believe that creating an environment that supports recovery and resiliency is something that must be done; it is our responsibility. The Department also knows that creating this environment starts within our own department which strives to support an organizational culture of wellness. This particular 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 of individuals and their families. There may be other programs that also address wellness and promote and support recovery and resilience in other work plans in this update.

Program Name	Component	Strategy / Component	Status
Blue Sky Wellness Center	PEI	Prevention	Keep
School Based Children's Early Intervention Using PBIS <i>(was formerly Children/Youth/Family Preventions and Early Intervention)</i>	PEI	Early Intervention	Keep: (split into two and re-named)
Family Focused Prevention Services <i>(was formerly Children/Youth/Family Preventions and Early Intervention)</i>	PEI	Prevention	Keep: (split into two and re-named)
Consumer Family Advocate Services	CSS	O&E	Keep
DBH Communications Plan	PEI	Stigma Reduction / Suicide Prevention / Outreach	Keep: (moved from CSS)
Family Advocate Position	CSS	O&E	Keep
Flex Account For Housing	CSS	System Development	Keep
Fresno Housing Institute (FHI)	CSS	System Development	Keep
Hotel Motel Voucher Program (HMVP)	CSS	System Development / O&E	Keep
Housing Access and Resource Team (HART)	CSS	System Development / O&E	Keep
Housing Supportive Services	CSS	System Development	Keep
Independent Living Association (ILA)	CSS	System Development	Keep
Integrated Wellness Activities	PEI	Stigma and Discrimination Reduction	Keep
New Starts Program (Master Leasing Housing)	CSS	System Development	Keep
Peer and Recovery Services	CSS	System Development	Keep
Project for Assistance from Homelessness (PATH) Grant Expansions	CSS	System Development / O&E	Keep
Project Ignite	CSS	System Development	Keep
Suicide Prevention/Stigma Reduction	PEI	Suicide Prevention	Keep
Supported Education and Employment Services (SEES)	CSS	System Development	Keep
Therapeutic Child Care Services	CSS	System Development	Keep
Youth Empowerment Centers	PEI	Prevention / Outreach for Increasing Recognition of Early Signs of Mental Illness	Enhance

**Note:** Children/Youth/Family Prevention and Early Intervention will be split into a prevention program and an early intervention in the future (FY 2019-2020).

## Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	PEI4521
<b>Program Name</b>	Blue Sky Wellness Center
<b>Provider</b>	Kings View
<b>Date Started</b>	October 23, 2007
<b>Program Description</b>	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 services and Crisis Plan services/relapse prevention, transportation, life skills courses, job readiness services, and on-site volunteer opportunities.

### Program Update

The partnership between Kings View and Resilience, Inc. has provided training to Blue Sky staff and facilitated a greater shift in emphasis upon a Peer Support model, empowering individuals served with the option to assist others in their wellness and recovery. Kings View negotiated a new property lease providing for reduced costs of lease, security, and renovations at the owner's expense.

### FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	106
Asian/Pacific Islander	14
Caucasian/White	208
Latino	200
Native American	26
Other Ethnicity	78
Unreported	95
<b>Total Number Served</b>	<b>727</b>

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	-
<input checked="" type="checkbox"/> 16 - 25	33
<input checked="" type="checkbox"/> 26 - 64	508
<input checked="" type="checkbox"/> 65+	114
Unreported	72
<b>Total Number Served</b>	<b>727</b>

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

Funding	Actual Cost*	Cost Per Individual*
Prevention	\$1,088,090	\$1,496.68
Early Interventions		
Other		
<b>Total Cost</b>	<b>\$1,088,090</b>	<b>\$1,496.68</b>

\*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	\$1,250,000	\$1,125,000	\$1,125,000
Increase/(Decrease)			\$57,493	\$93,326

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

There has been much discussion as to how to address repeat incidents where individuals served engage in unruly inappropriate behaviors that are disruptive to the other individuals seeking services at Blue Sky. Rather than reexamining the criteria for suspension, methods are being explored to empower Blue Sky staff to identify and inform other entities rendering clinical services to those individuals served so the individuals' treatment staff will be made aware as soon as possible of the individuals' display of inappropriate behaviors that can be reasonably linked to those individuals' severe mental illness.

### Proposed Changes

Channels are being explored whereby Blue Sky staff may identify who should be contacted regarding the increased severity of condition of those individuals served that may need further intervention. This may include access to Electronic Medical Records systems or identifying points of contact to direct those inquiries to. This program was previously designated as simply a PEI

program, but in this update, the program is being designated as a Prevention Program under PEI. The programs will be required to collect necessary PEI prevention program data for PEI reporting.

## Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

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<b>Project Identifier</b>	PEI4324
<b>Program Name</b>	Children/Youth/Family Preventions and Early Intervention
<b>Provider</b>	Fresno County Superintendent of Schools (FCSS) – Master Agreement
<b>Date Started</b>	May 3, 2010
<b>Program Description</b>	Positive Behavior Interventions and Supports (PBIS) is an evidence-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 Focused 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.

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### Program Update

Fresno County Superintendent of Schools (FCSS) continues to be the provider for the Positive Behavior Interventions and Supports (PBIS) program, which was absorbed by the new specialty mental health outpatient treatment program, All 4 Youth. On June 5, 2018, Agreement No. 18-308 was approved by the Board of Supervisors and superseded the existing PBIS School Based Program K-12th grade (Agreement No. 15-209). The new Agreement expands the PBIS trainings to include trauma-informed practices and to provide for triage of at-risk children and families in order to link to services in a timely manner for individuals 0-22 years of age. All 4 Youth provides 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. Mental health services include, 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 FCSS mental health treatment component ramped up services over a six month period effective July 1, 2018 and has been serving students and families since January 1, 2019.

As the goal is to increase access, the implementation of treatment services will be completed in phases. In FY 2018/19, two service locations/hubs, located in Downtown Fresno and Firebaugh, were identified to serve the underserved school districts on the west side of Fresno County. The following schools districts currently receiving services are: Mendota, Golden Plains, Kerman, and Firebaugh. In the first three months, since January 1, 2019, FCSS's mental health treatment component has served 136 unique individuals. This unique census number does not include the individuals receiving PEI services. PEI data will be available and reported at the end of the fiscal year.

The data below references the PBIS program in FY 2017/18. The unique individuals served (237) represent school administrators (i.e., faculty, teachers, principals, etc.). PBIS provides trainings, guidance, and support to school administrators for the implementation of school-selected PBIS strategies. Overall approximately 19,200 students were reached, resulting in an approximate cost per student of \$14.98 (\$287,533.19 actual total expense in FY 2017/18). The funding allocation below represents only the current and forecasted MH PEI budget.

Family Focused Prevention Services (FFPS) provides services to minor children (ages 17 years and younger) whose parent is enrolled and participating in a County-funded substance use disorder (SUD) treatment program. The service providers are: Delta Care, Central California Recovery (CCR), and Fresno New Connections (FNC). FFPS services include, but are not limited to:

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 that possess healthy beliefs and clear standards about alcohol and illegal drug use.
3. Developing opportunities for families that encourage improvement of parent-child relations, healthy beliefs and clear standards about alcohol and illegal drug 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.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	292
<b>Total Number Served</b>	<b>292</b>

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	292
<b>Total Number Served</b>	<b>292</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention	\$442,475	\$1,515.33
Early Interventions		
Other		
<b>Total Cost</b>	<b>\$442,475</b>	<b>\$1,515.33</b>

\*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	\$1,587,822	\$3,290,230
Increase/(Decrease)				

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

The challenges to this program continue to involve the stigma of mental health. Cultural stigmas remain a barrier in the current regions where Phase One implementation is occurring. Currently, the untargeted population, the number of individuals not receiving Medi-Cal but requesting mental health services are larger than anticipated (18% of the individuals currently receiving services have other/private health coverage). Whereas the targeted population are not accepting the services due to stigma or lack of education. The west side community has been known to not accept community resources. For example, food distributions events are underutilized due to families' fear of Child Protective Services (CPS) getting involved, potentially citing that they are not able to provide for their children. Outreach and education will be a point of focus in order to increase the census of the targeted population.

Students continue to report not being aware of mental health services available to them. Even actively involved high school seniors report that they have only recently been made aware of a school psychologist on campus. Creative age-appropriate outreach and education workshop strategies will better engage students and generate a more resourceful peer network on school campuses. Other barriers to address are students who need parental consent. Contacting the parent or responsible party remains a challenge and is the main reason for a prolonged intake process. FCSS is continuing to develop strategies to approach and engage the families.

Working with demanding school district calendars has become a challenge. As a learning opportunity while onboarding the Phase One school districts, FCSS has strategized to remedy this dilemma for the subsequent onboarding school districts.

FFPS has no challenges or barriers to report.

## Proposed Changes

This program was an umbrella of PEI services with FCSS to serve students and families through the schools. This program will be separated into two different programs. One that will be called the School Based Children's Early Intervention Using PBIS. This shall be an Early Intervention program in the next year. The Family Focused Prevention Services, will be separated into its own Prevention program. These changes are to allow for more effective reporting and tracking and also bringing this project and services into better alignment with the PEI regulations.

# 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** 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 services to unserved and underserved populations, consumers and families.

## Program Update

Contractor, Centro La Familia Advocacy Services (CLFAS), and their subcontractor, Fresno Interdenominational Refugee Ministries (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 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	6,809
<b>Total Number Served</b>	<b>6,809</b>

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	6,809
<b>Total Number Served</b>	<b>6,809</b>

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	\$122,725	\$18.02
<b>Total Cost</b>	<b>\$122,725</b>	<b>\$18.02</b>

\*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?

During the fiscal year, the program experienced staff vacancies. This period of staff vacancies was a challenge for existing/remaining staff; however, this did not hinder continued work to address the needs of individuals served, provide linkages and conduct outreach to the community. The Consumer Family Advocate routinely engaged with, collaborated with, and strategized with other staff in the agency, to become aware of any upcoming outreach opportunities. When the Consumer Family Advocate was made aware of an outreach opportunity, the advocate would coordinate with staff and utilize the time at each community outreach event to network and build rapport with other agencies and organizations in an effort to expand programs reach to the unserved/underserved communities; while ensuring to also engage with families and individuals. This helped enhance and efficiently ensure all deliverables in the program were met.

Proposed Changes

N/A
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## Wellness, Recovery and Resiliency Supports Work Plan for Fiscal Year 2017-2018

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

Status of Program: Keep

<b>Project Identifier</b>	To be determined
<b>Program Name</b>	DBH Communications Plan
<b>Provider</b>	TBD
<b>Anticipated Date Started</b>	Late Winter / Early Spring 2019
<b>Program Overview</b>	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, and older adults), unserved and underserved populations (LGBTQ, Veterans, TAY, underserved ethnic groups, etc.).

### Estimated # to be Served:

As some of these efforts will include things such as collateral material, media public service announcements, and other forms of outreach, education and promotion, it will be difficult to project the number to be served, especially with project, or population specific efforts.

### 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 has identified 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 awareness and engagement, stigma reduction, increasing understanding and recognizing early signs of serious mental illness, suicide prevention, and behavioral health and care services. The 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.

This plan will address PEI efforts around Stigma Reduction, Outreach for Recognition of Early Signs of Serious Mental Illness, and also Suicide Prevention.

This project is being moved from CSS to PEI. Based on the programs intent, regulations for CSS vs PEI and the intended outcome, this program is best suited as supporting three PEI strategies.

### 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.

The Department will also monitor efforts by obtaining feedback from focus groups, individual surveys, increase requests for trainings and services, etc.

### Estimated Cost per Client:

N/A

### MHSA State Allocation

<b>Allocation</b>	<b>FY 17/18</b>	<b>FY 18/19</b>	<b>FY 19/20</b>
Approved Allocation	N/A	\$500,000	\$950,000
Increase/(Decrease)			

# 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** CSS4710  
**Program Name** Family Advocate Position  
**Provider** TBD – Pending New Contract  
**Date Started** December 3, 2013  
**Program Description** Mental health advocacy, support, and other services to unserved and underserved populations, consumers and families.

## 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 will be released within the 2018-19 Fiscal Year. The new contract will continue services. Statistics reported below represent the number of families served; data was not collected for the number of individual family members.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	190
<b>Total Number Served</b>	<b>190</b>

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	190
<b>Total Number Served</b>	<b>190</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$38,951	\$205.01
<b>Total Cost</b>	<b>\$38,951</b>	<b>\$205.01</b>

\*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:** <https://www.co.fresno.ca.us/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	\$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?**

N/A

## Proposed Changes

A Request for Proposal for Family Advocacy Services will be released by the end of the 2018-19 Fiscal Year. The new contract will continue services. Expanded services were discussed and approved by DBH Leadership. An increase in funding and staffing will allow the awarded vendor to provide more availability for Family Advocate services.

# Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4510
<b>Program Name</b>	Flex Account for Housing
<b>Provider</b>	Fresno County Department of Behavioral Health
<b>Date Started</b>	July 1, 2011
<b>Program Description</b>	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, \$9,418.93 was approved by DBH treatment team to be applied towards security deposits, PG&E deposits for homeless individuals, and Pet services fees (Snip & Chip, Vaccinations, Dog License). Each approval is individualized and part of the treatment team's plan for the individual's independence and recovery. Approval does not indicate 100% funding of deposits, as the individual and/or family provide partial funds when available. Also during the reporting period, #2 Unique vouchers were utilized via the recently-created Hotel-Motel Voucher Program, which continued to be available to the DBH treatment team as a housing option, where an individual (with an established housing plan) could be placed while the housing plan was fulfilled.

## FY 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other		
<b>Total Cost</b>	<b>N/A</b>	<b>N/A</b>

\*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	\$100,000	\$100,000	\$100,000	\$100,000
Increase/(Decrease)				

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

Although the HMVP was slow to ramp up (intentionally) to ensure proper usage, DBH staff awareness of the HMVP has been limited and thus the program underutilized. To mitigate this lack of awareness, useful discussions/clarifications of the HMVP were provided to DBH staff (case managers, treatment team) assisting individuals in need of short term lodging. Also, lengthy processing times of deposits created a challenge for individuals, as deposit funds were not readily available for individual's needs. Further, some motels were dissatisfied with lack of utilization of the contract and decided to terminate. The Housing Clinical Supervisor (the Housing Access Resource Team – HART) is aware of the limited utilization of the HMVP and are working on processes to better utilize this short-term stay resource.

**Proposed Changes**

As the HMVP is a stand-alone County master agreement with various hotels/motels in the amount of \$99,900, it is proposed in the next Annual Update a Summary Sheet for the HMVP be created and funded in the amount of \$99,900 that is completely separate from the Flex Fund. If this proposed change is implemented, the MHSA allocation for the Flex Fund would need to be increased to \$50,000 to provide funding for the various deposit expenses for individuals on an as needed basis.

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

Status of Program: Keep

**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. At this time DBH is negotiating this service agreement.

**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; and
- 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:**

<i>Budget Summary</i>	<i>FY 17/18</i>	<i>FY 18/19</i>	<i>FY 19/20</i>
Approved Allocation		\$200,000	\$200,000
Increase/(Decrease)			

## Wellness, Recover, and Resilience Supports Work Plan for Fiscal Year 2018-19

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

Status of Program: KEEP

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<b>Project Identifier</b>	To be determined
<b>Program Name</b>	Hotel Motel Voucher Program (HMVP)
<b>Provider</b>	To be determined
<b>Date Started</b>	August 1, 2018
<b>Program Description</b>	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.

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### 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 temporary housing or lodging until the housing resource in their plan is available.

### Estimated Number 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

<i>Allocation</i>	<i>FY 16/17</i>	<i>FY 17/18</i>	<i>FY 18/19</i>	<i>FY 19/20</i>
Approved Allocation	N/A	N/A	\$100,000	\$100,000
Increase/(Decrease)				

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

Status of Program: Keep

**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 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:**

<i>Budget Summary</i>	<i>FY 17/18</i>	<i>FY 18/19</i>	<i>FY 19/20</i>
Approved Allocation		\$400,000	\$930,488
Increase/(Decrease)			

# Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4510/4810
<b>Program Name</b>	Housing Supportive Services
<b>Provider</b>	Fresno County Department of Behavioral Health
<b>Date Started</b>	January 1, 2011
<b>Program Description</b>	Provide onsite supportive services for individuals that have been placed into permanent supportive housing. Eligibility criteria includes 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, 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 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	-
<input checked="" type="checkbox"/> 16 - 25	5
<input checked="" type="checkbox"/> 26 - 64	82
<input type="checkbox"/> 65+	-
Unreported	
<b>Total Number Served</b>	<b>87</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$424,696	\$4,881.56
<b>Total Cost</b>	<b>\$424,696</b>	<b>\$4,881.56</b>

\*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:** <https://www.co.fresno.ca.us/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	\$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 as have some of the other staff positions. 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. The team continues to receive training



through the Corporation of Supportive Housing and other avenues. The Department has continued to review operations and plans to revise the MOU with the Housing Authority in the next year.

**Proposed Changes**

No changes recommended to program at this time, however the Department will continue to work to fill the vacancies necessary for the program to fully meet its goals.

## 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 upon approval of this Annual Update  
Status of Program: Keep

**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 for safe, affordable, and appropriate housing.

### Estimated # to be Served:

By January 2021, 120 individuals will be served by homes within 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:

<i>Budget Summary</i>	<i>FY 17/18</i>	<i>FY 18/19</i>	<i>FY 19/20</i>
Approved Allocation		\$400,000	\$400,000
Increase/(Decrease)			

# 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** 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 oriented 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 specifically to accelerate these efforts.

## FY 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

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

\*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	\$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?

At the time of the establishment of this program, the Department had not enacted or applied the PEI regulations to the program, and as such the program has not captured the required demographics for PEI programs, nor applied measures to monitor outcomes.

The program is being classified as a PEI-Stigma and Discrimination Reduction program, meeting one of the six PEI strategies. As such in the future the program shall collect all required PEI demographics per regulations starting in FY 2019-2020, as well as monitor outcomes to specific programmatic goals/outcomes.

### **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. These services shall be evaluated and assessed for effectiveness and if deemed to meet the goals and outcomes, then the Integrated Wellness Activities may be considered for expansion across the system of care. At this time, the Department does not have a clear projection for an increase in MHSA funding. DBH is currently working to implement strategies which highlight recovery and hope across our mental health service system. This program is being re-classified as a stigma and discrimination reduction program. The program shall, in accordance with the PEI Regulations, starting in FY 2019-2020, collect all required demographic information, as well as measurable outcomes called for within the regulations. The reporting requirements for the program shall be written and submitted in a Memorandum of Understanding (MOU) to the program to provide instructions on the new programmatic requirements.

# Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4510
<b>Program Name</b>	<b>New Starts Program*</b> (Master Lease Housing)
<b>Provider</b>	Mental Health Systems
<b>Date Started</b>	May 1, 2017 (2 month period) followed by 5 year agreement 7/1/17 through 6/30/22
<b>Program Description</b>	Provides housing opportunities and rental assistance for eligible DBH individuals living with a Serious Mental Illness (SMI) that 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

No new program updates. Note the cost of individual house per month includes rent, utilities, furniture and admin.

## FY 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	\$301,396	
<b>Total Cost</b>	<b>\$301,396</b>	<b>N/A</b>

\*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:** <https://www.co.fresno.ca.us/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	\$400,000	\$800,000	\$800,000	\$1,300,000
Increase/(Decrease)				

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

The main barrier in FY 17-18 remains the inconsistent/unpredictable flow of referrals from DBH to the New Starts program, which directly impact the occupancy rate. The program attempts to balance securing additional rental units in a timely fashion to keep the time from referral to housing low but when referrals are inconsistent or non-existent, the occupancy rate is negatively affected. Additionally, the program failed to meet the expected outcome of housing an individual within 7 days. At times, referred individuals preferred to wait for other units to become available, despite the program having units availability immediately. Furthermore, the program was challenged by limited availability of some County case managers to schedule the initial intake appointment with the individual/caseworker. County and New Starts staff are working to improve and eventually eliminate barriers to the referral process.

## Proposed Changes

None at this time.

## Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4511
<b>Program Name</b>	Peer and Recovery Services
<b>Provider</b>	Fresno County Department of Behavioral Health
<b>Date Started</b>	February 12, 2007
<b>Program Description</b>	Original work plan funded activities for the securing of permanent full time employment Peer Support Specialist and Parent Partners. Funding 10 FTE PSS and 2 FTE Parent Partners; costs are associated with approved work plan plans for and funds 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 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	9
<b>Total Number Served</b>	<b>9</b>

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	9
<b>Total Number Served</b>	<b>9</b>

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	\$551,197	\$61,244.11
<b>Total Cost</b>	<b>\$551,197</b>	<b>\$61,244.11</b>

\*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	N/A	\$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 of reducing 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. In this update this program is being classified as Systems Development program within the CSS Component.

# Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4526P
<b>Program Name</b>	Project for Assistance from Homelessness (PATH) Grant Expansions
<b>Provider</b>	Kings View
<b>Date Started</b>	October 1, 2008
<b>Program Description</b>	Provides services to individuals who are suffering from 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.

## 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.

## FY 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	-
<input type="checkbox"/> 16 - 25	-
<input checked="" type="checkbox"/> 26 - 64	345
<input checked="" type="checkbox"/> 65+	12
Unreported	-
<b>Total Number Served</b>	<b>357</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$105,060	\$294.29
<b>Total Cost</b>	<b>\$105,060</b>	<b>\$294.29</b>

\*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	\$175,264	\$175,264	\$175,264
Increase/(Decrease)				

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

No significant challenges or barriers. The program continues to assist individuals with their unique individual challenges.

## Proposed Changes

No proposed changes at this time.



## Wellness, Recovery and Resiliency Supports Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

**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

# Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	PEI4776
<b>Program Name</b>	Suicide Prevention/Stigma Reduction
<b>Provider</b>	Fresno County Department of Behavioral Health
<b>Date Started</b>	August 2015
<b>Program Description</b>	This MHSA work plan provides the structure, resources, activities and reporting of performance indicators related to Fresno County suicide prevention and stigma reduction. Activities include, but are not limited to, a Strategic Suicide Prevention and Stigma Reduction Plan, social media and other outreach, while focusing on the lifespan of clients and 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 has established a solid and evolving framework to guide the Department in effective and sustainable suicide prevention and stigma reduction efforts. The plan was finalized in September of 2018.

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

The SP Collaborative, based on the plan has recommended the establishment of a Local Outreach to Survivors of Suicide (LOSS) Team. DBH did a suspension of competition and has been working with Hines Hospice's Center for Grief and Loss to establish a local LOSS Team. A contract will be established in FY 2018-19.

Data not available for FY 2017-18.

## FY 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention	\$426,123	
Early Interventions		
Other		
<b>Total Cost</b>	<b>\$426,123</b>	<b>N/A</b>

\*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**

<i>Allocation</i>	<i>FY 16/17</i>	<i>FY 17/18</i>	<i>FY 18/19</i>	<i>FY 19/20</i>
Approved Allocation	\$150,000	\$600,000	\$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?**

Although there was a large amount of input from the Fresno County Suicide Prevention Collaborative, the SP Collaborative is still lacking input and a voice from some local Faith-based communities, the LGBTQ+ community, the older adult community, etc.

**Proposed Changes**

A Request for Proposal (RFP) and associated contracts for services are being developed based on the strategic suicide prevention and stigma reduction plan. DBH personnel, based on input from the SP Collaborative and the recommendations in the plan, are working to develop a Follow Up Call program specifically for suicide related incidents.

Some of the outreach, prevention and stigma reduction efforts will be supported through the Communication Plan. DBH issued an RFP in 2018 and identified a local marketing firm (JP Marketing) who will assist the Department in its communication plan, and outreach and awareness efforts.

## Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4526
<b>Program Name</b>	Supported Education and Employment Services (SEES)
<b>Provider</b>	Fresno County Department of Behavioral Health State Department of Rehabilitation – Grant Match
<b>Date Started</b>	July 1, 2009
<b>Program Description</b>	Provide 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 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 expansions have been initiated. A Request for Proposal, (RFP) is expected to be released summer 2019. The RFP will include promising models that support educational and employment services that are reflective of Evidence-Based Practices.

### FY 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$193,723	
<b>Total Cost</b>	<b>\$193,723</b>	<b>N/A</b>

\*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	\$1,211,066	\$1,211,066	\$1,211,066
Increase/(Decrease)				

### 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 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 understaffed, 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 an RFP in which this scope of work will eventually be contracted out. The expansion of these services are meant to provide a more robust educational and vocational services program that reaches a much broader population with increased scope of services. The new program will aim to serve more individuals while offering a greater range of services. The program was previously classified as a non-FSP CSS program. Programs do need to be identified as one of the three CSS component, beyond non-FSP. As such based on the program description and score, as well as the regulations, the program is now classified as a Systems Development program within CSS.

# 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** 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 Center, 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 will be offered nutritional snacks, bottled water, and age/developmentally-appropriate activities. The staff-to-child ratio will be 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 statistics, 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 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	1,408
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>1,408</b>

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	\$135,242	\$96.05
<b>Total Cost</b>	<b>\$135,242</b>	<b>\$96.05</b>

\*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:** <https://www.co.fresno.ca.us/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	\$125,388	\$125,388	\$136,388	\$157,388
Increase/(Decrease)				

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

None

### Proposed Changes

It is forecasted that within the next two years, this program will be expanded to increase the contract maximum compensation to address recommendations received from the MHSA stakeholder process. 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, including 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.

This program is now classified as Systems Development program under CSS. The program will need to expand its data collections in the future to identify actual demographics for those served.

## Wellness, Recovery and Resiliency Support Work Plan for Fiscal Year 2018-2019

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

Status of Program: ENHANCE

<b>Project Identifier</b>	PEI4521
<b>Program Name</b>	Youth Empowerment Centers
<b>Provider</b>	Kings View
<b>Date Started</b>	October 5, 2010
<b>Program Description</b>	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

It has been identified that there is an increased need in Fresno County for additional Youth Empowerment Centers and therefore the agreement will be developed into a master agreement that will allow the Department to more easily incorporate other organizations interested in providing services.

### FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	127
Asian/Pacific Islander	76
Caucasian/White	43
Latino	313
Native American	13
Other Ethnicity	-
Unreported	-
<b>Total Number Served</b>	<b>572</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	446
<input checked="" type="checkbox"/> 16 - 25	126
<input type="checkbox"/> 26 - 64	-
<input type="checkbox"/> 65+	-
Unreported	-
<b>Total Number Served</b>	<b>572</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention	\$384,311	\$671.87
Early Interventions		
Other		
<b>Total Cost</b>	<b>\$384,311</b>	<b>\$671.87</b>

\*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:** <https://www.co.fresno.ca.us/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	\$350,000	\$505,543	\$532,696	\$554,464
Increase/(Decrease)				

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

This program has not been able to reach the potential numbers of users, partly due to limited promotion and marketing, due to capacity limits, and some challenges in targeting the specific population. Newer promotional materials outreach efforts will be developed to target youth. This program had not collected the required PEI data in the past. With new knowledge of the regulations, staff and vendor shall ensure collection of relevant PEI data for reporting.

### Proposed Changes

This program was previously designated as just a PEI. Upon review during the update process, this program is being designated now as a Prevention program, as well as Outreach for Increasing Recognition for Early Signs of Mental Illness. In the coming year DBH will work with provider to develop strategies to promote the services to the target population. This program will be "enhanced" with an addition on one more provider in the coming year.



### *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 Fresno County. Fresno County is a large geographic region of approximately 6,000 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 various 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 population barriers in seeking and understanding services. 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.

There have been no changes to these programs, and none are proposed in this update; efforts are under way to better classify these programs, clarify outcome goals, and also conduct independent assessment and evaluation of these services and programs to validate cultural/community defined practices and ensure they are meeting the needs of the different communities.

<b>Program Name</b>	<b>Component</b>	<b>Strategy / Component</b>	<b>Status</b>
Community Gardens	PEI	Stigma Reduction	Keep
Cultural Specific Services	CSS	FSP System Development O&E	Enhance
Cultural-Based Access Navigation and Peer/Family Support Services (CBANS)	PEI	Access and Linkage	Keep
Holistic Cultural Education Wellness Center	PEI	Prevention	Keep

**Note:** Many PEI programs upon reclassification will have their Scopes of Work and reporting outcomes changed to meet the requirements of the PEI Regulations.

The Cultural Specific Services is being enhanced to include FPS services for target specific populations.

## Cultural/Community Defined Practices Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	PEI4765
<b>Program Name</b>	Community Gardens
<b>Provider</b>	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)
<b>Date Started</b>	March 8, 2011
<b>Program Description</b>	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 (LGBTQ+). The current provider 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 (FCNA) - 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 land owner ended. FAIHP has successfully relocated to a new appropriate location without a disruption in service to the persons served.

As the program wraps up its second year of the contract term, a third party needs assessment of the community gardens program is pending for the next coming fiscal year.

### FY 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	3,113
<b>Total Number Served</b>	<b>3,113</b>

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

Funding	Actual Cost*	Cost Per Individual*
Prevention	\$297,237	\$95.48
Early Interventions		
Other		
<b>Total Cost</b>	<b>\$297,237</b>	<b>\$95.48</b>

\*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:** <https://www.co.fresno.ca.us/departments/behavioral-health/mental-health-services-act/mhsa-outcomes>

**MHSA State Allocation**

<i>Allocation</i>	<i>FY 16/17</i>	<i>FY 17/18</i>	<i>FY 18/19</i>	<i>FY 19/20</i>
Approved Allocation	\$425,000	\$425,000	\$425,000	\$425,000
Increase/(Decrease)				

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

Limited funding continues to be a challenge. 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. Individuals are wait-listed for 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. There is 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.

Transportation and child care remains a barrier 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 2019-2020, providers under the master agreement MUST collect all data as required by PEI regulations. Improved data collection and reporting methods for more accurate and useful outcomes on program effectiveness, efficiency, and development. A third party needs assessment will be contracted to review the providers within the community garden program in order to provide better insight of the program's effectiveness, strengths, and needs.

Changes may be recommended based on a third party assessment. Standards will need to be implemented across all the programs and sites to allow for more effective measures. Additionally this program based on its description and intention and the review of the regulations has deemed that this program is a Stigma Reduction program.

These programs will not be expanded or increased until the programs can collect required data to demonstrate that the programs are meeting their intended purpose and proposed changes are implemented and assessed.

## Cultural/Community Defined Practices Work Plan for Fiscal Year 2018-2019

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),  
**Date Started** August 25, 2009  
**Program Description** 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 SEA languages and therapeutic methods are adapted appropriately to respond to the diverse mental health needs of SEA consumers.

### Program Update

The program began accepting additional people seeking services in the outpatient and intensive outpatient levels in Spring of 2019. Program will be rendering FSP services targeting south east asian communities and populations in the coming year.

### FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	-
Asian/Pacific Islander	134
Caucasian/White	-
Latino	-
Native American	-
Other Ethnicity	2
Unreported	3
<b>Total Number Served</b>	<b>139</b>

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	-
<input checked="" type="checkbox"/> 16 - 25	3
<input checked="" type="checkbox"/> 26 - 64	131
<input checked="" type="checkbox"/> 65+	5
Unreported	-
<b>Total Number Served</b>	<b>139</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$706,387	\$5,081.92
<b>Total Cost</b>	<b>\$706,387</b>	<b>\$5,081.92</b>

\*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:** <https://www.co.fresno.ca.us/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	\$644,626	\$2,144,626	\$2,144,626	\$2,144,626
Increase/(Decrease)				

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

The implementation of FSP services will be new for the vendor. The Vendor will need to ensure it has the capacity to provide FSP services in accordance to the regulations and best practices. Program will be provided with training on FSP requirements as well as best practices for FSP programs.

### Proposed Changes

This program shall begin rendering FSP services. This program will span the CSS continuum of care and have programs in FSP, Systems Development, and Outreach and Engagement. As such it will have to identify services and numbers served for each component.

# Cultural/Community Defined Practices Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	PEI4764
<b>Program Name</b>	Cultural-Based Access Navigation and Peer/Family Support Services (CBANS)
<b>Provider</b>	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)
<b>Date Started</b>	October 11, 2011
<b>Program Description</b>	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 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention	\$594,124	
Early Interventions		
Other		
<b>Total Cost</b>	<b>\$594,124</b>	<b>N/A</b>

\*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:** <https://www.co.fresno.ca.us/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	\$551,633	\$701,633	\$701,633	\$1,001,633
Increase/(Decrease)				

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

This program was not collecting PEI data and outcomes, and thus the limited data has posed evaluation limitations as well as PEI reporting.

The project will have the agreement amended to include the specific outcomes, data and measures to be collected through this program.

**Proposed Changes**

This program was previously classified as PEI, but the program is being designated specifically as an Access and Linkage Program, which is one of the specific PEI strategies. As an Access and Linkage designated program, the project will be required to collect and report the various PEI and Access and Linkage specific data, outcomes and measures. The project Scope of Work will be amended to include required PEI outcomes.

In the coming years, the program will be evaluated through a third party evaluator to assess the program's effectiveness and cultural responsiveness and where it may be able to improve service delivery.

## Cultural/Community Defined Practices Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	PEI4783
<b>Program Name</b>	Holistic Cultural Education Wellness Center
<b>Provider</b>	Fresno Center for New Americans (FCNA),
<b>Date Started</b>	June 19, 2012
<b>Program Description</b>	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

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 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 underserved 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. 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	225
Asian/Pacific Islander	2,203
Caucasian/White	269
Latino	2,659
Native American	49
Other Ethnicity	49
Unreported	225
<b>Total Number Served</b>	<b>5,679</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	57
<input checked="" type="checkbox"/> 16 - 25	406
<input checked="" type="checkbox"/> 26 - 64	2,681
<input checked="" type="checkbox"/> 65+	1,253
Unreported	1,282
<b>Total Number Served</b>	<b>5,679</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention	\$858,783	\$151.22
Early Interventions		
Other		
<b>Total Cost</b>	<b>\$858,783</b>	<b>\$151.22</b>

\*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:** <https://www.co.fresno.ca.us/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	\$801,202	\$896,719	\$896,719	\$896,719
Increase/(Decrease)				

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

The program has not collected the necessary PEI data or demographics necessary for annual PEI reporting. The scope of work will be amended to require necessary data collection and outcomes.

**Proposed Changes**

The program was previously classified as just a PEI program. Based on the program, description and intended outcomes this program is a prevention program, and will be designated as such. The program's scope of work will be amended to include new outcome matrix and data collection requirements.

As this program is a prevention program, DBH will have the program identify specific prevention efforts that are based on either evidence based practices or specific community defined practices per the regulations.



## Work Plan #4 Behavioral Health Clinical Care

The Behavioral Health Clinical Care Work Plan comprises of services and activities which are broadly considered direct care and clinical treatment. Clinical care services are geared toward supporting individuals and their families 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 person served, some programs are designed to work with groups of persons 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 existing ideas for 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.

Program Name	Component	Strategy / Component	Status
AB109 - Outpatient Mental Health & Substance Services	CSS	System Development	Keep
AB109 - Full Service Partnership (FSP)	CSS	FSP	Keep
Assertive Community Treatment	CSS	FSP	Pending
Children & Youth Juvenile Justice Services - ACT	CSS	FSP	Keep
Children Full Service Partnership (FSP) SP Ages 0-10 Years	CSS	FSP	Enhance
Children's Expansion of Outpatient Services	CSS	System Development	Keep
Continuum of Care for Youth and Young Adults Affected by Human Trafficking	CSS	FSP / System Development / O&E	Pending
Co-Occurring Disorders Full Service Partnership (FSP)	CSS	FSP	Enhance
Crisis Stabilization Voluntary Services	CSS	System Development	Keep
Enhanced Rural Services Full Service Partnership (FSP)	CSS	FSP	Keep
Enhanced Rural Services Outpatient / Intense Case Management	CSS	System Development	Keep
Functional Family Therapy	PEI	Early Intervention	Keep
Medications Expansion	CSS	System Development	Keep
Older Adult Team	CSS	System Development	Keep
Perinatal Wellness Center	PEI	Early Intervention	Keep
Recovery with Inspiration, Support and Empowerment (RISE)	CSS	System Development	Keep
School Based Services	CSS	System Development	Keep
Transitional Age Youth (TAY) (merging with the First Onset Team)	CSS	System Development	Keep
Transitional Age Youth (TAY) Full Services & Support Full Services Partnership (FSP)	CSS	FSP	Keep
Vista - FSP	CSS	FSP	Keep

**Note:** As mentioned earlier in the plan, the Department is working to bring about two ACT programs, and the programs are going through design, development and RFP process, and thus will be kept but the note "pending" appears in the status column.

The program for continuum of care for the victims of human trafficking has not been developed nor named yet. The program is still in design and development stage. The program will be a continuum and thus will have FSP levels down to outreach and engagement. Upon completion of the program

development an RFP shall be issued. In the interim, the word "Pending" shall also appear in the status column to note the program is not operational yet but in progress.

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

**Project Identifier** CSS4784  
**Program Name** AB109 – Outpatient Mental Health & Substance Services  
**Provider** Turning Point  
**Date Started** April 24, 2012  
**Program Description** Mental Health outpatient, and substance use disorder treatment services as required by AB109 Public Safety realignment & Post-release Community Supervision Act of 2011.

## Program Update

AB109 continues to serve above the number of expected unique individuals annually. The program has been effective in engaging the population into intensive-based services and has achieved significant decreases in homelessness, incarceration, and hospitalization post-enrollment. There are currently no wait times to access services.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	28
Asian/Pacific Islander	4
Caucasian/White	63
Latino	88
Native American	2
Other Ethnicity	20
Unreported	14
<b>Total Number Served</b>	<b>219</b>

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	-
<input checked="" type="checkbox"/> 16 - 25	32
<input checked="" type="checkbox"/> 26 - 64	186
<input checked="" type="checkbox"/> 65+	1
Unreported	-
<b>Total Number Served</b>	<b>219</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$444,811	\$2,031.10
<b>Total Cost</b>	<b>\$444,811</b>	<b>\$2,031.10</b>

\*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:** <https://www.co.fresno.ca.us/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	\$449,279	\$300,000	\$300,000	\$600,000
Increase/(Decrease)				

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

Limited housing resources in the community continue to present challenges; specifically access to sober living beds, Board and Care beds, and independent supportive housing. The limited housing issue presents increased barriers when attempting to serve clients with prior convictions for arson or sex offenses and for those who identify as transgender. Currently there is a lack of inpatient substance abuse treatment facilities severely limiting access for clients. The restriction to access is greater for those who may have exhibited behavioral challenges while receiving treatment in the past. Employment continues to be a barrier for most clients for a variety of reasons but mainly due to severe mental health symptoms, co-occurring substance use issues, and criminal backgrounds. The length of duration spent in the program is limited as often individuals complete their probation within 6 months to a year of entering the program, making it difficult to achieve individual treatment goals. This program will be designated as a CSS-Systems Development program.

## Proposed Changes

AB109 will continue to seek out housing resources in the community to develop relationships with housing agencies and independent operators.

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4525
<b>Program Name</b>	AB109 – Full Service Partnership (FSP)
<b>Provider</b>	Turning Point
<b>Date Started</b>	April 24, 2012
<b>Program Description</b>	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

AB109 continues to serve above the number of expected unique individuals annually. The program has been effective in engaging the population into intensive-based services and has achieved significant decreases in homelessness, incarceration, and hospitalization post-enrollment. There are currently no wait times to access services.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	48
Asian/Pacific Islander	10
Caucasian/White	57
Latino	94
Native American	7
Other Ethnicity	4
Unreported	5
<b>Total Number Served</b>	<b>225</b>

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	-
<input checked="" type="checkbox"/> 16 - 25	34
<input checked="" type="checkbox"/> 26 - 64	188
<input checked="" type="checkbox"/> 65+	3
Unreported	-
<b>Total Number Served</b>	<b>225</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$1,383,533	\$6,149.04
<b>Total Cost</b>	<b>\$1,383,533</b>	<b>\$6,149.04</b>

\*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:** <https://www.co.fresno.ca.us/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	\$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?

Limited housing resources in the community continue to present challenges; specifically access to sober living beds, Board and Care beds, and independent supportive housing. The limited housing issue presents increased barriers when attempting to serve clients with prior convictions for arson or sex offenses and for those who identify as transgender. Currently there is a lack of inpatient substance abuse treatment facilities severely limiting access for clients. The restriction to access is greater for those who may have exhibited behavioral challenges while receiving treatment in the past. Employment continues to be a barrier for most clients for a variety of reasons but mainly due to severe mental health symptoms, co-occurring substance use issues, and criminal backgrounds. The length of duration spent in the program is limited as often individuals complete their probation within 6 months to a year of entering the program, making it difficult to achieve individual treatment goals.

**Proposed Changes**

AB109 will continue to seek out housing resources in the community to develop relationships with housing agencies and independent operators.

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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

Status of Program: ENHANCE

<b>Project Identifier</b>	To be Assigned
<b>Program Name</b>	Assertive Community Treatment
<b>Provider</b>	TBD
<b>Date Started</b>	Anticipated Spring 2019
<b>Program Description</b>	The Department will develop a Request for Proposal (RFP) for a high fidelity Assertive Community Treatment (ACT) Program in keeping with the standards for the Evidenced 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 with a desire to have two ACT Programs with one or more contracts in place. ACT is the highest level of outpatient treatment services. Additionally, should the department elect to operationalize an Assisted Outpatient Treatment (AOT) program, the successful bidder(s) secured through this bid process would potentially have their agreements amended to include this programming. AOT is court ordered treatment 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.

## FY 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other		
<b>Total Cost</b>	<b>N/A</b>	<b>N/A</b>

Performance Outcomes: N/A

**MHSA State Allocation**

<i>Allocation</i>	<i>FY 16/17</i>	<i>FY 17/18</i>	<i>FY 18/19</i>	<i>FY 19/20</i>
Approved Allocation	N/A	\$500,000	\$500,000	\$500,000
Increase/(Decrease)			\$3,000,000.00	\$3,000,000.00

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

Staffing capacity has caused some delays in developing and issuing the RFP. The RFP process is being completed in the coming months and the Department and the County seek to identify vendors for two adult ACT teams to serve Fresno County in the coming year.

**Proposed Changes**

None at this time.

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

**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 a second time during FY 2018-19 to extend the contract for 6 months until 12/31/2018 to allow time for the RFP process and contract negotiations with the incumbent Uplift Family Services. The contract with Uplift was renewed effective 01/01/2019.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	21
Asian/Pacific Islander	2
Caucasian/White	37
Latino	79
Native American	1
Other Ethnicity	5
Unreported	4
<b>Total Number Served</b>	<b>149</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	132
<input checked="" type="checkbox"/> 16 - 25	9
<input checked="" type="checkbox"/> 26 - 64	8
<input type="checkbox"/> 65+	-
Unreported	-
<b>Total Number Served</b>	<b>149</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$1,999,520	\$13,419.59
<b>Total Cost</b>	<b>\$1,999,520</b>	<b>\$13,419.59</b>

\*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:** <https://www.co.fresno.ca.us/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	\$1,393,309	\$971,921	\$971,921	\$971,921
Increase/(Decrease)				\$10,000.00

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

No Challenges.

## Proposed Changes

No changes proposed at this time.



# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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

Status of Program: ENHANCE

<b>Project Identifier</b>	CSS4320X
<b>Program Name</b>	Children Full Service Partnership (FSP) SP 0-10 Years
<b>Provider</b>	Comprehensive Youth Services; Exceptional Parents Unlimited; Uplift Family Services
<b>Date Started</b>	September 1, 2007
<b>Program Description</b>	This FSP program, commonly referred to, as Bright Beginnings for Families (BBFF), is a collaboration between three agencies with the goal to build stronger families, focusing on families of children with complex behavioral health needs. The program offers an array of services designed to empower families to overcome barriers and effectively meet the needs of their children, ages 0-10

## Program Update

The contract for this program was renewed effective 7/1/18 for 3 years with an optional 2 additional years. The new contract increased 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.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	44
Asian/Pacific Islander	10
Caucasian/White	88
Latino	322
Native American	1
Other Ethnicity	13
Unreported	35
<b>Total Number Served</b>	<b>513</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	498
<input checked="" type="checkbox"/> 16 - 25	2
<input checked="" type="checkbox"/> 26 - 64	13
<input type="checkbox"/> 65+	-
Unreported	-
<b>Total Number Served</b>	<b>513</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$2,790,465	\$5,439.50
<b>Total Cost</b>	<b>\$2,790,465</b>	<b>\$5,439.50</b>

\*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:** <https://www.co.fresno.ca.us/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	\$2,957,247	\$2,097,353	\$2,097,353	\$2,097,353
Increase/(Decrease)				

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

The providers of BBFF have identified barriers in measurement tools used to determine progress of youth and 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

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 Clinical Care Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4316
<b>Program Name</b>	Children's Expansion of Outpatient Services
<b>Provider</b>	Fresno County Department of Behavioral Health – Children's
<b>Date Started</b>	October 2014
<b>Program Description</b>	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 program is currently staffed with four clinicians and two Community Mental Health Specialists. One clinician is EMDR trained, one clinician is CBTp trained, and the third clinician is a new employee who plans to become trained in an evidence-based practice. The expansion outpatient services were added to an outpatient team who has clinicians that are trained in TF-CBT, EMDR and DBT informed. All staff are trained in WRAP and all clinicians are trained to use the child and adolescents needs and strengths tool (CANS).

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	84
Asian/Pacific Islander	15
Caucasian/White	116
Latino	367
Native American	2
Other Ethnicity	7
Unreported	6
<b>Total Number Served</b>	<b>597</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	591
<input checked="" type="checkbox"/> 16 - 25	3
<input checked="" type="checkbox"/> 26 - 64	3
<input type="checkbox"/> 65+	-
Unreported	-
<b>Total Number Served</b>	<b>597</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$794,915	\$1,331.52
<b>Total Cost</b>	<b>\$794,915</b>	<b>\$1,331.52</b>

\*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:** <https://www.co.fresno.ca.us/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	\$1,044,199	\$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?

One of the barriers is hiring and retaining staff. There continues to be one open position. Sometimes the trainings are not available in close proximity to the hiring date, hours of operation, or the parent's work schedule. One of the strategies put in place to mitigate vacancy rates in the department was changes in salary and training that seems to have improved both the hiring and retaining of staff. All efforts will be made to hire staff with evidenced based practice training and/or to have a newer staff trained as soon as possible. To mitigate lack of transportation, the Department collaborated with the health plan to help parents with transportation to and from appointments.

**Proposed Changes**

This program was previously classified as a non-FSP CSS program. Programs do need to be identified as one of the three CSS component, beyond non-FSP. As such based on the program description and score, as well as the regulations, the program is now classified as a Systems Development program within CSS.

**Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019**Funding Source: ☒ CSS ☐ PEI ☐ INN ☐ WET ☐ CF&TN

Status of Program: Keep

**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:**

<i>Budget Summary</i>	<i>FY 17/18</i>	<i>FY 18/19</i>	<i>FY 19/20</i>
	N/A	\$1,300,000	\$1,300,000

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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/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 has been the contracted agency for this program since June 1, 2014. The program is commonly referred to as the "Fresno IMPACT" program. The scope of services and target population have remained the same under Mental Health Systems as they were under the previous contracted agency that operated this program. The current agreement with Mental Health Systems will be extended for an additional six months (July 1, 2019 through December 31, 2019) and anticipates releasing a Request for Proposals (RFP).

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	20
Asian/Pacific Islander	5
Caucasian/White	66
Latino	62
Native American	5
Other Ethnicity	2
Unreported	-
<b>Total Number Served</b>	<b>160</b>

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	-
<input checked="" type="checkbox"/> 16 - 25	22
<input checked="" type="checkbox"/> 26 - 64	136
<input checked="" type="checkbox"/> 65+	2
Unreported	-
<b>Total Number Served</b>	<b>160</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$2,239,142	\$13,994.64
<b>Total Cost</b>	<b>\$2,239,142</b>	<b>\$13,994.64</b>

\*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:** <https://www.co.fresno.ca.us/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	\$1,818,064	\$1,197,668	\$1,197,668	\$1,197,668
Increase/(Decrease)		\$620,396.00	\$620,396.00	\$620,396.00

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

The approved allocation amounts identified above were less than what was awarded to the contracted agency operating the program so the allocation should be increased accordingly.

An additional challenge has been limited appropriate housing resources (i.e. Room & Board).

To address limited housing resources, the program has worked collaboratively with the community vendors to establish appropriate housing for individuals receiving services through our program. In our collaborative efforts, we have begun master leasing and managing appropriate housing locations that ensure safety for the individuals.

The program has had some difficulty accessing board and care for individuals in need of a higher care.

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 individuals with pillboxes disbursed by the Fresno IMPACT registered nurse. Individuals receiving services were also linked to day programs to ensure appropriate care during the day with services provided in the field.

Decreasing the staff to individuals served ratio from 1:14 to 1:10.

Interns were implemented at the Fresno IMPACT program to accommodate for high ratio to improve the quality of program services to individuals receiving services.

Discharge planning for individuals who refuse services or successfully complete services.

- As a precaution, individuals who are refusing/self-discharging services are scheduled to meet with the Program Manager and their wellness team to discuss barriers, gaps in treatment and reason for refusal/self-discharge. During the discharge meeting individuals are provided resources within the community and information on how to continue services. After discharge plan meeting, 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 individual explaining the circumstances to ensure continuation of care.

- For successful discharge, Fresno IMPACT team members work collaboratively with individuals to identify a lower level of care, schedule appointments with continued care and identify a crisis plan.

Substance abuse treatment programs with lack of knowledge on SMIs.

To combat stigma and decrease barriers for the individuals served by Fresno IMPACT, 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**

The Department is currently in the process of writing a new RFP for Co-Occurring Disorders Full Service Partnership. There is a chance that the contracted agency selected to operate this program will also operate the Assertive Community Treatment program under one contract.

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS2110
<b>Program Name</b>	Crisis Stabilization Voluntary Services
<b>Provider</b>	Exodus Recovery, Inc.
<b>Date Started</b>	May 4, 2012
<b>Program Description</b>	Exodus Recovery, Inc. (Exodus) operates an LPS designated Crisis Stabilization Center (CSC) providing psychiatric crisis stabilization services to adult clients 18 years of age and older 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 Exodus CSC. In 2014, services were added for youth clients up to 18 years of age

## 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 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	462
Asian/Pacific Islander	177
Caucasian/White	1,036
Latino	1,468
Native American	57
Other Ethnicity	91
Unreported	52
<b>Total Number Served</b>	<b>3,343</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	16
<input checked="" type="checkbox"/> 16 - 25	1,073
<input checked="" type="checkbox"/> 26 - 64	2,220
<input checked="" type="checkbox"/> 65+	34
Unreported	-
<b>Total Number Served</b>	<b>3,343</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other		
<b>Total Cost</b>	<b>N/A</b>	<b>N/A</b>

\*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:** <https://www.co.fresno.ca.us/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	\$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?**

There are no significant barriers at this time.

**Proposed Changes**

No proposed changes to this program at this time.



# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4529X
<b>Program Name</b>	Enhanced Rural Services Full Services Partnership (FSP)
<b>Provider</b>	Turning Point
<b>Date Started</b>	October 1, 2008
<b>Program Description</b>	Provides Intensive Case Management, and Outpatient Programs 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 contract services fall within the Behavioral Health Clinical Care work plan.

## Program Update

The number of rural individuals served by Turning Point Rural Mental Health services continued to increase every year. Turning Point was 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. Additionally, Turning Point moved their Coalinga and Selma locations in 2019 to accommodate more individuals, and will be opening their new clinic in Huron by June 2019. Turning Point will utilize some space in County Libraries (including in Mendota) to bring services to the local communities.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	3
Asian/Pacific Islander	5
Caucasian/White	54
Latino	104
Native American	2
Other Ethnicity	4
Unreported	2
<b>Total Number Served</b>	<b>174</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	35
<input checked="" type="checkbox"/> 16 - 25	25
<input checked="" type="checkbox"/> 26 - 64	112
<input checked="" type="checkbox"/> 65+	2
Unreported	-
<b>Total Number Served</b>	<b>174</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$1,358,416	\$7,806.99
<b>Total Cost</b>	<b>\$1,358,416</b>	<b>\$7,806.99</b>

\*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:** <https://www.co.fresno.ca.us/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	\$1,268,641	\$1,329,412	\$1,329,412	\$1,329,412
Increase/(Decrease)			(\$251,205.00)	(\$225,304.00)

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

RMH has utilized some County facility space in select rural communities, which has been difficult for increased growth. Turning Point is currently moving into private and larger office space in order to continue growth of the FSP, ICM, and OP programs. Turning Point is also continuing their efforts to educate members of the rural communities about the services that they provide.

## Proposed Changes

It is forecasted within the next 12 months that this program will 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. Turning Point has already identified Mendota as a new community to expand services into.

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4527/4528
<b>Program Name</b>	Enhanced Rural Services Outpatient/Intense Case Management
<b>Provider</b>	Turning Point
<b>Date Started</b>	October 1, 2008
<b>Program Description</b>	Provide Intensive Case Management, and Outpatient Programs 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 contract services fall within the Behavioral Health Clinical Care work plan.

## Program Update

The number of rural individuals served by Turning Point Rural Mental Health services continued to increase every year. Turning Point was 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. Additionally, Turning Point moved their Coalinga and Selma locations in 2019 to accommodate more individuals, and will be opening their new clinic in Huron by June 2019.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	42
Asian/Pacific Islander	42
Caucasian/White	572
Latino	1,632
Native American	12
Other Ethnicity	66
Unreported	49
<b>Total Number Served</b>	<b>2,415</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	931
<input checked="" type="checkbox"/> 16 - 25	303
<input checked="" type="checkbox"/> 26 - 64	1,127
<input checked="" type="checkbox"/> 65+	54
Unreported	-
<b>Total Number Served</b>	<b>2,415</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$7,236,924	\$2,996.66
<b>Total Cost</b>	<b>\$7,236,924</b>	<b>\$2,996.66</b>

\*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:** <https://www.co.fresno.ca.us/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	\$3,667,824	\$4,368,951	\$4,379,068	\$4,483,113
Increase/(Decrease)				

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

RMH has utilized some County facility space in select rural communities, which has been difficult for increased growth. Turning Point is currently moving into private and larger office space in order to continue growth of the FSP, ICM, and OP programs. Turning Point is also continuing their efforts to educate members of the rural communities about the services that they provide.

## Proposed Changes

It is forecasted within the next 12 months that this program will 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. Turning Point has already identified Mendota as a new community to expand services into (and will be utilizing space at the Mendota County Library branch, to increase localized access).

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	PEI4321
<b>Program Name</b>	Functional Family Therapy
<b>Provider</b>	Comprehensive Youth Services
<b>Date Started</b>	April 20, 2007
<b>Program Description</b>	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 for this program was amended during FY 2018-19 to extend the contract for 6 months until 12/31/2018 to allow time for the RFP and contract negotiation process. The new contract was awarded to Comprehensive Youth Services (CYS), effective 01/01/2019, CYS to hire additional program staff to help reduce the wait list, serve additional youth, and expand to include assessment and services to the clients' caregivers and family.

## FY 2016-2017 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	952
<b>Total Number Served</b>	<b>952</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions	\$1,728,146	\$1,815.28
Other		
<b>Total Cost</b>	<b>\$1,728,146</b>	<b>\$1,815.28</b>

\*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:** <https://www.co.fresno.ca.us/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	\$571,810	\$673,005	\$673,005	\$673,005
Increase/(Decrease)				

## 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. Longer standard business hours including weekends were also proposed to begin with the new contract.

## Proposed Changes

This program in previous years had been classified as just a PEI program. Based on the program, its target population and intended outcomes, the program is being designated as an Early Intervention program (one of the six strategies within PEI). The program will be required to track additional demographic data based on related PEI regulations.

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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., previously US Script. The program experienced 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 in FY 2017-18 to include MHSA funds for medication services provided to clients in the Juvenile Justice System and/or County Jail; thus, adding to/enhancing the target population for medication services. Funds also can be used to support post release offenders. Since the execution of a new contract for the behavioral health services for incarcerated individual's effective July 1, 2018, long-acting injectable medications are provided by the contracted pharmacy and therefore this contract is no longer utilized for the Jail or JJC population. No additional funding needed at this time.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	
Asian/Pacific Islander	
Caucasian/White	
Latino	
Native American	
Other Ethnicity	
Unreported	50
<b>Total Number Served</b>	<b>50</b>

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	-
<input checked="" type="checkbox"/> 16 - 25	14
<input checked="" type="checkbox"/> 26 - 64	35
<input checked="" type="checkbox"/> 65+	1
Unreported	-
<b>Total Number Served</b>	<b>50</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$28,601	\$572.02
<b>Total Cost</b>	<b>\$28,601</b>	<b>\$572.02</b>

\*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:** <https://www.co.fresno.ca.us/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	\$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?

The only challenge last year was the ability to approve immediate-need requests for participants while the Lead Analyst assigned to this program was out of the office or unavailable. To mitigate this challenge, it was decided to assign the MH Contracts Program Techs to provide backup.

## Proposed Changes

No changes recommended at this time.

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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** Metropolitan and rural services for older adult consumers. Staff collaborate with primary care physicians and APS for outreach and engagement of services to seniors.

## 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 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	54
Asian/Pacific Islander	18
Caucasian/White	228
Latino	128
Native American	10
Other Ethnicity	9
Unreported	21
<b>Total Number Served</b>	<b>468</b>

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	-
<input type="checkbox"/> 16 - 25	-
<input checked="" type="checkbox"/> 26 - 64	321
<input checked="" type="checkbox"/> 65+	147
Unreported	
<b>Total Number Served</b>	<b>468</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$1,429,466	\$3,054.41
<b>Total Cost</b>	<b>\$1,429,466</b>	<b>\$3,054.41</b>

\*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:** <https://www.co.fresno.ca.us/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	\$1,817,688	\$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?

There have been struggles with maintaining staffing levels due to the number of recruitments available per year. Housing continues to be problematic for individuals who may have medical issues, mobility issues, and have a fixed income. Transportation continues to be a concern and the Transportation Plan should assist with this need. The team continues to work on housing options and has programs to fund housing assistance.

## Proposed Changes

No changes at this time.

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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 teen, 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.

## 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 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	92
Asian/Pacific Islander	36
Caucasian/White	131
Latino	377
Native American	4
Other Ethnicity	23
Unreported	168
<b>Total Number Served</b>	<b>731</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	46
<input checked="" type="checkbox"/> 16 - 25	347
<input checked="" type="checkbox"/> 26 - 64	338
<input type="checkbox"/> 65+	-
Unreported	-
<b>Total Number Served</b>	<b>731</b>

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

Funding	Actual Cost*	Cost Per Individual*
Prevention	\$629,780	\$861.53
Early Interventions	1,469,486	2,010.24
Other		
<b>Total Cost</b>	<b>\$2,099,267</b>	<b>\$2,871.77</b>

\*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:** <https://www.co.fresno.ca.us/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	\$1,244,914	\$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 stigma of receiving mental health services has often been a barrier to treatment. Strategies implemented to mitigate these challenges and barriers are as follows: Perinatal Program name changed to the 'Perinatal Wellness Center'; continuously updating the Perinatal Wellness Center brochure to include supportive services to other family members impacted by Perinatal Mood and Anxiety Disorders or Paternal Postnatal Depression; and a bilingual (Spanish) Peer Support Specialist was hired to help reduce stigma and assist with client transportation challenges.

At the time of the establishment of this program the Department had not enacted or applied the PEI regulations to the program, and as such the program may not have captured some of the required outcomes for Early Intervention programs.

The program was previously classified as a PEI program. In this update it is being classified as a PEI-Early Intervention program due to focus on treatment of mood disorders. In the future the program shall collect all required PEI demographics per regulations starting in FY 2019-2020, as well as monitor outcomes to specific programmatic goals/outcomes related to Early Intervention regulatory requirements.

**Proposed Changes**

Collaborative work with other agencies is to be initiated to develop sustainable community supports for mothers and their families, such as development and implementation of a Mentor Moms program to support the goals of the Preterm Birth Initiative (PTBi) in reducing preterm birth rates for at-risk populations in Fresno County. As an Early Intervention program, there will be additional reporting and outcome measures established.

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4519
<b>Program Name</b>	Recovery with Inspiration, Support and Empowerment (RISE)
<b>Provider</b>	Fresno County Department of Behavioral Health
<b>Date Started</b>	January 2014
<b>Program Description</b>	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. In the fall of 2018, RISE integrated the conservatorship function and LPS Conservators in to this clinical program. Conservators are being coached in therapeutic case management models and strengths based client centered care. This increases communication, coordination of care, and helps to ensure readiness for step-down from the IMD level of care.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	55
Asian/Pacific Islander	16
Caucasian/White	115
Latino	104
Native American	4
Other Ethnicity	5
Unreported	3
<b>Total Number Served</b>	<b>302</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	1
<input checked="" type="checkbox"/> 16 - 25	39
<input checked="" type="checkbox"/> 26 - 64	250
<input checked="" type="checkbox"/> 65+	12
Unreported	-
<b>Total Number Served</b>	<b>302</b>

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	\$1,273,828	\$4,217.97
<b>Total Cost</b>	<b>\$1,273,828</b>	<b>\$4,217.97</b>

\*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:** <https://www.co.fresno.ca.us/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	\$1,900,917	\$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?

With the wonderful success of increased number of people on conservatorship living locally (compared to a locked environment) has come increased caseload sizes. This makes it difficult to maintain the high number of contact hours required. Due to this we have begun to train other Intensive Outpatient teams on LPS processes so that individuals who require fewer hours of service can receive care from additional teams.

## Proposed Changes

The program is being classified as System Development program within the CSS category to reflect the level and types of services, to monitor more effectively. Beyond the change in classification no future changes anticipated at this time.



# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4311/4312
<b>Program Name</b>	School-Based Services
<b>Provider</b>	Fresno County Department of Behavioral Health
<b>Date Started</b>	September 1, 2008
<b>Program Description</b>	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

The School-Based Services Team (SBT) is developing a partnership with the Fresno County Superintendent of Schools (FCSS) to service geographic areas we are unable to cover. 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. FCSS began the integration process January 2, 2019. FCSS in collaboration with DBH staff are transitioning clients as appropriate in the West Region and the Foothills school districts. DBH 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 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	89
Asian/Pacific Islander	25
Caucasian/White	202
Latino	883
Native American	3
Other Ethnicity	13
Unreported	16
<b>Total Number Served</b>	<b>1,231</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	1,192
<input checked="" type="checkbox"/> 16 - 25	38
<input checked="" type="checkbox"/> 26 - 64	1
<input type="checkbox"/> 65+	-
Unreported	-
<b>Total Number Served</b>	<b>1,231</b>

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

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$6,106,590	\$4,960.67
<b>Total Cost</b>	<b>\$6,106,590</b>	<b>\$4,960.67</b>

\*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:** <https://www.co.fresno.ca.us/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	\$1,818,154	\$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?

Clinicians have to contend with student schedules, which fluctuate due to unknown/unforeseen testing and school events. Also, during times when school is not in session, staff have difficulties scheduling and/or compliance with continued services. Staff have attempted to resolve the scheduling issues by offering services at the homes if families are open or scheduling clients at the clinic while school is on break.

**Proposed Changes**

Fill vacancies in SBT in order to provide services at more school sites. DBH is working in collaboration with FCSS to provide timely services and increase penetration throughout the county. The program is being classified as a Systems Development program within the CSS component of the plan. This classification will assist in more effective monitoring and reporting of the services and program.

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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 16 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 is being merged with First Onset Team (FOT). There will be a review for MHSA funding to be included, this will be communicated in the next update.

## Program Update

The TAY / FOT program continues to assist young adults in transitioning to adulthood. The programs continue to use Evidence-Based Practices and continue with TIP training boosters to maintain program integrity. The TAY / FOT program location has moved and is now located near Fresno County Children's Mental Health.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	114
Asian/Pacific Islander	39
Caucasian/White	187
Latino	520
Native American	3
Other Ethnicity	19
Unreported	3
<b>Total Number Served</b>	<b>884</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	183
<input checked="" type="checkbox"/> 16 - 25	657
<input checked="" type="checkbox"/> 26 - 64	43
<input checked="" type="checkbox"/> 65+	1
Unreported	-
<b>Total Number Served</b>	<b>884</b>

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	\$496,084	\$561.18
<b>Total Cost</b>	<b>\$496,084</b>	<b>\$561.18</b>

\*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:** <https://www.co.fresno.ca.us/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	\$1,274,486	\$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. The program continues to support clients as needed.

## Proposed Changes

The program is being classified as a Systems Development program within the CSS component, as to clarify its difference from the FPS program with a similar name. There are no other proposed changes at this time.

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CSS4470
<b>Program Name</b>	Transitional Age Youth (TAY) Services & Support Full Services Partnership (FSP)
<b>Provider</b>	Turning Point
<b>Date Started</b>	November 27, 2007
<b>Program Description</b>	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 Turning Point 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. An RFP was released during FY 2017-18 seeking competitive bids for the upcoming 5-year contract.

## FY 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	28
Asian/Pacific Islander	11
Caucasian/White	44
Latino	99
Native American	3
Other Ethnicity	1
Unreported	1
<b>Total Number Served</b>	<b>187</b>

Ages Served - (Check all that apply)	Served
<input checked="" type="checkbox"/> 0 - 15	6
<input checked="" type="checkbox"/> 16 - 25	180
<input checked="" type="checkbox"/> 26 - 64	1
<input type="checkbox"/> 65+	-
Unreported	-
<b>Total Number Served</b>	<b>187</b>

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$2,634,024	\$14,085.69
<b>Total Cost</b>	<b>\$2,634,024</b>	<b>\$14,085.69</b>

\*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:** <https://www.co.fresno.ca.us/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	\$2,602,882	\$2,602,882	\$2,934,856	\$2,670,548
Increase/(Decrease)				

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

The program would like to be a place of recovery and a drop-in center; however, the ability to create such a space is limited due to the location and the size of the current building. A new provider was selected during the RFP process and they will have different locations which may mitigate these issues. Program staff also recognizes difficulty with referrals to other agencies when trying to assist individuals with both mental health issues and intellectual disabilities who unfortunately do not meet the criteria for entry into this program.

**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 a transition of TAY individuals served from Turning Point to Central Star and the County foresees positive changes and a new perspective brought into the Service of Care for the TAY population. 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.

# Behavioral Health Clinical Care Work Plan for Fiscal Year 2018-2019

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

Status of Program: KEEP

**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 2017-2018 – Unique Individuals Served

Ethnicity	Served
African American/Black	91
Asian/Pacific Islander	28
Caucasian/White	156
Latino	118
Native American	4
Other Ethnicity	7
Unreported	3
<b>Total Number Served</b>	<b>407</b>

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	-
<input checked="" type="checkbox"/> 16 - 25	49
<input checked="" type="checkbox"/> 26 - 64	353
<input checked="" type="checkbox"/> 65+	5
Unreported	-
<b>Total Number Served</b>	<b>407</b>

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	\$3,884,591	\$9,544.45
<b>Total Cost</b>	<b>\$3,884,591</b>	<b>\$9,544.45</b>

\*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:** <https://www.co.fresno.ca.us/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	\$4,094,147	\$4,113,122	\$4,113,122	\$4,113,122
Increase/(Decrease)				

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

- Lack of communication from outside agencies when making referrals to Vista.
- Attempts to mitigate have been to keep an open line of communication from Vista to these outside agencies in order to better collaborate with respect to continuity of care.
- When Vista clients become incarcerated, there is an ongoing lack of communication regarding the clients' continuity of care within the jail.

- Attempts to mitigate have been to keep open lines of communication with the provider of mental health services in the jail. Also to request DBH assistance if there are continued barriers to communication.
- Client capacity has become close to/already is being reached at 300.
- 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.

## Work Plan # 5 Infrastructure Supports

The Infrastructure Supports Work Plan provides the basic systems and services that an entity must have in order to work effectively. For Fresno County DBH the 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 of the remaining four work plans. To achieve both our mission and bring the three year plan to life, Fresno County DBH must invest to fortify and further build an effective infrastructure. The Department has committed to operate a behavioral health system of care that is of the highest quality; to achieve that, Fresno County DBH has 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.

Program Name	Component	Strategy / Component	Status
Adult or Children's Services Campus**	CFTN	N/A	NEW
Capital Facility Improvement/"UMC" Campus Improvements	CFTN	N/A	Keep
Crisis Residential Treatment (CRT) Construction	CFTN	N/A	Keep
Health & Wellness Center (HaWC)	CFTN	N/A	Keep
Information Technology	CFTN	N/A	Enhance
MHSA Administrative Support	CFTN	N/A	Keep
PEI Database**	CFTN	N/A	NEW
Workforce Education and Training (WET)	WET	N/A	Keep

**Notes:** There are two new projects being purposed in this work plan. Those are marked by double asterisks (\*\*). One is the need for development of a PEI database to allow for compliance to the PEI regulations and reporting. This will start as a new CFTN project. As no such current data system is available to the Department or its PEI providers, the Department will either procure or develop its own and thus is seeking to have funding allocated for a PEI database development in the near future.

Secondly, The Department's request to shift some CSS funds, as allowed within the regulations, to CFTN for the purpose of purchasing or remodeling possible sites for adult and/or a children's services would be a new initiative and thus the new project is being called out in this annual update for approval.



**Infrastructure Support Work Plan for Fiscal Year 2018-2019**Funding Source: ☐ CSS ☐ PEI ☐ INN ☐ WET ☒ CF&TN

Status of Program: Keep

<b>Project Identifier</b>	CFTN
<b>Program Name</b>	Capital Facility Improvement / "UMC" Campus Improvements
<b>Provider</b>	Fresno County Department of Behavioral Health
<b>Date Started</b>	February 1, 2012
<b>Program Description</b>	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 a 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 the 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 the "PATH Building." The Capital Facilities (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 provide 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 a 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, improvements to 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 2017-2018 – Program Expenditures**

<b>Funding</b>	<b>Actual Cost</b>	<b>Cost Per Individual</b>
Prevention		
Early Interventions		
Other		
<b>Total Cost</b>	<b>N/A</b>	<b>N/A</b>

**MHSA State Allocation**

<b>Allocation</b>	<b>FY 16/17</b>	<b>FY 17/18</b>	<b>FY 18/19</b>	<b>FY 19/20</b>
Approved Allocation	\$250,000	\$875,000	\$2,500,000	\$-
Increase/(Decrease)				

**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 2018-2019

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

Status of Program: KEEP

<b>Project Identifier</b>	CFTN
<b>Program Name</b>	Crisis Residential Treatment (CRT) Construction
<b>Provider</b>	TBD
<b>Date Started</b>	January 2017
<b>Program Description</b>	Provides crisis residential treatment (CRT) for up to 16-beds as an alternative to hospitalization for Emergency Department (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 2017-2018 – Program Expenditures

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other		
<b>Total Cost</b>		<b>N/A</b>

## MHSA State Allocation

Allocation	FY 16/17	FY 17/18	FY 18/19
Approved Allocation	\$1,450,000	\$1,949,285	\$-
Increase/(Decrease)			

## 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 fiscal year 2018-2019.

## Proposed Changes

Program will move from being a CFTN (as the actual construction will be completed). The program will appear as a Crisis Stabilization program in the next annual update.

**Infrastructure Support Work Plan for Fiscal Year 2018-2019**Funding Source: ☐ CSS ☐ PEI ☐ INN ☐ WET ☒ CF&TN

Status of Program: KEEP

<b>Project Identifier</b>	CFTN
<b>Program Name</b>	<b>Health and Wellness Center*</b> (Sierra Resource Center)
<b>Provider</b>	Fresno County Health and Wellness Center – Acquisition of New Property and Upgrades/Repairs
<b>Date Started</b>	January 2017
<b>Program Description</b>	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 were earmarked for the purchase and remodel of the building. Based on further evaluation and needs assessment, the building required additional capital improvements to meet ADA standards as well as address client and staff needs. The additional improvements included 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 2017-2018 – Program Expenditures**

<b>Funding</b>	<b>Actual Cost</b>	<b>Cost Per Individual</b>
Prevention		
Early Interventions		
Other	\$877,540.16	
<b>Total Cost</b>	<b>\$877,540.16</b>	<b>N/A</b>

**MHSA State Allocation**

<b>Allocation</b>	<b>FY 16/17</b>	<b>FY 17/18</b>	<b>FY 18/19</b>	<b>FY 19/20</b>
Approved Allocation	\$3,515,705	\$2,734,295	\$-	\$-
Increase/(Decrease)				

**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 delayed the project. The project was completed in December of 2018, and the top floor was occupied by the Administration and Executive teams, Finance Division, and Managed Care Division, and a portion of the first floor was utilized to occupy the Crisis Intervention Team (CIT). Additionally, DBH has opened portions of the first floor in the form of training rooms for staff and vendor development, meeting and conference spaces. Starting in January 2019 the monthly Behavioral Health Board public meetings are held in the Health and Wellness Center conference rooms. DBH is working to identify what other direct services may be housed in this location.

**Proposed Changes**

There are no proposed changes at this time.

# Infrastructure Support Work Plan for Fiscal Year 2018-2019

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 MSHA 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 2017-2018 – Program Expenditures

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$877,540	
<b>Total Cost</b>	<b>\$877,540</b>	<b>N/A</b>

## MSHA State Allocation

Allocation	FY 16/17	FY 17/18	FY 18/19	FY 19/20
Approved Allocation	\$921,825	\$3,056,009	\$2,184,141	\$2,361,900
Increase/(Decrease)				

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

There have been no barriers. However, as the County continues to implement technological tools and modernize, the IT landscape in behavioral health has continued to change. This requires the County to continue to update and adapt this plan for the changing IT landscape. As a result, the County continues to allocate MSHA funds to this plan to address the evolving landscape and to address Departmental needs.

## 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 users in FY2019-20, and (3) Increased subscriptions for the Reaching Recovery clinical tool for FY 2018-19 and FY2019-20 by adult 3000 lives/clients. Upon review of the MSHA programs and regulations, the Department has identified limitations within AVATAR for many of the PEI programs and is recommending development of a separate data base for those services.

# Infrastructure Support Work Plan for Fiscal Year 2018-2019

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 Coordinator 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 Fiscal Analyst was vacant for 7 months, and was filled in July of 2018. The Department moved the MHSA Fiscal Analyst position to the Business Office to better align the work and to increase checks and balances with MHSA regulations and accounting.

## FY 2017-2018 – Unique Individuals Served

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

Ages Served - (Check all that apply)	Served
<input type="checkbox"/> 0 - 15	
<input type="checkbox"/> 16 - 25	
<input type="checkbox"/> 26 - 64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

Funding	Actual Cost*	Cost Per Individual*
Prevention		
Early Interventions		
Other	\$3,371,533	
<b>Total Cost</b>	<b>\$3,371,533</b>	<b>N/A</b>

\*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	\$9,291,571	\$9,291,571
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 the MHSA Coordinator and MHSA Fiscal Analyst had 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 in 2018. The Department has also developed a new Division, called the Public Behavioral Division that shall provide oversight for MHSA services, develop structures for MHSA, as well as coordinate community engagement and outreach in the coming years.

**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 2018-2019**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 2017-2018 – Program Expenditures**

Funding	Actual Cost	Cost Per Individual
Prevention		
Early Interventions		
Other	\$1,768,997	N/A
<b>Total Cost</b>	<b>\$1,768,997</b>	<b>N/A</b>

**Performance Outcomes: No Reports****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.

## *Budget and Fiscal*

### *MHSA State Approved Allocations*

#### **State Approved Allocations**

Welfare and Institutions Code (WIC) Section 5892(b) allows counties to use up to 20% 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 at previous levels 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 MHSA 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's Prudent Reserve balance at the end of Fiscal Year 2017-2018 was \$19,490,383. 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.

**Current Status:** The County of Fresno does not plan on contributing to the Prudent Reserve for FY 2018-2019.

#### **Capital Facilities and Technology Needs**

**Current Status:** The County of Fresno allocated \$8,003,176 to CFTN during Fiscal Year 2017-2018 and plans on allocating an additional \$8,361,522 for Fiscal Year 2018-2019.

#### **Workforce and Education and Training**

**Current Status:** The County of Fresno did not increase funding to WET plans during the 2017-2018 Fiscal Year and does not plan to increase funding during Fiscal Year 2018-2019.

#### **CalMHSA Joint Powers Authority**

On September 14, 2010, the County of Fresno Board of Supervisor executed a Joint Exercise of Power Agreement (JPA), which established the operations of the 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 related to mental illness.



The County of Fresno continues to participate in CalMHSA statewide PEI activities, specifically the Central Valley Suicide Prevention Hotline (CVSPH). Through an agreement between CalMHSA and Kings View a partnership with seven central valley counties (Fresno, Kings, Tulare, Stanislaus, Merced, Mariposa, and Madera) the CVSPH was established. The suicide hotline is funded with designated PEI funds assigned to CalMHSA, which serves as the primary suicide prevention hotline for these counties.

CVSPH continues to operate 24 hours a day, 7 days a week (24/7) suicide prevention hotline accredited by the American Association of Sociology, and answers calls through its participation in the National Suicide Prevention Lifeline. CVSPH maintains a hotline, website, and provides outreach, training and technical assistance to the participating seven counties that fund the program. In FY 2017-2018 calls from Fresno County made up 54% of the total calls. The County of Fresno has assigned \$376,057 to fund the program. Of the funding \$31,050 is allocated to CalMHSA as a fiscal intermediary of the CVSPH program, and \$345,006 is designated for the CVSPH.

Program Name	Component	FSP	Status	Budgetary Amounts by Fiscal Year			
				2016-2017	2017-2018	2018-2019	2019-2020
AB 109 - Outpatient Mental Health & Substance Services	CSS		Keep	\$ 449,279	\$ 300,000	\$ 300,000	\$ 600,000
AB 109 Full Service Partnership (FSP) Enhance BHCC	CSS	X	Keep	350,000	837,008	837,008	837,008
App for Transportation	INN		Keep	N/A	N/A	1,000,000	1,000,000
Assertive Community Treatment	CSS	X	Keep	N/A	500,000	500,000	1,000,000
Blue Sky Wellness Center	PEI		Keep	1,250,000	1,250,000	1,250,000	1,250,000
Capital Facility Improvement/"UMC" Campus Improvements	CF&TN		Keep	250,000	875,000	2,500,000	-
Child Welfare Mental Health Team/Katie A Team	PEI		Keep	693,549	350,000	350,000	350,000
Children & Youth Juvenile Justice Services - ACT	CSS	X	Keep	1,393,309	971,921	971,921	971,921
Children Full Service Partnership (FSP) SP 0-10 Years	CSS	X	Keep	2,957,247	2,097,353	2,097,353	2,097,353
Children/Youth/Family Preventions and Early Intervention	PEI		Keep	451,633	350,000	1,587,822	3,290,230
Children's Expansion of Outpatient Services	CSS		Keep	1,044,199	544,199	544,199	544,199
Collaborative Treatment Courts	CSS		Enhance	335,522	1,665,522	1,665,522	1,665,522
Community Gardens	PEI		Keep	425,000	425,000	425,000	425,000
Community Response/Law Enforcement	PEI		Keep	2,040,928	3,520,928	3,720,928	4,030,928
Consumer Family Advocate Services	CSS		Keep	113,568	113,568	113,568	113,568
Continuum of Care for Youth and Young Adults Affected by Human Trafficking (Name Pending)	CSS	X	Keep	N/A	N/A	1,300,000	1,300,000
Co-Occurring Disorders Full Service Partnership (FSP)	CSS	X	Keep	1,818,064	1,197,668	1,197,668	1,197,668
Crisis Residential Treatment Construction	CF&TN		Keep	1,450,000	1,949,285	-	-
Crisis Stabilization Voluntary Services	CSS		Keep	450,000	450,000	450,000	450,000
Cultural Specific Services	CSS		Enhance	644,626	2,144,626	2,144,626	2,144,626
Cultural-Based Access Navigation and Peer/Family Support Services (CBANS)	PEI		Keep	551,633	701,633	701,633	1,001,633
DBH Communications Plan	PEI		Keep	N/A	N/A	500,000	950,000
Enhanced Rural Services-Full Services Partnership (FSP)	CSS	X	Keep	1,268,641	1,329,412	1,329,412	1,329,412
Enhanced Rural Services-Outpatient/Intense Case Management	CSS		Keep	3,667,824	4,368,951	4,379,068	4,483,113
Family Advocate Position	CSS		Keep	75,000	75,000	75,000	75,000
Flex Account for Housing	CSS		Keep	100,000	100,000	100,000	100,000

Program Name	Component	FSP	Status	Budgetary Amounts by Fiscal Year			
				2016-2017	2017-2018	2018-2019	2019-2020
Fresno Housing Institute (FHI)	CSS		Keep	N/A	N/A	200,000	200,000
Functional Family Therapy	PEI		Keep	571,810	673,005	673,005	673,005
Health and Wellness Center* (Sierra Resource Center )	CF&TN		Keep	3,515,705	2,734,295	-	-
Holistic Cultural Education Wellness Center	PEI		Keep	801,202	896,719	896,719	896,719
Hotel Motel Voucher Program (HMVP)	CSS		Keep	N/A	N/A	100,000	100,000
Housing Access and Resource Team (HART)	CSS		Keep	N/A	N/A	400,000	930,488
Housing Supportive Services	CSS		Keep	745,568	745,568	745,568	745,568
Independent Living Association (ILA)	CSS		Keep	N/A	N/A	400,000	400,000
Information Technology - Avatar	CF&TN		Enhance	921,825	3,056,009	2,184,141	2,361,900
Integrated Mental Health Services at Primary Care Clinics	CSS		Keep	N/A	800,000	2,000,000	2,000,000
Integrated Mental Health Services at Primary Care Clinics	PEI		Keep	1,364,816	248,000	700,000	700,000
Integrated Wellness Activities	PEI		Keep	40,000	50,000	50,000	50,000
Intensive Transitions Team	INN		Keep	N/A	500,000	500,000	500,000
Medications Expansion	CSS		Keep	250,000	250,000	250,000	250,000
MHSA Administrative Support	CSS/PEI/INN		Keep	5,864,861	9,291,571	9,291,571	9,291,571
Multi-Agency Access Point (MAP)	PEI		Keep	1,500,000	1,500,000	2,000,000	2,000,000
New Starts Program* (Master Leasing Housing)	CSS		Keep	400,000	800,000	800,000	1,300,000
Older Adult Team	CSS		Keep	1,817,688	900,000	900,000	900,000
Peer and Recovery Services	CSS		Keep	457,461	457,461	457,461	457,461
Perinatal Wellness Center	PEI		Keep	1,244,914	400,000	400,000	400,000
Project for Assistance from Homelessness (PATH) Grant Expansions	CSS		Keep	175,264	175,264	175,264	175,264
Project Ignite	CSS		Keep	N/A	N/A	325,000	650,000
Recovery with Inspiration, Support and Empowerment (RISE)	CSS		Keep	1,900,917	1,900,917	1,900,917	1,900,917
School Based Services	CSS		Keep	1,818,154	1,000,000	1,500,000	1,500,000
Suicide Prevention/Stigma Reduction	PEI		Keep	150,000	600,000	1,000,000	1,000,000
Supervised Overnight Stay	CSS		Keep	819,090	819,090	839,090	839,090
Supported Education and Employment Services (SEES)	CSS		Keep	1,211,066	1,211,066	1,211,066	1,211,066

Program Name	Component	FSP	Status	Budgetary Amounts by Fiscal Year			
				2016-2017	2017-2018	2018-2019	2019-2020
Technology Based Behavioral Health Solutions	INN		Keep	N/A	1,000,000	1,000,000	2,000,000
The Lodge	INN		Keep	N/A	1,600,000	1,660,000	1,721,800
Therapeutic Child Care Services	CSS		Keep	125,388	125,388	136,388	157,388
Transitional Age Youth (TAY) - Department of Behavioral Health	CSS		Keep	1,274,486	2,565,311	2,565,311	2,565,311
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	CSS	X	Keep	2,602,882	2,602,882	2,934,856	2,670,548
Transportation Access	CSS		Keep	200,000	288,500	288,500	288,500
Urgent Care Wellness Center (UCWC)	CSS		Keep	3,965,948	2,000,000	4,000,000	4,000,000
Vista	CSS	X	Keep	4,094,147	4,113,122	4,113,122	4,113,122
Wellness Integration and Navigation Supports for Expecting Families	PEI		Keep	N/A	400,000	400,000	400,000
WET Coordination and Implementation	WET		Keep	1,297,215	3,300,000	500,000	200,000
Youth Empowerment Centers (YEC)	PEI		Keep	350,000	505,543	532,696	554,464
Youth Wellness Center	CSS		Keep	1,470,577	1,470,577	1,470,577	1,470,577
<b>Fiscal Year Totals</b>				<b>\$62,731,006</b>	<b>\$75,097,363</b>	<b>\$79,541,980</b>	<b>\$82,781,940</b>

## Conclusion

This annual update has the following changes detailed in the table below which the Department is seeking public approval for the proposed modifications.

Name of Program	Component	Change	Description of change
CFTN	CFTN	New: Shift CSS funds to CFTN for capital project (children's/adult clinic space)	Shift CSS funds in coming year to CFTN to be used for developing children or adult treatment space.
Children/Youth/Family Preventions and Early Intervention	PEI	Split from 1 to 2 PEI programs (a prevention and an early intervention)	1) <b>School Based Children's Early Intervention Program Using PBIS.</b>
			2) <b>Family Focused Prevention Services</b>
Collaborative Treatment Courts	CSS	Enhance: Increasing Funding	Increase funding to assist with additional staff support.
DBH Communication Plan	CSS	Move to PEI	The focus and intent of the project did not meet CSS requirements, but met several PEI strategies.
Intensive Transition Team	INN	Eliminate as an Innovation (explore as a future CSS program)	For reasons described in the Update, the proposed project as written did not meet Innovation criteria.
PEI Database	CFTN	NEW: technology project to be fund by CFTN	New project, to develop a means for collecting, analyzing and reporting PEI data.
Youth Empowerment Center	PEI	Enhance: Increase funding by estimated \$200,000	Adding additional vendor

# Prevention & Early Intervention Evaluation Report: FY 2016-2017 to FY 2017-2018

Fresno County DBH is providing the following report as its Prevention and Early Intervention (PEI) Annual Update. This update is different than the MHSA Three Year Plan Annual Update. While the MHSA Update addresses the overall plan update, this particular update is specific to the PEI components of the plan and has specific information it is intended to address.

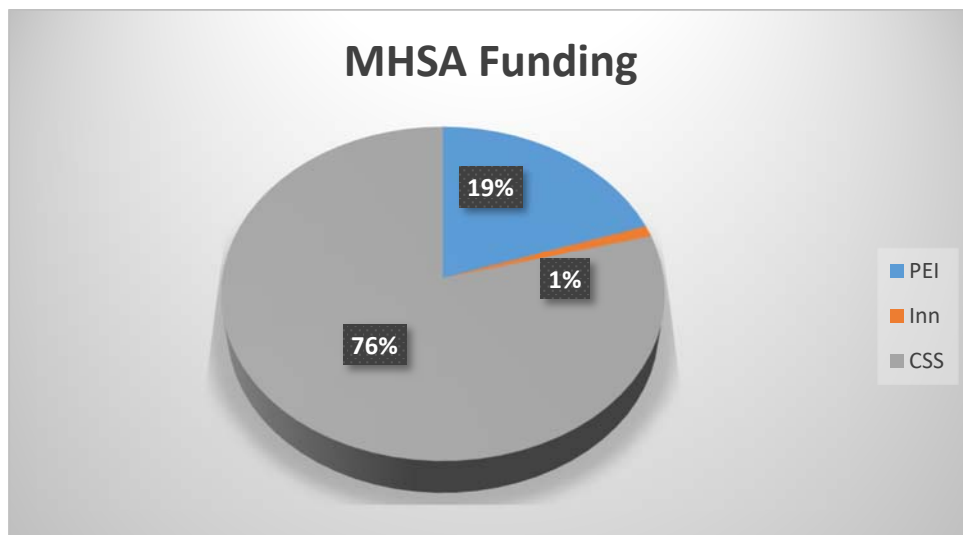
This is the Department's first PEI Annual Update. The PEI update follows the same protocol as the MHSA update including a 30-day public comment period, stakeholder input, and Board of Supervisors' approval. The following will explain the PEI update requirements, the projects, changes and opportunities for improvement.

This update will address programs in Fiscal Year (FY) 2017-2018, as well as action and efforts in FY 2018-2019.

## What is PEI

Prevention and Early Intervention (PEI) is one of the five components of the MHSA. This component has its own reporting requirements, and as such has its own Annual Report which has to be submitted by June 30, 2019 to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) per section 3560 of Title 9 of the California Code of Regulations, Division 1, Chapter 14.

PEI is made up of six funding categories or strategies. These are Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Stigma and Discrimination Reduction, Access and Linkage, and Suicide Prevention. PEI is 19% of Fresno County's total MHSA Funding.



PEI programs are intended to improve timely access and linkage to care, increase access and services for underserved, unserved and inappropriately served populations in each county. PEI services are intended for engagement of individuals before the onset of a serious mental illness or emotional disturbance. PEI endeavors are intended to alleviate the need for additional, more restricted mental health services, and finally to transition those with an identifiable need to mental health treatment earlier in the onset.

51% or more of all PEI funding must be allocated to youth services/programs (Section 3706 of Title 9 California Code of Regulations).

The PEI annual updates have specific reporting requirements which are set forth in the [Prevention and Early Intervention Regulations](#), as of July 1, 2018. The annual PEI updates are focused on the programs and services which are provided under the PEI funding and in the six PEI strategies. The reports are required to report out things such as demographics, numbers served, key activities, outcomes, timeliness of some services and how these overall efforts are addressing the negative outcomes of untreated mental illness.

PEI regulations identify the requirements and definitions for reporting of programs in each of the six PEI strategy sections. Reports are submitted to the MHSOAC annually. Reports are also required to be posted by counties to their websites for public access. Sensitive data which may be used to identify individuals or program participants are required to be reported to the MHSOAC, but can be omitted from the version that is made public if there is a risk of confidentiality breach.

## The Requirements

Counties with populations of over 100,000 residents are required to have at least one program in each of the six PEI strategies. As such, Fresno County is required to have at least one program in each of the six PEI strategies. The annual PEI reports must provide the name of each program, the populations served, and demonstrate how the program worked to meet its objectives.

All PEI programs are required to collect specific demographics related to each of its funded programs. These include:

- The total number of unduplicated individuals served in each program annually; and
- The following Eight Demographics points per individual in each PEI program/service.

1	Age (Date of Birth)
2	Race
3	Ethnicity
4	Gender Assigned At Birth and Gender Identified Currently (if different)
5	Sexual Orientation
6	Veteran Status
7	Disability (types if any)
8	Preferred Language

There are exceptions for data collection, specifically for children under the age of minor consent (Veteran status, sexual orientation and gender identity). Where data cannot be collected the information is noted as to the reasons for the data limitations. Veteran status is not applicable to minors, and the Sexual Orientation Gender Identity (SOGI) data is not required of minors 12 years of age or younger. All participants do have the option to decline to provide demographic data. It is also noted that in certain instances and settings, it may be unrealistic or unfeasible to collect certain data (such as an active rescue on a suicide call, a general community event, or some marketing efforts).

Certain educational and stigma reduction efforts may also have some demographics data limitations, such as advertising, public services announcements, and community events. The MHSOAC understands there may be limitations with some of these efforts, and in such instances the best efforts possible to report on



the program can suffice, such as what the target population was, how the message was vetted, how it was disseminated, how many individuals or participants were at an event, etc.

Each program has to identify the cost per person/participant, based on unduplicated participants in a specific program.

The programs have to meet the described definitions and requirements for each of the six strategies. Several of the strategies have specific outcome reporting which are noted below.

- *Outreach for Increasing Recognition of Early Signs of Mental Illness* programs shall provide the number of potential responders/participants for each activity. The settings/methods of outreach (events), and the types of responders (general public, law enforcement, etc.).
- *Access and Linkage* programs must report the number of individuals with a SMI that were referred, the type of treatment they were referred to, if the individual participated in the referred services (this is measured by participation in at least one session), the time from referral to enrollment/engagement in the referred services, and documentation of the actual referrals. These access and linkage services, can also address if they are specific for an underserved population and what the strategy was for reducing barriers to care for that underserved or inappropriately served population (can be cultural, geographical, etc.). PEI access and linkage programs also need to describe ways that they are encouraging access to services and follow through for referred participants.
- *Prevention* programs have to use an evidence based practice, promising practice, or in some instances a community defined practice (which can address some specific cultural responsiveness of some efforts not yet assessed for replication or efficacy outside of the setting or population). Prevention programs need to clearly be able to identify what it is seeking to prevent, how, and outcomes for such efforts. These outcome measures can be part of the program or measured independently.
- *Early Intervention* programs are for those individuals with a diagnosable mental health challenge, who are not in care, or at an early stage of on-set of a serious mental illness. The mental health challenge does not have to be one that meets medical necessity. Early Intervention programs do need to be clinical/therapeutic in nature, be short-term, and may not exceed 18 months (unless the individual receiving services is experiencing the first onset of a serious mental illness or emotional disturbance with psychotic features, which shall not exceed four years).

## Challenges

Until November 2018, Fresno County had limited organizational capacity due to organizational restructuring and vacancies and thus was not able to fully dedicate resources to focus primarily on MHSA oversight.

These challenges posed barriers to developing systems for PEI data collection, implementation, oversight, structure and maintenance of changes to MHSA and PEI regulations.

A challenge for Fresno County DBH was workforce members who could be dedicated to MHSA during the Department's reorganization, and also in the past there was limited proficiencies of PEI and the various regulations and requirements. As such during the last three year planning process and the [MHSA Three](#)

[Year Plan](#), programs, service agreements and providers were not designed in a manner to ensure full data collection or evaluation needed for reporting of PEI services.

Presently there is no centralized database, or data collection system to capture all the various PEI data and outcome requirements. At this current time many of the PEI vendors are not aware of or understand the data reporting and measurements required for PEI funded programs.

Across the state there are huge challenges for counties to capture PEI related data. With other MHSA services and programs, the efforts can be captured in the Electronic Health Records (EHR), or billing systems. However, nearly none of those systems are conducive to PEI programs with the exception of a few possible early intervention programs.

The First 5 Fresno County (F5FC) *Draft [Fresno Cradle to Career Preconception to Age 5 Blueprint for Funding and Advocacy](#)*<sup>1</sup> report found one of the main challenges for service coordination was lack of data and information sharing. Many of the community providers who participated in the F5FC needs assessment reported they “lacked the capacity to collect and share data on their programs or clients served”. This barrier, the report noted, was one of the challenges to measuring intended impact. Thus the need for a means (through a database) for data collection is vital to not only be able to meet the regulation requirements and address the reporting needs, but to improve care coordination across our system of care with PEI programs.

So in addition to the lack of a data collection system, there have also been lack of systems for evaluation and oversight of PEI programs and services.

As such the data that is available for FY 2017-2018 which are to be reported in this report are at best incomplete or insufficient.

## What We Found

Starting in November of 2018, a full review of all MHSA programs was conducted. Initially the review was to understand what programs were identified as PEI and which ones have been identified as CSS. This review found only one program which was misclassified. That was the DBH Communications Plan which was identified in the FY 2017-2018 Annual Update as a CSS program, based on description, intent and funding was actually a PEI program. As such in the current MHSA Annual Update the DBH Communications Plan is being moved to PEI. There were no changes to that program in FY 2017-2018 and thus the change/correction has been made with little to no impact on the overall MHSA plan.

A more careful review of the PEI programs found that programs within the PEI component were not identified with any specific PEI strategies or funding category. Programs were designated as prevention or early intervention, rather than into one of the six strategies. As such without a full review it would be difficult for anyone reviewing the Department’s PEI services to know that the Department has a program in each of the six strategies.

This was one of the key reasons why the proper tracking and reporting of data and outcomes for the various PEI programs had not been occurring. Staff and providers were not aware of the specific reporting requirements for their programs based on the categorization and requirement of the program. Thus staff

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<sup>1</sup>First 5 Fresno County *Draft Fresno Cradle to Career Preconception to Age 5 Blueprint for Funding and Advocacy*, Published March 2019. Pg. 11

and providers were unaware of the necessity to collect specific results or measure the efforts of the program based on their classification. The program descriptions and subsequent outcomes were not aligned with the definitions for each of the PEI categories. Many of the programs had not been developed, nor vendors instructed to collect and report specific PEI data, nor was there a database in existence for such data repository. As such the necessary demographics are lacking in many of the PEI programs.

The review did yield that Fresno County does in fact have a program for each of the six strategies, and they will now be clearly classified into those strategies. There are several programs and initiatives which could be involved in more than one strategy, but moving forward there will be efforts to clearly identify which aspects of each of these programs are in which strategies within the Scopes of Work, program descriptions and in their measurement and reporting requirements starting in FY 2019-2020.

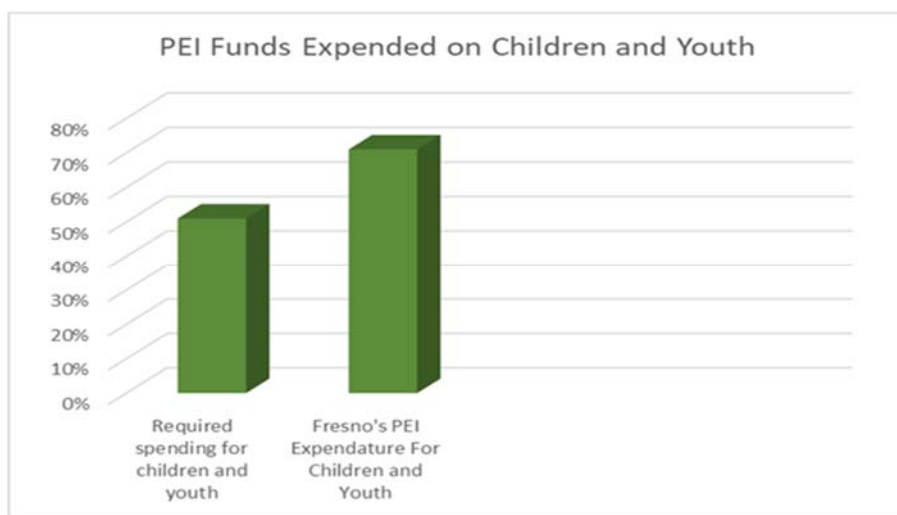
The Department's efforts to date should be commended! Fresno County DBH did not have an MHSA Coordinator for some time, and still it worked to address and improve its fiscal oversight of MHSA. The Department successfully completed its previous MHSA Annual Updates, and facilitated a robust community stakeholder process and input. With limited personnel support and subject matter expertise (in PEI), it did work to comply with the intent of MHSA and PEI regulations. The staff vacancies in key MHSA assignments likely caused the knowledge gap (as personnel departed, the department had to reorganize) when it came to the implementation of the new PEI regulations and the details within those regulations, etc.

As these challenges and opportunities for improvement were identified during FY 2018-2019, it will not have the changes and systems in place to address the data gaps that are occurring presently. As such there will be data and outcome gaps in the FY 2019-2020 report as well. Thus it is imperative that a robust corrective action plan (CAP) be developed to remedy these challenges.

## Strengths

The strengths of Fresno County's PEI services include that the Department has 17 active PEI Programs.

Over 71% of the PEI expenditures in FY 2017-2018 were spent on Children and Transitional Age Youth (TAY), populations under the age of 25. Fresno County exceeded the requirement to utilize at least 51% of PEI funds for children and youth services and programs.



The County of Fresno spent \$9,883,953 on PEI services in FY 2017-2018 per the 2017-2018 Annual Revenues and Expenditures Report. At this time the estimated number served through PEI programs was 14,962, but the Department acknowledges this is not the total number, due to gaps in program data.

Fresno County DBH also established a new Public Behavioral Health (PBH) Division, which will house the MHSA Coordinator, as well as additional staff to provide support to MHSA services, and specifically PEI. Fresno County DBH is seeking to provide greater oversight over MHSA programs, but is working to not silo MHSA as may have been done in years past, but rather to use MHSA as intended, a funding source to close gaps in the system of care.

In November of 2018, Fresno County DBH formally launched its newest Division, the Division of Public Behavioral Health. The Division Manager who has assumed these duties, was previously a PEI Program manager and MHSA Coordinator in another county and brings knowledge and experience related to MHSA and PEI to the Division and Department. The MHSA Coordinator position is vacant at this time, but the Department has set filling this vacancy as a priority to ensure moving forward into the next fiscal year it has an MHSA Coordinator who in tandem with the rest of the Division and other Departmental Support can improve MHSA and PEI efforts.

The County of Fresno has completed its Annual Revenue and Expenditures Report (RER) on time.

Fresno County DBH has also allocated fiscal personnel specifically for MHSA (including one MHSA Financial Analyst) with auditing background to be the fiscal lead for MHSA. The fiscal component of Fresno County DBH is part of a separate Division, the Finance Division, which is intended to create both separation of programs and funding, improve checks and balances, and improve oversight. This has assisted in greater checks and balances on MHSA efforts as well as more timely and accurate reporting. The fiscal team being part of the Finance Division are independent of the PBH Division (and the MHSA Coordinator). The PBH Division is independent of the Contracts Division who oversee the service agreements and providers of PEI services. The PBH Division is also separate from the direct services divisions, which allows for the oversight, development, implementation and improvement of MHSA/PEI services as they are separate from the direct services, and the fiscal to ensure each is able to focus on the specific areas of PEI.

## Corrective Action Plan

Based on our findings as a result of working to develop the annual PEI report, we have been able to identify some of the deficits, oversight limits and system improvement needs.

Fresno County DBH is approaching this PEI update then not as an annual report, due in part to the lack of required data and outcomes, but rather is developing this update in the form of a Corrective Action Plan (CAP) or a Performance Improvement Plan (PIP). This plan has identified some of the challenges, and deficiencies thus far, but the remainder of the plan shall clearly identify initiatives and changes to services that will increase our oversight of PEI services. Ensuring compliance and adherence with the PEI regulations and requirements are the focus of this plan. Finally, identifying the systems that will be instituted to ensure this report can be properly completed in the coming years are part of this CAP.

Below are nine specific action steps that will be implemented through this plan by Fresno County DBH to guide the Department's efforts of being fully compliant with the intent and requirements of PEI in a timely manner.

They are:

1. Prior to July 1, 2019, all PEI programs will be clearly and properly identified/classified by the six PEI strategies;
2. All PEI service agreements will be amended. Prior to July 1, 2019 all PEI providers will be notified of the amendment and informed of the new language requiring PEI data collection, specific outcomes reporting and measuring based on the regulatory requirements of the strategies that the program falls into;
3. Fresno County DBH shall host meetings with all PEI providers to review PEI regulations and requirements, as well as all staff analysts who provide contractual oversight of PEI programs prior to July 1, 2019;
4. Fresno County DBH seeks to fill the vacancy of MHSA Coordinator before June 30, 2019. It will also hire an additional staff analyst to assist with the various MHSA Components, including PEI to increase the oversight of PEI services, as well as provide the technical assistance to Fresno County DBH staff/programs and to providers to ensure compliance in the coming year;
5. The descriptions of the programs in future plans and updates will be written in a manner that clearly identifies the intent of the program, goals, and how it shall be measured;
6. Fresno County DBH shall develop a data collection system which allows for all the PEI services, demographic data, and outcomes to be stored and extracted for reporting;
7. Starting in FY 2019-2020 a quarterly review of all PEI data shall be conducted by the MHSA Coordinator and related staff. The reviews will increase oversight of PEI and the requested measuring of outcomes, and also provide Fresno County DBH with sufficient time to provide technical assistance to programs to assist them with greater adherence to the intent of PEI services;
8. By December 31, 2019 Fresno County DBH will establish procedures requiring the PEI annual and/or three year updates begin in July of each year following the completion of the previous fiscal year, with the plans being completed in full by November. For the updates to be posted for 30-day public comment by December, and for the plans to be approved by the Board of Supervisors and submitted to the MHSAOAC by the start of the 3<sup>rd</sup> Quarter of each fiscal year; and
9. By December 31, 2020 Fresno County DBH will procedurally establish annual on-going community stakeholder meetings and forums to explain MHSA, PEI, and the MHSA and PEI requirements, as well as provide PEI updates and seek input throughout the year. This will increase both oversight and community involvement. These forums will be conducted in conjunction with overall MHSA quarterly stakeholder groups to enhance the stakeholder process and involvement of our diverse stakeholders and their perspectives throughout the year and not just annually for Annual Updates.

Summary of each of the Correction Action Initiatives are provided below which have additional details.

- **Proper PEI Program Classification** - This has already been completed. All 17 PEI programs have now been reviewed, cross-referenced with the regulations and classified as a program in one of the six PEI strategies. This will be updated and reflected in the next RER. This will drive our oversight in FY 2019-2020 ensuring that all Fresno County PEI programs are collecting and measuring the appropriate outcomes based on the regulations. This will be memorialized in a

protocol to ensure that in the future there is guidance established for proper classification when developing any new PEI programs.

- **Contract Amendments** – All service agreements for PEI programs and services will be amended for FY 2019-2020 and on, with written notices of the planned amendments to be sent prior to June 30, 2019 so all programs and providers can capture all the required data, outcomes and measures beginning on the first day of July, 2019. By the end of April 2019 the necessary amendment language will be completed and submitted to the Contracts Division by the PBH Division. This shall allow the Contracts Division two months to work on service agreements with providers and attempt to amend all agreements prior to the start of FY 2019-2020 allowing providers/programs the time necessary to become compliant going forward. The Public Behavioral Health Division Manager shall develop the specific language needed for each of the programs based on the classification in a PEI strategy and provide that language to the Contracts Division as well as provide any technical assistance on specifics related to PEI and/or the regulations.
- **Provider Technical Assistance** – Fresno County DBH's Public Behavioral Health Division and MHSA Coordinator will work to host trainings for all PEI providers (internally and externally) on PEI requirements, a review of regulations and address specific needs of each of the programs. These shall be scheduled for May to allow providers and programs time to implement the requirements for FY 2019-2020.
- **MHSA Coordination** – Fresno County DBH will fill the open MHSA Coordinator position with a principal analyst to provide oversight of the MHSA programs and services, including monitoring of programs, implementation of reporting systems, data collection, and changes to any regulations (as may occur with implementation of SB 1004). Other support staff are also being allocated to support some of the MHSA effort. All the MHSA staff shall participate in the monthly statewide MHSA Coordinators' calls, regional meetings, and trainings to increase their knowledge of MHSA and PEI requirements.
- **Rewrites** – The PEI program descriptions in FY 2018-2019 MHSA Annual Update will be amended to identify clearly what PEI strategies the programs support, what it is seeking/intended to do and how it shall be measured. These new principles will be carried over and used during the development of the new MHSA Three Year Plan process as well.
- **Data Collection** – Fresno County DBH is actively pursuing options for system wide PEI data collection, which allows for data to be submitted, stored and extracted for reporting. Thus far Fresno County DBH has explored the development of its own PEI database similar to one developed by Stanislaus County, the possible modification of the eBHS system used by the California Institute for Behavioral Health Solutions (CIBHS) for the MOQA programs, exploring the current EHR Netsmart/Avatar, development of a PEI specific component, or the possibility of some type of data collection/reporting system off Trilogy's Network of Care system. These are all in consideration, the focus being one that can meet all the regulatory reporting requirements. It is vital for the information to be collected and submitted, but then stored and have that data available in a manner that allows for accurate, timely, and compliant reporting. Thus far there is no statewide system for this, and it has been a significant challenge for many counties to address the PEI data and outcomes reporting. Fresno County DBH is open to multi-county efforts to develop a PEI data system and will communicate with other counties about any possible

collaboration. Fresno County DBH is allocating \$300,000 of Capital Facilities and Technology funds to develop and implement a database that will allow for full PEI reporting compliance.

- **Process Development** – The PBH Division Manager and the MHSA Coordinator will work to develop a quarterly review of MHSA-PEI services. The quarterly review will work with the Quality Assurance Division to model tools and structures for reviewing data, performance and services on a quarterly bases. The quarterly monitoring will allow for any issues to be addressed early on, before too much data is lost, gaps in our tracking become significant, or we identify performance issues. The quarterly monitoring allows for greater support of the new requirements for PEI programs in Fresno County.
- **Protocols** – The development of formal written protocols for MHSA and PEI reviews, plan updates, development and stakeholder input, needs to be established to guide the Department’s efforts, provide clear expectations of what needs to be completed to be successful, who is responsible for those tasks and establish timelines for all related activities, such as quarterly monitoring, development of reports, community and stakeholder groups, etc. The protocols will be part of a larger effort for MHSA oversight, but specific protocols will be developed for the PEI component of MHSA as well.

## PEI Update

All PEI programs will now be attached to at least one of the follow 38 goals and outcomes, as a means to guide the PEI programs’ efforts and provide standard measurement of the effectiveness of the projects in meeting those goals and purpose of the program.

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Increase access to care</li><li>• Increase access to timely care</li><li>• Increase access to early mental health services</li><li>• Improve access to timely care</li><li>• Increase access to linkages for services</li><li>• Increase access to care for underserved, unserved, or inappropriately served populations</li><li>• Reduce stress/anxiety and other symptoms</li><li>• Increase awareness of mental health, wellness and recovery</li><li>• Improvement in participant wellness and recovery</li><li>• Reduce ED utilization/visits for mental health services</li><li>• Reduce the number of individuals in crisis</li><li>• Reduce the number of hospitalization</li><li>• Reduce criminal justice involvement</li><li>• Reduce new criminal justice involvement</li><li>• Reduce recidivism</li><li>• Reduce the loss of placement/removal from the home</li><li>• Increase opportunities for peers to provide services/Increase Peer involvement</li></ul> | <ul style="list-style-type: none"><li>• Increase housing opportunities for those with an SMI</li><li>• Prevent homelessness</li><li>• Increase individual engagement in services /Improve continuity of care</li><li>• Improve participant engagement in services</li><li>• Improve school performance</li><li>• Improve school climate</li><li>• Stabilize participants experiencing a serious mental illness</li><li>• Move participants to a lower level of care</li><li>• Prevent relapse</li><li>• Increase recognition of early signs of a serious mental illness</li><li>• Prevent suicide</li><li>• Reduce stigma</li><li>• Improve understanding of mental illness</li><li>• Improve attitudes towards mental illness</li><li>• Render services locally</li><li>• To provide services in culturally responsive manner</li><li>• Increased use of primary care provider</li><li>• Reduce number of cases involved with Child Welfare</li></ul> |
|---|--|



- **Increase opportunities for those with lived experience to provide services**
- **Reduce homelessness**
- **Reduce the risk for homelessness**

The listing of the PEI programs below identify where the programs are being reclassified for the current fiscal year (2018-2019)/annual update, and where they will be in the coming fiscal year (2019-2020). The goals and outcomes for each program are subject to change based on development of scope of work, program capacity, community need and stakeholder input. Programs with a double \*\* indicate the program addresses more than one PEI strategy. In the future each component of each strategy will be monitored specific to that particular PEI strategy.

### Prevention Programs

**Blue Sky Wellness Center:** Blue Sky is now listed as a prevention program. The program shall now be focused on the following goals and outcomes, and measures shall be developed to measure the success in yielding outcomes or how these goals have been met.

- Prevent relapse for participants
- Increase opportunities for Peer involvement
- Improve the wellness and recovery of participants
- Increase the number of individuals remaining in care

**Child Welfare Mental Health/Katie A\*\*:** The Child Welfare Mental Health shall now be partially a prevention program. Those aspects of the prevention effort shall include use of evidence based screenings, monitoring activities and numbers served in relation to prevention activities and measuring the follow goals and outcomes.

- Increase timely access to behavioral health care for children
- Prevent the on-set of a serious mental illness/severe emotional disturbance
- Reduce the loss of placement/prevent removal of children from the home
- Improve the wellness and recovery of children experiencing a mental illness or severe emotional disturbance
- Reduce the number of crisis or hospitalizations

**Children/Youth/Family Prevention & Early Intervention:** This program will need to be re-classified. It needs to be two separate PEI programs, and noting that there is a third current component that is CSS and should not be included in this program but stand alone as a CSS program. The services provided based on the program do not meet the criteria for Early Intervention, unless the third tier of PBIS interventions are also being provided as part of this program. If the clinical services are referred out then it is not an early intervention program.

It is proposed that this program be divided into two separate programs.

One being the **School Based Children's Early Intervention Program** Using PBIS with the Fresno County Superintendent of Schools.

The second, **Family Focused Prevention Services**, which is providing targeted prevention screenings, and activities for a specific population of children/youth whom have a



parent/caregiver receiving substance use disorder (SUD) treatment services through a County funded SUD program.

Under the new proposal below are the goals/outcomes for the **School Based Children's' Early Intervention Program Using PBIS**:

- Improve school climate;
- Improve school performance;
- Increase access to care;
- Increase access to early mental health services; and
- Improvement in participant wellness and recovery.

**Family Focused Prevention Services'** goals and outcomes will be as follows:

- Increase access to care;
- Increase awareness of mental health, wellness and recovery;
- Reduce the loss of placement/removal from the home;
- Improve school climate; and
- Improve school performance.

**Holistic Cultural Education Wellness Center** will remain as a prevention program, as it has been classified in the past. The program will need to, as a prevention program, identify either the evidence based approach it is using, or what community defined practices it is using for its efforts. The program will now have the following goals and outcomes to drive its efforts:

- Increase access to care;
- Reduce stress and anxiety and other symptoms;
- Improve participant wellness and recovery;
- Provide services in a culturally responsive manner;
- Increase opportunities for those with lived experience to provide services; and
- Improve participant engagement in services.

**Wellness Integration and Navigation Support for Expecting Families** is now classified as a prevention program, based on its focus on screenings, assessments and care coordination, rather than a program providing direct clinical/therapeutic services. The program is population specific and will need to focus on the following specific goals and outcomes:

- Reduce the number of cases involved in child welfare system;
- Increase the use of primary care provider;
- Increase recognition of early signs of serious mental illness;
- Improve participant engagement in services ;
- Increase opportunities for peers to provide services/increase peer involvement;
- Increase awareness of mental health, wellness and recovery; and
- Increase access to early mental health services.

**Youth Empowerment Centers** will be classified as a prevention program focused on youth and TAY. The goals and outcomes for this program will as follows:

- Increase access to care;
- Increase access to linkages for services;
- Reduce Stress/Anxiety and other symptoms;
- Improvement in participant wellness and recovery;
- Reduce ED utilization/visits for mental health services;
- Reduce the number of individuals in crisis;
- Reduce the number of hospitalization;
- Reduce criminal justice involvement;
- Reduce new criminal justice involvement;
- Reduce the loss of placement/removal from the home;
- Increase opportunities for peers to provide services/Increase Peer involvement; and
- To provide services in culturally responsive manner.

### Early Intervention Programs

**Child Welfare Mental Health/Katie A\*\*** - The Child Welfare Mental Health/Katie A program will have a second component that will be specific to Early Intervention, as the needs/requirements for prevention and early intervention differ. This Katie A-Early Intervention program will be classified as Early Intervention, and will focus on the requirements specific to early intervention programs, and the programs' goals and outcomes will be designated specifically for the early intervention version of this program.

- Increase access to early mental health services
- Increase access to linkages for services
- Improvement in participant wellness and recovery
- Reduce ED utilization/visits for mental health services
- Reduce the number of individuals in crisis
- Reduce the number of hospitalization
- Reduce criminal justice involvement
- Reduce the loss of placement/removal from the home
- Increased use of primary care provider
- Reduce number of cases involved with Child Welfare
- Stabilize participants experiencing a serious mental illness

**Community Response-Law Enforcement\*\*** – This program will be classified within two PEI Strategies, one being Early Intervention with specific tasks and services performed to meet Early Intervention criteria. The programs intent is to also increase awareness for early on-set of a mental illness, and as such will also service as an outreach and educational effort. The specific program goals and outcomes are listed below:

- Increase recognition of early signs of a serious mental illness;
- Improve understanding of mental illness;
- Improve attitudes towards mental illness;
- Increase awareness of mental health, wellness and recovery;
- Increase access to early mental health services;
- Improve access to timely care;

- Stabilize participants experiencing a serious mental illness;
- Reduce the number of individuals in crisis;
- Reduce the number of hospitalization; and
- Reduce criminal justice involvement.

**Functional Family Therapy** will remain classified as an early intervention program with the following outcome measures and goals:

- Render services locally;
- Reduce number of cases involved with Child Welfare;
- Reduce the loss of placement/removal from the home;
- Increase individual engagement in services /Improve continuity of care;
- Improve participant engagement in services;
- Improvement in participant wellness and recovery;
- Reduce ED utilization/visits for mental health services;
- Reduce the number of individuals in crisis;
- Reduce the number of hospitalization;
- Reduce criminal justice involvement;
- Reduce new criminal justice involvement; and
- Increase access to timely care.

**Perinatal Wellness Center** is classified as an Early Intervention program, with a specific focus and target audience. The specific program goals and outcomes are listed below:

- Increase access to timely care;
- Increase access to early mental health services;
- Increase access to linkages for services;
- Reduce stress/anxiety and other symptoms;
- Improvement in participant's wellness and recovery;
- Reduce ED utilization/visits for mental health services;
- Reduce the number of individuals in crisis;
- Reduce the number of hospitalization;
- Improve participant engagement in services; and
- Reduce number of cases involved with Child Welfare.

### Access and Linkage

**Cultural Based Access Navigation and Support (CBANS)** - The CBANS program is not being classified as an Access and Linkage program based on the efforts it is focused on delivering. The program will have specific requirements as an Access and Linkage program. The goals and outcomes for CBANS are:

- Increase access to care;
- Increase access to timely care;
- Increase access to early mental health services;
- Improve access to timely care;
- Increase access to linkages for services;

- Provide services in culturally responsive manner; and
- Increase individual engagement in services /Improve continuity of care.

**Multi-Agency Access Points (MAPS)** will be classified as an Access and Linkage Program with the following goals and outcomes:

- Increase access to care;
- Increase access to timely care;
- Increase access to early mental health services;
- Improve access to timely care;
- Increase access to linkages for services;
- Reduce homelessness;
- Reduce the risk for homelessness;
- Prevent homelessness; and
- Increase individual engagement in services /Improve continuity of care.

**Integrated Mental Health at Primary Clinics\*\*** - This program is two programs in one. The Prevention activities and services must be tracked and captured specific for Prevention. The Early Intervention services and activity have to be clearly captured for early intervention/clinical services. The following outcomes are for the full program, while some may apply to the prevention efforts and others to the early intervention services:

- Increase access to care;
- Increase access to timely care;
- Increase access to early mental health services;
- Improve access to timely care;
- Increase access to linkages for services;
- Prevent relapse;
- Render services locally;
- Provide services in culturally responsive manner;
- Increased use of primary care provider;
- Stabilize participants experiencing a serious mental illness;
- Reduce stress/anxiety and other symptoms;
- Reduce ED utilization/visits for mental health services;
- Reduce the number of individuals in crisis; and
- Reduce the number of hospitalization.

### Stigma & Discrimination Reduction

**Community Gardens** was previously listed as a prevention program, however review found challenges in identifying what the program was preventing, what were the organized delivery of services to conduct prevention beyond having gardening space available. Thus the program is being classified as at Stigma and Discrimination program based on the current Scope of Work.

- Provide services in culturally responsive manner
- Reduce stigma
- Improve understanding of mental illness

- Improve attitudes towards mental illness
- Increase awareness of mental health, wellness and recovery
- Increased use of primary care provider

**DBH Communication Plan\*\*** was previously under CSS and has been moved to PEI. It will be classified as part Stigma Reduction, part Suicide Prevention and Outreach. The goals for the three strategies will be almost the same, but the efforts for each will be identified/reported in accordance with each strategies. The collective goals and outcomes that will be tracked are as follows:

- Increase awareness of mental health, wellness and recovery;
- Increase opportunities for peers to provide services/Increase Peer involvement;
- Increase opportunities for those with lived experience to provide services;
- Increase individual engagement in services /Improve continuity of care;
- Improve participant engagement in services;
- Provide services in culturally responsive manner;
- Increase recognition of early signs of a serious mental illness;
- Prevent suicide;
- Reduce stigma;
- Improve understanding of mental illness; and
- Improve attitudes towards mental illness.

**Integrated Wellness Activities** this program is designated to the Stigma & Discrimination Reduction Strategies.

- Reduce stigma
- Improve understanding of mental illness
- Improve attitudes towards mental illness
- Increase opportunities for peers to provide services/Increase Peer involvement
- Increase opportunities for those with lived experience to provide services.
- Increase awareness of mental health, wellness and recovery

## Suicide Prevention

Suicide Prevention (outreach, promotion, plan development, trainings, and plans to come on board before end of FY 2018/19. At this time we do not have other specific suicide prevention programs active. These are the goals and outcomes for our suicide prevention efforts.

- Prevent suicide
- Reduce stigma
- Improve understanding of mental illness
- Improve attitudes towards mental illness
- Provide services in culturally responsive manner
- Reduce the number of individuals in crisis
- Increase access to care
- Increase opportunities for those with lived experience to provide services.

**DBH Communication Plan\*\*** A portion of the DBH Communication Plan will be assigned to the Suicide Prevention strategy in PEI. The efforts will focus on how to prevent suicide through education and marketing.

- Prevent suicide
- Reduce stigma
- Improve understanding of mental illness
- Improve attitudes towards mental illness
- Provide services in culturally responsive manner
- Reduce the number of individuals in crisis
- Increase access to care

### Outreach for Recognition of Early Signs of Mental Illness

**Community Response-Law Enforcement\*\*** This program is being classified as both an Early Intervention and also an Outreach For Recognition of Early Signs of Mental Illness. The goals and outcomes identified here are for the outreach component and will require specific reporting for those activities.

- Improve understanding of mental illness
- Improve attitudes towards mental illness
- Render services locally
- Reduce stigma
- Increase recognition of early signs of a serious mental illness
- Increase awareness of mental health, wellness and recovery

**Wellness Integration and Navigation Support for Expecting Families\*\*** This program has been designated as both a prevention program and here in this section as an Outreach program. The goals and outcomes for their program as an outreach strategies are as follows:

- Increase awareness of mental health, wellness and recovery
- Increase opportunities for peers to provide services/Increase Peer involvement
- Increase opportunities for those with lived experience to provide services
- Increase recognition of early signs of a serious mental illness
- Reduce stigma
- Improve understanding of mental illness
- Improve attitudes towards mental illness

**Youth Empowerment Centers\*\*** This is a program that is classified as both a prevention and outreach program. The prevention components have been identified earlier. The following are goals and outcomes for the program as outreach services.

- Increase awareness of mental health, wellness and recovery
- Increase opportunities for peers to provide services/Increase Peer involvement
- Increase opportunities for those with lived experience to provide services
- Increase recognition of early signs of a serious mental illness
- Reduce stigma

- Improve understanding of mental illness
- Improve attitudes towards mental illness
- Provide services in culturally responsive manner
- Increase access to early mental health services

**Communication Plan\*\*** - This is the only service/program which has been assigned to three different strategies. The final one being outreach services. Below are the specific outreach goals and outcomes for the Communication Plan.

- Increase recognition of early signs of a serious mental illness
- Reduce stigma
- Improve understanding of mental illness
- Improve attitudes towards mental illness

## Final Summary

Based on our effort to develop a PEI Annual update, Fresno County DBH found challenges in completing a report which would meet the regulations and MHSOAC requirements. As such, Fresno County DBH is submitting this corrective action plan as its PEI Update. In addition to the changes and improvements, Fresno County DBH is submitting what PEI information it does have, and is taking active steps to ensure that in the future it will fully comply with PEI reporting requirements.

## MHSA Annual Update Summary of Comments - Stakeholders

Public comments will be noted below as received. If the response/action is blank, it implies the Department seeking clarification.

During the public comment period (April 12, 2019 through May 14, 2019), as input is received, a summary will be provided and posted on our website's MHSA Page.

<b>Comment(s)</b>	<b>Response/Action if Applicable</b>
<p>In reviewing the draft MHSA Annual Update, I noticed that the link to MHSA Outcomes webpage contains outcomes for FY 2016-17. Are these supposed to be FY 2017-18?</p> <p>Also, the Collaborative Treatment Courts did provide outcomes in FY 2016-17 and FY 2017-18. The webpage needs to be updated.</p>	<p><i>We will review the links and provide/update the links to provide the 2017-18 outcomes that are available.</i></p> <p><i>Thank you for the information. We will work with staff to obtain that information and update the outcomes page.</i></p>
<p>For years the Mental Health Board advocated for draft MHSA Update to have page numbers; finally the Department began numbering the pages. After several years, again there are no page numbers, which makes it extremely difficult to leave comments. The Behavioral Health Board and other members of the public need a draft with page numbers!</p>	<p><i>The document that was posted for public review as a PDF document is an electronic document and has pages to track the document. For easier access and to mitigate costs, hard copies were not produced with the exception of the request from the BHB and the hard copies of the draft did not have pages. Page numbers were not included on the draft (as it does appeared on the electronic copy) and DBH staff were inserting documents into the draft right up to posting time. Additional formatting and page numbering for a 140 plus page document would have added additional delays.</i></p> <p><i>In the future we will note the need to include page numbers on drafts, for instances where the document may need to be printed.</i></p> <p><i>The final copy once approved and posted shall have page numbering, indexing, etc.</i></p>
<p>"A Message from the Executive Team:" line 4, space needed after 2018.</p>	<p><i>Thank you.</i></p>



Though it seems unreasonable to ask the Department to produce an update each year, and though there have been few changes to the plan this year, I feel uncomfortable about the lack of general, open forums inviting members of the community for their input. It seems like a violation of the spirit of MHSA, if not of the law itself.

*The regulations require all MHSA plans to provide an annual update. **Section 3560.020 (a)(1) of Title 9 California Code of Regulations** now requires a Three Year PEI Evaluation Report. The first of these reports are to be submitted no later than June 30, 2019 and every third year thereafter. This requires reports to be completed with set timelines.*

*This process in no way violates any laws nor the spirit of the Mental Health Services Act. Any changes and/or updates (including annual updates) are required to have a 30-day public comment period, and a public hearing (**Welfare and Institutions Code 5948**). These are being fulfilled.*

*The last update was completed and approved in November of 2018. Since that time annual reports are now due by end of the following fiscal year (FY), meaning the FY 2017/2018 updates are now due by June 30 of this year.*

*Being the last annual update, which had a robust stakeholder input, included new additions to the plan, was completed just six months ago, that this annual update is primarily an update with minimal changes, we are meeting the requirements through the public comment and public hearing. The time limits with this update, based on the last update completion was just six months ago, and this year an update was needed for PEI it was not realistic nor did Fresno County DBH have the capacity to conduct numerous stakeholder groups.*

	<p><i>Starting in FY 2019/2020 Fresno County DBH will begin work on its new MHSA Three Year Plan, and will have robust stakeholder input to develop that new plan. Fresno County DBH has not had the capacity to implement many of the current programs in the plan, and annual updates, and to have forums where it seeks input and/or adds more services, when it has not been able to complete the existing efforts and add additional project which cannot be implemented in a timely manner would be out of the “sprit” of the act, and rather seeking solely “compliance”.</i></p>
<p>I am happy to see that the Department is working on a new evaluation system for PEI programs; measuring their effectiveness has been a challenge.</p>	<p><i>This is part of an overall effort to increase effective service delivery and ensure MHSA closes gaps in our system of care by supporting the work.</i></p>
<p>PEI 4762. CIT. Under “Challenges” typo: “fair” should be “fairly”</p> <p>PEI 4323. FCSS. Under “Proposed Changes, line 3: “separated,” misspelled</p> <p>PEI 4776. Suicide Prevention. Under “Challenges:” Awkward sentence. (At least change “were” to “was”)</p> <p>CSS 4526. SEES. Under "Program Update:” Remove apostrophe from “its”</p> <p>The community keeps hoping for this long-awaited RFP!</p>	<p><i>Thank you for the comment.</i></p> <p><i>Thank you for your comment.</i></p> <p><i>Thank you for your comment.</i></p> <p><i>Thank you for your comment.</i></p> <p><i>Efforts are continuing to develop RFPs for this and several other programs.</i></p>

<p>CSS 4311. Child Care. Hopefully, expansion will include child care on the Kings Canyon Campus.</p>	<p><i>Expansion will review the feasibility of space to provide appropriate and adequate services, as well as assessing the needs of individual served at the various locations.</i></p>
<p>PEI 4521. Youth Empowerment Centers. Under “Challenges: “capacity” misspelled</p>	<p><i>Thank you for your comment.</i></p>
<p>PEI 4765. Community Gardens.</p> <p>It is discouraging that the gardens are not providing the mental health component for which they were designed, and are creating frustrations for both participants and providers.</p>	<p><i>A third party evaluation is currently underway for this program. Fresno County DBH has reclassified this program from a prevention program to a Stigma and Discrimination Program based on its existing efforts, which may address some of the challenges faced by the program. Once information is obtained from the third party evaluator changes and program redesign can be explored.</i></p>
<p>Under “Proposed Changes,” paragraph 2, line 2: “description” misspelled</p>	<p><i>Thank you for your comment.</i></p>
<p>CSS 4524. Fresno Center.</p> <p>Under “Challenges”: “The” has capital “H” “capacity” misspelled Under “Proposed Changes”: “program” misspelled “This” has capital “H”</p>	<p><i>Thank you for your comments.</i></p>
<p>The staff in this program must be trained to provide co-occurring SUD services.</p>	<p><i>Fresno County DBH will explore training options and opportunities for program staff related to co-occurring service delivery. Substance Use treatment services do require additional certification and infrastructure.</i></p>

<p>Assertive Community Treatment</p> <p>Under “Program Update”: Last sentence is incomplete Under “Challenges”: “County” has capital “O”</p>	<p><i>Thank you for your comments.</i></p>
<p>PEI 4783. Holistic Center Under Proposed Changes”: “description” misspelled</p>	<p><i>Thank you for your comment.</i></p>
<p>CSS 4563. Co-occurring FSP.</p> <p>Under “Challenges”: #2: Either “An” or “One,” not “on”</p>	<p><i>Thank you for your comment.</i></p>
<p>Why would it be a good idea to have one contract for these 2 different programs (ACT and Co-occurring FSP)?</p>	<p><i>While it would possibly be one contract, there would be two separate programs with their own reporting. This “one” contract would be contingent on the same bidder being awarded both contracts. Most likely there would be two separate contracts. A one contract option would allow for programs, transition and implementation to be completing in a timelier manner, to get the contract approved in a timely manner. However, two separate contracts can provide more effective oversight if it’s the same providers for both programs. The decision will be made based on factors after a RFP process.</i></p>
<p>CSS 4610. Older Adult.</p> <p>Under “Challenges”: “recruitment” misspelled</p>	<p><i>Thank you for your comment.</i></p>
<p>CSS 4519. RISE.</p> <p>Under “Challenges”: Typo/spelling errors: “locally,” “service,” “receive” Under “Proposed Changes”: Typo: “beyond”</p>	<p><i>Thank you for your comments.</i></p>

WET.

Under “Proposed Changes,” line #1: “care” missing “e”

CFTN. Health and Wellness Center: Program page included twice.

Below are listed typos/grammar catches you may have missed and specific comments and questions, listed by page number identified in the pdf.

P. 21 – Assertive Community treatment paragraph, second sentence: DBH has launch RFPs.... Is it “launched”, “has to launch”, or ? Question – will the ACT team be open to only certain programs or will referrals be based on need, regardless of source? I had heard that the ACT team was only for the AB 1810 population (Diversion). Will it be open to higher level of severity BHC clients and others? The existing ACT team has dedicated “slots” for the juvenile BHC program, as I recall. Since the ACT team is to be a higher level of care than the FSP, this is an important clarification. While it may not be needed to be identified in the actual report, if you could clarify for me personally, that would be appreciated. [After reading p. 93 ACT Program sheet, it appears that the target group will be determined during the RFP development process to occur right about now (spring 2019). Oops –

*Thank you for your comment.*

*Thank you for your comment, we will remove that repeating page.*

*Thank you for your comments.*

*The existing plan calls for the establishment of two ACT teams for adults. Based on the needs for AB 1810, Fresno County DBH is seeking to have one ACT team be focused on AB 1810 populations, with specific needs and collaborating partners.*

*The second ACT team would be an adult ACT team, and not limited to specific population other than those with the highest needs or requiring high intensity care.*

*Referrals would be open for that team*

*Fresno County DBH has not yet launched an RFP for ACT teams.*

*The ACT services for youth is already in existence and does support juveniles in the Behavioral Health Court.*

*The population for the other ACT team will be open to adults needing the highest level of care, and the other will focus on criminal justice involved individuals.*

<p>now on p. 94, it says the RFP will be done next year.] Is it possible to be consistent in timelines throughout the document?</p>	<p><i>Thank you for your comments. We have updated the document so that the ACT program RFP timelines are consistent throughout the document.</i></p>
<p>p. 24 – second paragraph in the Databases section - It should be “The Fresno Cradle to Career Preconception to Age 5 Blueprint for Funding and Advocacy”. This is not yet published. A very early draft of some basic information was provided to a large community group in March 2019. It will be published in August 2019. The content you describe is accurate, although it is across all sectors, not just mental health.</p>	<p><i>Thank you for your comments. The title of the report has been corrected throughout the Annual Update and PEI Plan. The attestation that the data collection is not limited to just mental health is correct. The mention in the annual update asserts the need that many providers, including those providing provisions of MHSA lack both the infrastructure and capacity to develop data collection systems/data bases on their own, and as such data is required for MHSA funded programs, it would serve the system well if some type of database can be developed by Fresno County DBH to support at least MHSA funded efforts.</i></p>
<p>p. 51 – Program Update second paragraph – first sentence, should “Such as Fresno County is unable..., however,...” instead read “ Fresno County is unable..., however,...”?</p>	<p><i>Thank you for your comments.</i></p>
<p>P. 87 – typo/spelling in challenges/barriers box: The (not THe) will need to ensure it has the “capasity” – should be capacity. Similar typo on "THis" in the Proposed Changes box.</p>	<p><i>Thank you for your comments.</i></p>
<p>p. 88 – typo – 3<sup>rd</sup> sentence, Proposed Changes box – “amedned" sh90ould be “amended”</p>	<p><i>Thank you for your comments.</i></p> <p><i>This is a good idea to leverage efforts. There are</i></p>

<p>p. 90 – Question – the Fresno Center for New Americans also has a contract through DSS as a Neighborhood Resource Center and is using evidence based practices for outreach through Public Health’s “Parent Café” model as part of LAUNCH (sub-contracted to EPU.) Is there value in mentioning where MHSA funds are being leveraged through other sources? Data is also being collected and reported to DSS. Hopefully there can be data sharing to make it easier for the site staff.</p>	<p><i>however limitations. The data for the MSHA or in this case different PEI Programs are specific to those programs and have to be reported as such. A provider can take its own data and mine the data to extract the data for the MSHA specific program, but for compliance and reporting there is specific data requires for the various programs. In the future there may be a database system that can collect all data and then extract ones needed for MHSA funded services, but at this time we do need specific MHSA data related to MHSA programs.</i></p>
<p>P. 91 – challenges box for AB 109 – thank you for noting how serious the challenges are. I hope that those cited here – lack of sober living, Board &amp; Care, the issues regarding housing for those with past behavioral problems such as arson, and lack of inpatient SUD treatment beds – can be brought out further elsewhere. These challenges also exist for the Collaborative Court participants, not just AB 109. I am sure there are other populations that are affected by these challenges.</p>	<p><i>Thank you for your comments. We continue to work on options for housing, and support services for our individual services users.</i></p>
<p>P. 93 – ACT Program Update box – the last sentence is incomplete.</p>	<p><i>Thank you for your comment.</i></p>
<p>p. 94 – Challenges box – “capacity” is misspelled with an “s”; identify is misspelled/typo</p>	<p><i>Thank you for your comment.</i></p>
<p>p. 95 – Program description describes the ACT program through Uplift as a Full Service</p>	<p><i>From an MHSA- Community Support and Services (CSS) component, programs are classified into one of</i></p>

<p>Partnership. Elsewhere earlier in the document, ACT is described as a higher level of care than an FSP. Seems that this should be consistent – unless this program is truly an FSP level, in which case, should it be referred to as ACT?</p>	<p><i>three categories. 1) Outreach and Engagement (O&amp;E). 2) General Systems Development, and 3) Full Service Partnerships (FSP). ACT teams are categories under the FSP categories as they meet the criterion for FSP type of services. There is no category higher than FSP (thus the ACT teams are put under FSP as a classification, but ACT teams are a higher level than FSP).</i></p>
<p>p. 103 – I did not realize it is already time for a new RFP for the COD program. It only feels like 3 years, not 5! Change is so hard on those clients. I continue to advocate for better and <u>longer</u> transition timelines, with ALL staff in place before the transition occurs if the contract is moved to a new provider. Thank you for passing on this continuing issue to Contracts.</p>	<p><i>The feedback will be shared with our contracts team who works on the RFPs. We will work to identify possible processes to improve transitions should a different bidder be selected so to limit impact on individual served in such instances when possible.</i></p>
<p>p. 105 – Challenges box – misspellings/typos for words “recruitments”, “assist”, and “assistance” in first, second, and third sentence respectively.</p>	<p><i>These issues were identified on page 108, Older Adult Team program sheet and adjusted. Thank you for your comments.</i></p>
<p>p. 111 - Challenges box for RISE team – misspellings/typos for “locally”, “compared” , “increased” in first sentence. “Receive” in last sentence.</p>	<p><i>Thank you for your comment.</i></p>
<p>p. 113 - Proposed Changes box – typo – “difference”</p>	<p><i>Thank you for your comment.</i></p>
<p>p. 114 – Question – how current are these to be? In the Proposed Changes box, there is a statement</p>	<p><i>Thank you for your comment. We understand your concerns. Process improvement suggestions with</i></p>



<p>that an amendment for the outgoing Turning Point contract will be needed to include a few months for a thoughtful transition of the “delicate TAY” population. While that longer timing did occur, the transition occurred when the new STAR team was not fully staffed with clinicians – and clients did not receive some anticipated treatment. I attended a STAR/DBH analyst staffing meeting and expressed my concern about the process implementation on behalf of BHC clients. STAR acknowledged they had lost staff they thought they were getting – some to the new FCSS clinician program. My request is to include a proposed change for stronger oversight by DBH that client transitions do not occur until it is confirmed that the appropriate staffing to provide services as contractually agreed upon is in place. This should also be included in any other sections where RFPs for potential provider changes occur.</p>	<p><i>regard to RFPs shall be shared with the applicable Divisions and Departments. RFPs are a county process and not specific to MHSA, so the information will be shared with applicable parties.</i></p>
<p>p. 117 – Request inclusion of post-partum depression screening and tracking in the description or update section. The Preconception to Age 5 Blueprint for Funding and Advocacy priority area of Health includes that as a major strategy for attention, which was obtained through family and community input. Further input will be gathered on May 10 for the final report.</p>	<p><i>Thank you for the comment. In the PEI program addendums, the requirement for this program to identify the screening tools and implementation of screening tools have been included and will be disseminated to the provider before the end of this month.</i></p>
<p>p. 130 – in the PEI section – it is the Fresno Cradle to Career Preconception to Age 5</p>	<p><i>Thank you for your comment. The title has been adjusted throughout, including the inclusion of the</i></p>

<p>Blueprint for Funding and Advocacy. There is a footnote referenced that should more likely read “Unpublished draft, March (date), 2019. Please see my earlier information on the publishing date. The quotation appears to be from a different document than the Blueprint or is a very early draft and I cannot figure out where you got page 11. Could you please contact me for the appropriate reference? Thanks.</p>	<p><i>word ‘Draft’ preceding each reference to the report. The citation comes from the document titled <u>Preconception to Age 5 Blueprint for Funding and Advocacy</u> March 2019 (Findings from Phase III- Community Engagement). On page 11 of hard copy of that draft document the page header is <i>Challenges to Effective Systems Coordination</i>. The third bullet point (in bold) toward the bottom of the page heading <i>Lack of data and information sharing</i> is the source for the information in the report. A copy of the referenced report will be made available at the public hearing on May 14<sup>th</sup>, 2019.</i></p>
<p>p. 133 - #8 – incomplete sentence “With the plans being completed in full by November.” Similar in other sentences in that item.</p>	<p><i>Thank you for your document.</i></p>
<p>p. 137 – how will you develop baselines to “increase access to care” or “increase access to early mental health systems” ? What are the data points that roll up to show an increase? Just a couple of examples for all the identified goals and outcomes listed.</p>	<p><i>This speaks to the reason why data must be collected yearly, so that a baseline can be established and measured and compared yearly to see if programs are increasing enrollments, increase in the number of unduplicated individuals served, increasing the number of individual referred to and linked to care. Once we can gather and have consistent data we can then implement strategies to see if prevention, access and linkage, and other programs yield results such as increased access to care, etc.</i></p>
<p>I commend you for your PEI Corrective Action Plan. There are many, many potential data points to have to develop for a database to meet all those goals and outcomes listed for the various programs on pages 136-143. Do you have to</p>	<p><i>PEI Programs are required to address seven negative outcomes from un-treated mental health issues (suicide, incarcerations, school failure/drop-out, unemployment, homelessness, removal of child from home, and prolonged suffering). So some of the goals</i></p>

<p>address each and every one? This will be a very complex database for tracking for contracted providers. Fresno Cradle to Career's development of a Unique Identifier with the County departments, FCSS, and EOC, and eventually other partners for cross-sector identification will hopefully assist with this.</p> <p>Thank you for the opportunity to review and comment.</p>	<p><i>of the programs are to address and reduce those negative outcomes.</i></p> <p><i>Some of the other goals, are based on strategies that the programs based on PEI classification are intended to produce. These include but are not limited to increasing assess to timely care, improving access for underserved/un-served and inappropriately served individuals. Programs that are deemed prevention need to clearly show what it's preventing. Stigma reduction needs to be able to demonstrate how it's having an impact. So all the goals are necessary to demonstrate the programs are fulling its intended purpose.</i></p> <p><i>We understand the complex data needs, and thus we are seeking solutions through various data collection options in this update. The regulations do require for Counties to provide data, outcomes and evaluation on their various PEI programs.</i></p> <p><i>Thank you for your comment.</i></p>
<p>* An Executive Summary of the Executive Summary is needed. The current ES is much too long to grasp the highlights of the update easily.</p> <p>* The pages of the Update need to be numbered so that they can be easily referred to and found.</p> <p>*. The Update needs to be much be completely indexed so that a member of the public can readily find the pages dealing with a particular</p>	<p><i>Upon completion of the public comment and approval of the plan, the current executive summary shall be renamed "introduction", and a brief executive summary will be created to summarize the plan in full at its completion.</i></p> <p><i>The final version will be numbered.</i></p> <p><i>We will work on formatting to make the plan easier to access. Future format of the annual updates will be structured differently to allow for easier access and be</i></p>

<p>program, etc.</p> <p>*. There was a significant cost over-run for the health and wellness center on Dakota. How are those over-runs being funded?</p> <p>*. The BHB has learned that there have been significant extra costs for the CRU facility after the completion of the original construction contract. An explanation of these extra costs should be furnished, along with how these costs are being covered.</p>	<p><i>more user friendly.</i></p> <p><i>There were some over-run costs. Fresno County DBH had amended the funding in previous the annual update to increase funding to cover project, and those were f supported through approved the MHSA plan (CFTN) and Realignment funds.</i></p> <p><i>California Housing Facilities Finance Agency (CHFFA) and Realignment were the primary funds used to develop the Crisis Residential Treatment facility. The grants and Realignment covered most of the construction. The reminder of the construction was financed by CFTN funds identified in previous plans and updates. The additional costs were due to Public Works not installing anti-ligature fixtures (such as door knobs, shower fixtures, etc.) though out the facilities which are to prevent deaths by suicides.</i></p>
<p><b>PEI Evaluation Report</b></p> <p>1st page, 1st paragraph, line 3: “address” should be plural “addresses”</p> <p>Challenges. 3rd paragraph unclear; perhaps words are missing</p> <p>Strengths. p. 2, line 2: highlighted blank line p. 2, paragraph 2, line 4: “have been done” (not “be been done”)</p> <p>Corrective Action Plan. #4, line 2: remove word “to.” Correct spacing</p>	<p><i>Thank you for your comment.</i></p> <p><i>Thank you for your comment.</i></p> <p><i>Thank you for your comments.</i></p> <p><i>Thank you for your comment.</i></p>

Summary of Corrective Action.” p.2, 1st point, 2nd sentence: “sent” (not “send”)	<i>Thank you for your comment.</i>
<b>PEI Update</b> p. 2, 1st sentence: “to” should be removed.  Blue Sky. 2nd line: remove “the;” run-on sentence  Holistic Center. Point #4: To be consistent with other points remove word “To”  YEC. Last Point: To be consistent remove word “To”  Katie A. line 3: typo, “Katie” line 5: apostrophe misplaced: “program’s”  <b>CBANS. If not classified as “Access and Linkage” program, what is its classification?</b>	<i>Comment was applied to all bulleted lists within the PEI Evaluation Report. We appreciate your feedback and comments. Thank you</i>  <i>Thank you for your comment.</i>  <i>Thank you for your comment.</i>  <i>Thank you for your comment.</i>  <i>In the past, Fresno County DBH PEI programs had been classified as either Prevention, Early Intervention or both. However, there are six strategies within PEI and the programs need to be classified under at least one of the six strategies. The classification is determined by the focus or intent of the program how they best match to one or more of the six strategies. These six strategies are defined according to the PEI Regulations. This program does not provide services that meet the criteria for Prevention or Early Intervention, but rather the work meets the expectations for Access and Linkage Services. Counties are to have Access and Linkage programs that specifically target underserved populations with intent</i>

	<i>to increase timey access per Section 3560.010(b)(4) of Title 9 California Code of Regulations, Division 1, Chapter 14.</i>
Point #6: To be consistent remove word “To”	<i>Thank you for your comment.</i>
Integrated Mental Health. Point #6: To be consistent remove word “To”	<i>Thank you for your comment.</i>
Community Gardens. Point #1: To be consistent remove word “To”	<i>Thank you for your comments.</i>
Suicide Prevention. Point #5: remove “To” Communication Plan. Point #5: remove “To”	<i>Thank you for your comment.</i>
Wellness Integration & Navigation Support for Expecting Families. Line 2: commas needed after “and,” and after “section,” Line 3: “this” (not “their” ) program. “strategy” (singular, not plural)	<i>Thank you for your comments.</i>
YEC. Point #8: remove “To”	<i>Thank you for your comment.</i>
Communication Plan: remove “if”	<i>Thank you for your comment.</i>
Final Summary. Line 4: “submitting” (not past tense). Replace “what” with “the”	<i>Thank you for your comment.</i>
<b>An amazing piece of work! Congratulations!</b>	<i>Thank you.</i>
Hard copies be provided to the BHB for review.	<i>Hard copies printed and provided for BHB members.</i>
Will the public hearing be part of the BHB meeting or before as a separate meeting	<i>The public hearing will be from 1:30pm to 2:20pm and will be separate from the BHB meeting. The BHB will vote to accept the plan in their meeting which will</i>

	<i>follow the hearing.</i>
Are all the potential funds subject to reversion Innovation funds?	<i>Yes, the fund that are currently subject to reversion on June 30 2019 are innovation funds.</i>
Could the tech suite program be used to do a youth in foster care warm line to assist other youth in foster care, but using technology that youth use such as texting, social media, etc. to prevent suicides and/or crisis?	<i>Possibly. This could be a possible innovation project either new or possibly under the Tech Suite, to see who using youth to do prevention through technology as a way to reach youth. Fresno County DBH would need to explore the idea more, and to then consult with MHSOAC to ensure such a program would meet Innovation criteria. Then it would need to be presented to community stakeholders for approval.</i>
The Draft does not have page numbers and makes it a challenge to provide feedback. Requests had been made in the past to have page numbers on draft docs	<p><i>Thank you for your comments.</i></p> <p><i>For the future we will note the need to include page numbers in draft docs for public review. The final copy after public comment and public hearing will have page numbers as well as some updated formatting.</i></p>
<p>Dear DBH Staff,</p> <p>I am writing to share my comments and hopes regarding the annual plan. Thank you for providing an opportunity for the public to comment. Based on what I had time to read, my comments for change and enhancement are below.</p> <p>First and foremost, I would like to say that I became sad and overwhelmed as I read the report for the following reason: While I have limited time to access and engage the report, many people who are the most vulnerable with little to no acknowledged voice do not have time to read and understand such a large report. As a person who is a hopeful prospective partner, active community member, and k-16 educator, I have the resources to engage and would like to work on creating reporting, reviewing, and public commenting structures and processes that is more fully and appropriately inclusive of those who are the most vulnerable and least acknowledged.</p> <p>Second, it is my desire and hope that the DBH programs and procurement processes will immediately and effectively engage and be informed by the African American California Reducing Disparities Project (CRDP) report entitled "We Ain't Crazy! Just Coping With a Crazy System" Pathways into the Black Population for Eliminating Mental Health</p>	<p><i>Thank you for your thoughtful and passionate input. We appreciate that you took the time to review this lengthy document! One of the aspects of the Proposition 63 Mental Health Services Act legislation is that we are required to follow certain processes related to posting of the plan. We, and many, counties work hard to put as much into the plan as we can to ensure that we are transparent to our stakeholders. Because we are a large county, our funding supports many programs, resulting in a very large plan. Clearly, you were able to see that! Your input will be used to improve the plan and, hopefully, better meet the needs of those we serve and for that, we are very grateful.</i></p>

<p>Disparities. This report provides an insightful and thorough qualitative analysis of African American and Black people's experience with mental health systems, practices, practitioners, policies, and processes that need to change toward providing appropriate and accelerated care and treatment, and that is keenly aware of the racial, ethnic, and cultural ethos of Black lives.</p> <p>Third, it would be nice if cbo's would receive funding in technical assistance to develop skill set and competency (capacity building) for competitive bidding of DBH RFP's.</p> <p>Fourth, and finally, more African American therapists and clinicians, and properly trained therapists regardless of race, ethnicity, or nationality, are needed in urban schools to address suicidal thoughts and depression experienced and expressed especially by African American students. Far too many African American students are under achieving academically due in part to stressors that overwhelm or deny them the mental ability to be present during the teaching-and-learning experience. This action could include incentives for hiring African American therapists and clinicians, and ways of insuring support for their retention and promotion in the DBH.</p> <p>I trust and hope my feedback is clear. I am happy to answer any questions or concerns if clarification is needed. Again, thank you for your time and consideration.</p>	
<p>We, as the community support the Supportive Decision Making Plan/Project proposed.</p>	<p><i>Thank you for your comment.</i></p>
<p>Would this Supportive Decision Making be more of a research focused, or it's more of a program using this?</p>	<p><i>Both. There will be a research and development component and then a pilot with individuals to test the directive process and assess how it works.</i></p>
<p>Does this report have a study or evaluation to see how effective programs or therapy are for the clients?</p>	<p><i>Not in the existing plan, we are proposing the FSP 3<sup>rd</sup> Sector Innovation plan would look at those aspects of treatment within the FSPs.</i></p> <p><i>We do not have formal projects in the existing plan that are focused just on evaluation, but we do look to assess programs, twice a year we have a client satisfaction survey, and other efforts to try to improve services.</i></p>



During the posting period, the Department will be making edits and/or corrections and clarifications to the annual update and plans. Please use this form to submit changes that need to be made.

Fiscal Changes will be made by the Fiscal Team, all other changes will be made by to the actual document by the Public Behavioral Health Division.

<b>Change</b>	<b>Reason for Change</b>	<b>Person Submitting Change</b>	<b>Date Change in Plan</b>
<b>Intensive Transition Team under CSS (Systems Development) to address needs for an AB 1810 transition/diversion care coordination services for criminal justice involved populations.</b>	After the program was posted, Fresno County DBH identified a need to for support and care coordination for criminal justice populations under AB 1810. The intensive transition team was already intended to do such work for those in custody, but it was deemed to not meet the criteria for Innovation. Thus in this plan it has been moved to CSS. The program was focused on the same criminal justice populations, and with some modifications the program can go from focused on re-entry to use same model and focus on jail diversion. It would be an entirely new program and have additional timelines for implementation. This could be leveraged to provide AB 1810 services and support (beyond the ACT component or in addition).	A.Bahrami	4.30.2019
<b>Intensive Transition Team or some other care for AB 1810 populations could be addressed through the existing plan for two ACT teams.</b>	Fresno County DBH has plans to establish two adult ACT teams. These ACT teams were identified in previous MHSA Plans (and not new). ACT Teams are the highest intensity 24/7 community care. One of the two teams can be designated to support/target adult criminal justice populations needing services under AB 1810. One of the two ACT Teams can provide the intensive care as a jail diversion effort (that includes care, support services, etc.).	K. Lynch	5.01.2019
<b>Addition of a new FSP Innovation Plan. 3<sup>rd</sup> Sector Multi-County FSP Evaluation and improvement plan.</b>	As noted in the MHSA annual update (the Innovation Section), DBH has Innovation funds subject to reversion at the end of FY 2018/19. The project timeline for INN projects limits opportunities for DBH and many other counties to have a plan developed and approved by the MHSAOAC by June 30, 2019. Several Counties have been exploring joint statewide projects that would be sponsored by the MHSAOAC to	A. Bahrami	4.30.2019

	<p>fund. One such project is an FSP evaluation and improvement plan. MHSOAC is working to establish a conditional approval for counties who are facing reversion on June 30, 2019 to join in these multi-county/statewide projects. Fresno submitted a letter of interest in March of 2019 to the MHSOAC to express interest in participating in the Third Sector FSP Project if it can be approved prior to June 30, 2019 or if the MHSOAC can provide a conditional approval to avoid reversion.</p>		
<p><b>Supported Decision Making in Serious Mental Illness</b></p>	<p>This is a possible project for Innovation reversion funds sponsored by the MHSOAC and that may receive conditional approval before June 30, 2019. This would ensure Innovation funds currently deemed for reversion on June 30, 2019 that this program would be funded by the project and avoid being lost. The Supportive Decision Making (SDM) for persons with a Serious Mental Illness is a possible innovation research and pilot project to use to better understand its possibilities and development of a tool to support those with an SMI.</p> <p><i>Many individuals with an SMI experience limitations in their decision making capacity. These individuals have often been placed under legal guardianship, and substitute decision makers have been appointed to make decisions on their behalf. Recently, Supported Decision Making has emerged as a possible alternative in some cases. SDM involves recruitment of trusted supports to enhance an individual's capacity in the decision making process, enabling them to retain autonomy in life decisions. There is some emerging empirical research on SDM for persons with an SMI. (Supported Decision Making in Serious Mental Illness, UCSD 2018).</i></p> <p>This project would seek to test and research actual Supported Decision Making a forms of a psychiatric advance directive tool and process for person with an SMI. This is a project that would truly strengthen patient and advocates rights and establish new best</p>	<p>DBH Leadership (A. Bahrami)</p>	<p>5.01.2019</p>

	practices in California, and ensure the wellness and recovery goals of individuals with an SMI are carried out in times when their decision making or cognitive functioning is impaired as a result of their mental illness. Ensure they have a voice in times when they cannot advocate for themselves.		
<b>General formatting, spelling, grammar, and punctuation cleanup, throughout the document.</b>	DBH personnel pride themselves on producing a high quality update that is user friendly and easy to read. In addition to our internal efforts, we appreciate the comments that were provided by members of the public and stakeholders.	L. Seymour	05.10.19
<b>Wellness Integration and Navigation Supports for Expecting Families and Families of Newborn Children was moved from <i>Work Plan #4 Behavioral Health Clinical Care to Work Plan #1 Behavioral Health Integrated Access</i></b>	Based on a review of the program and its goals it was determined that this program would be a better fit for WP1, as it aims to link families in non-traditional settings, find linkage with mental health resources. The only change is in location of the program sheet in the plan from posting to now.	A. Bahrami	05.10.19
<b>The proposed changes were removed from the <i>Health and Wellness Center</i> program sheet</b>	The work on the parking lot, roof, and HVAC systems was completed in 2018 and DBH personnel are now occupying the building. This program sheet was updated since the posting of the annual update plan draft. Change is only the update to the program sheet.	L. Seymour	05.10-19

This is a summary of the requirements and facets of the Community Services and Support (CSS) component of the Mental Health Services Act. This is not a detail of all CSS services, nor does it cover all aspects of CSS programmatic or regulatory requirements. What it does is provide a quick reference to the user of some of the requirements for CSS Programs. Note CSS requirements are subject to change.

CSS is comprised of three components. Those are **Full Service Partnerships (FSP)**, **General System Development**, and **Outreach and Engagement (O&E)**. CSS is intended to be a spectrum of care from high intensity 24/7 programs and services falling within the FSP component to the non-direct services efforts around O&E. The CSS programs are focused on individuals that have a diagnosed Serious Mental Illness (SMI), Severe Emotional Disturbance (SED), and have a diagnosis that meets medical necessity.

### SMI, SED and Medical Necessity

California Welfare and Institutions Code 5600.3 defines the criteria for what constitutes a SED for a child. It also sets the standard for how an adult is identified as having an SMI and what constitutes an SMI for Adults and Older Adults.

All use the criterion “serious mental disorder”. SMI means *a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.* (W&C 5600.3 (b(2)).

Participants in CSS programs and services **must** have an SMI/SED and meet medical necessity to be eligible for CSS funded services.

### Full Service Partnership (FSP) Category

Title 9 California Code of Regulations (CCR) Section 3620 provides the guidance for all FSPs.

The code requires all counties to have age specific FSP programs (Children/Youth, Transitional Aged Youth, Adults and Older Adults).

FSP programs are defined as **mental health treatment**, including alternative and culturally specific treatments, peer support, supportive services, wellness centers, case management, crisis intervention/stabilization and family educational services.

- The regulation specifies what constitutes support services (9 CCR Section 3620 1.B. i-vi).

Priority shall be given to underserved populations as defined in 9 CCR Section 3200.310 (individuals who may have a SMI or SED and are not receiving services).

Some specific requirements of FSP level programs:

- Case management must be culturally and linguistically competent or at minimum trained in linguistic and cultural competency (9 CCR 3620 (h)(2));
- Programs are for the highest level of care and may include services such as an Assertive Community Treatment (ACT) teams; and
- **Programs must have 24/7 access to someone known to the client and/or their family** that is familiar with the client’s case that can provide timely assistance (no hotline).

## FSP Eligibility

[Title 9 California Code of Regulations \(CCR\) Section 3620.05](#) established the criteria for FSP participant eligibility. Program participants must meet the eligibility criteria. FSP programs are not entitlement programs.

All participants must meet medical necessity as in *WIC 5600.3* **and** at least one other criterion dealing with underserved/unserved and/or at risk for homeless, criminal justice involvement, institutionalization, etc.

There are specific criterion and risk factors for the TAY, Adult, and Older Adult populations in addition to the requirement of medical necessity for program eligibility. Please review the regulations for the details for each population age group. Please see Systems Development and O&E for eligibility criterion of those services and related funding.

## General Systems Development

General Systems Development Services are guided by [Title 9 California Code of Regulations Section 3630](#). Under those regulations, counties are authorized to develop and operate programs for mental health services to clients who meet medical necessity (according to *WIC 5600.3 (a-c)* and when appropriate their families).

General Systems Development funds may be used for services and/or support. Funds may be used for: mental health treatment, as well as alternative and culturally specific treatment, peer support, supportive services to clients and/or their family when appropriate, case management, wellness centers, crisis intervention and stabilization, project based housing, family educational services, needs assessments, improving the county mental health service delivery system and strategies for reducing ethnic/racial disparities.

General Systems Development funded programs are not as intense as FSP programs and thus do not require 24/7 care coordination.

## Outreach and Engagement (O&E) under CSS.

O&E in CSS is guided by [Title 9 California Code of Regulations-Section 3640](#).

Under these guidelines counties may develop programs/services for identifying unserved individuals who meet medical necessity so to engage them in services/care and when appropriate their families.

The program/services may include:

Strategies to reduce racial and ethnic disparities, outreach to community organizations, schools, tribal communities, primary care providers, faith based groups, community leaders, homeless individuals and outreach to those incarcerated individuals discharging from county facilities.

Services are not actual mental health treatments but efforts to engage individuals in care for their serious mental illness/emotional disturbance.

## CSS Data Collection and Reporting Requirements

Data collection should include all of the following data points:

- Number served (unduplicated);
- Demographics (age, race, ethnicity, gender at birth/gender ID now, disabilities, veteran status, primary language and sexual orientation);
- Diagnosis;
- Level of Care/Changes to level of care;
- Hospitalizations/duration; and
- Support Services/Expenses.

Lastly, Assessments and Re-Assessments for outcome.

For more information on reporting details see [CSS Evaluation Toolkit](#).

# Amendment 1

## 2018-2019 MHSA Annual Update Plan and PEI Report

The following amendment is being made to the Fresno County 2018-2019 Mental Health Services Act Annual Update and Prevention and Early Intervention Report. This process was still on-going during the development of the plan and so was not included in the original plan draft. The MHSOAC will approve Fresno County DBH's expenditure plan to allocated up to \$750,000 of Innovation funding, that were subject to reversion on June 30, 2019 to be used for efforts supporting and enhancing Community Planning Process over the next five years. The details of the plan are included in this Amendment appendix. This new expenditure and plan need to be included in the final plan prior to approval by the Board of Supervisors. With the plan's approval the authorization for use of the funds in plan are approved and funds not be reverted.

Please see the attached Fresno County's Request of Mental Health Services Oversight and Accountably Commission Approval for Use of Innovation Funds for Community Planning Process and Stakeholder Input for program details.



# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
**DAWAN UTECHT**  
DIRECTOR

May 28, 2019

Toby Ewing, Executive Director  
Mental Health Services Oversight and Accountability Commission  
1325 J. Street, Suite 1700  
Sacramento, CA 95814

Dear Director Ewing,

Fresno County Department of Behavioral Health is submitting a formal request, seeking approval from the Mental Health Services Oversight and Accountability Commission's Executive Director, approval to allocated \$750,000 of Innovation Funds, to use for increasing and enhancing its community planning process. The attached proposal details the request and the plan for the authorization to use Innovation Funds. Should you have any questions with regard to this proposal please do not hesitate to contact my team or I so we may be of assistance. Thank you for your time and support in this matter.

Sincerely,

Dawan Utecht,  
Director Fresno County Department of Behavioral Health/Public Guardian.

Enclosures:

*Fresno County's Request of MHSA Approval for Use of Innovation Funds for Community Planning Process and Stakeholder Input*



## County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT  
DIRECTOR

### Fresno County's Request Of Mental Health Services Oversight & Accountability Commission Approval For Use of Innovation Funds For Community Planning Process And Stakeholder Input.

#### Introduction

Fresno County Department of Behavioral Health (DBH) invests a great deal of time and effort in its community planning process. The input from the community is vital to effective planning and program development. Similarly to other counties, Fresno County is faced with an imminent risk of reversion on June 30, 2019 of Innovations Funds. Fresno County DBH is working diligently with its partners, counties and the Mental Health Oversight and Accountability Commission (MHSOAC) to allocate those funds subject to reversion into efforts and programs that will benefit statewide efforts and transformational efforts of the behavioral health system in California. Over the years Fresno County has conducted robust community planning, but for a county as large and diverse as Fresno, additional efforts need to be undertaken to truly have meaningful input from all those who are served.

#### What Has Been Done

For many years Fresno County DBH has engaged in wide scale community planning processes, to ensure our culturally, economically, geographically, and generational communities' diverse needs are factored into and addressed in our Mental Health Services Act (MHSA) Three Plans and Annual Planning Updates. Additionally, in the coming years Fresno County DBH is seeking to have an even more robust community planning process which will not only focus on different communities based on geographic locations of such a large county, but also by targeting populations such as, but not limited to mono-lingual Spanish speakers, non-English speaking South East Asian communities, LGBTQ+ youth, TAY, parents, youth in rural communities, service users, Veterans, university students, providers of mental health, substance use and physical health. Fresno County DBH aspires to engage faith communities, advocates and first responders who all work and serve our communities. Fresno County DBH is seeking to strategize ways it can increase community engagement in the planning through use of social media (as a way to engage those who may not be mobile, or do not want to be seen, but do want to be heard). Fresno County is working on developing strategies to increase community awareness and presence at events in the future, including hosting events in the community, using an array of targeted advertising/marketing (including radio, on-line and social media ads, ads to youth and TAY via streaming services, etc.) to garner greater community input. Lastly, Fresno County is also exploring use of digital/on-line surveys in languages beyond the threshold languages.

Fresno County DBH has historically conducted these robust and meaningful efforts around community planning, but to date had not formally identified the cost, or reported the actual cost in conducting these vital efforts.

#### Why The Need

In the coming year Fresno County DBH has five innovation plans it will be presenting to the MHSOAC for approval. Two are currently in the process, one is set to begin development process with stakeholders in

[Fresno County Request For Approval For Innovation Funds For Community Planning Process 1](#)





## County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT  
DIRECTOR

the next month, and two more (are part of the current MHSA Three Year Plan/AB 114 Plan) need to be developed. All will need at least some, if not robust, stakeholder input to develop. Additionally, Fresno County hopes to, join in two statewide MHSA supported innovation plans, which will also involve stakeholder involvement.

In the coming year, Fresno County DBH will also begin community planning for its new MHSA Three Year plan and subsequent new Innovation Plans that will evolve out of that new Three Year Plan. We have learned over time that Innovation Plans do in fact expend a great deal of time and cost in their development, particularly as they typically result of out the ideas generated out of the community planning process for the three year plans and annual updates. Those ideas have to then be developed with input from the target populations and community members. Through this process, the ideas then have to move from concept to actual program designs with details that usually require even more stakeholder and community involvement and planning. After that, there is the program development and approval process. Thus, the innovation plans are much more robust efforts than other components of MHSA planning. Innovations projects, as new pilots, system change, research studies, or adaptations cannot simply be started.

During the Innovation approval process, it is clear that the MHSA Commissioners value and emphasize a robust and meaningful community planning process. Fresno County would like to develop a robust stakeholder process to be able to demonstrate the meaningful community planning that has occurred.

### The Plan

Fresno County is requesting MHSA approval to dedicate use of Innovation funds to a specific annual allocation for a wide range of community planning, having an emphasis on the planning involved in support of the Innovation Plans. Currently, counties may use up to a total of 5% of their budgets to fund community planning efforts. Fresno County is seeking approval from the MHSA to utilize a total of \$750,000 over the next five years to conduct community planning (prioritizing innovation related community planning). Fresno County is exploring options for community planning around innovation projects that could be developed with entities such as BeHealth Today to provide stakeholders with greater insight and an active role in developing innovation plans.

Having funds dedicated to community planning can ensure that the community can meaningfully support the Department in developing ideas and projects which can be transformational to the behavioral health system, It will also demonstrate Fresno County's commitment to its stakeholders to continue to have meaningful engagement with them in planning MHSA efforts via implementation of clear dedicated budgeted activates.

### Budget

Fresno County DBH is requesting for the MHSA Executive Director's approval and authorization to used \$750,000 of Innovation funds subject to reversion on June 30, 2019 to be used for community planning over the next five years for an annual amount of \$150,000 (with the priority focus on innovation community planning).



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DAWAN UTECHT  
DIRECTOR

## Outcomes

Fresno County DBH is committed to its efforts and stakeholders. Fresno County is committed to adhering to the regulations, with transparency and transformation. The Department will be able to report out its efforts each year in community planning, by demonstrating the types of advertising it utilized, the number of community members who participated in the planning process, the number of community planning events, the target populations for those events, what projects were supported through those community planning activities and how those efforts yield Innovation Plans that are submitted to the MHSOAC and Commissioners for approval.

## Conclusion

If this request by Fresno County of the MHSOAC is approved, Fresno County will immediately add an amendment to its Annual Update and include the Amendment to the plan which will be finalized by the Fresno County Board of Supervisors in late June.

Additionally, with approval by the MHSOAC for the use of the identified funds, Fresno County will amend its annual revenue and expenditures report to reflect the changes. Finally, Fresno County DBH will include the community planning funding and this plan in its new three year plan to ensure the identified effort for community planning and related budgets.