

# INNOVATION PLAN COUNTY of FRESNO

## California Reducing Disparities Project - Evolutions Extension Plan



Department of  
Behavioral Health



Fresno County

Innovation Plan- California Reducing Disparities Project Evolutions Innovation Plan Extension

Total Amount Requested \$2,900,000

Duration of Project: Extension for two additional years (to April 2026)

Thirty-Day Public Comment Commenced on

## Innovation Plan Extension Introduction

The California Reducing Disparities Project Evolutions (CRDP-Evolutions) is an Innovation (INN) effort by Fresno County and three of its community-based providers to transition Community Defined Evidence Practices (CDEPs) from currently state funded CRDP Phase II programs to Mental Health Services Act (MHSA) programs.

The goal of the project is to work with each of the three CDEPs in this plan, along with the stakeholders (community supporters, participants, past participants, etc.), to help identify which of the six MHSA Prevention and Early Intervention (PEI) strategies fits each program best. Then with community input, identify any adaptations to the existing program that will also help the program better align with outcome requirements of the chosen PEI category. This community driven adaption will then help transition the CDEP into PEI funded program to meet the needs of specific underserved or inappropriately served communities.

These projects are to be conducted in phases, which include start up, planning of adaption, implementation, and finally, assessing the effort. Due to the nature of the phases of the program the initial annual report will not have significant data or activities to report.

The CRDP Evolutions were approved by the California Mental Health Services Oversight and Accountability Commission (MHSOAC) in April of 2021. Upon approval of the program by the MHSOAC, the Department established three-year service agreements for the following programs:

- *Hmong Helping Hands*, coordinated by The Fresno Center, is working with older adults from Fresno County's Hmong community to provide services in a culturally appropriate manner, including in the language of the community members.
- *Sweet Potato Project II*, coordinated by West Fresno Family Resource Center, targets local African American youth, using agriculture and entrepreneurship.
- *Atención Plena and Placticas*, coordinated by Integral Community Solutions Institute (ICSI), is an intervention and approach being provided by targeting local Latino youth.

The proposed changes to the Mental Health Services Act which include changes to the PEI component which this project was seeking to align with and fund, require a reexamination of the learning question. So, the learning question needs to be adapted to explore how these CDEPs, using the same process, can become services which better match early intervention services

and/or securing revenues through California's payment reform (CalAIM) so to be a sustainable and necessary service to the communities.

## Background on the Project and Outcomes to Date

The CRDP Evolutions was initially proposed as a three-year INN project, which sought to identify a way to work with community defined evidence-based practice programs and the communities they serve to adapt their programs to align with one of the six strategies of MHSA's PEI. This was to support statewide learning on how to effectively support changes to a CDEP with community collaboration to then allow for it to become integrated into a county system of care and access PEI funding for continuing of vital services.

The CDEPs have been demonstrated to be viable options for addressing needs of underserved communities. The CRDP Phase 2 Statewide Evaluation Report published in December of 2022 has provided data and findings for the efficacy of these services. An earlier paper by the California Pan-Ethnic Health Network published in April of 2021 called Policy Options for Community Defined Evidence Based Practices, increase the visibility and viability of CDEPs (which have come out of the 35 CRDPs in California) as services in systems of care. And in the legislative language of SB 326, the term CDEP was referenced four times with the goal to see continued use of CDEPs in the future.

Currently the providers of Fresno's CRDP Phase 2/ CDEPs have been working with their staff, stakeholders and evaluator to help identify which of the six PEI strategies they see best aligned with their services and programs, what aspects of their program needs to be adapted to align with the goals and outcomes of the PEI regulations. This has been a process to ensure the changes do not have a negative impact on the core principles of the program, the programs' ability to render services, and the programs capacity to track/collect data, etc. related to the work. These are things the programs are all seeking to do in a way that is strategic for sustainability based on what had been PEI regulations.

On June 5, 2023, Fresno County requested to change the current innovation plan from a three year to a four-year plan with no change to the original project amount/funding. This was due to the fact the project was approved in fiscal year (FY) 2020/2021 but was not able to begin until November 30, 2021, and according to the Department of Health Care Services (DHCS) process the project started the FY it was approved. So instead of having a two-and-a-half-year project, the project was extended to a four year, to allow for three full years of programming and planning to occur. That extension did not include any additional funding, so it was still three years of funding to be spent over four years.

However, the proposed changed to MHSA under SB 326 (also known as Proposition 1) will eliminate the PEI component of MHSA, its six strategies, goals and outcomes, and thus to adapt the CDEPs under this plan to one of those six strategies and funding is not viable or sustainable.

Circumstances beyond the control of the project and unforeseen at the time of the development of this project are necessitate an adjustment.

## Proposed Refresh

The main focus of the Innovation project included a collaborative effort to shift three CDEPs from State funded pilots to local MHSA PEI funded sustainable programs. When this effort was developed two and a half years ago there was no way for the County nor the partner providers to anticipate such a significant change to the MHSA, which included reduction or elimination of critical components such as prevention, stigma reduction, outreach, and recognition for early signs of mental health, or timely access to mental health services. Thus, the programs were being adapted to meet PEI funding and outcome requirements which may not exist as they are currently in the near future. This project was to contribute to statewide learning by providing a model for engagement with local CDEPs, process for adaption to have programs align with chosen funding and how to thus integrate CDEPs into county systems of care.

The refresh proposal which Fresno County is putting forth at this time seeks to go beyond just the impacts of the changes to PEI, but also understanding the volatility of MHSA which can impact suitability, and the changes in levels of funding also limit growth opportunities and thus being able to better align such projects to more stable funding sources such as Medi-Cal.

The proposed changes of Prop 1 and possible future efforts to change MHSA place these services at risk for sustainability, and thus Prop 1 nullifies the initial learning question. Thus, the refresh with the additional learning question can build on the current work and effort, and still provide similar statewide learning for how to develop CDEPs that can use other non-MHSA PEI funding.

There is still a vital need for behavioral health services that are curated for specific populations in specific communities, and the CDEPs do that. CDEPs are not just culturally responsive services for populations (older Hmong adults, African American youth, Latino youth), but those populations in a specific community (i.e. Fresno and Fresno County). The populations in these communities are different than the ethnic populations in other cities, counties, or regions of the state and CDEPs allow for services to be address those specific local needs. As such these programs are vital to have in a system of care which can support the diverse needs of its community.

Fresno County is seeking to extend the program from a four to a five-year program, with inclusion of funding for years four and five. The initial request to extend the program from three to four years was driven by the need to the ramp up the program and the ramp up did not start until seven months after the MHSOAC approval. DHCS's clock for reversion calculation took effect in the FY it was approved by the MHSOAC, not when the program began in the following FY and thus would have only provided two years rather than three years for the project as originally proposed.

This refresh will include an extension (not to exceed five years and additional funding for years four and five). It will also add additional learning questions that will seek to use the extended time and funding to work in supporting a CDEP from becoming MHSA PEI funded, to become early intervention services, which may also include components of sustainable funding using federal financial participation through Medi-Cal.

Under this refresh, the project/plan would conclude in April 2026.

## Fresno County Proposal

With the extension, the plan seeks to address an additional learning question:

- ❖ Can any of the current CDEPs, with technical assistance transition into early intervention programs, or programs which can bill Medi-Cal for its work as sought in SB326/Prop 1?
- ❖ Fresno County seeks to make this a five-year program. The extension will increase the plan by \$3,000,000 for the two additional years.

## Learning Goals

The extension will not make changes to the current project learning goals but rather adds a new learning question which seeks to addresses factors which have changed aspects of the initial learning question and will use the time and resources to help focus on continuing the work with a new goal of exploring a new sustainable funding alignment.

The Department will fund the current programs for two additional years, but at the same time work with the providers and their stakeholders in examining the options of aligning with other funding sources, while keeping the aspect that make them CDEPs (which currently don't align well FFP and billable services).

Additionally, the County will seek to partner with Third Sector to provide specific technical assistance to the three CDEPs. As Third Sector is currently a California Department of Health Care Services PATH Technical Assistance (TA) Marketplace provider, they can use those existing resources, expertise and opportunities to support the three CDEPs in exploring how this new infrastructure can support their programs.

Additionally, the Third Sectors team possesses the familiarity with the CRDPs/CDEPs and has personnel with extensive experience in culturally responsive systems and needs of county systems of care which will provide a necessary context for the transition of the CDEPs to other sustainable funding. As such, Third Sector can support an effort to identify opportunities for the three CDEPs to increase funding options beyond MHSA/BHSA, as well as possible adaptations that programs may undertake that can allow them to render billable specialty mental health services or evolve into early intervention care and services meeting needs of underserved and often inappropriately served communities.

Third Sector possesses the organizational capacity and experience to support the County's efforts to addressing the additional learning question. The project will enlist their technical assistance (TA) at no cost for the assistance for things like Enhanced Care Management and Community Supports. They will then provide additional specialized TA by examining the programs/services and their design and where those programs may be able to either access other funding through



FFP/Medi-Cal and/or adaptations which may support their evolution into effective Early Intervention services that can draw down FFP/Medi-Cal and better align with future BHSA funding.

Currently nearly all the CRDPs (which are CDEPs) are non-specialty mental health programs. As of today, only one is in a position to be able to draw down Medi-Cal/FFP, but none of the program designs align with billable services and would have to have significant adaptations to be able to draw down FFP/Medi-Cal or to be able to emerge as specialty mental health providers rendering culturally responsive care as suggested in SB 326.

This extension will allow the County, providers, and TA experts to seek a potential path for CDEPs to access other funding, address the need for culturally responsive care, and be supported with sustainable funding as sought by the State through its language in SB 326.

Thus, the new/second learning question is *“Can CRDPs/CDEPs modify their program designs to align with funding opportunities afforded through new payment reform and federal financial participation/Medi-Cal?”*

## Project Accomplishments

The focus of this project has been less on the services rendered under this model which has efficiency and has had its own and statewide evaluations, but rather exploring the collaborative process to modify or adapt a facet of the program to better align with MHSA PEI regulations, and as such develop an inclusive approach to transition CDEPs to MHSA PEI funding. To that effect the programs have conducted community meetings and collected specific programmatic service data for the project’s evaluator. This has been tied to an effort to help identified outcomes for the services funded under the Innovation plan. Overall, the programs have a positive effect on the persons served which aligns with the past and statewide evaluations.

A significant and develop logic models that can help understand the programs, facets of the program, and where opportunities may exist for modifications which would have allowed for alignment with PEI regulations and thus funding opportunities. The developed logic models help provide supports for program oversight, evaluation/ outcomes and adaptability.

The projects have served 209 persons in the past year and a half. It needs to be noted these are programs that work with cohorts who may spend as much as six months involved in services, and the cohorts have overlapped the fiscal year, and thus additional persons have been served through current cohorts. At the end of the past FY, the Placticas Program served 28 youth, with 19 completing the process.

The Sweet Potato Project’s second cohort started with 34 African American Youth; 26 youth completed that cohort in December.

The Hmong Helping Hand, project started with 50 members in its second cohort, and had 48 successfully complete the program.

94 individuals from underserved and marginalized communities successfully completed the community defined evidence practice programs in the most recent year.

It is estimated that the three projects under this plan have rendered services to close to 400 persons, who represent different age ranges, and ethnic and linguistic background with 300 successfully completing participation in those community defined programs.

## Community Planning

The Innovation plan's evaluation has identified an opportunity for the CRDP/CDEPs to increase community/stakeholder involvement in their planning and discussion around their individual programs, possible adaptations, and areas of focus.

With changes to PEI and possible change in funding focus with this extension, the Department of Behavioral Health will call for more community input and provide oversight to ensure community stakeholders have increased access to providing their input into plans for adaption of the CRDP/CDEPs.

During the California Department of Public Health's CRDP Phase 3 regional stakeholder meeting, the idea for an extension was raised. The event on October 3, 2023 in Fresno focused on overall outcomes, efficacy, and possible future needs that CRDPs/CDEPs needed to be examined and potential impacts of SB 326/Prop 1.

The County then discussed the idea in a meeting on November 16, 2023, with the three CDEPs.

The County included in its presentations for its MHSA Annual Update information about extension of the CRDP for two additional years and the reasons for the time to address a secondary question in light of the changes proposed in Proposition 1.

A meeting was held with the three CRDPs/CDEPs about exploring opportunities for possible Early Intervention future funding and FFP/Medi-Cal for their programing. The discussion with the providers was to see if that would be an area of interest and if securing technical assistance specifically to activities under CalAIM and other billable services. All providers were in support for the technical assistance and exploring more sustainability options with the changes proposed in Prop 1.

The idea for extending the Innovation plan with the goal to examine the new question and sustainability was presented in the MHSA Annual Update Community Planning Process on October 30<sup>th</sup>, and evening of November 12<sup>th</sup>, and a virtual was held on the afternoon of November 12<sup>th</sup> (and that meeting was recorded and has been available for review and feedback). The livestream/video has had close to 180 views across several of the Department's social media platforms.

The Department shared its plans publicly also to the local Behavioral Health Board (BHB) on November 15, 2023, as part of the Director's update for the board members and public.

An additional public hearing and presentation was conducted at the BHB on January 17, 2024,

DBH hosted an INN community planning update and focused on several INN plans including this one. The Department posted the plan for 30-day review on December 29, 2023, and informed stakeholders via email and social media of the plan for review and public comment.

A planned a public hearing is planned for February 21, 2024, with the Fresno County Behavioral Health Board.

**The final version will be submitted to MHSOAC on. February 22,2024**

Upon approval of the plan by the MHSOAC, the Department will present the approved plan extension to the Fresno County Board of Supervisors (BOS), as part of a required amendment to the program contracts (including the evaluation) as it will increase the term and amount. It will also provide the BOS with an update when it seeks to contract with Third Sector as part of additional TA to support the new learning question, and work to have a new agreement approved by the BOS for the additional aspect of the project under the extension.

## Contractors

The contractors providing the CRDP/CDEPs shall remain the same, as shall the project evaluator. Under this extension, the County will add one additional provider (Third Sector) to provide specific technical assistance for opportunities to bill for part of the program and opportunities for billable early intervention services.

## Communication

The Department will share its learning and progress on these extensions with the CRDP Phase 3 taskforce, of which the Department has a delegated member. It will continue to share its learning, insights and plans with the members of the County Behavioral Health Directors Association, as well as its Cultural Competency, Equity and Social Justice Committee. The Department has shared its work, learning and other information with statewide organizations committed to health equity such as the California Pan Ethnic-Health Network, the Racial and Ethnic Mental Health Disparities Coalition, the Prevention Institute as well as the MHSOAC itself.

## Timeline

A there will be only two years remaining, the focus will be to have the agreements amended to extend for two additional years with the funding. The county will also seek to execute an agreement with Third Sectors for the remaining term of this project to provide the TA and continue to both render services as well as identify viable opportunities for sustainability for these critical services.



## Budget Narrative

The budget was developed with an effort to provide annual increase for the remaining two years of the services for each of the three organizational providers. The initial plan had a start-up year (which was less than a year) and then the budgets for each of the two full years have been the same and have not been adjusted for increase, inflation, etc. This new budget will allow for some adjustments to the providers to address program needs, costs and ensure that culturally responsive services are funding on par with other services in the system of care.

The total allocation to the services under this extension plan is \$2,900,000.

The independent evaluation will also continue for the two additional years. The annual budget will not change and will remain for a yearly maximum of \$90,000. In total for the two additional years the evaluation will be a total of \$180,000. It is important to continue the evaluation of the overall program which is *“Can a community-defined projects such as the CRDP Phase II CDEP be adapted through community planning/community action learning to allow the original program to adhere to MHSA-PEI funding requirements without compromising the effectiveness of the original, community-defined program”*. There is a slight variation which will be to expand from just MHSA PEI to broader funding options. The program has already been examining PEI adaption which may include services that are billable. It will continue to evaluate the community participation, community perception and to a degree the program effectiveness.

The Program will include a new allocation of \$500,000 for the technical assistance from Third Sector to assist in evaluation and plan development for the providers to either identify components of their program which can bill Medi-Cal beyond the ECM and Community Support, and if any of the programs can transition into becoming CDEPs providing early intervention services. These costs will not include the services Third Sectors provides as part of the Market Place TA.

The county will allocate a total of \$50,000 for administrative costs which is less than 2% of the total. This is \$25,000 a year, and thus allocating the funding to services, evaluation and technical assistance. This will be to cover costs for staff time dedicated to the project, training, travel, and other supports to compete the innovation plan.

## Budget

### Program:

Fresno Center’s Hmong Helping Hands	ICSI-Plasticas Y Plena	West Fresno Family Resource Center’ Sweet Potato Project 2
FY 24/25 \$376,609	FY 24/25 \$326,455	FY 24/25 \$323,558
FY 25/26 \$426,609	FY 25/26 \$376,455	FY 25/26 \$373,558
Total \$803,218	Total \$ 702,910	Total \$ 697,116

Program Total \$2,203,244.

## Evaluation

Dr. Iran Barrera, PhD, LCSW FY 24/25 \$90,000 FY 25/26 \$90,000 Total \$180,000
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Evaluation Total \$180,000

## Technical Assistance

Third Sector- FY to be Determined. Total \$556,000
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TA Total \$556,000

## Administration

Fresno County Department of Behavioral Project Admin FY 24/25 \$15,000 FY 25/26 \$15,000 Total \$30,000
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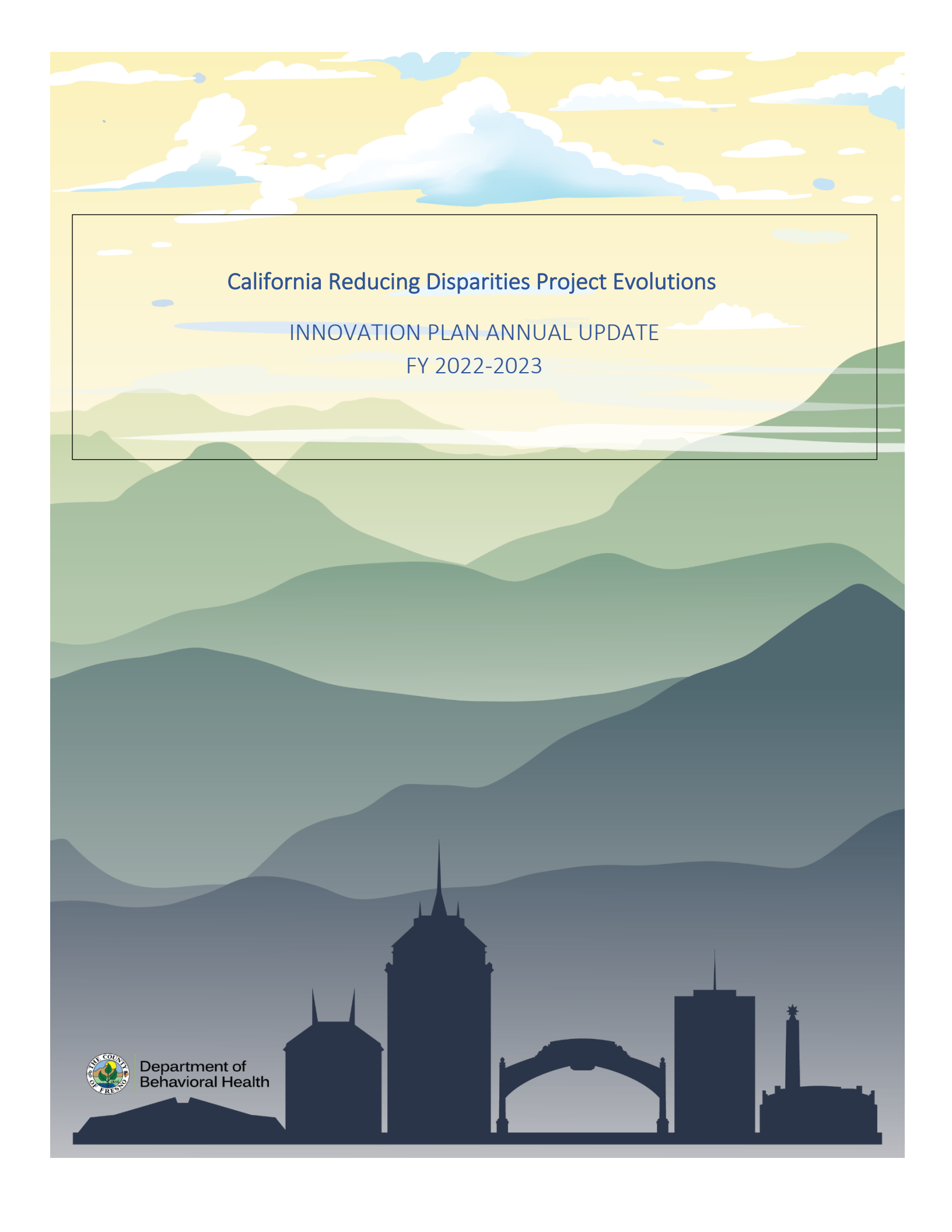
Tentative Budget- FY 2024/25 \$1,367,000

Tentative Budget FY 2025/26 \$1,367,000

**Total Project \$2,734,00**

## Appendix

- A. CRDP Evolutions Annual Update
- B. MHSA Annual Update Slides



# California Reducing Disparities Project Evolutions

## INNOVATION PLAN ANNUAL UPDATE

### FY 2022-2023



Department of  
Behavioral Health

## Introduction

This is the second annual update for Fresno County's Innovation Plan, The California Reducing Disparities Project Evolutions (CRDP-Evolutions). This effort by Fresno County and three of its community-based providers has sought to develop a process to transition Community Defined Evidence Practice (CDEP)s from currently state funded CRDP Phase II programs to Mental Health Services Act (MHSA) program. Specifically, the plan seeks to develop a path for these programs to become eligible for Prevention and Early Intervention (PEI) fund component of MHSA.

The goal of the project is to work with each of the three CDEPs in this plan, along with the stakeholders (community supporters, participants, past participants, etc.), to help identify which of the six MHSA Prevention and Early Intervention (PEI) strategies the program best fits. Then with community input, identify any adaptations to the existing program that will also help the program better align with outcome requirements of the chosen PEI category. This community driven adaption will then help transition the CDEP into PEI funded program to meet the needs of specific underserved or inappropriately served communities.

These projects are to be conducted in phases, which include start up, planning of adaption, assessing the projects, implementation, and finally, evaluating the effort. Due to the nature of the phases of the program the initial annual report will not have significant data or activities to report.

## Background

The CRDP Evolutions were approved by the California Mental Health Services Oversight and Accountability Commission (MHSOAC) in April of 2021. Upon approval of the program by the MHSOAC, the Department established three-year service agreements for the following programs:

- *Hmong Helping Hands*, coordinated by The Fresno Center, is working with older adults from Fresno County's Hmong community to provide services in a culturally appropriate manner, including in the language of the community members.

- *Sweet Potato Project II*, coordinated by West Fresno Family Resource Center, targets local African American Youth, using agriculture and entrepreneurship.
- *Atención Plena and Placticas*, coordinated by Integral Community Solutions Institute (ICSI), is an intervention and approach being provided by targeting local Latino youth.

The INN plan with details of the need, the specific CDEP utilized by each of the providers, and the overall project design can be viewed by accessing this link to the approved INN Plan ([Here](#)).

The funding for the 35 statewide CRDPs was to come to a conclusion at the end of 2021. This had been a key factor in having the plan approved and to develop service agreements with the three providers, to ensure the programs did not cease once the State funding ended and until agreements could be established. However, at the end of the legislative calendar, the state approved additional state funding for the CRDPs for an additional five years. While this was a positive outcome for all 35 CRDPs, it did create some challenges for the three which were now receiving funding through a County Innovation Plan. As the goal with the Innovation plan was to take the existing service and programs and identify and then implement one implementation to help it align with Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI), it meant that the programs needed to maintain the status quo, for effective assessment.

## Project Activities

A majority of the initial year (which was only part of that fiscal year (FY) was focused on start-up, working with the community to discuss and inform the public and providers about MHSA PEI, the regulations, required outcomes, etc. This was to set the foundation for possible changes, additions, redesign, or expansion that providers may have sought to do with their extended state funding had to be done separate from the County INN funding. It was critical to understand what could be adapted to an existing program which had allowed it to become a CDEP, and to see what could be done to help it align with a PEI strategy outcome, without having a negative impact on what had made the program a CDEP.

The programs have each continued to render services to their target populations, in a manner consistent with their program design and format. Services have been provided to \_\_\_\_ individuals.

The breakdown of each program participation is as follows for end of year one (as the cohorts did not complete at the end of the last fiscal year but overlapped into the year being reported). In FY 2022-23 there were cohorts who started in the various programs, but they will not complete the program until after FY 2022/23. With the clarification, the second table shows those who began services in FY 2022/23.

Provider	Total Number Served Cohort One	Age group	Population
ICSI-Placticas Y Plena	136	TAY	Latino
The Fresno Center	43	Older Adult	South East Asian/Hmong
West Fresno Family Resource Center-Sweet Potato Project 2	30	Youth/TAY	African American

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Provider	Total Number Served Cohort 2	Age group	Population
ICSI-Placticas Y Plena	28	TAY	Latino
The Fresno Center	48	Older Adult	South East Asian/Hmong
West Fresno Family Resource Center-Sweet Potato Project 2	26	Youth/TAY	African American

Note in the second cohort the total served was 112 persons in three different programs, with 102 persons completing their participation in the program. This is an important factor in these programs overall had a 91% retention/completion rate.

A large focus of the second year has been on data collection, systems identification that will allow for assessment of the program/services, but to also help understand the services and where there may be adoptions to the program to align with current PEI Regulations. Throughout the



year the providers and the evaluator have met regularly to discuss data collection needs, measure and methods to be applied for assessment, and to help explore what aspects of current program may help meet a PEI component and/or based on which PEI strategy they see their program best aligning with would need to have measures or outcomes to match.

Some of the programs have greater clinical and mental health capacity and have been able to examine their programs and options more independently and some have utilized the evaluator whose scope of work includes some technical assistance, to help examine their needs.

A statewide training webinar took place on July 25, 2022 (in the next fiscal year 2022-2023), to feature the Sweet Potato Program. The California Alliance for Children and Families and the Catalyst Center host an in-person and virtual event to showcase the program and the youth voice in this program. The event featured short statements from the County, members of the state legislature, California Department of Public Health, and a panel discussion lead by three youth members (including some program alumni). The focal point of the event was to highlight innovative ways to serve youth, led by youth voices (a panel of program youth speaking about their experience, benefit, and how to engage other youth).

As the agreements to implement this project were not completed until the end of November 2021, the cohort of persons to be served, services provided, and planning did not occur until almost halfway through the that initial fiscal year. However, the Department of Health Care Services (DHCS) has calculated the reversion of project funds based on the fiscal year the plan was approved, unlike the Mental Health Services Oversight and Accountability Commission (MHSOAC), which has set the start date being on the first expenditures of project funds. Thus, based on the DHCS clock the plan would have less than three years of actual work. As such the partners and the County agreed to seek an extension from the MHSAOC to change the plan from a three-year plan to a four year, with no additional funding. This would allow the actual work and evaluation to be done over three years versus two and half.

The County submitted the request on June 5, 2023, to the MHSAOC for approval of a one-year extension making this a four-year plan rather than a three year. No additional funds were sought at that time. The MHSAOC approved the request on June 8, 2023.

## Next Steps

DBH has been working with the three programs to help them both identify what PEI strategy they believe their program would be aligned with most based-on community need/population, current services, and goal. The challenge for some has been to narrow down their program to a specific strategy, and in some instances the challenge has been how to measure their work in a way that will align with outcome requirements for those strategies.

Presently none of these programs are utilizing a Medi-Cal billing options, and only two have experience as an organization in rendering Medi-Cal reimbursable services. As the programs examine area of possible focus, the programs have also had to examined what will be the focus, goal or outcome of those efforts. Under the CRDP the goals were broad and focused on piloting ideas, rather than specific outcomes.

As such the project's evaluator has been working with the providers to create and develop logic models which can help focus the effort, i.e. If prevention is the strategy, what is it specifically is that program seeking to prevent, what activities are tied to prevention, and/or how will the program be able to measure the effort? Stigma reduction, outreach and early interventions may be options for some of the programs, as their work can better align and provide data to support successful efforts in those areas. During this year, the data and evaluation as well as review of the programs have been the primary focus. Efforts to streamline efforts via development of logic models will help them identify what data is needed, to identify and measure outcomes tied to the interventions and thus help identify what PEI strategy will be the best fit for each program.

Logic models were developed by the spring of 2023 for each of the three programs with the goal to work on utilizing and implementing those to help with planning and changes to the program in the coming year. Each of those are included in appendix.

DBH will continue to provide technical assistance, along with the evaluator to the CDEPs, in gathering community input and support a community process for selection of a PEI strategy and what adaptations they decide to implement for the project.

Providers will work with their participants and stakeholders to try and identify which of the six PEI components they feel their program would best align with, and to then identify and implement one adaptation that will allow for it to measure the program in accordance with the outcome requirements of that PEI component. Two programs each had one forum to begin the exploration of the PEI options, which Fresno County attended and provided basic PEI overview. There are plans by the programs to continue to have those discussions with the stakeholders to help finalize a decision.

As the second FY was coming to a conclusion, the project faced a new challenge. That challenge was Senate Bill (SB) 326, which was seeking to restructure the funding source of this program MHSA, and its planned future funding. The proposed bill cites CDEPs as valuable responds to community mental health needs but did not address the fact that most all current CDEPs that were part of the CDPH CRDP Phase II were prevention based and focused not specialty mental health, full-service partnerships, or housing programs. The proposed SB 326 was likely to eliminate the PEI component of MHSA, and thus leave counties and such programs without a source to fund such efforts.

As that legislation will support a voter ballot initiative in April of 2024, it has raised uncertainties about the future of PEI as the funding source goal of this project. Thus, the Department and the providers may have to adjust their plans and efforts to successfully contribute to statewide learning through this project.

In June of 2023, some of the Department's staff who have been involved with this project attended the CPEHN's Voices For Change Summit to examine ways to support the CDEPs, sustainability and integration.

## Budget

The CRDP Evolution was approved for a total of \$2,400,000 over three years. The total of the agreements for the three CRDPs/CDEPs is \$2,190,963. The budget for second year of the program and the expenditures are provided in a table below.

A total of \$200,000 has been allocated for evaluation and related technical assistance. This is same as what has been in the plan.

Less than \$10,000 was allocated for the Department's administration and operations costs for the three years, as the Department focused on investing the funding into the programs/services. In this year

Below is a table demonstrating the budget for each of the three projects in the first year and what had been spent. Some of the programs were wrapping up their current original funded projects and thus had not started to use the MHSA INN funds yet. Some had begun to focus on ramp up and planning, so they expended funds in the fiscal year that just ended. As for the evaluation agreement, it has not been completed.

	<b>TFC</b>	<b>ICSI</b>	<b>WFFRC</b>	<b>Evaluation</b>	<b>Total</b>
<b>FY 22/23</b>	\$320,172	\$276,642	\$268,642	\$65,000	<b>\$930,426</b>
<b>Spent</b>	\$282,081.70	\$221,607.09	\$172,205.20	\$35,800	<b>\$711,693.99</b>
<b>% Spent</b>	88%	80%	64%	55%	<b>76%</b>

The planned budgets for the coming FY (2023-23) are presented in the table below.

	<b>TFC</b>	<b>ICSI</b>	<b>WFFRC</b>	<b>Evaluation</b>	<b>Total</b>
<b>FY 22/23 Max (Year 2)</b>	\$326,609	\$276,455	\$273,558	\$90,000	\$966,622

## Appendix

- Media coverage on statewide training featuring the Sweet Potato Project  
<https://abc30.com/sweet-potato-project-teens-farming-fresno-county-farm-potatoes/12059138/>
- <https://catalyst-center.teachable.com/p/sweet-potato-project>

Fresno County Department of Behavioral Health  
Annual Update Fiscal Year 2022-23  
Innovation Plan: California Reducing Disparities Evolution

- Logic Models

# 2024-2025 Annual Update

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## Fresno County MHSA Community Planning Process





# What is the Department of Behavioral Health?

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DEPARTMENT of  
BEHAVIORAL  
HEALTH

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- A county department
- Provides or oversee services for
  - Severe mental health problems
  - Substance use disorders
  - Prevention, education, and training
- Services are available for
  - People with Medi-cal or without health insurance
  - Children, teens, young adults, adults, and older adults



# What is the Mental Health Services Act?

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- A proposition passed by voters in 2004
- Provides money for community-based mental health services
- Services should be developed on community input and need
- MHSA is intended to close the gap in the behavioral health system



# The 5 Components of MHSA

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1. **Prevention and Early Intervention**
  - a. Prevention
  - b. Early Intervention
  - c. Stigma and Discrimination Reduction
  - d. Suicide Prevention
  - e. Outreach for Increasing Signs and Symptoms of Mental Illness
  - f. Increasing Timely Access to Services for Underserved Populations
2. **Community Services and Supports**
  - a. Full Service Partnership
  - b. General System Development
  - c. Outreach and Engagement
3. **Innovation**
4. **Workforce Education and Training**
5. **Capital Facilities and Technological Needs**



# What is an MHSA Plan?

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- Created every 3 years through a stakeholder process
- Road map for services
- After approval, changes can only occur with opportunity for community input
- Annual update every year



# Innovation

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- **Focus on learning and sustainability**
- **Updates on existing projects**
  - Handle with Care Plus+
  - The Lodge
  - Justice-involved Youth Participatory Research
  - Psychiatric Advanced Directives
  - CRDP Evolutions
- **Potential projects**
  - Psychiatric Advanced Directives Phase 2
  - Early Psychosis



# SB 326

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- **March 2024 Ballot – Proposition 1**
- **First changes to MHSA since its passage in 2004**
- **Will affect local funding priorities, but specific changes are not yet known**





# Discussion



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# Thank you!

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For more information visit  
[www.fresnoMHSA.com](http://www.fresnoMHSA.com)

