



County of Fresno

ADVISORY BOARDS AND COMMISSIONS

FRESNO COUNTY BEHAVIORAL HEALTH BOARD

In-Person meeting

Wednesday, June 21, 2023 @ 3:30 PM

Health and Wellness Center

1925 E. Dakota

Fresno, CA 93726

Agenda

PROGRAM ACCESSIBILITY AND ACCOMMODATIONS: The Americans with Disabilities Act (ADA) Title II covers the programs, services, activities and facilities owned or operated by state and local governments like the County of Fresno ("County"). Further, the County promotes equality of opportunity and full participation by all persons, including persons with disabilities. Towards this end, the County works to ensure that it provides meaningful access to people with disabilities to every program, service, benefit, and activity, when viewed in its entirety. Similarly, the County also works to ensure that its operated or owned facilities that are open to the public provide meaningful access to people with disabilities.

To help ensure this meaningful access, the County will reasonably modify policies/procedures and provide auxiliary aids/services to persons with disabilities. If, as an attendee or participant at the meeting, you need additional accommodations such as an American Sign Language (ASL) interpreter, an assistive listening device, large print material, electronic materials, Braille materials, or taped materials, please contact Jeannette Dominguez as soon as possible during office hours at (559) 600-0738 or at dominja@fresnocountyca.gov. Reasonable requests made at least two days in advance of the meeting will help to ensure accessibility to this meeting. Later requests will be accommodated to the extent reasonably feasible.

- I. Welcome**
- II. Approval of Minutes from May 17, 2023**
- III. Department of Behavioral Health (DBH) Update; Director, Susan Holt**
 - A. General Updates: DBH Events, Board of Supervisors (BOS) Items and Legislation
 - B. Report of services for Substance Use Disorder (SUD)
 - C. Outcomes and Overview – CVRC - Sanger Place
- IV. Public Comment**
- V. Old Business**
- VI. New Business**
 - A. Discussion and Approval of Behavioral Health Board (BHB) Annual Report to the BOS
(Report attached, all appendices not included)
 - B. AB 283 Mental Health Services Oversight and Accountability Commission (MHSOAC) Update
 - C. BHB June Site Visit Report – Youth Leadership institute (YLI)
 - D. July site visit – Family Urgent Response System (FURS), Kings View

This meeting is open to the general public under the Ralph M. Brown Act.

VII. Subcommittee Updates

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

VIII. Public Comment

IX. Adjournment

Behavioral Health Board and Committee Meetings Schedule:

Behavioral Health Board

Wednesday, July 19, 2023

Forensics Committee

Monday June 12, 2023 1:30 PM

Executive Committee

Monday, July 3, 2023, 11:45 AM

Adult Services Committee

Monday, August 7, 2023 10:00 AM

Substance Use Disorder Committee

Thursday, Sept. 14, 2023 10:00 AM

Children’s Services Committee

Thursday, June 22, 2023, 9:00 AM

FRESNO COUNTY BEHAVIORAL HEALTH BOARD

ANNUAL REPORT

TO

BOARD OF SUPERVISORS

Combined Report 2020- June 2023



Prepared by Brooke Frost, Chair

Approved by Behavioral Health Board (Date), 2023

DRAFT

Appendixes abridged for distribution
Full report available through dominja@fresnocountyca.gov

Table of Contents

Vision	3
Mission	3
SUMMARY 2020 – Mid 2023	4
Mental Health and Substance Use Disorder Services	4
Workforce	4
Housing	5
Broadband Inequities	5
Initiatives Added in 2022	6
Conclusion	6
RECOMMENDATIONS	7
APPENDIX 1 – Behavioral Health Board	8
APPENDIX 2 - Behavioral Health Board Goals 2021-2023	9
APPENDIX 3 - Committee Reports	10
APPENDIX 4 – Behavioral Health Board Site Visits Conducted	16
APPENDIX 5 – Behavioral Health Board 2023 Meeting Schedule	18
APPENDIX 6 – DATA NOTEBOOK 2021	22
APPENDIX 7 – DATA NOTEBOOK 2022	23



Fresno County Behavioral Health Board

Vision

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

Mission

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

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

SUMMARY 2020 – Mid 2023

Between the COVID-19 pandemic and three chairs of the Behavioral Health Board (BHB) in the last two years, this report covers 2020 through June 2023. The intent is to provide a summary that combines past, present, and issues of the future. The BHB regrets the lack of annual reports and pledges to meet that obligation going forward.

The pandemic revealed a unified spirit in all areas of the county to address the resulting challenges. The Department of Behavioral Health is to be commended in its role to find and execute housing for those with mental illness or who were homeless to keep them quarantined when necessary. They were heavily engaged in providing vaccines to their staff and clients, as well.

Mental Health and Substance Use Disorder Services

Mental health services were maintained in some form throughout the system during the pandemic. Isolation and quarantine needs created challenges for those in the justice system and support groups for substance use were often discontinued for lengths of time. Contracted service providers took extra steps trying to reach people, whether by phone, computer, or arranging home visits in some fashion. Collaborative courts for clients with mental health and substance use with criminal behavior took place remotely with clients at their service provider site and “Zooming” into hearings. One of the most difficult issues that affected continued recovery progress for the court was the difficulty providing drug testing. Hopefully future planning will determine a way forward when in a similar emergency. Another issue is the lack of inpatient dual diagnosis programs for recovery – mental health and substance use disorders or substance use disorders and intellectual and developmental disabilities.

The stress on clients, workforce, families, and systems affected everyone. Navigation for matching mental health need to the appropriate service became a higher priority as individuals and families struggled to know how to access support. The addition of 9-8-8 may help and we look forward to future information on its results locally. Cultural issues around mental health stigma are an ongoing educational endeavor. With the pandemic, where weaknesses existed, they were widened. Where strengths could be found, regardless of source, they were highlighted and used. Working together and cross-communicating among known and previously unknown partners provided grace and positive momentum during the pandemic. All contractors, Department of Behavior Health staff, clients, and BHB members are commended for the continuity of services and the openness to new methods of operation.

Workforce

The pandemic and wildfires exacerbated existing needs that include an adequate, culturally congruent workforce that addresses the range of mild to moderate to severe mental health needs. In 2018, a UCSF report indicated the state by 2028 would be short 34% of needed psychologists, LMFTs, LPCCs, and LCSWs combined and 50% fewer psychiatrists than needed. This is exacerbated for regions like the Central Valley which are under-resourced already. With the pandemic and rising need, the lack of workforce is being felt now and mild-to-moderate needs have grown significantly. Mild to moderate needs are to be provided by Medi-Cal managed care plans or through private insurance. While they are listed in their directories, clinics often rotate those individuals from site to site on different days. In addition, during this time period, billing required a second visit and could not occur the same day as a

health visit. For rural residents especially, and for any low wage earner or those with transportation difficulties, this is a true hardship.

The isolation and lack of socialization opportunities raised positive awareness of mental health support as students and adults struggled. The good news is that now families are more willing to acknowledge mental health wellness needs for their children; however, they want these services provided at the school site, which helps avoid stigma and where relationships are stronger.

The foresight of Fresno County Superintendent of Schools and Department of Behavioral Health to establish All 4 Youth for school-site mental health services has enabled moderate to severe services for youth to be addressed but the effects of the pandemic on youth continue. The Department of Behavioral Health is required to provide services for those with primarily serious mental illnesses (SMI) or moderate to severe for children, which is what All 4 Youth provides. Behavior that could be addressed for mild to moderate level are unable to be provided by All 4 Youth. To assist the effort, we know that school districts are hiring psychologists, specialized social workers, and have been providing trauma-informed training to teachers and staff but the need is simply greater than there are trained staff available. Community-based organizations (CBOs) which are contracted service providers throughout the mental health and substance use disorder continuum of care have seen low retention as people switch to another organization hiring at higher pay or with less stress. Just as other organizations and agencies have done, CBOs have implemented pay and incentive strategies to increase workforce retention to combat pandemic fatigue.

Housing

Affordable housing of any sort, as we all know, has become a major issue everywhere in the County. The Department of Behavioral has been consistently working on this for its clients the past few years and opened a low-barrier shelter funded through MHSAs Innovation funds during the pandemic to research how successful it might be to enable individuals to move to a state of readiness for treatment. Supportive housing will continue to be a challenge for those with mental health needs. DBH is to be commended for working closely with various county partners to increase supportive housing for its clients. For those with co-occurring substance use issues, finding good sober living housing after treatment is extremely difficult, often perpetuating the cycle that may end in homelessness and inadequate mental health treatment.

Broadband Inequities

While not a topic of review these past two years by the BHB, broadband inequities for clients and those needing mental health services became apparent that left too many rural families with little to no access and urban families with inadequate speeds for telehealth mental health services. When sufficient broadband speeds were available, a local youth [survey](#) indicated that 19% of youth in middle or high school needed to leave their schooling to interpret for family members for any sort of virtual meeting or appointment. Digital literacy to know how to use telehealth for appointments is a separate issue that also needs attention. This area is not often considered in mental health as a need, but the pandemic revealed its importance and requires attention.

Virtual meetings allowed the Behavioral Health Board to continue meeting and conduct site visits, for the Collaborative Courts to meet safely and maintain some connection during the pandemic with clients, and the initial resistance by a wide variety of clients, staff, and board members changed over time. Now

decisions are being made on when in person meetings are best and when virtual meetings will allow more participation or address travel issues.

Initiatives Added in 2022

As the pandemic showed signs of receding and American Rescue Plan Act funding began dissemination to states, California began multiple initiatives or moved forward with existing initiatives that directly impacted Fresno County and the Department of Behavioral Health.

- CalAIM, including but not limited to Documentation Reform and Payment Reform
- Transition to new Electronic Health Record
- Children and Youth Behavioral Health Initiative
- Multiple Behavioral Health Continuum Infrastructure Project applications
- Children’s Crisis Continuum Pilot (in partnership with Department of Social Services and Probation)
- 24/7 Mobile Crisis Response (goes live in Dec 2023 and planning is underway)
- CARE Court implementation (goes live in 2024, but planning is underway)
- Felony Incompetent to Stand Trial Growth Cap (multi-department analysis and planning is underway)

The Behavioral Health Board would like to gratefully acknowledge the extra work the department and its partners have undertaken to address these initiatives. The time involved is considerable. In addition, the new three-year Mental Health Services Act plan was undertaken and drafted in 2022 and approved for State submission in the spring of 2023.

It should also be noted that current California legislative proposals for 2023 may result in a “refreshing” or “modernization” of the Mental Health Services Act. If all the different bills and proposals are passed and signed by the Governor, the current emphasis on providing funding for youth services may shift to the homeless. While the growing homeless population is a concern and important to address, the unintended consequence for families may be less funding for youth and prevention activities at a time when they are asking for more services not less. Also of great concern is the lack of capacity for housing and workforce in Fresno County that may be required with the reworking of MHSA.

If these legislative changes are enacted, the composition of the Behavioral Health Board will also change. The membership will continue with 50% being consumers or family members and at least one member be a veteran as required for our sized county, but additions will be 20% of membership to be employed by Local Education Agencies and 20% be individuals ages 25 or younger. At this time, the Behavioral Health Board has 9 of the 15 positions filled and we do maintain the 50% being consumers or family members ratio with the filled positions. The current BHB roster can be found in the Appendix.

Conclusion

The last three years presented unprecedented challenges that were met with fortitude by all involved in the mental health system. Attention to wellness for staff as well as clients continues to be needed. Being creative and financially supportive to expand the workforce is a high need. Capitalizing on the beginning of collaborative work will be important as attention is placed on changes and initiatives moving forward.

RECOMMENDATIONS

The following recommendations for the Board of Supervisors were developed by the Behavioral Health Board in the first quarter of 2023.

1. Support recruitment and retention of behavioral health professionals, including fiscal incentives and technological flexibility.
2. Expand permanent supportive housing inventory with less restrictive criteria for individuals with behavioral health disorders at all levels of need, regardless of current housing status.
3. Educate and disseminate information to the community about behavioral health services and programs that are available, along with a navigation system for accessing those services.
4. Establish inpatient substance use disorder treatment programs for individuals with severe mental illness.

APPENDIX 2 - Behavioral Health Board Goals 2021-2023

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 on behavioral health issues to state and federal agencies.

Liaison to the Community

- Develop and implement a plan for interaction with clients, family members and other interested community members
- Hold at least two community forms, one at a metropolitan site and one at a rural location
- 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

- Receive reports at BHB meetings on selected county behavioral health programs
- Visit programs and services in rural and urban communities
- Participate in development of MHSA Annual Plan and Update by providing input, by communicating community concerns, and by hosting a stakeholders meeting prior to or during a regular BHB meeting.
- Receive semi-annual reports on MHSA sustainability/reversion
- Receive quarterly reports on housing
- Encourage collaboration with community providers through BHB committees

Liaison to the Board of Supervisors

- Submit an annual report to the BOS
- Attend BOS meetings to provide information and concerns
- Meet with Supervisors annually either in small groups or personal contacts
- Recruit and recommend new BHB members to the BOS emphasizing diverse representation, including clients and family members

Board Member Responsibilities

- Encourage applications and membership on the BHB through public and personal invitation
- Provide an orientation and mentoring process for new board members
- Conduct an annual BHB retreat/training workshop
- Adopt a two-year standing agenda
- Attend and participate in regular and special BHB meetings

APPENDIX 3 - Committee Reports

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

Adult Service's Committee Report 2022

Prepared by and Chair: Carolyn Evans

The Adult Services Committee met virtually eight times in 2022. The purpose of the Committee is to inform Board members, community members, and service providers about available services in Fresno County, opportunities for behavioral health clients, and how to access appropriate services. The Chairperson makes monthly presentations to the full Board at its monthly meetings, so that those not able to attend have opportunities to hear about the information learned at the Adult Services Committee. When possible, Committee participants advocate for improvements in programs with the inclusion of Seriously Mentally Ill (SMI) clients in all services provided in the County.

This Committee began many years ago as a housing committee, so, along with other programs, we continue to study needed housing options for those with behavioral health diagnoses. Improving the quality of Room and Board (R&B) homes has been a long time goal for our Board. The Independent Living Association (ILA) works with owners of R&B homes to provide support and oversight of homes available for clients who are able to live somewhat independently with support. We would like to see more owners join ILA, so that the community would have more confidence in the quality of homes. DBH has its own Housing Access and Resource Team (HART) to assist clients in meeting their housing needs. This program primarily works with available permanent supportive housing. The County needs to provide more supportive housing. This team needs to include all clients, and may need to change some of its procedures to serve this unique clientele. In order to maintain their housing, some individuals may need the help of In-Home Support Services (IHSS) provided by the Department of Social Services, so the Committee had a presentation from this program to learn how to access services for behavioral health clients.

Many community members are confused about the services provided by the Department of Behavioral Health (DBH,) and about how to access those services for their loved ones. The Family Advocacy Program made a presentation about its services for families. Advocates work with families and friends of those with behavioral health disorders, help them understand the system of care, and assist in navigating that system to receive the best services for their loved ones. Conservatorship is the highest level of care for individuals living with mental illness. Many community members consider conservatorship to be the best way in which to help their loved ones. The Committee heard a presentation from the Recovery with Inspiration, Support, and Empowerment (RISE) Conservatorship Team to clarify which individuals are eligible for conservatorship, and the services that they may receive to avoid the legal process of conservatorship or to become conserved by the County of Fresno.

The Committee always makes an effort to learn about services available for those living in the rural areas of Fresno County. Rural Behavioral Health Services provided by DBH are contracted to Turning Point of Central California that operates clinics in eight rural areas and serves 4073 clients. Wait times for therapy and psychiatric appointments are too long and supportive

housing is a rare commodity. Clearly, Fresno County needs more behavioral health services in its rural communities.

In a presentation by the Special Needs Division of CalWORKS Welfare-to-Work Program, provided by the Department of Social Services, other opportunities for clients were explored. While the program's services for SMI clients are limited, the Committee participants were able to learn who could be eligible and how to access those services. Blue Sky Wellness Center provides opportunities for behavioral health clients to participate in recovery groups, recreational activities, and vocational preparation. The presentation provided information on changes to the program and plans for expansion now that the Center is almost fully operational since COVID.

The Board would like more attendees from the community to spread the word about available services and to advocate for expanded services. This Committee will continue to encourage participation and to provide pertinent information about services provided in Fresno County for adults with behavioral health diagnoses.

Children's Committee Report 2022

Fresno County Behavioral Health Board

Co-Chairs: Mary Lou Brauti-Minkler and Wilma Tom Hashimoto

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. It meets bimonthly and in 2022 the meetings were held on **Web Ex** on the fourth Thursday of the month at 9:00 am to 10:30. The co-chairs alternate facilitating the meeting.

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

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

The meeting months were **February, April, June, August, October, and December.**

February 24, 2022: This meeting was facilitated by Mary Lou Brauti-Minkler and included a speaker from City Without Orphans. Support Specialist, Kyra Zimmerman, shared information about the work done by the organization with foster youth and families. There are many challenges faced by foster youth as they enter adulthood: criminal justice involvement, mental illness and/ or substance use disorders, homelessness, human trafficking and poverty. These youth often have challenges from multiple traumas, lack of consistent education and many disruptions in their care.

April 28, 2022: This meeting was facilitated by Wilma Tom Hashimoto and included a speaker from the Fresno County Network of CARE—Adverse Childhood Experiences--ACES. Dr. Amy Parks thoroughly explained the concept of ACES and the benefits of being ACES aware. She also shared the plan of building, through community-based organizations and community health workers, increased capacity to provide trauma-informed care through a curriculum of resilience, education and training in the use of screening tools to assess for ACES. Treatment will be incorporated for individuals and families.

June 23, 2022: Mary Lou Brauti-Minkler facilitated the meeting and included a speaker from Fresno New Connections Adolescent Program. Rob Martin explained that the program is for youth ages 12-17 with an average age of 16.

August 25, 2022: This meeting was facilitated by co-chair Wilma Tom Hashimoto and included a speaker from Prodigy Healthcare Inc., Adolescent Substance Use Disorder (SUD) Services.

October 27, 2022: This meeting was facilitated by Wilma Tom Hashimoto and included a speaker from the Fresno Resiliency Center Executive Director, Rodney Lowery. The Center has two programs: 1) The Rise Program is contracted with 25 schools in the Fresno Unified School District. A curriculum on resiliency skills is taught to 2000-2500 first grade students weekly on self-esteem and emotional regulation. 2) Early Intervention Services is for youth 18 and younger who have committed crimes within the city of Fresno and have experienced trauma and need to receive treatment.

December 15, 2022: Wilma Tom Hashimoto facilitated the meeting. CEO, Robert Dutile presented an overview of the River Vista Behavioral Health complex that is being built next to Children's Hospital in Madera. This project of Universal Health Systems (UHS) is scheduled to open between April and June 2023 and will provide services for children, adolescents, adults and older adults on an inpatient, partial and outpatient basis. It will provide treatment for mental illnesses, substance use disorders, eating disorders, autism-spectrum disorders, trauma including PTSD, and neuropsychiatry.

Compiled by Mary Lou Brauti-Minkler, Chair
5/26/23

Forensics Committee Report 2022

2022 Chair: Nick Lutton
Prepared by Brooke Frost, 2023 Chair

The Forensics Committee (formerly the Justice-Involved Advisory Group) met virtually in 2022 five times: February, April, August, October, and December.

An early overview of CalAIM for those in the justice sector was provided in February. Several meetings were devoted to data from the jail and the Juvenile Justice Center. This required the DBH Analyst to prepare the data as it not accessible directly from the contractor providing mental health services. Without much, if any, attendance from jail personnel or the contracted provider, it was difficult to learn what was occurring. The committee was able to review suicide data in the jail from 2016-2021 and it appeared low, with 2020 the highest at three successful suicides. Methods utilized were also provided for those attempted. Attempts were higher in 2020 (32) than 2021 (17). Of these, 97% in 2020 were individuals without a serious mental illness and in 2021 it was 100%.

Preliminary information was provided on the implementation of SB 83 Department of Juvenile Justice Realignment and the population of ages 18-25 was introduced at the Juvenile Justice Center in Fresno County.

In the fall, Turning Point presented on the new Assistant Outpatient Treatment (AOT) program, which went live in October 2022. Court-ordered services are available through the Full Service Partnership VISTA for up to 20 individuals through Turning Point. After the program has been running for a while, it will be revisited to learn challenges and successes.

- The AOT program is for adults aged 18 and over who are diagnosed with a serious mental illness (SMI)
- Experienced involuntary hospitalization within the last 36 months
- Violent act or threats of violence within the last 48 months
- Fitting for individuals likely to participate as this being the least restrictive option
- Ideal for individuals who have not reached conservatorship and need additional support

A justice-involved youth research project was developed and requested approval for Innovation funding through Mental Health Services Act (MHSA), later approved by the state in 2023.

Substance Use Disorder (SUD) Committee Report 2022

Prepared by and Chair: Carolyn Evans

When the Mental Health Board and Alcohol and Drug Advisory Board were consolidated to form the Behavioral Health Board (BHB), the Board pledged to create a Substance Use Disorders (SUD) Committee to continue with the work of the Alcohol and Drug Advisory Board. This Committee is composed of BHB members, SUD service providers, and members of the public, who meet quarterly, to share and learn about SUD issues and services.

The Department of Behavioral Health (DBH) began the year with a report on its SUD System of Care. The Committee learned how to access treatment services through the 24/7 Access Line, through access points within DBH, and through SUD providers. Levels of care include Withdrawal Management, Residential, Intensive Outpatient, Outpatient, Narcotic Replacement Therapy, Medication Assisted Treatment, Recovery Services (aftercare), Recovery Residences (sober living,) and Case Management. Goals are to manage the comprehensive needs of the whole person. Contracted service providers deliver most SUD services, so the Committee asked representatives from a few programs to make presentations. However, the Committee also explored options provided by programs not contracted with DBH.

The Board is interested particularly in services for clients with co-occurring diagnoses. Most of these individuals live with mental illnesses and substance use disorders. Mental Health System's IMPACT Program is a Full Services Partnership for clients with serious mental illnesses (SMI), as well as SUD. IMPACT provides the highest level of care, may refer to inpatient treatment programs, and assists clients with recovery and basic life skills, as well as addressing their mental health needs.

The First Street Center contracted with Turning Point of Central California opened 10 years ago in response to Assembly Bill 109 that provided for post-release, community-based supervision of non-violent prison inmates. This program provides SUD treatment, and mental health treatment if needed. A Full Service Partnership program is included for individuals with SMI conditions.

Westcare Residential Treatment Program provides SUD inpatient services for women and men, including mothers and fathers with children under age 12. Staff works with clients to make positive choices and to transition into the community while maintaining sobriety. Co-occurring mental health services are available if needed. SMI clients are accepted into the program if they are able to participate in programming. Staff administers any prescribed medications.

Along with other services, Poverello House has a Residential SUD Treatment Program for men. Forty-five men live and work on the Poverello House campus for 6 to 12 months, where they participate in SUD treatment services. Recently, mental health services have been included in the curriculum. Only those with mild to moderate mental health diagnoses participate in the program; SMI individuals are referred to other programs. Poverello House plans to develop a SUD treatment program for women in the future.

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.