

**FRESNO COUNTY BEHAVIORAL HEALTH BOARD**

# **ANNUAL REPORT**

**TO  
BOARD OF SUPERVISORS**

**2025**



Prepared by Brooke Frost, Chair

Approved by Behavioral Health Board March 18, 2026

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## **Fresno County Behavioral Health Board**

### **Vision**

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

### **Mission**

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

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

## BEHAVIORAL HEALTH BOARD SUMMARY 2025

In 2025, the Behavioral Health Board (BHB) primarily focused on:

1. Keeping up to date on implementation of the passed Behavioral Health Services Act (BHSA - Proposition 1) and CalAIM, trying to understand potential impact of both on contractors, the department, and clients and BHSA related legislation.
2. Learning more about services where mild to moderate identification or services occur.
3. Continuing to understand the successes and especially the challenges encountered in a county that is under-resourced in many areas, which often leads to a lack of scaling successful practices or services.

Progress seen on last year's recommendations was somewhat mild while everyone waited to see rules and timing finalized for the federal H.R.1 and impacts to the state, which appear to still not to be fully solidified. Behavioral Health is fortunate that its federal waiver for BH-CONNECT does not end until 2028.

- We welcome the advancement of collaboration occurring in housing through the new Housing Office and the range of partners involved. Although those with diagnosed mental health issues are a small part of the effort, working together to house those homeless have the potential to lower drug use over time, and to avoid development of related mental health symptoms from living on the streets.
- Communication about access and services integrated across the Behavioral Health entire continuum continues to be a work in progress. We expect to hear more about this very soon when the integrated plan is provided.
- We successfully recruited a youth representative for the Board, although we have been unsuccessful so far with a Local Education Agency (LEA) K-12 representative.
- Training in co-occurring disorders across all clinical treatment categories in the department is at the beginning stages. We appreciate that the electronic learning modules the department has purchased for its staff will have the ability to be shared with contracted providers.

We understand it is a challenging time as resources shrink further, costs continue higher, and time to implement mandated changes becomes shorter. We thank all mental health and substance use providers – from those serving children to adults, whether substance use, mental health, or administrative. We appreciate their stamina, finding humor when possible, and their commitment. They all continue to care. Not only do we want to do right with those that benefit from the services provided, but we also want to do right with those providing the services.



## **Fresno County Behavioral Health Board** **2026 RECOMMENDATION TO THE BOARD OF SUPERVISORS**

The Behavioral Health Board recognizes that revenues are low, and needs are great across the county. We understand that the department and county are doing the best they can with what is available.

We have two recommendations for 2026: 1) Advocacy to state legislators for substance use disorder treatment funds for those on conservatorship and 2) support for organizations outside the department providing prevention services by supplying letters of support for any fund development grant proposal requested.

1. The Lanterman-Petris-Short Act (LPS) law expanded to include those with only substance use disorders who meet the grave disability definition for conservatorship but with no funding attached to meet the mandate for the anticipated increased cost. Your advocacy is important to keep the lack of funds in front of lawmakers. It will impact the success of housing the homeless without sufficient substance use treatment facilities and resource recovery homes (formerly called sober living homes.)
  
2. In times of revenue shortfalls, prevention services are usually eliminated. There is often an unstated expectation that community-based organizations (CBOs) and schools will meet that need somehow. The impact of the Behavioral Health Services Act funding designations and state and federal cuts forcing local county departments to eliminate CBO contracts are exacerbated further through the challenges of CalAIM implementation. Many CBOs providing prevention services are at risk of surviving long term or significantly reducing where and whom they serve.

We ask that a Board of Supervisor provide a letter of support for any CBO that makes a request for a grant or funding proposal. If they are in your district, please attend or support their fundraisers. Without their prevention and relationships to increase trust of large institutions, the medium- and longer-term result is increased severity (and cost) of mental health and substance use services required by the County.

## APPENDIX 1 – Fresno County Behavioral Health Board

### FRESNO COUNTY BEHAVIORAL HEALTH BOARD

As of March 31, 2026

Brooke Frost, Chair  
Angel Lopez, Vice Chair  
Elizabeth Kus, Secretary

Mary Lou Brauti-Minkler  
Carolyn Evans  
Marcus Fuller  
Samira Maldonado  
Blanca Meyer  
Gobinder Pandher  
Kyle Pennington  
David Thorne  
Debbie Xiong  
Luis Chavez, Supervisor (non-voting)

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

The Behavioral Health Board is currently recruiting a representative from a Local Education Agency (LEA).

## APPENDIX 2 – Fresno County Behavioral Health Board 2026 Goals

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

### **Liaison to the Community**

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

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

- Visit programs and services in rural and urban communities across the behavioral health continuum of severity.
- Participate in development of BHSA Annual Plan and Update by providing input and communicating community concerns.

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

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

## APPENDIX 3 - Committee Reports

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

## Adult Services Committee 2025

Prepared by Chair Carolyn Evans

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

To begin its year the Adult Services Committee heard from Sunrise, a Full-Service Partnership (FSP) provided by Turning Point of Central California, contracted by the Department of Behavioral Health (DBH). Referrals come directly from the Urgent Care Wellness Center at DBH. Sunrise may serve up to 180 individuals who have Severe Mental Illnesses (SMI), and possibly co-occurring Substance Use Disorders (SUD). The population served includes frequent users of hospitals and/or Emergency Rooms, homeless or at risk of homelessness, and those involved in the criminal justice system. Services provided include medication support, therapy, crisis support, education and employment support, co-occurring support, life skills, and housing placement. Staff is available 24/7 for after-hours service. The ultimate goal is to assist clients in becoming self-sufficient and independent.

Additional presentations included the following programs:

The Urgent Care Wellness Center (UCWC) is the front door for DBH services. UCWC is located at 4441 Cesar Chavez Blvd., and is open from 8-5, Monday-Friday. Walk-ins are preferred, but some appointments are available. Referrals come from hospitals, parole, probation, families, as well as self-referrals. A person who walks in will be assessed by one of eleven clinicians. Those with Mild to Moderate conditions will be referred to their Managed Care Plan. Those with a SMI will be referred to DBH for psychiatry, therapy, case management, or FSP services. UCWC also has 3 Substance Abuse specialists who will screen and refer to DBH Pathways or an appropriate SUD service provider. UCWC now welcomes families to provide information and support, even if their loved ones refuse services.

The 16 bed Crisis Residential Treatment Facility offers a short-term treatment program (up to 30 days) for adults needing support following a serious psychiatric episode who might otherwise face hospitalization. Individuals are referred by DBH, Hospital Emergency Rooms, crisis stabilization centers, psychiatric health facilities, and collaborative courts. This is a voluntary program in an unlocked facility. Ten support groups are offered daily, and residents are encouraged to attend at least six groups. Residents have light chores, including cleaning their rooms and restrooms. The average census is 11 clients. A majority complete the 30-day program.

Once an individual has been placed on an LPS Conservatorship, the RISE (Recovery with Inspiration, Support, & Empowerment) Team and the Community Conservatorship Team oversee the placement and treatment of the conservatee. At the time of the presentation there were 261 individuals on conservatorship in Fresno County. The RISE Team is a group of Deputy Conservators overseeing the care of 134 individuals in secured/locked facilities throughout California. In Fresno, Horizon Health can serve a few individuals, and in Kingsburg, the Crestwood Healing Center is available for Fresno County residents. Whenever those are full or cannot meet the needs of individuals, conservatees are placed in facilities throughout the state. The goal is for people on LPS (Lanterman-Petris-Short) conservatorship to live in the community instead of an institution. When a person is ready to return to the community, the Community Conservatorship Team takes over the care and treatment. Currently, 127 individuals are in community-based Board & Care facilities in the Fresno area. There are annual reviews for each conservatee to determine their readiness for discharge from conservatorship. If dismissed from conservatorship, individuals are transferred to a FSP or another community-based treatment program for continuing care.

The DBH Older Adult Team serves individuals 60 and older with moderate to severe mental health disorders. There are approximately 155 persons, ages 60-81, assigned to the treatment team. About 85% of the clients have co-occurring SUD diagnoses, and 30% are unhoused. Individuals are referred by the UCWC, hospitals, Adult Protective Services, Community Conservatorship team, DBH treatment teams, and FSPs. Services include individual and group therapy, psychosocial rehabilitation, linkage to community services, case management, and care coordination.

The Adult Services Committee allows the Behavioral Health Board and other participants to learn in depth about the many behavioral health services that are provided by Fresno County and by other services providers to support residents of the county who live with behavioral health disorders. When we all know about available resources, the better we can assist others in receiving the services that they need to live successfully in the community.

## Children's Committee Report 2025

Prepared by Co-Chairs Mary Lou Brauti-Minkler and Kevin Lisitsin

The Children's Committee of the Behavioral Health Board is a joint committee of the Behavioral Health Board and the Foster Care Standards and Oversight Mental Health Committee, with Kevin Lisitsin, as their representative. The committee meets bimonthly in **February, April, June, August, October, and December**. The 2024 meetings were in person meetings and held at Blue Sky Wellness Center on the fourth Thursday of the month at 9:00 am to 10:30. Each meeting includes an update by the Department of Behavioral Health, Children's Services Department Division Manager Luisa Parra-Sanchez. The meeting format also includes a guest speaker from a children's services agency in Fresno County.

**February 27, 2025:** This meeting was facilitated by the chair, Mary Lou Brauti-Minkler and included a presentation by Jana Todd, CEO/President of JDT Consulting Therapeutic Behavioral Services. The services have been provided since 2005 and are covered by Medi-CAL for youth involved in a court-ordered child welfare case and have become at risk of losing placement within a residence with a resource family. When referred, the youth receives therapeutic behavioral services that help them learn skills to cope with their emotions. Youth receiving services range in age from two up to 21 years old.

The program has 84 staff members, 14 being management, 60-70 therapeutic behavioral service coaches, 40-45 being full-time. Each child is assessed to determine those behaviors jeopardizing placement. About 76% of those receiving services do graduate.

To successfully provide individuals with needed services JDT collaborates with many other programs in Fresno County such as: Exceptional Parents Unlimited (EPU), Turning Point Dragonfly, All 4 Youth, California Psychological Institute (CPI). STARS, Department of Behavioral Health, Pacific Clinics, and Clovis Unified to work. On Individualized Education Plans (IEPs), and other contracts.

**April 24, 2025:** This meeting was facilitated by Co-Chair Kevin Lisitsin and included a presentation by Ana Monreal from the Exodus Recovery, Crisis Stabilization Center (CSC) which is open 24 hours a day, 7 days a week and 365 days a year. This center is LPS designated allowing staff to evaluate and involuntarily detain individuals determined to be a danger to themselves or others or are gravely disabled. The Youth unit can hold a maximum of 10 kids and provides groups and crisis services for up to 24 hours after which the child will be discharged to the appropriate level of care as determined by the psychiatrist or Psychiatric Nurse Practitioner.

**June 26, 2025:** This meeting was facilitated by Co-Chair Kevin Lisitsin and included a presentation by Sierra Scott, the Director of Business Development and the Community Liaison from River Vista Behavioral Health facility in Madera. next to Valley Children's Hospital. River Vista treats mental health issues in children and adolescents from ages 5 to 17, as well as adults and senior adults. Levels of care include inpatient treatment, partial-hospitalization, and intensive outpatient care. The 128-bed facility is currently operating at 90 beds with

approximately 19 beds occupied by children. Walk-ins and referrals from all major hospitals are accepted.

**August 28, 2025:** This meeting was facilitated by Chair Mary Lou Brauti-Minkler and included a presentation by Mark Stroup, LMFT at DBH regarding ACES (Adverse Childhood Experiences), the psycho-physiology of trauma and how life traumas ripple through life and set people up for certain negative outcomes. Many types of traumatic events can occur with children ages 0-17 that manifest through the brain feeling threatened and the release of stress hormones. Toxic stress has been associated with 9 of the leading causes of death in the U.S., including heart disease, cancer, and diabetes partly by affecting the immune system.

Only after the constant toxic stress has stopped and nurturing has been received can normal neural functioning be restored. Addressing psychological issues brought on by ACES and nurturing love can help bring healing. More information and screening tools can be found at [www.acesware.org](http://www.acesware.org).

**October 23, 2025:** This meeting was facilitated by Chair Mary Lou Brauti-Minkler and included a presentation by DBH staff from the Children's Services Division regarding the Eating Disorders Team. Currently there is both a Children's Eating Disorders Team and an Adult Team. Children are assessed for services through the Urgent Care Wellness Center. The main eating disorders treated are: Avoidant-Restrictive Food-Intake Disorder (ARFID), Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder. Youth are shown You-Tube videos for re-education about food.

Worksheets, books and blogs are also provided. Some patients are referred to UCSF or Stanford for the highest level of care.

**December 18, 2025:** The meeting was facilitated by Co-Chair Kevin Lisitsin and included a presentation by Breaking the Chains which was founded in 2014 by Tiffany Apodaca and Debra Rush. The organization currently has three locations, which consist of one at the City Center, one undisclosed location, and an office in Parlier. The Organization focuses on providing direct services for individuals impacted by human trafficking, labor and sex trafficking and sexual exploitation. They have four departments:

- Emergency Services -Intake first point of contact to determine the individual's needs
- Nonresidential- caseloads for individuals that are stable, have support, and their basic needs are being met
  - Case manager assists with goal planning, education resources, employment resources and life skills classes
- Residential – for individuals that may need more resources and support to become stabilized
  - Individuals must be willing to participate and want to undo bad habits learned
  - It is a sober facility high barrier program
  - Focus on life skills at a basic level
  - Four step program that is goal oriented
  - Transitional - Once the individual has completed the four steps, they enter the transitional stage and may move onto a non-residential case load

## **Forensics Committee Report**

Prepared by Chair Brooke Frost

Due to difficulties with scheduling presentations, there were just two meetings. The December 2025 meeting was moved to January 2026 at the request of the presenter Wellpath and will be included in next year's report. All available BHB members attended a site visit of the new West Annex of the jail that focuses on those with mental health and substance use issues during an August site visit as well. In addition, DBH reports occurred on the status of BHSA implementation relating to the justice-involved population.

### **March 7, 2025 - California CONREP Program with information on Diversion and Intensive Support Team (IST) Processes**

Two representatives from the Conditional Release Program (CONREP) attended the meeting and shared some details related to the experience for individuals determined incompetent to stand trial and who are committed to the Department of State Hospitals (DSH). Upon admission a person is evaluated/assessed, and the level of care is determined. There are five levels of care with the Hospital being the most restrictive level as intensive care, second would be intermediate, third is supportive, then semi-transitional and the lowest level being aftercare. A placement recommendation is made through a hearing with the Department of State Hospitals. This is where CONREP may be considered appropriate, and the defendant/client is ordered to participate in the CONREP program. CONREP is considered semi-transitional with individuals coming into the office three times a week and CONREP staff completing home visits with them as well. The program has an in-house psychiatrist and receives an average of about 48 – 50 clients a year. The following is a list of some of the challenges the program identified:

- Housing
- Aging population
- Locating skilled nursing facility with availability especially a forensic skilled facility
- Case management support
- Staff retention for clinicians, social workers, licensed marriage family therapists

Every Client is unique with their own individual needs and outcomes which makes success appear in many ways. Overall success for the program looks like their community within a community as a therapeutic healthy environment.

The process for Intensive Support Team involvement before and after the January 2025 changes were explained.

### **September 5, 2025 – Wellpath at the Juvenile Justice Campus (JJC)**

Two representatives from Wellpath at the JJC provided and updated many changes that have occurred since services were transitioned to Wellpath from TURN Behavioral Health. Current programming Wellpath oversees at the JJC:

**New Horizons Program (NHP)**

One-year long commitment in custody program with the possibility of early release after 8 months depending on participation.

**Substance Abuse Unit (SAU)**

Six month in-custody treatment and six-month outpatient treatment that must be completed.

**Substance Use Disorder (SUD)**

SUD services are offered to or available for any youth who enters the facility, rather than be court-ordered or court mandated youth participate voluntarily.

For fiscal year 24 – 25 there were 20 clients who participated in NHP, 17 in SAU and 129 in SUD. One of the biggest challenges noted is educating parents to continue mental health treatment when the youth leave the structured environment.

## **Substance Use Disorders Committee Report**

Prepared by Chair Debbie Xiong

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

### **April 10, 2025 – Fresno New Connections**

The Fresno New Connections Assistant Director Rob Martin attended the meeting to discuss the services available at the program. The program has been established since 1975. Certified through the state and contracted with the County the program is funded by Medi-Cal providing substance use disorder (SUD) treatment for adolescents and adults. In the past they provided mental health treatment as well as SUD services.

The program serves as many as up to 300 individuals a month with 17 counselors on board. A referral is not required to attend. They operate under the no wrong door policy. An assessment is given using American Society of Addiction Medicine (ASAM) criteria to determine diagnosis and the appropriate phase to begin treatment. A counselor is assigned, and services are provided based on the individual's continued need.

### **June 12, 2025 – Department of Behavioral Health Housing Division**

The Department of Behavioral Health Division Manager Rita Mehia attended the meeting to provide information on housing services available. The division refreshed in September 2024 and took on a new name of Housing and Related Services Division. It focuses on unhoused or at-risk for homelessness population with a severe mental illness (SMI) diagnosis. There are five basic types:

- Bridge Housing. There are two locations for low barrier shelters structured as a housing temporary option for 90 days with a plan for a permanent place.
- Permanent supportive housing – onsite services (groups, therapy, case management).
- Master leasing - independent housing, with a two-year maximum stay with no services onsite.
- Recovery residences - 37 locations.
- Hotel / Motel voucher - two-week maximum stay with plans for another housing option.

### **December 11, 2025 – California Senate Bill 243 Presentation**

Emma Rasmussen, DBH Deputy Director presented on the bill signed into law by Governor Newsom, which adds severe substance use disorder for an expanded definition of gravely disabled, when applied to Welfare and Institution Codes 5150, 5252, 5270 holds and LPS Conservatorship for adults. History on the Lanterman-Petris-Short Act was provided along with

information on involuntary psychiatric holds, conservatorship and the changes brought by SB 43. DBH is working on a way to have individuals assessed. They are collaborating with law enforcement to address safety issues and working with Mobile Crisis team on assessing to provide linkages. The focus is kept on how individuals must voluntarily accept services.

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

## APPENDIX 4 – Behavioral Health Board Site Visits Conducted

Site visits may be conducted in person or virtually. Most were in person in 2025.

### **2025**

January – None (BHB annual workshop and training)

February – Dreamcatchers Empowerment Network (employment assistance for those with mental health issues)

March – Public Guardian Office

April – Cultiva La Salud, Fresno and eastern Fresno County

May – Welbe Health, Fresno

June – Valley Health Team, Firebaugh

July – None

August – Fresno County Jail, West Annex

September – Promesa, specifically Short Term Residential Treatment Programs (STRTP) for at-risk or foster youth from in and out of Fresno County

October – Valley State Prison

November – None (CARE Court Action Center delayed to 2026)

December - None

For information on these site visits, please contact the BHB chair.

## APPENDIX 5 - Behavioral Health Board 2025 Meeting Schedule

All locations change in 2026.

### **Behavioral Health Board**

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

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

*Brooke Frost, Chair*

*Angel Lopez, Vice Chair*

*Elizabeth Kus, Secretary*

### **Executive Committee**

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

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

BlueSky Wellness Center 1617 E. Saginaw Way Fresno, CA

*Chair, Brooke Frost*

### **Adult Services Committee**

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

BlueSky Wellness Center 1617 E. Saginaw Way Fresno, CA

*Carolyn Evans, Chair*

### **Forensics Committee**

**First Friday Quarterly at 10:00 to 11:30 AM**

BlueSky Wellness Center 1617 E. Saginaw Way Fresno, CA

*Brooke Frost, Chair*

### **Children's Services Committee**

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

BlueSky Wellness Center 1617 E. Saginaw Way Fresno, CA

*Mary Lou Brauti-Minkler, Chair; Kevin Listsen, Co-Chair*

## **Substance Use Disorder Committee**

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

BlueSky Wellness Center, 1617 E. Saginaw Way Fresno, CA

*Debbie Xiong, Chair*

## APPENDIX 6 – DATA NOTEBOOK 2025

The targeted focus in 2025 was on Wellness Centers to be conducted by an interview through questions provided by the state oversight commission. Fresno County has both Blue Sky and The Fresno Center. The interview was conducted at Blue Sky since it had been the subject in a report a decade earlier. It was approved by the Behavioral Health Board October 15, 2025 and submitted October 24, 2025. The information is provided by the Behavioral Health Board to the California Department of Health Care Services' Behavioral Health Planning Council annually via electronic survey transmission.

A subsequent report on all state responses was provided. The Fresno submission follows.

#20

COMPLETE

**Collector:** CBHPC 2025 Data Notebook (Web Link)  
**Started:** Thursday, October 23, 2025 3:18:51 PM  
**Last Modified:** Thursday, October 23, 2025 5:08:04 PM  
**Time Spent:** 01:49:12  
**IP Address:** 64.171.224.83

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Page 3: Wellness and Recovery Centers in California's Public Behavioral Health System

**Q1** **Fresno**

What is the name of your county?

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**Q2**

How many Wellness Centers are there in your county?

2

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**Q3** **No**

Does your county also currently operate a Clubouse Model program?

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Page 4: Wellness and Recovery Centers in the Public Behavioral Health System

**Q4**

Name of the Center/Program

BlueSky Wellness Center

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**Q5**

Address of the Center/Program

1617 E. Saginaw Way, Suite 108, Fresno, CA 93704

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**Q6** **No**

Is the program operated by the county?

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**Q7** **Yes**

Is the program a non-profit organization?

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<p><b>Q8</b></p> <p>Is the program part of another organization?</p>	<p><b>Yes</b></p>
<p><b>Q9</b></p> <p>Does the program receive any issues or stigma from the surrounding community, i.e. NIMBYism?</p>	<p><b>Yes</b></p>
<p><b>Q10</b></p> <p>Who can we reach out to for more information about the program? (This may or may not be the same person who completed the survey.) Please provide their name, title, and contact information.</p> <p>Tina Jenkins, M.S. SUDCC IV, Recovery Services Administrator, tjenkins@kingsview.org</p>	
<p><b>Q11</b></p> <p>Does the program have a Board of Directors?</p>	<p><b>No</b></p>
<p><b>Q12</b></p> <p>Are the participants engaged in the management and design of the program?</p>	<p><b>Yes</b></p>
<p><b>Q13</b></p> <p>Will the program assist participants' inclusion in community planning activities, such as the integrated plan for the behavioral health department?</p>	<p><b>Yes</b></p>
<p><b>Q14</b></p> <p>Is the program based on the recovery model?</p>	<p><b>Yes</b></p>
<p><b>Q15</b></p> <p>Is the program drop-in?</p>	<p><b>Yes</b></p>
<p><b>Q16</b></p> <p>Please indicate who is welcome at your center (check all that apply):</p>	<p><b>Persons who identify mental health needs,</b></p> <p><b>Persons who identify substance use disorders needs,</b></p> <p>Other (please specify):</p> <p>Those with no formal diagnosis but who present symptoms and are interested attending after visiting for two hours.</p>

**Q17** Does your program follow a specific model? If yes, what is the name of the model?

Yes (please specify):  
Our actual answer to this question is No because it is not one specific model followed, elements of strength-based curriculum and core principal recovery models, such as harm reduction etc.

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**Q18** Which of the following funding sources are used for program operations? Please check all that apply.

**County,**  
Other (please specify):  
MHSA under PEI

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**Q19** Does the program operate as part of a larger organization that is not the county behavioral health department? If yes, what organization?

Yes (please specify):  
Kingsview Behavioral Health, who is contracted with the County

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**Q20** Do the supervisors of the program have lived experience?

**Yes**

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**Q21** Does the program utilize volunteers with lived experience from your membership?

**Yes**

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**Q22** Does the program utilize other volunteers, such as family members of people with lived experience?

**No**

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**Q23** Does the program employ certified peer support specialists?

**No**

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**Q24** If you answered “Yes” to question 23, are the peer support specialists the program employs billing Medi-Cal for their services?

**N/A**

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**Q25**

Please list other categories of people working in the program:

this text is a note for our answer "no" to question #23 - the program does not currently employ certified peer support specialists although the program has three people ready to take the training.

Response to question #25 - College interns, community volunteers, students wanting community service or want to learn about the behavioral health area.

**Q26**

**Yes**

Does the program have guidelines or a code of conduct that participants must agree to?

**Q27**

Does the center offer support or activity focused groups? If yes, what are some of the topics?

Yes (please specify):

Four main areas: Support Groups Activities, Directing Our Own Recovery (DOOR), Depression/Bipolar/Schizophrenia Alliance (DBSA), and Greater Neighborhood Crew (GNC). The program also has events and important dates each month with some days that include food. Some examples of the Support Groups include Life Resilience, Spanish 101, Anxiety, Recovery Tools & Mindfulness. Examples of Activities include, art, walking/stretching, bingo, cornhole, music wellness, jewelry, karaoke, clothing closet, gardening, open peer advisory council meeting and facilitator & volunteer meeting.

**Q28**

**Yes**

Does the center have a set schedule of groups and activities?

**Q29**

**Yes**

Is there a list of activities provided to participants by staff?

**Q30**

Does the center offer activities in different languages? If yes, what languages?

Yes (please specify):

Most are bilingual Spanish/English with other members or staff helping with interpretation when needed. Recently gained a new monolingual Spanish speaker (staff/members provide interpretation). up to this point forms have been only English. The Program Manager is expecting to receive Spanish forms soon.

**Q31**

What personal supports does the center offer to participants? Please check all that apply:

**Showers,**

**Snacks,**

**Clothing closet,**

**Personal grooming,**

**Personal products / toiletries,**

Other (please specify):

Prior to COVID and when budgets were higher, meals and laundry services were provided regularly. Showers are now mobile showers provided twice a month by a non-profit serving homeless and conducting outreach. Coffee, water, and ice are provided. For the next question #32, bus tokens are provided

**Q32**

Are transportation services or support provided to participants?

**Yes**

**Q33**

Is there a licensed clinician at the center?

**No**

**Q34**

Do you provide medication management support? If yes, please describe the services.

**No**

**Q35**

Does the program accept drop-in participants?

**Yes**

**Q36**

Does the program receive referrals from the county?

**Yes**

**Q37**

Does the program receive referrals from other organizations? If yes, please list some of those organizations.

Yes (please specify):

Response to question #36 - There is no formal process, however, individual case workers or therapists from different county departments such as DBH, Probation, Social Services and collaborative courts refer people. Response to question #37 - yes, private therapists and others who know about BlueSky do provide linkages. Full-Service Partnerships (FSPs) such as Turning Point and TURN (formerly known as Mental Health Systems) regularly link clients to BlueSky

**Q38**

Yes

Does the program conduct satisfaction surveys for participants?

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**Q39**

If possible, please describe one brief success story from/about the program.

"G" recounted that as a homeless man in 2013, his therapist suggested he attend BlueSky. The man "G" looked in and almost left until a staff member reached out asking how she could help. He started as a volunteer rotating various positions such as landscaping, maintenance, front desk, and after six months was in the kitchen. A position opened and "G" became a cook for breakfast, lunch and dinner for two years. He attended various support groups and activities. Early in his recovery journey a friend recommended a room and board, which allowed him to get off the streets. Over the years, he worked up to a position there as House Manager, which provides him with a free room instead of paying rent. This is where he still resides. He monitors/checks in on residents and connects them to their case manager when needed. He stopped attending BlueSky for about six years while taking care of his sister and father, but missed it and later came back. "I love this place, I am part of BlueSky and BlueSky is part of me." He was persuaded to join the peer advisory council (PAC) earlier than intended upon his return and quickly became president. COVID closure had a negative effect on attendance and participation and "G" saw an opportunity to bring more member voices forward. He educated himself on boards, since he wanted to change the way the PAC board was run and recruited another member who trusted him. That member stepped out of his comfort zone to become Secretary because of his trust in "G" and has done a great job. Small changes in the PAC board has occurred with more planned. Members now have a voice in events, such as learning about domestic violence, at their request. BlueSky administrator noted that "G" is instrumental in advocating for members. Word of mouth on the program is growing. Events usually have attendance of about 70. non event days ranged from 20 - 40 per day after COVID. Now non-event days are again back to 68-70 a day consistently.

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Page 5: Post-Survey Questionnaire

**Q40**

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

**BH board partnered with county staff or director,**

**BH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function**

,

Other (please specify):

BH Board Chari and Fresno County DBH Division Manager interview the Wellness Center on site Administrator and the Peer Advisory Board President. Survey responses were checked for accuracy with the site administrator

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**Q41**

Does your board have designated staff to support your activities?

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

Administrative Assistant

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**Q42**

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

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

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**Q43**

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

Name	<b>Brooke Frost</b>
County	<b>Fresno</b>
Email Address	<b>brookefrost@live.com</b>
Phone Number	<b>559-288-4082</b>

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**Q44**

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

we greatly appreciated the simplicity of this Data Notebook, which allowed us to handle the project ourselves as Board since there was little additional data required that only DBH could easily access. If an interview style data notebook occurs again, we recommend having an optional comment box for each section so that any helpful clarifications or nuances to explain a yes or no answer could be provided

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**Q45**

If you would like to receive a copy of your responses for your records, please provide a valid email address and we will follow up with an exported PDF of your survey.

dominja@fresnocountyca.gov

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