

# The County of Fresno Department of Behavioral Health

## Mental Health Services Act Annual Update 2022-2023

Posted: April 27, 2022

Public Comments Close: May 27, 2022

Public Hearing: June 15, 2022

Board of Supervisors Approval: June 21, 2022

### Where Hope & Healing Unite



Department of  
Behavioral Health

# MHSA COUNTY COMPLIANCE CERTIFICATION

County:   Fresno  

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that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on   June 21, 2022  .

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

  Susan L. Holt    
Local Mental Health Director/Designee (PRINT)

*Ahmadreza Bahrami*  
Signature

  Jun 24, 2022    
Date

County:   Fresno County Dept. of Behavioral Health  

Date:   June 22, 2022



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## Background and Overview

The Mental Health Services Act (MHSA) Three Year Plans are required to be updated annually. Counties prepare these plans via a community planning process. This community planning process may be shorter and smaller in scale than that performed for the creation of a Three-Year Plan. The Annual Updates are intended to address any changes to services described in the Three-Year Plan, present ideas for new services and programs, and document the public participation that led to these changes. Annual updates are provided to stakeholders in writing, opened for a 30-day review period, and subject to public hearings.

## Community Planning Process

### Community Snapshot



Fresno County is a large county (population 930,450) that lies in the Central Valley of California, bordered on the west by the Coast Range and on the east by the Sierra Nevada Mountain Range. The county seat, the City of Fresno, is the fifth largest city in California. Other cities include Clovis, Sanger, Reedley, Selma, Parlier, Kerman, Coalinga, Kingsburg, Mendota, Orange Cove, Firebaugh, Huron, Fowler, and San Joaquin. In addition, there are twenty-eight (28) census-designated places, and seven (7) unincorporated communities.

### Demographics of the County

Figure 1 shows age and race/ethnicity, and gender of the general population. Of the 930,450 residents who live in Fresno County, 24.7% are children ages 0-14; 16.8% are Transition Age

Youth (TAY) ages 15-24; 44.2% are adults ages 25-59; and 14.3% are older adults ages 60 years and older. The majority of persons in Fresno County are Hispanic/Latino (50.3%). Persons who are White represent 32.7% of the population, Asian/Pacific Islander represent 9.3% of the population, Black represent 4.8% of the population, Alaskan Native/Native American represent 0.7% of the population, and Other/Unknown represent 2.2% of the population. There are an equal proportion of females (50.0%) and males (50.0%) in the county.

**Figure 1**  
**Fresno County Residents**  
**By Gender, Age, and Race/Ethnicity**

(Population Source: 2010 Census)

<b>Fresno County Population 2010 Census</b>		
<b>Age Distribution</b>	<b>Number</b>	<b>Percent</b>
0 - 14 years	229,429	24.7%
15 - 24 years	156,596	16.8%
25 - 59 years	411,057	44.2%
60+ years	133,368	14.3%
<b>Total</b>	<b>930,450</b>	<b>100.0%</b>
<b>Race/Ethnicity Distribution</b>	<b>Number</b>	<b>Percent</b>
Black	44,662	4.8%
Alaskan Native/American Indian	6,513	0.7%
Asian/Pacific Islander	86,532	9.3%
White	304,257	32.7%
Hispanic/Latino	468,016	50.3%
Other/Not Reported	20,470	2.2%
<b>Total</b>	<b>930,450</b>	<b>100.0%</b>
<b>Gender Distribution</b>	<b>Number</b>	<b>Percent</b>
Male	464,811	50.0%
Female	465,639	50.0%
<b>Total</b>	<b>930,450</b>	<b>100.0%</b>

It is estimated that about 44.8% of the population of Fresno County speaks a language other than English at home. Spanish and Hmong are the threshold languages in Fresno County (2012 – 2018 American Community Survey).

**FRESNO COUNTY'S  
THRESHOLD LANGUAGES:**

- SPANISH
- HMONG

## Community Engagement

The Department hosted four virtual community forums in November 2021 as part of its formal MHSA Community Planning Process. Two forums were offered in English, one was offered in Spanish, and a fourth forum was held with a Hmong interpreter. These forums were advertised on the Department's Facebook page, at the Behavioral Health Board meeting, and on two email listservs (All County and MHSA). Recordings of all forums are preserved on the Department's Facebook and YouTube pages. These recordings allow stakeholders to view the presentation after the formal session and still have time to submit direct comments to the department via email until the plan is completed. From its initial posting to the time of writing of this report the four virtual events have been viewed by 147 people (87 English, 32 Hmong, and 28 in Spanish).

The initial English Session had a limited number of live participants that engaged in the question-and-answer session. This event was held after work hours to allow for greater participation by the community. The second English virtual forum was held at noon to allow for those who may be at work to participate during their lunch hour. This forum also limited number of live participants. The footage of the forums on our YouTube page did have over 100 views combined in the time after the live event, allowing for continued communication and input opportunity.

During this CPP, the Hmong forum was particularly well-attended. A local organization, The Fresno Center, collaborated with the Department to discuss methods of better meeting the needs of the monolingual Hmong population in Fresno County. The Fresno Center adhered to COVID guidelines by hosting small groups of program participants in separate rooms equipped with camera and audio-visual equipment. A third-party interpreter and Fresno Center staff members assisted with interpretation and allowed attendees to provide verbal public comment and input. There were over 20 different individuals during the live event.

To better facilitate community involvement in the CPP, the Department implemented a process in its last MHSA Three-Year Planning process to host Community Report-Back Forums. These forums are scheduled after the completion of the community planning forums, after community input has been analyzed and processed, and before the submission of the Plan for 30-Day Public Review. These Report-Back Sessions allow for a bidirectional communication between the stakeholders and the Department. The Department is able to validate the input it had received and explain what and how decisions are being made. Topics of discussion in the Report-Back Sessions include what input was received during the community planning process; which of requested services already exist; which new programs and services may arise as a result of the planning; what programs may be deleted from the plan; possible limitations of some proposals; and why the plan will include with it will include. This ensures that stakeholders are aware ahead of the 30-day public review of what may or may not be in the plan.

One Report-Back forum was hosted in English, and two more forums were hosted with respective Spanish and Hmong interpreters. In these sessions, Department staff reported on several changes to the 2020-2023 Three-Year Plan that would be included in this Annual Update. The

sessions were recorded and are preserved on Facebook and YouTube for future viewing by any interested community members. This ensures that stakeholder participation is not limited to only the times and dates of the virtual forums.

At the time of writing, the Department intends to post this annual update for 30-day public comment from mid-January 2022 through mid-February 2022. The Department will provide links to the recorded Report-Back Forums in order to meet our community's various communication needs [\(here\)](#).

### Incorporation of Community Input

As this community planning process was part of an Annual Update cycle, Fresno County Department of Behavioral Health did not put forth or take on any substantive changes to the MHSA 2020-2023 Three-Year Plan. All available MHSA funds were allocated in the 2020-2023 Three-Year Plan, which did not allow for any changes to budget allocations.

Despite these financial limitations, the Department strove throughout the CPP to elicit community feedback on the six components of community planning described in WIC 5848 and CCR 3315: mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.

Over the last year, the Behavioral Health Board and other stakeholders have had opportunities to participate in discussion around Fresno County's implementation of Assisted Outpatient Treatment. The Department has chosen to fund its participation in AOT through non-MHSA funding streams, and leverage existing programs and services such as current Full Service Partnerships (FSP). The community will always be invited to discuss the MHSA-funded system of care that supports the AOT program.

Another instance of mental health policy that was the subject of community discussion was the role of peers in the mental health system. This year, our community participated in listening sessions with the California Mental Health Services Authority regarding the implementation of peer certification legislated by SB 803. The County also facilitated several events to delineate the role of peers for the Statewide Psychiatric Advanced Directive Innovation Project, which could result in mental health policy changes upon its completion.

While Fresno County will not be making programmatic changes in this annual update, community members were encouraged to provide any and all comments during the Community Planning Process.

CPP participants were informed of the status of the County's MHSA budget which limits program growth or additions at this time. The County will not be making any changes to funding allocations in Fiscal Year 2022-2023, due to budgetary constraints. Next year, the County will host a robust community planning process to seek in-depth community input into budget allocations for the 2023-2026 MHSA Three-Year Plan.

## Cultural Humility

Fresno County continues to focus on the area of health equity and reducing health disparities. In years past, MHSAs have afforded the County opportunities to address community needs and service gaps. In the past year Fresno County redesigned its Culturally Based Access and Navigation Support (CBANS) program to help improve care and services for underserved and inappropriately served communities, including using a community health worker model for the program redesign.

In the last year Fresno County had three California Reducing Disparities Project (CRDP) Phase II programs—also known as Community Defined Evidence-based Practices (CDEP)—added to the system of care as part of a new Innovation Plan. That Innovation Plan was approved in April 2021, making Fresno County the first County to fund the CRDP/CDEPs in California. These three programs Plan (Hmong Helping Hands, Sweet Potato Project, and Atención and Placticas) will operate under the [CRDP Evolutions](#) Innovation Plan which will be coming on-line in FY 2021-22 funded through MHSAs-INN.

Fresno County is also investing in other efforts to understand and improve health disparities through community engagement to help identify needs and services. It has allocated \$584,973 for the coming year as part of its [Innovation Community Planning Process](#) with small local initiatives to help identify and address possible service gaps. Activities included in this plan will outreach to the local African American communities; Black, Indigenous, and Persons of Color who are also members of the LGBTQ+ Community; justice-involved persons; the Central American Indigenous Community; immigrant Communities; Muslim communities; and other underserved communities.

One unique program within the Fresno County system of care is the Holistic Wellness Center. This program was originally implemented as an innovation project. Upon conclusion of the Innovation Project period, the County reclassified the program as a PEI program, and has sustained it in that manner since. The Holistic Wellness Center contributes to learning of holistic healing practices, with learning goals of increased mental health awareness, reduced stigma/discrimination, increased program capacity and the promotion of wellness and recovery through a developed process that links clients to nontraditional holistic healers within the diverse cultural communities of Fresno County.

Fresno County has developed webpages and MHSAs materials in the local threshold languages as an attempt to improve access and participation in the CPP, behavioral health services, and resources. The Public Behavioral Health Division oversees the MHSAs efforts and houses the Department's health equity work (Ethnic Services Manager and the Diversity Services Coordinator). These staff members work in close collaboration with the MHSAs Coordinator to maximize the opportunities provided by MHSAs to reduce health disparities. Fresno County's ESM is the co-chair of the Central Region's ESM workgroup and a member of the CBHDA CCESJ Executive Committee, thereby bringing additional perspectives to the work. Fresno County's

Cultural Humility Committee also facilitates an annual systemwide Cultural Humility survey which helps inform plans, needs, and opportunities. The results of those surveys can be found in this year's [Culturally Responsive Plan Delivered with Humility](#).

Additional information about efforts to address cultural responsiveness and health equity can be found on the Department's equity page ([www.dbhequity.com](http://www.dbhequity.com)) and its [Cultural Humility Committee](#) page.

Fresno County's MHSAs Plan features several programs which are focused on specific underserved or inappropriately served cultural populations.

## Summary of Program Changes

Fresno County has made minimal programmatic changes to its MHSAs-funded programs in FY 2021-2022. Substantive changes for each MHSAs funding component are described below.

### PEI

Contracts for several PEI programs ended in FY 2021-2022. During the Request for Proposal (RFP) process, all but one of the contracts were awarded to the existing vendor. The Youth Empowerment Center (YEC) was previously operated as a master agreement between Kings View and Live Again Fresno. For this RFP cycle, the County sought a single contracted provider to deliver these services. The contract was awarded to Westside Family Preservation Services Network. Westside Family Preservation Services operates in the western portion of the County, which is a rural, culturally, and geographically isolated area with underserved communities. During the CPP for the current MHSAs Three-Year Planning process, stakeholders in our rural communities (San Joaquin, Mendota, and Coalinga) all noted a lack of prevention services and supports for the local youth. The existing program now operating in that geographic area will help address that community need. Finally, the Culturally Based Access and Navigation (CBANS) program was reclassified into Increasing Timely Access for Unserved and Underserved Populations. This program, which was previously operated under a master agreement, was awarded to a single bidder through a competitive RFP process.

### CSS

After careful consideration of the current system of care, Fresno County sought input from stakeholders on deleting three programs from the plan: Assertive Community Treatment, Integrated Wellness Activities, and Continuum of Care for Youth Affected by Human Trafficking. The three programs have been in the MHSAs Three-Year Plan for several years, but have not been implemented due to a variety of reasons (e.g., costs, capacity, utilization). The Assertive Community Treatment (ACT) and Integrated Wellness Activities programs closely mirror services that are already provided within the Fresno County public behavioral health system. By eliminating these unimplemented programs from the MHSAs Plan, the Department will be able to allocate more resources to ensuring these services are expertly rendered across our system, rather than sequestered into a single program. The Continuum of Care for Youth Affected by

Human Trafficking was released as an RFP in FY 2019-2020 but was not awarded to the single applicant. At this time, the Department is seeking to provide these services through existing partnerships or services.

Another CSS change is to the AB 1810 Diversion Services. The AB1810 Diversion Continuum of Care provides services at the Full Service Partnership (FSP) level and at lower levels of care. The program currently serves more individuals at the FSP level, and has requested to shift funds from lower levels of care into the FSP program in order to continue providing needed services at the highest level of care.

### INN

In Fiscal Year 2020-2021, Fresno County received MHSOAC approval for two new Innovation plans, the Suicide Prevention Follow Up Call program and CRDP Evolutions. These plans encumbered funds that were at risk of reversion by the end of the fiscal year. Two existing Innovation Plans; The Lodge and Handle with Care Plus+, were brought online between the 2020-2023 Three-Year Plan and this 2021-2022 Annual Update.

Currently Fresno County had nine approved Innovation Plans (see table below) with seven active innovation plans, and one more to come on-line in FY 2021-22. The final approved plan is slated for implementation in FY 2022-2023.

<b>Current Innovation Plans (as of December 2021)</b>	<b>Status</b>
Statewide FSP Evaluation	Active
Psychiatric Advance Directive	Active
The Lodge	Active
Handel With Care Plus	Active
Suicide Prevention Follow Up Call Program	Active (ramping up)
Project Ridewell	Not Active
INN-Community Planning Process	Active
CRDP Evolutions	Pending

### WET

Fresno County allocated \$377,667 to participate in the Regional WET Grant program.

Fresno County is the Central Region’s Partnership’s lead county. It has completed the 2020-2025 WET Plan. Currently the Central Region (including Fresno County) has contracted with the California Mental Health Authority (CalMHSA) to help administer the WET plans components for scholarships, loan repayments and retention efforts. The County will manage its own local efforts around Pipeline Development.

Fresno County has also invested \$1.8 million of its MHSAs funds into the WET component of the plan for workforce training and development. These investments are primarily focused on training, and, when possible, developing trainers through a train-the-trainer model.

The Department's Staff Development Unit and the WET coordinator continue to meet with CalMHSA and the other Central Region counties to help with rollout of the Central Region WET plan initiatives, including planning and promotion of tuition scholarship, loan repayment, and retention efforts. These efforts are not limited to County employees but extend to the entire workforce within Fresno's public behavioral health system of care. Additionally, there are continued efforts to seek to engage persons from unserved and underserved communities, those with lived experience, and Black Indigenous and People of Color (BIPOC) to participate in the WET plan funded activities.

### Summary and Analysis of Substantive Comments

An analysis of substantive recommendations is included in the Public Posting and Comment section of this document (Appendix A). Comments were accepted verbally and in writing during the virtual community planning process. Stakeholders are invited to submit comments to the MHSA email box [mhsa@fresnocountyca.gov](mailto:mhsa@fresnocountyca.gov) during the 30-day public posting period. Finally, a public hearing will be held at the conclusion of the 30-day public posting period.

The Department accepts general comments and suggestions relating to MHSA programs throughout the year at the MHSA email box [mhsa@fresnocountyca.gov](mailto:mhsa@fresnocountyca.gov).

## Community Supports and Services

### Introduction

The purpose of the Community Supports and Services component is to provide access to an expanded continuum of care for individuals living with a serious mental illness (SMI) or serious emotional disturbance (SED).

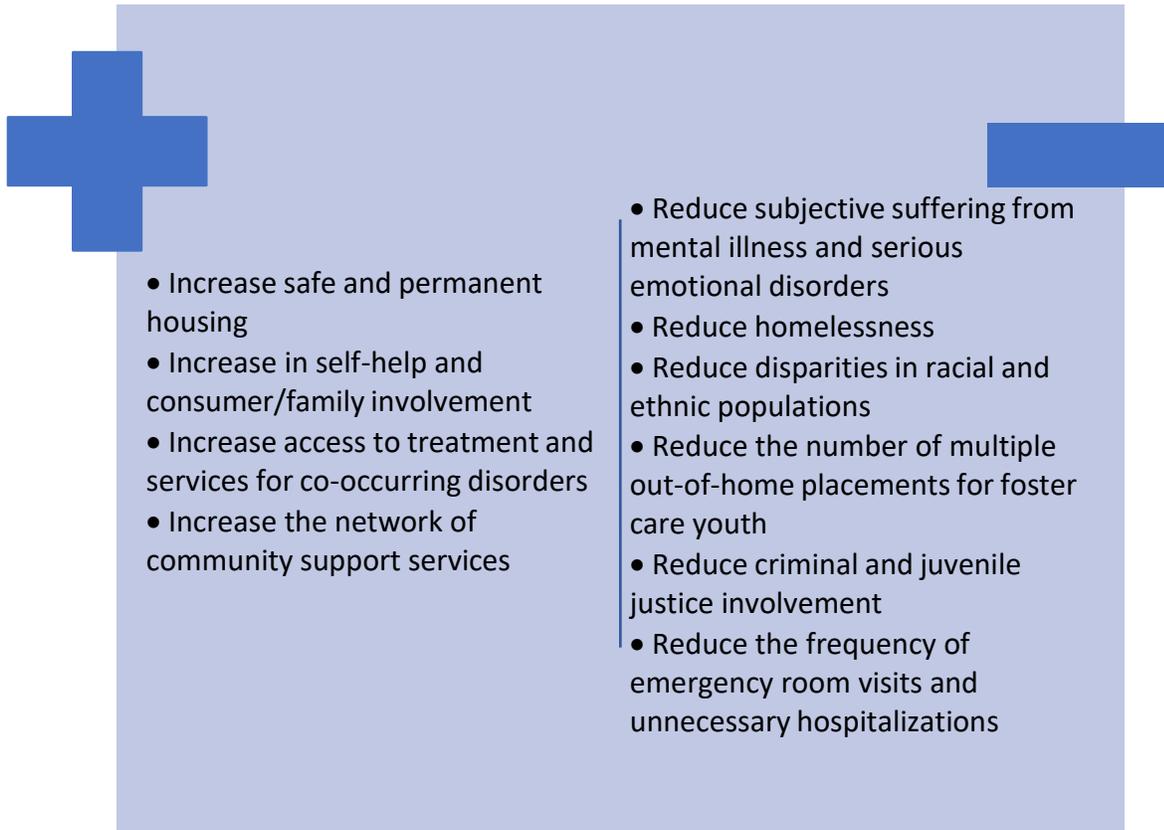
Fresno County provides a complete continuum of care for several specific populations and our wider community. According to the most recent Network Adequacy Certification Tool (NACT) there are 936 unique providers in the Fresno County System of Care. Of those there are 337 reported who are fluent or certified in another language other than English. Thus thirty-six (36) percent of the current providers are bilingual.

Specific efforts to provide culturally appropriate services are embedded throughout Fresno County's continuum of CSS programs. Examples include:

- **The Rural Mental Health Services** program (RMS) operates in largely Latino Spanish speaking communities and works to recruit bilingual providers to help render services. When possible, RMS recruits directly from the communities it serves.
- **The Fresno County Superintendent of Schools (FCSS)-All4Youth** program operates in over 200 schools presently in Fresno County, and recruits' staff that are bilingual in the County's threshold languages, as well as languages prevalent in particular communities.
- **The Fresno Center** operates a Full-Service Partnership program specifically intended to serve individuals who identify as Southeast Asian. This program provides services in a variety of languages, including Hmong and Lao.

All Fresno County programs have access to the Language Line. County-operated programs offer interpretation services to ensure both the capacity to meet diverse language needs as well as render services in a timely manner.

## CSS Goals and Outcomes



- Increase safe and permanent housing
- Increase in self-help and consumer/family involvement
- Increase access to treatment and services for co-occurring disorders
- Increase the network of community support services

- Reduce subjective suffering from mental illness and serious emotional disorders
- Reduce homelessness
- Reduce disparities in racial and ethnic populations
- Reduce the number of multiple out-of-home placements for foster care youth
- Reduce criminal and juvenile justice involvement
- Reduce the frequency of emergency room visits and unnecessary hospitalizations

## Full-Service Partnerships

### Introduction

The purpose of Full-Service Partnership (FSP) programs is to provide intensive services for individuals with serious mental illness (SMI) or severe emotional disturbance (SED). These services are provided in a community-based setting and utilize a “whatever it takes” approach to meet the needs of the individuals served. These programs seek to improve a variety of outcomes for individuals served, including reducing suffering associated with mental illness, increasing access to safe and permanent housing, reducing out of home placements for children and youth, decreased interactions with the criminal justice system, and a reduction of frequent psychiatric hospitalizations and use of crisis services.

Projections of the number of individuals to be served by FSP programs is based upon feedback from past MHSA stakeholder meetings regarding the needs of persons served and the broader community needs. Projections are also based upon the review of capacity available in current FSP agreements and operations and the potential for Federal Financial Participation (FFP) matched funds. The County also solicits feedback from current providers as to their recommendations for operations. Finally, the County considers State projections of new populations to be served overall estimates of numbers to be served.

Program Name	Ages Served	Projected numbers to be Served
AB109 Full-Service Partnership	210	18+
AB1810 Pre-Trial Diversion FSP/ACT	pre-implementation	
Children's Full-Service Partnership	500	0-10, with services to caregivers as needed
Children & Youth Juvenile Justice Services - ACT	200	10-18, with services to caregivers as needed
Cultural Specific Services	30	all ages
Enhanced Rural Services Full Service Partnership	225	all ages
Continuum of Care for Youth & Young Adults Affected by Human Trafficking		delete
Adult Assertive Community Treatment		delete

Project Name 2020-2023	FY 20/21 BUD	FY 21/22 BUD	FY 22/23 BUD
AB 109 Full-Service Partnership	487,008	487,008	487,008
Adult Assertive Community Treatment	-	-	-
Children & Youth Juvenile Justice Services – Assertive Community Treatment	981,921	981,921	981,921
Children's Full Service Partnership (FSP) SP 0-10 Years	2,097,353	2,097,353	2,097,353
Co-Occurring Disorders Full Service Partnership (FSP)	771,558	771,558	771,558
Enhanced Rural Services Full Service Partnership (FSP)	1,188,873	1,269,423	1,350,529
Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	677,688	677,688	677,688
Adult Full Service Partnership	5,304,713	9,880,398	9,984,160
Cultural Specific Services – Full Service Partnership	258,960	258,960	258,960
AB1810 – Full Service Partnership/Assertive Community Treatment	530,577	576,775	720,455
	<b>12,298,651</b>	<b>17,001,084</b>	<b>17,329,632</b>

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** AB109 Full Service Partnership  
**Project Identifier(s):** 039 **Avatar:** 4525 **PeopleSoft:** 4525  
**Provider(s):** Turning Point (A17-266)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** April 24, 2012  
**Project Overview:** Provides intensive full-service partnership (FSP) outpatient mental health services to individuals referred by the County of Fresno Probation Department. The FSP program provides comprehensive mental health and co-occurring treatment services to post release adult AB 109 individuals. The FSP program currently offers individual services including psychiatric evaluations, psychiatric medication, medication education, medication management, health education, intensive case management, linkage to community resources, rehabilitation services, individual psychotherapy, psychoeducational groups, supportive housing subsidy, housing placement assistance, social/educational/employment skill development, substance use disorder treatment, assistance with applying for Medi-Cal, case management and a 24/7 after hours line.

**Project Update FY 2019-2020:**

The AB 109 FSP program can serve up to 105 individuals on any given day annually. In FY 19-20, 81% of individuals served enrolled in FSP services experienced no episodes of psychiatric hospitalizations. Number of individuals arrested was reduced by 88%; the number of arrests was reduced by 76% compared to pre-enrollment; and the total number of days incarcerated was reduced by 74%. The total number of days spent homeless was reduced by 75% when compared to total number of days spent homeless 12 months prior to program enrollment; 69% of individuals enrolled in services experienced no episodes of homelessness. 88% of individuals enrolled in services experienced no medical hospital or emergency department admissions. Only 4% were enrolled in an educational setting due to impact of COVID on the educational systems. 9% were engaged in employment or volunteer activities. 90% trended towards positive growth with 58% transitioned to reduced levels of care.

In June of 2020, the AB109 FSP program took referrals from Probation to serve AB-1810 diversion participants under pre-trial status.

On July 12, 2020, the Community Corrections Partnership (CCP) decided to reduce AB109 funding by 2% for all CCP AB109 funded programs beginning FY 20-21. Turning Point made the decision to absorb the 2% cut from only the AB109 Outpatient Mental Health & Substance Services Program.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	51
Asian/Pacific Islander	7
Caucasian	56
Latino	84
Native American	5
Other	7
Unreported	3

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input checked="" type="checkbox"/> 16-24	13
<input checked="" type="checkbox"/> 25-64	197
<input checked="" type="checkbox"/> 65+	3
<b>Total Number Served</b>	<b>213</b>

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

<b>Total Number Served</b>	<b>213</b>
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#### FY 2019-2020 – Project Costs

<b>Funding</b>	<b>Actual Project Costs</b>	<b>Cost Per Individual</b>
MHSA-Full-Service Partnership	\$181,873	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation	770,873	
Other	352,145	
<b>Total Project Costs</b>	<b>\$1,304,890</b>	<b>\$6,126</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

#### Budget by Fiscal Year:

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP	\$487,008	\$487,008	\$487,008	\$487,008
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	715,395	715,395	715,395	715,395
Other	353,500	353,500	353,500	353,500
<b>Total Budget</b>	<b>\$1,555,903</b>	<b>\$1,555,903</b>	<b>\$1,555,903</b>	<b>\$1,555,903</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$1,555,903</b>	<b>\$1,555,903</b>	<b>\$1,555,903</b>	<b>\$1,555,903</b>

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

Limited housing resources in the community continue to present challenges; specifically access to sober living beds, Board and Care beds, and independent supportive housing. The limited housing issue presents increased barriers when attempting to serve individuals with prior convictions for arson or sex offenses and for those who identify as transgender. Currently there is a lack of inpatient substance abuse treatment facilities severely limiting access for adults. The restriction to access is greater for those who may have exhibited behavioral challenges while receiving treatment in the past. Employment continues to be a barrier for most individuals for a variety of reasons but mainly due to severe mental health symptoms, co-occurring substance use issues, and criminal backgrounds. The length of duration spent in the program is limited as often individuals complete their probation within 6 months to a year of entering the program, making it difficult to achieve individual treatment goals. A Request for Proposal will be released in fall 2021 for contract renewal effective July 1, 2022. Program referrals will still be through Probation; however, program participation will not be limited by the individual's probation term.

The COVID-19 pandemic has presented its own unique challenges. The program transitioned to telehealth services in March 2020. Some individuals in the program reported that telehealth helped them in receiving services, while others reported that they missed the routine of receiving individual and group services in person. In response, the case managers increased the number of interactions they made with individuals in the program.

#### Proposed Project Changes 2022-2023:

RFP will open up AB109 programs to more “pre-trial” populations such as MH Diversion and MIST community-based restoration populations. As these populations need higher level of care initially (ex. FSP),

it is expected more AB109 funding will be shifted from OP program to FSP program in FY 22-23. Also, there is a potential for the service level to be expanded to ACT-level.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name 2020:** AB1810 PreTrial Diversion FSP/ACT  
**Project Identifier(s): 074** **Avatar:** 4331 **PeopleSoft:** 4331, 2361  
**Provider(s):** Turning Point of Central California (A20-341)  
**Approval Date:** TBD  
**Start Dates:** **Anticipated:** TBD **Actual:** 3/15/2021  
**Project Overview:** AB1810 provides the opportunity for courts to authorize pre-trial jail diversion for individuals with serious mental illness who committed certain felony or misdemeanor crimes with the intent to connect them to community-based treatment and supportive services in lieu of incarceration. This continuum of care for AB1810 individuals is an evidenced-based, five-tiered comprehensive program designed to meet their unique mental health, substance use disorder and any additional wraparound service needs.

**Project Update:**

The Department released a Request for Proposal in October 2019 and selected Turning Point as the vendor for the project. A contract was executed effective September 22, 2020 through June 30, 2022, with an optional one-year extension period. Due to funding limitations and unknown referral volume of persons meeting program eligibility, it was determined to reduce the typical five year contract term to align with available AB1810 pretrial felony diversion funding from a Department of State Hospitals (DSH) grant. DSH diversion funding is expected to end June 30, 2023 and is limited to incompetent to stand trial or likely to be incompetent to stand trial individuals charged with certain felonies and diagnoses.

After a ramp up period that included delays related to the COVID-19 pandemic, direct services from the Turning Point Diversion Program began March 15, 2021.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
<b>Unreported</b>	
<b>Total Number Served</b>	<b>N/A</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		

<b>Total Project Costs</b>	<b>\$0</b>	<b>N/A</b>
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Performance Outcomes: n/a

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP	\$0	\$530,577	\$576,775	\$720,455
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP		459,861	1,074,437	1,074,437
Other		1,049,880	929,236	1,170,432
<b>Total Budget</b>		<b>\$2,040,318</b>	<b>\$2,580,448</b>	<b>\$2,965,324</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$0</b>	<b>\$2,040,318</b>	<b>\$2,580,448c</b>	<b>\$2,965,324</b>

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

The Fresno County Mental Health Diversion Court (MHDC) was established by criminal justice partners on June 18, 2020 to centralize all court proceedings under AB1810. The AB1810 diversion process is dependent on court proceedings. Although the pandemic was in effect, the Court conducted hearings through Zoom. The Department will continue to collaborate with criminal justice partners to identify individuals as prospective participants and their treatment and support needs. Public safety remains a concern to justice partners.

While contract negotiations were being completed and the Diversion Program was ramping up, the Department worked with criminal justice partners to refer eligible MHDC participants to the Turning Point AB109 Full Service Partnership Program. The intent was to later transition them to the Diversion Program FSP/ACT as clinically appropriate. The program will need to be flexible with regards to the individual's movement in the continuum of care as clinically indicated and the associated program costs at the different levels of care. Program evaluation will be needed to determine if the continuum of care program design is appropriate and how the individual may be connected to additional services once diversion programming has been completed.

**Proposed Project Changes:**

The program will continue to be monitored for referrals. A formal evaluation is requested to determine the effectiveness of program design as a continuum of care, as well as identify criminal justice processes to understand the type of AB1810 referrals and their treatment needs. The program will require close monitoring and evaluation to measure its effectiveness, outcomes, and sustainability during the three years where grant funding is supporting the project.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name 2020-2023:** Adult Full-Service Partnership  
**Project Identifier(s):** 058 **Avatar:** 4531(Vista), 4535(D.A.R.T. West), 4536(Sunrise) **PeopleSoft:** 4531(Vista), 4535(D.A.R.T. West), 4536(Sunrise)  
**Provider(s):** Turning Point of Central California, Inc. (A20-216)  
 Mental Health Systems, Inc. (A20-216)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** July 1, 2020  
**Project Overview:** Provides high intensity full-service partnership model of comprehensive mental health services, including housing and community supports, to adult individuals served in Fresno County with a serious mental illness.

**Project Update FY 2019-2020:**

With the current FSP program operated by Turning Point of Central California everyone is treated individually with a focus on person-centered goals and strengths. Treatment plans are developed in collaboration with the participant and includes personal goals, in their voice, and are given the option to include support persons (family or others) in the development of the treatment plan. The treatment team offers a variety of options for treatment, rehabilitation, and support. The FSP program provides advocacy and connection with community partners. The FSP has developed and maintained collaborative relationships with several community agencies, treatment providers, and local government with the combined goal of continuity of care and optimal client outcomes. Staff assist with linkage and transportation to primary care settings for preventative and follow-up health care. The FSP program continues to be committed to hiring bicultural, bilingual, and culturally competent staff. All staff members are provided sensitivity training in the area of cultural competency.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	94
Asian/Pacific Islander	35
Caucasian	144
Latino	93
Native American	1
Other	0
Unreported	2
<b>Total Number Served</b>	<b>369</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input checked="" type="checkbox"/> 16-24	14
<input checked="" type="checkbox"/> 25-64	332
<input checked="" type="checkbox"/> 65+	23
<b>Unreported</b>	<b>0</b>
<b>Total Number Served</b>	<b>369</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$2,206,642	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation	1,318,041	
Other	228	

<b>Total Project Costs</b>	<b>\$3,524,911</b>	<b>\$9,553</b>
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Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP	\$2,376,148	\$5,304,713	\$9,880,398	\$9,984,160
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	1,895,223	6,784,848	7,159,361	7,578,712
Other	65,000	95,000	95,000	95,000
<b>Total Budget</b>	<b>\$4,336,371</b>	<b>\$12,184,561</b>	<b>\$17,134,759</b>	<b>\$17,657,872</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$4,336,371</b>	<b>\$12,184,561</b>	<b>\$17,134,759</b>	<b>\$17,657,872</b>

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

There were some challenges due to the new COVID precautions and telework necessities, but challenges were worked out by the FSP program by utilizing telehealth strategies and personal protective equipment (PPE).

With the capacity of up to 300 individuals served in the Vista Adult FSP program; it was constantly at maximum capacity challenge. The Executive Leadership Team decided to expand the capacity to serve more individuals and at the same time it was decided to lower the maximum capacity at each site in order to improve services and the ability to provide the intensity of services required. The new Master Agreement will mitigate the capacity issues and it is also expected that the lower maximum capacity per site will improve overall services effective FY20-21.

In addition to the capacity issues above, due to the passing of Senate Bill 389 (SB 389) last year, MHSA-funded services have been opened to parolees. The expansion of FSP services will also mitigate any issues that this may cause by increasing the number of individuals qualified for each program.

Beginning in the next fiscal year 2020-2021, the County of Fresno DBH will contract with two selected vendors via a Master Agreement to operate a total of four (4) Full-Service Partnership (FSP) programs sites, providing comprehensive mental health, housing and community supports with a continuous service capacity for up to 720 adults with a serious mental illness. The Vista FSP program operated by Turning Point of Central California is currently serving up to 300 clients at one FSP site. This one site operated by Turning Point will be split into two (2) program sites servicing up to 180 clients per site and this will allow each FSP site to provide even better quality of services to the clients at each site. Mental Health Systems will be launching a third (3<sup>rd</sup>) site, called DART West, and will also be servicing up to 180 clients beginning in the new Fiscal Year 2020-2021.

**Proposed Project Changes FY 2022-2023:**

N/A

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Children & Youth Juvenile Justice Services-ACT  
**Project Identifier(s):** 042 **Avatar:** 4323 **PeopleSoft:** 4323  
**Provider(s):** Uplift Family Services (A18-689)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** August 25, 2009  
**Project Overview:** The Assertive Community Treatment (ACT) program, is a more intensive version of Full Service Partnership and provides a wide range of mental health and rehabilitation services to youth aged 10-18 and their families, including individual and family therapy; case management; substance abuse, educational and vocational support; 24/7 support and psychiatric services.

**Project Update FY 2019-2020:**

Contract was renewed with the incumbent agency for a two-years and six-months base term plus two optional one-year extensions (January 1, 2019 through June 30, 2023). With the approval of the new contract, Uplift will continue to provide services intensive full array behavioral health individual children and youth, and support services to caregivers, parents and siblings as needed to optimize the youth's ability to reach wellness and recovery. The contract was amended in FY 20-21 to increase the overall contract max for each remaining fiscal year, to allow the provider to increase Staff Salary to aid in retention efforts.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	18
Asian/Pacific Islander	1
Caucasian	63
Latino	96
Native American	1
Other	5
Unreported	14
<b>Total Number Served</b>	<b>198</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	147
<input type="checkbox"/> 16-24	38
<input type="checkbox"/> 25-64	12
<input type="checkbox"/> 65+	1
Unreported	0
<b>Total Number Served</b>	<b>198</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$1,997,309	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation	690,390	
Other	37	
<b>Total Project Costs</b>	<b>\$2,687,736</b>	<b>\$13,574</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23

MHSA-FSP	\$981,921	\$981,921	\$981,921	\$981,921
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	1,810,650	2,299,724	2,646,541	2,759,356
Other				
<b>Total Budget</b>	<b>\$2,792,571</b>	<b>\$3,281,645</b>	<b>\$3,628,462</b>	<b>\$3,741,277</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$2,792,571</b>	<b>\$3,281,645</b>	<b>\$3,628,462</b>	<b>\$3,741,277</b>

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

No challenges.

**Proposed Project Changes FY 2022-2023:**

The contract will terminate on 6/30/23 and will need to be renewed.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Children’s Full Service Partnership (FSP) SP 0-10 Years  
**Project Identifier(s):** 043 **Avatar:** 4320 **PeopleSoft:** 4320  
**Provider(s):** Comprehensive Youth Services, Exceptional Parents Unlimited, Uplift Family Services (M18-366)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** September 1, 2007  
**Project Overview:** This FSP program, commonly referred to, as Bright Beginnings for Families (BBFF), is a collaboration between three agencies with the goal to build stronger families, focusing on families of children with complex behavioral health needs. The program offers an array of services designed to empower families to overcome barriers and effectively meet the needs of their children, ages 0-10.

**Project Update FY 2019-2020:**

The contract was renewed with the incumbent agencies for a three-year base term and two optional one-year extensions (July 1, 2018 through June 30, 2023). With the approval of the new contract, Parents/caregivers and other members of the family may be assessed for treatment needs, provided services as needed, or may be linked to other treatment programs or community resources to optimize the youth's ability to reach wellness and recovery. The contract was amended in FY 20-21 to increase the overall contract max for each remaining fiscal year, to allow the providers to increase Staff Salary to aid in retention efforts.

**FY 2019-2020 – Unique Individuals -**

Ethnicity	Served
African American	40
Asian/Pacific Islander	5
Caucasian	80
Latino	265
Native American	0
Other	4
Unreported	124
<b>Total Number Served</b>	<b>518</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	499
<input type="checkbox"/> 16-24	1
<input type="checkbox"/> 25-64	17
<input type="checkbox"/> 65+	1
Unreported	0
<b>Total Number Served</b>	<b>518</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$4,165,465	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation	922,691	
Other	107	
<b>Total Project Costs</b>	<b>\$5,088,156</b>	<b>\$9,823</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP	\$2,097,353	\$2,097,353	\$2,097,353	\$2,097,353
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	3,555,767	4,722,738	5,103,409	5,310,670
Other				
<b>Total Budget</b>	<b>\$5,653,120</b>	<b>\$6,820,091</b>	<b>\$7,200,762</b>	<b>\$7,408,023</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$5,653,120</b>	<b>\$6,820,091</b>	<b>\$7,200,762</b>	<b>\$7,408,023</b>

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

The providers of BBFF have identified barriers in measurement tools used to determine progress of youth and family members receiving services. The CANS 50 is a required measurement tool but is not appropriate for children ages 0-5, which results in a hardship when comparing the child's functioning as the child moves in the next age group. The Department has invested into working with an outside consultant on improving data collection and reporting processes and communication with all FSP providers, including BBFF.

**Proposed Project Changes FY 2022-2023:**

The contract will terminate on 6/30/23 and will need to be renewed.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Co-Occurring Disorders Full-Service Partnership  
**Project Identifier(s):** 046 **Avatar:** 4563 **PeopleSoft:** 4562, 4563  
**Provider(s):** Mental Health Systems (A20-014)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** July 21, 2009  
**Project Overview:** Program is a full-service partnership that provides/coordinates mental health services, housing, and substance abuse treatment for seriously and persistently mentally ill adults and older adults; also provides 3 substance abuse residential beds.

**Project Update FY 2019-2020:**

The contract renewed as of January 7, 2020 and was again awarded to Mental Health Systems. The provision of Co-Occurring Disorder Full-Service-Partnership services includes mental health services, housing, and substance abuse treatment for Fresno County adults and older adults who are seriously and persistently mentally ill with substance use disorders. As a result of several internal meetings between Department of Behavioral Health Staff, the program expanded to included substance abuse services to make it a true co-occurring disorders program.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	21
Asian/Pacific Islander	4
Caucasian	42
Latino	37
Native American	5
Other	1
Unreported	2
<b>Total Number Served</b>	<b>112</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input checked="" type="checkbox"/> 16-24	2
<input checked="" type="checkbox"/> 25-64	107
<input checked="" type="checkbox"/> 65+	3
Unreported	0
<b>Total Number Served</b>	<b>112</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$1,521,473	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation	491,627	
Other	37	
<b>Total Project Costs</b>	<b>\$2,013,137</b>	<b>\$17,974</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP	\$771,558	\$771,558	\$771,558	\$771,558

MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	1,015,610	1,075,812	1,073,631	1,108,659
Other	64,114	101,614	101,614	101,614
<b>Total Budget</b>	<b>\$1,848,282</b>	<b>\$1,948,984</b>	<b>\$1,946,803</b>	<b>\$1,981,831</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$1,848,282</b>	<b>\$1,948,984</b>	<b>\$1,946,803</b>	<b>\$1,981,831</b>

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

The program struggles with limited appropriate housing resources (i.e. Room & Boards). To address this, the program has worked collaboratively with the community vendors to establish appropriate housing for individuals receiving services through our program. In their collaborative efforts, the program has begun master leasing and managing appropriate housing locations that ensure safety for the individuals.

There is also difficulty accessing board and care for individuals in need of a higher care. Accommodations have been made for individuals who have a lower level of functioning due to lack of board and care access. The accommodations include collaborating with room and boards with increased supervision and providing individuals with pillboxes disbursed by the Fresno IMPACT registered nurse. Individuals were also linked to day programs to ensure appropriate care during the day with services provided in the field.

MHS struggles with discharge planning for individuals who refuse services or successfully complete services. As a precaution, individuals who are refusing/self-discharging services are scheduled to meeting with the Program Manager and their wellness team to discuss barriers, gaps in treatment and reason for refusal/self-discharge. During the discharge meeting individuals are provided resources within the community and information on how to continue services. After discharge plan meeting, individuals are held for 45 days before discharge or until notification of new services being started (whichever comes first). For discharge, a letter is provided with information on community resources, UCWC and crisis lines within Fresno County. If possible, a referral is submitted to UCWC on behalf of the individual explaining the circumstances to ensure continuation of care. For successful discharge, Fresno IMPACT team members work collaboratively with the individual to identify a lower level of care, schedule appointments with continued care and identify a crisis plan.

**Proposed Project Changes FY 2022-2023:**

None

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Cultural Specific Services - FSP  
**Project Identifier(s):** 063 **Avatar:** 4540A, 4540B **PeopleSoft:** 4540  
**Provider(s):** The Fresno Center (TFC) (A18-599)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** August 25, 2009  
**Project Overview:** The Fresno Center’s Living Well Center Program provides comprehensive specialty mental health services in three levels of care (Outpatient, Intensive Case Management, and Full-Service Partnership) for SED/SMI individuals and their families of Southeast Asian origin. The Living Well Center also has a clinical training component designed to develop culturally and linguistically competent mental health staff for the intended populations.”

**Project Update FY 2019-2020:**

In October 23, 2018, the Master Agreement for Cultural Specific Services was approved by the Board of Supervisors enhancing the prior program (known as “The Living Well Program”). Enhancements included: serving a population with serious mental illness (SMI)/serious emotional disturbance (SED), additional un/underserved target populations, increased number of persons served, and additional levels of care (Intensive Case Management - ICM and Full-Service Partnerships - FSP) as specified in the Three-Year Plan.

The Fresno Center (TFC) was awarded a portion of this contract to continue outpatient (OP) specialty mental health treatment services and clinical training to the Southeast Asian (SEA) population. TFC expanded services to include intensive case management (ICM) and full-service partnership (FSP) services to youths, adults, and older adults. To meet the increased capacity of the expanded program, TFC was approved a ramp-up budget to secure additional space and resources. The programs capacity increased to 220 individuals for the OP/ICM program and 30 individuals for the FSP program. The FSP program is quickly developing and is currently providing services to 24 individuals. TFC continues to be a great advocate for the SEA community and continues to diligently strategize and conduct outreach efforts to educate and reduce stigma.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	0
Asian/Pacific Islander	31
Caucasian	0
Latino	1
Native American	0
Other	0
Unreported	0
<b>Total Number Served</b>	<b>32</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	4
<input type="checkbox"/> 25-64	28
<input type="checkbox"/> 65+	0
Unreported	0
<b>Total Number Served</b>	<b>32</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$341,372	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation	43,586	
Other		
<b>Total Project Costs</b>	<b>\$384,959</b>	<b>\$12,030</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](https://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP	\$258,960	\$258,960	\$258,960	\$258,960
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	88,346	88,346	88,346	88,346
Other				
<b>Total Budget</b>	<b>\$347,306</b>	<b>\$347,306</b>	<b>\$347,306</b>	<b>\$347,306</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$347,306</b>	<b>\$347,306</b>	<b>\$347,306</b>	<b>\$347,306</b>

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

Implementing the FSP program was challenging for TFC as this level of care is new for the SEA community. TFC had the opportunity of pioneering culturally appropriate treatments that must also meet Medi-Cal regulations. TFC continues to engage with the State Department of Health Care Services and Managed Care to ensure that all services are within Medi-Cal regulations. TFC has also engaged other local current FSP providers to gain insight on allowable services and best practices.

Individuals continue to report limited supportive services available to assist with their mental health services. Most individuals that missed/declined services report not having childcare and/or transportation. TFC has the capacity to provide transportation; however, childcare remains a need to address. TFC continues to track the barriers for individuals served, as identified by their data, while formulating resolutions.

Contractually, as this is a Master Agreement, the Department's intent has been to add multiple providers for specifically identified target cultural populations. This remains a challenge. The Department widely distributed an additional formal request for proposals, but organizations have not submitted adequate proposals to serve other cultural target populations. The Department will remain available to provide insight in developing proposals that would meet the contractual scope of work and Medi-Cal requirements.

**Proposed Project Changes FY 2022-2023:**

No projected changes.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Enhanced Rural Services Full-Service Partnership (FSP)  
**Project Identifier(s):** 048 **Avatar:** **PeopleSoft:** 4529  
**Provider(s):** Turning Point (A18-327)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** October 1, 2008  
**Project Overview:** Provides Full-Service Partnership (FSP) Services, a high intensity outpatient model of care in rural Fresno County (Sanger, Reedley, Pinedale, Selma, Kerman, Huron and Coalinga). Programs provide mental health services that may include personal service coordination, medications, housing through treatment plans for adults with serious and persistent mental illness and children with severe emotional disturbance. The contract services fall within the Behavioral Health Clinical Care work plan.

**Project Update FY 2019-2020:**

The Huron clinic became operational as of July 2019 which expanded access to mental health services further within the County's rural communities. The Kerman clinic was recently approved to expand within their existing property to serve additional individuals safely. The Mendota clinic completed construction in early 2020 and became operational in November 2020.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	9
Asian/Pacific Islander	7
Caucasian	74
Latino	99
Native American	0
Other	39
Unreported	0
<b>Total Number Served</b>	<b>228</b>

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	26
<input checked="" type="checkbox"/> 16-24	44
<input checked="" type="checkbox"/> 25-64	156
<input checked="" type="checkbox"/> 65+	2
Unreported	0
<b>Total Number Served</b>	<b>228</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$1,577,481	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation	312,269	
Other	37	
<b>Total Project Costs</b>	<b>\$1,889,788</b>	<b>\$8,289</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP	\$1,104,108	\$1,188,873	\$1,269,423	\$1,350,529

MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	954,111	954,111	954,111	954,111
Other	1,500	1,500	1,500	1,500
<b>Total Budget</b>	<b>\$2,059,719</b>	<b>\$2,144,484</b>	<b>\$2,225,034</b>	<b>\$2,306,140</b>
<b>Increase/(Decrease)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Adjusted Budget</b>	<b>\$2,059,719</b>	<b>\$2,144,484</b>	<b>\$2,225,034</b>	<b>\$2,306,140</b>

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

Turning Point continues to experience difficulties with maintaining full staffing in the rural clinics, thus keeping response times for referrals and appointments low. The FSP program has maintained full capacity and there is a need for more slots in the rural communities but maintaining additional staff would be a challenge. Turning Point is continuing to aggressively market and advertise for open positions to fill them quickly and keep wait times low. Turning Point is committed to hiring bilingual and bicultural staff whenever possible. COVID-19 has provided additional challenges with serving individuals in a safe environment, but the shift to telehealth services has ensured that most did not experience a lapse in service.

**Proposed Project Changes FY 2022-2023:**

Turning Point continues to experience growth with the Rural Mental Health program and is looking ahead at potential locations for their clinics that would improve the program with increased physical space.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Transition Age Youth Services and Support FSP  
**Project Identifier(s):** 057 **Avatar:** 4471 **PeopleSoft:** 4470  
**Provider(s):** Central Star Behavioral Health, Inc. (A-18-576)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** November 27, 2007  
**Project Overview:** The TAY Program is a full-service partnership (FSP) program serving up to 149 young adults ages 16-25 in the community. The TAY Program offers recovery-oriented FSP level outpatient mental health services that provide individuals receiving services with opportunities to utilize their strengths and abilities to gain independence and self-sufficiency in the community.

**Project Update FY 2019-2020:**

Effective October 9, 2018, the TAY individuals served were successfully transitioned to the new TAY FSP provider Central Star Behavioral Health, Inc. The TAY program continues to maintain a steady census while accepting new referrals/intakes into the program and discharging TAY individuals out of the program due to:

- Successful graduations
- Transitions to Department of Behavioral Health Metro due to reduced level of care needs
- Transitions to Turning Point Vista due to aging out of the TAY program
- Difficulty with locating clients because of fluctuating contact information
- Incarceration

The program continues to make every effort to educate program staff on topics applicable to TAY individuals in order to best understand and meet the needs of the population served. The program continues to have engaging events that promote and encourage the TAY population to achieve their personal recovery/resiliency and wellness goals.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	24
Asian/Pacific Islander	6
Caucasian	34
Latino	83
Native American	2
Other	0
Unreported	2
<b>Total Number Served</b>	<b>151</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	134
<input type="checkbox"/> 25-64	17
<input type="checkbox"/> 65+	0
Unreported	0
<b>Total Number Served</b>	<b>151</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership	\$1,352,915	
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation	605,863	
Other	37	
<b>Total Project Costs</b>	<b>\$1,958,815</b>	<b>\$12,972</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP	\$677,688	\$677,688	\$677,688	\$677,688
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	1,982,861	1,982,861	1,982,861	1,982,861
Other	10,000	10,000	10,000	10,000
<b>Total Budget</b>	<b>\$2,670,549</b>	<b>\$2,670,549</b>	<b>\$2,670,549</b>	<b>\$2,670,549</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$2,670,549</b>	<b>\$2,670,549</b>	<b>\$2,670,549</b>	<b>\$2,670,549</b>

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

In the first year of program operations, the new TAY FSP provider Central Star Behavioral Health Inc. was having trouble providing in-person Psychiatry visits to individuals served for Medication Support. Initially, the program was utilizing other County program providers like Exodus to bridge the temporary gap in Psychiatry services availability. The program was able to secure Telehealth Psychiatry to meet the needs of TAY FSP individuals and to be able to provide in-house services, thus negating the need for any temporary fixes. Care coordination meetings are also used to provide strategies on a case-by-case basis in order to mitigate barriers and challenges that may arise when dealing with unique situations. Lastly, the program was having issues understanding how the County Mental Health Plan (MHP) expects the billing of individuals served with mixed insurance coverage (i.e., Medi-Cal-Medicare individuals served, Medi-Cal and Other Health Coverage, and individuals with only Other Health Coverage). The program was provided with billing scenarios and given direct contacts in the Business Office and Managed Care in order to effectively bill for services rendered. County staff will continue to provide assistance to the program to ensure that services are billed appropriately.

**Proposed Project Changes FY 2022-2023:**

No projected changes.

## Housing Programs

Program Name	Sub-component	Projected numbers to be Served
Flex Account for Housing	General System Dev.	-
Fresno Housing Institute	General System Dev.	-
Hotel Motel Voucher Program	Outreach & Engagement	-
Housing Access and Resource Team	Outreach & Engagement	290
Housing Supportive Services	Outreach & Engagement	-
Independent Living Association	General System Dev.	-
Master Lease Housing	General System Dev.	90
Project for Assistance from Homelessness	General System Dev.	500
Project Ignite	General System Dev.	not started

### No Place Like Home (NPLH) Programs

The Fresno County Department of Behavioral Health submitted several applications to the competitive funding rounds of the No Place Like Home initiative. The County secured awards for the following programs (see table below).

Operation Status	NPLH & SNHP Awards	MHSA Supportive Services Commitment	Total Supportive Services Budget from all Sources
NPLH Competitive Round One (No services are currently being provided)	\$2,800,000.00	\$474,138.00	\$474,138.00
NPLH Competitive Round Two (No services are currently being provided)	\$0.00	\$474,138.00	\$474,138.00
NPLH Non-Competitive Allocation - No services are currently being provided	\$2,183,000.00	\$0.00	\$123,723.00
Projected to be completed early 2023 - No services are currently being provided	\$3,500,000.00	\$466,379.00	\$466,379.00
NPLH Competitive Round Three (No services are currently being provided)	\$0.00	\$0.00	\$667,430.00
DBH treatment team coordinates housing supportive services for 5-Set Aside MHSA Units Only	\$0.00	\$0.00	\$0.00
NPLH Competitive Round One (No services are currently being provided)	\$2,368,706.00	\$326,071.00	\$619,084.00
NPLH Competitive Round One Contracted provider (Exodus Recovery) is currently providing Housing Supportive Services	\$1,000,000.00	\$318,752.00	\$656,182.46
Contracted provider (Exodus Recovery) is currently providing Housing Supportive Services	\$0.00	\$500,000.00	\$798,641.00
Contracted provider (Exodus Recovery) is currently providing Housing Supportive Services	\$0.00	\$500,000.00	\$1,155,089.00
Contracted provider (Exodus Recovery) is currently providing Housing Supportive Services	\$0.00	\$500,000.00	\$742,596.30
	\$11,851,706.00	\$3,559,478.00	\$6,177,400.76

### State Redistributed SNAP Funds

Fresno County received \$211,578.24 of SNAP funds by California Housing Finance Agency (CalHFA), which were the result of interest from Fresno County's allocated funds. During its CPP for this Annual Update the Department informed the public/stakeholders that it had received approximate \$211,000 in funds that had to be expended before July 1, 2022 for housing related efforts. The Department sought and received community input recommending the use of the funds. The one recommendation it received for use of the funds was to acquire and provide a training which is focused on reducing instances of homelessness through prevention of eviction and foreclosures.

The DBH Housing team examined the current need and the community input for use of the funds. As these are not recurring funds, the Department's strategy is to use the funds to augment current housing efforts rather than expand to create new efforts. As such the following is being recommended as part of the use for these housing funds.

- Apply some portion of the funds (up to \$300 per unit) for rental deposits to support the transition of persons from unhoused settings to permanent and supportive housing. During the remaining fiscal year two more housing opportunities funded through the *No Place Like Home* will be completed and able to house new tenants. The supportive housing however does not cover deposit costs. This augmentation of the services will allow for a more timely and smoother transition for tenants eligible for the housing.
- Applying a portion of the returned SNAP funds into the current Housing *Flex Account Program* to support new tenants as they move into new housing. The funds will specifically support "Welcome kits" which will provide the new tenants with items including hygiene kits, house cleaning supplies, and some basic household necessities. These will not be furnishings and things of that nature which are currently supplied. This expenditure aligns with current supportive housing work and would allow to augment current efforts to support the new housing opportunities that will be realized before the end of the current fiscal year.
- Apply some of the returned funding to support current training efforts related to housing. Funds will be used to carried out training through of the current housing service trainers and providers, which may include but not limited to the legal aspects of housing.

Project Name 2020-2023	FY 20/21 BUD	FY 21/22 BUD	FY 22/23 BUD
Flex Account for Housing	100,000	100,000	100,000
Fresno Housing Institute (FHI)	200,000	200,000	200,000
Hotel Motel Voucher Program (HMVP)	100,000	100,000	100,000
Housing Access and Resource Team (HART)	930,488	930,488	930,488
Housing Supportive Services	745,588	745,588	745,588
Independent Living Association (ILA)	400,000	400,000	400,000
Master Lease Housing	1,092,505	1,092,505	1,500,000
Project for Assistance from Homelessness (PATH) Grant Expansions	125,756	125,756	125,756
Project Ignite	650,000	650,000	650,000
	<b>4,344,337</b>	<b>4,344,337</b>	<b>4,751,832</b>

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Flex Account for Housing  
**Project Identifier(s):** 019 **Avatar:** N/A **PeopleSoft:** 4817  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** Historical **Actual:** July 1, 2011  
**Project Overview:** Provides funding to bridge gaps/barriers to allow eligible homeless individuals to secure permanent housing and/or temporary lodging. Examples of possible expenditures: security deposit, PG&E deposit, pet deposit, and vouchers for temporary lodging via the Hotel-Motel Voucher Program.

**Project Update:**

This program has been underutilized because of administrative barriers related to accessing the funds. Most often persons served are in need of funds within a quick turnaround time. The documentation required and the review time from one team to the next is often a deterrence as individuals and treatment providers will often seek other means of meeting their needs. As such, CalCards were issued to Housing Team Supervisors to reduce turnaround time.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
<b>Total Number Served</b>	<b>0</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
<b>Unreported</b>	<b>0</b>
<b>Total Number Served</b>	<b>0</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>		<b>N/A</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				

MHSA-SD	\$100,000	\$100,000	\$100,000	\$100,000
MHSA-O & E				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>

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

Currently, accessing the Flex Account funding is done through the use of a 'Petty Cash Request' form, which originally had a limit of \$75. This limited the ability of the flex account to meet smaller requests and could not meet security deposits, pet deposits, or vouchers for temporary lodging. It was adjusted in FY 19-20 to \$750. However, the turnaround time for the person served to receive the funds is anywhere between two to four weeks. Case managers will usually seek out other means of getting funds for persons served. Aside from that, the vendors need to be registered into PeopleSoft as a requirement for the funds to be distributed. This is another administrative barrier that deters participation in Flex Account spending.

**Proposed Project Changes:**

No projected changes.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Fresno Housing Institute  
**Project Identifier(s):** 021 **Avatar:** N/A **PeopleSoft:** 4820  
**Provider(s):** Corporation for Supportive Housing (A19-541)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** Summer 2021 **Actual:**  
**Project Overview:** Based on recommendations from a supportive housing program evaluation report produced for the Department by the Corporation for Supportive Housing (CSH), the Department collaborates with CSH for the implementation of an exercise known as a "Supportive Housing Institute" (SHI): a comprehensive project development and capacity building exercise for supportive housing developers, service providers and property managers in Fresno County. The SHI (facilitated by CSH) is a project planning forum designed to develop a pipeline of potential supportive housing projects. The intended outcome of the SHI is the development of successful supportive housing funding applications that result in high-quality supportive housing production and implementation.

**Project Update:**

Fresno County's agreement with CSH was amended on July 13, 2021, authorizing revisions to the agreements "deliverables" specific to the Fresno Housing Institute (FHI). The amendment was a response to the continued spread of COVID19 during the reporting period, including state-mandated travel restrictions which forced DBH to pivot away from existing deliverables including an in-person FHI to revised deliverables which allow CSH to more directly engage local stakeholders to develop awareness and interest in the FHI, which will be held virtually in the Spring 2022. It is anticipated the FHI will facilitate developing high quality, competitive supportive housing applications ready to submit to funding organizations.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
<b>Total Number Served</b>	<b>0</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
<b>Unreported</b>	<b>0</b>
<b>Total Number Served</b>	<b>0</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		

<b>Total Project Costs</b>		<b>N/A</b>
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Performance Outcomes: [fresnoMHSAs.com/outcomes](https://fresnoMHSAs.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD	\$200,000	\$200,000	\$200,000	\$200,000
MHSA-O & E				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$200,000</b>	<b>\$200,000</b>	<b>\$200,000</b>	<b>\$200,000</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$200,000</b>	<b>\$200,000</b>	<b>\$200,000</b>	<b>\$200,000</b>

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

Due to COVID-19, it was necessary to delay the FHI, which was originally scheduled for Spring 2021. The FHI is now scheduled for the Spring of 2022 and will be held in a virtual meeting format rather than in-person.

**Proposed Project Changes:**

Postponing the FHI to Spring of 2022 (to be held virtually), originally intended (to be held in-person) in Spring 2021. Additionally, revised agreement deliverables authorize CSH to directly engage local stakeholders to increase awareness and interest in participation in the FHI.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Hotel Motel Voucher Program  
**Project Identifier(s):** 022 **Avatar:** N/A **PeopleSoft:** 4821  
**Provider(s):**  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** August 1, 2018  
**Project Overview:** The HMVP provides short-term lodging for individuals in need of shelter who are connected to the DBH system of care. The HMVP provides the individual with a limited-stay voucher to be applied to various hotel/motels pending the implementation of a more permanent individualized housing plan. This program was previously initiated as a pilot project under the Flex Account for Housing program. Based on the early learning from this pilot as well as the unique nature of the service, the Department recommends that the Hotel Motel Voucher Program be described in the MHSa Plan separately as a stand-alone program.

**Project Update:**

This program has been underutilized due to the administrative barriers regarding the turnaround time for payment to vendors. A Cal-Card has been implemented as a solution, allowing DBH to pay vendors in upfront and/or at the end of a client's stay, incentivizing participation in the program.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>		<b>N/A</b>

**Performance Outcomes:** [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23

MHSA-FSP				
MHSA-SD				
MHSA-O & E	\$100,000	\$100,000	\$100,000	\$100,000
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>

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

The primary barrier for vendor participation in this program is the turnaround time for payment. Vendors are wary of providing temporary housing to DBH persons served since receiving payment could take several weeks when other guests pay up front or at the end of their stay. To mitigate this, there will be a Cal-Card in place made available to select DBH supervising staff. This will allow appropriate tracking of costs while removing the administrative barrier for providers to receive payment in a timely fashion.

**Proposed Project Changes:**

No projected changes.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Housing Access and Resource Team  
**Project Identifier(s):** 023 **Avatar:** N/A **PeopleSoft:** 4822  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** \*\* approval of AU18-19  
**Project Overview:** The HART provides coordination and consultation related to housing for DBH county-operated programs with an intention to expand across the system of care in upcoming years. Functions of the team include and may not be limited to review of housing inquiries submitted by treatment teams to determine eligibility for various housing resources (including DBH funded and others); serving as a liaison with property managers and landlords, processing approvals for linkages to DBH funded housing options, ensuring that reporting obligations for housing programs are met, and providing supportive services including tenancy support and case management when treatment and support teams are unavailable for an individual in need.

**Project Update:**

The Housing Access Resource Team has experienced growth during the 2019-2020 fiscal year. We have expanded all housing programs and have integrated the contracts side of housing into HART. This allowed us to define the operational and service side of the team. A new housing application process was developed and team roles were defined. This provided a direction to all housing staff on workflow processes. In addition, we have increased our capacity to house individuals served. We have also increased our supportive service team to expand FTE's and added a Housing Team Clinical Supervisor.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	64
Asian/Pacific Islander	4
Caucasian	119
Latino	
Native American	2
Other	100
Unreported	3
<b>Total Number Served</b>	<b>292</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	1
<input type="checkbox"/> 16-24	10
<input type="checkbox"/> 25-64	269
<input type="checkbox"/> 65+	12
<b>Unreported</b>	
<b>Total Number Served</b>	<b>292</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement	\$282,942	
Federal Financial Participation		
Other		
<b>Total Program Costs</b>	<b>\$282,942</b>	<b>\$969</b>

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD				
MHSA-O & E	\$930,488	\$930,488	\$930,488	\$930,488
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$930,488</b>	<b>\$930,488</b>	<b>\$930,488</b>	<b>\$930,488</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$930,488</b>	<b>\$930,488</b>	<b>\$930,488</b>	<b>\$930,488</b>

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

Yes, many challenges and barriers occurred as a result of increasing demand for housing and supportive services. Those challenges and barriers have been largely addressed with the new defined work processes and defining the roles of our supportive service team. Identification of evidenced based supportive services practices and education of treatment staff to those EBP's has occurred widely across the HART team and within other County operated teams.

**Proposed Project Changes:**

HART anticipates the need for additional growth in the coming years to support persons served in accessing and maintaining safe affordable housing. With the increased community focus on the importance of housing to wellness and recovery, additional housing opportunities are being rapidly developed and access to those opportunities is essential to those we serve. HART will assist and support individuals in successful transitions from homelessness to home.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Housing Supportive Services  
**Project Identifier(s):** 024 **Avatar:** N/A **PeopleSoft:** 4811, 4812, 4813, 4823, 4824, 4510  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** January 1, 2011  
**Project Overview:** Provide onsite supportive services for individuals that have been placed into permanent supportive housing. Eligibility criteria includes being homeless, at-risk of homelessness or chronically homeless and living with a severe mental illness. The Housing Supportive Services Team also conducts outreach to homeless, provides hours at the Multi-Agency Access Program (MAP) and processes housing applications for eligible individuals seeking Department of Behavioral Health Services.

**Project Update:**

Services provided under this program continue to expand. In June 2020, The Department began providing housing supportive services to tenants living in housing owned by RH Community Builders as a result of the non-renewal of the Master Lease Housing Agreement with Mental Health System. Additionally, the DBH issued an RFP to solicit housing supportive services coupled with Specialty Mental Health Services for Renaissance properties and No Place Like Home (NPLH) housing developments in construction. DBH Housing team works closely with partners from the Fresno Madera Continuum of Care in assisting persons served to complete vulnerability screenings and obtain entry into the HMIS system. The Housing Clinical Supervisor was brought onto the team in July of 2019.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement	\$705,616	
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$705,616</b>	<b>N/A</b>

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD				
MHSA-O & E	\$745,588	\$745,588	\$745,588	\$745,588
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$745,588</b>	<b>\$745,588</b>	<b>\$745,588</b>	<b>\$745,588</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$745,588</b>	<b>\$745,588</b>	<b>\$745,588</b>	<b>\$745,588</b>

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

DBH housing team assumed responsibility for an additional 68 units of supportive housing in June 2020. This in addition to the increased need for existing housing services placed considerable stress on the teams to meet the needs of persons served. To mitigate this, DBH staff from other ASOC teams were reassigned to the housing team. Transition time and education on supportive housing principles were provided to staff in early 2020 with full transition to DBH services in June of 2020.

**Proposed Project Changes:**

DBH implemented a contract with Exodus Recovery to provide housing supportive services for No Place Like Home sites and also required Exodus to provide housing supportive services for the Renaissance sites (Alta Monte, Santa Clara and Trinity) that were previously provided by DBH.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Independent Living Association  
**Project Identifier(s):** 025 **Avatar:** N/A **PeopleSoft:** 4819  
**Provider(s):** Independent Living Association (ILA) (A18-568)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** October 1, 2018  
**Project Overview:** The ILA is a quality improvement program operated by the Community Health Improvement Partnership (CHIP), designed to expand the number of high quality, independent, affordable living homes (aka, room and boards) for individuals in need of housing who are receiving DBH services. Recognition as an ILA member provides individuals, family members and the community with knowledge the ILA home meets an established standard of quality housing.

**Project Update:**

During the reporting period (July 2020 through June 2021), COVID19 continued to surge which greatly impacted the ILA’s ability to conduct in-person outreach to ILA Operators and potential Operators. Virtual meetings became the normal communication method during the reporting period. The Fresno ILA Work Team, consisting of ILA staff, DBH staff, service providers, law enforcement and community members met monthly (virtually) to discuss the Quality Standards of the Fresno ILA and to be updated on existing ILA homes and potential new homes. The ILA Peer Review Accountability Team (PRAT) also met (virtually), and conducted scheduled inspections of ILA member homes to ensure compliance with established ILA Quality Standards.

The ILA website provides individuals, family members and the community with information of ILA homes including locations, up-to-date vacancy availability. During the reporting period, the website was visited approximately 8,052 times.

During the reporting period, 8 new Operators (homeowners) were added to the ILA, adding 8 homes to the ILA inventory and 47 new beds for individuals in need of housing. Also, a promotional video of the ILA was created in partnership with DBH that is posted on the ILA and DBH websites.

During the reporting period, training and education opportunities were made available (virtually) to Operators. Most Operators had limited to no knowledge of the ILA and how they might benefit from membership in the ILA. Approximately 364 individuals took part in these opportunities and post-training survey results indicate all attendees significantly increased their awareness and knowledge of the Fresno ILA program.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
<b>Unreported</b>	
<b>Total Number Served</b>	

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$209,458	
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$209,458</b>	<b>N/A</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$400,000	\$400,000	\$400,000	\$400,000
MHSA-O & E				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$400,000</b>	<b>\$400,000</b>	<b>\$400,000</b>	<b>\$400,000</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$400,000</b>	<b>\$400,000</b>	<b>\$400,000</b>	<b>\$400,000</b>

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

Learning to facilitate virtual training sessions in Zoom or TEAMS, and the logistics to coordinate such trainings. Attempting to conduct community outreach during uncertainty of Shelter-In-Place due to COVID-19. High no-show rates of Operators to training courses provided by ILA staff continues to be a challenge. ILA staff and Work Team members continue to try various methods/techniques to increase attendance.

**Proposed Project Changes:**

ILA submitted a Budget Modification Request (BMR) to DBH during late May 2021, intended to reallocate existing budgeted funds for increased FTE of specific existing positions within the ILA budget. The BMR was approved by DBH, resulting in the reallocation of funds for additional support to the ILA staff to create new outreach strategies to bolster the number of Operators and homes in the ILA as well as to increase overall awareness of the ILA within the community.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Master Lease Housing  
**Project Identifier(s):** 027 **Avatar:** 4816 **PeopleSoft:** 4816  
**Provider(s):** RH Community Builders (A-20-312)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** May 1, 2017  
**Project Overview:** Provides housing opportunities and rental assistance for eligible DBH individuals living with a Serious Mental Illness (SMI) that are working with their treatment provider(s) to address barriers that prevent them from securing a permanent housing plan. The New Starts program is operated by Mental Health Systems, an agency which secures leased units, then sub-leases the unit to individuals served by DBH who have been approved and referred by DBH for housing placement.

**Project Update:**

The Master Lease Housing Agreement with Mental Health Systems ended June 30, 2020 due to non-renewal for FY 20-21 and FY 21-22. In order to ensure continued services for current tenants, the Department entered into an interim 2-year Agreement with RH Community Builders to provide leases to existing tenants, collect rents and deposits, and provide property management services.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	15
Asian/Pacific Islander	1
Caucasian	42
Latino	28
Native American	1
Other	2
Unreported	1
<b>Total Number Served</b>	<b>90</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	N/A
<input type="checkbox"/> 16-24	3
<input type="checkbox"/> 25-64	81
<input type="checkbox"/> 65+	6
Unreported	0
<b>Total Number Served</b>	<b>90</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$982,414	
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$982,414</b>	<b>\$10,916</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD	\$945,412	\$945,412	\$945,412	\$1,500,000
MHSA-O & E				
Medi-CAL FFP				
Other	12,000			
<b>Total Budget</b>	<b>\$957,412</b>	<b>\$945,412</b>	<b>\$945,412</b>	<b>\$1,500,000</b>
<b>Increase/(Decrease)</b>	<b>135,093</b>			
<b>Adjusted Budget</b>	<b>\$1,092,505</b>	<b>\$945,412</b>	<b>\$945,412</b>	<b>\$1,500,000</b>

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

- Increased capacity for leased units from 50 to 68 units to meet program demand;
- MHS’ experienced significant budget overruns, and;
- MHS’ limited tracking and reconciliation of tenant deposits.

**Proposed Project Changes:**

After the two-year agreement with RH Community Builders ends on June 30, 2022, the Department will implement a new contract. If financially viable, the parties may agree to increase capacity for leased units.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Project for Assistance from Homelessness  
**Project Identifier(s):** 029 **Avatar:** 2184 **PeopleSoft:** 2493, 4526  
**Provider(s):** Kings View, A20-237, PATH Grant  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** October 1, 2008  
**Project Overview:** Provides services to adults who are suffering from serious mental illness (SMI) and/or co-occurring substance use disorders, who are homeless or at imminent risk of becoming homeless. The goal of the PATH program is to enable adults to live in the community and to avoid homelessness, hospitalization and/or jail detention. The PATH program serves as a front door for individuals into continuum of care services and mainstream mental health, primary health care and the substance use disorder services systems. MHSA is used to fund portions of this program.

**Project Update:**

In FY 19-20, the PATH program received additional one-time funding from the Homeless Mentally Ill Outreach and Treatment (HMIOT) grant that was used to create a Rural Mobile Outreach program. On June 26, 2020, DHCS approved extending the deadline of expenditure of the HMIOT grant through August 31, 2020. For FY 20-21, an additional component, the Mobile Outreach Project, is to be added using CDBG-CV funds. This Project is meant to address COVID-19 related needs of individuals experiencing homelessness in rural and unincorporated areas.

There were 204 persons served by the metro outreach team and case managers that provided specialty mental health services and enrolled in the PATH Program. Their demographic data was tracked in Housing and Urban Development’s (HUD) Homeless Management Information System (HMIS), which uses different age categories. For the 204 persons enrolled in PATH, the ages are recorded as followed: 18-23 = 3 (16-24 in table below); 24-61 = 177 (25-64 in table below); 62 & over = 23 (65+ In table below). Kings View indicated that they would use an internal tracking sheet to track the demographic data as specified below.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	26
Asian/Pacific Islander	7
Caucasian	107
Latino	333
Native American	14
Other	1
Unreported	11
<b>Total Number Served</b>	<b>499</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	N/A
<input type="checkbox"/> 16-24	8
<input type="checkbox"/> 25-64	337
<input type="checkbox"/> 65+	38
<b>Unreported</b>	<b>113</b>
<b>Total Number Served</b>	<b>496</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$149,588	

MHSA-Outreach and Engagement	149,587	
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$299,175</b>	<b>\$603</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$62,878	\$62,878	\$62,878	\$62,878
MHSA-O & E	62,878	62,878	62,878	62,878
Medi-CAL FFP	85,727	85,727	85,727	85,727
Other	1,047,519	1,047,519	1,047,519	1,047,519
<b>Total Budget</b>	<b>\$1,259,002</b>	<b>\$1,259,002</b>	<b>\$1,259,002</b>	<b>\$1,259,002</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$1,259,002</b>	<b>\$1,259,002</b>	<b>\$1,259,002</b>	<b>\$1,259,002</b>

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

In FY 18-19, the outreach staff was reduced by 50% in the 4<sup>th</sup> quarter as one staff moved into a job at another program. As a result, the total outreach goal of 350 community member/families was not achieved, instead reaching 312. The recruitment process is now occurring. The program location is excellent, it has a low-key public profile, it mainstreams individuals served and their families as they have services in an office complex with a church, multiple businesses and activities occurring all day. Efforts have been made to improve the bus line schedule from one time per hour to one time per 30 minutes. However, this has not been achieved now. Adapting the program schedule to when the bus is scheduled to do pick-ups has alleviated some of this barrier. In FY 19-20, COVID-19 resulted in shelter-in-place orders that effectively shut down in-person services for several weeks. Individuals served became inconsistent with their scheduled appointments and a small number of people fell out of care. The pandemic also interrupted supply chains and led to a high turnover rate for Kings View. This was mitigated by services being provided via telehealth/telephone. Staff was hired to remove vacancies. When the shelter-in-place order was lifted, Kings View resumed peer support group sessions, but limited the number of individuals at one time. More shelters were made available to house individuals.

**Proposed Project Changes:**

No projected changes.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Project Ignite  
**Project Identifier(s):** 030 **Avatar:** N/A **PeopleSoft:**  
**Provider(s):**  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** Spring 2019 **Actual:**  
**Project Overview:** Project Ignite will be a cooperative effort between the Department of Behavioral Health (DBH) and the Fresno Housing Authority (FHA) in which FHA will provide up to 600 housing vouchers for chronically homeless or homeless individuals living with a severe mental illness. DBH will provide (via contracted provider(s)) supportive services to assist the individuals in maintaining their housing as well as their wellness, resiliency and recovery.

**Project Update FY 2019-2020:**

Vouchers under this program are owned and issued by the Fresno Housing Authority. Currently, none of the 600 housing vouchers have been issued to tenants. Once vouchers are issued, DBH will provide the required housing supportive services to tenants and collect necessary data for outcomes. This can be accomplished by scaling up housing supportive services contracted provider or through a new request for proposal.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>		<b>N/A</b>

**Performance Outcomes:** [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$650,000	\$650,000	\$650,000	\$650,000
MHSA-O & E				

<b>Medi-CAL FFP</b>				
<b>Other</b>				
<b>Total Budget</b>	<b>\$650,000</b>	<b>\$650,000</b>	<b>\$650,000</b>	<b>\$650,000</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$650,000</b>	<b>\$650,000</b>	<b>\$650,000</b>	<b>\$650,000</b>

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

Although the tentative start date for FHA to begin issuing vouchers was spring 2019, that has not occurred. During the first year of this program FHA planned to issue up to 100 vouchers to be made available to eligible individuals and then ramp up to 600 vouchers in subsequent years. The challenges and barriers to implementing this program is the unavailability of local housing inventory. This inventory was further diminished during the COVID-19 pandemic and shelter in place orders, which used additional housing and shelter space for those who were homeless and at-risk for infection. DBH remains committed to provide matching supportive services for tenants when vouchers under this program are issued.

**Proposed Project Changes FY 2022-2023:**

No proposed changes

### General Systems Development

Programs and services funded through General Systems Development may include: mental health treatment; peer support; supportive services; wellness centers; personal service coordination/case management; needs assessments; Individual Services and Supports Plan development; crisis intervention and stabilization services; family education services; and project-based housing programs. These programs should strive to improve the county mental health service delivery system for all individuals served and their families, and to develop and implement strategies for reducing ethnic and racial disparities.

Program Name	Projected numbers to be served	Ages served
AB109 OutpatientMental Health & Substance Use Disorder Services	300	18+
Children's Expansion of Outpatient Services	775	0-17
Cultural Specific Services - OP/ICM	300	all ages
Enhanced Rural Services OutpatientIntense Case Management	4000	all ages
Integrated Mental Health Services at Primary Care Clinics	630	all ages
Older Adult Team	475	60+
School Based Services	710	4 to graduation
Specialty Mental Health Services to Schools	1900	0-22
Supervised Childcare Services	680	0-15
Supervised Overnight Stay	335	18+
Transition Age Youth	160	16-24
Urgent Care WellnessCenter	5000	18+
Youth Wellness Center	2235	0-17

AB1810 Pre-Trial Diversion	pre-implementation
Vocational & Educational Services (SEES)	new contract; implementation delays
Continuum of Care for Youth & Young Adults Affected by Human Trafficking	delete
Crisis Stabilization Services - Voluntary Admissions	delete

Project Name 2020-2023	FY 20/21 BUD	FY 21/22 BUD	FY 22/23 BUD
Supervised Overnight Stay	839,090	839,090	839,090
Urgent Care Wellness Center (UCWC)	4,000,000	4,000,000	4,000,000
Youth Wellness Center	769,269	769,269	769,269
Family Advocacy Services	44,695	44,695	44,695
Integrated Wellness Activities	N/A	N/A	N/A
Peer and Recovery Services	457,461	457,461	457,461
Vocational & Educational Services	986,686	986,686	986,686
Supervised Child Care Services	157,388	157,388	157,388
Cultural Specific Services - OP/ICM	1,085,322	1,085,322	1,085,322
AB109 Outpatient Mental Health & Substance Services	300,000	300,000	300,000
Children's Expansion of Outpatient Services	600,258	600,258	600,258
Crisis Stabilization Services - Voluntary Admissions	N/A	N/A	N/A
Enhanced Rural Services- Outpatient/Intense Case Management	4,483,113	4,483,113	4,483,113
Medication Payments for Indigent Individuals	290,000	290,000	290,000
Older Adult Team	900,000	900,000	900,000
Recovery with Inspiration, Support and Empowerment (RISE)	675,496	675,496	675,496
School Based Services	6,000,000	6,000,000	6,000,000
Transitional Age Youth (TAY) - Department of Behavioral Health	1,274,486	1,274,486	1,274,486
Specialty Mental Health Services to Schools	4,545,135	4,545,135	4,545,135
AB1810 - OE/OP/ICM	58,933	107,247	128,876
Integrated Mental Health Services at Primary Care Clinics	2,900,000	2,900,000	2,900,000
	<b>30,622,637</b>	<b>30,670,951</b>	<b>30,692,580</b>

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** AB109 Outpatient Mental Health & Substance Use Disorder Services

**Project Identifier(s):** 040      **Avatar:** 4784 (MH)/2070 (SUD)      **PeopleSoft:** 4784 (MH)/2070 (SUD)

**Provider(s):** Turning Point (A17-265)

**Approval Date:** Historical

**Start Dates:**      **Anticipated:** N/A      **Actual:** April 24, 2012

**Project Overview:** Mental health outpatient and substance use disorder treatment services as required by AB109 Public Safety Realignment & Post-Release Community Supervision Act of 2011.

**Project Update FY 2019-2020:**

In FY 19-20, individuals who completed treatment completed an average of 88% of treatment goals. 75% of individuals served successfully completed treatment or left before completion with satisfactory progress. 91% of individuals receiving mental health treatment experienced no episodes of psychiatric hospitalizations or incarcerations. 78% of the program population trended towards positive recovery growth with reduced recovery needs level scores; 33% transitioned towards reduced levels of care; 76% of the program population trended towards positive recovery growth with increased recovery marker inventory scores; and 91% of individuals perceived having positive recovery growth.

On July 12, 2020, the Community Corrections Partnership (CCP) decided to reduce AB109 funding by 2% for all CCP AB109 funded programs beginning FY 20-21. Turning Point made the decision to absorb the 2% cut from only the AB109 Outpatient Mental Health & Substance Use Disorder Services Program.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	43
Asian/Pacific Islander	4
Caucasian	75
Latino	121
Native American	2
Other	41
Unknown	21
<b>Total Number Served</b>	<b>310</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input checked="" type="checkbox"/> 16-24	28
<input checked="" type="checkbox"/> 25-64	282
<input type="checkbox"/> 65+	0
<b>Unreported</b>	<b>0</b>
<b>Total Number Served</b>	<b>310</b>

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$475,947	
MHSA-Outreach and Engagement		
Federal Financial Participation	112,168	
Other		
<b>Total Project Costs</b>	<b>588,115</b>	<b>\$1,897</b>

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$300,000	\$300,000	\$300,000	\$300,000
MHSA-O & E				
Medi-CAL FFP	176,563	176,563	176,563	180,095
Other	1,950,642	1,912,877	1,912,877	1,947,766
<b>Total Budget</b>	<b>\$2,427,205</b>	<b>\$2,389,440</b>	<b>\$2,389,440</b>	<b>\$2,427,861</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$2,427,205</b>	<b>\$2,389,440</b>	<b>\$2,389,440</b>	<b>\$2,427,861</b>

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

Limited housing resources in the community continue to present challenges; specifically access to sober living beds, Board and Care beds, and independent supportive housing. The limited housing issue presents increased barriers when attempting to service individuals with prior convictions for arson or sex offenses and for those who identify as transgender. Currently there is a lack of inpatient substance use disorder treatment facilities severely limiting access for individuals. The restriction to access is greater for those who may have exhibited behavioral challenges while receiving treatment in the past. Employment continues to be a barrier for most individuals for a variety of reasons but mainly due to severe mental health symptoms, co-occurring substance use issues, and criminal backgrounds. The length of duration spent in the program is limited as often individuals complete their probation within six months to a year of entering the program, making it difficult to achieve individual treatment goals. A Request for Proposal will be released in fall 2021 for contract renewal effective July 1, 2022. Program referrals will still be through Probation; however, program participation will not be limited by the individual’s probation term.

The COVID-19 pandemic has presented its own unique challenges. The program transitioned to primarily telehealth services in March 2020. In June 2020, services slowly opened back up with staff staggering their shifts and smaller group services to begin in person again. The individuals in the program expressed a preference for in-person services.

**Proposed Project Changes FY 2022-2023:**

RFP will open up AB109 programs to more “pre-trial” populations such as MH Diversion and MIST community-based restoration populations. As these populations need higher level of care initially (ex. FSP), it is expected more AB109 funding will be shifted from OP program to FSP program in FY 22-23.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** AB1810 PreTrial Diversion  
**Project Identifier(s):** 075 **Avatar:** 4332 **PeopleSoft:** 4332, 2361  
**Provider(s):** Turning Point of Central California, Inc. (A20-341)  
**Approval Date:** TBD  
**Start Dates:** **Anticipated:** TBD **Actual:** TBD  
**Project Overview:** AB1810 provides the opportunity for courts to authorize pre-trial jail diversion for individuals with serious mental illness who committed certain felony or misdemeanor crimes with the intent to connect them to community-based treatment and supportive services in lieu of incarceration. This continuum of care for AB1810 individuals is an evidenced-based, five-tiered comprehensive program designed to meet their unique mental health, substance use disorder and any additional wraparound service needs.

**Project Update:**

The Department released a Request for Proposal in October 2019 and selected Turning Point as the vendor for the project. A contract was executed effective September 22, 2020 through June 30, 2022, with an optional one-year extension period. Due to funding limitations and unknown referral volume of persons meeting program eligibility, it was determined to reduce the typical five year contract term to align with available AB1810 pretrial felony diversion funding from a Department of State Hospitals (DSH) grant. DSH diversion funding is expected to end June 30, 2023 and is limited to incompetent to stand trial or likely to be incompetent to stand trial individuals charged with certain felonies and diagnoses.

After a ramp up period that included delays related to the COVID-19 pandemic, direct services from the Turning Point Diversion Program began March 15, 2021.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
<b>Unreported</b>	
<b>Total Number Served</b>	<b>N/A</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$0</b>	<b>N/A</b>

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD				
MHSA-O & E	\$0	\$58,933		
Medi-CAL FFP		50,919		
Other		116,804		
<b>Total Budget</b>		<b>\$226,656</b>		
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$0</b>	<b>\$226,656</b>		

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

The Fresno County Mental Health Diversion Court (MHDC) was established by criminal justice partners on June 18, 2020 to centralize all court proceedings under AB1810. The AB1810 diversion process is dependent on court proceedings. Although the pandemic was in effect, the Court conducted hearings through Zoom. The Department will continue to collaborate with criminal justice partners to identify individuals as prospective participants and their treatment and support needs. Public safety remains a concern to justice partners.

The program will need to be flexible with regards to the individual’s movement in the continuum of care as clinically indicated and the associated program costs at the different levels of care. Program evaluation will be needed to determine if the continuum of care program design is appropriate and how the individual may be connected to additional services once diversion programming has been completed.

**Proposed Project Changes:**

The program will continue to be monitored for referrals. A formal evaluation is requested to determine the effectiveness of program design as a continuum of care, as well as identify criminal justice processes to understand the type of AB1810 referrals and their treatment needs. The program will require close monitoring and evaluation to measure its effectiveness, outcomes, and sustainability during the three years where grant funding is supporting the project.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Children’s Expansion of Outpatient Services  
**Project Identifier(s):** 044 **Avatar:** **PeopleSoft:** 4316  
**Provider(s):** Fresno County Department of Behavioral Health—Children’s  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** October 2014  
**Project Overview:** Designed to improve timely access and incorporate specific mental health treatment interventions for the target population that includes Medi-Cal eligible and underinsured/uninsured infants through age 17. Some of the staff will have expertise or will be trained in infant and early childhood mental health and others will have or be trained in evidence-based therapeutic interventions/practices (i.e., Trauma Informed Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavioral Therapy (DBT), Motivational Interviewing, etc.) that will achieve the desired treatment outcomes.

**Project Update:**

The program is currently staffed with seven clinicians and two Community Mental Health Specialists. The program has one EMDR trained clinician, two DBT trained clinicians, four CBT-psychotherapy trained clinicians and Motivational Interviewing, two Infant Mental Health trained clinicians, and two clinicians currently in training for Trauma-Focused CBT. The two CMHS staff are trained in CBT-psychotherapy and Motivational Interviewing. All staff are trained in WRAP and all clinicians are trained to use the child and adolescents needs and strengths tool (CANS).

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	93
Asian/Pacific Islander	23
Caucasian	147
Latino	464
Native American	2
Other	45
Unreported	3
<b>Total Number Served</b>	<b>777</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	668
<input type="checkbox"/> 16-24	109
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>777</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$652,495	
MHSA-Outreach and Engagement		
Federal Financial Participation	380,013	
Other		
<b>Total Project Costs</b>	<b>\$1,032,508</b>	<b>\$1,329</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD	\$1,000,000	\$1,020,000	\$1,040,400	\$1,061,208
MHSA-O & E				
Medi-CAL FFP	397,362	397,362	397,362	397,362
Other	2,380	2,380	2,380	2,380
<b>Total Budget</b>	<b>\$1,399,742</b>	<b>\$1,419,742</b>	<b>\$1,440,142</b>	<b>\$1,460,950</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$1,399,742</b>	<b>\$1,419,742</b>	<b>\$1,440,142</b>	<b>\$1,460,950</b>

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

Some of the barriers are retaining clinicians, continuous open positions, trainings are not available close to the hiring date, person served's transportation problems, inflexible hours of operation that overlaps with caregivers' work hours or person served school hours, limited in-person services and community work due to pandemic safety regulations.

Strategies put in place to mitigate vacancy rates in the department was increase in salary and training that seems to have improved both the hiring and retaining of staff. All efforts will be made to hire staff with evidenced based practice training and/or to have a newer staff trained as soon as possible. To mitigate lack of transportation, the Department collaborated with the health plan to help parents with transportation to and from appointments or providing bus tokens to person served. To mitigate the limitation on hours of operation, staff accommodates persons served by working 9am to 6pm, which has been feasible via telehealth as staff does not need to be in the office while providing services after 5pm.

**Proposed Project Changes:**

Providing services in the community, extending hours of operation according to community needs 7-7, offering flexible hours of operation to accommodate person served, offering part-time positions for clinicians and CMHS staff to reduce employee turnover rate.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Delete

**Project Name:** Continuum of Care for Youth & Young Adults Affected by Human Trafficking

**Project Identifier(s):** 045      **Avatar:**      **PeopleSoft:**

**Provider(s):** TBD

**Approval Date:** Historical

**Start Dates:**      **Anticipated:**      **Actual: \*\***

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

**Project Update FY 2019-2020:**

DBH held a collaborative stakeholders program development meeting with representatives from County of Fresno Probation Department, Sheriff’s Office, Department of Social Services, Public Defenders and District Attorney’s Offices, and representatives from Superior Court in November 2019. The resulting RFP was released in February 2020 and closed June 9, 2020. The RFP requested proposals from qualified vendors with necessary experience to provide the Department with a program for youths and transition-aged youths, ages 11-25, who have or are at risk of being affected by human trafficking, and their caregivers. The Department was asking for a continuum of care program with three levels including Outpatient, Intensive Case Management and Full-Service Partnership, to allow participants to move seamlessly through the levels of care as required on an individual basis. The 5-member RFP evaluation panel met for an initial review in June 2020, but no contract was awarded.

Upon analyzing the anticipated fiscal impacts of the COVID-19 pandemic, the implementation of this plan will be put on hold pending a financial review of all MHSA-funded programs.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
<b>Total Number Served</b>	<b>0</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
<b>Unreported</b>	<b>0</b>
<b>Total Number Served</b>	<b>0</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		

Other		
<b>Total Project Costs</b>		<b>N/A</b>

Performance Outcomes: [fresnoMHSa.com/outcomes](https://www.fresnomhsa.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP				
Other				
<b>Total Budget</b>				
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>				

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

The original close date of the RFP was set for April 2020, but was extended until June 2020 after California issued its first shelter in place order following the COVID19 crisis response, to allow vendors the opportunity to address their organizational response to the pandemic and ensure sufficient time was granted for vendors to complete or revamp proposals, given the new circumstances.

**Proposed Project Changes FY 2022-2023:**

The Department will evaluate the best method by which to serve this population. In the meantime, this project will be removed from the Three-Year Plan.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Delete

**Project Name:** Crisis Stabilization Services – Voluntary Admissions  
**Project Identifier(s):** 047 **Avatar:** **PeopleSoft:**  
**Provider(s):** Exodus Recovery, Inc. (A16-221, A16-222)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** May 4, 2012  
**Project Overview:** Exodus Recovery, Inc. (Exodus) operates an LPS designated Crisis Stabilization Center (CSC) providing psychiatric crisis stabilization services to adult clients 18 years of age and older who would otherwise access care in an emergency department. Individuals who experience a mental health crisis or are in imminent danger of presenting a risk to themselves, others or becoming gravely disabled are able to immediately access care 24/7, 365 days per year at the Exodus CSC. In 2014, services were added for youth individuals served up to 18 years of age.

**Project Update FY 2019-2020:**

This program was designed to designate MHPA funds for services specific to youth and adults receiving voluntary crisis services from the Exodus CSC. Seeking voluntary crisis services is an important component of wellness and recovery as well as supporting individuals served and their families to help identify and respond to triggers prior to a crisis incident. Funding would provide support, staffing, education and materials that integrate recovery into crisis intervention and post-crisis planning. At the time of this annual update, these designated funds have not been accessed and services were not implemented; therefore, the reporting below provides information for the overall census of the Exodus Adult CSC program and does not speak specifically to the voluntary service component.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
<b>Unreported</b>	
<b>Total Number Served</b>	

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHPA-Full-Service Partnership		
MHPA-System Development		
MHPA-Outreach and Engagement		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>		<b>N/A</b>

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD				
MHSA-O & E				
Medi-CAL FFP	\$1,909,391	\$1,957,389	\$2,011,395	\$2,065,823
Other	212,062	217,500	233,500	229,516
<b>Total Budget</b>	<b>\$2,121,453</b>	<b>\$2,174,889</b>	<b>\$2,234,895</b>	<b>\$2,065,823</b>
<b>Increase/(Decrease)</b>	<b>(2,121,453)</b>	<b>(2,174,889)</b>	<b>(2,234,895)</b>	<b>(2,065,823)</b>
<b>Adjusted Budget</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

An internal process to access and use these designated MSHA funds was not identified or implemented in FY 2019-20.

**Proposed Project Changes FY 2022-2023:**

This project will be removed from the MHSA plan, as it is now funded through other sources.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Cultural Specific Services – OP/ICM  
**Project Identifier(s):** 036 **Avatar:** 4524A, 4524B **PeopleSoft:** 4524  
**Provider(s):** The Fresno Center (TFC) (A18-599)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** August 25, 2009  
**Project Overview:** The Fresno Center’s Living Well Center Program provides comprehensive specialty mental health services in three levels of care (Outpatient, Intensive Case Management, and Full-Service Partnership) for SED/SMI individuals and their families of Southeast Asian origin. The Living Well Center also has a clinical training component designed to develop culturally and linguistically competent mental health staff for the intended populations.”

**Project Update FY 2019-2020:**

In October 23, 2018, the Master Agreement for Cultural Specific Services was approved by the Board of Supervisors enhancing the prior program (known as “The Living Well Program”). Enhancements included: serving a population with serious mental illness (SMI)/serious emotional disturbance (SED), additional un/underserved target populations, increased number of persons served, and additional levels of care (Intensive Case Management - ICM and Full-Service Partnerships - FSP) as specified in the Three-Year Plan.

The Fresno Center (TFC) was awarded a portion of this contract to continue outpatient (OP) specialty mental health treatment services and clinical training to the Southeast Asian (SEA) population. TFC expanded services to include intensive case management (ICM) and full-service partnership (FSP) services to youths, adults, and older adults. To meet the increased capacity of the expanded program, TFC was approved a ramp-up budget to secure additional space and resources. The programs capacity increased to 220 individuals for the OP/ICM program and 30 individuals for the FSP program. As of March 2020, the OP/ICM program is at capacity and serving 220 individuals. TFC continues to be a great advocate for the SEA community and continues to diligently strategize and conduct outreach efforts to educate and reduce stigma.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	0
Asian/Pacific Islander	272
Caucasian	0
Latino	0
Native American	0
Other	8
Unreported	28
<b>Total Number Served</b>	<b>308</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	12
<input type="checkbox"/> 16-24	9
<input type="checkbox"/> 25-64	251
<input type="checkbox"/> 65+	36
Unreported	0
<b>Total Number Served</b>	<b>308</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$1,210,319	
MHSA-Outreach and Engagement		
Federal Financial Participation	154,534	
Other	37	
<b>Total Project Costs</b>	<b>\$1,364,890</b>	<b>\$4,431</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$1,085,322	\$1,085,322	\$1,085,322	\$1,085,322
MHSA-O & E				
Medi-CAL FFP	759,701	759,701	759,701	759,701
Other				
<b>Total Budget</b>	<b>\$1,845,023</b>	<b>\$1,845,023</b>	<b>\$1,845,023</b>	<b>\$1,845,023</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$1,845,023</b>	<b>\$1,845,023</b>	<b>\$1,845,023</b>	<b>\$1,845,023</b>

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

Individuals continue to report limited supportive services available to assist with their mental health services. Most individuals that missed/declined services report not having childcare and/or transportation. TFC has the capacity to provide transportation; however, childcare remains a need to address. TFC continues to track the barriers for individuals served, as identified by their data, while formulating resolutions.

Contractually, as this is a Master Agreement, the Department's intent has been to add multiple providers for specifically identified target cultural populations. This still remains a challenge. The Department widely distributed an additional formal request for proposals, but organizations have not submitted adequate proposals to serve other cultural target populations. The Department will remain available to provide insight in developing proposals that would meet the contractual scope of work and Medi-Cal requirements.

**Proposed Project Changes FY 2022-2023:**

No projected changes.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2021 - 2022**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Enhanced Rural Services Outpatient Intense Case Management  
**Project Identifier(s):** 049 **Avatar:** **PeopleSoft:** 4527  
**Provider(s):** Turning Point (A18-327)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** October 1, 2008  
**Project Overview:** Provide Intensive Case Management, and Outpatient Programs in rural Fresno County (Sanger, Reedley, Pinedale, Selma, Kerman and Coalinga). Programs provide mental health services that may include personal service coordination, medications, housing through treatment plans for adults with serious and persistent mental illness and children with severe emotional disturbance. The contract services fall within the Behavioral Health Clinical Care work plan.

**Project Update FY 2019-2020:**

The Huron clinic became operational as of July 2019 which expanded access to mental health services further within the County's rural communities. The Kerman clinic was recently approved to expand within their existing property to serve additional individuals safely. The Mendota clinic completed construction in early 2020 and became operational in November 2020.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	97
Asian/Pacific Islander	130
Caucasian	1,158
Latino	2,385
Native American	31
Other	85
Unreported	115
<b>Total Number Served</b>	<b>4,001</b>

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	1,106
<input checked="" type="checkbox"/> 16-24	587
<input checked="" type="checkbox"/> 25-64	2,019
<input checked="" type="checkbox"/> 65+	289
Unreported	0
<b>Total Number Served</b>	<b>4,001</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$6,305,390	
MHSA-Outreach and Engagement		
Federal Financial Participation	1,974,659	
Other	1,755	
<b>Total Project Costs</b>	<b>\$8,281,804</b>	<b>\$2,070</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD	\$4,483,113	\$4,483,113	\$4,483,113	\$4,483,113
MHSA-O & E				
Medi-CAL FFP	5,660,116	5,660,116	5,660,116	5,660,116
Other				
<b>Total Budget</b>	<b>\$10,143,229</b>	<b>\$10,143,229</b>	<b>\$10,143,229</b>	<b>\$10,143,229</b>
<b>Increase/(Decrease)</b>	<b>-</b>	<b>\$411,504</b>	<b>\$799,203</b>	<b>\$1,188,057</b>
<b>Adjusted Budget</b>	<b>\$10,143,229</b>	<b>\$10,143,229</b>	<b>\$10,942,432</b>	<b>\$11,331,286</b>

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

Turning Point continues to experience difficulties with maintaining full staffing in the rural clinics, thus keeping response times for referrals and appointments low. The FSP program has maintained full capacity and there is a need for more slots in the rural communities but maintaining additional staff would be a challenge. Turning Point is continuing to aggressively market and advertise for open positions to fill them quickly and keep wait times low. Turning Point is committed to hiring bilingual and bicultural staff whenever possible. COVID-19 has provided additional challenges with serving individuals in a safe environment, but the shift to telehealth services has ensured that most did not experience a lapse in service.

**Proposed Project Changes FY 2022-2023:**

Turning Point continues to experience growth with the Rural Mental Health program and is looking ahead at potential locations for their clinics that would improve the program with increased physical space.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Integrated Mental Health Services at Primary Care Clinics  
**Project Identifier(s):** 076 **Avatar:** 4760, 4325, 4532 **PeopleSoft:** 4760, 4325, 4532  
**Provider(s):** Clinica Sierra Vista (A17-579)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** October 1, 2011  
**Project Overview:** Previously, this program integrated Prevention and Early Intervention (PEI) services at primary care sites to individuals of all ages throughout Fresno County. In Fiscal Year 2016-17, initial development began for a more robust version of the original project which expanded to include Specialty Mental Health and Substance Use Disorder (SUD) services for all ages. Services that would be provided included assessments, treatment, case management, and medication management, among others. The goal of the expanded project is to offer holistic wellness services to children, adults, and families at each of the program locations.

**Project Update FY 2019-2020:**

Clinica Sierra Vista has been using Avatar as their main EHR for the program services; however, they are in the process of transitioning to EPIC as the EHR for their entire organization, across all programs and locations. Fresno County Department of Behavioral Health (DBH) has been working with Clinica Sierra Vista to ensure all necessary forms are available and meet the needs of DBH.

Clinica Sierra Vista submitted their Drug Medi-Cal application to the State for reimbursement for SUD services in June 2020; a response is anticipated approximately 90 days after submission. Clinica Sierra Vista has been working closely with DBH SUD contracts staff to assist with various technical and staffing resources. SUD services will begin at the Airport (N. Fine) and W. Shaw service sites once SUD staff are hired and fully trained.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	65
Asian/Pacific Islander	15
Caucasian	147
Latino	0
Native American	3
Other	344
Unreported	63
<b>Total Number Served</b>	<b>637</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	210
<input type="checkbox"/> 16-24	100
<input type="checkbox"/> 25-64	319
<input type="checkbox"/> 65+	8
Unreported	
<b>Total Number Served</b>	<b>637</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$1,999,894	
MHSA-Outreach and Engagement		
Federal Financial Participation	521,558	

Other		134	
<b>Total Project Costs</b>		<b>\$2,521,586</b>	<b>\$3,959</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$2,900,000	\$2,900,000	\$2,900,000	\$2,900,000
MHSA-O & E				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$2,900,000</b>	<b>\$2,900,000</b>	<b>\$2,900,000</b>	<b>\$2,900,000</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$2,900,000</b>	<b>\$2,900,000</b>	<b>\$2,900,000</b>	<b>\$2,900,000</b>

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

There are no significant barriers to service provision at this time.

**Proposed Project Changes FY 2022-2023:**

No projected changes.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Medication Payments for Indigent Individuals  
**Project Identifier(s):** 051 **Avatar:** **PeopleSoft:** 4512  
**Provider(s):** Fresno County Department of Behavioral Health  
 Envolve (A15-318)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** September 9, 2008  
**Project Overview:** This program provides psychotropic medications for uninsured adult and older adult individuals receiving mental health services within the outpatient programs.

**Project Update FY 2019-2020:**

The current vendor for Pharmacy Benefit Management (PBM) under the medications expansion program is Envolve Pharmacy Solutions, Inc. (Envolve), which previously known as US Script. The program has seen a significant drop in the number of individuals requiring their services since the implementation of the Affordable Care Act (ACA). The program services and target population have remained the same; however, a large majority of individuals served are now Medi-Cal eligible and are able to obtain their psychotropic medications without utilizing this program. In FY 18-19, Services were expanded to include MHSA funds for medication services provided to clients in the Juvenile Justice System and/or County Jail for the purpose of facilitating discharge; thus, adding to/enhancing the target population for medication services as well as parolees due to the passing of SB 389 allowing the expansion of MHSA covered services to parolees that were previously excluded under MHSA CSS CCR (California Code of Regulations, Article 6 (f,g): Community Services and Supports, Section 3610). Funds also can be used to support POST release offenders. The overall numbers are lower this year compared to the previous year due to DBH no longer needing to provide medications to the County Jail/Juvenile Justice systems due to the newly contracted provider in the Jail now required to provide the long-acting injectable medications.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
<b>Total Number Served</b>	<b>0</b>

\*Due to project limitations, ethnicity of client served is not currently collected.

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	0
<b>Total Number Served</b>	<b>0</b>

\*Due to project limitations, ages of clients served is not currently collected.

**FY 2018-2019 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$9,516	

MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$9,516</b>	<b>N/A</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$290,000	\$290,000	\$290,000	\$290,000
MHSA-O & E				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$290,000</b>	<b>\$290,000</b>	<b>\$290,000</b>	<b>\$290,000</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$290,000</b>	<b>\$290,000</b>	<b>\$290,000</b>	<b>\$290,000</b>

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

The only challenge to the program in the last two years was the ability to obtain approval on urgent requests if the Lead Analyst assigned to this program was out of the office on leave or called in sick. Initially, the strategy to mitigate the issue of participants not receiving the script requests for immediate needs was to have a backup Staff Analyst assigned to handle these immediate requests. In the last fiscal year, it was decided to assign the Mental Health Contracts Program Tech team to provide backup with the idea of transitioning the task of processing these routine tasks to the Program Technicians. This change has allowed the Staff Analyst to spend time focusing on analysis of the utilization of the program. This change has mitigated the challenges and barriers of providing medication expansion to participants in need of Pharmacy Benefit Management (PBM) to fill their psychotropic medications.

**Proposed Project Changes FY 2022-2023:**

DBH will be processing a new 5-year contract after completing the RFP process during FY 2020-21. Review of the bids will include reviewing to ensure the new or continuing vendor will provide with the same turn-around needed when requesting PBM services in order to fill scripts for DBH individuals served. In the coming year the allocation for the program will be adjusted to provide needed funding and a cushion, but will also free up unused funding allocation.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Older Adult Team  
**Project Identifier(s):** 052 **Avatar:** **PeopleSoft:** 4610  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** October 1, 2008  
**Project Overview:** Metropolitan and rural services for older adult consumers. Staff collaborate with primary care physicians and Adult Protective Services (APS) for outreach and engagement of services to seniors.

**Project Update FY 2019-2020:**

The Older Adult team continues to provide specialty mental health services to seniors ages 60 and older who are experiencing symptoms of mental illness. The program continues to provide a variety of Evidence-Based Practices to the senior population. There have been no significant changes to the mission, goals or funding of this program in the past year.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	76
Asian/Pacific Islander	17
Caucasian	206
Latino	154
Native American	6
Other	11
Unreported	12
<b>Total Number Served</b>	<b>482</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	12
<input type="checkbox"/> 25-64	261
<input type="checkbox"/> 65+	209
Unreported	0
<b>Total Number Served</b>	<b>482</b>

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

**FY 2019-2020 - Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$1,206,394	
MHSA-Outreach and Engagement		
Federal Financial Participation	321,820	
Other	1,503	
<b>Total Project Costs</b>	<b>\$1,529,718</b>	<b>\$3,174</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$900,000	\$900,000	\$900,000	\$900,000
MHSA-O & E				

Medi-CAL FFP	446,966	446,966	446,966	446,966
Other	16,491	16,491	16,491	16,491
<b>Total Budget</b>	<b>\$1,363,457</b>	<b>\$1,363,457</b>	<b>\$1,363,457</b>	<b>\$1,363,457</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$1,363,457</b>	<b>\$1,363,457</b>	<b>\$1,363,457</b>	<b>\$1,363,457</b>

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

Over the past year while some seniors were very open to telehealth and the ability to receive services via phone and video. However, many seniors did not have internet services to participate in video sessions with their team. Most significantly medication services were provided exclusively via telehealth to the home. As a result, many medication support services were provided by phone. There is a plan to increase in office services and access to nursing as well as increase office and in home visits while maintaining safety and adhering to COVID-19 protocols.

**Proposed Project Changes FY 2022-2023:**

The Older Adult Team continues to provide specialty mental health services to seniors ages 60 and older who are experiencing symptoms of mental illness. The program continues to provide a variety of Evidence-Based Practices to the senior population. There are no significant anticipated changes to the mission, goals or funding of this program in the upcoming year.

**WELLNESS, RECOVERY, RESILIENCY SUPPORT FY 2022 - 2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Program: Keep

**Project Name:** Peer and Recovery Services  
**Project Identifier(s):** 028 **Avatar:** 4511, 4781 **PeopleSoft:** 4511, 4781  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** February 12, 2007  
**Program Overview:** Original work plan funded activities for the securing of permanent full-time employment Peer Support Specialist and Parent Partners. Funding 10 FTE PSS and 2 FTE Parent Partners; costs are associated with approved work plan plans for and funds supportive/wellness activities and supplies.

**Program Update 2019-2020:**

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

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
<b>Unreported</b>	
<b>Total Number Served</b>	

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

**FY 2019-2020 – Program Costs**

Funding	Actual Program Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$384,797	
MHSA-Outreach and Engagement		
Federal Financial Participation	(2,387)	
Other		
<b>Total Program Costs</b>	\$382,410	N/A

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD	\$457,461	\$457,461	\$457,461	\$457,461
MHSA-O & E				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$457,461</b>	<b>\$457,461</b>	<b>\$457,461</b>	<b>\$457,461</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$457,461</b>	<b>\$457,461</b>	<b>\$457,461</b>	<b>\$457,461</b>

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

The recruitment process for county positions has been slow and the vacancy rate for all positions remains high. There are 19 allocated positions, including one allocated Parent Partner position. To mitigate the challenges, the Department has brought in training and technical assistance to support the enhancement of the peer workforce. The kick-off for these efforts was a Peer Workforce Summit held on September 12th, 2018; attendees included representatives from DBH Human Resources as well as the County's main Human Resources Department in hopes of reducing barriers to recruitment of peer professionals. Additionally, DBH studied in early 2020 all peer support and parent partner type positions across its system of care, as well as similar positions in other counties in the region for comparison, and found that these positions were some of the highest paid in the region.

**Proposed Project Changes 2022-2023:**

Through training and technical assistance related to the peer workforce, the Department hopes to improve strategies to fill existing vacancies and ultimately expand the peer workforce in the coming years. With the passage of SB803, Peer Certification for Medi-Cal billing is close on the horizon. The Department is committed to supporting its Peer Support Specialists in achieving Peer Certification should they so choose. To this end, the Department has signed a Participation Agreement with CalMHSA to participate in its statewide Peer Training and Certification.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Recovery with Inspiration, Support & Empowerment (RISE)  
**Project Identifier(s):** 054 **Avatar:** **PeopleSoft:** 4519  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** January 2014  
**Project Overview:** Provides support for LPS (Lanterman Petris Short) Conserved beneficiaries and those who were recently released from conservatorship adjusting to a less structured living environment, as a stepdown from IMD (Institution for Mental Disease) / MHRC (Mental Health Rehabilitation Center) level of care. The team provides services that include intensive case management, rehabilitation, and therapeutic services in a way that supports and helps to restore dignity, supports the empowerment of each individual, demonstrates respect, and is individualized to the expressed need of each individual served. The goal of RISE is to increase stability and wellness in the community using natural supports to increase overall wellness and reduce recidivism back to LPS MHP.

**Project Update FY 2019-2020:**

RISE continues to provide specialty mental health services for people on conservatorship. The program has focused on the transition from IMD level of care to outpatient care and establishing the individual in the community. In the fall of 2018, RISE integrated the conservatorship function and LPS Conservators into this clinical program. Conservators are being coached in therapeutic case management models and strengths-based, client-centered care. This increases communication, coordination of care, and helps to ensure readiness for step-down from the IMD level of care.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	51
Asian/Pacific Islander	22
Caucasian	117
Latino	129
Native American	5
Other	8
Unreported	4
<b>Total Number Served</b>	<b>336</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	19
<input type="checkbox"/> 25-64	281
<input type="checkbox"/> 65+	36
<b>Unreported</b>	<b>0</b>
<b>Total Number Served</b>	<b>336</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$605,842	
MHSA-Outreach and Engagement		
Federal Financial Participation	184,381	
Other	121	
<b>Total Project Costs</b>	<b>\$790,345</b>	<b>\$2,352</b>

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$675,496	\$675,496	\$675,496	\$675,496
MHSA-O & E				
Medi-CAL FFP	1,204,765	1,204,765	1,204,765	1,204,765
Other	20,656	20,656	20,656	20,656
<b>Total Budget</b>	<b>\$1,900,917</b>	<b>\$1,900,917</b>	<b>\$1,900,917</b>	<b>\$1,900,917</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$1,900,917</b>	<b>\$1,900,917</b>	<b>\$1,900,917</b>	<b>\$1,900,917</b>

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

The already problematic caseload sizes were exacerbated in the past year due to increased vacancies, leave of absences due to COVID exposure, difficulty in recruitment and hiring, and retention problems. This team experienced many significant losses. Flow of person served through the program was further restricted by COVID protocols at various facilities. Court closures resulted in extensive prolonged backlog of hearings. Recruitment for Licensed and Unlicensed Mental Health Clinician began in the summer of 2021 and a recruitment for Community Mental Health Specialist was in progress by Fall of 2021. The court has added some additional time for conservatorship and temporary conservatorship hearings. As vaccinations continue and facilities have fewer outbreaks of the COVID -19 virus we should see some improvements in client flow through facilities and through the program.

**Proposed Project Changes FY 2022-2023:**

We will continue to discuss strategies to mitigate large caseload sizes. We will also be looking at the configuration of the team to address issues of workload of staff and supervisor.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2021 - 2022**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** School Based Services  
**Project Identifier(s):** 055 **Avatar:** **PeopleSoft:** 4311 & 4312  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** September 1, 2008  
**Project Overview:** The target population is youth in grades K-12 (ages 4-17 or until graduation from high school) with serious emotional disturbances that require screening, engagement, assessment and ongoing mental health treatment services that include individual/group/family therapy, case management, rehabilitation both individual and group, and collateral services. The services are provided at the school, in the home or community to improve access to mental health services and decrease barriers such as transportation, stigma, conflicts with caregiver work hours, etc. The program is designed to have flexible hours of treatment.

**Project Update FY 2019-2020:**

The School-Based Services Team (SBT) is developing a partnership with the Fresno County Superintendent of Schools (FCSS) to service geographic areas the Department is unable to cover. The Department has also developed a partnership with United Health and Turning Point to increase capacity and Clinica Sierra Vista to integrate primary care into the county operated school-based services. FCSS began the integration process January 2, 2019. FCSS, in collaboration with DBH staff, are transitioning individuals served as appropriate in the West Region and the Foothills school districts. The county-operated School Based team clinical supervisors and CMH division manager meet monthly to streamline referrals and coordinate care for onboarding school districts. On July 2019, the School-Based West District Team started to work in partnership with FCSS. By school year 2021-2022 (August of 2021) FCSS fully transitioned into providing mental health services in the all districts according to the 5-year plan. As of April 13<sup>th</sup>, 2020 the School-Based Team consolidated the Metro and West Region Teams under the guidance and support of 1 Clinical Supervisor.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	52
Asian/Pacific Islander	17
Caucasian	70
Latino	476
Native American	5
Other	90
Unreported	5
<b>Total Number Served</b>	<b>715</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	552
<input type="checkbox"/> 16-24	160
<input type="checkbox"/> 25-64	2
<input type="checkbox"/> 65+	1
Unreported	0
<b>Total Number Served</b>	<b>715</b>

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

**FY 2019 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$1,856,204	

<b>MHSA-Outreach and Engagement</b>		
<b>Federal Financial Participation</b>	<b>796,695</b>	
<b>Other</b>	<b>268</b>	
<b>Total Project Costs</b>	<b>\$2,653,167</b>	<b>\$3,711</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
<b>MHSA-FSP</b>				
<b>MHSA-SD</b>	<b>\$1,500,000</b>	<b>\$6,000,000</b>	<b>\$6,000,000</b>	<b>\$6,000,000</b>
<b>MHSA-O &amp; E</b>				
<b>Medi-CAL FFP</b>				
<b>Other</b>				
<b>Total Budget</b>	<b>\$1,500,000</b>	<b>\$6,000,000</b>	<b>\$6,000,000</b>	<b>\$6,000,000</b>
<b>Increase/(Decrease)</b>		<b>(4,000,000)</b>	<b>(4,000,000)</b>	<b>(4,000,000)</b>
<b>Adjusted Budget</b>	<b>\$1,500,000</b>	<b>\$2,000,000</b>	<b>\$2,000,000</b>	<b>\$2,000,000</b>

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

Clinicians have to contend with student schedules, which fluctuate due to unknown/unforeseen testing and school events. Also, during times when school is not in session, staff have difficulties scheduling and/or compliance with continued services. Staff have attempted to resolve the scheduling issues by offering services at the homes if families are open or scheduling clients at the clinic while school is on break. Fresno County is a vast area and covers many school districts that are in significant distance from the Heritage Children’s Campus. Huron-Coalinga and Central Unified School Districts are located at a significant distance from the main Hub- The Heritage Center. The closest school District is Central Unified, which currently it takes at least 25 minutes to get there one way from the main Children’s Mental Health Services office, the Heritage Center. The West District of Fresno County has a large geographical area. Many of the School Districts in the SBT are 30 minutes away or more. The farthest School District is one hour and a half one way from Fresno. The Travel time takes time away from the individuals served’s face-to-face direct services. Staffing has been a barrier for the SBT-West District. Each School District has a significant number of schools and the School Based Teams are only able to cover 1-2 schools per clinician in efforts to reduce travel time, be able to provide mental health services to more individuals served. DBH has contracted with FCCS to provide mental health services in all schools of Fresno County within the timeframe of 5 years. Another barrier is staff burnout, the constant driving to and from Fresno to rural areas impacts staff and frequently request transfers to a clinic-based team.

**Proposed Project Changes FY 2022-2023:**

The SBT West and Metro Region will primarily serve schools in the Metro area. Currently, there is 1 staff who resides in Lemoore and the travel distance to Huron is manageable -less than 30 minutes. The staff residing in Huron will provide mental health services in the schools located in the Community of Huron. FCCS and Turning Point will be providing mental health services in the schools located in the Community of Coalinga. There are no other proposed project changes.

**BEHAVIORAL HEALTH CLINICAL CARE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

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**Project Name:** Specialty Mental Health Services to Schools  
**Project Identifier(s):** 065 **Avatar:** 4329\* **PeopleSoft:** 4330  
**Provider(s):** Fresno County Superintendent of Schools (FCSS) (A18-308)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** July 1, 2018  
**Project Overview:** All 4 Youth is an integrated expanded treatment program that provide specialty mental health outpatient treatment services in a school-based setting. The goal of All 4 Youth is to remove barriers and increase timely access for all children and families to the full continuum of behavioral health services that promotes a positive healthy environment in which to live and learn.

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**Project Update 2019-2020:**

The “All 4 Youth” program is a partnership between Fresno County Superintendent of Schools (FCSS) and DBH to provide school and community-based specialty mental health treatment services to children and their families. Services include: intensive case management, intensive care coordination (ICC), intensive home-based services (IHBS), rehabilitation, collateral, individual and group therapy services, crisis services, medication support services, outreach, and advocacy services. Specialty mental health services (SMHS) are provided to children 0-22 years of age who are Medi-Cal beneficiaries with a serious emotional disturbance (SED). While the target population are Medi-Cal beneficiaries, FCSS and the local school districts are leveraging funding resources to provide services to all youths, with or without other health coverage (OHC), ensuring every youth receives a mental health assessment, at a minimum.

This Agreement allows for periodic expansion of services to various geographical school districts, eventually embedding mental health clinicians on all school campuses throughout the County. The implementation of services will be rolled out in five phases over the term of the Agreement. All implementation phases are strategically planned to provide access to communities that historically were underserved due to their lack of local community resources. In FY 2018-19, phase one, FCSS onboarded the school districts on the westside of the County first, which include school districts such as Central, Mendota, Golden Plains, Kerman, Sierra, Firebaugh, and other schools. In FY 2019-20, phase two, FCSS onboarded the southern school districts, which include Caruthers, Fowler, Kingsburg, Laton, Riverside, Sanger, Selma, Washington Unified, and other schools. Services were also extended to high-needs students at non-onboarded schools as well. All 4 Youth currently serves 161 students from non-onboarded schools. Besides serving youths on school sites, All 4 Youth established certified mental health facilities or hubs to offer alternative treatment locations. There are currently four established hubs. One is located at the FCSS Downtown Fresno office, another at Bailey Elementary in Firebaugh, a third at Tilley Elementary in Central Unified, and the fourth is in the City of Selma.

As of February 2020, FCSS has triaged a total of 2,358 referrals since the beginning of the school year; of which 1,259 individuals are receiving ongoing mental health treatment services and 136 individuals are receiving ongoing early intervention services. Since the All 4 Youth Program’s inception on January 1, 2019, the DBH’s Electronic Health Record, Avatar, has recorded a spike in overall mental health services being provided. Although multiple factors contributed to the overall growth in the penetration rate, visual data analysis of the graphical data clearly shows an increase in services within Avatar consistent with FCSS’s inception. The graph also shows a decline in services due to the schools breaking for summer vacation.

The data below references the FCSS All 4 Youth SMHS program in FY 2019. The unique individuals served was 1,894. The target goal was 1,680. FCSS clearly met the objective. However, like its Prevention and Early Intervention (PEI) component, the data below does not provide a true representation of the total individuals served. Currently, Avatar only tracks individuals served that are Medi-Cal eligible. There are a substantial number of youths who received services which are not reflected in Avatar and were served through PEI, other health coverage (OHC), psychoeducation, and linkage and referrals to community supports or resources. Looking ahead, youths served through OHC only and PEI will be tracked in Avatar and will provide a more complete analysis of the program services. Additionally, new tracking and measurement tools are being developed to capture data more accurately so that outcomes can be better quantified.

#### FY 2019-2020 – Unique Individuals Served

Ethnicity	Served
African American	87
Asian/Pacific Islander	18
Caucasian	264
Latino	1,160
Native American	14
Other	1
Unreported	350
<b>Total Number Served</b>	<b>1,894</b>

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	1,665
<input checked="" type="checkbox"/> 16-24	229
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	0
<b>Total Number Served</b>	<b>1,894</b>

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

#### FY 2019-2020 – Project Costs

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$6,309,289	
MHSA-Outreach and Engagement		
Federal Financial Participation	1,249,020	
Other	107	
<b>Total Project Costs</b>	<b>\$7,558,417</b>	<b>\$3,991</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

#### Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$4,545,135	\$4,545,135	\$4,545,135	\$4,545,135
MHSA-O & E				
Medi-CAL FFP	9,164,804	12,332,112	15,392,304	19,167,946
Other				
<b>Total Budget</b>	<b>\$13,709,939</b>	<b>\$16,877,247</b>	<b>\$19,937,439</b>	<b>\$23,713,081</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$13,709,939</b>	<b>\$16,877,247</b>	<b>\$19,937,439</b>	<b>\$23,713,081</b>

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

The challenges to this program continue to involve the stigma of mental health. Cultural stigmas remain a barrier in the regions of the phase one and two implementation. Outreach and education will continue to be a point of focus in order to increase the census of the targeted population in the rural communities.

Currently, the number of individuals not Medi-Cal eligible are larger than anticipated. (In FY 18-19, 18% of the individuals receiving services had other/private health coverage.) FCSS and DBH are reviewing all resources to see if other funds can be leveraged to meet the needs of this population. FCSS is also working with local Managed Care Plan providers, so that this population can receive services through All 4 Youth.

Students continue to report not being aware of the mental health services available to them. Creative, age-appropriate outreach and education workshop strategies will better engage students and generate a more resourceful peer network on school campuses. Continuing education and support of trained mental health school staff will also lead the charge to change the culture around mental health.

Like many youth programs, getting in contact with parents or the responsible party in a timely manner has been a barrier. Not being able to obtain authorization for treatment from the parent or responsible party remains a challenge and is the main reason for prolonging the intake process. FCSS is continuing to develop strategies to approach the families.

Working to provide training around the already impacted school district calendars is challenging. FCSS has been flexible by redesigning their trainings to meet the availabilities of the onboarding school districts. However, data retention may be compromised due to the quick roll out. Evaluations will help measure efficiency of the trainings. Strategies are also being proposed and will be reviewed as appropriate.

**Proposed Project Changes 2022-2023:**

It is forecasted that this specialty mental health treatment program will be expanded to increase capacity to address recommendations received from the stakeholder process. However, during FY 2021-22, FCSS will roll out phase four of the All 4 Youth Program to continue onboarding the Fresno, Clovis, Coalinga-Huron, and other remaining schools from the prior phases. In addition, a Substance Used Disorder (SUD) treatment component is being considered for adaptation into the All 4 Youth program to help with co-occurring disorders.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Supervised Child Care Services  
**Project Identifier(s):** 033  
**Provider(s):** **Avatar:** 4311 **PeopleSoft:** 4311  
**Approval Date:** Reading and Beyond, Inc. (A20-239)  
**Start Dates:** Historical  
**Project Overview:** **Anticipated:** N/A **Actual:** July 1, 2020  
 Reading and Beyond provides supervised child-care services for children in two locations: 1) the Heritage Center, and 2) the West Fresno Regional Center. Reading and Beyond serves children 12 years of age and younger and services are provided only while clients (parents/guardians/siblings) are in the building conducting business with DBH. Children will be offered nutritional snacks, bottled water, and age/developmentally appropriate activities. The staff-to-child ratio will be no less than one staff person for each of the following: 3 infants (up to 1 year old); 9 children (ages 2 – 12); 2 infants and 5 children; and 1 infant and 7 children.

**Project Update FY 2020-2021:**

This last fiscal year of 2020-21 was a challenge for Reading and Beyond (RaB) supervised childcare services as the COVID pandemic caused both center/rooms to completely close. No in-person services were provided at either the Heritage or West Fresno Regional locations due to the pandemic, thus the child care services were not needed. The goal of the program is to provide DBH clients with temporary, on-site childcare so that they may have the ability to receive the necessary services from the Fresno County Behavioral Health Department. When childcare services are actively being provided, the program also works towards complying with the CARF performance measures. When the pandemic ends and/or when services are allowed to resume fully in-person, RaB plans to incorporate monthly educational themes and stations into the daily schedule of the supervised childcare sites in order to facilitate educational and enrichment activities. The value of this service has proven effective because without childcare available parents expressed that they would often have to miss their appointments due to lack of childcare in previous years.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	<b>688</b>
<b>Total Number Served</b>	<b>688</b>

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	<b>688</b>
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>688</b>

\*Due to project requirements, there may be specific age guidelines. In addition, for FY19-20 there were less persons served due to the Covid-19 pandemic

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$81,437	
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$81,437*</b>	<b>\$118</b>

\*Although we did not provide services for FY19-20 after March of 2020, we did continue to cover expenses for bare minimum expenses like liability insurance and employee healthcare

**Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)**

**Budget by Fiscal Year:**

Funding Sources:	FY 20/21	FY 21/22	FY 22/23	FY 23/24
MHSA-FSP				
MHSA-SD	\$157,388	\$157,388	\$157,388	\$157,388
MHSA-O & E				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$157,388</b>	<b>\$157,388</b>	<b>\$157,388</b>	<b>\$157,388</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$157,388</b>	<b>\$157,388</b>	<b>\$157,388</b>	<b>\$157,388</b>

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

The main challenge that occurred was the program shut down due to the COVID pandemic effective March of 2020. This barrier continued to affect the program service provided for the entirety of FY 20-21. There were no strategies to mitigate the challenge because in-person services in the office were not allowed to resume for the entire fiscal year.

**Proposed Project Changes FY 2021-2022:**

Hopefully during this current fiscal year in-person services will resume, and the County will allow childcare services to also resume to business as usual so that persons served can resume their in-person mental health services without the barrier of not having childcare available at the Heritage Center and the West Fresno Regional Center.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Supervised Overnight Stay  
**Project Identifier(s):** 008 **Avatar:** 4782 **PeopleSoft:** 4782  
**Provider(s):** WestCare California, Inc. (A18-686)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** May 22, 2012  
**Project Overview:** An overnight stay program for mental health clients discharged from local hospital emergency departments and 5150 designated facilities. The program provides overnight stay, clinical response, peer support, case management and discharge services, in addition to transportation to appropriate mental health programs for adults and older adults who are deemed applicable for the program pursuant to discharge.

**Project Update FY 2019-2020:**

The Supervised Overnight Stay Program began on May 22, 2012. Originally funded by Innovation, the program was switched to PEI funding in fiscal year 2017-2018. The original contract ended December 31, 2018. WestCare was awarded the new contract. Under the new contract, the program was expanded to provide case management as well as overnight stay services and began January 1, 2019. A second location was added to the program where individuals can receive assessments and case management after their stay at the overnight stay facility.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	64
Asian/Pacific Islander	8
Caucasian	120
Latino	118
Native American	8
Other	4
Unreported	13
<b>Total Number Served</b>	<b>335</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input checked="" type="checkbox"/> 16-24	41
<input checked="" type="checkbox"/> 25-64	289
<input checked="" type="checkbox"/> 65+	5
Unreported	
<b>Total Number Served</b>	<b>335</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$954,355	
MHSA-Outreach and Engagement		
Federal Financial Participation	37,766	
Other		
<b>Total Project Costs</b>	<b>\$992,121</b>	<b>\$2,962</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

Budget by Fiscal Year:

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD	\$839,090	\$839,090	\$839,090	\$839,090
MHSA-O & E				
Medi-CAL FFP	\$302,350	\$302,350	\$302,350	\$302,350
Other				
<b>Total Budget</b>	<b>\$1,141,440</b>	<b>\$1,141,440</b>	<b>\$1,141,440</b>	<b>\$1,141,440</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$1,141,440</b>	<b>\$1,141,440</b>	<b>\$1,141,440</b>	<b>\$1,141,440</b>

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

Eighty-six (86%) percent of consumers admitted to SOS were homeless at time of intake. Due to this, follow-up contact is very difficult, many consumers get lost until the next visit to the ED or 5150 facility. Tracking individuals became even more difficult during COVID as the day center was closed to drop-in visits. Keeping individuals engaged in services is also a challenge. Linkages and overall participation were impacted by the limitations of COVID for 11 months of the reporting period. Individuals are now tracked longer (up to 180 days) instead of 90 days because of COVID challenges that restricted most specialty mental health services, especially case management, to telephonic contact. Individuals are tracked from intake forward up to 180 days for revisits to the emergency room and/or subsequent hospitalizations.

**Proposed Project Changes FY 2022-2023:**

None

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Transition Age Youth (TAY)  
**Project Identifier(s):** 056 **Avatar:** **PeopleSoft:** 4421 & 4761  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** **Actual:** August 10, 2009  
**Project Overview:** The Department of Behavioral Health Transition Age Youth (TAY) program serves Medi-Cal beneficiaries ages 16 through 24 who live within Fresno County and who require specialty mental health treatment services. The mission of DBH TAY is to assist young adults in making a successful transition into adulthood, and more specifically, to provide mental health services which help the young adult reach personal goals in the areas of employment, education, housing, personal adjustment, and overall functioning in the community. This program has been merged with First Onset Team (FOT).

**Project Update FY 2019-2020:**

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

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	29
Asian/Pacific Islander	9
Caucasian	32
Latino	89
Native American	0
Other	3
Unreported	2
<b>Total Number Served</b>	<b>164</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	145
<input type="checkbox"/> 25-64	19
<input type="checkbox"/> 65+	0
Unreported	0
<b>Total Number Served</b>	<b>164</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$324,579	
MHSA-Outreach and Engagement		
Federal Financial Participation	177,186	
Other		
<b>Total Project Costs</b>	<b>\$501,765</b>	<b>\$3,060</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD	\$1,274,486	\$1,274,486	\$1,274,486	\$1,274,486
MHSA-O & E				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$1,274,486</b>	<b>\$1,274,486</b>	<b>\$1,274,486</b>	<b>\$1,274,486</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$1,274,486</b>	<b>\$1,274,486</b>	<b>\$1,274,486</b>	<b>\$1,274,486</b>

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

No barriers were identified in this past year. The program continues to support individuals served as needed.

**Proposed Project Changes FY 2022-2023:**

In the next year we anticipate adding more staff trained in the treatment of eating disorders. This Issue has gained increase attention across our system and although TAY already has individuals trained in the treatment of eating disorders, we will double the number trained in the net year. Also, we anticipate continued collaboration with the Dreamcatchers program for education and employment. In the past year the TAY program has had significant success in linking individuals to employment and work through partnership with Dreamcatchers.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Urgent Care Wellness Center (UCWC)  
**Project Identifier(s):** 012 **Avatar:** 4622 **PeopleSoft:** 4622, 4623  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** June 29, 2009  
**Project Overview:** Urgent Care wellness services include but are not limited to, crisis evaluation, crisis intervention, medication supports, individual/group therapy, and linkage to other appropriate services. Adults ages 18 and older who are at risk of needing crisis service interventions or at risk of homelessness, incarceration and/or are frequent users of emergency and crisis services may access UCWC supports. Referrals are made through local mental health providers, self-referrals, and/or local emergency rooms. Services include triage, access and linkages through a walk-in setting or virtual setting (due to pandemic considerations)

**Project Update FY 2019-2020:**

The Urgent Care Wellness Center (UCWC) is designed to provide an initial screening and/or assessment of persons served with mental health or substance use disorders with linkages to appropriate levels of care within the continuum of services available. With an increased emphasis on the need for same day access and care, decreased wait times for psychiatry, acuity of housing related needs, and connecting with individuals served who are discharging from the acute units the UCWC prioritized same day service and decreasing wait times for care. During fiscal year 2017-18, DBH co-located 3 Substance Abuse Specialists positions within the UCWC, in accordance with the standards set forth by DMC-ODS waiver. The additional staff has resulted in persons served having access to both SUD and MH services/ linkage the same day and at the front door.

**FY 2019-2020– Unique Individuals Served**

Ethnicity	Served
African American	788
Asian/Pacific Islander	251
Caucasian	1,413
Latino	2,101
Native American	76
Other	340
Unreported	25
<b>Total Number Served</b>	<b>4,994</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	6
<input type="checkbox"/> 16-24	860
<input type="checkbox"/> 25-64	4,003
<input type="checkbox"/> 65+	125
<b>Unreported</b>	<b>0</b>
<b>Total Number Served</b>	<b>4,994</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$5,301,152	
MHSA-Outreach and Engagement		
Federal Financial Participation	471,151	
Other	1,039	

<b>Total Project Costs</b>	<b>\$5,773,342</b>	<b>\$1,156</b>
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**Performance Outcomes:** [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
MHSA-O & E				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$4,000,000</b>	<b>\$4,000,000</b>	<b>\$4,000,000</b>	<b>\$4,000,000</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$4,000,000</b>	<b>\$4,000,000</b>	<b>\$4,000,000</b>	<b>\$4,000,000</b>

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

Continued changes in regulations for timeliness of services and the Department's full implementation of the DMC-ODS have provided challenges and opportunities. DMC-ODS implementation and the integration of access services is a significant initiative resulting in true co-occurring urgent care. During this time, the UCWC engaged the services of a full time, dedicated psychiatrist, to meet same-day or urgent needs of individuals. As a result of an increase in access to housing resources combined with a county-wide focus on reducing homelessness, significant UCWC staff time has been spent addressing housing related needs for individuals served by the Department; in recognition of this challenge, a separate program, the Housing Access and Resource Team (HART), was developed to assist individuals in securing safe housing options. The UCWC and HART teams closely collaborated during the pandemic to help assist persons served in securing safe shelter. Pandemic related protocols and the departments commitment to providing virtual services has allowed the UCWC to continue to provide both in-person and virtual same day services throughout the year.

**Proposed Project Changes FY 2022-2023:**

The UCWC anticipates continued hybrid service delivery (virtual and in-person) will be necessary for some time to come. Pandemic concerns as well as individual preferences related to virtual services will likely guide our service delivery methods. That being said, the principles of same-day access, assessment and linkage will persist regardless of modality (virtual vs. in-person).

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Supported Education and Employment Services (SEES)  
**Project Identifier(s):** 032  
**Provider(s):** **Avatar:** **PeopleSoft:** 4533, 4526  
**Approval Date:** Dreamcatchers Empowerment Network (A20-102)  
 State Department of Rehabilitation—Grant Match  
**Start Dates:** Historical  
**Project Overview:** **Anticipated:** N/A **Actual:** July 1, 2009  
 Provide recovery, vocational and educational services to individuals with psychiatric disabilities living in Fresno County and receiving mental health services from DBH or other County-contracted mental health providers. SEES is a program accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). This update will include the plan for enhancement of services to be delivered and expand the target population.

**Project Update FY 2019-2020:**

The DBH-operated Supported Education and Employment Services program was ended on June 30, 2020. These services are now contracted with Dreamcatchers Empowerment Network. DBH is continuing to partner with the State Department of Rehabilitation by providing cooperative match funding for ongoing education and employment services, which this program now funds.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
<b>Unreported</b>	
<b>Total Number Served</b>	<b>N/A</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$78,524	
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$78,524</b>	<b>N/A</b>

**Performance Outcomes:** [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD	\$1,211,066	\$986,686	\$986,686	\$986,686
MHSA-O & E				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$1,211,066</b>	<b>\$986,686</b>	<b>\$986,686</b>	<b>\$986,686</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$1,211,066</b>	<b>\$986,686</b>	<b>\$986,686</b>	<b>\$986,686</b>

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

COVID-19 caused delays in program implementation, pushing back the initial open date for the Dreamcatchers program to July 1, 2020. Because this is a new fidelity model for Fresno County, there has been a learning curve for all parties in implementing all aspects of Individualized Placement and Support services.

**Proposed Project Changes FY 2022-2023:**

The Department of Rehabilitation has informed the County of potential changes to how funding is handled for their case service agreements. In this instance, DOR’s funding for vocational rehabilitation that goes to Dreamcatchers may transition to being handled by the County as some point over the next few years. We are working closely with DOR on how to implement this new process.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Youth Wellness Center  
**Project Identifier(s):** 014 **Avatar:** 4315 **PeopleSoft:** 4315 & 4471  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** June 2015  
**Project Overview:** Designed to improve timely access to mental health screening, assessment, referral for ongoing treatment and short-term interventions for youth ages 0-17 with serious emotional disturbances. Referrals may be received from caregivers seeking mental health services, Medi-Cal health plans, other community-based healthcare providers, other county jurisdictions and agencies serving youth who identify that a higher intensity and array of mental health treatment and supportive services may be required. The program will also support discharge planning and bridge services for clients being discharged from Exodus Fresno Crisis Stabilization Center and inpatient psychiatric hospitals. Services may also include facilitating the transition of youth to/from Children’s Mental Health programs from/to community resources when clinically appropriate.

**Project Update FY 2019-2020:**

Youth Wellness (YW) strives to provide timely access behavioral health services to families. This year a cancellation list was developed to offer short-notice appointments to families of individuals served identified with severe mental health needs to ensure expedited process of scheduling assessments (and so that no available appointments will go unused). YW also implemented a hospital follow-up and transitional care program. In the new process, individuals served being discharged from Central Star's Psychiatric Facility will have an appointment for an assessment scheduled for them within one week from discharge. They are also assigned a YW case manager and YW clinician before discharge, who provide services until individuals served can be successfully linked to an Outpatient programs. This is to ensure that individuals served are seen post-hospitalization, within an appropriate time, and experience a smooth transition of care. Other intents are that the transitional care will increase the likelihood of follow through with treatment and to reduce recidivism to hospitalization. The program worked on coordination of psychiatric services before the youth is released from the hospital, so the youth receives an appointment as part of their discharge plan.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	282
Asian/Pacific Islander	72
Caucasian	412
Latino	1,262
Native American	16
Other	181
Unreported	9
<b>Total Number Served</b>	<b>2,234</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	1,790
<input type="checkbox"/> 16-24	441
<input type="checkbox"/> 25-64	3
<input type="checkbox"/> 65+	0
Unreported	0
<b>Total Number Served</b>	<b>2,234</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development	\$1,017,953	
MHSA-Outreach and Engagement		
Federal Financial Participation	664,738	
Other	189	
<b>Total Project Costs</b>	<b>\$1,682,880</b>	<b>\$753</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD	\$769,269	\$769,269	\$769,269	\$769,269
MHSA-O & E				
Medi-CAL FFP	1,017,953	700,091	700,091	700,091
Other	189	1,119	1,119	1,119
<b>Total Budget</b>	<b>\$1,787,411</b>	<b>\$1,470,479</b>	<b>\$1,470,479</b>	<b>\$1,470,479</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$1,787,411</b>	<b>\$1,470,479</b>	<b>\$1,470,479</b>	<b>\$1,470,479</b>

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

Challenges faced included an influx of Presumptive Transfer cases. Other challenges include an increased number of requests for services with limited staffing resources, which unfortunately, extended timeliness of initial appointment beyond 30 days at points throughout the year, and parents' work schedule. Strategies to mitigate issues of timeliness include the establishment of cancellation list mentioned in the Program Update section of this sheet. Additionally, DBH continues to expand services for children and youth across the Mental Health Plan and establishing triage to expedite urgent referrals. A triage process to expedite services was implemented with two Community Mental Health Specialist aiding parents with paperwork and filling out the symptoms sheet, identifying the possibility of mental health decompensating without immediate services. Staff voluntarily flex their work schedule to accommodate parents work schedule in an effort to provide timely services.

**Proposed Project Changes FY 2022-2023:**

Currently no proposed project changes

### Outreach and Engagement

Outreach and Engagement programs are intended to identify unserved individuals who qualify for public behavioral health services in order to engage them and, if appropriate their families, in the mental health system so that they can receive the appropriate services.

Program Name	Projected Numbers to be Served
Client and Family Advocacy Services	6400
Collaborative Treatment Courts	1840
Family Advocacy Services	new contract, being implemented
Mental Health Patient's Rights Advocacy Services	-

Project Name 2020-2023	FY 20/21 BUD	FY 21/22 BUD	FY 22/23 BUD
Collaborative Treatment Courts	219,475	219,475	219,475
Client and Family Advocacy Services	113,568	113,568	113,568
Family Advocacy Services	44,695	44,695	44,695
Mental Health Patient's Rights Advocacy Services	258,183	263,747	268,237
	<b>635,921</b>	<b>641,485</b>	<b>645,975</b>

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Client and Family Advocacy Services  
**Project Identifier(s):** 017 **Avatar:** N/A **PeopleSoft:** 4710  
**Provider(s):** Centro La Familia Advocacy Services (A11-338, A16-691-1)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** July 1, 2011  
**Project Overview:** Mental health consumer and family advocacy services are provided services to unserved and underserved populations, individuals served and families.

**Project Update FY 2019-2020:**

During the final quarter of Year four (4) of the contract, a one-year extension for Year six (6) was agreed upon and signed by all parties. This amendment was approved by the Fresno County Board of Supervisors on June 22, 2021. Final expiration of the contract is 06/30/2022. Any issues with program scope or deliverables may be address in the upcoming RFP which is anticipated to begin in Fall 2021.

**FY 2019-2020– Unique Individuals Served**

Ethnicity	Served
African American	65
Asian/Pacific Islander	2,406
Caucasian	41
Latino	3,232
Native American	0
Other	58
Unreported	604
<b>Total Number Served</b>	<b>6,406</b>

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	35
<input checked="" type="checkbox"/> 16-24	812
<input checked="" type="checkbox"/> 25-64	3,489
<input checked="" type="checkbox"/> 65+	1,466
Unreported	604
<b>Total Number Served</b>	<b>6,406</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement	\$97,156	
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$97,156</b>	<b>\$15</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-FSP				
MHSA-SD				
MHSA-O & E	\$113,568	\$113,568	\$113,568	\$113,568
Medi-CAL FFP				

<b>Other</b>				
<b>Total Budget</b>	<b>\$113,568</b>	<b>\$113,568</b>	<b>\$113,568</b>	<b>\$113,568</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$113,568</b>	<b>\$113,568</b>	<b>\$113,568</b>	<b>\$113,568</b>

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

During this reporting period, the program continued to experience slight staffing issues, which they worked to address and mitigate. Centro La Familia Advocacy Services staff continued working closely with other department managers and staff to continue providing individual support and community outreach and educational trainings to ensure program deliverables were being met.

**Proposed Project Changes FY 2022-2023:**

RFP will be released in FY 21-22 and new agreement will be executed beginning FY 2022-2023. Through the RFP process, changes to contractor and program operations may occur.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Collaborative Treatment Courts  
**Project Identifier(s):** 003 **Avatar:** 4313 **PeopleSoft:** 4313  
**Provider(s):** Superior Court of California, County of Fresno (A18-328)  
 Fresno County Department of Behavioral Health – Collaborative Treatment Courts Team

**Approval Date:**  
**Start Dates:** **Anticipated: N/A** **Actual: July 1, 2015**

**Project Overview:** The Behavioral Health Court Coordinators provide service coordination, data compilation, and outcome evaluation for the Adult and Juvenile Behavioral Health Courts, Adult Criminal Drug Court, Family Dependency Treatment Court and Friday Court. A Department Behavioral Health (DBH) clinician and case manager outreach to and assess minors considered for the program and provide clinical recommendations to the Courts for minors and adults. A Deputy Probation Officer supports the Adult Behavioral Health Court.

**Project Update FY 2019-2020:**

The Court scaled back operations in March 2020 at the onset of the COVID19 pandemic, limiting access to buildings and making most hearings available for parties to attend via Zoom. Collaborative Treatment Courts such as Adult Behavioral Health Court (ABHC), Family Behavioral Health Court (FBHC), Adult Drug Court (ADC), and Family Dependency Treatment Court (FDTC) were shut down for a period of time to implement equipment and technology needed for Zoom sessions.

MHSA will not be funding probation officer activities related to collaborative treatment courts.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	11
Asian/Pacific Islander	2
Caucasian	40
Latino	76
Native American	1
Other	11
Unreported	1,699
<b>Total Number Served</b>	<b>1,840</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	23
<input type="checkbox"/> 16-24	32
<input type="checkbox"/> 25-64	99
<input type="checkbox"/> 65+	0
<b>Unreported</b>	<b>1,686</b>
<b>Total Number Served</b>	<b>1,840</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement	\$729,091	
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$729,091</b>	<b>\$396</b>

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD				
MHSA-O & E	\$219,475	\$219,475	\$219,475	\$219,475
Medi-CAL FFP				
Other	80,445	80,445	80,445	80,445
<b>Total Budget</b>	<b>\$299,920</b>	<b>\$299,920</b>	<b>\$299,920</b>	<b>\$299,920</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$299,920</b>	<b>\$299,920</b>	<b>\$299,920</b>	<b>\$299,920</b>

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

Obtaining necessary data from the courts to accurately measure program success remains difficult due to confidentiality and release of information issues. Court Coordinators continue to review appropriate data collection and outcome reporting methods. The Court plans to centralize court coordination services to one Coordinator and expand from ABHC, FBHC, ADC, and FDTC to Friday Court (Human Trafficking Court), Mental Health Diversion Court and Veteran’s Treatment Court, with no change to contracted funding level. A centralized court coordinator is expected to ensure consistent protocols, data collection and outcomes reporting for the referenced collaborative treatment courts, and will start in late 2021.

**Proposed Project Changes FY 2022-2023:**

The Department’s participation in any new collaborative treatment courts will require assessment of programmatic needs and resources to provide clinical work associated with such expansions.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: Keep

**Project Name:** Family Advocacy Services  
**Project Identifier(s):** 020  
**Provider(s):** Avatar: N/A PeopleSoft: 4569  
**Approval Date:** Reading and Beyond Inc. (A20-284)  
**Start Dates:** April 2020 March 24, 2020  
**Project Overview:** Anticipated: April 2020 Actual: April 2020

The Family Advocacy Services program will provide Family Advocacy Navigators (FANs) to assist family members/support systems in coping with the signs and symptoms of mental illness of their loved one (adult or child) through the provision of culturally sensitive information, education, support, navigation of DBH services and referral to community resources. Additionally, FANs provide navigation assistance to family members and support systems through interactions with service providers to facilitate working relationships between families and providers and the behavioral health system in general.

**Project Update FY 2019-2020:**

This program, previously a single Family Advocate position, remained vacant for two years. In 2019, it was released via Request For Proposal and a new provider, Reading and Beyond, Inc. was selected. The Agreement became effective on March 24, 2020. Ramp-up started in April 2020, including hiring and training of program staff. Ramp-up was hindered due to the Covid pandemic. Services were initiated on August 1, 2020 via telework: services were primarily provided over phone, email, and video conferencing pending the re-opening of DBH facilities to program staff that were not accessible due to the ongoing Public Health crisis.

Costs in 2019-2020 reflect ramp-up expenses.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	0
Asian/Pacific Islander	0
Caucasian	0
Latino	0
Native American	0
Other	0
Unreported	0
<b>Total Number Served</b>	<b>0</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	0
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	0
<b>Total Number Served</b>	<b>0</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement	\$31,362	
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$31,362</b>	<b>N/A</b>

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD				
MHSA-O & E	\$44,695	44,695	44,695	44,695
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$44,695</b>	<b>\$44,695</b>	<b>\$44,695</b>	<b>\$44,695</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$44,695</b>	<b>\$44,695</b>	<b>\$44,695</b>	<b>\$44,695</b>

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

The ongoing COVID public health pandemic delayed the initial ramp-up timeframe to begin services. Training the Family Advocacy Navigators also faced delays due to the breadth and scope of the DBH System of Care, which had limited availability during the current public health crisis. The FANs were able to begin services in August 2020 (during FY 2020-21) and have been consistently assisting families and support systems since then.

**Proposed Project Changes FY 2022-2023:**

The proposed plan for the Family Advocacy Services is to continue to build rapport and networking with providers throughout the DBH System of Care. The plan is also to find offices for the Family Advocacy Navigators to provide services from the Heritage Building (for Children’s) and the Metro Building (for Adults).

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**COMMUNITY SERVICES and SUPPORTS**

Full-Service Partnership:  System Development:  Outreach and Engagement:

Status of Project: New

**Project Name:** Mental Health Patients Rights Advocacy Services  
**Project Identifier(s):** 082 **Avatar:** N/A **PeopleSoft:** 4710  
**Provider(s):** Mental Health Patient’s Rights Advocate Program (A19-586)  
**Approval Date:**  
**Start Dates:** **Anticipated:** N/A **Actual:** July 2020  
**Project Overview:** The Patients’ Rights Advocacy (PRA) program encompasses two components: receiving and investigating grievances/complaints and representing individuals in all AB 3454 certification review hearings. The program also monitors mental health facilities, services, and programs for compliance with statutory and regulatory patient’s rights provision and provides training.

**Project Update FY 2019-2020:**

This agreement was awarded and executed November 19, 2019, and the term began January 1, 2020. Work began to develop metrics tools to track demographics and outcomes measures of persons served. By March 2020, the COVID-19 Pandemic was in full swing necessitating the provider devote more focus on adapting their own services for COVID safety as well as advising on the policies of other providers to balance safety needs with the Patients’ Rights of persons served.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
<b>Total Number Served</b>	<b>0</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>0</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Full-Service Partnership		
MHSA-System Development		
MHSA-Outreach and Engagement		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$0</b>	<b>N/A</b>

**Performance Outcomes:** [fresnoMHA.com/outcomes](http://fresnoMHA.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-FSP				
MHSA-SD	\$127,196	\$258,183	\$263,747	\$268,237
MHSA-O & E				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$127,196</b>	<b>\$258,183</b>	<b>\$263,747</b>	<b>\$268,237</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$127,196</b>	<b>\$258,183</b>	<b>\$263,747</b>	<b>\$268,237</b>

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

The COVID-19 Pandemic necessarily sidelined the development of more robust metrics tools. While COVID safety protocols continue to need input from our Patients' Rights Advocates in order to adapt as more information is discovered about the disease, adequate policies are now in place to allow for the development of better metric tools.

**Proposed Project Changes FY 2022-2023:**

The Department will continue to monitor the agreement and utilize newly developed tools to improve data collection.

# Prevention and Early Intervention

## Introduction

Prevention and Early Intervention (PEI) programs are a key strategy in preventing individuals from developing severe and disabling mental illness. Fresno County strives to meet the needs of its diverse community by carefully incorporating community defined practices and evidence-based interventions into its continuum of PEI programs. These programs are intended to increase early access and linkage to medically necessary care and treatment; improve timely access to service; promote, design, and implement programs in ways that reduce and circumvent stigma; prevent suicide as a consequence of mental illness; increase recognition of early signs of mental illness; reduce prolonged suffering associated with mental illness; and reduce stigma and discrimination associated with mental illness.

Fresno County offers PEI programs across all six components of MHSA described in the MHSA regulations, as well as the optional category of Increasing Timely Access to Services for Unserved and Underserved Populations. These services are available to any residents of Fresno County, and are offered in a variety of locations across the Fresno Metro area and rural areas of the County.

### Stigma and Discrimination Reduction

- **DBH Communications Plan**
- **Suicide Prevention**

### Outreach for Increasing Recognition of Signs of Mental Illness

- **Prevention and Early Intervention Services to Schools**
- **DBH Communications Plan**

### Access and Linkage

- **Child Welfare/Katie A**
- **Crisis Intervention Teams (CIT)**
- **Multi-Agency Access Program (MAP)**

### Prevention

- **Prevention and Early Intervention Services to Schools**
- **Blue Sky Wellness Center**
- **Holistic Wellness Center**
- **Youth Empowerment Centers**

### Early Intervention

- **Prevention and Early Intervention Services to Schools**
- **Functional Family Therapy**
- **Perinatal Wellness**

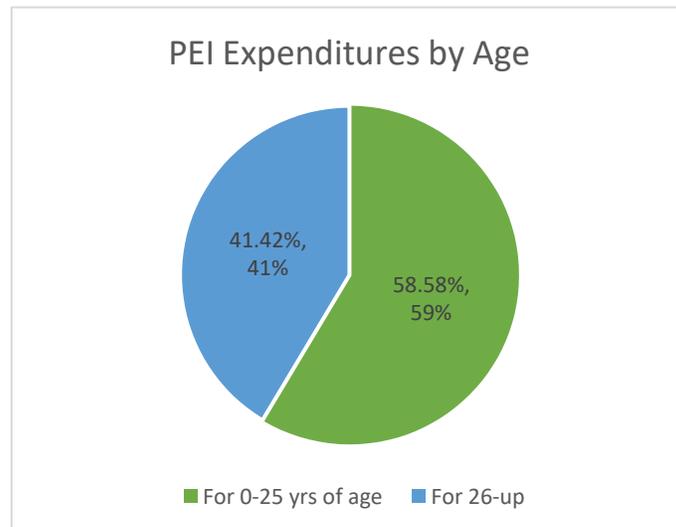
### Suicide Prevention

- **DBH Communication Plan**
- **Suicide Prevention**
- **Local Outreach for Suicide Survivors (LOSS) Team**

### Increasing Timely Access for Unserved and Underserved Populations

- **Culturally Based Access and Navigation (CBANS)**

The 2020-2021 Annual Revenue and Expenditures Report (ARER) notes that Fresno County spent 58.58% of its PEI for persons under the age of 25. Thus, Fresno County continues to expend the majority of its PEI funds on persons under the age of 25 in accordance with PEI requirements.



### PEI Projections

The Department is using information from evaluations as well as examining sustainability, diversification of program funding, and developing a better continuum of prevention, rather than siloed efforts to improve its PEI efforts. Some of the current work being conducting includes examining how certain PEI programs can either access or improve their FFP so as to offset limited PEI dollars. The Department is also investigating the possibility of moving State mandated programming and services operated by the Department out of MHSA PEI. These mandated programs are not required to be funded through MHSA PEI, and their reallocation would assist the Department in maintaining sustainability of other efforts and/or allowing for future additions to the PEI component.

For several years, the Department has been examining PEI program costs, structure, and outcomes. As existing contracts expire, the Department is utilizing the Request for Proposal (RFP) process as an opportunity to implement program changes and to help improve services.

## PEI Data Collection

### RAND PEI evaluation project

Nearly three years ago, Fresno County Department of Behavioral Health (DBH) identified a need for a professional and independent evaluation of its services and programs. DBH began the initial review process with its Prevention and Early Intervention (PEI) programs. As DBH completed the 2018-2019 MHSR Annual Update, it became clear that much of the required data was missing from outcomes reporting. To effectively plan and support services, the Department needed to be able to understand what was working and how to better sustain and expand those successes. To this end, the Department sought an independent evaluation of its PEI programs. In 2020, DBH contracted with the RAND Corporation to conduct an evaluation of 12 out of 21 PEI programs operating at that time. Fresno County did not request the review of programs that were independently tracking outcomes; or those classified as “Stigma Reduction” or “Outreach and Engagement” as those programs submit data through other means.

While RAND worked to gather any available data, much of this review relied on quantitative data collected via interviews with providers to gain insight into program operations. RAND conducted a review of the literature available for each program type and compared Fresno County’s programs to similar PEI programs in other California counties. The research was utilized to help better categorize programs according to PEI regulation and strategies so that programs were evaluated according to the regulations that best suited their outcomes. Fresno County requested that RAND summarize best practices, provide options on how to measure and assess program impact, and make suggestions to increase data collection. RAND did not provide any recommendations on program growth, funding, or elimination.

Upon completion of the program review, the RAND Corporation began developing a web-based data collection tool with standardized outcomes for each PEI component. The Department is piloting this web-based tool with several PEI providers throughout Fiscal Year 2021-2022. The providers and RAND are working closely together to ensure that the tool is easy to use, and responsive to the needs of individuals receiving services. The Department’s executive team will

review the results of this pilot to determine whether to officially adopt the tool and/or outcomes measures across the entire PEI continuum of services.

Project Name 2020-2023	FY 20/21 BUD	FY 21/22 BUD	FY 22/23 BUD
Child Welfare Mental Health Team/Katie ATeam	350,000	350,000	350,000
Crisis Intervention Team and Rural Triage	4,425,072	4,425,072	4,425,072
Multi-Agency Access Point (MAP)	1,284,529	1,00,000	1,000,000
Blue Sky Wellness Center	1,218,326	1,2000,000	1,200,000
DBH Communications Plan	730,000	700,000	700,000
Suicide Prevention/Stigma Reduction	653,369	648,140	644,511
Youth Empowerment Centers (YEC)	846,868	846,868	846,868
Community Gardens	325,000	-	-
Cultural-Based Access Navigation and Peer/Family Support Services (CBANS)	551,633	550,000	550,000
Holistic Cultural Education Wellness Center	896,719	896,719	896,719
Functional Family Therapy	673,005	673,005	673,005
Perinatal Wellness Center	400,000	400,000	400,000
Prevention and Early Intervention Services to Schools	3,290,230	3,290,230	3,290,230
MHSA CPPP	40,000	40,000	40,000
Integrated Mental Health Services at Primary Care Clinics	90,000	-	-
Local Outreach to Survivors of Suicide (LOSS) Team	346,631	351,860	355,489
	<b>16,121,382</b>	<b>15,371,894</b>	<b>15,371,894</b>

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**PREVENTION and EARLY INTERVENTION**

Prevention:  Early Intervention:  Outreach:  Access and Linkage:

Stigma Reduction:  Suicide Prevention:

Status of Project: Keep

**Project Name:** Blue Sky Wellness Center  
**Project Identifier(s):** 015 **Avatar:** N/A **PeopleSoft:** 4521  
**Provider(s):** Kings View (A19-372)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** October 23, 2007  
**Project Overview:** Prevention and peer centered wellness and recovery focused activities. Services include group and individual peer supportive services in addition to teaching Wellness Recovery Action Plan services and Crisis Plan services/relapse prevention, transportation, life skills courses, job readiness services, and onsite volunteer opportunities.

**Project Update FY 2019-2020:**

Channels were explored whereby Blue Sky staff could identify who should be contacted regarding the increased severity of condition of those individuals served that may need further intervention. Blue Sky began working with those members who had increased inappropriate and disruptive behaviors. A release of information was obtained from those members who were willing, and their case workers were brought in to work together with the member for further clinical interventions regarding these behaviors that are linked to their mental illness.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	99
Asian/Pacific Islander	16
Caucasian	199
Latino	226
Native American	25
Other	147
Unreported	0
<b>Total Number Served</b>	<b>712</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input type="checkbox"/> 16-24	20
<input type="checkbox"/> 25-64	533
<input type="checkbox"/> 65+	78
Unreported	81
<b>Total Number Served</b>	<b>712</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Prevention	\$940,172	
MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$940,172</b>	<b>\$1,320</b>

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-Prevention	\$1,218,326	\$1,218,326	\$1,200,000	\$1,200,000
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$1,218,326</b>	<b>\$1,218,326</b>	<b>\$1,200,000</b>	<b>\$1,200,000</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$1,218,326</b>	<b>\$1,218,326</b>	<b>\$1,200,000</b>	<b>\$1,200,000</b>

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

For those members who were not interested in signing a release of information, Blue Sky staff continued to work with those members to assist them in developing coping skills to reduce episodes of disruptive behaviors. These members were given tasks to assist staff with various things throughout the facility to keep them busy and get them involved with helping out. This proved successful with those members.

During the COVID-19 pandemic, The Blue Sky shifted services and implemented COVID-19 strategies such as PPE, social distancing, daily screening for symptoms and exposure, telephone calls, mailing letters and packages for members who preferred not to come on site.

**Proposed Project Changes FY 2022-2023:**

A Request for Proposal (RFP) was completed in FY 20-21 and Kings View was the selected bidder. A new agreement has been executed. Kings View is working in partnership with DBH and RAND to pilot the new PEI database and surveys beginning September 2021. Progress and evaluation may continue in FY 2022-2023.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

Status of Project:Keep

<b>Project Name:</b>	CalMHSA JPA Expenditures	
<b>Project Identifier(s):</b> 071	<b>Avatar:</b> N/A	<b>PeopleSoft:</b> 4902
<b>Provider(s):</b>	CalMHSA JPA	
<b>Approval Date:</b>		
<b>Start Dates:</b>	<b>Anticipated:</b>	<b>Actual:</b>
<b>Project Overview:</b>	CalMHSA JPA	

**Project Update:**

The Department continues to participate in the California Mental Health Services Authority Joint Powers Authority (CalMHSA). This partnership allows the Department to easily participate in statewide projects and other initiatives.

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
CalMHSA – PEI Statewide JPA Funding	\$757,751	
CalMHSA – PEI Expenditures by JPA	826,973	
Other		
		N/A

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
CalMHSA – PEI Statewide	\$800,000	\$800,000	\$800,000	\$800,000
Other				
<b>Total Budget</b>	<b>\$800,000</b>	<b>\$800,000</b>	<b>\$800,000</b>	<b>\$800,000</b>
Increase/(Decrease)				
<b>Adjusted Budget</b>	<b>\$800,000</b>	<b>\$800,000</b>	<b>\$800,000</b>	<b>\$800,000</b>

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

N/A

**Proposed Project Changes:**

N/A

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**PREVENTION and EARLY INTERVENTION**

Prevention:  Early Intervention:  Outreach:  Access and Linkage:

Stigma Reduction:  Suicide Prevention:

Status of Project: Keep

**Project Name:** Child Welfare Mental Health Team/Katie A Team  
**Project Identifier(s):** 002 **Avatar:** 4318 **PeopleSoft:** 4318  
**Provider(s):** Fresno County Department of Behavioral Health

**Approval Date:**

**Start Dates:**

**Anticipated:**

**Actual:**

**Project Overview:**

Child Welfare Mental Team/Katie A Team is designed to improve the mental health services and coordination of care as required by the State Departments of Health Care Services and Social Services resulting from the statewide implementation of the class action lawsuit known as “Katie A.”

**Project Update:**

In the last year, the Child Welfare Mental Health Team (CWMH) has hired one new licensed mental health clinician, adding to a total of 4 clinicians (2 SLMHC and 2 LMHC). CWMH team has also retained a total of 4 Community Mental Health Specialists (CMHS) to participate in care coordination, CFT's, ICC meetings and linkage/ referral process from DSS to our Vendors. In addition, the team’s CMHS participate in care coordination of Presumptive Transfer youth currently residing in Fresno County. Over the last year the team has also created tracking/documentation forms for the purpose of tracking Fresno County child dependents being placed out of county on a presumptive transfer. During the past year one more vendor has been identified to join the Child Welfare contracts. To improve timeliness, the team continues a 24 hour turn around referral process to ensure our vendors begin their assessment/treatment process timely. Clinicians on the team coordinate care of assigned youth with DSS Social Workers, Vendors, Short-Term Residential Therapeutic Programs (STRTPs), Probation and other counties as needed. The team participates in the Interagency review Placement Committee (IRPC) meetings on a weekly basis to review/approve STRTP placement based on youth’s mental health needs. Regarding the team’s collaboration with STRTPs, the team also receives and screens medication referrals from our Fresno County STRTPs and links to DBH Psychiatrist for services. CWMH team works closely with assigned DBH Psychiatrist to serve youth placed in STRTP level of care. The team has also increased documentation of all CFT, ICC, Case Management meeting services in our Fresno County Electronic Health Record. All these updates to the team have been made in an effort to improve collaboration across departments and with an end goal of providing timely quality services to court dependent children and their families.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	2,522
<b>Total Number Served</b>	<b>2,522</b>

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	1,432
<input checked="" type="checkbox"/> 16-24	259
<input type="checkbox"/> 25-64	825
<input type="checkbox"/> 65+	5
Unreported	1
<b>Total Number Served</b>	<b>2,522</b>

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

Funding	Actual Project Costs	Cost Per Individual
MHSA-Prevention	\$447,364	
MHSA-Early Intervention	447,365	
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Medi-CAL FFP		
Other		
<b>Total Project Costs</b>	<b>\$894,729</b>	<b>\$355</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention	\$175,000	\$175,000	\$175,000	\$175,000
MHSA-Early Intervention	175,000	175,000	175,000	175,000
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$350,000</b>	<b>\$350,000</b>	<b>\$350,000</b>	<b>\$350,000</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$350,000</b>	<b>\$350,000</b>	<b>\$350,000</b>	<b>\$350,000</b>

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

This team has been experiencing an increasing workload over the last few years. Resource allocation has not kept up with this demand, and the team is working at capacity.

**Proposed Project Changes:**

The Department will evaluate the best funding source for Child Welfare Mental Health/Katie A activities, in order to best meet the needs of the individuals needing services.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**PREVENTION and EARLY INTERVENTION**

Prevention:  Early Intervention:  Outreach:  Access and Linkage:

Stigma Reduction:  Suicide Prevention:

Status of Project: Delete

**Project Name:** Community Gardens  
**Project Identifier(s):** 035 **Avatar:** N/A **PeopleSoft:** 4765  
**Provider(s):** Fresno American Indian Health Project (FAIHP), The Fresno Center, Fresno Interdenominational Refugee Ministries (FIRM), and West Fresno Family Resource Center (WFFRC)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** March 8, 2011  
**Project Overview:** Community gardens are a platform for peer support, mental health delivery and engagement on matters that relate to mental wellbeing and mental health services, and to deliver mental health prevention and early intervention activities in traditionally and culturally relevant environments to unserved and underserved suburban and rural communities

**Project Update FY 2019-2020:**

The Community Garden Program currently includes nine sites providing mental health outreach and education to Fresno’s unserved and underserved communities in culturally appropriate and traditional settings. Community garden sites may target specific populations, but are open to all community members including homeless, veterans, and lesbian, gay, bisexual, transgender and questioning (LGBTQ). The list of current providers, their number of sites and target populations are identified below:

- Fresno Interdenominational Refugee Ministries (FIRM) – Hmong/South East Asian (3 sites), African Immigrant/Refugee (1 site) and Slavic/Russian Immigrants (1 site) ;
- The Fresno Center – Hmong (1 site);
- Fresno American Indian Health Project (FAIHP) – American Indian (2 sites); and
- West Fresno Family Resource Center (WFFRC) – African American and Hispanic/Latino (1 site).

On June 30, 2019 Sarbat Bhala, Inc. chose not to continue participation in this program.

On March 24, 2020 the Community Gardens Program was Amended to extend through the 2020 – 2021 Fiscal Year while additional data and a second evaluation of the program could be conducted.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
<b>Unreported</b>	
<b>Total Number Served</b>	

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Prevention		
MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction	\$189,086	
MHSA-Suicide Prevention		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$189,086</b>	

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction	\$425,000	\$325,000	\$425,000	\$425,000
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$425,000</b>	<b>\$325,000</b>	<b>\$425,000</b>	<b>\$425,000</b>
<b>Increase/(Decrease)</b>			<b>-425,000</b>	<b>-425,000</b>
<b>Adjusted Budget</b>	<b>\$425,000</b>	<b>\$325,000</b>	<b>\$0</b>	<b>\$0</b>

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

Providers report that there is not enough funding to maintain full-time liaisons to coordinate community garden sites and related mental health support activities. Mental health continues to be a barrier. There is a lack of available written materials in all relative languages. Providers have had to use stipends to engage community volunteers and leaders to participate in outreach activities. Safety concerns around some facilities have been noted as another barrier to access.

With limited funding, some providers are unable to lease additional land needed for individuals served who want to join the community garden program. As a result, some providers have to maintain a waitlist. Each site/provider operates the services differently in how a plot is allocated, the duration, and/or information that is shared. Providers have had difficulty demonstrating the education rendered and its impact in the individuals served.

An independent third-party evaluation found that the program and the providers lacked any standardizations, clear objectives, or data collection that would allow for evaluation of the effectiveness of these programs. Due to lack of data and annual outcomes reports, it is unknown how many unique individuals were served in FY 19-20.

**Proposed Project Changes FY 2022-2023:**

This program was sunset at the end of FY 2020-2021 and will not be included in the MHSA Plan for FY 2022-2023.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**PREVENTION and EARLY INTERVENTION**

Prevention:  Early Intervention:  Outreach:  Access and Linkage:

Stigma Reduction:  Suicide Prevention:

Status of Project: Keep

**Project Name:** Crisis Intervention Team and Rural Triage

**Project Identifier(s):** 004 **Avatar:** 4762 (DBH CIT), 4763 (Kings View Metro), 4766 (Kings View Rural Triage East), 4767 (Kings View Rural Triage West) **PeopleSoft:** 4762 (DBH CIT), 4763 (Kings View Metro & FPD CIT), 4766 (Kings View Rural Triage East), 4767 (Kings View Rural Triage West)

**Provider(s):** Fresno County Department of Behavioral Health  
City of Fresno Police Department (A18-074)  
Kings View Behavioral Health (A18-688 & A15-317)

**Approval Date:** Historical

**Start Dates:** **Anticipated:** N/A **Actual:** June 1, 2010

**Project Overview:** Prevention & Early Intervention crisis field clinicians serve as active liaisons with law enforcement in the County to provide training, outreach, and direct field response to individuals with mental illness in the community, specifically in the metro, rural East and rural West regions of the County. Mental health crisis calls and evaluations for danger to self, danger to others and grave disability are a primary focus.

**Project Update FY 2019-2020:**

Kings View and DBH mental health clinicians continue to provide community outreach and education; training and consultation to law enforcement agencies within Fresno County, including direct field response to mental health crisis calls; assessment for danger to self, danger to others and grave disability; and post-crisis follow up and case management, as needed.

On December 11, 2018, an agreement was executed with Kings View to provide additional support to the Crisis Intervention System of Care by assuming some of the responsibilities once held by the DBH mental health clinicians. Kings View mental health clinicians are now the primary responders to crisis calls, which allows the DBH mental health clinicians to focus on intensive engagement and follow up with individuals who are frequently intersecting with multiple community agencies. Kings View Metro CIT and Rural Triage mental health professionals respond to crisis calls 7 days a week, 6am-12am. The DBH clinicians provide intensive engagement services 5 days a week from 8am to 5pm with the support of a Clinical Supervisor.

Due to the COVID-19 pandemic, the contract for Rural Triage CIT service was extended from June 30, 2020 until June 30, 2022 and the Request for Proposal process for contract renewal will be released in Fall 2021.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	306
Asian/Pacific Islander	104
Caucasian	847
Latino	1,291
Native American	43
Other	43
Unreported	509

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	458
<input checked="" type="checkbox"/> 16-24	542
<input checked="" type="checkbox"/> 25-64	1,889
<input checked="" type="checkbox"/> 65+	254
Unreported	0
<b>Total Number Served</b>	<b>3,143</b>

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

<b>Total Number Served</b>	<b>3,143</b>
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**FY 2019-2020 – Project Costs**

<b>Funding</b>	<b>Actual Project Costs</b>	<b>Cost Per Individual</b>
MHSA-Prevention		
MHSA-Early Intervention	\$2,013,502	
MHSA-Outreach	2,013,502	
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation	350,558	
Other	2,566	
<b>Total Project Costs</b>	<b>\$4,380,128</b>	

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-Prevention				
MHSA-Early Intervention	\$3,710,907	\$3,710,907	\$3,710,907	\$3,710,907
MHSA-Outreach	714,165	714,165	714,165	714,165
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP	757,215	757,215	757,215	757,215
Other				
<b>Total Budget</b>	<b>\$5,182,287</b>	<b>\$5,182,287</b>	<b>\$5,182,287</b>	<b>\$5,182,287</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$5,182,287</b>	<b>\$5,182,287</b>	<b>\$5,182,287</b>	<b>\$5,182,287</b>

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

DBH contracted with the Kings View Metro CIT program with the intention of having Kings View clinicians co-locate and co-respond with Fresno Police Department CIT officers. Due to unforeseen programmatic evolution and to focus on efforts that directly impact individual care, this component of the program’s design has been postponed until January 2021.

Additionally, the law enforcement partners within Fresno County currently do not collect and report all the demographic information requested in order to fulfill MHSA PEI reporting requirements. In the past, DBH has relied on its mental health clinicians and Kings View to ensure they’re able to report this information; however, this may not include all the calls law enforcement responds to without a mental health clinician. Over the coming fiscal year, DBH will work with our law enforcement partners to develop more robust data collection and reporting mechanisms. The contract for collaboration with Fresno PD CIT terminates June 30, 2022 and will be reviewed for renewal in FY 2021-22.

**Proposed Project Changes FY 2022-2023:**

In September 2021, DBH applied for a grant to expand CIT services with additional case management/peer support staff and training specific to CIT for Youth. If awarded, expanded services are anticipated to begin January 2021.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**PREVENTION and EARLY INTERVENTION**

Prevention:  Early Intervention:  Outreach:  Access and Linkage:

Stigma Reduction:  Suicide Prevention:

Status of Project: Keep

**Project Name:** Cultural Based Access Navigation and Peer/Family Support Services  
**Project Identifier(s):** 037 **Avatar:** 4764 **PeopleSoft:** 4764  
**Provider(s):** Centro La Familia Advocacy Services (CLFA)  
 Fresno American Indian Health Project (FAIHP)  
 Fresno Interdenominational Refugee Ministries (FIRM)  
 West Fresno Family Resource Center (WFFRC) (M16-359)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** October 11, 2001  
**Project Overview:** Prevention and early intervention program aimed at reducing risk factors and stressors, building protective factors and skills, and increasing social supports across all age groups, through individual and peer support, community awareness, and education provided in culturally sensitive formats and contexts.

**Project Update FY 2019-2020:**

Cultural Based Access Navigation System (CBANS) provides linguistically and culturally appropriate, universal mental health education, prevention and early intervention services to underserved and unserved communities under a master agreement with multiple providers, each serving unique target populations. Providers are also able to serve members from any culture as well as veterans; homeless; and lesbian, bisexual, gay, transgender, and questioning (LBTQ+) members within the community.

Providers active during the reporting period are listed below with the primary populations they served:

- Fresno American Indian Health Project – American Indians
- Centro la Familia – Hispanics/Latinos
- Fresno Interdenominational Refugee Ministries – Southeast Asians, and
- West Fresno Family Resource Center – Hispanics/Latinos, and African Americans

On June 30, 2019, Sarbat Bhala, Inc. chose not to continue participation in this program.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	
<b>Total Number Served</b>	<b>9,720</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
<b>Unreported</b>	
<b>Total Number Served</b>	<b>9,720</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Prevention		

MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage	\$360,695	
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation		
Other	14	
<b>Total Project Costs</b>	<b>\$360,708</b>	<b>\$37</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage	\$1,001,633	\$551,633	\$550,000	\$550,000
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$1,001,633</b>	<b>\$551,633</b>	<b>\$550,000</b>	<b>\$550,000</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$1,001,633</b>	<b>\$551,633</b>	<b>\$550,000</b>	<b>\$550,000</b>

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

Initially, the program was listed as just a prevention and early intervention, and not identified with any specific PEI strategy and thus the work was not aligned with any specific PEI reporting or outcomes criteria. The lack of resources/funding is a barrier to hiring additional staff needed to cover more areas and provide the depth of services/follow-up required for individuals to become stable. Additionally, there is not enough staff time to develop the trust and relationships required to ensure ongoing individuals served success and/or prevent and reduce symptom relapse in these unique target populations. Individuals served are reluctant to provide demographic information due to distrust of local government and/or political climate based on their past cultural experiences. Data collection has been limited and reports could not provide the ethnicity and ages served breakdown.

Language/communication is an additional area in need of resources. Translations of resource materials and interpreters are available, but these may not be culturally specific.

**Proposed Project Changes FY 2022-2023:**

An RFP for renewal was issued in FY 2020-21. The RFP included program design changes driven by evaluation of the CBANS program. The program was shifted from an Access and Linkage program to an Increasing Timely Access for Unserved and Underserved Populations program. This program was awarded to a single vendor in FY 2020-2021 (The Fresno Center) to ensure the provider would have sufficient funding to carry out the work. The focus of the program will use a Community Health Worker (CHW) model of outreach and assisting underserved communities in navigating and accessing the right level of care. The program will

continue as contracted with its current vendor through FY 25-26. There will be an effort to improve data collection based on third party evaluators recommendations and improve and measure effectiveness.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**PREVENTION and EARLY INTERVENTION**

Prevention:  Early Intervention:  Outreach:  Access and Linkage:

Stigma Reduction:  Suicide Prevention:

Status of Project: Keep

**Project Name:** DBH Communications Plan

**Project Identifier(s):** 018 **Avatar:** N/A **PeopleSoft:** 4564

**Provider(s):** Fresno County Department of Behavioral Health  
JP Marketing (A19-178)

**Approval Date:** Historical

**Start Dates:** **Anticipated:** N/A **Actual:**

**Project Overview:** To address these concerns, the Department will improve communication about the system of care and the Department. The Department will additionally invest in a Communications Plan to build the platform for branding and messaging on all Department activities including communication on current services, how to access services, prevention and stigma reduction efforts, health promotion, and suicide prevention. The selected vendor will be responsible for working with program staff to identify and analyze appropriate target audiences; ensure messages are clear, cohesive, and align with the mission of Behavioral Health and develop and place relevant media campaigns. The Communications Plan will be critical in implementing effective methods to increase public awareness and engagement, stigma reduction, increasing understanding and recognizing early signs of serious mental illness, suicide prevention, and behavioral health and care services. The integrating and cross-promoting messages, and ensuring the Department is recognized for the myriad of services and supports operated across the community with Department funds as well as ensure that the Department is viewed as a leading voice on behavioral health in the community.

**Project Update FY 2019-2020:**

The Department’s Communications Plan document is being finalized with the direct assistance of the contracted marketing firm. There are a number of pieces that need to fit together for the Communications Plan to be implemented including a branding guide for the Department, policies and procedures when working with the media as well as procedures for how the department as well as our Contracted Providers disseminate information to the public. It is anticipated that the Communications Plan will be finished in the first half of this fiscal year but understand that it is considered a living document and will need to be updated periodically.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
<b>Unreported</b>	
<b>Total Number Served</b>	<b>N/A</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Prevention		
MHSA-Early Intervention		
MHSA-Outreach	\$280,383	
MHSA-Access and Linkage		
MHSA-Stigma Reduction	280,383	
MHSA-Suicide Prevention	288,879	
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$849,645</b>	<b>N/A</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention				
MHSA-Outreach	\$313,500	\$240,900	\$231,000	\$231,000
MHSA-Access and Linkage				
MHSA-Stigma Reduction	313,500	240,900	231,000	231,000
MHSA-Suicide Prevention	323,000	248,200	238,000	238,000
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$950,000</b>	<b>\$730,000</b>	<b>\$700,000</b>	<b>\$700,000</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$950,000</b>	<b>\$730,000</b>	<b>\$700,000</b>	<b>\$700,000</b>

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

There are a number of demographics in Fresno County and attempting to market our messages to them has been difficult at times due to barriers of location, access to media outlets, and message resonance. In order to overcome these barriers, the department focused heavily on targeted Focus Groups on Hard-To - Connect, (HTC) audiences. Due to the recent pandemic the contracted marketing firm chose to hold virtual Feedback Sessions over Zoom. All of this was an attempt to gain understanding for how HTC audiences define mental health, how HTC assess audience preferences for message content and delivery and how HTC audiences gauge knowledge of and trust in our programs and services. Nine homogeneous groups through 10 feedback sessions were held over the time period of May 13, 2020, through June 4, 2020. All of the sessions were recorded with participant consent.

The Department continues to use the communication plan to address behavioral health stigma, promote access to care and suicide prevention awareness.

**Proposed Project Changes FY 2022-2023:**

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**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**PREVENTION and EARLY INTERVENTION**

Prevention:  Early Intervention:  Outreach:  Access and Linkage:

Stigma Reduction:  Suicide Prevention:

Status of Project: Keep

**Project Name:** Functional Family Therapy  
**Project Identifier(s):** 050 **Avatar:** 4321 **PeopleSoft:** 4321  
**Provider(s):** Comprehensive Youth Services (A18-687)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** April 20, 2007  
**Project Overview:** Functional Family Therapy (FFT) is an evidenced-based family therapy program for youth ages 11-17 years old who are involved in the Juvenile Justice System or at-risk of involvement. The model works with the identified youth, parents/guardians, siblings, and other relatives that have a significant impact on the families' functioning. Youth are generally referred for behavioral, emotional, relational and/or mental health concerns. Referrals are received from probation, courts, schools, other service providers, parents/guardians or self-referred.

**Project Update FY 2019-2020:**

The new contract for this program was awarded to Comprehensive Youth Services (CYS) and started effective 1/1/2019. For the fiscal year of 2019-2020, FFT served 865 unduplicated youth, 933 parents/guardians and 154 siblings/other relatives, for a total of 1952 people being served in the FFT program.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	43
Asian/Pacific Islander	9
Caucasian	66
Latino	624
Native American	4
Other	6
Unreported	113
<b>Total Number Served</b>	<b>865</b>

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	579
<input checked="" type="checkbox"/> 16-24	252
<input checked="" type="checkbox"/> 25-64	34
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>865</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Prevention		
MHSA-Early Intervention	\$1,071,060	
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation	468,649	
Other		
<b>Total Project Costs</b>	<b>\$1,539,709</b>	<b>\$1,780</b>

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention	\$673,005	\$673,005	\$673,005	\$673,005
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP	\$1,423,195	\$1,940,877	\$2,013,872	\$2,075,021
Other				
<b>Total Budget</b>	<b>\$2,096,200</b>	<b>\$2,613,882</b>	<b>\$2,686,877</b>	<b>\$2,748,026</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$2,096,200</b>	<b>\$2,613,882</b>	<b>\$2,686,877</b>	<b>\$2,748,026</b>

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

The FFT Program has historically had a long wait list and had difficulty enrolling clients/families into services in a timely manner. Often, this led to families declining services as neither the crisis or troublesome issues were their primary focus at the time of contact. This year the county instituted specific timeframes to make the initial outreach/contact with the client/family and the amount of time to the initial assessment session. FFT initially struggled with developing a system to meet the requirements.. However, FFT was able to adjust and was later able to begin meeting the required timeframes.

When the COVID-19 pandemic started, FFT immediately went to telehealth sessions with ongoing clients/families and provided outreach to those on the waiting list. Some clients declined services as they did not want services if they could not be held in-person. Families asked to be put on hold until in-person sessions could be held again. Not knowing how long the pandemic would last, this appeared feasible at first. However, since the virus has continued and there are health and safety restrictions in terms of in-person services, FFT contacted all the clients/families that requested to be on hold and inquired about their interest in receiving services. Some declined due to still wanting in-person services, others declined for other reasons (e.g., issues not a priority at this time, moving, and other various factors). FFT staff will continue to provide outreach to families that still want to be on hold and check in with them again about the start of services.

Changing from in-person sessions held in homes, schools and community locations to telehealth was a difficult transition for staff as well as clients. Most have had little experience with telehealth and were a little intimidated and hesitant, initially. However, both staff and clients/families agree that, while there are drawbacks to telehealth, telehealth was better than no option. Clients/families have continued to report satisfaction and progress with the FFT services.

**Proposed Project Changes FY 2022-2023:**

Currently, CYS is experiencing staffing shortages, not unlike other clinical program or work environments. Many staff have left to work elsewhere for higher paying positions and vacancies have been difficult to fill. This is in part due to the pandemic and most agencies are experiencing similar struggles. CYS has recently completed an amendment to increase the FFT program billing rate to allow for a more competitive wage to attract and retain highly trained and experienced therapists to fill vacancies in the FFT Program at CYS. This will allow the agency to enhance staffing, build agency capacity, and increase salaries. This increased

hourly billing rate allows FFT the ability to serve a greater number of clients – thereby helping strengthen families, overcome barriers, and increase family function and success.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**PREVENTION and EARLY INTERVENTION**

Prevention:  Early Intervention:  Outreach:  Access and Linkage:

Stigma Reduction:  Suicide Prevention:

Status of Project: Keep

**Project Name:** Holistic Cultural Education Wellness Center  
**Project Identifier(s):** 038 **Avatar:** PeopleSoft: 4783  
**Provider(s):** The Fresno Center  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** June 19, 2012  
**Project Overview:** The Holistic Center contributes to learning of holistic healing practices, with learning goals of increased mental health awareness, reduced stigma/discrimination, increased program capacity and the promotion of wellness and recovery through a developed process that links clients to nontraditional holistic healers within the diverse cultural communities of Fresno County.

**Project Update FY 2019-2020:**

The Holistic Center Education Wellness Center program is operating well under the oversight and guidance of The Fresno Center. The Director has continued to encourage refining program practices and processes, evaluating activities and workshops and introducing new ones as requested. They continue to enhance collaboration with other local community programs while also working to expand activities to several rural County sites that have requested assistance with this process. A new activity/playroom was created and initiated to help accommodate the children who were coming to the Holistic Center with their parents which helped to address the childcare issues of the past few years.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	
Asian/Pacific Islander	
Caucasian	
Latino	
Native American	
Other	
Unreported	10,231
<b>Total Number Served</b>	<b>10,231</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-54	
<input type="checkbox"/> 55+	
Unreported	10,231
<b>Total Number Served</b>	<b>10,231</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Prevention	\$834,403	
MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$834,403</b>	<b>\$82</b>

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
<b>MHSA-Prevention</b>	<b>\$896,719</b>	<b>\$896,719</b>	<b>\$896,719</b>	<b>\$896,719</b>
<b>MHSA-Early Intervention</b>				
<b>MHSA-Outreach</b>				
<b>MHSA-Access and Linkage</b>				
<b>MHSA-Stigma Reduction</b>				
<b>MHSA-Suicide Prevention</b>				
<b>Medi-CAL FFP</b>				
<b>Other</b>				
<b>Total Budget</b>	<b>\$896,719</b>	<b>\$896,719</b>	<b>\$896,719</b>	<b>\$896,719</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$896,719</b>	<b>\$896,719</b>	<b>\$896,719</b>	<b>\$896,719</b>

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

The Holistic Center’s Program Director reports that additional staff is needed to assist with the scheduling of the increased number of activities, with data collection and management of surveys, and with supporting the developing relationships with partner groups and growth in the Satellite sites. The challenge is now how to assist with the issue of childcare in the Satellite Centers as many children are also accompanying parents to the activities and need supervision. Transportation continues to be an issue as many of the clients live outside the service area and do not drive; therefore, alternative solutions of ways to reach the Holistic Center are needed. Evidence from the Focus Groups addressed issues regarding requiring the individuals served to complete multiple surveys, sign-in sheets, intake information, etc. Solutions for collecting the data necessary in an easier and more complete manner are necessary. The Holistic Center does not provide case management making some data difficult to collect through activity survey only. Much of the problem continues to be related to language barriers, but presently, it is also often associated with immigration issues and the current political climate, ensuring clients feel safe at the Holistic Center.

**Proposed Project Changes FY 2022-2023:**

Based on findings, future efforts will be made to improve data collection from each unique individual served, as well as improve on the challenges or barriers experience in the previous fiscal year.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**PREVENTION and EARLY INTERVENTION**

Prevention:  Early Intervention:  Outreach:  Access and Linkage:

Stigma Reduction:  Suicide Prevention:

Status of Project: Keep

**Project Name:** Multi-Agency Access Program (MAP)  
**Project Identifier(s):** 007 **Avatar:** 4768 **PeopleSoft:** 4768  
**Provider(s):** Kings View Corporation (A17-006)  
 Poverello House (A17-006)  
 Centro La Familia Advocacy Services (A17-006)  
 Fresno County Economic Opportunities Commission (A17-006)

**Approval Date:** January 10, 2017  
**Start Dates:** **Anticipated:** NA **Actual:** January 10, 2017

**Project Overview:** MAP provides a single point of entry for residents of Fresno County to access linkages to services in various life domains to promote their wellness and recovery. An integrated screening process connects individuals and families facing mental health concerns, physical health conditions, substance use disorders, housing/homelessness, social service needs, and other related challenges to supportive services in Fresno County. Clients are matched to the right resources through a collaborative network of partner agencies and local resources.

**Project Update FY 2019-2020:**

In November 2019, Fresno County Economic Opportunities Commission (Fresno EOC) was added to the MAP Master Agreement. Fresno EOC offers a vast array of services to all areas of Fresno County and has a massive client base, but will focus on providing MAP services to their Women, Infant and Children (WIC), Head Start, and Health and Dental Services programs and in the city of Fresno first, as a pilot. Fresno EOC will also provide MAP services to individuals and families not yet established in their other programs.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	617
Asian/Pacific Islander	63
Caucasian	1,458
Latino	257
Native American	130
Other	470
Unreported	674
<b>Total Number Served</b>	<b>3,669</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	0
<input checked="" type="checkbox"/> 16-24	230
<input checked="" type="checkbox"/> 25-64	2,689
<input checked="" type="checkbox"/> 65+	277
Unreported	473
<b>Total Number Served</b>	<b>3,669</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Prevention		
MHSA-Early Intervention	\$886,289	
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		

<b>Federal Financial Participation</b>		
<b>Other</b>		
<b>Total Project Costs</b>	<b>\$886,289</b>	<b>\$242</b>

Performance Outcomes: [fresnoMHSAs.com/outcomes](https://fresnoMHSAs.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
<b>MHSA-Prevention</b>				
<b>MHSA-Early Intervention</b>	<b>\$1,192,781</b>	<b>\$1,284,529</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>
<b>MHSA-Outreach</b>				
<b>MHSA-Access and Linkage</b>				
<b>MHSA-Stigma Reduction</b>				
<b>MHSA-Suicide Prevention</b>				
<b>Medi-CAL FFP</b>				
<b>Other</b>				
<b>Total Budget</b>	<b>\$1,192,781</b>	<b>\$1,284,529</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$1,192,781</b>	<b>\$1,284,529</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>

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

The greatest challenge with MAP—although not a challenge to service delivery—continues to be data reporting abilities. All information shared by individuals served are input into the MAP database by MAP Navigators. There are canned reports embedded within the database, and capability to extract raw data; however, it is unclear if the data extracted from these measures are complete and capture all desired components. This is a challenge with the database software—not a user issue. Therefore, MAP providers vet the raw data by comparing data points directly with individuals served records from the user interface to ensure that all components that are to be reported are complete and accurate. This is a time-intensive process that cannot be sustained should MAP continue in the long-term. Knowing this data challenge, the Department of Behavioral Health is researching better options for a new database or system to capture MAP information and produce reliable reports. This is an ongoing process that will take into consideration feedback from MAP providers, partners, County departments, IT, and a formal evaluation by RAND Corporation.

MAP providers have experienced challenges in finding housing and employment opportunities for individuals in general, but particularly for those who are registered sex offenders. Employment opportunities are scarce as employers are reluctant to hire registered sex offenders, which in turn creates a hardship in finding and maintaining steady housing. Additionally, there is a high need for low income (section 8) housing with limited availability in rural communities.

Furthermore, the effects of COVID-19 have impacted where and how services are delivered, and the availability of linkage sources. Many of the rural MAP Points (locations) utilize space within the Housing Authority buildings; however, the Housing Authority buildings have been closed since the beginning of the COVID-19 quarantine, resulting in temporary closures of 3 rural MAP Points. Currently, 8 out of the 14 MAP Points remain open. Poverello House continued to provide on-site in-person services throughout the COVID-19 pandemic due to the unique nature of their site. All MAP providers have made accommodations to their in-person services and transportation options for the health and safety of their staff and persons served.

**Proposed Project Changes FY 2022-2023:**

The MAP Master Agreement was set to expire on June 30, 2021; however, the County of Fresno approved a one-year extension (July 1, 2021 through June 30, 2022) to provide more time for the Department of Behavioral Health to select a new MAP database and platform for the MAP Universal Screening Tool. In the process of selecting a replacement database, the Department determined that it was imperative for the future of MAP to review and evaluate, in depth, the effectiveness and alignment to DBH's mission and Principles of Care Delivery of the screening tool in addition to the reliability of the data and current program design. The Department has chosen to utilize the RAND Corporation to evaluate the MAP database.

The Department intends to request a second extension of the existing MAP Master Agreement for one fiscal year and an additional optional 12-month term, for a total of two possible fiscal years (July 1, 2022 through June 30, 2024). This extension would allow sufficient time to evaluate the existing database, select and develop a new database, and complete a competitive bidding process for providers of the next iteration of the MAP.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**PREVENTION and EARLY INTERVENTION**

Prevention:  Early Intervention:  Outreach:  Access and Linkage:

Stigma Reduction:  Suicide Prevention:

Status of Project: Keep

**Project Name:** Perinatal Wellness Center  
**Project Identifier(s):** 053 **Avatar:** 4314 **PeopleSoft:** 4314  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** April 5, 2020  
**Project Overview:** The Perinatal program provides outpatient mental health services to pregnant and postpartum teens, adults and their infants. The short-term mental health services include outreach, prevention and early intervention identification through screening, assessment and treatment. Services are open to women who experience first onset of mental disorders during the period, pregnancy and up to a year postpartum.

**Project Update FY 2019-2020**

Services at the Perinatal Wellness Center are open to women with previously diagnosed mental disorders, as well as those who experience the first onset of mental disorders during pregnancy and/or the postpartum period. The Perinatal Wellness Center also provides therapeutic mental health services to fathers who are experiencing Paternal Postnatal Depression, as well as to children affected by the Severe Postpartum Depression experienced by their mothers. Additionally, the Perinatal Wellness Center provides Infant Mental Health assessments and treatment. The Perinatal Team is a multidisciplinary team currently composed of 1 clinical supervisor, 8 clinicians, 2 CMHS, 1 PPS, 1 OA, 2 public health nurses, 1 Psychiatrist, 1 NP, 1 LVN. The team has been trained in several EBP's and specialties such as Perinatal Mental Health, EMDR, TF-CBT, DBT, and Infant Mental Health.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	130
Asian/Pacific Islander	42
Caucasian	139
Latino	494
Native American	4
Other	138
Unreported	8
<b>Total Number Served</b>	<b>955</b>

Ages Served*	Served
<input type="checkbox"/> 0-15	34
<input type="checkbox"/> 16-24	277
<input type="checkbox"/> 25-64	643
<input type="checkbox"/> 65+	1
Unreported	0
<b>Total Number Served</b>	<b>955</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Prevention		
MHSA-Early Intervention	\$1,418,717	
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation	\$718,560	

Other	615	
<b>Total Project Costs</b>	<b>\$2,137,892</b>	<b>\$2,239</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention	\$400,000	\$400,000	\$400,000	\$400,000
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP	226,169	226,169	226,169	226,169
Other	508	508	508	508
<b>Total Budget</b>	<b>\$626,677</b>	<b>\$626,677</b>	<b>\$626,677</b>	<b>\$626,677</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$626,677</b>	<b>\$626,677</b>	<b>\$626,677</b>	<b>\$626,677</b>

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

Transportation has been a consistent challenge for clients that prefer services in the office rather than in-home services. The stigma of receiving mental health services has often been a barrier to treatment. Strategies implemented to mitigate these challenges and barriers are as follows: Perinatal Program name changed to the 'Perinatal Wellness Center'; continuously updating the Perinatal Wellness Center brochure to include supportive services to other family members impacted by Perinatal Mood and Anxiety Disorders or Paternal Postnatal Depression; and a bilingual (Spanish) Peer Support Specialist was hired to help reduce stigma and assist with client transportation challenges.

**Proposed Project Changes FY 2022-2023:**

None

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**PREVENTION and EARLY INTERVENTION**

Prevention:  Early Intervention:  Outreach:  Access and Linkage:

Stigma Reduction:  Suicide Prevention:

Status of Project: Keep

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**Project Name:** Prevention and Early Intervention Services to School  
**Project Identifier(s):** 066 **Avatar:** N/A **PeopleSoft:** 4329  
**Provider(s):** Fresno County Superintendent of Schools (FCSS) (A18-308)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** May 3, 2010  
**Project Overview:** The All 4 Youth Prevention and Early Intervention (PEI) component provides positive behavioral interventions and supports in a school, community, and home setting to children and youth. The purpose of the PEI component is to prevent and reduce the long-term adverse impact on youths and their families resulting from untreated mental illness. The school-based program will incorporate positive behavioral PEI services reflecting evidence-based models, which includes the proven three-tiered integrated approach, Positive Behavioral Interventions and Supports (PBIS).

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**Project Update FY 2019-2020:**

On June 5, 2018, the Department of Behavioral Health (DBH) and Fresno County Superintendent of Schools (FCSS) entered into Agreement No. 18-308 which superseded and expanded PEI services to the previous Positive Behavioral Interventions and Supports (PBIS) School Based K-12 Program (Agreement No. 15-209). The previous PBIS framework and trainings are now incorporated into the new PEI- Early Intervention services program, provided by FCSS and collectively known as "All 4 Youth." Agreement 18-308 expands the PBIS trainings to include trauma-informed practices in the onboarded PBIS schools and expands PBIS trainings to new grade levels, including preschool and Head Start programs. It will also integrate mental health clinicians into the school systems, which will create a natural access point to triage at-risk youths and adolescents 0-22 years of age, to ensure they receive timely access to services and early intervention to any new or previously untreated mental health illness.

To increase overall access to mental health services throughout the County, school-based services were strategically designed to bring the services to the youths and their families in their communities. School districts will be onboarded in five phases. The order of implementation was strategically planned to provide services to geographic regions that historically did not have easily accessible local community mental health services. In FY 18-19, phase one, the County's western school districts were onboarded. The school districts included: Central, Mendota, Golden Plains, Kerman, Sierra, Firebaugh, and other schools. Two service hubs were also developed, located in Downtown Fresno and the City of Firebaugh, as certified specialty mental health service facilities. These service hubs allow youths and families to seek services outside of a school-based setting as desired. In FY 19-20, the County's southern school districts were onboarded, which included: Caruthers, Fowler, Kingsburg, Laton, Riverside, Sanger, Selma, Washington Unified, and other schools. For this phase, one hub location has been identified in the Central Unified School District, at Tilley Elementary and the other is in the City of Selma.

The data below references the FCSS All 4 Youth PEI program in FY 2019. The unique individuals served (1,894) below does not provide a true representation of the total PEI individuals served as the reported numbers are the same as those extracted from the electronic health record database, Avatar, that tracks specialty mental health treatments. The PEI individuals served should be more than those that received SMHS. FCSS utilizes a variety of tracking mechanisms, with Avatar being one of those mechanisms.

Although Avatar captures a significant portion of the youths served, it only tracks those that are Medi-Cal eligible. There are a substantial number of youths that are impacted on school campuses but never rise to the need for a formal referral. These youths received services through prevention and early intervention, which are not reflected in Avatar for the reporting period. For example, FCSS provided a lot of time educating, training, and engaging in outreach campaigns and/or activities that are not tracked in Avatar. In this reporting period, FCSS provided 45 PEI trainings which reached 2,043 school staff members. The ripple effect of these trainings are difficult to track. Other unreported services consist of the many connections with youths and their families to obtain consent for treatment and/or linkage to community resources. Considering these untracked connections, the unique numbers identified are underestimated. Going forward, additional measuring tools are being developed to capture PEI data more accurately.

#### FY 2019-2020 – Unique Individuals Served

Ethnicity	Served
African American	87
Asian/Pacific Islander	18
Caucasian	264
Latino	1,160
Native American	14
Other	1
Unreported	350
<b>Total Number Served</b>	<b>1,894</b>

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	1,665
<input checked="" type="checkbox"/> 16-24	229
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	0
<b>Total Number Served</b>	<b>1,894</b>

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

#### FY 2019-2020 – Project Costs

Funding	Actual Project Costs	Cost Per Individual
MHSA-Prevention	\$3,804,834	
MHSA-Early Intervention		
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$3,804,834</b>	<b>\$2,009</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

#### Budget by Fiscal Year:

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention	\$3,290,230	\$3,290,230	\$3,290,230	\$3,290,230
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$3,290,230</b>	<b>\$3,290,230</b>	<b>\$3,290,230</b>	<b>\$3,290,230</b>

<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$3,290,230</b>	<b>\$3,290,230</b>	<b>\$3,290,230</b>	<b>\$3,290,230</b>

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

The challenges to this program continue to involve the stigma of mental health. Cultural stigmas remain a barrier in the regions of the phase one and two implementation. Outreach and education will continue to be a point of focus, in order to increase the census of the targeted population in the rural communities.

Currently, the number of individuals not Medi-Cal eligible are larger than anticipated. (In FY 18-19, 18% of the individuals currently receiving services has other/private health coverage.) FCSS and DBH are reviewing all resources to see if other funds can be leveraged to meet the needs of this population. FCSS is also working with the local Managed Care Plan providers so that this population can receive services through All 4 Youth.

Students continue to report not being aware of the mental health services available to them. Creative, age-appropriate outreach and education workshop strategies will better engage students and generate a more resourceful peer network on school campuses. Continuing education and support of trained mental health school staff will also lead the charge to change the culture around mental health.

Like many youth programs, getting in contact with parents or the responsible party in a timely manner has been a barrier. Not being able to obtain authorization for treatment from the parent or responsible party remains a challenge and is the main reason for prolonging the intake process. FCSS is continuing to develop strategies to approach the families.

Working to provide training around the already impacted school district calendars is challenging. FCSS has been flexible by redesigning their trainings to meet the availabilities of the onboarding school districts. However, data retention may be compromised due to the quick roll out. Evaluations will help measure efficiency of the trainings. Strategies are also being proposed and will be reviewed as appropriate.

**Proposed Project Changes FY 2022-2023:**

It is forecasted that this mental health prevention program would be expanded to increase capacity to address recommendations received from the stakeholder process. However, during FY 2021-22, FCSS will roll out phase four of the All 4 Youth Program to continue onboarding the Fresno, Clovis, Coalinga-Huron, and other remaining schools from the prior phases. The prevention component will continue to implement new strategies to the existing PEI framework to address recommendations received from the stakeholder process and to address the new circumstances that developed from the unforeseen COVID-19 pandemic. In addition, a Substance Used Disorder (SUD) treatment component is being considered for adaptation into the All 4 Youth program to help with co-occurring disorders.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**PREVENTION and EARLY INTERVENTION**

Prevention:  Early Intervention:  Outreach:  Access and Linkage:

Stigma Reduction:  Suicide Prevention:

Status of Project: Keep

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**Project Name:** Suicide Prevention/Stigma Reduction  
**Project Identifier(s):** 031 **Avatar:** **PeopleSoft:** 4902  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** August 2015  
**Project Overview:** This MHSA work plan provides the structure, resources, activities and reporting of performance indicators related to Fresno County suicide prevention and stigma reduction. Activities include, but are not limited to, a Strategic Suicide Prevention and Stigma Reduction campaigns, social media and other outreach, while focusing on the lifespan of Fresno County residents and recognizing cultural and linguistic variations in the perceptions of mental wellness.

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**Project Update FY 2019-2020:**

The Department uses a multi-faceted outreach approach to the varying communities with awareness and education activities. These activities include, but are not limited to, recognition of Mental Health Awareness Month, Suicide Prevention Month and Recovery Month, stigma reduction and suicide prevention activities, and coordination of leveraged resources for outreach, education, and training in the community.

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

The Department also contracted with JP Marketing to assist with media communications and advertising services. Suicide prevention campaigns have been launched which allowed the Department to develop messages and advertisements to be shared with the community. These messages and advertisements were shared via television, radio, digital banners and video, public relations, outreach and various social media platforms.

In September 2019, the Department engaged in an extensive outreach effort for Suicide Prevention Month. Efforts included participation in various community events, outreach on school campuses and football games, and focus on staff wellness and self-care. The highlight to these events was a car wrapped in lime green which individuals were able to sign and take a pledge to spread awareness and/or take care of themselves and loved ones. In addition, the Fresno County Board of Supervisors formally adopted Fresno County Suicide Prevention Strategic Plan and the Columbia Suicide Severity Rating Scale as the recommended suicide screening tool for Fresno County.

The county used a green wrapped truck for the 100<sup>th</sup> Annual Veteran's Day Parade of which is participated, and individuals were able to sign the car with their own pledge to promote mental health awareness. After the Parade the truck was taken to local schools and colleges to engage ROTC participants in raising awareness about mental health.

Based on recommendations from the strategic plan, the Department and Collaborative continue to develop a suicide prevention training catalog and work on the establishment of a Call Center Follow-up program. The training catalog will contain the recommended trainings from the strategic plan and other recommended suicide prevention and mental health trainings. The catalog will provide a list of available trainings for the public and provide training recommendations based on an individual's profession.

DBH is also working to establish a Call Center Follow-up program. Services are essential as this ensures individuals have a continuity of care, provides individuals support during a time of heightened risk, and facilitates linkages to care. Services will fill a gap and act as a safety net for those individuals at risk of suicide.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	<b>N/A</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Prevention		
MHSA-Early Intervention		
MHSA-Outreach	\$0	
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$0</b>	<b>N/A</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Prevention				
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention	\$662,223	\$653,369	\$648,140	\$644,511
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$662,223</b>	<b>\$653,369</b>	<b>\$648,140</b>	<b>\$644,511</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$662,223</b>	<b>\$653,369</b>	<b>\$648,140</b>	<b>\$644,511</b>

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

Although the Fresno County Suicide Prevention Collaborative Strategic Plan was finalized in 2018 and work was being completed to achieving the goals in our strategic plan, the Collaborative saw a decline in attendance and progress. The Collaborative acknowledges that all members volunteer time to out of their day and perform work in their own time which may have contributed to the decline. To mitigate any concerns and increase interest in the Collaborative, the Strategic Plan and Columbia Suicide Severity Rating Scale was brought before the Fresno County Board of Supervisor in September 2019 for adoption which would provide a uniform approach and framework to addressing and preventing suicide in Fresno County. Additionally, a few other changes have also taken place in the Collaborative. The meeting agenda was updated to include input solicited from the Collaborative via surveys and project teams were form in addition to the existing workgroups to assist with project completion and goal achievement. The Collaborative also continues to seek input and participation from underrepresented communities (faith-based, LGBTQ+, older adult, and transition age youth).

**Proposed Project Changes FY 2022-2023:**

Due to the impacts of the COVID-19 pandemic, the Department continues to evaluate its current implemented suicide prevention programs and ongoing outreach and awareness efforts. Based on findings and feedback received, future efforts will focus on how to improve/enhance current programs/activities and implement new goals to expand prevention efforts, where appropriate and necessary. The Department will continue to solicit feedback from the Suicide Prevention Collaborative, follow recommendations from our strategic plan, and utilize a local marketing firm to support ongoing suicide prevention activities.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**PREVENTION and EARLY INTERVENTION**

Prevention:  Early Intervention:  Outreach:  Access and Linkage:

Stigma Reduction:  Suicide Prevention:

Status of Project: Keep

**Project Name:** Youth Empowerment Centers  
**Project Identifier(s):** 034 **Avatar:** N/A **PeopleSoft:** 4770  
**Provider(s):** Kings View, Live Again Fresno (A19-371)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** October 1, 2010  
**Project Overview:** Peer and Family Support Program to provide wellness and recovery support services to consumers with mental illness and their family members and support system.

**Project Update FY 2019-2020:**

Previously, this program had difficulty reaching the potential numbers of users, partly due to limited promotion and marketing, due to capacity limits, and some challenges in targeting the specific population. Newer promotional materials outreach efforts were developed to target youth. This program had not collected the required PEI data in the past. With new knowledge of the regulations, staff and vendor ensured collection of relevant PEI data for reporting.

**FY 2019-2020 – Unique Individuals Served**

Ethnicity	Served
African American	91
Asian/Pacific Islander	71
Caucasian	67
Latino	313
Native American	19
Other	36
Unreported	0
<b>Total Number Served</b>	<b>597</b>

Ages Served*	Served
<input checked="" type="checkbox"/> 0-15	487
<input checked="" type="checkbox"/> 16-24	110
<input type="checkbox"/> 25-64	0
<input type="checkbox"/> 65+	0
Unreported	0
<b>Total Number Served</b>	<b>597</b>

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Prevention	\$279,889	
MHSA-Early Intervention	279,889	
MHSA-Outreach		
MHSA-Access and Linkage		
MHSA-Stigma Reduction		
MHSA-Suicide Prevention		
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$559,778</b>	<b>\$938</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

Budget by Fiscal Year:

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
MHSA-Prevention	\$846,868	\$846,868	\$846,868	\$846,868
MHSA-Early Intervention				
MHSA-Outreach				
MHSA-Access and Linkage				
MHSA-Stigma Reduction				
MHSA-Suicide Prevention				
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$846,868</b>	<b>\$846,868</b>	<b>\$846,868</b>	<b>\$846,868</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$846,868</b>	<b>\$846,868</b>	<b>\$846,868</b>	<b>\$846,868</b>

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

Data collection. DBH also worked with provider to develop strategies to promote the services to the target population.

**Proposed Project Changes FY 2022-2023:**

DBH evaluated the needs of the community and resources such as funding available and decided to decrease funding for Youth Empowerment Centers and move to a single vendor agreement. The Request for Proposal completed in FY 20-21 resulted in a new contract with Westside Family Preservation Services Network. Services target the west region of the county as services and resources are limited in this area. Youth Empowerment Centers will be located in Huron and Firebaugh with mini-centers in the surrounding areas.

## Innovation

### About Innovation

The overall goal of the MHS Innovation component is to implement and test novel, creative, time-limited, or ingenious mental health approaches that are expected to contribute to learning, transformation, and integration of the mental health system. Fresno County seeks to design and execute Innovation projects that focus on research and learning which can be applied across our system of care, rather than implementing specific programs which must be sustained if successful. These projects must be lifted up by the community, approved by the Behavioral Health Board and the Fresno County Board of Supervisors, and then approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). When implementing Innovation projects, the County carefully adheres to the approved Innovation plan. No substantive changes may be made to these projects without the express approval of the community, and, in some cases, the MHSOAC.

All Innovation projects must address at least one of the following:

- Introduce a behavioral health practice or approach that is new to the overall behavioral health system, including, but not limited to, prevention and early intervention.
- Make a change to an existing practice in the field of behavioral health, including, but not limited to, application to a different population.
- Apply to the behavioral health system a promising community-driven practice or approach that has been successful in a non-behavioral health context or setting.

Furthermore, the primary purpose of each Innovation project should be at least one of the following:

- Increase access to mental health services for underserved groups
- Increase the quality of mental health services
- Increase access to mental health services
- Promote interagency and community collaboration related to mental health services, supports, or outcomes.

### Current Innovation Programs

Fresno County currently has nine Innovation projects approved by the MHSOAC. Of the approved projects, four are currently operating, three are in the contracting stage or slated to be implemented in FY 2021-2022, and one Innovation Plan (Project Ridewell) has not been implemented due to COVID-19 restrictions on close contact. Each program is briefly described below. For more information, please see the INN Annual Updates in the appendices of this Annual Update.

### [Statewide Psychiatric Advanced Directive \(Appendix B\)](#)

In FY 2020-2021, 5 other counties submitted an Innovation Plan to the MHSOAC, thereby joining Fresno County in the Statewide Psychiatric Advanced Directive project. Fresno County continued to work through the contracting process for vendors for the local and statewide process. This program was originally approved as a three-year project, but Fresno County received approval for an extension in July 2020. The program is budgeted for \$1,450,000 over five years. Fresno County will expend these Innovation funds by November 2024.

### [Statewide FSP Evaluation \(Appendix C\)](#)

Fresno County completed the initial phase of work with Third Sector Capital on December 1, 2021. Due to the COVID-19 Pandemic, Fresno County had unspent funds that were originally allocated to travel expenses for this statewide project. Fresno County will amend the agreement with CalMHSA and Third Sector Capital to fund three additional months of work on Continuous Quality Improvement processes for its Full-Service Partnership programs. This project was budgeted for \$950,000 over three years. These funds will be expended by September 2022.

### [Community Program Planning Process for Innovation \(Appendix D\)](#)

This INN project funds several smaller initiatives intended to increase stakeholder engagement in unserved and underserved communities for the purpose of innovation planning. The funds have been used for several projects including:

- Project BeWell: Please see Appendix E
- ACEs Connection: Fresno County has allocated \$3,000 to support the local Fresno County Trauma and Resilience Network to fund participation in the ACEs Connection as a means to help gather, access, and review data related to Adverse Childhood Experiences (ACEs). This information will be disseminated to stakeholders, used to support community efforts to decrease ACEs, and may support the development of innovation project ideas.
- The [AU for the Innovation Community Planning](#) has identified ten possible initiative with community stakeholders to help identify possible innovation ideas, projects and/or opportunities.

### [The Lodge \(Appendix F\)](#)

This Innovation Project was approved by the MHSOAC in the spring of 2020. The purpose of this project is to examine ultra-low barrier lodging to individuals experiencing severe mental health problems and homelessness, and who are in the pre-contemplative stage of change regarding seeking treatment by focusing on their basic needs. Individuals may stay at The Lodge for up to 45 days, with no requirement for participation in programming, sobriety, or engagement in services. The Lodge is designed around a milieu of peer support specialists 24 hours a day, 7 days a week. This project is budgeted for \$4,200,000 over three years and will end on October 20, 2023.

### Handle with Care Plus+

The program is a collaboration between the Department, the Fresno County Superintendent of Schools, Fresno Unified School District and the Resiliency Center. Any student attending one of four participating pilot schools who has experienced a trauma or life changing event is eligible for the program. Schools reach out to provide screening, assessment, and linkage as needed, and invite the parents/guardians to a Parent Café at the Resiliency Center. Those parents/guardians who accept the invite attend an eight-session course at Resiliency Center that teaches participants about trauma-informed care, resiliency and how to support their family. The Handle with Care Plus program agreements for the providers were executed in September 2021. While disruptions to in-person instruction postponed implementation, the program is slated to begin services in the fall of 2021.

### Project RideWell

This project has not yet been implemented due to COVID-19 restrictions. This pilot will seek to assess how transportation access to wellness activities can improve one's overall wellness and recovery. Project partners will work to develop a closed transportation smartphone application that can provide timely transportation to specific service users in certain rural communities in order to increase their ability to access wellness and recovery programs in their area. The second phase will expand access to individuals living in the metro Fresno area and accessing DBH medication services. The project will examine whether access to transportation improves both their participation in and access to other wellness activities, and whether these activities result in improved outcomes. Peers will train the project's drivers with the goal of increasing the program staff's understanding of behavioral health; destigmatizing mental health challenges; and thus, improving rider experience and increasing access to wellness resources. This Innovation Project is budgeted for \$1,200,000 over three years from the date of first expenditure.

### Suicide Attempt Follow-up Call Program

Approved by the MHSOAC on April 22, 2022, this program will provide continuing support to individuals who 1) have contacted the suicide prevention lifeline with suicidal ideation needing active rescue, or a talk-down call or 2) those who attempted suicide with linkages to timely mental health services. The County has added an innovative component to this model which is during the follow up calls to try and identify and document what factors may have contributed to the individuals' suicidality at that time with the hopes to gain real-time insight into factors that are contributing suicidality in our community. The program will also seek to increase the number of verifiable linkages to care for individuals who have attempted suicide and/or at significant risk for suicide. This Innovation Project is budgeted for \$1,000,000 over three years from the date of first expenditure.

### California Reducing Disparities Project – Evolutions

Approved by the MHSOAC on April 22, 2022, this project seeks to work with the three California Reducing Disparities Projects (CRDPs) in Fresno County, while also working with program participants and stakeholder to identify and implement a community identified adaption to the

programs to better align with PEI goals and regulations. This project will continue the ongoing work of increasing culturally specific and appropriate services available to individuals in Fresno County; integrate community-driven practices into the Fresno County system of care while maintaining program integrity; and help ensure that the CRDPs will be able to fulfill all PEI regulations and become PEI programs. This Innovation Project is budgeted for \$2,400,000 over three years from the date of first expenditure.

Fresno County will continue explore development of viable Innovation Plans based on the Innovation concepts that were put forth in the current MHSA Three-Year Plan. These included a youth-led, youth-focused Innovation Project; an Innovation project focused on justice-involved persons; and possibly curriculum development using the Becks Institute’s Cognitive Behavioral Therapy (CBT) approach for use in schools.

Project Name 2020-2023	FY 20/21 BUD	FY 21/22 BUD	FY 22/23 BUD
Project Ridewell	388,068	387,219	424,713
The Lodge	1,399,333	1,400,333	1,400,334
Community Program Planning Process (CPPP)	150,000	150,000	150,000
FSP Study (Third Sector)	237,500	237,500	237,500
Psychiatric Advance Directive-Supportive Decision-Making	316,667	316,667	250,000
Handle with Care Plus+	496,347	514,598	516,055
Suicide Prevention Follow Up Call	N/A	347,000	327,000
CA Reducing Disparities Evolution	N/A	813,334	793,333
	<b>2,987,915</b>	<b>4,166,651</b>	<b>4,098,935</b>

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**INNOVATION**

Status of Project:Keep

**Project Name:** CA Reducing Disparities Evolution  
**Project Identifier(s):** 084 **Avatar:** TBD **PeopleSoft:** 4797  
**Provider(s):** TBD  
**Approval Date:** April 22, 2021  
**Start Dates:** **Anticipated:** TBD **Actual:**  
**Project Overview:** The Department will fund each of the three California Reducing Disparities Projects (CRDP) at maintenance levels for three years. During this time, the Department will work with existing providers, their participants, and stakeholders to identify a specific program adaptation that will assist in aligning the projects with PEI funding criteria without compromising the work and integrity of the CRDP programs.

**Project Update FY 2019-2020:**

N/A

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Innovation	\$0	
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	\$0	

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Innovation			\$813,334	\$793,333
Medi-CAL FFP				
Other				
<b>Total Budget</b>	\$0	\$0	\$813,334	\$793,333
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	\$0	\$0	\$813,334	\$793,333

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

N/A

**Proposed Project Changes FY 2022-2023:**

FY 2022-2023 will be the first full fiscal year of operations for this program.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**INNOVATION**

Status of Project:Keep

**Project Name:** Community Planning Process (CPP) for Innovation Projects  
**Project Identifier(s):** 067 **Avatar:** **PeopleSoft:** 4792  
**Provider(s):** Department of Behavioral Health  
**Approval Date:** June 2019  
**Start Dates:** **Anticipated:** July 2019 **Actual:** August 2019  
**Project Overview:** This Innovation project is intended to support the community program planning process for future MHSa Innovation projects. This process will be supported with targeted surveys,

**Project Update FY 2019-2020:**

This funding supported several community program planning activities in FY 19-20 to assist in informing future Innovation projects and plans

Third Annual Asian American Pacific Island Mental Health Empowerment Conference: DBH conducted a survey of conference attendees, many of whom were members of local API communities, to evaluate the conference and gain general insight on the attendees' understanding of mental health, risk factors, and cultural supportive services to assess need of the API community.

Youth Lead Project Development: DBH worked with San Diego State University and the MHSOAC to lead local youth in the development and formulation of youth services envisioned by youth. Cohorts of youth are responsible for developing ideas for future innovation projects.

Feedback Session Research: DBH worked with its existing partner, JP Marketing, to conduct a series of Market Research Focus Groups (nine in total). These groups were intended to assist the Department in the development of its communication and marketing plans. The groups also provided insight into community challenges related to mental health, access issues, stigma, and how different populations access and consume information.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
<b>Unreported</b>	
<b>Total Number Served</b>	

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Innovation	\$148,491	
Federal Financial Participation		

Other		
<b>Total Project Costs</b>	<b>\$148,491</b>	

Performance Outcomes: [fresnoMHSa.com/outcomes](https://www.fresnomhsa.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 20/21	FY 21/22	FY 22/23
MHSA-Innovation	\$150,000	\$150,000	\$150,000
Federal Financial Participation			
Other			
<b>Total Budget</b>	<b>\$150,000</b>	<b>\$150,000</b>	<b>\$150,000</b>
<b>Increase/(Decrease) in Budget</b>			
<b>Adjusted Total Budget</b>	<b>\$150,000</b>	<b>\$150,000</b>	<b>\$150,000</b>

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

The COVID-19 pandemic severely impacted community planning and community engagement. The MHSa Three-Year plan and several other projects were delayed. The Department endeavored to continue community engagement and working with stakeholders from under-served, underserved, inappropriately served communities to help inform and participate in exploration of Innovation and learning collaborative opportunities.

**Proposed Project Changes FY 2022-2023:**

Several initiatives will be moved forward through the contracting and into the implementation stage during FY 2021-2022 and into FY 2022-2023. There will be no impact to budgeted funds.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**INNOVATION**

Status of Project:Keep

**Project Name:** Multi-County Full-Service Partnership Evaluation Plan  
**Project Identifier(s):** 068 **Avatar:** N/A **PeopleSoft:** 4791  
**Provider(s):** Third Sector (through a JPA with CalMHSA)  
**Approval Date:** June 24, 2019  
**Start Dates:** **Anticipated:** September 2019 **Actual:** September 3, 2019  
**Project Overview:** This is a Mental Health Services Oversight and Accountability Commission (MHSOAC) sponsored Innovation Project conducted in partnership with Third Sector Capital and five other California counties to develop a performance metrics that enhance the rendering of Full-Service Partnerships (FSP) Projects over three to four years. This effort to explore best options for FSP performance will lead to improved FSP data collection and utilization, FSP design, and FSP population targeting.

**Project Update FY 2019-2020:**

During FY 19/20, DBH convened an interdepartmental work group to drive the FSP Evaluation Project forward. Project staff participated in statewide meetings throughout the fall and spring, and assisted in the preparation of an Innovation Plan for counties coming on to the project. After a kick-off meeting in February 2020, the work group began participating in bi-weekly meetings to complete a landscape assessment of the Fresno County FSP programs. To enhance the landscape assessment process, Third Sector scheduled two provider focus groups (one each for children and adult service providers), and created a provider survey that will be implemented in summer 2020. The landscape assessment will conclude in October 2020, and the project will move into the implementation phase. An Annual Update for this plan was submitted in July 2020 as required by INN regs.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
<b>Unreported</b>	
<b>Total Number Served</b>	

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Innovation	\$328,911	
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$328,911</b>	

**Performance Outcomes:** [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Innovation		\$237,500	\$237,500	\$237,500
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$0</b>	<b>\$237,500</b>	<b>\$237,500</b>	<b>\$237,500</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$0</b>	<b>\$237,500</b>	<b>\$237,500</b>	<b>\$237,500</b>

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

The COVID-19 epidemic caused a shift to virtual meetings, rather than the planned in-person statewide cohort meetings. The work group has adapted to using zoom and Google Slides to engage in interactive meetings, including involvement of local FSP providers and individuals served by those programs

**Proposed Project Changes FY 2022-2023:**

In FY 2022-2023, this project will shift to the evaluation phase, as the RAND Corporation evaluates the statewide cohort efforts. There will be no impact on budgeted project funds.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**INNOVATION**

Status of Project:Keep

**Project Name:** Handle with Care Plus+

**Project Identifier(s):** 070 **Avatar:** TBD **PeopleSoft:** 4794

**Provider(s):** TBD

**Approval Date:** May 28, 2020

**Start Dates:** **Anticipated:** TBD **Actual:**

**Project Overview:** The intent of this project is to collaborate with DBH’s community partners the Fresno County Superintendent of Schools (FCSS) and Fresno Police Chaplaincy’s Resiliency Center, to create a program that will respond to children and families immediately after a trauma or stressful life event occurs using the Handle With Care model. This program adapts the Handle With Care model to include a parental/family engagement component through Parent Café—to help the child and family recover from the life impacting or traumatic event. The focus of this project is to provide early support, screen and assess children for early indicators of mental health symptoms, empower the family with the tools they need to cope and recover, and connect children and families to any additional necessary resources through specific adaptations of the Handle With Care model. The UC Davis Center for Reducing Disparities will also be a project partner as the planned project evaluators.

**Project Update FY 2019-2020:**

In FY 19-20, DBH hosted several planning meetings for the Handle With Care Plus+ program. An Innovation plan was submitted to the MHSOAC and approved on May 28, 2020. A suspension of competition was completed as part of the plan development for -program provider and evaluator contracts. All partners are working on implementation timeline, which has been challenged by COVID and distance learning. Brain Wise Solutions has also been identified to develop the curriculum for the Parent Café.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
<b>Unreported</b>	
<b>Total Number Served</b>	

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Innovation	\$77	
Federal Financial Participation		

Other		
<b>Total Project Costs</b>		<b>\$77</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Innovation		\$496,347	\$514,598	\$516,055
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$0</b>	<b>\$496,347</b>	<b>\$514,598</b>	<b>\$516,055</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$0</b>	<b>\$496,347</b>	<b>\$514,598</b>	<b>\$516,055</b>

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

The COVID-19 pandemic has pushed back the anticipated start date for this program, due to uncertainty of school start dates, distance learning schedules and other related school scheduling logistics. Otherwise, no barriers have been identified.

**Proposed Project Changes FY 2022-2023:**

No projected changes.

**BEHAVIORAL HEALTH INTEGRATED ACCESS FY 2022-2023**

**INNOVATION**

Status of Program:Keep

**Project Name** Project Ridewell  
**Project Name:** App for Transportation  
**Project Identifier(s):** 001 **Avatar:** N/A **PeopleSoft:** 4795  
**Provider(s):** TBD  
**Approval Date:**  
**Start Dates:** **Anticipated:** **Actual:**  
**Program Overview:** This program will create an ‘Uber-like’ transportation program, supported by a software application, which will be utilized by the Department of Behavioral Health for individual(s)/families throughout Fresno County, for transportation to schedule appointments that support access and individualized treatment plans / recovery goals. The program will be administered through a contractual agreement with an entity/agency, which will provide vehicles and drivers trained to provide transportation services. Criteria for use may include: location of home, location of services, type of services, access to public transportation, level of impairment/mental/physical limitations, etc.

**Program Update:**

This Innovation project was approved by the MHSOAC in May 2020. The funds are now encumbered and are safe from reversion. This project is under development; annual innovation updates will be submitted each year.

**FY 2018-2019 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
<b>Unreported</b>	
<b>Total Number Served</b>	

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

**FY 2018-2019 – Program Costs**

Funding	Actual Program Costs	Cost Per Individual
MHSA-Innovation	\$0	
Federal Financial Participation		
Other		
<b>Total Program Costs</b>	<b>\$0</b>	<b>\$0</b>

**Performance Outcomes:** [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

<b>Funding Sources:</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>FY 21/22</b>	<b>FY 22/23</b>
<b>MHSA-Innovation</b>	<b>\$1,000,000</b>	<b>\$388,068</b>	<b>\$387,219</b>	<b>\$424.713</b>
<b>Federal Financial Participation</b>				
<b>Other</b>				
<b>Total Budget</b>	<b>\$1,000,000</b>	<b>\$388,068</b>	<b>\$387,219</b>	<b>\$424.713</b>
<b>Increase/(Decrease) in Budget</b>				
<b>Adjusted Total Budget</b>	<b>\$1,000,000</b>	<b>\$388,068</b>	<b>\$387,219</b>	<b>\$424.713</b>

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

N/A

**Proposed Project Changes:**

N/A

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**INNOVATION**

Status of Project:Keep

**Project Name:** Psychiatric Advance Directive-Supportive Decision-Making  
**Project Identifier(s):** 069 **Avatar:** N/A **PeopleSoft:** 4790  
**Provider(s):** TBD  
**Approval Date:** June 24, 2019  
**Start Dates:** **Anticipated:** Fall 2020 **Actual:** November 12, 2019  
**Project Overview:** This statewide Innovation project will investigate the application and implementation of Psychiatric Advanced Directives and supportive decision-making in for individuals with serious mental illness.

**Project Update FY 2019-2020:**

During FY 19-20, DBH hosted several project planning meetings with internal staff, the Saks Institute, Laurie Hallmark of RioGrande Legal, Blatt Institute and other California Counties. These meetings led to the identification of possible target populations for the Fresno’s project. DBH staff have initiated internal discussions to establish a contract with a project lead, and to onboard other project partners. A state plan is still being developed for the Mental Health Services Oversight and accountability Commission, which would identify the key statewide learning outcomes and allow for additional counties to join Fresno in the project.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
Unreported	
<b>Total Number Served</b>	

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Innovation	\$2,872	
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$2,872</b>	

**Performance Outcomes:** [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Innovation	\$316,666	\$316,667	\$316,667	
Medi-CAL FFP				
Other				

<b>Total Budget</b>	<b>\$316,666</b>	<b>\$316,667</b>	<b>\$316,667</b>	<b>\$0</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$316,666</b>	<b>\$316,667</b>	<b>\$316,667</b>	<b>\$0</b>

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

N/A

**Proposed Project Changes FY 2022-2023:**

Fresno County will draft and execute a contract with Laurie Hallmark for local project management in mid-late FY 2021-2022. This contract will continue through FY 2022-2023. The County will also participate in the statewide project activities (contract process in progress as of 9/27/2021).

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022 - 2023**

**INNOVATION**

Status of Project:Keep

**Project Name:** Suicide Prevention Follow-Up Call  
**Project Identifier(s):** 083 **Avatar:** N/A **PeopleSoft:** 4796  
**Provider(s):** TBD  
**Approval Date:** April 22, 2021  
**Start Dates:** **Anticipated:** TBD **Actual:**  
**Project Overview:** This program will provide continuing support to individuals who 1) have contacted the suicide prevention lifeline with suicidal ideation needing active rescue, or a talk-down call or 2) those who attempted suicide with linkages to timely mental health services. The County has added an innovative component to this model which is during the follow up calls to try and identify and document what factors may have contributed to the individuals' suicidality at that time with the hopes to gain real-time insight into factors that are contributing suicidality in our community. The program will also seek to increase the number of verifiable linkages to care for individuals who have attempted suicide and/or at significant risk for suicide.

**Project Update FY 2019-2020:**

N/A

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
<b>Unreported</b>	
<b>Total Number Served</b>	

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

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Innovation	\$0	
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	\$0	

**Performance Outcomes:** [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Innovation			\$347,000	\$327,000
Medi-CAL FFP				
Other				
<b>Total Budget</b>	\$0	\$0	\$347,000	\$327,000

<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$0</b>	<b>\$0</b>	<b>\$347,000</b>	<b>\$327,000</b>

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

N/A

**Proposed Project Changes FY 2022-2023:**

The program began expending funds on 11/19/2021. FY 2022-2023 will be the first full fiscal year of operations for this program.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**INNOVATION**

Status of Project:Keep

**Project Name:** The Lodge  
**Project Identifier(s):** 010 **Avatar:** 4793 **PeopleSoft:** 4793  
**Provider(s):** RH Community Builders (A20-492)  
**Approval Date:** May 28, 2020  
**Start Dates:** **Anticipated: October, 2020** **Actual: October 1, 2020**  
**Project Overview:** The Lodge is a short-term, come-as-you-are place to stay for individuals experiencing or at risk of homelessness, who have a serious mental illness (SMI) or cooccurring SMI and substance use disorders, and are in the pre-contemplative stage of change. Individuals have access to 24/7 peer support, showers, clothes, food and recovery supports during their stay. These individuals are referred from local Emergency Departments (ED), the Crisis Stabilization Unit (CSU), psychiatric hospitals, crisis intervention teams (CIT), and other agencies as approved by the Department. The program seeks to measure if focusing on an individual’s basic needs and allowing them to choose their level of participation in a setting with peers can increase their engagement in services. The program utilizes trained peers to provide evidence-based engagement including motivational interviewing, that assists participants in moving from the pre-contemplation stage of change to the preparation and action stages and increase engagement in appropriate level of care services. Program staff assist participants in receiving immediate access to specialty mental health services as desired. This program serves adults and older adults who are at various stages of change related to their own recovery.

**Project Update FY 2019-2020:**

Fresno County DBH submitted an Innovation Plan for The Lodge program to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in the Spring of 2020. The Lodge will be a research project to determine if focusing on basic individual needs, utilizing trained peers to individuals who are homeless/at-risk of homelessness, who have a serious mental health condition or co-occurring disorder, and are not in care due to being in the pre-contemplation stage of change, would assist these individuals in moving through the stages of change and engaging in mental health or substance-use disorder services. The Lodge Innovation Plan was approved by the MHSOAC on May 28, 2020.

Fresno County DBH released an RFP for The Lodge in January 2020. Through this process, RH Community Builders was selected as the vendor for the project. The vendor originally intended to start the ramp-up period in summer 2020 and begin providing services at The Lodge in Fall 2020, but the COVID-19 epidemic caused this date to be pushed back. The program was approved October 1, 2020 and after ramp-up, the program began accepting clients on March 2, 2021.

**FY 2019-2020 – Unique Individuals Served**

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

Ages Served*	Served
<input type="checkbox"/> 0-15	
<input type="checkbox"/> 16-24	
<input type="checkbox"/> 25-64	
<input type="checkbox"/> 65+	
<b>Unreported</b>	
<b>Total Number Served</b>	<b>N/A</b>

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

\*Program began serving individuals March 2, 2021

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Innovation	\$0	
Federal Financial Participation		
Other		
<b>Total Project Costs</b>	<b>\$0</b>	<b>\$0</b>

Performance Outcomes: [fresnoMHSA.com/outcomes](http://fresnoMHSA.com/outcomes)

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-Innovation	\$0	\$1,399,333	\$1,400,333	\$1,400,334
Medi-CAL FFP				
Other				
<b>Total Budget</b>	<b>\$0</b>	<b>\$1,399,333</b>	<b>\$1,400,333</b>	<b>\$1,400,334</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$0</b>	<b>\$1,399,333</b>	<b>\$1,400,333</b>	<b>\$1,400,334</b>

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

There are no challenges or barriers to project completion at this time.

**Proposed Project Changes FY 2022-2023:**

None

## Workforce Education and Training

### Introduction

Fresno County has two tracks of work being conducted through its WET Plan. One is the actual 2020-2025 WET Plan which is part of a regional effort to help address workforce needs. The second track includes the on-going local WET efforts, which continue to support Fresno County's on-going needs for training and workforce development.

Below is an example of a Pathways advertisement that was included in this year's [Focus Forward Magazine](#), targeting both youth and youth with lived experience.



**Work With Purpose**

The Fresno County Department of Behavioral Health is dedicated to providing quality behavioral services for everyone. You can improve the health and well-being of everyone in our community.

If you're passionate about helping others, qualifications and education shouldn't stop you from a career in behavioral health. Your experience can help others. That's why the Behavioral Health System of Care in Fresno County offers a variety of relevant and informative pathways to success. You can find meaningful and well-paid careers in the behavioral health field.

**Occupations in Your Area**

- Peer Support
- Substance Use Counseling
- Health Educator
- Psychiatric Technician
- Health Navigator
- Case Manager
- Social Worker
- Psychologist
- Psychiatrist
- Therapist
- Nursing

**Take the next step toward a job where your experiences can help others**

If you're considering a career in the Behavioral Health field, reach out to your guidance counselor, community college, adult school, or explore job descriptions for more information on how to begin your journey.

 Department of Behavioral Health

### WET Goals

Fresno County has once again invested \$1,838,537 for local staff development which includes training and resources to improve and enhance workforce skills to help ensure high quality of services are provided. The local WET efforts provide funding for trainings, train-the-trainer opportunities, and systems such as Relias for virtual and self-directed training.

Fresno County invested \$370,667 as part of the Central Region WET Plan and will thus receive a total of \$1,112,001 in funds. These funds will be then part of a larger \$8,799,237 five-year plan to support five specific regional workforce development activities. These will be used to support career pathways, especially for individuals from underserved communities and those who may be bilingual and/or bicultural. The funds will also support scholarships and loan repayment

programs with an effort to engage those who are from underserved communities and/or who may provide bilingual and/or bicultural experience. Other approved funding activities included stipend programs and retention activities. These services are being provided to the Central Region counties through an agreement with CalMHSA. At the end of each year, Fresno County will be able to assess how many of the total served are Fresno County residents/participants benefiting from the WET program services.

Program	FY 2020-21
Pipeline Development	450
Undergraduate College University Scholarships	54
Clinical Master & Doctoral Graduate Education Stipends	19
Loan Repayment Program Cost	46
Retention Activities	685
<b>Total Participants</b>	<b>1,254</b>

In the coming year Fresno County, in conjunction with CalMHSA, will rollout applications for scholarship, loan repayment, and retention activities. A targeted effort will be made to promote these opportunities to local students, professionals, and other workforce remembers.

The local (non-Central Region) WET budget of \$1,838,537 will supports local Fresno County efforts in the areas of: Core Competency Trainings; Relias Trainings and licenses; specialized trainings and conferences; WET administrative costs; the position of the WET Coordinator; and costs for interns and residents via stipends.

Some of the core competency trainings rendered through WET may include, but are not limited to, Cognitive Behavioral Therapy (CBT), Eating Disorders, Maternal Mental Health, Mental Health First Aid, Motivational Interviewing, Psychiatric Rehabilitation, project management, strength-based case management, clinical supervision, implementation of culturally responsive care, and trauma-informed care.

Elective trainings may include, but are not limited to, Didactical Behavioral Therapy (DBT), Wellness and Recovery Plans (WRAP), Eye Movement Desensitization and Reprocessing (EMDR), enhanced CBT, and other clinical-based skills.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**WORKFORCE EDUCATION AND TRAINING**

Status of Project:Keep

**Project Name:** WET  
**Project Identifier(s):** 064 **Avatar:** N/A **PeopleSoft:** 4756  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:** 2008  
**Start Dates:** **Anticipated:** 2007/2008 **Actual:** 2008  
**Project Overview:** Workforce Education and Training

**Project Update:**

MHSA WET activities will continue work in career pathway promotion; work with local universities and colleges, including placement of clinical students to support fulfillment of educational requirements; and provide culturally and linguistic, responsive, behavioral health workforce development services (core competencies and evidence-based practices trainings) to DBH System of Care, promoting wellness, recovery, and resiliency for individuals and families in our community.

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
WET-Workforce Staffing	\$42,811	
WET-Training/Technical Assistance	1,111,427	
WET-MH Career Pathways		
WET-Residency/Internship		
WET-Financial Interview	94,538	
Other		
<b>Total Project Costs</b>	<b>\$1,248,776</b>	<b>N/A</b>

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
WET- Workforce Staffing	\$205,252	\$410,505		
WET-Training/TA	691,074	1,382,146		
WET-MH Career Pathways				
WET-Residency/Internship				
WET-Financial Interview	103,674	207,349		
Other				
<b>Total Budget</b>	<b>\$1,000,000</b>	<b>\$2,000,000</b>	<b>\$0</b>	<b>\$0</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$1,000,000</b>	<b>\$2,000,000</b>	<b>\$0</b>	<b>\$0</b>

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

Challenges include having the MHSA WET Coordinator position vacant until September 21, 2020 and the COVID-19 pandemic continuing since March of 2020. County Human Resources and social distancing guidelines continue as well as virtual online trainings, interviewing candidates virtually, and providing clinical services via telehealth. A strategy to mitigate is a Return-to-Work Plan was created for the Department to transition staff and services back on site in a phased approach with accommodating varying needs.

**Proposed Project Changes:**

Fresno County DBH has committed to its participation to the Central Regional WET Partnership as part of the California's Office of Statewide Health Planning and Development (OSHPD) 5-Year Workforce Education and Training Grant. It is overseen by California's Health Career Access and Information (HCAI, formerly named OSHPD). The required match is 33% of the total county allocation and it will be provided through MHSA WET funding. The five year grant period is from FY 20-21 through FY 24-25.

## Capital Facilities and Technological Needs

### Introduction

The Mental Health Services Act allows counties to allocate a portion of CSS funds to Capital Facilities and Technological Needs. Historically, Fresno County has allocated funds to pay for improvements to the buildings in which individuals receive services, update essential staff equipment, and fund the electronic health record.

The Department remains committed to providing staff and contracted providers with appropriate technological tools. In past fiscal years, the Department allocated \$300,000 to create a PEI Database that would improve and streamline PEI data collection. The Department is currently working with the RAND Corporation to pilot a web-based tool PEI data collection tool. Should the Department choose to continue use of this tool beyond the pilot period, these funds will be used to cover licensing and operations fees. In this fiscal year, the Department has allocated \$100,000 of CFTN funds to participate in the California Mental Health Services Authority (CalMHSA) Request for Proposal process for a new electronic health record. The Department will continue to fund the current Avatar electronic health record with CFTN funds until a new vendor is selected by the CalMHSA process.

Finally, the Department continues work on its newly purchased Olive Building, which, upon completion, will become the site of clinical services for adults and children.

### Goals and Key Outcomes

Project Name 2020-2023	FY 20/21 BUD	FY 21/22 BUD	FY 22/23 BUD
Capital Facility Improvement/"UMC" Campus Improvements	N/A	N/A	N/A
Crisis Residential Treatment Construction	N/A	N/A	N/A
Capital Facilities	11,912,391	N/A	N/A
Information Technology - Avatar	2,312,391	2,612,788	2,912,788
CFTN Administrative Support	500,000	500,000	500,000
	<b>14,724,782</b>	<b>3,112,788</b>	<b>3,412,788</b>

## Administrative and Fiscal Information

Fresno County has allocated \$0 to MHSAs Prudent Reserves in this fiscal year.

Fresno County has allocated \$0 to the Capital Facilities and Technological Needs component in this fiscal year.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**CAPITAL FACILITIES AND TECHNOLOGY NEEDS**

Capital Facilities:  Technology Needs:

Status of Project: Keep

**Project Name:** DBH Capital Facilities  
**Project Identifier(s):** 61 **Avatar:** N/A **PeopleSoft:** 4730 & 4731  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** N/A  
**Project Overview:**

**Project Update:**

Through FY19-20 DBH completed the remodel of Building 319, 4411 E Kings Canyon Ave., which houses our 24 Hr Psych Facility vendor Exodus Recovery. Renovations include ADA accessibility, room upgrades, kitchen upgrades, new flooring and paint. Additional projects include the planning and preparation to renovate and utilize the First Floor of the Health and Wellness Center, 1925 E Dakota Ave. for Administration, Finance and Public Behavioral Health Divisions, as well as updating A/V equipment for Auditorium A & B, Training Rooms C & D, and the Media Control Room at the Health and Wellness Center.

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Capital Facilities & Technology Needs	\$8,918	
Other		
<b>Total Project Costs</b>	<b>\$8,918</b>	<b>N/A</b>

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-CFTN	\$4,361,900	\$11,812,391		
Other				
<b>Total Budget</b>	<b>\$4,361,900</b>	<b>\$11,812,391</b>		
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$4,361,900</b>	<b>\$11,812,391</b>		

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

Unforeseen delays with the contractor and supplier led to a several month delay in completing the project.

**Proposed Project Changes:**

The Department looks forward to breaking ground on two major projects in the coming year, the Heritage Center (3133 N Millbrook and surrounding buildings), future locations for 4 PHFs, 2 CSCs, and a Sobering Center, as well as renovations / upgrades to buildings which will house Department Administration staff. Additionally, at the recently acquired Olive St Campus (5555 E Olive and 5520 E Hedges) we anticipate starting the design and remodel process to the 115,000 sq ft building which will be the future location to both Adult and Children’s Outpatient Services.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**CAPITAL FACILITIES AND TECHNOLOGY NEEDS**

Capital Facilities:  Technology Needs:

Status of Project: Keep

**Project Name:** Information Technology (Avatar)  
**Project Identifier(s):** 062 **Avatar:** N/A **PeopleSoft:** 9055  
**Provider(s):** Information Technology (A17-039)  
**Approval Date:** Historical  
**Start Dates:** **Anticipated:** N/A **Actual:** August 12, 2009  
**Project Overview:** Information Technology—Enhancements Fresno County Department of Behavioral Health

**Project Update FY 2019-2020:**

In FY 20-21, the County continued to expand access to the Electronic Health Record (EHR) to allow for the expansion of direct and supportive services. DBH increased the number of total EHR licenses/subscriptions from 1360 to 1560 named users to support the expansion of contracted programs.

**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-Capital Facilities & Technology Needs	\$1,748,428	
Other		
<b>Total Project Costs</b>	<b>\$1,748,428</b>	<b>N/A</b>

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-CFTN	\$2,361,900	\$2,312,391	\$2,612,788	\$2,912,788
Other				
<b>Total Budget</b>	<b>\$2,361,900</b>	<b>\$2,312,391</b>	<b>\$2,612,788</b>	<b>\$2,912,788</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$2,361,900</b>	<b>\$2,312,391</b>	<b>\$2,612,788</b>	<b>\$2,912,788</b>

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

There have been no barriers; however, as the County continues to implement technological tools and modernize technological infrastructure, the IT landscape in behavioral health has continued to change. Accelerated by the COVID-19 pandemic, County swiftly shifted to the virtual world during this period. This requires the County to continue to update and adapt this plan for the changing IT landscape. As a result, the County will continue to allocate MHSA funds to this plan to address the evolving landscape and Departmental needs.

**Proposed Project Changes FY 2022-2023:**

July 2021, the Department enrolled to participate in the California Mental Health Services (MHSA) Authority Participation Agreement Statewide EHR Program project. This project focuses on (1) developing the RFP with detailed scenario-based requirements common to California County Behavioral Health organization, (2) organize/execute vendor selection process (3) once selected, this group works with the

vendor to translate the California requirements into solution, (4) partner with the participated counties and vendor to implement a robust cross-county data platform that supports data driven decision making and apply economies of scale for implementation, training, application management, and technical support. If the Department elected to implement the new EHR system as part of the California Mental Health Services (MHSA) Authority Participation Agreement EHR Program project, the implementation may take time.

Meanwhile, the current EHR vendor agreement expires on June 30, 2022 and it is very likely that the Department may renew the current EHR vendor agreement with limited period to support the new EHR system implementation.

**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023**

**MHSA ADMINISTRATION**

Status of Project:Keep

**Project Name:** MHSA Administration  
**Project Identifier(s):** 078, 079, 080, 095, 096 **Avatar:** N/A **PeopleSoft:** 4710, 4776, 4780  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:**  
**Start Dates:** **Anticipated:** Historical **Actual:** N/A  
**Project Overview:** This work plan addresses and funds the positions that support the administrative/infrastructure needs of the Department to plan, implement, and monitor MHSA program.

**Project Update:**

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**FY 2019-2020 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-CSS	\$5,540,639	
MHSA-PEI	1,697,501	
MHSA-INN	466,899	
MHSA-WET	237,305	
MHSA-CFTN	151,798	
<b>Total Project Costs</b>	<b>\$8,094,142</b>	N/A

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-CSS	\$7,892,312	\$9,291,571	\$9,200,000	\$9,200,000
MHSA-PEI	496,909	496,909	2,000,000	2,000,000
MHSA-INN	663,605	663,605	1,200,000	1,200,000
MHSA-WET			500,000	500,000
MHSA-CFTN			500,000	500,000
<b>Total Budget</b>	<b>\$9,052,826</b>	<b>\$10,452,085</b>	<b>\$13,000,000</b>	<b>\$13,000,000</b>
Increase/(Decrease)		2,547,915		
<b>Adjusted Budget</b>	<b>\$9,052,826</b>	<b>\$13,000,000</b>	<b>\$13,000,000</b>	<b>\$13,000,000</b>

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

N/A
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**Proposed Project Changes:**

N/A
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**MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-2023  
MHSA COMMUNITY PROJECT PLANNING PROCESS**

Status of Project:Keep

**Project Name:** MHSA Community Program Planning Process  
**Project Identifier(s):** 072,073 **Avatar:** N/A **PeopleSoft:** 4718  
**Provider(s):** Fresno County Department of Behavioral Health  
**Approval Date:**  
**Start Dates:** **Anticipated:** Historical **Actual:** N/A  
**Project Overview:** This program sheet describes the annual MHSA Community Program Planning Process. DBH uses this process to seek robust, meaningful input from the community for program planning, annual updates, and MHSA Three-Year Plans.

**Project Update FY 2019-2020:**

DBH conducted 20 key informant interviews, 21 in-person community forums, and 4 virtual community forums in order to complete the planning process for the 2020-2023 Three-Year Plan. The forum locations were carefully planned in order to ensure as much community representation as possible. Forums were held in the North, South, East, and West areas of the City of Fresno, as well as in outlying rural communities throughout the county. Population-specific forums were held for individuals receiving services, families and caregivers, first responders, youth, the LGBTQ+ community, the Black and African American community, Hmong speakers, and Spanish speakers.

**FY 2018-2019 – Project Costs**

Funding	Actual Project Costs	Cost Per Individual
MHSA-CSS	\$64,883	
MHSA-PEI		
MHSA-INN		
MHSA-WET		
MHSA-CFTN		
<b>Total Project Costs</b>	<b>\$64,883</b>	<b>N/A</b>

**Budget by Fiscal Year:**

Funding Sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23
MHSA-CSS	\$80,000	\$80,000	\$80,000	\$80,000
MHSA-PEI	20,000	20,000	20,000	20,000
MHSA-INN				
MHSA-WET				
MHSA-CFTN				
<b>Total Budget</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>
<b>Increase/(Decrease)</b>				
<b>Adjusted Budget</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>

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

DBH intended to hold four report-back community forums in March 2020 to share the results of the community planning process with stakeholders. Unfortunately, the COVID-19 pandemic required that these meetings be cancelled, and the MHSA Three-Year Plan development was put on hold. The Department will schedule virtual forums to share information about the 2020-2023 Three-Year Plan with the community as soon as the plan is complete.

**Proposed Project Changes FY 2022-2023:**

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# Appendix A: Summary of Changes and Substantive Comments

**MHSA Annual Update  
Summary of Comments – Stakeholders**

Please note, comments were transcribed as accurately as possible. Responses that were provided during live sessions may be edited for clarity.

<b>Event/Comment Channel</b>	<b>Comment(s)</b>	<b>Response/Action if Applicable</b>
<b>Community Planning Meeting – English</b>	Can you clarify which ACT program is being deleted?	The program that is being deleted from the MHSA plan is the Adult ACT program. This program has not yet been implemented. There will be no change to the Juvenile ACT program that is currently in operation.
	Can you please elaborate, because we heard that AOT was not going to be funded through MHSA.	MHSA will not be used to fund a separate AOT program; rather, MHSA funds will be used to support individual receiving AOT. These individuals will be integrated into the existing system of care, including FSPs and other outpatient programs. The Department will host future community information and listening sessions to provide more details about AOT implementation.
	Will AOT be included in the MHSA Update?	We will reference AOT in the MHSA Annual Update in the sense that we will provide a basic overview of how AOT will fit in our system of care. We will not provide an in-depth description of AOT in Fresno County as the Department is still planning the implementation of AOT.
	Are MHSA services available to people with insurance?	That depends. MHSA is intended to be the funding of last resort, so if you have insurance, ideally you would access services through that. However, there are exceptions. Prevention services are available to any resident (within the target population of each program) of Fresno County. Additionally, we have to consider people who are underinsured. These individuals will be addressed on a case-by-case basis. Finally, the Department is charged

		with serving individuals who have severe mental health problems; mental health plans are responsible for serving individuals with mild to moderate mental health problems.
	Can MHSAs provide wrap around and case management services to people who are insured?	Not in the current iteration of MHSAs. We are waiting to see how CalAIM and SB803 might change the landscape of services for individuals with private insurance
	Can you tell us about the new INN program for underserved, culturally diverse communities that is going to BOS next month?	The Department received approval for an INN project called "California Reducing Disparities Project Evolutions." This project is meant to support the three existing programs in Fresno County that are part of Phase 2 of the California Reducing Disparities Project (CRDPs) as they work to become integrated into the MHSAs PEI continuum.
	There are a few innovation projects now. In the future, will the county be able to consider a project that studies nutritional psychiatry approaches to addressing depression and anxiety.	The Department's Innovation plans are developed in conjunction with the community when funding is available. We will also consider reversion risk, staff capacity, and sustainability when planning Innovation projects.
	Can you describe how an Innovation plan goes from a seed to a full Innovation program?	The Department collects innovation ideas throughout the year during the community planning process and other community meetings throughout the year. The Department then presents and discusses these ideas with stakeholders. If stakeholders are in support of an idea, the Department prepares a concept paper to submit to the Mental Health Services Oversight and Accountability Commission (MHSOAC) that details project learning goals and which Innovation goals would be

		addressed. The Department then finalizes an Innovation plan and begins the process of receiving approval from the MHSOAC.
<b>Community Planning Meeting - Hmong</b>		
	<p><b>(Summarized by interpreter 1)</b> I am very thankful for the community that helps her. Even if I need letters read or appointments made, staff members will help me to make phone calls or read letters. Whatever I need, they are more than willing to help, even if I don't have an appointment. I am very thankful for the community center for helping me. The one thing that is concerning is that there are more people who need help than staff members that are available to help. I would like to see if there are more funds to help hire more staff so that when I come with or without an appointment and there are a lot of people ahead of me, I don't have to wait one to two hours for help. That sometimes stresses me out and I'm pretty sure it also stresses other people out when they have to wait that long. When we're all waiting, we think about the problem we might have and that does not help relieve the problem, it actually stresses everyone more. So my only plea is that if there are more funds, please hire more people at the center so that the people can be helped in a more timely manner.</p>	Thank you for your comments. We appreciate you sharing your story and concerns.
	<p><b>(Summarized by interpreter 1)</b> I'm not an educated man. I have no job and no money, so I'm appreciate for the center helping me. They help me with reading letters and making phone calls and stuff like that. Because I have no job and no money, when I come to the center and they sit down and talk to me and comfort me. I'm very thankful for these things. There are not a lot of staff here so when a lot of people come then you have to wait,</p>	Thank you for your comments. We appreciate you sharing concerns.

	<p>and in the meantime you are stressing out.</p>	
	<p><b>(Summarized by interpreter 1)</b> My name is [redacted]. I've been through a lot in the war – a lot of tragedies and stuff like that. And you know sometimes we're not afraid of hurting other people, we're more afraid of possibly hurting ourselves. And we just want more funds to help the youth or the people working at this community center so they can find ways or so that there could be more of them to help comfort us and help alleviate us from thinking about suicidal thoughts and stuff like that.</p>	<p>Thank you for your comments. We appreciate you sharing concerns.</p>
	<p><b>(Summarized by interpreter 2)</b> My name is [redacted]. I've been receiving services here for 25 years, and I'm very grateful that this organization has actually saved my life. And I also want to say that I completely concur with my community members that spoke previously about the need for additional funding to make sure that the organization is sufficiently staffed to be able to meet our needs. That's the first point I want to make. Then the second point that I want to touch on is the community garden. I'm just disappointed that it was cut and I'm hoping that this is something that we can bring back because as you can see right now with the COVID-19 we cannot go anywhere and with no communication we're very stressed. So I just wanted to advocate for that, thank you.</p>	<p>Thank you for your comments. We appreciate you sharing and concerns.</p>
	<p><b>(Summarized by interpreter 3)</b> My name is [redacted]. I have been in the center for a while and I look to the program to help me, and without the program I wouldn't be here. I want to be able to thank you guys and you guys are like my parents now because I have been struggling as an orphan for a long time so I want to again voice my concern that I want more</p>	<p>Thank you for your comments. We appreciate you sharing your story and concerns.</p>

	<p>staffing to be able to help me and that when I come to the center I bring in all my troubles. When I leave, I am able to believe again. I want to be able to advocate for more staffing. Thank you.</p>	
	<p><b>(Summarized by interpreter 3)</b> My name is [redacted] and I am a veteran of the Vietnam war as a colonel. I have been very depressed and am voicing my concern that when I come to the program, the program really helps me and educates me about mental health and makes me feel better. When I go home I feel better. So I would like to add more staff to the program.</p>	<p>Thank you for your comments. We appreciate you sharing your story and concerns.</p>
	<p><b>(Summarized by interpreter 4)</b> My name is [redacted] and I have been a veteran and fought for the North Vietnam. I've been experiencing PTSD and therefore that's why I'm seeking help here at the mental health center. I do want to iterate that my colleagues here... that we do have a lot of needs in case management and we are requesting for more funding to hire more staffing to help our people in the community. And also, one of my requests is to ask for funding to provide appropriate trainings or workshops to help us work on our healthy eating so we can better manage our stress as well. Because we've been in Vietnam war and we've been fighting the North Vietnam, we've gone through so much and we are also in a lot of pain. We have a lot of somatic pain we're trying to deal with this every day. The center helps me with assistance for my mailings or with phone calls or arrangements for interpreters for going to the clinic or the doctor. I've been getting services here and the difference is that this is a cultural competency center for me, versus if I go to the mainstream I'm probably going to experience something different. So I really want to advocate for my colleagues and for me here to get more funding and staffing to grow this center so that we can continue</p>	<p>Thank you for your comments. We appreciate you sharing your story and concerns.</p>

	to get the services we deserve so it can alleviate our depression and stress.	
	<b>(Summarized by interpreter 2)</b> So my question is what is happening with the community garden because there are a hundred people or so that don't know whether we should continue to garden or not and so we want to know what's the plan for the communal garden for all of those folks who are currently doing the garden now.	These meetings are meant for the Department to hear the community's input. Next year we will be working on our new Three-Year Plan. That is where we will look at and have those discussions about the community gardens as well. That is a program that we sunset and a lot of people have been talking about that. The Department will explore available funding and a potential program redesign to ensure any potential new program would fully meet MHSA regulations.
	<b>(Summarized by interpreter 3)</b> I have been in the program for the last two years. I have many of the same concerns as my other colleagues, including that there isn't enough staffing. I have a lot of PTSD and a lot of nightmares that cause me to be scared. I would like to voice concerns about not having a full-time psychiatrist. I was told by the staff that the doctor is only here part-time, but I'd like to be able to come and see the doctor at the center when I have medication needs rather than going elsewhere. There is not enough staffing and not enough medical staff to help me with managing my depression.	Thank you for your comments. We appreciate you sharing your story and concerns.
	<b>(Summarized by interpreter 4)</b> My name is [redacted] and today is a very important day for all of us and that's why I'm here. I have been receiving mental health services for the last 20 years here at the center and because of the center's cultural competency services, I feel much relieved. They speak my language, they are bilingual and bi-cultural and problems that I have with my mailings, my housing, or any phone calls, and arranging doctor's appointments – I solely depend on the center for assistance. I'm sensitive	Thank you for your comments. We appreciate you sharing your story and concerns.

	<p>because I recently had to move out of my home because I couldn't afford to live by myself. I had to move back with my sister-in-law and my brother. This leaves me moving from one place to another – I live here for a while, then I move over there for another place for a couple months and so it's been emotional and I'm very depressed about my living condition. However, the center has relieved a lot of my depression in terms of mental stress and mental depression. I was given one or two roles at the community garden to go and have some physical activities to help my legs. I had painful legs and almost couldn't walk. Exercising and going to the community garden have helped me to bring back my walking a little bit and so I feel a little better. It's very sad to hear that the community garden has come to an end. I'm advocating that the community garden be brought back to us and to help us with physical activities. I'm also advocating for the center to have more staffing so it can alleviate our depression.</p>	
<b>Community Planning Meeting – English 2</b>		
	No comments/questions	
<b>Community Planning Meeting – Spanish</b>		
	No comments/questions	
<b>Report Back Session – English</b>		
	No comments/questions	
<b>Report Back Session – Spanish</b>		
	No comments/questions	
<b>Report Back Session – Hmong</b>		
	No comments/questions	

<b>Public Comment Period 1/15 – 2/16</b>		
<i>Email to mhsa@fresnocountyca.gov</i>	<p>Good job on the MHSA Annual Update!</p> <p>I may have missed it, but could not find the Project Update for CBANS, with overview, budget, etc. It is a new contractor, but there should be a data sheet.</p> <p>Any project that does not have “Challenges” should be reviewed. There always are challenges and opportunities to improve programs.</p> <p>Thanks again for all of your hard work!</p>	<p>Thank you for your review of the Annual Update. We appreciate the note about the omission of the CBANS sheet and will ensure that sheet is included in the final document.</p> <p>We also appreciate the feedback regarding programs that have noted no challenges. The Department is conducting an ongoing review of all MHSA programs in preparation for the 2023-2026 Three-Year Plan, and will keep this note in mind during program review.</p>
<b>Public Hearing 2/16</b>		
	No comments/questions	

**MHSA Annual Update 2022-2023**  
**Summary of Substantive**  
**Changes**

<b>Change</b>	<b>Reason for Change</b>
Edited budget numbers throughout document	To increase transparency and accuracy of how programs are funded by MHSA and other funding sources
Edited program sheets for clarity	Increased accuracy and transparency
Added funded for Workforce and Education Training	Upon completion of the Annual MHSA Revenue and Expenditure Report for FY 2020-2021, the Department was able to complete a budget for the WET component.
Name Change of Document	Historically, Fresno County DBH has named its Annual Updates after the year in which they were drafted and submitted. The Department of Health Care Services has requested that the County adapt a new naming convention for its Annual Updates. From this year forward, the Annual Update will be named for the year in which changes and budgets will be effective.

# Appendix B: Statewide Psychiatric Advanced Directive Annual Update

Psychiatric Advanced Directives Multi-County Collaborative

INNOVATION PLAN ANNUAL UPDATE

FY 2020-2021



Department of Behavioral Health



## Introduction

This is the Annual Update for Fresno County’s Statewide Psychiatric Advanced Directive (PAD) Innovation project. Fresno County has been a part of this statewide project since 2019. For the first year and 10 months, Fresno County was the only county approved and participating in what was intended to be a statewide Innovation plan sponsored by the California Mental Health Services Oversight and Accountability Commission (MHSOAC). As with many things in the past year, the project was delayed due to the COVID-19 global pandemic.

The PADs program, as it is known, is now a five-county collaboration to develop a standard statewide PAD which will empower persons served; and through that empowerment, improve engagement in care, and reduce hospitalization, incarcerations, and other negative outcomes during times when individuals in crisis are unable to advocate for themselves.

NAMI defines PADs as “...a legal document that details a person’s preferences for future mental health treatment or names an individual to make treatment decisions if the person is in a crisis and unable to make decisions.”

In addition to the statewide PAD document, this project seeks to develop a system for housing and accessing the PAD. In order to ensure the effectiveness of this system, participating project counties will conduct local pilots with different populations to better understand factors such as training peers and professionals in developing person centered PADs; how to implement a PAD with different populations; whether PADs can help reduce hospitalizations, crisis calls, emergency room visits, arrests, and jail detentions; whether providers in the crisis system of care adhere to PADs; and whether PADs accessible when needed.

## Background

Fresno County’s PADs INN plan was approved in June 2019 for a total of \$950,000 over three years. While several counties expressed interest in the project, Fresno County was the only county approved to be a part of an MHSOAC-sponsored statewide PADs project for quite some time. The MHSOAC’s sponsorship included some training, project development, and technical assistance provided by the Saks Institute, Burton Blatt Institute, and Laurie Hallmark of the Texas RioGrande Legal Aid. The assistance intended to assist interested counties in developing a Statewide PADs Innovation plan, with hopes that other interested counties would join the effort over time. Fresno County’s plan was approved prior to the completion of a statewide PADs Innovation Plan, so Fresno County was already approved for the project when the work began; however, as there was not a formal statewide PADs plan to guide and drive the efforts, Fresno County’s ability to work was limited. Uncertainty around the final project budget and direction resulted in the delay of project implementation.

Fresno County hosted a statewide PADs meeting in February 2020 to gauge interest from other counties, elaborate upon its own interests, and envision what a statewide project may look like. That meeting included the Saks Institute, BBI and Ms. Hallmark, as well as a few other county representatives via call and in-person. During that initial year, Fresno County had identified three possible populations to explore offering and implementing PADs with. Those three populations were:

- 1) *Homeless Individuals who were not yet enrolled in care services.* This application will explore if development and possession of a PAD and its ability to empower individuals could increase one's willingness to engage in behavioral health care services.
- 2) *Individuals under current conservatorship participating in services with the Fresno County.* This approach was designed with two goals in mind: 1) to assist individuals in directing their own care in times when they are unable to, and 2) to examine if PADs can help reduce emergency room visits, hospitalizations and/or arrests and jail detention (or other negative encounters).
- 3) *Foster Youth ages 17 who are in care but would be turning 18 within the next six months,* and therefore are more likely to discontinue services. The target learning with this population would examine if a PAD could be developed as a legal support for this population, and if having such a tool/resource would assist those youth to remain in care.

Over the past year, Fresno County has intentionally evaluated its capacity to implement local interventions for all three of these populations. The County has determined that delays in the statewide project (due to COVID) and the legal challenges to try and implement a PADs program for TAY Foster Youth (ages 17-18) are beyond the project and County's capacity at this time. Thus, due to the time and other constraints, the project's target population will be narrowed to focus on just two populations and leave the opportunity to reach foster youth for a future project.

Fresno County's INN PADs project was approved for three years. As of July 2020, one year of this time limit had elapsed and the County was only able to identify project populations. Delays to the project due to COVID-19, and uncertainty regarding the status of the statewide project (when others would join the project, when work could resume, and the eventual scope of the project) created significant angst for Fresno County. As the pandemic worsened, the County worried that COVID-19 would continue to limit the project in the second year, resulting in a rush to complete the project and expend \$900,000 during the final project year. In July of 2020 Fresno County formally sought an extension from the MHSOAC to change its program from a three-year plan to a five-year plan, allowing more time for an actual statewide project to develop which would then inform Fresno County's efforts and requirements.

Fresno County remained the only approved PADs project until a Statewide Plan was approved by the OAC in May of 2021 which included participation by Monterey, Mariposa, Orange, and Shasta counties. Through the planning for a statewide project with four counties, Fresno County was able to start to plan for next steps of this project. As the project evolved, total project costs finally began to emerge and at that time Fresno identified a need to allocate more funding to the project to meet some of the statewide goals for the project while also maintaining its ability to conduct local efforts.

## Project Activities

After identifying its two main target populations for the PADs program application and implementation, Fresno County has worked with Laurie Hallmark to help understand the how to implement this portion of the project locally. Fresno County intends to contract with Ms. Hallmark to assist in coordinating the local Fresno County work around PADs. In the past year Ms. Hallmark has met regularly with Fresno County staff even though an agreement has not yet

been established with her. Ms. Hallmark has met and explored partnerships and possible program designs with local organizations such as the Central California Legal Services (CCLS) and other homeless advocate organizations to assess the feasibility of utilizing PADs as an engagement tool with local homeless populations.

Ms. Hallmark has concurrently worked and strategized with the Department's clinical managers who provide oversight and render services for our Conservatorship case individuals, assessing the number of individuals who could receive a PAD (approximately 200 individuals), and whom would need to ensure a PAD is honored.

Additionally, Ms. Hallmark assisted in supporting Fresno County's desire to have peer involvement in the process, including exploring types of training that could be provided to peers and professionals; sustainability through the use of master trainers; and possible service programs which may be engaged to provide PADs, such as the peer run wellness center (Blue Sky), and the Lodge with its near zero barrier, peer staff-driven, engagement lodging.

Fresno County will seek to have Ms. Hallmark lead its local efforts of implementing PADs with the two identified populations. In addition to providing PADs to target populations, Fresno County will have to collect data and monitor if and how many individuals access the PAD, whether the PADs (an empowerment tool) assist/increase the number of individuals that engage and remain in care, and whether PADs reduce hospitalizations and incarcerations. Lastly, the County will also collect data to assess if the PADs are honored locally by crisis workers, service providers, and emergency rooms.

As part of the statewide project planning and the statewide Innovation Plan development, participating counties examined the need for a database where PADs could be stored. The statewide project is seeking to utilize *Chorus* to create a specific database (web-based tool) to house and access PADs. While Fresno County will work with its stakeholders to participate in the Chorus community planning process, Fresno County will not sign an ongoing contract until all options have been considered. The eventual, permanent database will need to meet project needs while also incorporating the voices and needs of stakeholders and individuals served.

To initiate this inclusive planning process, Fresno County hosted meetings and presentations to discuss the Chorus aspect of the project with the community. Some stakeholders raised the issue of a need for a viable database for PADs that is user friendly enough to facilitate independent use of the database by individuals served and their supporters/caregivers. There was a great level of interest from stakeholders to be able to provide input into development of a tool. The statewide project seeks to have such engagement with Chorus.

Thus far the department has examined current databases used, for example with its current Multi-agency Access Point (MAP) program, which is not viable. There are access and security issues with current electronic health record. Fresno County has explored some options such as *Unite Us* platform. A data base for PADs needs to be something which can be used by all participating counties and be able to be expanded statewide. Thus, examination of costs, customization, security, accessibility, and navigation all are factors that are in consideration.

Fresno County is approaching the development of a database for storage and access of PADs as a parallel process with the development of PADs and engagement and implementation. Without a means to store and access the document as needed, the effectiveness of PADs will be severely impaired. On the other hand, a robust PADs database without community engagement and education would result in an underutilized tool. Taking care to develop these project components in tandem will provide the most learning and insight for this project, and allow the development of an effective, statewide PADs system.

Fresno County and the other project counties worked with University of Southern California, Concepts Forward, and Laurie Hallmark to facilitate several webinars this past spring to help inform individuals served, families and supporters, peer advocates, and institutional organizations about PADs and the project as part of on-going community education involvement. Locally, Fresno County worked to have members from providers, Behavioral Health Board, NAMI-Fresno, and others participate in the webinars to learn more about PADs and their functions.

Fresno County actively participated in county-to-county (Monterey, Mariposa, Orange and Shasta) calls with the Statewide Project Manager (Concepts Forward) and to help identify statewide learning goals and activities for the implementation of the statewide Innovation Plan. During these discussions, Fresno County determined that it would need to allocate another \$500,000 to the project in order to adequately support statewide and local efforts. The MHSOAC approved this modification in May 2021, bringing Fresno County's total project allocation to \$1,450,000 dollars over the next three years.

Increasing Fresno County's total allocated project funding will allow the County to increase its local investment by \$300,000 (for a total of \$550,000) for local work on target populations, engagement, coordination of local/departmental efforts, and project implementation. In addition to these local activities, Fresno County will contribute to all parts of the statewide effort including project management, training, marketing, evaluation, and technology exploration through community planning and engagement.

## COVID-19

The emergence of the COVID-19 Global Pandemic occurred a few weeks after the Fresno County hosted a kick-off meeting with Modoc County, Orange County, Saks Institute, Burton Blatt Institute and Laurie Hallmark. During that meeting Fresno County identified several target populations for which it would examine application of a PAD and some possible ideas for next steps. However, COVID-19 put a halt to those activities for the remainder of FY 2019-2020.

Much of the activity of the program during this reporting period (FY 2020-2021) was impacted by COVID-19 closures, changes in service delivery, and counties limiting themselves to emergency operations. Fresno County continued to work with partners to try and move the statewide project forward; however, until a clear statewide project with input from participating counties could be developed, Fresno County was limited in options of advancing the work related to PADs.

As the state of California "re-opened" following the pandemic at the end of FY 2020-2021, counties and providers have been returning to regular operations. Despite these changes, it is not yet viable to travel for in-person meetings. Fresno County will continue to adhere to the most

current COVID-19 guidelines and reduce program expenditures by limiting travel to future statewide learning community meetings, if and when they resume. It is also working to ensure that engagement and outreach for the PADs project will be conducted in a manner that safeguards public health according to up-to-date state guidelines.

## Next Steps

Currently the Department is working with the other project counties and statewide partner agencies to develop and execute an agreement for a fiscal intermediary, Syracuse University. This agreement will have no cost and will ensure that there is a fiscal intermediary who can then contract and pay the project's trainers, project manager, evaluator, technology provider, and any other contractors for the project. The counties' joint powers authority, California Mental Health Services Authority (CalMHSA) was not able to facilitate this multi-county project at this time. Thus, the Burton Blatt Institute at Syracuse University, who was initially involved with the planning of the project with the MHSOAC, accepted the role of fiscal intermediary.

Fresno County is seeking to allocate approximately \$550,000 of the total project for local project activities over the remaining three years. This will include establishing an agreement with Laurie Hallmark to be the local project lead for Fresno County. Ms. Hallmarks' local work in Fresno County will range from coordination of key sectors (legal aids, public defenders, the department, care providers, and advocates) and partners, assisting with training and education around PADs, and assisting with the planning for local implementation and facilitation of the project. Ms. Hallmark will work with specific legal organizations whose work (free legal services, legal consulting, workshops, and clinics) can be used to help implement the PADs. She will also work with local providers and DBH programs to help implement PADs with targeted and already identified populations.

Fresno County will allocate just under \$860,000 to the statewide efforts for overall project management, evaluation, training, PADs development, marketing, and technology development.

Fresno County, in collaboration with the other project counties, will provide training and community planning related to this project. These will include actual PADs training and development of PADs documentation to be used and applied statewide. Additionally, Fresno County will participate in stakeholder planning and development of potential database and/or systems for electronic storage of PADs, accessibility of PADs, and ensuring that the system is user friendly and driven by stakeholders. Fresno County is contributing \$370,000 to the community planning/stakeholder engagement for the database development over the next three years. Each county will conduct community training and technology planning sessions to help inform wider statewide technology needs for PADs.

## Budget

Fresno County accrued virtually no expenses for this project in the past year due to the limited work conducted during the COVID-19 pandemic, and Fresno County's commitment to allocate the majority of funding to project activities, rather than County staff time.

Fresno County Department of Behavioral Health  
 Annual Update – Innovation Plan: Psychiatric Advance Directive

<i>Fresno</i>	<i>Total</i>	<i>Fresno's Share</i>
<i>Project Mgr.</i>	\$ 735,406	\$ 154,436
<i>Trainer</i>	\$ 298,500	\$ 62,685
<i>Evaluation</i>	\$ 617,630	\$ 129,702
<i>Media</i>	\$ 500,000	\$ 105,000
<i>5 county admin 9%</i>	\$ 193,638	\$ 40,664
<b><i>Sub Total</i></b>		<b>\$ 492,487</b>
<b><i>4 county cost</i></b>		
<i>Tech Stakeholder + 9% admin</i>	\$ 1,090,000	\$ 371,331
<b><i>Total:</i></b>		<b>\$ 863,818</b>

To Date Fresno County has expend only \$3,754.25 over the past two years.

### Appendix

PAD Budget Modification Analysis.



**Fresno County Psychiatric Advance Directive (PAD) Innovation  
Budget Modification Plan  
September 3, 2021**

Statement of Need

Fresno County is part of a statewide Innovation funded program to help create standard Psychiatric Advanced Directives (PADs) to be used across California as an empowerment tool for those who are living with a serious mental illness, and thus reduce hospitalization, crisis, incarceration and other adverse experiences.

At its core, a PAD should move beyond just a legal tool; it should be an empowerment tool for those who have a serious mental illness which at times interferes with their own ability to direct and guide their care, wellness, and recovery. The statewide cohort foresees a twofold challenge in implementing this project. First, if an individual is unfamiliar with the concept and benefits of PADs, they may be apprehensive in obtaining a PAD. Thus, there has to be education around PADs, and training on how to implement a PAD. Persons with lived experience can provide insights to the individual developing a PAD on things that should be considered for PADs based on past lived experience.

Second, the cohort seeks to determine whether having a PAD actually helps improve engagement in care and services, as well as reduces instances where a person may experience hospitalization, emergency room visits or incarceration due not having a PAD to help guide support services during a possible crisis. Fresno County's local effort will allow these questions to be tested with specific target populations, which can yield information relevant to local and statewide learning for engagement strategies, training, implementation, and/or effective approaches.

Fresno County's innovation plan allocates a total of \$1,450,000 to these efforts. Fresno County is slated to contribute \$863,818 to the statewide effort/overall plan. The plan also includes localized work for counties to assist in testing and applying efforts around PADS and their utilization.

On the local level, Fresno County seeks to understand if PADs can be accessed by crisis response services, first responders, emergency room and/or crisis staff. Fresno County has a number of high intensity services and programs including the Crisis Stabilization Center, Crisis Residential Treatment Facility, Urgent Care Wellness Center, and (for now) Crisis Intervention Teams (CIT). It would be important for these responders to be able to check for a PAD when a person with whom they are engaging is in crisis. Ability to access a PAD in a timely, secure and respectful manner is vital. Additionally, efforts must be made to ensure that PADs are honored by care providers, including those in the emergency department and psychiatric settings.

Fresno County views the statewide and local efforts not as separate projects, but as work to occur in a parallel process. Work has to be done to develop and test the use of the PADs on an individual level. On the



other hand, staff across the system of care must be able to access the PAD. Using a parallel process will allow us to ensure that PADs are accepted by the individuals receiving services as well as widely used throughout Fresno County.

In the long run, the project cohort hopes that having statewide PADs will be contribute to increased engagement in care and care coordination through empowerment and the reduction of adverse experiences (such as hospitalization and incarceration).

### The Local Program

It is vital for the PADs to be tested with a variety of populations, in various settings and various structures. California's 58 counties are different for a variety of reasons, and the populations in those counties also differ based on local factors and structures. Fresno County wanted to learn how to implement PADs, and almost a year and a half ago, it along with other community stakeholders, worked to identify target populations for PADs.

Those two populations (which are included in Fresno County's INN annual updates) are:

- *Homeless Individuals- with the goal of having an empowerment legal tool such as a PAD help increase a willingness to engage in care and services.*
- *Individuals under a Public LPS Conservatorship- as an empowerment tool to assist in wellness and recovery, and to minimize future hospitalizations and incarcerations.*

Fresno County does not have the capacity to operate the program independently of this project without incurring additional cost for staffing, etc. As this is one-time funding and the Department would prefer the monies to go to direct services (including training and peer support), and it is not hiring any staff for the implementation. Instead, the Department will be contracting with Laurie Hallmark to be the local project lead for Fresno County. Ms. Hallmark's work will include continuing to work on education of local partners; assisting in coordination of PADs implementation for Fresno County; and working with local organizations including Central California Legal Services (local legal aid), local homeless advocates, the local peer run wellness center, the local law school, crisis service programs and DBH staff.

Ms. Hallmark will be both the local project lead for Fresno County and also Fresno County's local technical assistance for local coordination.

Organizations such as CCLS will be involved to support training legal and paralegal staff, using its various legal clinics for persons experiencing homelessness to offer PADs development. CCLS will employ peers to assist in the development of individual PADs and implementations.

### Local Cost

Fresno County local costs for implementation of PAD with target populations were initially estimated to be over \$750,000. That was for the local project lead, legal aid and peer involvement for close to four years.



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Dawan Utecht, Director

That was deemed not be feasible as there are also the critical statewide work that has to occur. However, as it's taken a full year for the statewide project to get up and running, Fresno County has under three years remaining on the project vs four at the time of cost estimate. Thus, local budget was adjusted to reflect the remaining term, which has reduced costs.

The local budget will be an estimated at a maximum of \$550,000. Close to \$50,000 will be used for administrative costs to develop and execute the various local agreements. This will allocate \$500,000 for the local implementation. The exact budget is to be developed, but the estimates are:

- Estimated \$400,000 will be used for funding paralegal and peer support work for two and a half years (supporting two FTEs) through CCLS.
- Approximately \$100,000 will be paid to Laurie Hallmark to compensate her work and time in developing and coordinating the local, Fresno-specific PADs implementation with targeted populations, including work the Department's populations of conservatees.

In the current approved statewide INN plan, only \$230,000 is allocated for local efforts, which would prevent Fresno County from conducting any local efforts beyond community surveys. Meaningful work to explore engagement and use of PADs with specific populations would not be feasible. The delays in the statewide project to have also resulted in less time to implement project activities. Thus, Fresno County is working to stretch a smaller budget over fewer years to make it viable. Fresno County is seeking to use \$550,000 over the remaining three years for local project implementation.

### Proposal

Over \$670,000 had been allocated as Fresno County's contribution to the statewide project's community planning for technology. It is the belief of Fresno County, bases on similar past projects that the allocation will not be fully spent during its available project term. Thus, Fresno County believes it prudent to reallocate some of the funds from the statewide community planning process (CPP) to support its local PAD implementation efforts.

Fresno County has successfully conducted robust in-person CPP meetings in the past. In 2019 it successfully facilitated over 20 in-person community forums at a variety of times, including mornings, afternoons, evenings, and weekends. The CPP included technology costs, staff cost (time and travel), food, incentives for participants, venues, threshold language interpreters at each session, translation of material (surveys), and promotion of the events for less than \$100,000. In years past, in-person CPPs we also completed for less than \$100,000. Based on past experience and successes, the Department believes it can successfully complete the technology based CPP for about \$100,000 a year, or \$300,000 over the next three years (which is the time it has remaining on the project).

Based on past costs for successful CPPs, Fresno County projects that most of the allocation for the technology CPP component will be unspent if the process is completed effectively. At the same time, a shortage in the funds for local implementation work will prevent the county from implementing local



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Dawan Utecht, Director

activities identified in its plans or contributing to the larger learning. Thus, Fresno County is seeking to move \$330,000 of the currently allocated \$670,000 from the technology based CPP, to be used for the project's local implementation efforts. This would still leave \$340,000 for the tech based CPP (more than double the cost that has been used in the past to successfully complete CPPs). There would be \$170,000 a year for two years of community and stakeholder input and support of tech development, or \$113,000 each of the remaining three years.

Fresno County has discussed with its local stakeholders the need for both local application and testing of successful engagement of persons developing a PAD and having the PAD honored. It also has discussed the need and equal importance of a parallel process for technology (database) and information development. Stakeholders are interested in exploring the Chorus option and/or any other database systems for PADs storage and access, to help develop a system that is user friendly, and can be used and updated by the person and/or their approved support systems. There is great interest from local peers and stakeholders to be able to assist and provide feedback on such an effort. They also agree that it is important for PADs to be developed locally and to have an opportunity implement PADs locally. Fresno County feels confident that it can successfully conduct, or assist Chorus in conducting, the technology based, local CPP for a \$100,000 a year. If the effects of the pandemic persist and continue to limit in-person event, Fresno County is sure that the process will remain especially cost effective.

Due to its close proximity to Mariposa County, there may be opportunity to leverage some of the technology focused CPP efforts and funds on a regional approach to community planning. This process might allow more support for Mariposa County stakeholders than would otherwise be available.

### Action

Fresno County shall re-allocate \$330,000 of the \$670,000 of the line item for local technology stakeholder input to the local project implementation. The County will contribute \$340,000 to the project's technology (database) CPP efforts in Fresno County. Of Fresno County's approved INN plan total of \$1,450,000, Fresno County will be investing \$863,818 (nearly 2/3 of the County's project budget) to the statewide efforts. Fresno County will invest \$550,000 to local efforts, including local project development, implementation, coordination, and application.

This is the only budget change Fresno County anticipates at time and will ensure Fresno, as the second largest county on the project, pays its share for statewide costs.

# Appendix C: Statewide FSP Evaluation Annual Update

Multi-County Full-Service Partnership Evaluation

INNOVATION PLAN ANNUAL UPDATE

FY 2020-2021



Department of Behavioral Health



## Introduction

This following document is the second Annual Update for Fresno County Department of Behavioral Health's (Fresno County) Multi-County Full-Service Partnership Innovation Project. Fresno County is one of the six counties to formally join the project seeking to learn how to improve the Full Services Partnerships (FSP), a large component of the Mental Health Services Act. While this project has seen Fresno County spend the past two years working closely with Third Sector and five other counties to understand and transform the FSP services, this overall project is one of Fresno County's many INN projects.

In spite of the restrictions that COVID-19 placed on services and care, research and collaboration, the Multi-County Full Services Partnership (FSP) Innovation (INN) Project continued to move forward. Technology was an integral tool for engaging stakeholders and conduct the important work of shifting the way California counties and cities will develop, operationalize, and assess FSP programs to be more data driven and outcomes focused.

The following will provide some insights to the work that was performed, and progress made on this statewide project from a Fresno County perspective. The following Annual Update is not a detailed report of the statewide work but is intended to share with the readers and stakeholders the learning that is evolving as a result of this project, and to bring the reader up to speed on the current status of this multi-county statewide project.

## Background

Fresno County was the first of six counties to formally join the Mental Health Services Oversight and Accountability Commission (MHSOAC) sponsored project and thus Fresno County is on a different cycle than other others. Fresno County's Innovation plan receive approval from the MHSA in June 2019.

As one of the early project participants, Fresno was able to progress further with some of the project's early work. As a result of the earlier approval, Fresno County's three-year project/funding clock began before others. Fresno County's three-year cycle began earlier than other participating counties due to expending its project funds, but its funding of the statewide and local work are on the same schedule/timeline as the other five counties. Fresno County has completed the second year of its three-year Innovation plan and will be heading into its final year in this project. Upon conclusion of the Innovation plan term, Fresno County will continue to participate in the project's Learning Community of 11 counties.

Fresno Country's plan allocated \$950,000 (of which, all funds were subject to reversion) to this statewide project for three years. Fresno County began to expend project funds September 3, 2019.

Fresno County is partnering with San Bernardino, Sacramento, San Mateo, Ventura, and Siskiyou Counties to complete this project. The project counties represent a variety of sizes, regions, and methods of FSP operation (contracted services, internal services, etc.).

Fresno County’s FSP programs are all contracted out to various community providers. Many of Fresno County’s FSP programs provide services to specific populations including children and TAY, cultural populations, geographic regions, and individuals with specific service needs (justice-involved individuals, those with co-occurring disorders, etc.). Fresno County’s current ten FSP providers are as follows:

- **Adult FSP**

• Vista- operated by Turning Point of Central California
• Sunrise- operated by Turning Point of Central California
• D.A.R.T. West- operated by Mental Health Systems

- **Population-Specific FSPs**

• AB 109 FSP- operated by Turning Point of Central California, serving individuals who are justice-involved.
• Enhanced Rural FSP- operated by Turning Point of Central California, serving the rural communities of Fresno County
• IMPACT- operated by Mental Health Systems, serving individuals with co-occurring disorders
• Culturally Specific Services- operated by The Fresno Center, serving the Southeast Asian population

- **Culturally Specific Services-**

• Operated by The Fresno Center, serving the Southeast Asian population
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- **Children’s FSP**

• Bright Beginnings for Families (ages 0-10yrs of age) — operated by Comprehensive
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• Youth Services, Exceptional Parents Unlimited, and Uplift Family Services
• Transition Aged Youth (TAY) Services and Supports FSP—operated by Central Star
• Children & Youth Juvenile Justice Services ACT—operated Uplift Family Services

In all, Fresno County has ten FSP programs operated by seven different community-based organizations.

## Project Activities

### General Involvement (webinars, meetings, stakeholder events, etc.)

Fresno County has assigned staff members to each statewide project workgroup. These individuals attend recurring meetings based on the agreed upon schedule. Fresno County staff meet with the Third Sector team every other week to advance work on the identified local efforts.

In the past year, the project has hosted two statewide webinars with over 200 virtual attendees on each of these sessions.

Fresno and San Bernardino Counties presented at the initial webinar entitled “Advancing Data Driven FSPs”. The purpose of this webinar was to introduce the three statewide project goals of Population Definition, Outcomes and Process metrics and State Reporting Recommendations. These three goals were a result of a stakeholder process that included digital surveys (of which Fresno completed 70 of the 80-total received); interviews with FSP providers, persons served and their families; and interviews with counties working to align their needs with the input from stakeholders David Tan, a representative from Turning Point’s Enhanced Rural Mental Health FSP presented a local FSP provider perspective.

### Stakeholder Engagement and Identification of Local Project Goals

During the stakeholder engagement process, Third Sector worked with Fresno County to complete interviews with individuals and families receiving services in FSPs; conduct provider focus groups; and to widely distribute a provider survey. While individuals were generally satisfied with the services they’ve received, Fresno County gained valuable insight into challenges experienced We received over 70 responses from our provider community. These surveys helped inform the County’s opinion on statewide and local activities. Furthermore, the surveys yielded insight into the challenges and barriers that may affect day-to-day operation of Fresno County’s FSP programs. In one instance, respondents from the AB109 FSP program reported that, in the program’s current form, justice-involved individuals are only allowed to participate in the program until the end of their probation term. While staff members attempt to link participants to other programs when necessary, the staff would prefer to graduate participants based on individual progress rather than probation dates. Survey respondents also reported challenges with staff hiring, turnover, and retention. A region-wide workforce shortage of therapists,

psychiatrists, and substance use counselors greatly impacts our FSP programs. Training for specialty areas—including co-occurring training for mental health providers; mental health training for SUD workforce members; and specialty training around infant mental health—were noted by several providers who participated in the engagement process.

Of course, the Fresno County stakeholder engagement process extended beyond providers and county staff. Individuals receiving services (or their caregiver) were interviewed as key stakeholders in this process. Including persons served and their families is the key to an effective evaluation process that will not solely examine systems improvements, but also ground any future changes in the idea that all changes are intended to improve the experience of the persons served by the programs. The use of interviews, focus groups, and surveys allowed Fresno County and Third Sector to include individual narratives, stories, and experiences to in the data set and the evaluation process.

This stakeholder engagement period resulted in the identification of three local goals:

- Creation of a Standard Reauthorization Process
- Streamlining Data Collection, Monitoring, and Sharing Processes
- Creation of a Standardized Youth Referral and Enrollment Process

**Reauthorization Process**—Fresno County was one of two counties that identified this as a goal that would support local needs. Fresno County does not currently have a uniform process by which to review individual progress and reauthorize participation in an FSP. The creation of a clear and consistent process that supports the needs of the persons served, the FSP providers, and the County Mental Health Plan will provide an opportunity to transform and improve FSP services and outcomes.

**Data Collection Process**—Fresno County and one other county identified a local goal to define and improve the FSP data collection process. Fresno County providers have expressed a desire to use data to better understand the people they serve. While the providers enter data into the DCR, they are unable to pull program reports from that system. One FSP Provider noted that not only do they not have timely access to the data inputted into the DCR, but that some of that data is limited in providing service providers with information that can help them better improve their services. Providers would like support in using data collected during the normal course of service provision to better understand what is working and where there may be opportunities for improvement.

**Youth-Specific Referral and Enrollment Process**—Fresno was the only one of the six counties that identified a need to focus on this area. Currently the Children’s FSPs in Fresno County have a different referral, authorization, and operating process than the other (Adult) FSP services. There is less involvement and oversight by the Department with these FSPs, and as such, the FSP programs do not operate with consistency. Parents and caregivers have reported a variety of experience in the current system, in which referrals are made directly to programs, and programs are responsible for screening prospective participants. In pursuing this local goal, Fresno County intends to ensure that programs are using standardized definitions of serious mental illness/emotional disturbance; utilizing consistent practices across programs; and collecting

measures appropriate to the populations being served. Creating consistency within our children’s and youth FSPs will assist the county in ensuring that all individuals served are receiving the “right care at the right time” while ensuring that available resources are responsibly leveraged.

## Equity and Health Disparities

As the statewide project has moved from the Landscape Assessment Phase into the Implementation Phase, the project broadened to collect and utilize programmatic data to examine the racial disparities in access to care, program responsiveness, and outcomes of care for communities of color and other underserved or inappropriately-served communities.

As previously noted, Fresno County does have several population specific FSPs intended to address the needs of those populations, including engagement strategies, language access, and cultural considerations necessary to make care more amenable and more effective. These programs serve individuals who are justice-involved, South East Asian individuals, and rural communities with a large number of Latino, Spanish-speaking communities. Fresno County and Third Sector prioritized the collection of individual stories and experiences throughout the stakeholder process, as storytelling is a powerful tool for many communities. . Examining the quantitative and qualitative data from these programs will assist in understanding if such approaches reduce disparities, and/or improve participant outcomes.

## COVID-19

The emergence of the COVID-19 Global Pandemic occurred a few weeks after the Fresno County Kick-off meeting with the Third Sector team in early 2020. Much of the activity of the program in the past year (fiscal year 2020-2021) was impacted by COVID-19, closures, changes in service delivery, and the move to telecare. Collaboration on the statewide project was not affected by COVID-19 in that regular meetings between the Fresno County and Third Sector teams were able to continue. Most of the collaborative meetings between Third Sector and the other counties were intended to be teleconferences. Through virtual mediums, local FSP providers were able to continue to participate in the project and also engage persons served and their families in stakeholder input processes facilitated by Third Sector. Engagement of persons served was adapted to use virtual forums, interviews, and electronic surveys.

As the state of California “re-opens” following the pandemic, providers are offering more in-person services, while still maintaining tele-health options based on individual preferences. Fresno County will continue to conduct large parts of the work on this project virtually. As many of the participating counties are spread out across the State, it is not viable to travel for in-person meetings. As work has been effectively conducted through virtual platforms with Third Sector, other counties, and evaluators. Fresno County will continue to adhere to the most current COVID-19 guidelines as well as working to reduce expenditures by limiting travel to future statewide learning community meetings, if and when they begin to resume.

## Next Steps

While this project started as a three-year program, due to various counties coming on board at different times, the three-year timeline varies for each county. Fresno County’s three years will

end June 30, 2022. However, the overall learning will go beyond that, as several other counties will continue work through June 30, 2022. At the same time, several new counties, including Stanislaus and Imperial counties, will begin work on a second phase of the project.

Fresno County completed roughly two-thirds (2/3) of the implementation phase of the project in fiscal year 2020-2021. The final stage of the implementation phase will conclude in October 2022. At the same time, Third Sector is continuing to provide support on the local activities for Fresno and several other counties. This work is being performed with Third Sector, and a specific team of staff from Fresno County DBH to help develop processes and program design changes related to the three local goals described above.

In the coming year, RAND (whom Fresno currently works with on other MHSA evaluations) will begin evaluating the activities of the statewide cohort.

It is the goal of Fresno County to continue to support the statewide efforts, including advocating with other counties, CBHDA, and the MHSOAC to implement successful components discovered by the statewide cohort. Locally, Fresno County will continue to develop its youth referral process, reauthorization process, and data collection and evaluation procedures. These changes will establish consistency between programs, ensure resources are allocated appropriately, and enable the assessment of program outcomes.

## Budget

The total budget for Fresno County's approved Innovation plan was \$950,000. In the first fiscal year of this project, Fresno County transferred \$840,000 to the joint powers authority Cal Mental Health Services Authority (CalMHSA). CalMHSA then facilitated the various agreements with vendors across six different county jurisdictions. The funding that was provided to CalMHSA included administrative costs for CalMHSA to administer the contract, as well as funding for Fresno County's portion of the work by Third Sector and the Rand Corporation.

In FY 2019-2020 Fresno County had expended \$859,308.43 of the approved \$950,000 for the project.

Of the remaining \$90,691.57, Fresno County incurred program costs for fiscal year 2020-2021 of \$15,416.05. These costs were related to staff time related to the project. Going into this final year of this three-year INN plan, Fresno County has \$75,75.52 remaining. The remaining funds will be used to support project efforts in terms of staff time, and possible travel should there be any learning community held in person this year.

## Appendix

California Multi-County Full-Service Partnership Innovation Project-Progress Report. March 2021

# California Multi-County Full Service Partnership Innovation Project

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Progress Report

MARCH 2021



# Project Overview

**Since the passage of the Mental Health Services Act (MHSA) in 2004, California has made significant strides in improving the lives of those living with mental illness.**

In particular, Full Service Partnership (FSP) programs support people with the most severe and often co-occurring mental health needs. These MHSA-funded FSP programs are designed to apply a “whatever it takes” approach to partnering with individuals on their path to wellness and recovery. Currently, over 60,000 individuals are enrolled in an FSP program across the state.

Full Service Partnerships represent a \$1 billion annual investment in public funds and have tremendous potential to reduce psychiatric hospitalizations, homelessness, incarceration, and prolonged suffering by Californians with severe mental health needs. FSP programming, however, varies greatly from county to county, with different operational definitions and lack of consistent data processes, which makes it challenging to understand and tell a statewide impact story. The Multi-County FSP Innovation Project aims to implement a more uniform data-driven approach that provides counties with an increased ability to use data to improve FSP services and outcomes. Counties will leverage the collective power and shared learnings of a cohort to collaborate on how to provide the most impactful FSP programs and ultimately drive transformational change in the delivery of mental health services.

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In partnership with Third Sector and the Mental Health Services Oversight and Accountability Commission (MHSOAC), a cohort of six diverse counties – Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura – are participating in a 4.5 year Multi County FSP Innovation Project that will leverage counties’ collective resources and experiences to improve FSP delivery across California. Additional project partners include the California Mental Health Services Authority (CaMHSA) acting as the fiscal agent and RAND Corporation providing consultation on measurement and conducting the project’s post implementation evaluation. This project furthers the efforts of LA County’s Department of Mental Health FSP transformation, building on their initial groundbreaking data and outcomes efforts to new geographies and localities with a statewide perspective.

# Project Purposes & Goals

The Multi-County FSP Innovation Project aims to shift the way counties design, implement, and evaluate FSPs to a more outcomes-oriented approach by:

01



Developing a shared understanding and more consistent interpretation of FSP’s core components across counties, creating a common FSP framework.

02



Increasing the clarity and consistency of enrollment criteria, referral, and transition processes through developing and disseminating readily understandable tools and guidelines across stakeholders.

03



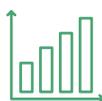
Improving how counties define, collect, and apply priority outcomes across FSP programs.

04



Developing a clear strategy for tracking outcomes and performance measures through various state-level and county-specific reporting tools.

05



Developing new and/or strengthening existing processes that leverage data to foster learning, accountability, and meaningful performance feedback in order to drive continuous improvement in program operations and outcomes.

# Progress To Date

## Gathering Context & Building a Vision

Counties began this effort with a comprehensive Landscape Assessment phase (January - September 2020) to understand FSP programs, assets, and opportunities. Via a combination of meetings, working group sessions, document review, and stakeholder engagement (see below), counties developed a comprehensive understanding of similarities and differences across FSP service design, populations, data collection, and eligibility/graduation practices.

Understanding that county mental and behavioral health agencies often work with limited financial and staffing resources, Third Sector and the counties leveraged the six-county “cohort” to gather and compare information in an efficient manner, sharing resources, templates, and toolkits. Regular cohort-wide meetings provided an opportunity for counties to learn from each other, sharing solutions and ideas that could be relevant for their peer counties.

These six-county cohort meetings were essential to building a collective vision and aligning on priorities for the Implementation Phase. Counties and Third Sector identified almost 30 implementation options that would

respond to stakeholder feedback and identified challenges. Over the course of both county-specific and cohort-wide meetings, each county and the collective group narrowed in on a feasible set of implementation activities that would create more data-driven FSP programs and build increased consistency in the way FSPs are designed, operated, and assessed.

“This process has revealed that every FSP program was its own island, each operating in a unique way. But the lack of an overall framework caused inconsistency. To more effectively provide these services statewide, the provider community needs to learn from each other, in collaboration with the county and state. The ideas are out there.”

– Fresno County FSP Provider



## Piloting Change: The First Steps

In October 2020, counties kicked off a 12-month Implementation Phase to build and operationalize three shared “cohort-wide” FSP improvements as well as locally customized “county-specific” changes. Counties and Third Sector will continue to gather stakeholder feedback to inform these changes from FSP service providers, clients, and clients’ primary caregivers throughout the process.

### Cohort-wide implementation activities:

Counties are embarking on a trailblazing journey to build shared population definitions, outcomes, process measures, and statewide data recommendations. As a result, the counties will have more comparable and actionable FSP data that can be used to identify and disseminate FSP best practices. Over the course of 12 months, the six-county cohort will focus on:

→ **POPULATION DEFINITIONS:**

Identifying and standardizing definitions for the following priority FSP populations: homeless; at risk of homelessness; justice-involved; at-risk of justice involvement; high-utilizers of psychiatric emergency facilities; at-risk of using psychiatric emergency facilities.

→ **OUTCOMES & PROCESS METRICS:**

Identifying 3-5 outcomes, 3-5 process measures, and associated metrics to track what services individuals enrolled in FSP receive and how successful those services are. RAND is assessing how counties currently measure priority

outcomes and examining relevant research literature in order to make recommendations for measurement that consider both county capacity and research evidence.

→ **STATE REPORTING RECOMMENDATIONS:**

Developing recommendations for revising the statewide Data Collection & Reporting (DCR) system. This may include suggested revisions to existing forms, metrics, and/or the format of reports that are shared with counties in order to increase the usefulness of statewide data and reduce reporting burden. This activity will begin in late Spring 2021 after the completion of the first two activities.

→ **LEARNING COMMUNITIES:**

Given the statewide implications of each of these cohort-wide activities, the six counties participating in the Innovation Project also plan to hold statewide “Learning Communities” in Spring/Summer 2021 to gather additional feedback from other counties across the state. Over time, counties hope to build these forums into a sustainable opportunity to share best practices and continuously improve FSP.

## County-specific implementation activities:

Counties have each identified two or three priority activities for local implementation, simultaneously with the cohort activities. While multiple counties are pursuing many of the same county-specific activities, the results will vary somewhat across the state because of each county's unique population, geography, and needs. Counties can more efficiently and effectively tackle each of these improvements by sharing tools, processes, and ideas, benefitting from a cohort approach even as results show nuanced differences. These county-specific implementation activities include:



- 
- ➔ **GRADUATION GUIDELINES (5 COUNTIES):** Standardizing graduation criteria that balance Individual Services and Supports Plans (ISSPs) and system-wide outcomes in making individual graduation decisions, including creating improved definitions of “stability” and “recovery.”
  - ➔ **SERVICE REQUIREMENTS (3 COUNTIES):** Developing minimum elements and service requirements of FSP to adopt as official guidance. These elements will depend on local context and priorities and could include the percentage of services that are field-based, telehealth options available, housing services offered, employment services provided, peer supports available, and so on.
  - ➔ **REAUTHORIZATION PROCESS (3 COUNTIES):** Standardizing an FSP client reauthorization process and/or tools that can be used by counties to more regularly assess whether a client is ready to step down from FSP services.
  - ➔ **ELIGIBILITY GUIDELINES (2 COUNTIES):** Revising county-specific FSP eligibility criteria to ensure that counties prioritize FSP services to the highest-need clients.
  - ➔ **DATA COLLECTION PROCESSES (2 COUNTIES):** Streamlining existing processes and/or developing new data collection reports or methods so that counties and providers can more effectively collect, access, and utilize FSP data to inform care decisions.
  - ➔ **REFERRAL PROTOCOLS (1 COUNTY):** Developing protocols for FSP referrals between county entities that ensure a warm hand-off and that clients are not being served by multiple providers.
  - ➔ **REFERRAL FORMS (1 COUNTY):** Creating a standardized FSP referral form to ensure consistent data collection across a county's FSP programs.
  - ➔ **YOUTH-SPECIFIC REFERRAL & ENROLLMENT PROCESS (1 COUNTY):** Developing a standardized youth FSP referral and enrollment process in which the county is involved in processing and/or approving referrals to contracted FSP providers.



# Initial Collaboration Lessons

This Multi-County FSP INN project is forging a new path for statewide, cross-county collaboration, and two valuable lessons have already emerged in this first project year.

## Lesson One

**Multi-county collaborations must balance appropriate levels of local customization, statewide consistency, and innovation. This FSP Innovation Project has made progress on identifying the most beneficial areas for statewide collaboration, as well as some areas that may be less appropriate for future collaborative efforts.** Counties and Third Sector feel that the information-gathering worksheets and templates can be used to gather standardized information to compare FSP programs across the state in the future. Additionally, the full list of implementation activities could be used by future counties seeking inspiration for potential improvements to their FSPs. While all activities could be applied to any geography, the cohort has learned that there are three categories under which these activities fall into:

- Activities around outcomes definitions, metrics, and data collection are appropriate to be worked on collectively to achieve a unified result, such as shared state data reporting requirements (e.g., for the Data Collection Reporting, or DCR, system) to support performance management forums.
- Other activities related to eligibility, graduation, and service design are more appropriate to be developed locally, while

following parallel processes that can yield peer learning and resource sharing. This helps counties balance their varying geographies, populations, and histories while increasing efficiency.

- Activities related to referrals, collaboration with local institutions (e.g., jails, hospitals, etc.), and community feedback mechanisms may not be appropriate for collective projects, given the high variation in each counties' local context and existing coordination processes.

## Lesson Two

**The timing of statewide feedback is crucial. While counties across the state have a valuable perspective to offer on FSP best practices, it can be difficult to identify specific areas for feedback at the early stages of a collective project. It may be more appropriate to gather statewide feedback at later stages of collective projects.** After an initial Learning Community session with representatives from 11 other counties in December 2019, counties learned that it was more appropriate to hold off on further involvement until this core group made additional progress and had more specifics for statewide reaction. Counties hope to re-start the Learning Communities in spring/summer 2021 after further implementation progress is made.



**88** **client interviews** with current or recently enrolled clients or their caregivers



**80** **digital surveys** completed by Fresno and San Bernardino provider staff



**17** **provider focus groups** with 108 individuals spanning all FSP programs and age groups across six participating counties, from both directly operated and in-house clinics

## Stakeholder Insights

**Effective stakeholder engagement leverages their knowledge and experience to provide a deeper understanding of challenges on the ground while translating stakeholder needs into tangible goals and solutions.**

For the Multi-County FSP Innovation Project, these key stakeholders include FSP clients, clients’ primary caregivers, and service providers. From July through September of 2020, Third Sector and participating counties engaged representatives from each of these groups to better understand FSP programs from their perspectives and used that information to prioritize which program challenges the Innovation Project will address over the next year.

Client feedback played an important role in understanding the goals and needs of those being served and will inform how counties design and execute each implementation activity in the year to come, resulting in more client-centered solutions. Recognizing some inherent selection bias within the interview process, FSP clients generally spoke highly of providers, and overall satisfaction was often based on their individual provider relationships. Individuals struggled with the implications of the COVID-19 pandemic and expressed feelings of loneliness, reduced access to services, and difficulty with telehealth. Clients also commented on staff turnover, workload, or stress level, and these observations sometimes drove feelings of confusion about who to talk to or trust in a new relationship. Despite their different geographies, individuals across the six counties hope to achieve many of the same goals in FSP, including increased independence, self-sufficiency, coping skills, housing, employment, education access, and increased social connections.

“Recovery to me looks like happiness. I want to wake up happy and trust the world. I want small things – happiness, freedom, and to keep my life. Now I have good reasons to stay alive and active.”

– Siskiyou County FSP Client

Provider feedback played an important role in determining the implementation activities to pursue collaboratively across six counties and which to pursue individually within each county’s local context. Providers in all counties were consistent in their desire to see improved data collection alongside timely data-sharing and reports, including clearer outcomes, reduced reporting requirements, and better data quality. Other key themes included the desire to clarify eligibility and graduation requirements, to further understand the “mission and vision” of FSP, to increase coordination with other county systems, and to receive additional training to improve culturally responsive services.

“Staff have not been trained in interpreting the data we’re collecting. I understand what I’m inputting to the system, but I’m not trained in how the data should be used to influence treatment.”

– Ventura County FSP Provider



## Lessons Learned & Best Practices

- ✔ **Engage stakeholders early and often** in order to maximize the amount of time spent hearing from the community and ensure their voices are included in not only the design of the solution, but also the articulation of the challenge. Through early stakeholder engagement, Siskiyou County was able to shift its perspective from addressing basic client needs to learning about aspirational client goals and is now using those goals to identify which elements of their service delivery require robust guidelines, thus shifting direction even before the design process begun. This strategic direction would not have been identified without crucial feedback from clients and providers.
- ✔ **Utilize culturally competent engagement methods** to ensure all voices are elevated, including those of people who are harder to reach and/or underrepresented. Cultural competence also supports the retention of these key stakeholders throughout the process. For the first round of stakeholder engagement, interviews were offered in both English and Spanish, but Third Sector and participating counties plan to work with providers to include interviews in more languages and culturally specific engagement methods in the coming year, leveraging language translation services and additional expert feedback on the engagement mechanisms.
- ✔ **Offer multiple forums for feedback** to expand access and encourage diverse participation. While in-person forums were limited due to COVID-19, clients were offered individual interviews by phone or video conferencing and providers were offered individual discussions, focus groups, and in some counties, digital surveys. Fresno County received over 70 provider responses to an online survey that included representation from every FSP program and age group served.
- ✔ **Compensate clients for their participation** to recognize the value of their time and contributions. All clients were given a \$35 Visa gift card for providing their expertise and additional resources for compensation will be identified for any and all future engagement efforts.

# A Look Ahead

**Third Sector will continue to work with counties to build and implement the cohort and local activities through fall 2021. This will include facilitation of cohort and county-specific workgroups; FSP client and provider engagement by survey, focus group, and interview methods; and Learning Community events to gather feedback from other counties statewide.**

By the end of November 2021, the counties and Third Sector hope to have implemented new strategies and approaches to increase the consistency of FSP services; more effectively use data to understand who is being served, what services they are receiving, and what outcomes they are achieving; advocate for changes to the statewide FSP data collection system; and have a sustainable continuous improvement process to continue peer learning. By 2024, the aim is to have a clear understanding of the impact of this collaborative process on county policy and, more importantly, the individuals served by FSP.

In addition, this project hopes to illuminate and address racial disparities in outcomes and elevate voices and communities of color especially as they provide feedback to counties on FSP programming. Overall, the Multi-County FSP Innovation Project hopes that the strategies piloted will be useful on a statewide scale, and the lessons will be shared for future statewide collaborative efforts that can benefit California's most vulnerable individuals suffering from severe mental illness.



# Project Partners

## COUNTY PARTNERS

### **Fresno County Department of Behavioral Health:**

Fresno County is located in the heart of California's Central Valley. Fresno County Department of Behavioral Health serves individuals across 6,000 square miles, encompassing mountain enclaves, rural communities, and urban neighborhoods of California's fifth largest city. In partnership with its diverse community, the Department is dedicated to providing quality and culturally responsive behavioral health services to promote wellness, recovery, and resiliency for individuals and families.

### **Sacramento County Behavioral Health Services:**

Sacramento County has a population of more than 1.4 million individuals and is known for its multi-cultural diversity. Situated in the middle of California's Central Valley, Sacramento County extends from the low delta lands between the Sacramento and San Joaquin rivers north to about 10 miles beyond the State Capitol and east to the foothills of the Sierra Nevada Mountains. Sacramento County Behavioral Health Services' mental health system of care includes 260 programs/agencies involving county- and contract-operated mental health services that deliver services to approximately 32,000 children and adults annually. BHS pursues intentional partnerships with the diverse communities in Sacramento County and with the goal of improving the wellness of community members.

### **San Bernardino County Department of Behavioral Health:**

San Bernardino County is the largest county in the contiguous United States with just over 20,000 square miles of land that encompasses urban, suburban, rural, and frontier terrain. According to California Department of Finance estimates for 2018, San Bernardino County had a total population of 2,174,931 with a projected growth of 28% between 2020 and 2045. San Bernardino County's Department of Behavioral Health (DBH) aims to promote wellness, recovery, and resilience that includes the values of equity, community-based collaborations, and meaningful inclusion of diverse consumers and family members. As such, San Bernardino County DBH serves more than 150,000 individuals over a broad continuum of services each year.

### **San Mateo County Behavioral Health and Recovery Services:**

Located in the Bay Area, San Mateo County is bordered by the Pacific Ocean to the west and the San Francisco Bay to the east. Within its 455 square miles, nearly three quarters of the county is open space, and agriculture remains a vital contributor to the economy and culture. Behavioral Health and Recovery Services (BHRS), a Division of San Mateo County Health, provides prevention, treatment, and recovery services to inspire hope, resiliency, and connection with others and enhance the lives of those affected by mental health, and/or substance use challenges. BHRS is dedicated to advancing inclusion, health and social equity for all people in San Mateo County and for all communities.

### **Siskiyou County Behavioral Health Services:**

Siskiyou County is a geographically large, rural county with a population of 43,724 persons located in the Shasta Cascade region of Northern California. Approximately 6,350 square miles, Siskiyou County is geographically diverse with lakes, dense forests, and high desert. Siskiyou County Behavioral Health (SCBH) is a small Behavioral Health program and is the sole provider of the Full Service Partnership Program (FSP). SCBH is committed to partnering with the participants of this Innovation Project to better define FSP criteria and improve the data collection points to assist our FSP consumers toward graduation and mental wellness. SCBH strives to deliver culturally, ethnically, and linguistically appropriate services to the community and recognizes the importance of these values in service delivery.

### **Ventura County Behavioral Health:**

Ventura County is situated along the Pacific Coast between Santa Barbara and Los Angeles counties. The county offers 42 miles of beautiful coastline along its southern border, and the Los Padres National Forest makes up its northern area. Ventura County Behavioral Health works to promote hope, resiliency, and recovery for our clients and their families by providing the highest quality prevention, intervention, treatment, and support to persons with mental health and substance abuse issues.

# Project Partners

**THIRD SECTOR:** Based in San Francisco and Boston, Third Sector is one of the leading implementers of outcomes-oriented strategies in America. Third Sector has supported 20+ communities to redirect over \$800M in public funds to data-informed, outcomes-oriented services and programs. Third Sector's experience includes working with the Los Angeles County Department of Mental Health (LACDMH) to align over \$350M in annual MHSA FSP and Prevention and Early Intervention (PEI) funding and services with the achievement of meaningful life outcomes for over 25,000 Angelenos; transforming \$81M in recurring mental health services in King County, WA to include new performance reporting and continuous improvement processes that enable the county and providers to better track monthly performance relative to peers and against specific, county-wide performance goals; and advising the County of Santa Clara in the development of a six-year, \$32M outcomes-oriented contract intended to support individuals with serious mental illness and complex needs through the provision of community-based behavioral health services. For more information, please visit [thirdsectorcap.org/Multi-County-CA-FSP-INN/](http://thirdsectorcap.org/Multi-County-CA-FSP-INN/).

## CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CALMHSA):

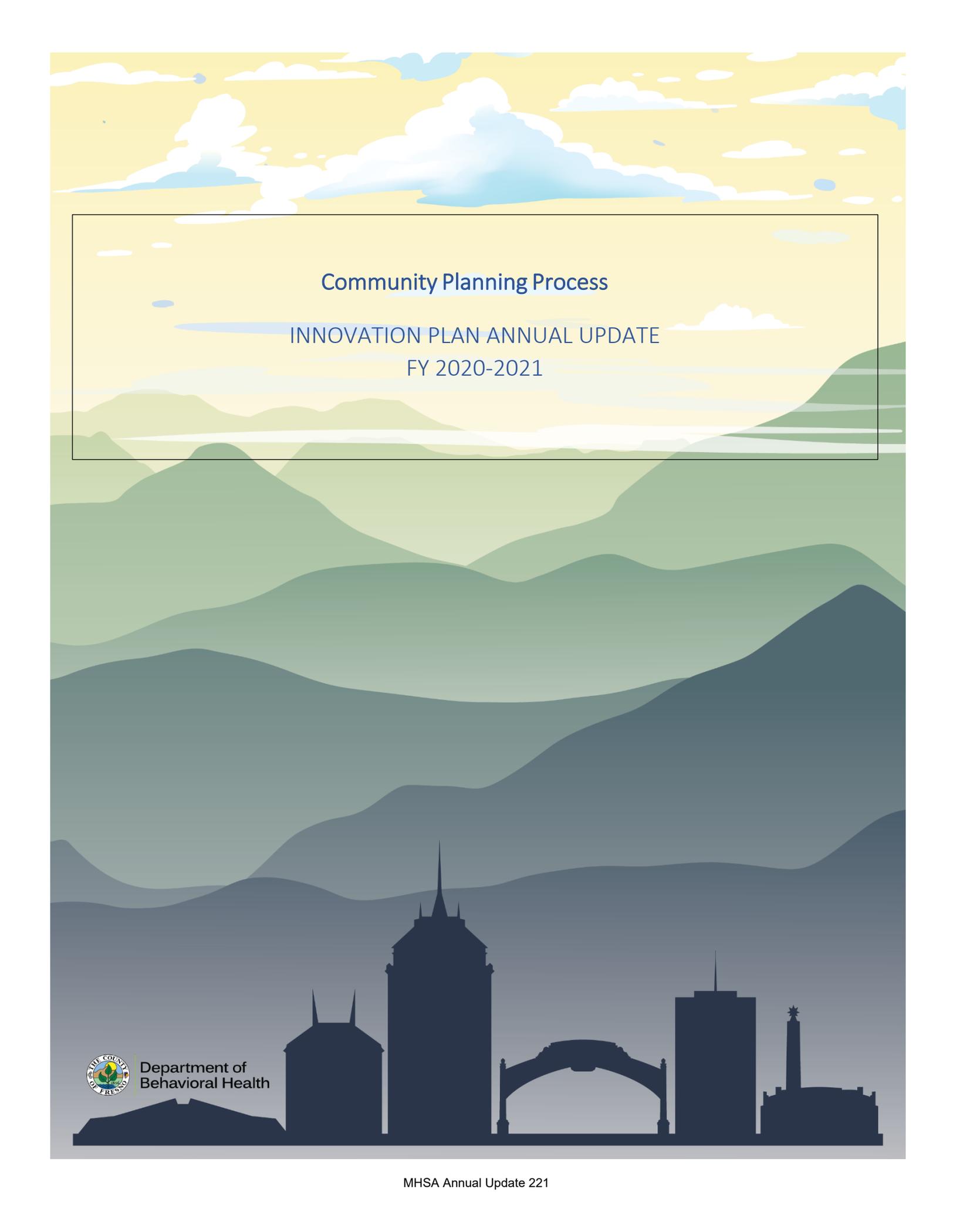
The California Mental Health Services Authority (CalMHSA) is a Joint Powers Authority (JPA) of the County and City public mental health departments that provides program management, administrative, and fiscal intergovernmental structure for its members. A central component of CalMHSA's vision is to continually promote systems and services arising from a commitment to community mental health. CalMHSA administers local, regional, multi-jurisdictional, and statewide projects on behalf of the County and City public mental health departments.

## CALIFORNIA MENTAL HEALTH SERVICES OVERSIGHT & ACCOUNTABILITY COMMISSION (MHSOAC):

In enacting Proposition 63, the Mental Health Services Act, California voters in 2004 created and charged the Mental Health Services Oversight and Accountability Commission with the responsibility of driving transformational change in public and private mental health systems to achieve the vision that everyone who needs mental health care has access to and receives effective and culturally competent care. The Commission was designed to empower stakeholders, with members representing consumers and their families, service providers, law enforcement, educators, and employers. The Commission put consumers and families at the center of decision-making. The Commission promotes community collaboration, cultural competency, and integrated service delivery. The Commission is committed to wellness and recovery, using its authorities, resources, and passion to reduce the negative outcomes of mental illness and promote the mental health and wellbeing of all Californians.

**RAND:** The RAND Corporation is a nonprofit, nonpartisan research organization headquartered in Santa Monica, California. RAND Health Care is a research division within RAND dedicated to promoting healthier societies by improving health care systems. We provide health care decisionmakers, practitioners, and the public with actionable, rigorous, objective evidence to support their most complex decisions. RAND has an extensive portfolio of mental health research and evaluation. Notably, we have been conducting independent, county-funded evaluations of the MHSA for almost a decade, including an evaluation of LA County DMH's FSP program and extensive work evaluating CalMHSA's statewide PEI programs. For more information, you can access over 80 reports on RAND evaluations of MHSA-funded programs at [rand.org/health-care/projects/calmhsa/publications](http://rand.org/health-care/projects/calmhsa/publications).

# Appendix D: Community Planning Process for Innovation Annual Update



Community Planning Process

INNOVATION PLAN ANNUAL UPDATE

FY 2020-2021



Department of  
Behavioral Health

## Introduction

This is the annual update for Fresno County Department of Behavioral Health’s (DBH) Innovation (INN) Plan Community Planning Process (CPP). Fresno County has completed two years of work under the current INN-CPP Plan and will be entering the third of a five-year plan. The previous year’s work was greatly impacted by the COVID-19 Global Pandemic. In that time DBH had worked on developing locally approved project plans and efforts and sought to implement these projects in Fiscal Year (FY) 2020-2021.

This Innovation plan consists of a spectrum of initiatives that are intended to focus on Fresno County’s underserved, un-served, and inappropriately served communities, including our Black Indigenous and Persons of Color (BIPOC) communities. The spirit of the Mental Health Services Act (MHSA) compels us to transform the mental health system, close the gap in services, reduce disparities, and improve outcomes. To this end, DBH’s INN CPPs seek to better engage those marginalized communities that experience greater health disparities to better understand their needs, and to have them help drive ideas and strategies for addressing those needs in a culturally responsive manner.

This annual update will touch on two projects that were implemented in the past year, and two progressed through planning stages. The update will then present a robust and ambitious plan for engaging and learning from our community through research, forums, education, and training to help inform our communities and the system of care of the needs and opportunities to improve health equity in Fresno County. While Fresno County intends to implement these community planning opportunities in the coming year, we acknowledge that the process to implement agreements with our local communities does take time and may prevent all of these strategies from being completed in the coming year (FY 2021-2022). However, as this will be the third year of a five-year plan, identifying projects and funding allocation will allow for those not completed in FY 2021-2022 to be continued or start in the following two years.

## Projects in FY 2020-2021

**In progress - Be Well:** The third-party exploration of Transition Aged Youth (TAY) lead project development “Be Well” using Human Centered Design began in the previous fiscal year, and carried into FY 2020-21; however, project implementation was severely hamstrung by COVID-19. While the contractors (Social Policy Institute of San Diego State University) were able to facilitate project activities virtually, early participation by TAY was limited. This lack of participation affected the number of TAY that received training and support to develop possible INN plan proposals. Despite these challenges, the Be Well project moved forward in FY 2020-2021, and completed its intended youth planning work. The Social Policy Institute of San Diego State University will now synthesize a final project report on the youth-identified, youth-focused, and youth-developed ideas for a potential Innovation plan.

**In progress - Mental Wealth Series:** The West Fresno Christian Coalition, in partnership with the Armstrong Center for Hope, was interested to piloting a six-part psycho-educational series to targets African American parents, professionals and community providers. These educational events would provide mental health and wellness information in a culturally acceptable community setting. In this case, the providers chose to offer sessions in a school/campus setting. DBH invested in this project at the cost of \$2,800. As part of its support for this local community pilot, DBH in collaboration with the West Fresno Christian Coalition, will facilitate a participant questionnaire that will help the Department understand if such an engagement model is effective, which components are effective, and any impact on effectiveness related to the setting and presenter affiliations. This project started in the late spring of FY 2020-2021 and will continue into FY 2021-2022. DBH hopes this community pilot and its collection of information and insights from the participants can help inform possible options for community engagement, inclusion of faith communities in reaching local African Americans, and any considerations regarding the setting of informational services. This monthly group is scheduled to conclude in the late fall. Much of the progress of the project has been contingent on COVID-19 safety protocols; while the project has successfully hosted virtual sessions, one intent of the project was to examine the effect of setting on efficacy of psycho-educational sessions.

**Upcoming project – African American Faith Community-based Participatory Action Research:** In FY 2020-2021, the DBH Public Behavioral Health team had researched an African American Faith Community Participatory Action Research model with the intention of developing a foundation for understanding behavioral health and increasing behavioral health literacy. DBH approached specific community organizations and leaders who may be able to facilitate this work based on similar work they completed for other County Departments. In addition, DBH staff reached out to Dr. Jenelle Pitt Parker, the associate dean of Fresno State University’s Clinical Rehabilitation and Mental Health Counseling Program. The program has expressed interest in providing community research opportunities for graduate students focusing on health equity and health disparities.

A formal proposal was developed in the last year and was approved by DBH; however, COVID-19 precautions dictated the postponement of implementation. The program relies heavily on in-person sessions to increase engagement and accessibility for community members. Furthermore, Fresno State University was restricted to virtual classes for much of the year, which would limit the ability of students to participate fully in meetings and evaluation. In the interim, the Department is working through the process for contracting with both entities so that the work can begin in FY 2021-2022. Upon execution of agreements, the Department projects that the project could be conducted and completed in about six months.

**Project in Development – Understanding the needs and challenges of LGBTQ+ BIPOC in Fresno County** The other project that Fresno County has been working on the past year has been understanding the needs and/or challenges for LGBTQ+ BIPOC populations. Oftentimes, services, training, and resources for LGBTQ populations are generalized, with limited options specifically

designed for BIPOC LGBTQ+. In addition to those limits, Fresno County has a dearth of services and organizations for LGBTQ+ individuals, and none that are specific to BIPOC LGBTQ individuals. This community resource gap may contribute to the disparity by the self-reports from some African American LGBTQ+ community members who limit their visibility in their own community due to lack of affirming options in their community and discrimination that they do and/or fear they would face if they are “out.

Fresno County is working to identify providers who report specialty knowledge in serving LGBTQ+ individuals, and to determine how providers were trained to serve these populations. From there, DBH will lead an effort to identify, based on Sexual Orientation and Gender Identity (SOGI) data, how many of those in care who identify as LGBTQ+ individuals also identify as BIPOC. From there, a custom training will be developed that meets the specific needs for providers in Fresno County who have limited LGBTQ+-specific resources. This process will train case managers, peer support staff, and clinicians to better serve and support LGBTQ+ individuals in their care. After the training is developed, the Department will work to understand if more and specialized training can address the need for better provision of care, or if the County should pursue a strategy of providing specific programming for LGBTQ+ and LGBTQ+ BIPOC individuals. If the County pursues this strategy, further program planning will occur to identify the potential number of individuals to be served, as well as challenges in providing this care.

## Projects for Fiscal Year 2021-2022

In FY 2021-2022, Fresno County DBH will continue to pursue the projects described above, while simultaneously advancing several other initiatives that will engage members of our community in planning for Innovation projects.

- **FCHIP/ACEs Connection** - The goal of this initiative is to secure access to current, local, Adverse Childhood Experiences (ACE)s-related surveys, data and information which can inform needs, program designs, and services. The Fresno County Health Improvement Project’s (FCHIP) Trauma and Resilience Network is a cross-sector gathering of organizations that utilize and input related data into this community tool which can be a platform for vital planning data.
- **Indigenous Population Training and Needs Assessment** – This initiative will generate a needs assessment and subsequent training for the Fresno County system of care working or serving Indigenous populations. Due to barriers and challenges (including language, mental health literacy, and stigma), there is a need to train providers to better respond to the needs of this specific community. To accomplish this goal, it is important that Fresno County hears directly from the community about its experience with the behavioral health system and how to increase accessibility to care for this community. Centro Binacional para el Desarrollo Indigena Oaxaqueno is the sole organization in the Central Valley that serves and supports the local Indigenous community and would be the key partner for training and conducting the local needs assessments.

- **Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)- ICCTM** is a Mental Health Services Oversight and Accountability Commission (MHSOAC) pilot based on a successful Solano County Innovation Plan. The pilot will include training for the Department, followed by the formation of workgroups with specific communities which may yield some ideas in the future Innovation project. Supported by the MHSOAC, this project seeks to both improve county community engagement by working with communities to help identify ways to improve services. Fresno County anticipates participating in one to two community workgroups during the course of this project. It is the intention of the Department to use some of these INN CPP funds from this plan to support those workgroups (costs for food, surveys, participant incentives, etc.). If the workgroups yield a viable idea for future Innovation Plan, the MHSOAC will provide paid consultant to develop that plan.
- **Justice Innovation Project** - Last year, the Department examined options for an Innovation project focused on the justice-involved population; however, no projects were implemented as a result of these efforts. The Department would prefer to utilize this opportunity to better understand specific needs of and appropriate approaches to reach our local justice-involved populations. A concept paper will be issued for a Justice-Involved Population Research Project which will inform data-driven improvements to current service models. It is the goal of DBH to have a Justice Innovation project approved by the MHSOAC by the end of FY 2021-22. Some INN CPP funds may be used in some of the community planning for development of that plan.
- **Focus Group on Immigrant/Refugee Needs** – In this initiative, the Department will partner with community organizations that serve immigrant and refugee populations to better understand this population’s needs and challenges related to accessing and receiving care. Such an effort will fund a formal focus group (or series of focus groups) and a needs assessment to help identify service and care needs, as well as culturally responsive services and supports to meet those needs. Fresno Interdenominational Refugee Ministries (FIRM) is an organization who locally works with and provides services to Fresno’s new immigrant and refugees, and who had established community ties with those populations.
- **Local Impact of Hate-** As reports of levels of trauma, anxiety, fear, and suicidal ideation increase in the Asian Pacific Islander (API) and Muslim communities, the Department seeks to assess the impact of acts of hate, harassment, xenophobia, and hate crimes on individuals and their mental health. These community engagement activities will be designed to discover whether there are opportunities to support individuals from a behavioral health approach, and/or whether there is a need for specific, tailored approaches to support wellness efforts. Potential partners in these efforts include organizations such as The Fresno Center and local academic institutions that have been working to educate and inform the API community on impact of hate on their overall well-being. The Islamic Cultural Center of Fresno (ICCF) is a local non-profit that supports and

advocates for the area’s local Muslim community, and has been involved in past mental health promotion efforts such as providing trainers for portions of the Crisis Intervention Training and hosting informational events about mental health and substance use.

- **Market Research** - It has been close to two years since Fresno County’s last market research groups, which provided great insights into ways to engage and communicate with various communities and populations. The changes wrought on our system of care by COVID-19, including site closures and the move to telecare, necessitate new research to ascertain the impact of these changes, and any necessary updates to the Department’s engagement methods and strategies. The Department has an existing agreement with JP Marketing who has facilitated previous market research as well as other communication support for the department. In this cycle, the focus will be placed on youth. We will examine various youth populations. This insight can support strategies around several local and statewide efforts.
- **Youth/Peer Needs Assessment**-While the department used the Be Well project to seek input from youth on youth-focused innovation services or projects, the input has from a small group of youth. The Be Well project did not specifically target youth from special populations, such as rural youth, youth with English as a second language, etc. Furthermore, the small sample size of Be Well participants requires the Department to seek further input from youth community members in order to establish a better understanding of youth needs and desires. To this end, the Department may choose to conduct a general youth needs assessment prior to the development of a youth Innovation plan. The Department may also choose to conduct a needs assessment with other populations such as peers and families of those with lived experience using local organizations such as the National Alliance on Mental Illness (NAMI)-Fresno or other local appropriate groups for a peer/family needs assessment and to generate Innovation ideas.

## Next Steps

In the coming year, Fresno County will seek to execute the agreements for the BIPOC LGBTQ+ project, Community Participatory Action Research project, while continuing to develop the Justice Innovation Program. The ICCTM project will start in FY 2021-2022. These projects will require coordination and support from across the Department, which necessitates multi-fiscal year timelines.

In addition to these scheduled projects, it is the Department’s goal to lift up the smaller projects in this coming year; the next step in this process is to secure agreements with the relevant community organizations. These projects, when implemented, will be lead and facilitated mostly by the providers contracted to provide services. Once implemented, these projects will not greatly impact the Department’s capacity and allow for the projects to progress.

Finally, the DBH team will work with the community to examine and explore options to

implement the youth-driven INN Plan. The Department aims to use input from the Be Well project to begin work on a youth Innovation plan before the completion of the current MHSA Three-Year Plan.

This is an ambitious plan; if some projects are not completed or implemented in the coming fiscal year, they may still be implemented in the two remaining years of this INN CPP plan.

### Challenges/COVID

The emergence of the COVID-19 Global Pandemic occurred at same time as several projects under this Innovation plan were scheduled to begin development and implementation.

Many of the activities for the INN CPP required community participation and engagement which were curtailed due to safety concerns related to the COVID-19 Pandemic. Challenges such as closures of community locations, limited in-person activity, the shift to virtual meetings, and changes in schedules due to on-line schooling limited the Departments ability to implement some of the projects. Projects that were underway shifted to virtual meetings when possible, but “zoom fatigue” became a concern as the number of virtual meetings mounted. Additionally, many purchasing efforts were postponed due to the County’s shift to essential functions.

As the state of California “re-opens” following the initial stages of the pandemic, the Department is hopeful that opportunities for more in-person community events will allow for more robust community engagement and allow for the implementation projects which were delayed due to COVID-19 safety concerns. Fresno County will continue to conduct large parts of the work on this project virtually and use in-person meetings when appropriate and/or for early engagement.

### Budget

Of the \$750,000 allocated to this Innovation Project, a total of \$161,227 has been expended to date. In the past year (FY 2020-2021), the Department spent a total of \$2,800 dollars.

The current INN Plan has \$584,973 remaining.

Project Name	Project Cost	Total \$587,773
Mental Wealth	(\$2,800)	
		\$584,973

The Department included estimated budgets for projects which have not yet launched in its last Annual Update for this plan. Below is an updated projected budget for the various community initiatives that are proposed for the coming year.

#### FY 2021-2022 Projected Budgets

Project Name	Projected Budget	Total Budget
ACEs Connection	\$5,000	
African American Community Participatory Action Research	\$100,000	
AfAm C-PAR Phase 2	\$100,000	
BIPOC-LGBTQ Project	\$30,000	
Indigenous Needs Assessment	\$20,000	
ICCTM Support	\$10,000	
Justice Involved Research	\$20,000	
Market Research	\$40,000	
Immigrant/Refugee Needs Assessment	\$20,000	
Impact of Hate	\$20,000	
Peer Development Assessment	\$20,000	
		\$584,973

FY 2021-22 projected costs \$385,000.

There will be \$202,773 dollars remaining on the plan if the full \$385,000 of the FY 2021-2022 allocation is expended in the coming year.

### Budget Narrative

- ACEs Connection- A \$5,000 investment in a subscription to ACEs Connection, a digital platform that allows for collaboration of organizations, systems, and community to work on identifying ACEs efforts, data, and shared learning. The sponsorship allows the FCHIP (of which the Department is a member) to conduct focused work on understanding and prevention trauma.
- African American Community PAR – The Department will commit an initial investment of \$100,000 to initiate work on this Participatory Action Research project.
  - An additional \$100,000 may then be allocated for a follow-up needs assessment by a taskforce comprised of trained community members and leaders which will focus on needs and strategies for reducing behavioral health disparities through planning, training, or projects.
- BIPOC-LGBTQ- The Department will allocate up to \$30,000 for this project. This will cover the cost of the needs assessment, customization of a training for local BIPOC LGBTQ+ communities, direct training and leasing of the training for two years.
- Indigenous Needs Assessment- Up to \$20,000 shall be allocated for work with CBDIO for development of training for the Fresno County System of Care, as well as facilitation of community focus and feedback sessions.
- ICCTM- As the pilot (training and consultation) are provided at no cost, the Department seeks to set aside up to \$10,000 to be used to support its work with community

workgroups. The funds shall be used to conduct/complete surveys, provide food for events, incentives for participants to demonstrate the value for their time and input, cost for venues, etc.

- Justice Involved Research-The Department shall set aside \$20,000 for any community engagement, planning and/or stakeholder efforts in the development of a planned Justice focused innovation plan.
- Focus group/Market Research- Up to \$40,000 shall be allocated for work with professional market researchers to understand needed improvements to communication and engagement needs of our diverse community based on impacts of COVID-19.
- Immigrant and Refugee Needs Assessment- Up to \$20,000 is being allocated to work with Fresno County's immigrant/Refugee communities to identify needs for services, barriers to services/care, and possible culturally responsive services to address those needs.
- Impact of Hate-\$20,000 may be committed to one or more organizations to help increase engagement with the targeted communities in the interest of understanding if and how hate is impacting the wellness of the community members. If so, what may be some strategies to improve or support their wellness?
- Youth/PEER Development- The department would like to invest up to \$20,000 in local advocate organizations to work with families and peers to help identify barriers to peer involvement, as a number of the County's current Innovation plans include paid roles for peers and future services with peer certification will afford more peer opportunities. Peer involvement has been limited to date, and by working with peers and families, we hope to understand the challenges of peer involvement in paid roles in our system of care and/or how to better reach peers for such opportunities. Or depending on the results of the Be Well project, Department may seek further input from youth community members in order to establish a better understanding of youth needs and desires to support viable youth lead/focused Innovation opportunities. To this end, the Department may choose to conduct a general youth needs assessment prior to the development of a youth Innovation plan.

# Appendix E: Project BeWell Final Report



# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
SUSAN L. HOLT  
INTERIM DIRECTOR

## BE Health-Transition Aged Youth Lead Innovation Design

### Background

Fresno County Department of Behavioral Health (DBH) entered into an agreement with San Diego State University (SDSU) on February 25, 2020 to facilitate ideas for a youth innovation project, developed by youth, for youth, using human centered design. This youth project was one effort of the Department's Community Planning Process Innovation (INN) Plan, which seeks to use INN funds to foster community engagement and develop innovation project concepts.

The project faced a number of delays and challenges due to COVID-19, including limited in-person interactions and gatherings which were central to the initial planning of the work; zoom fatigue that developed over time, making virtual meetings less appealing; and retention of youth participants over the duration of the project.

The original intention of this project was for Fresno County youth—including youth from our rural communities and underserved or inappropriately served communities—to be included in the process of identifying and developing several youth-focused and youth-driven innovation project ideas. Due to the challenges described above, the project yielded only one proposal from students at Bullard High School. This memo will address/describe the proposal; its limitations as an Innovation project; and next steps for developing a youth-focused, youth-led Innovation project in Fresno County.

### Proposed Project

The consultants, community members, and youth participants overcame many obstacles in their effort to develop a possible youth led, youth focused project. COVID restrictions made it difficult to access and engage project participants. The small number of participants and inability to gather in-person may have affected the dynamics of youth collaboration and the synergy that can come from working together in person. Despite these challenges, the project resulted in a small group of energized youth from within the city of Fresno presenting the final idea.

The proposal was a project to develop a website that would provide youth with information on accessing behavioral health services. The website listings would be provided by youth who would identify and rate providers who render youth-focused services. The project participants developed a prototype website and suggested that the County create an Innovation project to further populate and promote the website. If the County were to pursue this project, it would implement the first resource database developed by and for youth, with a mechanism for youth to provide feedback on services.

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## Considerations

### Limited participation

Factors beyond anyone's control resulted in youth from one geographic area/neighborhood driving the project. While SDSU project staff attempted to recruit youth from across the county, one high school was particularly responsive and able to retain participants throughout the project. While the presented project may be valuable to the youth in immediate area, youth in other parts of the city or the County may prioritize different needs over being able to find youth-focused providers in their area.

As large and diverse as the city and county of Fresno are, it would be important to have a youth led and youth identified project be more inclusive than one small group of youth at one school as there are over 30 high-schools in Fresno County.

### Existing resources

Currently there are several existing platforms for providing information and local linkages to care. These include, but are not limited to, the following:

- United Way's 2-1-1
- DBH website (DBH provider directory, etc.)
- Unite Us Platform
- The Multi-Agency Access Point (MAP) Program
- Exceptional Parents Unlimited
- Psychology Today and other Managed Care Plan sites
- Department of Social Services has a Directory of Community Resources (available on-line)
- Building Healthy Communities Fresno
- Fresno Metro Ministries (has an on-line resource now)
- Fresno County DBH's 24/7 Access Line

Furthermore, the project/prototype website did not touch on many of the free resources already available to youth, such as access to the 24/7 National Suicide Prevention Lifeline, which is on the back of student ID cards for all California students. It made no mention of school-based services such as the All4Youth program. There was no mention of the various free chat, text, and call information to support youth, such as the Teen Line. The omission of these services demonstrates the narrow lens through which students may view behavioral health services, and the need for better communication and promotion of existing resources by the Department and the system of care.

Should this project be completed as suggested, the County would duplicate existing services by creating an additional resource platform. The County's goal of providing a coordinated system of care would be undermined without a deep understanding of how the new project would fill a gap in existing services. It is possible that this project arose from a lack of awareness of behavioral health resources which can be better addressed through targeted marketing and promotion efforts.

## DBH Scope of Work

The proposed project and services that were identified on the website were primarily providers outside the public behavioral health system of care. The providers that were the focus of the website were those that are under the Managed Care Plans (MCPs). Many of those are services or providers who do not serve the same population as Fresno County Department of Behavioral Health.

In order to adequately execute this proposed project, the Department would need to elicit direct input from the MCPs to address the needs of youth attempting to access care under their family's health insurance coverage. The MCPs would be needed to determine what costs are covered by insurance plans, insurance-related procedures (such as authorizations), and how to better identify and advertise services for youth performed by the MCP.

In a recent report conducted by the California Pan-Ethnic Health Network (CPEHN) [\*Medi-Cal Managed Care Plan Mental Health Services\*](#), identified the need for MCP to improve their websites and the availability of information about behavioral health services. The need for improved websites may be better addressed if the current MCPs in Fresno County worked with youth to design and implement a youth section on each MCP website.

## Next Steps

### Fresno County's Innovation Vision

Fresno County Department of Behavioral Health has committed to developing community-driven, sustainable Innovation projects under its MHSA plan. In recent years, the Department has embraced a philosophy of using Innovation dollars for learning projects, rather than dedicating funds to narrowly focused service programs. These learning projects center largely on increasing access to services for Fresno County residents who are unserved or inappropriately served by the public behavioral health system. In the case of this project, the opportunities for learning might be limited; rather, the funding would be used to create a project that would need to be sustained.

Furthermore, Mental Health Services Act (MHSA) funding is to be the funding option of last resort. As previously mentioned, there are other resource platforms in existence that are funded by a variety of sources. MHSA funds, including Innovation dollars, should not be used to develop and fund a system which can be developed and funded through other options.

### Commitment to producing a youth-designed, youth-led Innovation project

While this memo has noted some challenges with such a project being put forth as an Innovation Plan, the Department sees great value in continuing the work initiated by the youth leaders in the Be Health project.

The Department's intention to put forth a youth-developed, youth-led, and youth-focused Innovation Plan has been memorialized in the 2020-2023 MHSA Three-Year Plan. This intention is further described in each Annual Update, and in the Innovation Community Planning Process Plan (which funded this endeavor). At this time, the Department will focus its efforts on leveraging the knowledge gained from this project into existing strategies to create a

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coordinated public mental health system. This may include working with currently operated MHSA-funded programs such as CBANS and MAP to help better educate the community on mental health literacy, how to access care, and what resources are available. The Department may also pursue a project in which youth leaders assist in planning to integrate the variety of resource navigation websites into a cohesive whole. Youth could advise the Department on topics such as creating access to more youth-friendly resources, and how to adopt and implement youth-driven rating systems.

The Department remains committed to sharing this report and presentation with other organizations that may be interested in working with youth to improve access to behavioral health services for youth. In October 2021, Fresno County shared the report and presentation with the California Pan-Ethnic Health Network (CPEHN) for use in its advocacy work, driven by the *Medi-Cal Managed Care Plan Mental Health Services* report.

The Department is using the report in its on-going communication and promotion efforts to inform its efforts to rendering more youth-centric messaging and work to improve the youth focus and appeal of youth specific services.

Based on the challenges with the proposed program, the Department does not deem the current proposed project to be a viable INN plan at this time and will continue to explore for youth, by youth possible INN project.



# BEHEALTH.TODAY

**County of Fresno Department of Behavioral Health**

Final Report  
Social Policy Institute  
San Diego State University  
August 12, 2021



# TAY HELPING TAY

## *Creating New Ideas to Innovate Behavioral Health*

The Fresno County Department of Behavioral Health (DBH), in partnership with its richly diverse community, is dedicated to providing quality, culturally responsive behavioral health services to promote wellness, recovery, and resiliency for children, youth, individuals and families in the community. With Transition Aged Youth (TAY) in mind, DBH invited the San Diego State University Social Policy Institute to bring Human Centered Design to the county.

### **TAY BACKGROUND**

Transition Aged Youth (TAY), 16 – 25 years old, are developmentally moving into young adulthood and facing a range of opportunities and challenges that position them to move beyond dependency to independence in some areas, and interdependence with peers, family, and the community. Positive behavioral health is vital to quality of life and the achievement of age-appropriate developmental milestones.

For some youth, the transition to adulthood presents exciting opportunities, while for others it brings a number of challenges in meeting their basic needs. Youth in transition may not be able to connect well with others, find employment that covers a minimum income and offers health benefits, find safe, affordable housing, etc. For youth leaving foster care or juvenile detention facilities, youth who have run away from home or dropped out of school, or youth with disabilities, the challenges can be even greater. Further, starting in 2020 with the onset of the global coronavirus pandemic, all youth began to face unprecedented challenges in the areas of loneliness and isolation, digital access, body image related to changes in movement patterns, academic challenges in a virtual environment, etc. Many of these issues are exacerbated by behavioral health challenges, and yet positive behavioral health can help buffer risk and create opportunities to thrive.

### **DESIGN FOR BEHAVIORAL HEALTH INNOVATION**

BeHealth.Today, based on Human-Centered Design, also known as Design Thinking (HCDT), is a complete process from education to workshops to presenting a proposal that facilitates positive behavioral health for TAY. Design Thinking has become popularized by academic institutions like Stanford's D School, and innovation experts, like IDEO, to generate innovative solutions to improve current situations, including those impacting TAY.

Developed by SDSU Social Policy Institute and The Idea Guy™, BeHealth.Today™ provides the opportunity for participants to generate new approaches in the design and delivery of behavioral health services and supports. The project was to create meaningful community engagement of

Transition Age Youth (TAY) 16 – 25 years old. The approach was a “by TAY for TAY” to develop Innovation projects to improve opportunities for TAY wellbeing in Fresno County.

The BeHealth.Today approach is composed of cohorts of community participants coming together to learn about human-centered design, work through skills necessary to generate a good idea, and develop their proposals on innovating behavioral health. The process is complete when participants present their ideas in a formal presentation to an expert panel and their peers.



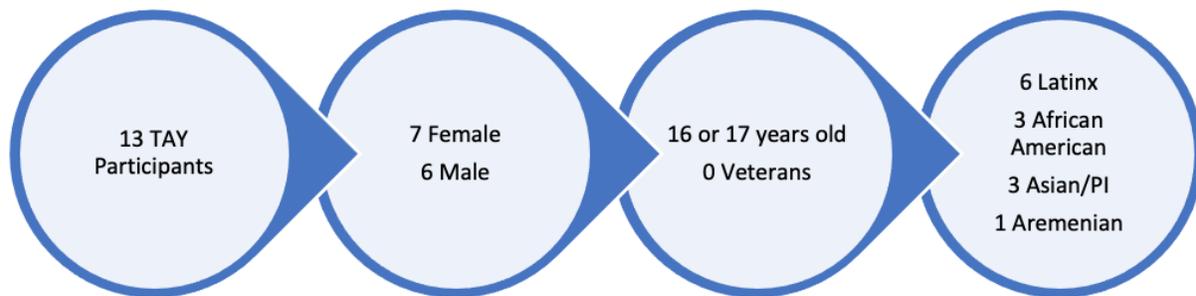
Such community-generated ideas create a bank for potential Innovation projects. Innovation projects are funded through a special component of the Mental Health Services Act (MHSA). Projects are submitted by the County to the MHSA Oversight and Accountability Commission for approval. The MHSA statute requires that Innovation projects have novel approaches to behavioral health issues, be time-limited and designed to answer research questions related to innovating and improving mental health.

## **OUTREACH AND RECRUITMENT**

The Design Team (SPI and The Idea Guy™) began with a list of potential ambassadors/partners identified by the Fresno Department of Behavioral Health (DBH) of key local stakeholders who already had existing relationships with diverse TAY populations. Then the Design Team actively recruited leaders through virtual presentations, flyers, and direct outreach in order to engage and register TAY participants. The Design Team believed this strategy of cultivating champions and engaging influencers would be most effective to inform, involve and inspire individuals to participate in the human centered design thinking process. Please see Appendix A for a listing of TAY allies, champions, and influencers.

In order to achieve diverse participation, the Design Team implemented an integrated marketing and communications platform for outreach, engagement, registration and completion of an initial project proposal. The foundation for communication was the website, which included all the information and functionality. The social media profiles on Facebook, Twitter and Instagram helped interject the program into social conversations. Email marketing reached out to people on lists compiled by the Design Team of potential ambassadors/partners. Links on the website,

social end user email led back to a process for multi-language registration supported by Eventbrite. Please see Appendix B for a snapshot of the marketing and outreach campaign. The combined targeted recruitment resulted in a diverse representation of High School participants, who were English speaking TAY enrolled at Fresno Unified School District's Bullard and Hoover High Schools. Overall, there were thirteen (13) TAY participants, 7 of whom identified as female and the remainder identified as male. All were aged 16 or 17. Six participants were Latinx, three were African American, three were Asian/Pacific Islander, and one was Armenian. There were no veterans or active-duty military among them. See Appendix A, initials are used for confidentiality of minors.



While this was a robust cohort that in the end produced a remarkable proposal, it was hoped that even when outreach strategies were adapted in response to COVID, there would be additional cohorts participating. Additional analysis of this dynamic is presented in “Lessons Learned.”

## DESIGN PLANNING AND IMPLEMENTATION BY COLLABORATING PARTNERS

### *Collaborative Partnership/Learning Community*

The Design Team established regular meetings as a working group, and also met (virtually) regularly with DBH to report progress, debrief project stages, and agree on immediate next steps. The Design Team was organized to align and maximize the complementary competencies, resources and networks of the partners with HCDDT as well as designing/delivering behavioral health and community based human services. Each team member was committed to the goals and stretched outside the box of their “comfort zones” in developing and implementing the plan. This innovative collaboration helped to demonstrate how diverse participants can use HCDDT to achieve a greater good even in the midst of a pandemic.

### *Adapting HCDDT for Fresno TAY in a COVID Environment*

The Idea Guy™ contributed a previously developed iteration of Human Centered Design (that remains proprietary) for the project. Its successful experience with diverse, cross-sector,

intergenerational populations heavily influenced the Human Centered Design for this DBH target audience.

Although the initial intention was to conduct activities in real time in Fresno County at venues known by and comfortable for TAY, the HCDDT process was able to engage participants in a structured virtual workshop environment. The structured activities and resources in the four-hour workshop allowed participants to deepen, expand and revise initial ideas or issues that they had originally wanted to address. Materials and supplies normally distributed during on-site events were shipped to influencers for distribution to youth in sanitized, individualized packets.

## PROJECT LOGISTICS

### *Platform: The Message and Vehicles for Dissemination*

WordPress (a web-based tool), used for initial development of BeHealth. Today, worked well for adapting TAY-specific content that was easy to navigate. All technical requirements for ease of use and updating/managing the site by the Design Team were accomplished. Informal feedback from participants indicated they found the site to be engaging and informative. The social media selected (Facebook, Instagram, Twitter and LinkedIn) were well-suited for TAY target audiences.

In reflection, the Design Team would suggest investing in efforts to engage the intended audiences in advance through targeted social advertising and email marketing so messages would reach the maximum audience and generate interest.

### *Promotion: Spreading the Word*

Key influencers were identified for personal connections with TAY and were open to leveraging their program distribution lists to reach a larger target audience. The key influencers suggested by DBH indicated interest in the needs of the TAY population, the HCD process and strong support for DBH's goals and purpose. Influencers were engaged as prominent and credible messengers for testimonials (see promotional videos by [Kylene Hashimoto](#), [Dr. Robert Pimentel](#) and [Dr. Tiffany White](#)).

Allies and influencers who assisted with outreach had requested "talking points" and video/visuals to support their verbal outreach and to use as a reference for potential participants to refer back to. BeHealth.Today handouts, brochures, consumer flyers and FAQs were informative, well received and very useful in our approach to outreach and engagement of diverse stakeholders. These materials were also posted on the website to encourage visits for more information and registration for



**New ideas for the new normal.**

@BeHealth.Today helps transition age youth in #Fresno to create new ideas that impact their #health and #wellness.

Growing up is hard, and doing by yourself is even harder. It's a whole new world with the Coronavirus and the changes that are coming, but don't worry. We're going to help you learn a way to figure it out with you.

In partnership with Fresno County Department of Behavioral Health, and other organizations in the community, BeHealth provides really great instructors, coaches and mentors that can teach you a step-by-step process for creating new ideas that help you in your future - whatever you choose to do.

**ATTEND AN ONLINE WORKSHOP!** A four-hour workshop designed to generate new ideas, a project plan and next steps for development.

- Join with a team, partner or work solo
- Learn a process for creating new ideas
- Create a new idea to improve your world or one that helps others.

Register for BeHealth™ | WORK  
Thursday, June 18th @ 10:00am  
<http://BeHealth.Today/events>



upcoming events. All printed material was created at 8th grade reading level to ensure comprehension by a wide TAY audience. It is noteworthy that social ads used content from previous events to target stakeholders that meet the key demographics (e.g., TAY, people with lived experience, DBH providers, Community-Based Organizations/Non-profits, advocates, etc.) whenever possible in hopes that TAY sees someone like him/herself which encourages empathy, understanding and raises awareness of behavioral health issues. Please see Appendix C for a full copy of the materials, including fliers, social ads and videos (See “Lessons Learned” for a discussion of the role of incentives for participants and for the potential ambassadors/partners as a social justice issue in promotion, as well as the unique impact of COVID on vulnerable Fresno communities.)

### *Event Administration/Logistics*

Registration was conducted using EventBrite and the process functioned as designed for online registration. While the Design Team had translation services and material available, none were requested for this project.

Originally the first learning event was to be held at the Westside Youth Center but was cancelled due to COVID-related shelter-in-place statewide mandate. For any future events, locations selected should be easy to find and well known in the community, accessible to public transportation, have sufficient parking spaces, at little or no cost whenever possible.

Translation/Accommodations: Despite the diversity in Fresno, there were no requests made for language translation, nor for accommodations due to a disability.

## **IMPLEMENTATION**

BeHealth.Today is a complete process, from education to workshops to a presentation of a proposal for consideration to the Fresno Department of Behavioral Health.

- A **Learning** event to provide an overview of the process and encourage participation.
- A **Workshop** to provide hands-on experience in HCDT and create an initial project proposal for generating new ideas.
- A **Project Development Phase & Coaching** to test the project and implementation plan as well as receive individualized coaching.
- A **Presentation** to an Expert Panel of the Design Team, key stakeholders and peers for feedback and evaluation.

**Learning:** A one-hour overview of the BeHealth experience.

This is an important event because it is the top of our marketing/engagement funnel – educating/encouraging people on the value of the project and their participation. The more TAY who attend, the greater number of TAY who are informed and potentially will register for the workshop. A Press Release was issued before the program start date to maximize attention and

“buzz” for the events. Livestreaming the learning event on Facebook would expose more people to the HCDT program and DBHS’s goals. The video can also be converted into a social ad on Facebook to inform and engage intended audiences. Livestreaming the learning event on Facebook would expose more people to the HCDT program and DBHS’s goals. The video can also be converted into a social ad on Facebook to inform and engage intended audiences.



**Workshop:** A four-hour event designed to generate new ideas, a project plan and concrete next steps to develop a successful proposal.

The Workshop was developed with a variety of approaches for understanding and experiencing the HCDT process. The workshop required four hours to fully execute. Initially, participants were surprised at the fast pace of the activities (3 – 4 minutes to complete a task), but by the middle of the workshop they readily moved at a faster pace. They see the value of many ideas and the diverse perspectives from the other participants. See Appendix D for the running order of the Workshop.

**Development:** Group work on participant’s project plan, further development of ideas and prototypes, and testing to identify potential impact.

The TAY teams were encouraged to meet with a coach to prepare their projects. This provided an opportunity to assist in the project planning and offer feedback on the prototyping and the diversity of the proposed team. Coaches were available to help the team understand whether they have the right people involved to be successful.

For future HCDDT projects, all teams must create an approved project management plan that identifies the sequence of activities. This allows the team to understand the path for successfully completing their proposed project. All teams should meet with their coach to review work on the steps of the process in the project plan with a go / no-go decision at key points. This would assist teams to execute the testing stage and any re-prototyping that's indicated within the allotted time.

**Presentation:** Delivery of participant's project (formatted to proposal guidelines) for consideration by an expert panel and peers.

The Design Team requested that teams submit all their materials in advance of presentation. Of the two teams that continued after the Work session, one demonstrated their readiness to make a presentation, having completed a narrative (script) and presentation (slides) on the templates that had been provided. The second team informed their Bullard faculty advisor it was proceeding with the project tasks and would make a presentation, but despite numerous requests never arranged consultation with the coach and did not make a presentation.

Both the Design Team and audience members not affiliated with the presenting team evaluated the proposed project. The audience members did not have previous experience with judging HCDDT projects but were able to do so with a brief introduction to the respective rating elements. The audience ratings differed from the Design Team ratings. This was not unexpected and allowed additional insights into the desirability and community interest in a particular project.

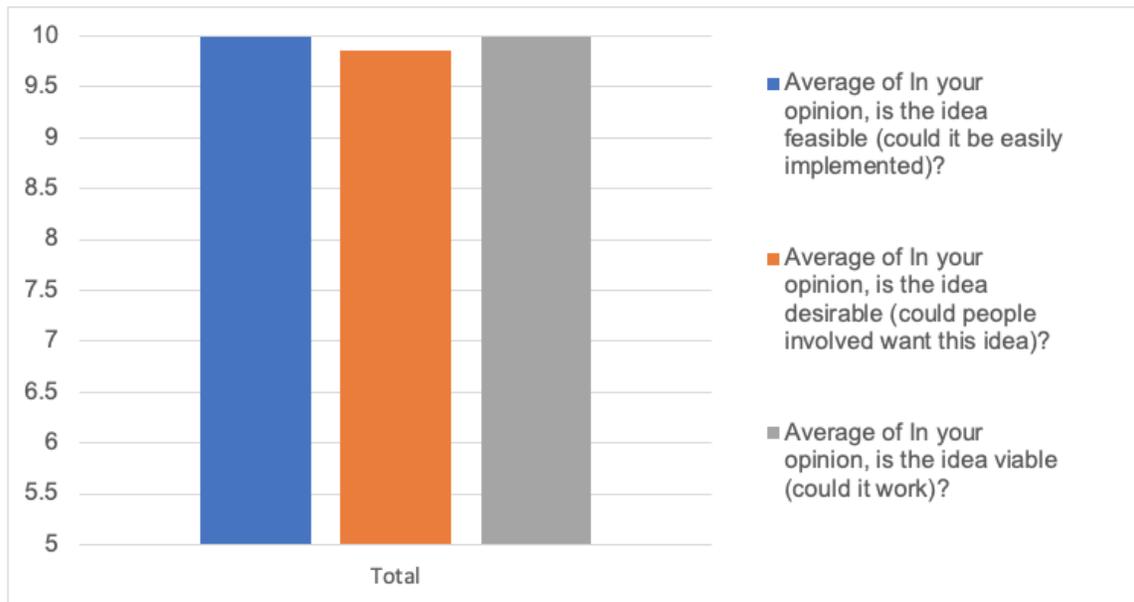
## **Results**

Several promising project ideas emerged, but were presented in the Workshop only:

1. How might we help teenagers and adults understand suicide in order to talk about it and help suicidal people.
2. How might we help children and youth communicate more about the issue and provide sources to help them in order to improve children's mental health.
3. How might we help society identify behavioral disorders/problems in order to help spread awareness and point those in need in the direction of help.
4. How might we help the youth learn to manage adverse experiences to create better experiences with a positive mindset.
5. How might we help teens in high school easily access the correct treatment and recovery needed based on their needs to comfortably face and overcome their problems.

### *Proposal ideas developed into presentations*

One project idea continued through development and presentation. The fifth idea, "How might we help teens in high school easily access the correct treatment and recovery needed based on their needs to comfortably face and overcome their problems" was ranked on metrics the Design Team deemed essential for success. See below for definitions and resulting rankings.



- Desirable - the idea makes sense and is wanted by the consumers it is intended to serve
- Feasible - the idea is doable; it could be implemented
- Viable - the idea is fundable through potentially available resources

The full presentation may be viewed here on YouTube here: [https://youtu.be/tku0Rd\\_-Qy0](https://youtu.be/tku0Rd_-Qy0).

NOTE: The BeHealth.Today team process and website assures that the community will continue to be a collaborative partner for the current, and future ideas, developed to be considered by Fresno DBH, MHS OAC, private funders and/or social entrepreneurs. Updates are regularly posted on the BeHealth.Today website at <https://behealth.today>.

For more information about MHSOAC and Innovation projects, visit <http://mhsoac.gov>.

## BIG IDEAS/NEXT STEPS

### *Suggested Project to go Forward*

Team 5 presented the ePoint Resource Locator with a review of the project plan and a live demonstration of the website available at <https://epoint.today>. Their presentation highlighted the project plan, the tasks completed as well as the expanded focus of the project as they gathered feedback during their outreach and prototyping. The team developed the ePoint Resource Locator website to help the Bullard community identify options for student social emotional support, access community-based resources and treatment programs to impact mental health and wellbeing. The team surveyed key stakeholders of students, parents, teachers and

counselors, developed a 10-item scorecard to rate local programs on location, access, quality, cost and availability for youth behavioral health needs/issues. The team also developed short videos explaining the rating for the programs to better inform their target audience youth and their families. In their conclusion, the team highlighted suggestions to further improve the website's functionality to be even more user friendly.

According to the feedback during the presentation as well as from the community stakeholders surveyed, there is a clear community need for Fresno TAY to have more information and access to meet behavioral health issues. Therefore, the team made a commitment to maintain the website during the summer months before they leave for college and hope it will be continued by other students in the Fall. The team successfully created an innovative behavioral health project by TAY for TAY. Given the quality of the project, the presentation evaluations and the closing comments by Fresno Unified staff and NAMI Fresno Executive Director, the BeHealth team encourages the Fresno DBH to consider funding this innovative TAY project.

### *Brief Description of Fresno TAY Experience and Recommendations for Next Steps*

As part of our outreach and recruitment, BeHealth worked with several key Fresno stakeholders to help mitigate “being the outsider”. Dr Tiffany White and her intern, Graciella Angeles, were initially helpful in connecting us with stakeholders and some possible non-traditional TAY groups that might be included. Kylene Hashimoto provided important background and current information on TAY issues and opportunities in Fresno. Both were enthusiastic supporters of the project and made testimonial videos to get out the word available on this YouTube playlist.

Originally planned to be an in-person process, the first cohort was scheduled to be launched in April 2020 at the Westside Youth Center. The Covid 19 lockdown meant postponing this event. When it became apparent that Covid lockdown was indefinite, the BeHealth team in consultation with the DBH staff and local champions decided to present our human centered design model virtually in a zoom platform. The team was confident the sequence of activities could be delivered remotely as long as the participants had access to a computer and secure internet connection. The team believed that not only were TAY at home and spending their time on the internet, but that the human centered design process might be a “welcome change” from COVID restrictions and typical classes.

Over the summer in dialogue with Fresno Unified staff, the BeHealth team decided to wait until the Fall when school was in session to reduce the conflicts and uncertainty of the summer months. Initially key Fresno Unified staff included Darryl Du'chene and Tara Kaitfors, but once it was decided to engage Bullard and Hoover High School students, the Fresno staff team expanded to include: Troy Odell, Michele Mar, Ralph Vasquez and Celia Lopez. The Fresno Unified staff met at least once a month during the Fall of 2020 and bi-weekly during the 2021 to manage program issues and logistics.

The Idea Guy made weekly outreaches to the five teams via email, though only two teams led by V.S. and A.D., responded despite numerous requests through the end of March 2021. The project lead worked with the respective Fresno faculty to encourage and support all five teams.

Unfortunately, Spring Break and the re-opening of the school campus, in early April, made it difficult for the student teams to set meeting times and follow through on their prototyping and testing efforts. As one of the faculty pointed out, for the first time in almost a year, students are able to participate in all the regular outdoor sports teams and there is just too much demand to be with friends enjoying community activities. Further by the end of April, preparing for finals and the end of year High School prom made it even more difficult. The Presentation event was scheduled and rescheduled three times to try to accommodate these conflicts.

## **LESSONS LEARNED**

1. Proof of concept was achieved that “BeHealth.Today can be implemented in a virtual platform exclusively, if and when social and health conditions warrant.”
2. The impact of BeHealth.Today is anticipated to be magnified beyond the current scope of the project. Participating TAY are seeing the opportunity to use design thinking to help them evaluate next steps ahead for them; faculty and staff are using HCDDT and bringing it into the classroom; TAY will have a deeper sense of civic engagement and learned leadership skills;
3. Maximize outreach by coordinating with a wide variety of agencies focused on youth and issues of interest to youth. Engage partners in thinking through, “How might we better coordinate and align the messaging?”
4. Consider a “by region” or “by neighborhood (or school district)” approach to maximize local impact and involvement.
5. Think through the age of Transition Age Youth (TAY) who are likely to engage. High school seniors are good candidates because they are looking forward. TAY who are out of school (graduated) are also likely candidates.
6. As a matter of social justice and equity, provide meaningful incentives for participation to youth and partner agencies.
7. Engage post-TAY youth to ask what they wish they would have had (as TAY) to help them be successful.
8. Coaching and accountability to a timeline are essential to the success of the program.
9. Flexibility is required to manage external constraints (i.e. the presentation date was changed three times due to unforeseen circumstances.)

## **APPENDICES**

- A. TAY Allies, Champions, Influencers and Participants
- B. TAY Marketing and Outreach Campaign
- C. TAY Outreach Materials
- D. Event Overview / Agenda

## Appendix A: TAY Allies and Influencers

### Allies, Champions, Influencers

Johnny Garza	jgarza@chusd.org	Director of Student Services- Coalinga-Huron Unified School District
Cresencia Cruz	ccruz@faihp.org	Fresno American Indian Health Program
Coreen Campos	ccampos@uwfm.org	United Way of Fresno and Madera
Ashley Rojas	ashley_rojas@fresnobarriosunidos.org	ED Fresno Barrios Unidos
Kylene Hashimoto	kylene@thewildfireeffect.org	Behavioral Health Board TAY Member, OAC TAY Workgroup Member
Gleyra Castro	gcastro@fresnocountyca.gov	DBH Children's' Services Supervisor
Emily Vargas	evargas@tpocc.org	Program Manager. Turning Point-Rural Mental Health Services
Chris Roup	chris@namifresno.org	ED- NAMI Fresno
Malia Sherman	msherman@mail.fresnostate.edu	Director of Student Mental Health Services-Fresno State
Tiffany White	tiffwhite@fresnocountyca.gov	Adj. Prof. Juvenile Justice Campus-Fresno City College, BHS Diversity Officer
Yolanda Randles	yrandles@wfresnofrc.org	ED West Fresno Family Resource Center
Saul Salinas	SaulSalinas@cusd.com	Student Services Clovis Unified
Jason Williams	jasonwilliams@casafresno.org	Fresno CASA
Joanna Litchenberg	joannaz@focusforward.org	Focus Forward
Jennifer Cruz	Jennifer.Cruz@fresnoeoc.org	Fresno EOC LGBTQ Center
Dino Perez	dperezwsy@gmail.com	Westside Youth Center
Martin Macias	mmacias@gpusd.org	Superintendent Golden Plains Unified School District
Jojo Reyes	jojoreyes@mendotaschools.org	Director of Student Services-Mendota Unified
Dr. Janelle Pitt	jepitt@mail.fresnostate.edu	Professor, Fresno State
Dr. Malia Sherman	msherman@mail.fresnostate.edu	Director, Student Mental Health Services Fresno State
Jen Cruz	Jennifer.Cruz@fresnoeoc.org	Fresno EOC LGBTQ Center
Darryl Du'chene	Darryl.Du'chene@fresnounified.org	Project Manager, Dept of Prevention & Intervention
Dr Robert Pimentel	robert.pimentel@fresnocitycollege.edu	VP Educational Services
Tara Kaitfors	Tara.Kaitfors@fresnounified.org	Coordinator College and Career Readiness
Troy Odell	Troy.Odell@fresnounified.org	Supervisor
Michelle Mar	Michelle.Mar@fresnounified.org	Supervisor
Celia Lopez	Celia.Lopez1@fresnounified.org	Faculty, Bullard HS
Ralph Vasquez	Ralph.Vasquez@fresnounified.org	Faculty, Bullard HS

### Participants

ID	Name	Gender	Age	Ethnicity/Race
3	C.M.	Female	16	Hispanic/Latino
9	T.P.	Female	17	Native Hawaiian or Other Pacific Islander
5	E.S.	Female	16	Hispanic/Latino
6	N.H.	Female	16	Hispanic/Latino
1	A.G.	Male	17	Hispanic/Latino
4	D.A.	Male	16	African American
10	V.S.	Male	17	Armenian
7	J.N.	Female	17	Asian American
8	R.C.	Male	17	Hispanic/Latino
2	A.D.	Female	17	Hispanic/Latino
11	M.R.	Male	17	African American
12	B.G.	Male	17	African American
13	K.V.	Female	16	Asian Hmong

## Appendix B: TAY Marketing and Outreach Campaign

<i>Item</i>	<i>Date</i>	<i>Description</i>
Website	4/20/2020	<a href="#">BeHealth™   Fresno Events Posted</a>
Social Media	4/28/2020	<a href="#">BeHealth LEARN Event</a>
Social Media	5/20/2020	<a href="#">BeHealth™   Fresno Ad Campaign</a>
Video	5/20/2020	<a href="#">BeHealth™   Hello Fresno</a>
Social Media	5/22/2020	<a href="#">BeHealth™   Fresno : Tiffany White</a>
Event	5/27/2020	<a href="#">BeHealth LEARN</a>
Social Media	5/28/2020	<a href="#">BeHealth™   Fresno : Kylene Hashimoto</a>
Video	5/29/2020	<a href="#">BeHealth™   Fresno : Robert Pimentel</a>
Social Media	5/29/2020	<a href="#">BeHealth™   Fresno : Robert Pimentel</a>
Video	5/29/2020	<a href="#">BeHealth™   Fresno : Kylene Hashimoto</a>
Social Media	5/29/2020	<a href="#">BeHealth™   Fresno : Kylene Hashimoto</a>
Video	5/29/2020	<a href="#">BeHealth™   Fresno : Tiffany White</a>
Social Media	5/31/2020	<a href="#">BeHealth™   Fresno : Robert Pimentel</a>
Social Media	6/2/2020	<a href="#">BeHealth™   Fresno Advertisement</a>
Social Media	6/2/2020	<a href="#">BeHealth™   Fresno Advertisement</a>
Event	6/4/2020	<a href="#">BeHealth LEARN</a>
Social Media	6/10/2020	<a href="#">BeHealth™   Fresno Advertisement</a>
Social Media	6/18/2020	<a href="#">BeHealth™   Fresno Advertisement</a>
Social Media	12/8/2020	<a href="#">BeHealth™   Fresno : WORK Advertisement</a>
Event	1/23/2021	<a href="#">BeHealth WORK</a>

Social Media	1/26/2021	<a href="#">BeHealth™   Fresno : WORK Promo</a>
Event	6/6/2021	<a href="#">BeHealth PRESENT</a>
	6/6/2021	<a href="#">ePoint Review: Discovery Mood &amp; Anxiety Program</a>
	6-6-2021	<a href="#">ePoint Review: Alpha Behavioral Counseling Center</a>
Website	6/21/2021	<a href="#">BeHealth™   Fresno : ePoint added to Big Ideas</a>

## Appendix C: TAY Outreach Materials



# New ideas for the new normal.

@BeHealth.Today helps transition age youth in #Fresno to create new ideas that impact their #health and #wellness.

Growing up is hard, and doing by yourself is even harder. It's a whole new world with the Coronavirus and the changes that are coming, but don't worry. We're going to help you learn a way to figure it out with you.

In partnership with Fresno County Department of Behavioral Health, and other organizations in the community, BeHealth provides really

great instructors, coaches and mentors that can teach you a step-by-step process for creating new ideas that help you in your future - whatever you choose to do.

**ATTEND AN ONLINE WORKSHOP** | A four-hour workshop designed to generate new ideas, a project plan and next steps for development.

- Join with a team, partner or work solo
- Learn a process for creating new ideas
- Create a new idea to improve your world or one that helps others.



**Register for BeHealth™ | WORK**  
Thursday, June 18th @ 10:00am  
<http://BeHealth.Today/events>

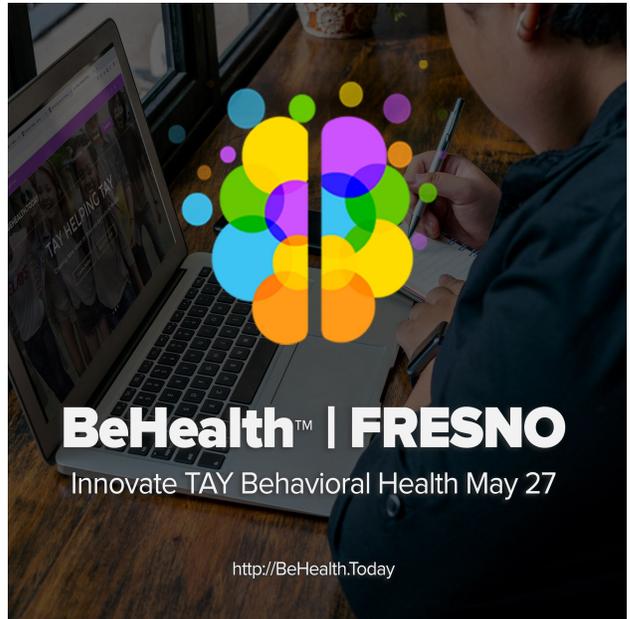


DEPARTMENT of  
**BEHAVIORAL  
HEALTH**



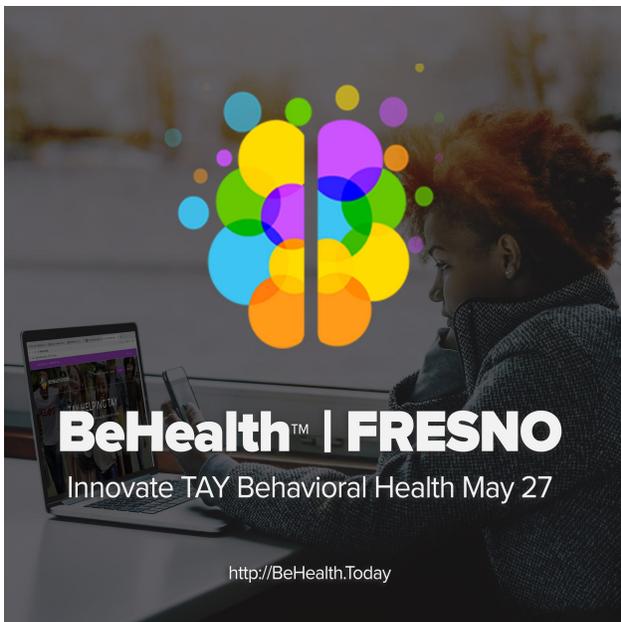
**BeHealth™ | FRESNO**  
Innovate TAY Behavioral Health June 4

<http://BeHealth.Today>



**BeHealth™ | FRESNO**  
Innovate TAY Behavioral Health May 27

<http://BeHealth.Today>



**BeHealth™ | FRESNO**  
Innovate TAY Behavioral Health May 27

<http://BeHealth.Today>



**BeHealth™ | FRESNO**  
Innovate TAY Behavioral Health May 27

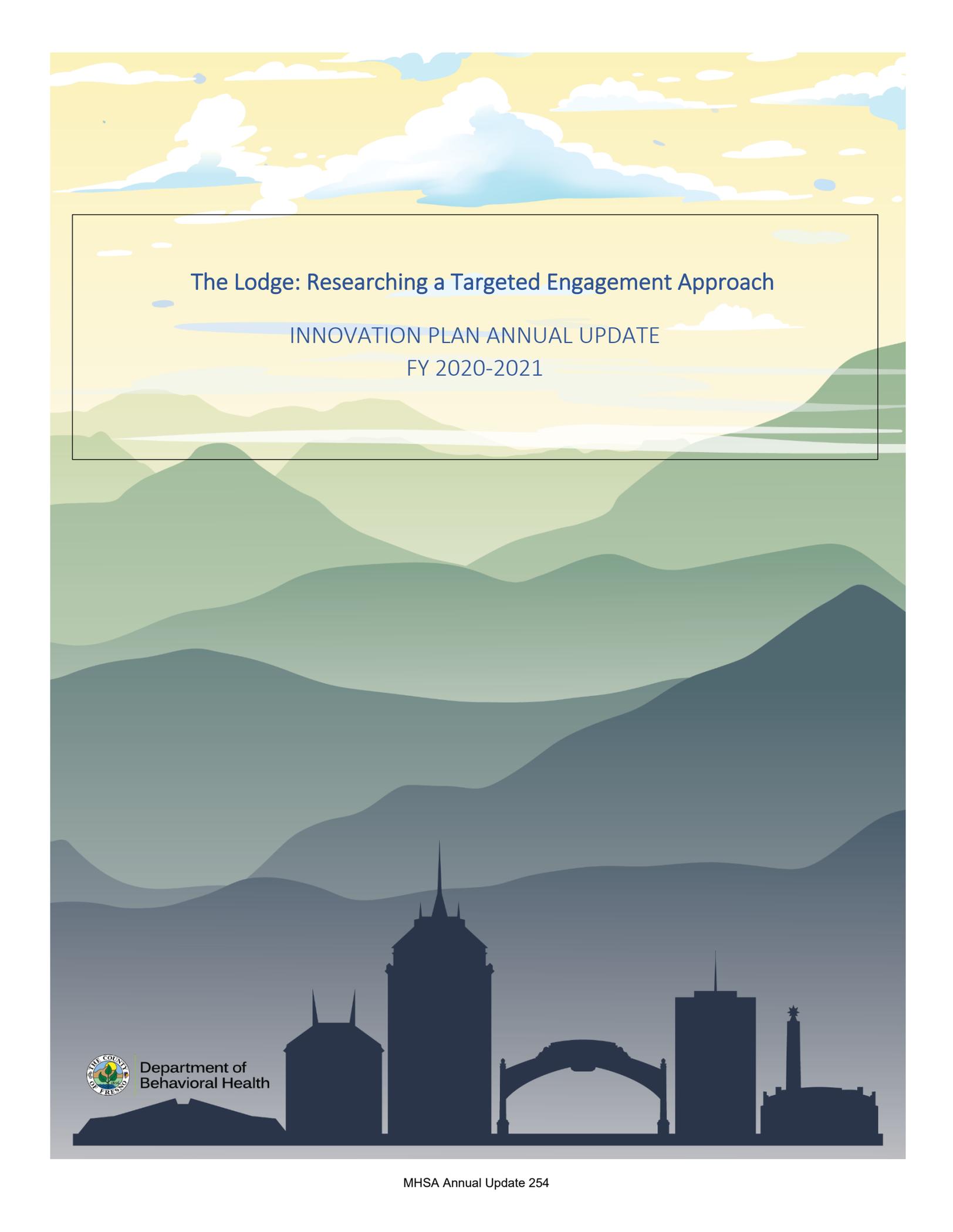
<http://BeHealth.Today>



## Appendix D: Event Overview / Agenda

- [BeHealth™ LEARN Agenda](#)
- [BeHealth™ WORK Presentation](#)
- [BeHealth™ PRESENT Agenda](#)

# Appendix F: The Lodge Annual Update



The Lodge: Researching a Targeted Engagement Approach

INNOVATION PLAN ANNUAL UPDATE

FY 2020-2021



Department of  
Behavioral Health

## Introduction

The Lodge is a new innovation project launched in Fresno County with the goal to explore, identify, and understand engagement for individuals who are homeless or at-risk for homelessness, who have limited engagement with care, and are in the pre-contemplation state of change.

The Lodge seeks to support participation in a housing program designed to stabilize a person's living situation while also providing supportive services on site. The project will accomplish this by providing safe and secure, low barrier (come as you are) lodging focused on meeting an individual's basic needs in a setting with 24/7 peer support services. The Lodge is also making a change to an existing practice in the field of mental health, including but not limited to: application to a different population; by using Peer Support Specialists trained in motivational interviewing; and other evidence-based practices to understand its effectiveness in engaging a specific population (individuals who are homeless or at risk of homelessness, with an emerging or chronic mental illness, and who are not engaged in the mental health system due to being in the pre-contemplative stage of change).

The service agreement for the Lodge was approved in October 2020, and the Lodge began welcoming individuals in March of 2021.

## Background

The Lodge is a \$1,400,000 three-year Innovation Project, which seeks to understand effective methods of engagements for individuals who are homeless or at risk of homelessness, with an emerging or chronic mental illness, and who are not engaged in the mental health system due to being in the pre-contemplative stage of change. The program examines whether meeting an individual's basic, intrinsic needs can improve engagement in care, and whether peers with similar experience can be effective facilitators of that engagement.

This project was approved by the California Mental Health Services Oversight and Accountability Commission (MHSOAC) in May of 2020.

RH Community Builders was identified as the intended awardee through a request for proposal (RFP) process in February of 2020, pending approval of the project by the MHSOAC.

RH Community Builder has been operating and providing housing services, including emergency housing during COVID-19, and is keenly aware of the challenges inherent in providing housing programs for individuals experiencing homelessness and/or mental health challenges. Furthermore, RH Community Builders had a permitted space available at the time of the RFP, which allowed for rapid the start up for such a program in Fresno County.

## Project Activities

The contract with RH Community Builders was executed in October of 2020 by the Fresno County Board of Supervisors. This agreement allowed for RH Community Builders to begin preparing the program, including hiring and training staff in a manner consistent with the supportive, come as you are milieu needed for the engagement strategy. Some of the initial work also included

preparing the existing facility for services, as it was previously used as an emergency shelter during the COVID-19 Pandemic.

The facility is located in the city of Fresno, accessible by public transportation, and in a neighborhood with larger lots to allow for privacy. The Lodge’s campus allows for separate men’s and women’s quarters, as well as private space for those who are gender non-binary or identify as transgender. The Lodge also includes open outdoor spaces, as well as space for individuals to keep their pet companions (i.e., dogs) safely on the premises.

At the time of this writing, the program is fully staffed. A key aspect of this program was to employ peers with lived experience and to examine how peers rendering the engagement strategies may impact effectiveness. The program is employing seven full-time peers, as well as 11 other staff (including supervisors, operations, and clinicians). The only vacancy at this time is for a Licensed Vocational Nurse. All peer positions have been filled.

RH Community Builders participated in a series of meetings with the project’s identified research team at California State University Fresno Foundation, also known as the Social Research Institute. The research team is led by Dr. Tim Kubal, who possess extensive experience with individuals experiencing homelessness. RH Community Builders, County staff, and the evaluator (Social Research Institute) met on a regular basis for several months to begin coordination of evaluation and necessary data collection. Coordination work began prior to the execution of service agreements to ensure that the program would be implemented in a manner consistent with the project’s learning goals, and that appropriate data would be collected and available for a complete evaluation of the projects and its learning goals.

The agreement between Fresno County and Social Research Institute was executed in March of 2021, which coincided with the startup services. The agreement for the evaluation is \$150,000 for the three years.

The Lodge was open to receive guests in March of 2021. The number of referrals varies by month but is generally increasing. In FY 2020-2021 the program has served 211 unduplicated individuals. The program census for FY 2020-2021 can be viewed in the table below.

	MARCH	APRIL	MAY	JUNE
<b>TOTAL GUESTS</b>	57	67	64	45
<b>TOTAL SERVED</b>	41	53	53	25
<b>TOTAL CONTINUING</b>	0	7	6	9
<b>TOTAL REVISITS</b>	0	1	1	1

The table below illustrates the number of persons who have had successful linkages and have been engaged in care through the program. Successful linkages are defined as a program participant initiating and/or accepting the facilitation to get connected to services, enrolls in the agreed upon services, and then attends their first appointment.

	APRIL	MAY	JUNE
<b>SUCCESSFUL LINKAGES</b>	0	06	03

## COVID-19

The COVID-19 Global Pandemic has had an impact on lives and services throughout the past year, and the Lodge is not an exception. Despite the impacts of COVID-19 on service planning and provision, the Lodge was able to become operational in a short period of time during the COVID-19 Pandemic.

COVID-19 has significantly impacted individuals experiencing homelessness in Fresno County. Various emergency housing and shelter efforts provided access to shelter (not necessarily long-term housing) for a number of individuals experiencing homelessness. As these shelters close, these individuals may face challenges in securing shelter and housing. At the same time, there is a risk for the homeless population to increase due to the economic downturn caused by COVID-19, and the risk of postponed or suspended evictions being enforced.

Prior to the COVID-19 pandemic, Fresno County faced a high rate of homelessness and a low stock of affordable housing options. Efforts to shelter individuals during the COVID-19 pandemic have further reduced the housing stock.

The Lodge has also experienced challenges related to COVID-19 restrictions which have continued to make accessing some behavioral health services more challenging than anticipated. That has ranged in types of support services and resources, which are a factor in engagement.

## Next Steps

The project is working to anticipate changes as the State begins to emerge from the global pandemic; provide access to behavioral services that are amenable to some of the guests of the Lodge; and continue to secure housing placement with a limited stock of available housing. The County has continued to apply for, and be awarded, No Place Like Home awards; however, the number of persons needing housing far outweighs the anticipated number of near future units.

In the initial four months of operation the program has served a larger number of guests than was initially anticipated. The Lodge has been able to accommodate this influx thus far. As availability and accessibility of more services increase with the change in the COVID-19 restrictions, the program will seek to adjust how it is providing care and conducting linkages in order to better engage and meet the needs of the persons served.

The Lodge has reported a high volume of referrals from local hospitals who are seeking a placement for individuals leaving local medical centers, but a large number of those referrals do not meet the project's criteria. As such the Lodge will meet with hospitals to help increase understanding of the program and its eligibility criteria, and how to meet the needs of the target population.

As COVID-19 restrictions ease in the coming year, the County and RH Community Builders hope to conduct more informational outreach to various possible referral sources which may help in the type of referrals received. Some partner agencies may include crisis intervention teams (CIT), collaborators within Project Off-Ramp, and more. Additionally, the County and RH Community

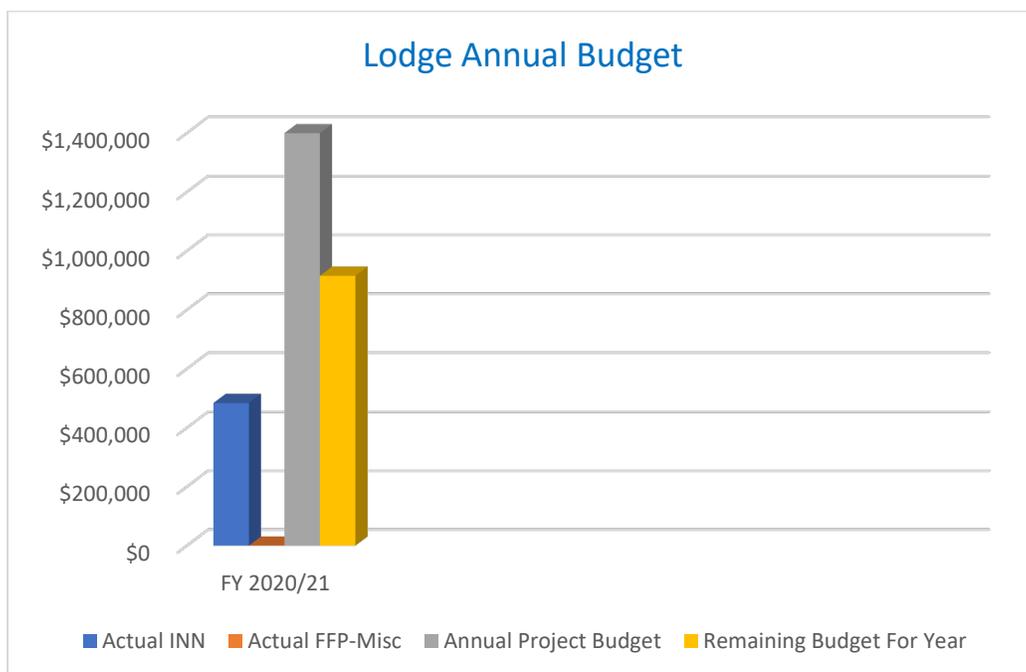
Builders will be able to conduct outreach with other potential programs, full-service partnerships, residential treatment programs, day treatment, and housing partners which can ensure both care services for the guests as well as future housing.

The Lodge will continue to work to examine opportunities to draw down Federal Financial Participation (FFP, Medi-Cal) in the coming year so to offset MHSAs costs and create a more sustainable program. At this time, the program is limited in the types of clinical services and interventions for which it may be able to seek reimbursement. Future statewide peer certification will create additional opportunities for services and work rendered by peers to be a billable service.

Lastly, the program will be monitor and report any information that may emerge on the length of time in the Lodge before persons served are receptive to care/linkages.

### Budget

The program has been budgeted for \$1,399,333.00 annually; however, the contract was not executed until the second quarter of the fiscal year. The project did experience some high costs with its initial ramp up and staff training period. The program was unable to bill for any potential FFP (Medi-Cal) services for the first six months as it did not render services to individuals.



At the time of this report, the Lodge has expended \$483,793.96 of the total budget of \$1,399,333 for the first year. It should be noted that at the time of the development of this annual update report the invoiced for May and June had not been finalized. If the costs for April hold true at approximately \$90,000, the total expenditures will be about \$180,000-\$200,000 more for the rest of FY 2020-2021, placing the total at close to \$683,000.

The Lodge has approximately \$3.5 million dollars remaining on its contract.

The Social Research Institute has budgeted \$21,447 for FY 2020-21. While the Social Research Institute has started its data collection and early work to support the project evaluation. From March through June 2021, the Social Research Institute expended \$13,796. Its project budget for the upcoming fiscal year is \$50,557.

## Appendix

- A- Lodge Brochure
- B- Flyer for Lodge Referrals



# THE LODGE

The Lodge is a new, innovative program aimed at engaging the most disengaged clients in the Fresno Community through short-term, peer-driven lodging program.

## Program Goals:

- Build Relationships
- Motivate for Change
- Engage in Long-Term Services

## What to Expect:

- Low Barrier- no requirement of sobriety, pets welcome
- Shelter & Meals
- Hygiene Supplies
- Transportation
- Case Management & Linkage

## Who Should Be Referred:

- Fresno County Resident, eligible for Medi-Cal
- Not currently enrolled in a Fresno County Mental Health or Substance Abuse program
- Currently Homeless
- Documented or suspected Severe Mental Illness
- Co-Occurring substance abuse disorders accepted



The Lodge is a program of



Department of Behavioral Health



**24/7 Referral Line: 559-899-0888**

## | What is The Lodge



The Lodge is a short-term, peer-driven lodging to help individuals experiencing homelessness, severe mental illness, and currently not engaged in services become connected to the right resources.

Through relationship building and connection, our team- including peers from all walks of life- will help guests take the next step in their life. Our team will help individuals identify their goals and become connected to long term services like mental health programs, housing services, health care, and substance abuse treatment programs.

The Lodge is low barrier, so individuals are invited to come as they are- with pets, their belongings, and not yet in recovery.

The Lodge provides 3 meals per day, warm and safe living accommodations, and a flexible, but structured living environment to encourage positive life changes.

## | RH COMMUNITY BUILDERS

1040 N Pleasant Ave  
Fresno, CA 93728

## | Some Services Offered

Each guest will be offered a variety of services to meet their individual needs. Services may include:

**Life Skills** - The Lodge will offer life skills classes such as cooking and laundry to help you become successful on your own.

**Housing Search** - Our team will begin with the basics of a housing assessment and assisting individuals with locating their essential documents such as ID.

**Case Management & Linkage** - The Lodge is a short-term program. From the time of entry our team will work to find "the next stop" on each individual's journey. This might include being connected to a mental health or substance abuse program.

**Mental Health Services** - Our clinical team will provide short-term interventions, assessments, and skill building.

**Substance Abuse Services** - Our team will assist in skill building, harm reduction, and motivating individuals for change.

**Family Services** - Family members will have opportunities for structured family groups as well as open visiting to encourage relationship rebuilding.

**Health Care** - Our team will help you find a Primary Care Doctor, arrange appointments, and assist you with getting the services you need.



MHSA Annual Update 261



## I Sample Daily Schedule

- 8:30am - Breakfast
- 9:30am - Morning Meeting
- 10:00am - Living Skills Group
- 12:00pm - Lunch
- 1:30pm - Substance Abuse Group
- 3:30pm - Community Activity
- 5:30pm - Dinner
- 7:00pm - NA Meeting Onsite

MHSA Annual Update 262

*Schedules are flexible and individualized to meet each persons needs. Groups are offered and encouraged, but not required.*

*You will also have opportunities to meet with Peers and Therapist individually throughout your time at The Lodge.*

*Other group topics include goal setting, housing, family, anger management, and healthy relationships.*



**RH COMMUNITY BUILDERS**

The Lodge is a program of



Department of Behavioral Health

# THE LODGE



**RH COMMUNITY BUILDERS**



**The Lodge**

1040 N Pleasant Ave  
Fresno, CA 93728  
24/7 Referral Line: 559-899-0888

**RH COMMUNITY BUILDERS**  
[www.rhcommunitybuilders.com](http://www.rhcommunitybuilders.com)  
**559-899-0888**

Appendix G: Annual Revenue and Expenditure Report 2020-2021

## ANNUAL MHSA REVENUE AND EXPENDITURE REPORT and ADJUSTMENT WORKSHEET COUNTY CERTIFICATION

County/City: \_\_\_\_\_

**Local Mental Health Director**

Name: \_\_\_\_\_

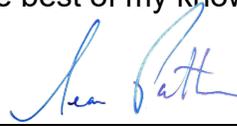
Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Document for Certification:**

FY: \_\_\_\_\_

I hereby certify<sup>1</sup> under penalty of perjury under the laws of the State of California that the attached Annual MHSA Revenue and Expenditure Report or Adjustments to Revenue or Expenditure Summary Worksheet is complete and accurate to the best of my knowledge.



\_\_\_\_\_  
Local Mental Health Director (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> Welfare and Institutions Code section 5899(a)

DHCS 1822 A (02/19)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**  
**Fiscal Year: 2020-2021**  
**Information Worksheet**

1	Date:	12/30/2021
2	ARER Fiscal Year (20YY-YY):	2020-2021
3	County:	Fresno
4	County Code:	10
5	Address:	1925 East Dakota Avenue
6	City:	Fresno
7	Zip:	93726
8	County Population: Over 200,000? (Yes or No)	Yes
9	Name of Preparer:	Tamara M. DeFehr
10	Title of Preparer:	MHSA Financial Analyst
11	Preparer Contact Email:	tdefehr@fresnocountyca.gov
12	Preparer Contact Telephone:	(559) 600-9953

DHCS 1822 B (02/19)  
**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**  
**Fiscal Year: 2020-2021**  
**Component Summary Worksheet**

**County:** Fresno

**Date:** 12/30/2021

		A	B	C	D	E	F
<b>SECTION 1: Interest</b>		<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CFTN</b>	<b>TOTAL</b>
1	Component Interest Earned	\$361,994.56	\$89,918.76	\$96,349.23	\$14,240.83	\$116,068.44	\$678,571.82
2	Joint Powers Authority Interest Earned		\$240.48	\$272.85			\$513.33

		A	B	C
<b>SECTION 2: Prudent Reserve</b>		<b>CSS</b>	<b>PEI</b>	<b>TOTAL</b>
3	Local Prudent Reserve Beginning Balance			\$10,081,463.06
4	Transfer from Local Prudent Reserve			\$0.00
5	CSS Funds Transferred to Local Prudent Reserve	\$0.00		\$0.00
6	Local Prudent Reserve Adjustments			\$0.00
7	Local Prudent Reserve Ending Balance			\$10,081,463.06

		A	B	C	D	E	F
<b>SECTION 3: CSS Transfers to PEI, WET, CFTN, or Prudent Reserve</b>		<b>CSS</b>	<b>PEI</b>	<b>WET</b>	<b>CFTN</b>	<b>PR</b>	<b>TOTAL</b>
8	Transfers	-\$1,000,000.00	\$0.00	\$1,000,000.00	\$0.00	\$0.00	\$0.00

		A	B	C	D	E	F
<b>SECTION 4: Program Expenditures and Sources of Funding</b>		<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CFTN</b>	<b>TOTAL</b>
9	MHSA Funds	\$53,925,531.15	\$17,084,617.79	\$2,098,926.12	\$1,288,433.39	\$10,861,450.49	\$85,258,958.94
10	Medi-Cal FFP	\$17,030,317.89	\$2,126,368.20	\$0.00	\$0.00	\$0.00	\$19,156,686.09
11	1991 Realignment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	Behavioral Health Subaccount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	Other	\$114,416.25	\$6,656.64	\$0.00	\$0.00	\$468,695.60	\$589,768.49
14	<b>TOTAL</b>	<b>\$71,070,265.29</b>	<b>\$19,217,642.63</b>	<b>\$2,098,926.12</b>	<b>\$1,288,433.39</b>	<b>\$11,330,146.09</b>	<b>\$105,005,413.52</b>

DHCS 1822 C (02/19)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**

**Fiscal Year: 2020-2021**

**Community Services and Supports (CSS) Summary Worksheet**

County: Fresno

Date: 12/30/2021

**SECTION ONE**

	A	B	C	D	E	F	
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total	
1	CSS Annual Planning Costs	\$6,935.00				\$6,935.00	
2	CSS Evaluation Costs					\$0.00	
3	CSS Administration Costs	\$8,549,664.05				\$8,549,664.05	
4	CSS Funds Transferred to JPA					\$0.00	
5	CSS Expenditures Incurred by JPA					\$0.00	
6	CSS Funds Transferred to CalHFA					\$0.00	
7	CSS Funds Transferred to PEI					\$0.00	
8	CSS Funds Transferred to WET	\$1,000,000.00				\$1,000,000.00	
9	CSS Funds Transferred to CFTN					\$0.00	
10	CSS Funds Transferred to PR					\$0.00	
11	CSS Program Expenditures	\$45,368,932.10	\$17,030,317.89	\$0.00	\$0.00	\$114,416.25	\$62,513,666.24
12	Total CSS Expenditures (Excluding Funds Transferred to JPA)	\$54,925,531.15	\$17,030,317.89	\$0.00	\$0.00	\$114,416.25	\$72,070,265.29
13	Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN and PR)	\$53,925,531.15	\$17,030,317.89	\$0.00	\$0.00	\$114,416.25	\$71,070,265.29

**SECTION TWO**

#	A	B	C	D	E	F	G	H	I	J
#	County Code	Program Name	Prior Program Name	Program Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
14	10	AB109 Outpatient Mental Health & Substance Use Disorder Services	AB109 Outpatient Mental Health & Substance Services	Non-FSP	\$298,611.24	\$293,487.28				\$592,098.52
15	10	AB109 Full Service Partnership		FSP	\$590,412.96	\$571,780.58			\$60,308.70	\$1,222,502.24
16	10	AB1810 PreTrial Diversion FSP/ACT	AB 1810 - FSP/ACT	FSP	\$300,758.05	\$6,297.86				\$307,055.91
17	10	AB1810 PreTrial Diversion OE/OP/ICM	AB 1810 - OE/OP/ICM	Non-FSP	\$28,726.68					\$28,726.68
18		Adult Assertive Community Treatment		FSP	\$0.00					\$0.00
19	10	Adult Full Service Partnership		FSP	\$5,099,929.73	\$1,346,295.57				\$6,446,225.30
20	10	Cultural Specific Services (OP/ICM)	Cultural Specific Services - Master Agreement	Non-FSP	\$512,875.78	\$896,461.29			\$37.00	\$1,409,374.07
21	10	Children & Youth Juvenile Justice Services - ACT	Children & Youth Juvenile Justice Services - Act	FSP	\$1,543,206.42	\$1,003,472.88				\$2,546,679.30
22	10	Children's Full Service Partnership (FSP) SP 0-10 Years		FSP	\$3,404,898.41	\$1,526,076.38				\$4,930,974.79

DHCS 1822 C (02/19)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**

**Fiscal Year: 2020-2021**

**Community Services and Supports (CSS) Summary Worksheet**

County:		Fresno		Date:	12/30/2021					
23	10	Specialty Mental Health Services to School	All 4 Youth	FSP	\$7,434,949.40	\$3,354,067.12				\$10,789,016.52
24	10	Children's Expansion of Outpatient Services		Non-FSP	\$504,349.25	\$251,861.69		\$654.81		\$756,865.75
25	10	Co-Occurring Disorders Full Service Partnership		FSP	\$1,522,982.15	\$939,836.02		\$37.00		\$2,462,855.17
26	10	Collaborative Treatment Courts		Non-FSP	\$762,781.30	\$583.07		\$8,504.69		\$771,869.06
27		Continuum of Care for Youth & Young Adults Affected by Human Trafficking		FSP	\$0.00					\$0.00
28		Crisis Stabilization Services - Voluntary Admissions		Non-FSP	\$0.00					\$0.00
29	10	Client and Family Advocacy Services	Consumer and Family Advocacy Services	Non-FSP	\$91,859.80					\$91,859.80
30	10	Cultural Specific Services (FSP)	Cultural Specific Services - Master Agreement	FSP	\$234,432.33	\$109,840.90				\$344,273.23
31	10	Enhanced Rural Services Full Service Partnership (FSP)		FSP	\$1,504,031.65	\$387,437.34				\$1,891,468.99
32	10	Enhanced Rural Services Outpatient Intense Case Management		Non-FSP	\$6,336,529.01	\$2,464,874.49		\$1,468.00		\$8,802,871.50
33	10	Family Advocacy Services		Non-FSP	\$213,150.12					\$213,150.12
34	10	Flex Account for Housing		Non-FSP	\$1,431.05					\$1,431.05
35	10	Fresno Housing Institute		Non-FSP	\$129,037.50					\$129,037.50
36	10	Hotel Motel Voucher Program	Hotel Motel Voucher Program (HMVP)	Non-FSP	\$1,641.00					\$1,641.00
37	10	Housing Access and Resource Team	Housing Access and Resource Team (HART)	Non-FSP	\$979,306.96					\$979,306.96
38	10	Housing Supportive Services		Non-FSP	\$574,525.07			\$13,366.85		\$587,891.92
39	10	Independent Living Association		Non-FSP	\$279,703.18					\$279,703.18
40	10	Integrated Mental Health Services at Primary Care Clinics	Integrated Behavioral Health Services at Primary Care Clinics	Non-FSP	\$1,506,155.15	\$1,032,959.87		\$299.90		\$2,539,414.92
41		Intensive Transitions Team		Non-FSP	\$0.00					\$0.00
42	10	Master Lease Housing		Non-FSP	\$1,007,588.07					\$1,007,588.07
43	10	Medication Payments for Indigent Individuals		Non-FSP	\$17,935.72					\$17,935.72
44	10	Project for Assistance from Homelessness		Non-FSP	\$405,172.00					\$405,172.00
45	10	Peer and Recovery Services		Non-FSP	\$229,745.55					\$229,745.55
46	10	Older Adult Team		Non-FSP	\$879,879.95	\$580,570.46		\$9,405.39		\$1,469,855.80
47		Project Ignite		Non-FSP	\$0.00					\$0.00
48	10	Recovery with Inspiration, Support & Empowerment (RISE)		Non-FSP	\$414,063.02	\$244,700.79		\$6,286.85		\$665,050.66
49	10	School Based Services		Non-FSP	\$2,045,079.62	\$247,118.58		\$11,921.56		\$2,304,119.76
50	10	Supervised Overnight Stay		Non-FSP	\$450,782.79	\$578,834.35				\$1,029,617.14
51	10	Vocational & Educational Services (SEES)	Supported Education and Employment Services (SEES)	Non-FSP	\$588,284.26					\$588,284.26
52	10	Transition Age Youth (TAY)	Transition Age Youth (TAY) - Department of Behavioral Health	Non-FSP	\$240,036.67	\$5,657.46				\$245,694.13
53	10	Transitional Age Youth Services & Support FSP	Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP)	FSP	\$1,338,468.74	\$482,930.57				\$1,821,399.31
54		Transportation Access		Non-FSP						\$0.00
55	10	Urgent Care Wellness Center (UCWC)		Non-FSP	\$2,406,604.65	\$394,680.81		\$1,315.90		\$2,802,601.36
56	10	Youth Wellness Center		Non-FSP	\$1,482,622.95	\$310,492.53		\$809.60		\$1,793,925.08

DHCS 1822 C (02/19)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**

**Fiscal Year: 2020-2021**

**Community Services and Supports (CSS) Summary Worksheet**

**County:** Fresno

**Date:** 12/30/2021

57		Intergrated Wellness Activities		Non-FSP	\$0.00				\$0.00
58	10	Supervised Child Care Services	Therapeutic Child Care Services	Non-FSP	\$6,383.92				\$6,383.92

DHCS 1822 D (02/19)  
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report  
Fiscal Year: 2020-2021  
Prevention and Early Intervention (PEI) Summary Worksheet

County:  Date:

SECTION ONE

	A	B	C	D	E	F
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1 PEI Annual Planning Costs	\$1,900.00					\$1,900.00
2 PEI Evaluation Costs						\$0.00
3 PEI Administration Costs	\$1,633,633.26					\$1,633,633.26
4 PEI Funds Expended by CalMHSA for PEI Statewide						\$0.00
5 PEI Funds Transferred to JPA	\$814,573.42					\$814,573.42
6 PEI Expenditures Incurred by JPA	\$571,354.62					\$571,354.62
7 PEI Program Expenditures	\$14,877,729.91	\$2,126,368.20	\$0.00	\$0.00	\$6,656.64	\$17,010,754.75
8 Total PEI Expenditures (Excluding Transfers and PEI Statewide)	\$17,084,617.79	\$2,126,368.20	\$0.00	\$0.00	\$6,656.64	\$19,217,642.63

SECTION TWO

	A	B
	Percent Expended for Clients Age 25 and Under, All PEI	Percent Expended for Clients Age 25 and Under, JPA
9 MHSA PEI Fund Expenditures in Program to Clients Age 25 and Under (calculated from weighted program values) divided by Total MHSA PEI Expenditures	59.58%	40.00%

SECTION THREE

#	County Code	Program Name	Prior Program Name	Combined/Standalone Program	Program Type	Program Activity Name (in Combined Program)	Subtotal Percentage for Combined Program	Percent of PEI Expended on Clients Age 25 & Under (Standalone and Program Activities in Combined Program)	Percent of PEI Expended on Clients Age 25 & Under (Combined Summary and Standalone)	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	10	Blue Sky Wellness Center		Standalone	Prevention		100%	5%	5.0%	\$892,656.00					\$892,656.00
11	10	Child Welfare Mental Health Team/Katie A Team		Combined	Combined Summary				100.0%	\$1,164,051.44	\$34,436.13				\$1,198,487.57
12	10	Child Welfare Mental Health Team/Katie A Team		Combined	Prevention	Child Welfare Mental Health Team/Katie A Team	50%	100%		\$582,025.72	\$17,218.06				\$599,243.78
13	10	Child Welfare Mental Health Team/Katie A Team		Combined	Early Intervention	Child Welfare Mental Health Team/Katie A Team	50%	100%		\$582,025.72	\$17,218.07				\$599,243.79
14	10	School-Based Children's Early Intervention Using PBIS		Standalone	Prevention		100%	100%	100.0%	\$0.00					\$0.00
15										\$0.00					\$0.00
16	10	Community Gardens		Standalone	Stigma & Discrimination Reduction		100%	10%	10.0%	\$162,977.87					\$162,977.87
17	10	Crisis Intervention Team and Rural Triage	Community Response/Law Enforcement	Combined	Combined Summary			41%	41.0%	\$3,245,427.03	\$1,364,480.55			\$3,750.00	\$4,613,657.58
18	10	Crisis Intervention Team and Rural Triage	Community Response/Law Enforcement	Combined	Early Intervention		50%	41%		\$1,622,713.51	\$682,240.28			\$1,875.00	\$2,306,828.79
19	10	Crisis Intervention Team and Rural Triage	Community Response/Law Enforcement	Combined	Outreach		50%	41%		\$1,622,713.52	\$682,240.27			\$1,875.00	\$2,306,828.79
20	10	Cultural Based Access Navigation and Peer/Family Support Services		Standalone	Access and Linkage		100%	10%	10.0%	\$399,491.94					\$399,491.94
21	10	DBH Communications Plan		Combined	Combined Summary				50.0%	\$805,543.16					\$805,543.16
22	10	DBH Communications Plan		Combined	Outreach		33%	50%		\$265,829.24					\$265,829.24
23	10	DBH Communications Plan		Combined	Stigma & Discrimination Reduction		33%	50%		\$265,829.25					\$265,829.25
24	10	DBH Communications Plan		Combined	Suicide Prevention		34%	50%		\$273,884.67					\$273,884.67
25	10	Functional Family Therapy		Standalone	Early Intervention		100%	100%	100.0%	\$1,105,092.61	\$226,539.66				\$1,331,632.27
26	10	Holistic Cultural Education Wellness Center	Holistic Cultural Education and Wellness Center	Standalone	Prevention		100%	50%	50.0%	\$824,090.81					\$824,090.81
27	10	Integrated Mental Health Services at Primary Care Clinics	Integrated Behavioral Health Services at Primary Care Clinics	Standalone	Access and Linkage		100%	44%	44.0%	\$10,361.50					\$10,361.50
28	10	Multi-Agency Access Program (MAP)		Standalone	Early Intervention		100%	27%	27.0%	\$969,508.30					\$969,508.30
29	10	Perinatal Wellness Center		Standalone	Early Intervention		100%	100%	100.0%	\$1,686,018.22	\$500,911.86			\$2,869.64	\$2,189,799.72
30	10	Suicide Prevention/Sigma Reduction		Combined	Combined Summary				50.0%	\$269,969.76					\$269,969.76
31	10	Suicide Prevention/Sigma Reduction		Combined	Outreach		50%	50%		\$129,984.88					\$129,984.88
32	10	Suicide Prevention/Sigma Reduction		Combined	Suicide Prevention		50%	50%		\$129,984.88					\$129,984.88
33	10	Youth Empowerment Centers		Combined	Combined Summary				100.0%	\$469,996.72					\$469,996.72
34	10	Youth Empowerment Centers		Combined	Prevention		50%	100%		\$234,998.36					\$234,998.36
35	10	Youth Empowerment Centers		Combined	Early Intervention		50%	100%		\$234,998.36					\$234,998.36
36	10	Family Focussed Prevention Services		Standalone	Prevention		100%	100%	100.0%	\$0.00					\$0.00
37	10	Prevention and Early Intervention Services to School	All 4 Youth	Standalone	Early Intervention				100.0%	\$2,882,544.55				\$37.00	\$2,882,581.55

DHCS 1822 E (02/19)  
**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**  
Fiscal Year: 2020-2021  
Innovation (INN) Summary Worksheet

County: Fresno Date: 12/30/2021

**SECTION ONE**

	A	B	C	D	E	F
	Total MHSA Fund (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	INN Annual Planning Costs	\$665.00				\$665.00
2	INN Indirect Administration	\$840,945.76				\$840,945.76
3	INN Funds Transferred to JPA					\$0.00
4	INN Expenditures Incurred by JPA	\$375,738.72				\$375,738.72
5	INN Project Administration	\$881,576.64	\$0.00	\$0.00	\$0.00	\$881,576.64
6	INN Project Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	INN Project Direct	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	INN Project Subtotal	\$881,576.64	\$0.00	\$0.00	\$0.00	\$881,576.64
9	Total Innovation Expenditures (Excluding Transfers to JPA)	\$2,098,926.12	\$0.00	\$0.00	\$0.00	\$2,098,926.12

**SECTION TWO**

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	County Code	Project Name	Prior Project Name	Project MHSOAC Approval Date	Project Start Date	MHSOAC-Authorized MHSA INN Project Budget	Amended MHSOAC-Authorized MHSA INN Project Budget	Project Expenditure Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	A	10	Community Planning Process (CPP) for Innovation Projects		6/24/2019	8/15/2019	\$750,000.00		\$40,542.23					\$40,542.23
10	B	10	Community Planning Process (CPP) for Innovation Projects		6/24/2019	8/15/2019	\$750,000.00	Project Evaluation						\$0.00
10	C	10	Community Planning Process (CPP) for Innovation Projects		6/24/2019	8/15/2019	\$750,000.00	Project Direct						\$0.00
10	D	10	Community Planning Process (CPP) for Innovation Projects		6/24/2019	8/15/2019	\$750,000.00	Project Subtotal	\$40,542.23	\$0.00	\$0.00	\$0.00	\$0.00	\$40,542.23
11	A	10	Multi-County Full-Service Partnership Evaluation Plan	Full-Service Partnership Multi-County	6/24/2019	9/3/2019	\$950,000.00	Project Administration	\$15,416.05					\$15,416.05
11	B	10	Multi-County Full-Service Partnership Evaluation Plan	Full-Service Partn	6/24/2019	9/3/2019	\$950,000.00	Project Evaluation						\$0.00
11	C	10	Multi-County Full-Service Partnership Evaluation Plan	Full-Service Partn	6/24/2019	9/3/2019	\$950,000.00	Project Direct						\$0.00
11	D	10	Multi-County Full-Service Partnership Evaluation Plan	Full-Service Partn	6/24/2019	9/3/2019	\$950,000.00	Project Subtotal	\$15,416.05	\$0.00	\$0.00	\$0.00	\$0.00	\$15,416.05
12	A		Handle with Care Plus+		5/28/2020	Not Started	\$1,527,000.00	Project Administration						\$0.00
12	B		Handle with Care Plus+		5/28/2020	Not Started	\$1,527,000.00	Project Evaluation						\$0.00
12	C		Handle with Care Plus+		5/28/2020	Not Started	\$1,527,000.00	Project Direct						\$0.00
12	D		Handle with Care Plus+		5/28/2020	Not Started	\$1,527,000.00	Project Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	A		Project Ridewell		5/28/2020	Not Started	\$1,200,000.00	Project Administration						\$0.00
13	B		Project Ridewell		5/28/2020	Not Started	\$1,200,000.00	Project Evaluation						\$0.00
13	C		Project Ridewell		5/28/2020	Not Started	\$1,200,000.00	Project Direct						\$0.00
13	D		Project Ridewell		5/28/2020	Not Started	\$1,200,000.00	Project Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	A	10	Psychiatric Advance Directive - Supportive Decision-Making		6/24/2019	11/12/2019	\$950,000.00	Project Administration	\$4,571.94					\$4,571.94
14	B	10	Psychiatric Advance Directive - Supportive Decision-Making		6/24/2019	11/12/2019	\$950,000.00	Project Evaluation						\$0.00
14	C	10	Psychiatric Advance Directive - Supportive Decision-Making		6/24/2019	11/12/2019	\$950,000.00	Project Direct						\$0.00
14	D	10	Psychiatric Advance Directive - Supportive Decision-Making		6/24/2019	11/12/2019	\$950,000.00	Project Subtotal	\$4,571.94	\$0.00	\$0.00	\$0.00	\$0.00	\$4,571.94
15	A		Technology Based Behavioral Health Solutions	Technology Based Behavioral Health Solution	N/A	Project was removed from plan	\$0.00	Project Administration						\$0.00
15	B		Technology Based Behavioral Health Solutions	Technology Based	N/A	Project was removed from plan	\$0.00	Project Evaluation						\$0.00
15	C		Technology Based Behavioral Health Solutions	Technology Based	N/A	Project was removed from plan	\$0.00	Project Direct						\$0.00
15	D		Technology Based Behavioral Health Solutions	Technology Based	N/A	Project was removed from plan	\$0.00	Project Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16	A	10	The Lodge		5/28/2020	Not Started	\$4,200,000.00	Project Administration	\$821,046.42					\$821,046.42
16	B	10	The Lodge		5/28/2020	Not Started	\$4,200,000.00	Project Evaluation						\$0.00
16	C	10	The Lodge		5/28/2020	Not Started	\$4,200,000.00	Project Direct						\$0.00
16	D	10	The Lodge		5/28/2020	Not Started	\$4,200,000.00	Project Subtotal	\$821,046.42	\$0.00	\$0.00	\$0.00	\$0.00	\$821,046.42

DHCS 1822 F (02/19)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**

**Fiscal Year: 2020-2021**

**Workforce Education and Training (WET) Summary Worksheet**

County:

Date:

**SECTION ONE**

	A	B	C	D	E	F
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	WET Annual Planning Costs					\$0.00
2	WET Evaluation Costs					\$0.00
3	WET Administration Costs	\$233,977.10				\$233,977.10
4	WET Funds Transferred to JPA					\$0.00
5	WET Expenditures Incurred by JPA					\$0.00
6	WET Program Expenditures	\$1,054,456.29	\$0.00	\$0.00	\$0.00	\$1,054,456.29
7	<b>Total WET Expenditures (Excluding Transfers to JPA)</b>	<b>\$1,288,433.39</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,288,433.39</b>

**SECTION TWO**

#	A	B	C	D	E	F	G	H
#	County Code	Funding Category	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
8	10	Workforce Staffing	\$54,749.46					\$54,749.46
9	10	Training/Technical Assistance	\$876,737.41					\$876,737.41
10		Mental Health Career Pathways						\$0.00
11		Residency/Internship						\$0.00
12	10	Financial Incentive	\$122,969.42					\$122,969.42

DHCS 1822 G (02/19)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**

**Fiscal Year: 2020-2021**

**Capital Facility Technological Needs (CFTN) Summary Worksheet**

County: Fresno

Date: 12/30/2021

**SECTION ONE**

	A	B	C	D	E	F
	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	CFTN Annual Planning Costs					\$0.00
2	CFTN Evaluation Costs					\$0.00
3	CFTN Administration Costs	\$233,977.10				\$233,977.10
4	CFTN Funds Transferred to JPA					\$0.00
5	CFTN Expenditures Incurred by JPA					\$0.00
6	CFTN Project Expenditures	\$10,627,473.39	\$0.00	\$0.00	\$0.00	\$468,695.60
7	<b>Total CFTN Expenditures (Excluding Transfers to JPA)</b>	<b>\$10,861,450.49</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$468,695.60</b>
						<b>\$11,330,146.09</b>

**SECTION TWO**

#	A	B	C	D	E	F	G	H	I	J
	County Code	Project Name	Prior Project Name	Project Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
8		Capital Facilities Improvement UMC Campus Improvements		Capital Facility	\$0.00					\$0.00
9		Crisis Residential Treatment (CRT) Construction		Capital Facility	\$0.00					\$0.00
10	10	DBH Capital Facilities		Capital Facility	\$8,864,543.90				\$468,695.60	\$9,333,239.50
11	10	Information Technology (Avatar)		Technological Need	\$1,762,929.49					\$1,762,929.49

DHCS 1822 H (02/19)  
**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**  
**Fiscal Year: 2020-2021**  
**MHSA Adjustments Worksheet**

County:  Date:

**SECTION ONE**

#	A County Code	B Account	C Adjustment Type	D Adjustment to Fiscal Year	E Amount	F Reason
1	10	CFTN	Expenditure	19-20	-\$3,500.00	Information Technology (Avatar). Refund from 19-20 came in after RER was submitted.
2	10	WET	Expenditure	19-20	-\$14,121.37	Training/Technical Assistance. Refund from 19-20 came in after RER was submitted.
3	10	PEI	Expenditure	19-20	\$26,066.19	Blue Sky Wellness Center. Expenses from 19-20 came in after RER was submitted.
4	10	PEI	Expenditure	19-20	\$626,626.13	Prevention and Early Intervention Services to School - \$626,700.13 Expenses from 19-20 came in after RER was submitted. Less \$74 Other revenue from 19-20 came in after RER was submitted..
5	10	PEI	Expenditure	19-20	\$42,056.79	Community Gardens. Expenses from 19-20 came in after RER was submitted.
6	10	PEI	Expenditure	19-20	\$199,132.19	Crisis Intervention Team and Rural Triage - \$199,300.19 Expenses from 19-20 came in after RER was submitted. Less \$168 Other revenue from 19-20 came in after RER was submitted.
7	10	PEI	Expenditure	19-20	\$56,933.14	Cultural Based Access Navigation and Peer/Family Support Services. Expenses from 19-20 came in after RER was submitted.
8	10	PEI	Expenditure	19-20	\$9,669.43	Integrated Mental Health Services at Primary Care Clinics - \$1,344.28. Expenses from 19-20 came in after RER was submitted. Multi-Agency Access Program (MAP) - \$8,325.15. Expenses from 19-20 came in after RER was submitted.
9	#REF!	PEI	Expenditure	19-20	-\$265,001.90	Suicide Prevention/Stigma Reduction cost incorrectly charged to PEI Administration in FY 19-20.
10	10	PEI	Expenditure	19-20	\$265,001.90	Suicide Prevention/Stigma Reduction cost incorrectly charged to PEI Administration in FY 19-20.
11	10	PEI	Expenditure	19-20	\$1,316.30	Perinatal Wellness Center - \$140 Expenses from 19-20 came in after RER was submitted. Youth Empowerment Centers - \$1,176.30 Expenses from 19-20 came in after RER was submitted.
12	10	CSS	Expenditure	19-20	\$18,477.58	AB109 - Full Service Partnership (FSP). Expenses from 19-20 came in after RER was submitted.
13	#REF!	CSS	Expenditure	19-20	\$337,917.47	Adult FSP
14	10	CSS	Expenditure	19-20	\$35,123.38	Children & Youth Juvenile Justice Services - ACT. Expenses from 19-20 came in after RER was submitted.
15	#REF!	CSS	Expenditure	19-20	\$61,465.59	Children Full Service Partnership (FSP) SP 0-10 Years. Expenses from 19-20 came in after RER was submitted.
16	10	CSS	Expenditure	19-20	\$601,274.86	Prevention and Early Intervention Services to School (PEI)
17	10	CSS	Expenditure	19-20	\$212,970.08	Co-Occurring Disorder Full Service Partnership (FSP)
18	10	CSS	Expenditure	19-20	\$3,059,099.00	CSS Administration were incorrectly included in School-Based Services. Supervised Child Care Services were incorrectly included in CSS Administration expenses.

DHCS 1822 H (02/19)  
**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**  
**Fiscal Year: 2020-2021**  
**MHSA Adjustments Worksheet**

County:		Fresno		Date	12/30/2021	
19	10	CSS	Expenditure	19-20	\$7,114.02	Enhanced Rural Serices Full Service Partnership (FSP). Expenses from 19-20 came in after RER was submitted.
20	10	CSS	Expenditure	19-20	\$14,131.93	Enhanced Rural Serices Outpatient/Intense Case Management - \$14,248.93 Expenses from 19-20 came in after RER was submitted. Less \$117 Refund from 19-20 came in after RER was submitted.
21	10	CSS	Expenditure	19-20	\$28,058.97	Housing Access and Resource Team (HART) - \$15 Expenses from 19-20 came in after RER was submitted. Independent Living Association - \$28,043.97. Expenses from 19-20 came in after RER was submitted.
22	#REF!	CSS	Expenditure	19-20	\$93,299.36	Integrated Mental Health Services at Primary Care Clinics (CSS). Expenses from 19-20 came in after RER was submitted.
23	10	CSS	Expenditure	19-20	\$204,931.59	New Starts Program (Master Lease). Expenses from 19-20 came in after RER was submitted.
24	10	CSS	Expenditure	19-20	-\$3,140,600.08	School-Based Services less \$3,140,535.88. Expenses were actually administrative expenses and some came in after the RER was submitted. Less \$64.20 Refund from 19-20 came in after RER was submitted.
25	10	CSS	Expenditure	19-20	\$81,436.88	Supervised Childcare Services were incorrectly included in CSS Administrative Expenses.
26	10	CSS	Expenditure	19-20	\$77,595.53	Vocational & Educational Services (SEES). Expenses from 19-20 came in after RER was submitted.
27	10	CSS	Expenditure	19-20	\$7,611.98	Transitional Age Youth (TAY) - DBH. Expenses from 19-20 came in after RER was submitted.
28	10	CSS	Expenditure	19-20	\$168,436.06	Transitional Age Youth Services & Support FSP. Expenses from 19-20 came in after RER was submitted.
29	10	CSS	Expenditure	19-20	-\$1,227,974.99	Some CSS Administration dollars were incorrectly charged to Specialty Mental Health Services to Schools.
30	10	CSS	Expenditure	19-20	-\$50,711.27	Housing Supportive Services less \$50,228.31 refund from 19-20 came in after RER was submitted. Older Adult Team. Lesss \$482.96 refund from 19-20 came in after RER was submitted.

DHCS 1822 I (02/19)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**

**Fiscal Year: 2020-2021**

**FFP Revenue Adjustment Worksheet**

**County:** Fresno

**Date:** 12/30/2021

**SECTION ONE**

#	A County Code	B Adjustment to FY	C Cost Report Stage	D Account	E Beginning Balance	F Adjustment Amount	G Ending Balance
1	10	19-20	Initial	PEI	\$1,537,766.12	\$3,100,304.31	\$4,638,070.43
2	10	19-20	Initial	CSS	\$12,278,468.70	\$22,213,792.65	\$34,492,261.35
3							\$0.00
4							\$0.00
5							\$0.00
6							\$0.00
7							\$0.00
8							\$0.00
9							\$0.00
10							\$0.00
11							\$0.00
12							\$0.00
13							\$0.00
14							\$0.00
15							\$0.00

# MHSA PEI Evaluation Report FY 2018-2021

## Fresno County Prevention and Early Intervention Overview

### Community Snapshot

Fresno County is a large county (population 930,450) that lies in the Central Valley of California, bordered on the west by the Coast Range and on the east by the Sierra Nevada Mountain Range. The county seat, the City of Fresno, is the fifth largest city in California. Other cities include Clovis, Sanger, Reedley, Selma, Parlier, Kerman, Coalinga, Kingsburg, Mendota, Orange Cove, Firebaugh, Huron, Fowler, and San Joaquin. In addition, there are twenty-eight (28) census-designated places, and seven (7) unincorporated communities.

### Demographics of the County

Figure 1 shows age and race/ethnicity, and gender of the general population. Of the 930,450 residents who live in Fresno County, 24.7% are children ages 0-14; 16.8% are Transition Age Youth (TAY) ages 15-24; 44.2% are adults ages 25-59; and 14.3% are older adults ages 60 years and older. The majority of persons in Fresno County are Hispanic/Latino (50.3%). Persons who are White represent 32.7% of the population, Asian/Pacific Islander represent 9.3% of the population, Black represent 4.8% of the population, Alaskan Native/Native American represent 0.7% of the population, and Other/Unknown represent 2.2% of the population. There are an equal proportion of females (50.0%) and males (50.0%) in the county.

**Figure 1**  
**Fresno County Residents**  
**By Gender, Age, and Race/Ethnicity**

(Population Source: 2010 Census)

#### Fresno County Population 2010 Census

Age Distribution	Number	Percent
0 - 14 years	229,429	24.7%
15 - 24 years	156,596	16.8%
25 - 59 years	411,057	44.2%
60+ years	133,368	14.3%
<b>Total</b>	<b>930,450</b>	<b>100.0%</b>
Race/Ethnicity Distribution	Number	Percent
Black	44,662	4.8%
Alaskan Native/American Indian	6,513	0.7%
Asian/Pacific Islander	86,532	9.3%
White	304,257	32.7%
Hispanic/Latino	468,016	50.3%
Other/Not Reported	20,470	2.2%
<b>Total</b>	<b>930,450</b>	<b>100.0%</b>
Gender Distribution	Number	Percent
Male	464,811	50.0%
Female	465,639	50.0%
<b>Total</b>	<b>930,450</b>	<b>100.0%</b>

It is estimated that about 44.8% of the population of Fresno County speaks a language other than English at home. Spanish and Hmong are the threshold languages in Fresno County (2012 – 2018 American Community Survey).

## Overview of Fresno County Programs

Prevention and Early Intervention (PEI) programs are a key strategy in preventing individuals from developing severe and disabling mental illness. Fresno County strives to meet the needs of its diverse community by carefully incorporating community defined practices and evidence-based interventions into its continuum of PEI programs. These programs are intended to increase early access and linkage to medically necessary care and treatment; improve timely access to service; promote, design, and implement programs in ways that reduce and circumvent stigma; prevent suicide as a consequence of mental illness; increase recognition of early signs of mental illness; reduce prolonged suffering associated with mental illness; and reduce stigma and discrimination associated with mental illness.

Fresno County offers PEI programs across all six components of MHSA described in the MHSA regulations, as well as the optional category of Increasing Timely Access to Services for Unserved and Underserved Populations. These services are available to any residents of Fresno County, and are offered in a variety of locations across the Fresno Metro area and rural areas of the County.

### Stigma and Discrimination Reduction

- **DBH Communications Plan**
- **Suicide Prevention**

### Outreach for Increasing Recognition of Signs of Mental Illness

- **Prevention and Early Intervention Services to Schools**
- **DBH Communications Plan**

### Access and Linkage

- **Child Welfare/Katie A**
- **Crisis Intervention Teams (CIT)**
- **Multi-Agency Access Program (MAP)**

### Prevention

- **Prevention and Early Intervention Services to Schools**
- **Blue Sky Wellness Center**
- **Holistic Wellness Center**

### Early Intervention

- **Youth Empowerment Centers**
- **Prevention and Early Intervention Services to Schools**
- **Functional Family Therapy**
- **Perinatal Wellness**

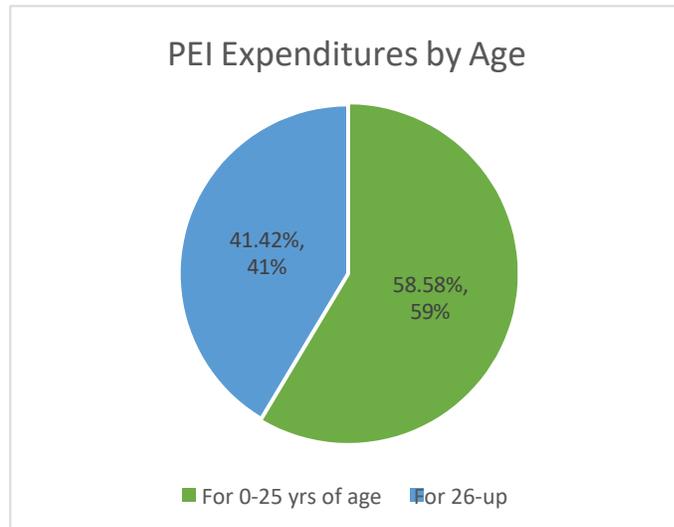
### Suicide Prevention

- **DBH Communication Plan**
- **Suicide Prevention**
- **Local Outreach for Suicide Survivors (LOSS) Team**

### Increasing Timely Access for Unserved and Underserved Populations

- **Culturally Based Access and Navigation (CBANS)**

The 2020-2021 Annual Revenue and Expenditures Report (ARER) notes that Fresno County spent 58.58% of its PEI for persons under the age of 25. Thus, Fresno County continues to expend the majority of its PEI funds on persons under the age of 25 in accordance with PEI requirements.



### PEI Projections

The Department is using information from evaluations as well as examining sustainability, diversification of program funding, and developing a better continuum of prevention, rather than siloed efforts to improve its PEI efforts. Some of the current work being conducting includes examining how certain PEI programs can either access or improve their FFP so as to offset limited PEI dollars. The Department is also investigating the possibility of moving State mandated programming and services operated by the Department out of MHSA PEI. These mandated programs are not required to be funded through MHSA PEI, and their reallocation would assist the Department in maintaining sustainability of other efforts and/or allowing for future additions to the PEI component.

For several years, the Department has been examining PEI program costs, structure, and outcomes. As existing contracts expire, the Department is utilizing the Request for Proposal (RFP) process as an opportunity to implement program changes and to help improve services.

## Evaluation by the RAND Corporation FY 2017-2020

Nearly three years ago, Fresno County Department of Behavioral Health (DBH) identified a need for a professional and independent evaluation of its services and programs. DBH began the initial review process with its Prevention and Early Intervention (PEI) programs. As DBH completed the 2018-2019 MHSA Annual Update, it became clear that much of the required data was missing from outcomes reporting. To effectively plan and support services, the Department needed to be able to understand what was working and how to better sustain and expand those successes. To this end, the Department sought an independent evaluation of its PEI programs. In 2020, DBH contracted with the RAND Corporation to conduct an evaluation of 12 out of 21 PEI programs operating at that time. Fresno County did not request the review of programs that were independently tracking outcomes; or those classified as “Stigma Reduction” or “Outreach and Engagement” as those programs submit data through other means. This evaluation utilized data from FYs 2017-2020.

While RAND worked to gather any available data, much of this review relied on quantitative data collected via interviews with providers to gain insight into program operations. RAND conducted a review of the literature available for each program type and compared Fresno County’s programs to similar PEI programs in other California counties. The research was utilized to help better categorize programs according to PEI regulation and strategies so that programs were evaluated according to the regulations that best suited their outcomes. Fresno County requested that RAND summarize best practices, provide options on how to measure and assess program impact, and make suggestions to increase data collection. RAND did not provide any recommendations on program growth, funding, or elimination.

Upon completion of the program review, the RAND Corporation began developing a web-based data collection tool with standardized outcomes for each PEI component. The Department is piloting this web-based tool with several PEI providers throughout Fiscal Year 2021-2022. The providers and RAND are working closely together to ensure that the tool is easy to use, and responsive to the needs of individuals receiving services. The Department’s executive team will

review the results of this pilot to determine whether to officially adopt the tool and/or outcomes measures across the entire PEI continuum of services.

For a complete report of RAND's evaluation activities, please see Appendix A.

### FY 2020-2021 and the COVID-19 Pandemic

When the COVID-19 Pandemic began in mid-fiscal year 2019-2020, the Department allowed each PEI provider to submit a plan of operations that would address the needs of individuals receiving services while simultaneously complying with ever-changing emergency health orders.

During these difficult months, contracted providers in Fresno County rose to the challenge of provided person-centered wellness and recovery services to County residents. Most Fresno County PEI programs were unable to provide in-person services for the majority of the pandemic. These programs shifted to tele-work services, including check-in phone calls and material drop-offs for program participants. Several provider agencies seized the opportunity to provide workforce development trainings and team-building activities to increase mental wellness and resiliency; these efforts reflect a deep commitment to MHSA values across the provider community in Fresno County. Sample adjusted work plans are provided in Appendix B.

Appendix A: RAND Evaluation Reports

(cont.)

April  
2021

# Review of Fresno County's Prevention and Early Intervention Mental Health Programs

RAND CORPORATION  
AMY SHEARER  
J. SCOTT ASHWOOD  
VISHNUPRIYA KAREDDY  
NICOLE EBERHART

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## Abbreviations and Acronyms

CBANS	Culturally-Based Access and Navigation Support
CIT	Crisis Intervention Training
CHW	Community Health Worker
DBT	Dialectical Behavioral Therapy
EBP	Evidence Based Practice
EHR	Electronic Health Record
EI	Early Intervention
GAD-7	Generalized Anxiety Disorder (7 items)
MHFA	Mental Health First Aid
MHSA	Mental Health Services Act
PBIS	Positive Behavior Intervention and Supports
PEI	Prevention and Early Intervention
PHQ-9	Patient Health Questionnaire (9 items)
SDR	Stigma and Discrimination Reduction
TAY	transition-age youth

## Overview

This memo examines Fresno County Department of Behavioral Health's (DBH) current portfolio of Prevention and Early Intervention (PEI) mental health programs in order to 1) understand how these program types fit with the research literature on PEI best practices, 2) provide recommendations to improve implementation and fidelity, 3) understand the typical range of costs for similar programs in California counties, and 4) identify alternative evidence-based programs within the PEI program categories. Fresno County DBH requested RAND's assistance with these tasks due to the dearth of available data with which to evaluate their PEI programs. RAND conducted interviews with current Fresno County DBH PEI programs to understand program activities and goals and reviewed literature on PEI programs to identify program costs as well as the best practices of programs that meet the PEI program goals stated in the Mental Health Services Act (MHSA). This memo summarizes our findings.

The memo is organized into four primary sections. The first section details the methods used to collect and analyze data about programs; the second section summarizes findings from current Fresno County PEI programs; the third section summarizes program expenditures for PEI programs similar to Fresno County's; and the final section summarizes information on alternative PEI best practice programs. At the end of the document we include a supplemental table that synthesizes information from sections two and three (Table 3. Fresno County PEI Programs Roadmap), and an appendix containing commonly used regulatory definitions that are helpful for understanding the intent of the MHSA and PEI regulations.

A note about COVID-19: Many program activities have been suspended or modified due to COVID-19. Descriptions of program implementation are based on pre-pandemic practices, and our literature review and recommendations will apply to programs once normal activities are able to resume.

## Methods

In this section we detail the methods used to obtain information about existing Fresno County PEI programs, the range of program costs, and best practices for PEI programs.

### Interviews with Program Providers

Due to the lack of outcome data being collected by PEI providers or transmitted to Fresno County DBH, RAND relied on interviews with program staff to gather data on the methods providers used to implement and evaluate their programs. Fresno County DBH staff provided a list of primary staff contacts for their PEI programs. The current portfolio of Fresno County DBH PEI programs includes the 12 **program types** shown in the callout below.

Some program types contain multiple programs being implemented by different organizations; and some organizations are providing more than one type of program. RAND completed interviews via Microsoft Teams with program staff from all 15 organizations implementing the 25 PEI programs. Interviews lasted

## Fresno County PEI Program Types

1. Child Welfare
2. Community Gardens
3. Community Response Law Enforcement
4. Culturally-Based Access and Navigation Support (CBANS)
5. Family Focused Prevention
6. Functional Family Therapy
7. Holistic Wellness
8. Integrating Mental Health in Primary Care Clinics
9. Peer Wellness Center
10. Perinatal Wellness
11. School Based Children's Early Intervention Using PBIS
12. Youth Empowerment Centers

approximately 30 minutes, occasionally lasting up to an hour when more than one program staff were present, or more than one program was being discussed.

Interviews were semi-structured and consisted of open-ended questions regarding program goals, activities, expected and actual participant outcomes, average program attendance, and any methods and analyses program staff already use to track participant outcomes. Interviews concluded with an open-ended question asking program staff to share a “success story” that exemplified the benefits of program participation.

An important limitation applies to our analysis of providers’ implementation of best practices. Interviews were designed and conducted to elicit information about providers’ intended program outcomes and evaluation methods, not their adherence to best practices. Our review of program implementation fidelity is based on secondary information that arose during interview questions designed to elicit information about program activities. Therefore, our review of implementation fidelity is likely an incomplete picture of actual

implementation and adherence to best practices, and programs may be doing more – or less – than our review suggests. We recommend confirming these reviews with program providers before making decisions based on these accounts.

## Literature Review

RAND conducted a review of existing literature to identify best practices for PEI programs. We took two approaches in our review: a program-level (or “bottom-up”) search focusing on implementation best practices and expected outcomes for PEI program types already being implemented by Fresno County providers; and a search for evidence-based or promising programs in each of the **program categories** outlined in the MHSA PEI Regulations (or “top-down”), with the exception of suicide prevention, which Fresno County DBH did not need RAND’s help examining.

For the bottom-up review, we conducted Boolean searches of Google and Google Scholar using relevant search criteria in order to identify empirical evidence on the effectiveness of and best practices for Fresno’s existing PEI programs. We prioritized English-language documents published in 2010 or after. In the particular case of CBANS, we could not initially find studies of similar interventions, and therefore conducted a broader search of the effectiveness of and best practices for mental health outreach for minority and underserved populations.

For the top-down review, we searched for promising programs in the MHSAs PEI Regulations-defined categories of Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental

## MHSA PEI Program Categories

1. Prevention
2. Early Intervention
3. Outreach for increasing recognition of early signs of mental illness
4. Stigma and discrimination reduction
5. Access and linkage to treatment for individuals with serious mental illness
6. Improve timely access to services for underserved populations
7. Suicide Prevention

Illness, Stigma and Discrimination Reduction, Access and Linkage to Treatment, and Improving Timely Access to Services for Underserved Populations. We searched several online registries that included evidence-based mental health programs (Blueprints for Healthy Youth Development,<sup>1</sup> the County Health Rankings and Roadmaps' What Works for Health registry,<sup>2</sup> Penn State Clearinghouse for Military Family Readiness,<sup>3</sup> the Institute of Education Sciences' What Works Clearinghouse,<sup>4</sup> and youth.gov Program Directory<sup>5</sup>) in order to find highly rated programs that aligned with each of the PEI category definitions. We also conducted Boolean searches on Google and Google Scholar using relevant search criteria to find academic and grey literature.

Because PEI programs are intended to improve mental health, we excluded programs that focused primarily on other related outcomes (e.g., substance abuse, safe sex, exercise, nutrition, and academic outcomes) when they did not also demonstrate mental health outcomes. We restricted our search to English-language documents published in 2010 or after. We prioritized sources that provided

empirical evidence for best practices. For the "Prevention" category, for which there were many evidence-based programs, we selected one or two programs for each age/life-stage group (children, college students, adults, and older adults).

## Program Expenditure Review

We reviewed literature and data collected by the Mental Health Services Oversight and Accountability Commission (MHSOAC) to estimate typical expenditures on PEI programs that are similar to Fresno County's. These estimates may be useful to Fresno County as they consider how much they should expect to spend on effective programs. We found a few studies with expenditure estimates for programs that are similar to Fresno County's. These are cost-effectiveness studies that include the program expenditures as part of their analysis, so they provide estimates of the expenditures on similar programs, but these programs are located in other states and countries and are funded through other mechanisms that do not have the same requirements as the MHSAs. We also collected expenditure and service information from PEI program reports from California counties available on the MHSOAC Transparency site.<sup>6</sup> These data include a program description. We selected programs for comparison that were closest in name or description to Fresno County programs, so that we can estimate the expenditures on similar programs through the same funding mechanism with the same requirements in the same state.

While the MHSOAC data might yield the most relevant expenditure data, there are a number of challenges that weaken their value. The MHSOAC data sometimes include expected program expenditures for the year and the number of clients reached or served by the programs. It is not clear what the number of clients represents in the data forms. We calculated the program expenditure per client for programs that had data for both program expenditures and the number of clients served in the 2017/2018 fiscal year.

There are a number of challenges to using these data to describe typical program costs. There is a range of programs that address very different populations in each PEI category, and the units for number of clients may refer to the number of organizations or families instead of the number of individual people. Operating costs (e.g., wages and rent) differ across counties, and our cost per client estimates do not adjust for these differences. Comparison programs may be in different stages than Fresno County's, and we are unable to make that distinction in the data. If programs face high startup costs in the first year and lower maintenance costs in subsequent years, then comparing programs in these two different phases is misleading. Finally, we found relatively few programs that report both program expenditures and the number of clients. For example, there are 398 programs classified as "Prevention" in the MHSOAC Transparency Suite data for 2017/2018, but only 76 have data for both program expenditures and the number of clients served.

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<sup>1</sup> Blueprints for Healthy Youth Development, "Program Search," webpage, undated. As of January 5, 2021: <https://www.blueprintsprograms.org/program-search>

<sup>2</sup> County Health Rankings, "What Works for Health," undated. As of January 5, 2021: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>

<sup>3</sup> Clearinghouse for Military Family Readiness, "Continuum of Evidence," webpage, undated. As of January 5, 2021: <https://www.continuum.militaryfamilies.psu.edu>

<sup>4</sup> Sciences, Institution of Education, "Find What Works Based on the Evidence," webpage, undated. As of January 5, 2021: <https://ies.ed.gov/ncee/wwc/FWW/Results?filters=,Behavior>

<sup>5</sup> youth.gov, "Program Directory," webpage, undated. As of January 5, 2021: <https://youth.gov/evidence-innovation/program-directory>

<sup>6</sup> Mental Health Services, Oversight & Accountability Commission, "MHSOAC Program Search Tool." As of January 25, 2021: <http://transparency.mhsoac.ca.gov/searchpage>

## Fresno County Programs

This section is divided into reports for each of Fresno County’s 12 PEI program types. For each program type, we describe its key characteristics in order to clarify the types of programs and activities the category encompasses (see “Description of program type” paragraphs). Next, in order to support Fresno County in being able to seek out and fund programs that are evidence-based or employ best practices, we provide an overview of implementation practices associated with positive outcomes in the literature (“Implementation key components”). In the next paragraphs we provide an analysis of program providers’ stated goals, activities, and outcomes, and, where applicable, offer suggestions to improve implementation fidelity to bring the program(s) into closer alignment with established best practices (“Implementation by Fresno County PEI providers”). Reported fidelity is based on information collected during the informational interviews with program providers, in comparison to the research literature. This information is intended to help Fresno County understand the range of activities being implemented and where there may be opportunities for program improvement. We synthesize the key recommendations below these paragraphs (“Recommendations”). Finally, we provide a table showing the MHSA PEI category that 1) Fresno County assigned to the program, 2) the provider reported as applicable to the program (from our interview), and 3) we determined applicable based on interview data, discussions with Fresno County staff, and review of the MHSA regulations (“Applicable PEI category(ies)”). This comparison table is included because we identified early on that there were some inconsistencies between programs’ stated goals – which inform their PEI category designation – and their implemented activities. In some cases providers had a different understanding of their program’s categorization than Fresno County staff, and in some cases we identified that regulatory definition suggested a different category was more applicable than those identified by Fresno County staff and providers. Fresno County DBH is obligated to fund at least one program in each PEI category (except “Improve timely access”, which is optional). For providers, PEI categorization determines which outcomes they are obligated to track in order to receive funding.

## Child Welfare

**Description of program type.** Approximately one in two children aged 2-14 years in the child welfare system has emotional or behavioral needs; however, only about one in four has received specialty mental health care in the past year.<sup>1</sup> One approach to improve access to specialty mental health care to those in the child welfare system is to enhance collaboration between mental health and child welfare departments.<sup>2,3</sup> Doing so can enable agencies to understand client needs more completely and thereby extend and coordinate appropriate services.<sup>2</sup> Mechanisms to improve collaboration can include co-location of mental health department staff at child welfare agencies, cross-training staff, information exchange, and sharing budgets.<sup>4</sup> Studies find that collaboration improves access to mental health services and reduces emotional and behavioral problems.<sup>4,5</sup>

**Implementation key components.** A recent systematic review of interagency collaboration to address children's mental health needs identifies facilitators to collaboration that include strong communication across agencies, a shared vision, joint trainings, specifying a staff member who serves as a link, strong leadership support, and protocols on collaboration.<sup>6</sup> Similarly, another systematic review, focused more broadly on child and adult mental health needs, identifies as important "intersectoral/interface workers" (or coordinating committees), a clear understanding of the details of agency roles (through formal agreements and, for each client, shared care plans), and cross-training for staff. This review also identifies blended funding and service co-location as important.<sup>7</sup> Furthermore, studies show that the greater the number of mechanisms implemented to improve collaboration between child welfare agencies and mental health agencies, the greater the improvements in service use and Child Behavior Checklist scores, indicating the relative effectiveness of comprehensive collaboration over more limited collaboration.<sup>3,4</sup>

**Implementation by Fresno PEI providers.** Fresno County operates one child welfare PEI program, which aims to connect high risk youth to mental health services. The program serves youth who are in foster care, referred from juvenile justice, court-ordered, or engaged in residential therapeutic programs. Program staff serve as care coordinators, providing intensive coordination services and case management to ensure youth receive all services to which they are entitled. Core activities include assessing the youth's needs, referring and connecting the youth to appropriate services, and regular follow-up to ensure engagement in appropriate services. The program has strong connections to community services and providers, including Department of Social Services, and facilitates and attends joint meetings to discuss client care. We are unable to determine the degree to which the program adheres to many of the key components identified, including whether or not staff attend joint trainings, the program uses blended funding, or agencies share a vision and have protocols or formal agreements for collaboration. However, some best practices are being implemented, including identifying staff members who serve as a link and having strong communication (including joint meetings) with collaborating agencies.

### **Recommendations.**

If not already doing, consider:

- Implementing joint trainings with collaborating agencies
- Establishing formal collaborative agreements between agencies, including blended funding where possible
- Utilizing shared care plans across agencies
- Cultivating strong leadership support
- Co-locating services, where possible

#### Applicable PEI categories

...As determined by Fresno County:	Prevention; Early Intervention
...As described by provider:	Access and linkage to treatment for individuals with serious mental illness

**Primary category, based on our analysis: Access and linkage to treatment for individuals with serious mental illness**

Based on our interview with the program, they do not appear to be providing any prevention programming or early intervention services. We concur with the provider’s description that they provide “Access and Linkage” to treatment for youth who have been referred for services because of an identified need.

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<sup>1</sup> Burns, Barbara J., Susan D. Phillips, H. Ryan Wagner, Richard P. Barth, David J. Kolko, Yvonne Campbell, and John Landsverk, "Mental Health Need and Access to Mental Health Services by Youths Involved With Child Welfare: A National Survey," *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol. 43, No. 8, August 1, 2004, pp. 960-970.

<sup>2</sup> He, Amy S., Caroline S. Lim, Greg Lecklitner, Adrienne Olson, and Dorian E. Traube, "Interagency collaboration and identifying mental health needs in child welfare: Findings from Los Angeles County," *Children and Youth Services Review*, Vol. 53, 2015/06/01/, 2015, pp. 39-43.

<sup>3</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, *Creating and Sustaining Cross-System Collaboration to Support Families in Child Welfare With Co-Occurring Issues: An Administrator’s Handbook*. As of January 12, 2021: <https://capacity.childwelfare.gov/pubPDFs/cbc/cross-system-collaboration-cp-00071.pdf>

<sup>4</sup> Bai, Yu, Rebecca Wells, and Marianne M. Hillemeier, "Coordination between child welfare agencies and mental health service providers, children's service use, and outcomes," *Child Abuse & Neglect*, Vol. 33, No. 6, June 2009, pp. 372-381.

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<sup>5</sup> Hurlburt, Michael S., Laurel K. Leslie, John Landsverk, Richard P. Barth, Barbara J. Burns, Robert D. Gibbons, Donald J. Slymen, and Jinjin Zhang, "Contextual Predictors of Mental Health Service Use Among Children Open to Child Welfare," *Archives of General Psychiatry*, Vol. 61, No. 12, December 2004, pp. 1217-1224.

<sup>6</sup> Cooper, M., Y. Evans, and J. Pybis, "Interagency collaboration in children and young people's mental health: a systematic review of outcomes, facilitating factors and inhibiting factors," *Child: Care, Health and Development*, Vol. 42, No. 3, May 2016, pp. 325-342.

<sup>7</sup> Whiteford, Harvey, Gemma McKeon, Meredith Harris, Sandra Diminic, Dan Siskind, and Roman Scheurer, "System-level intersectoral linkages between the mental health and non-clinical support sectors: a qualitative systematic review," *Australian & New Zealand Journal of Psychiatry*, Vol. 48, No. 10, October 1, 2014, pp. 895-906.

## Community Gardens

**Description of program type.** Community gardens are plots of land that are shared among members of the community to cultivate plants. They have been implemented widely and in a range of settings such as public spaces, hospitals, and places of worship.<sup>1</sup> In addition to the benefits of reaping fresh food and beautifying land in communities, community gardens have the potential to improve physical and mental health and strengthen community bonds.<sup>2,3,4</sup> Community gardens are often intended to reach vulnerable populations such as those facing food insecurity (e.g., those who live in food deserts) or ethnic minorities. However, they are used by people across demographic categories as well.<sup>5</sup> Existing literature shows that community gardens have a positive impact on a range of relevant outcomes for vulnerable populations such as wellbeing, stress, social connections, and self-esteem.<sup>2,6,7,8</sup> The types of community gardens most applicable to the MHSA PEI goals are those focused on general mental health and wellness promotion (i.e., Prevention), therapeutic gardens focused on mental health recovery or relapse prevention (i.e., Prevention), and those intending to increase community integration and reduce stigma and discrimination (i.e., SDR). There is usually some overlap in the aims of the programs.

**Implementation key components.** Information on implementation best practices is somewhat limited, but a few key components have been suggested in the literature. A review of studies on community gardens found that, during the planning and design phase, limited land availability or uncertainty about land tenure is a barrier to the development of the garden; on the other hand, having a high level of community interest and a clear, shared vision for the garden is a facilitator.<sup>9</sup> Throughout the life of the garden, the involvement of paid, long-term staff is important for managing the garden and ensuring sustainability, as opposed to reliance on volunteers only, who can have high turnover rates, differing visions, or result in variable staff coverage.<sup>9</sup> Experts recommend that prevention-focused gardening programs actively facilitate opportunities for individual learning and skill-building, leisure, and therapy. Ideally, activities should be participatory and productive, and although production need not be the primary goal, activities should be intended to result in observable, tangible products (i.e., not just be passive admiration of the garden).<sup>10,11</sup> In addition, studies suggest programs actively facilitate routine social engagement opportunities.<sup>10,11,12</sup> A key component of SDR-focused gardens is strong connections with other community organizations to increase social integration in the community—for example, collaborations with primary care, human services, and mental health professionals.<sup>11</sup> Experts also recommend that SDR-focused gardens facilitate regular group gardening activities, as group work is particularly important to the development of social support and inclusion.<sup>11,13</sup>

**Implementation by Fresno PEI providers.** As implemented and described by program staff, the goals of Fresno's four community gardens programs include engaging traditionally hard-to-reach populations, building social support and relationships, reducing stress and distress and improving wellbeing, and reducing the stigma associated with mental illness and help-seeking. Although they were originally intended by the county as stigma and discrimination reduction programs, we found that most gardens were operating as prevention-focused therapeutic or wellness promotion gardens. Activities employed to achieve these goals vary from impromptu chats with gardeners to structured group activities and presentations. Planned activities are typically based on staff interest and availability rather than planned adherence to clearly

defined best practices. However, some gardens were conducting regular productive group activities and individual skill-building classes, in line with the best practices in the literature (for example, building gardening boxes). However, some rely on their other programs (i.e., CBANS) to implement planned activities and offer the gardens for use without any structured programming. A couple mentioned connections with other community organizations, viewing their role as an Access and Linkage program as well. According to reports in the interviews, the gardens appear to be reaching their target populations, and many programs report wait-lists and high demand for garden plots. These traditionally hard-to-reach populations include older adults, refugees and trauma survivors, American Indians, Black and African Americans, and adults who may be isolated due to language barriers (e.g., Hmong elders). Data collection is typically very limited and usually does not include outcome monitoring. Some providers collect attendance in the form of an unmonitored sign-in sheet. Providers may also collect initial intake information, consisting of contact information and basic demographics (e.g., age, language). In most cases, these data are kept in paper files (i.e., not available electronically for analysis). However, at least one program collects pre- and post-surveys for mental health presentations and annually measures wellbeing outcomes such as PHQ-9 scores and subjective happiness, illustrating that more robust data collection is possible in this setting.

**Recommendations:**

- Routinize social engagement opportunities; for example, by holding monthly dinners.
- Strengthen community connections; for example, by inviting representatives of community organizations to give presentations, or lead or participate in garden events.
- Facilitate regular group work; for example, seasonal garden maintenance activities.
- Provide a staffing plan that includes a paid employee whose role is garden manager or coordinator
- Facilitate participatory and productive opportunities for skill-building and learning that produce tangible products; for example, by holding regular workshops on planting or garden-related construction.

Some programs are already implementing some of these recommended activities, and should continue to do so, while supplementing from the list as needed.

Applicable PEI categories	
...As determined by Fresno County:	SDR; Prevention
...As described by providers:	SDR; Prevention; Access and Linkage to Care for Individuals with Serious Mental Illness

**Primary category, based on our analysis: SDR; Prevention**

We do not consider *Access and linkage to care for individuals with serious mental illness* to be an applicable PEI category because, although a community garden may provide information about available community resources, providers do not provide direct linkage to programs or follow up to determine if referrals resulted in service utilization. Individuals with serious mental illness are also not necessarily the target population for the programs.

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<sup>1</sup> Draper, Carrie, and Darcy Freedman, "Review and Analysis of the Benefits, Purposes, and Motivations Associated with Community Gardening in the United States," *Journal of Community Practice*, Vol. 18, No. 4, December 2010, pp. 458-492.

<sup>2</sup> Malberg Dyg, Pernille, Søren Christensen, and Corissa Jade Peterson, "Community gardens and wellbeing amongst vulnerable populations: a thematic review," *Health Promotion International*, Vol. 35, No. 4, August 2019, pp. 790-803.

<sup>3</sup> Okvat, Heather A., and Alex J. Zautra, "Community Gardening: A Parsimonious Path to Individual, Community, and Environmental Resilience," *American Journal of Community Psychology*, Vol. 47, No. 3-4, 2011/06/01, January 2011, pp. 374-387.

<sup>4</sup> Prevention, Centers for Disease Control and, "Community Gardens," webpage, undated. As of January 5, 2021: <https://www.cdc.gov/healthyplaces/healthtopics/healthyfood/community.htm>

<sup>5</sup> Hartwig, Kari A., and Meghan Mason, "Community Gardens for Refugee and Immigrant Communities as a Means of Health Promotion," *Journal of Community Health*, Vol. 41, No. 6, April 16, 2016, pp. 1153-1159.

<sup>6</sup> Wood, Carly J., Jules Pretty, and Murray Griffin, "A case-control study of the health and well-being benefits of allotment gardening," *Journal of Public Health*, Vol. 38, No. 3, October 17, 2016, pp. e336-e344.

<sup>7</sup> Wood, Carly J., Jules Pretty, and Murray Griffin, "A case-control study of the health and well-being benefits of allotment gardening," *Journal of Public Health*, Vol. 38, No. 3, October 17, 2016, pp. e336-e344.

<sup>8</sup> Okvat, Heather A., and Alex J. Zautra, "Community Gardening: A Parsimonious Path to Individual, Community, and Environmental Resilience," *American Journal of Community Psychology*, Vol. 47, No. 3-4, 2011/06/01, January 2011, pp. 374-387.

<sup>9</sup> Fox-Kämper, Runrid, Andreas Wesener, Daniel Munderlein, Martin Sondermann, Wendy McWilliam, and Nick Kirk. "Urban community gardens: An evaluation of governance approaches and related enablers and barriers at different development stages." *Landscape and Urban Planning* 170 (2018): 59-68.

<sup>10</sup> Sempik, J., Aldridge, J., & Becker, S. (2003, September). *Treating the maniacs? Horticulture as therapy: From Benjamin Rush to the present day*. Draft of paper presented at the Horticultural Geographies Conference, Nottingham University, UK.

<sup>11</sup> Bishop, Benjamin P. "Nature for mental health and social inclusion." *Disability Studies Quarterly* 33, no. 1 (2012).

<sup>12</sup> Ochoa, Jesus, Esther Sanyé-Mengual, Kathrin Specht, Juan A. Fernández, Sebastián Bañón, Francesco Orsini, Francesca Magrefi et al. "Sustainable Community Gardens Require Social Engagement and Training: A Users' Needs Analysis in Europe." *Sustainability* 11, no. 14 (2019): 3978.

<sup>13</sup> Rappe, E., Koivunen, T., & Korpela, E. (2010). Group gardening in mental outpatient care. *Therapeutic Communities*, 29(3), 273-284

## Community Response Law Enforcement

**Description of program type.** Crisis Intervention Training (CIT) is an evidence-based and widely used alternative approach to law enforcement responses to individuals experiencing mental health crises.<sup>1</sup> In 1988, the Memphis Police Department and the Universities of Tennessee and Memphis developed CIT in order to train police officers to respond more appropriately to situations involving people with mental illnesses. CIT training is now implemented nationally and internationally. The Memphis CIT model has several main components: 1) 40 hours of mental health training for police officers who volunteer to undergo training; 2) training for and coding capabilities for dispatch so that they can send CIT officers to respond to situations involving people with mental illnesses; and 3) a centralized mental health facility that accepts all individuals brought to it. There are local variations on this model.<sup>2</sup>

**Implementation key components.** Existing literature shows that CIT has led to an increased likelihood of referrals to mental health units (as opposed to arrest, citation, or other law enforcement outcome), decreased likelihood of arrest, and a reduction in mental health stigma among trained officers.<sup>1</sup> The literature contains a few studies that indicate best practices. One study used surveys of CIT coordinators as well as interviews with subject matter experts and focus groups with CIT officers. It found that it is beneficial for police departments to adjust program components according to local needs but only in terms of adding components to the model—not removing components. Connecting people with mental illness with treatment and de-escalation training were also identified as essential elements. This study and another that examines data from six law enforcement agencies in Georgia find that self-selection of police officers into the crisis response unit is another critical component.<sup>3,4</sup> The latter study finds that self-selected officers scored higher on measures of attitudes toward mental illness and treatment, self-efficacy, stigma, and de-escalation and referral skills.

**Implementation by Fresno PEI providers.** Three CIT programs (one rural, one metro, and one county-wide) operate in Fresno using PEI funding. Although we did not directly ask about adherence to best practices during our interview with program staff, the countywide program appears to align well with the implementation key components we identified in the literature. All crisis response officers, as well as the majority of officers in the department, reportedly receive 40 hours of CIT training that is supplemented with presentations from mental health providers and advocates to decrease stigma and educate officers about available resources. The rural and metro CIT programs are run by one provider, and because our interview did not specifically ask about it, we do not have information on their adherence to best practices. Law enforcement staff from all three programs describe the goals as working closely with the behavioral health department to help connect people with serious mental illness to appropriate resources (including hospitalization, if necessary), educate officers about mental health in order to improve law enforcement response and community relations, and free up officer time to respond to law enforcement (rather than mental health) calls. In addition to establishing a core group of crisis response officers who respond to mental health calls, activities include outreach and informational presentations to schools and training for all officers in responding to mental health crises. Data collected include the number of crisis calls and the outcome of the interaction (for example, referral, psychiatric hold, use of force, etc.).

**Recommendations:**

- Allow officers to self-select into the crisis response unit (if not doing so already).
- Implement all components with fidelity to the evidence-based model, with no components reduced or removed; additions or minor adjustments can be considered to improve program fit with the department.
- Continue to track number of crisis calls and interaction outcomes.
- If providing a general mental health-response training to all officers, consider collecting pre/post outcome measures to track officer attitudes regarding mental health stigma and knowledge/skills learned.

Applicable PEI categories	
...As determined by Fresno County:	EI; Outreach for increasing recognition
...As described by providers:	EI; Outreach for increasing recognition; Access and linkage to care for individuals with serious mental illness

**Primary category, based on our analysis: Access and linkage to care for Individuals with serious mental illness**

We consider CIT to be *Access and linkage to care for individuals with serious mental illness* because the primary purpose is to respond to individuals experiencing a mental health crisis and link them to mental health services.

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<sup>1</sup> Rogers, Michael S., Dale E. McNiel, and Renée L. Binder, "Effectiveness of Police Crisis Intervention Training Programs," *Journal of the American Academy of Psychiatry and the Law Online*, September 24, 2019, pp. JAAPL.003863-003819.

<sup>2</sup> Rogers, Michael S., Dale E. McNiel, and Renée L. Binder, "Effectiveness of Police Crisis Intervention Training Programs," *Journal of the American Academy of Psychiatry and the Law Online*, September 24, 2019, pp. JAAPL.003863-003819.

<sup>3</sup> Pelfrey, William V., and Ania Young, "Police Crisis Intervention Teams: Understanding Implementation Variations and Officer-Level Impacts," *Journal of Police and Criminal Psychology*, Vol. 35, No. 1, January 31, 2019, pp. 1-12.

<sup>4</sup> Compton, Michael T., Roger Bakeman, Beth Broussard, Barbara D'Orio, and Amy C Watson, "Police officers' volunteering for (rather than being assigned to) Crisis Intervention Team (CIT) training: Evidence for a beneficial self-selection effect," *Behavioral sciences & the law*, Vol. 35, No. 5-6, September 2017, pp. 470-479.

## Culturally-Based Access and Navigation Support (CBANS)

**Description of program type.** Racial-ethnic minority groups have long experienced poorer access to mental health care compared to white Americans.<sup>1,2</sup> Therefore, interventions that reach out to racial-ethnic minority groups with the purpose of improving mental health literacy and access to care are especially important. CBANS combines elements of peer support interventions, community health worker interventions, and racial-ethnic community services to provide mental health outreach.<sup>3,4</sup>

**Implementation key components.** Increasing access to mental health services for underserved populations requires identification of a mental health challenge, awareness of available resources, and willingness on the part of the individual to seek help. Community Health Worker (CHW) mental health interventions for racial-ethnic minority populations are an evidence-based approach for achieving these aims. CHWs teach individuals to recognize signs and symptoms of mental illness within themselves and others, connect individuals to culturally appropriate services, teach skills for improved wellbeing, and increase willingness to seek help by reducing the stigma attached to mental health help-seeking.<sup>4,5</sup> While we did not find evidence of the effectiveness of interventions that combine a similar set of elements, we found studies relating to one of CBANS' constituent components: CHW mental health interventions for racial-ethnic minority populations. CHW interventions involve mental health literacy education, teaching skills for improved well-being, or referral to mental health treatment services. Studies of CHW mental health outreach for minority populations provide preliminary evidence of effectiveness in reducing mental illness symptoms, but warrant additional research.<sup>5,6,7,8,9,10</sup> However, there is limited evidence on best practices for implementing for CHW mental health interventions for racial-ethnic minority populations. The literature suggests that CHWs need robust training and supervision if they are to deliver any evidence-based treatments.<sup>5</sup> Training and supervision ought to be provided in the CHWs' preferred languages (e.g., with the use of interpreters or through Spanish-language classes) to ensure that CHWs can comfortably understand material.<sup>10</sup> To improve the likelihood that people who need access to care actually visit mental health providers, CHWs can assist them with patient care navigation tasks such as placing the initial call to arrange an appointment, accompanying them to the clinic, or arranging transportation for appointments.<sup>11</sup>

In addition to CHWs, trained peers can provide effective support for educating others about mental illness and ways to access services. The literature on peer support suggests that effective peers need to be aware of the available resources as well as practical ways to access them.<sup>10</sup> Because information and resources change frequently, peers need to make frequent efforts to update their knowledge; this likely requires that peers have access to and are comfortable using computers and conducting web searches.<sup>14</sup> Peers should also have some practical crisis and stress management abilities if they are dealing with individuals who have experienced trauma.<sup>14</sup> The literature also contains potentially useful guidelines on providing culturally competent mental health services and peer services.<sup>12,13,14</sup> Multiple sets of guidelines state the importance of partnering with diverse cultural stakeholders to develop and implement culturally competent services, as well as surveying or holding discussions with consumers for their feedback on how culturally comfortable they feel in the program. They also state the importance of ensuring that staff and program leadership come from cultural backgrounds reflecting the diversity of the community the program serves. A toolkit developed

by NAMI and the University of Illinois at Chicago for improving the cultural competency of peer services emphasizes the importance of ensuring that services (including written materials that consumers may come in contact with) are offered in preferred languages and allocating funding for and organizing cultural events and activities.<sup>16</sup>

Evidence-based trainings exist to help individuals (including peers and CHWs) effectively identify those in crisis and refer them to care. For example, Mental Health First Aid (MHFA) provides education about mental illness and teaches strategies on how to approach, support, and connect people in distress to care.<sup>15,16</sup> MHFA can be provided to the general public to help increase recognition and referrals, or to specific gatekeeper populations to increase their skills (e.g., peer navigators, CHWs). MHFA also improves attitudes towards mental health treatment and individuals with mental illness and increases supportive behavior towards individuals with mental illness.<sup>18,17,18</sup>

**Implementation by Fresno PEI providers.** Fresno County’s four CBANS programs described their aims as building relationships with underserved communities, building a sense of community, providing resource referrals, reducing the stigma associated with talking about mental health, reducing stress associated with navigating complex resource systems, increasing social support, and reducing overall distress. Programs engage in numerous activities, including support groups, monthly workshops to discuss mental health topics like stress reduction and suicide prevention, non-mental health related workshops (such as learning to construct a will or use technology), connection to social services, and community meals. Programs noted the difficulty of serving an “access and linkage” role due to the limited availability of culturally appropriate mental health services in the community to which to refer individuals. Many of the referrals provided are for services such as help with housing, food, documentation, or other non-mental health services. Programs typically offer language interpretation services and communicate with individuals in real-time. However, it is unclear to what degree programs are implementing other best practices, such as focusing on financial and insurance barriers, providing crisis-management training to peers, utilizing CHWs, offering MHFA classes, or implementing processes to ensure peers’ computer proficiency and frequently updated knowledge about resources.

Participation in CBANS reportedly varies greatly by provider and target group, with some programs providing classes to fewer than five participants and others with more than 50 at each event. Programs collect the aggregated data required by the county and typically track activity attendance. Some administer pre/post surveys to track skills learned after workshops and conduct satisfaction surveys at regular intervals. Data analysis is limited, and surveys may remain in paper format to be read by staff.

**Recommendations:**

- Ensure peers are proficient in using computers and navigating resource websites
- Regularly update information on available resources and ensure peers stay informed of any changes
- Provide evidence-based training to peers on trauma-informed crisis management and stress management
- Provide evidence-based training to peers on how to recognize symptoms of mental illnesses and provide effective referrals

- Peers should focus on reducing any insurance and financial barriers for participants
- Person-level data entry into Excel spreadsheet (or other electronic format) for any attendance and outcome information collected
- Fresno County staff should review reported attendance/participation information and consider whether the target population being served by programs with low participation may be better reached by another program type.

#### Applicable PEI categories

...As determined by Fresno County:	Access and Linkage to Treatment for Individuals with Serious Mental Illness
...As described by providers:	Access and Linkage to Treatment for Individuals with Serious Mental Illness; Prevention; Early Intervention; Outreach for increasing recognition of Early Signs of Mental Illness; Improve timely access for underserved populations

#### Primary categories, based on our analysis: Improve timely access to services for underserved populations; Outreach for increasing recognition of early signs of mental illness

The primary difference between the *Access and linkage to treatment for individuals with serious mental illness\** and *Improve timely access to services for underserved populations\*\** PEI categories is in their intended target populations. We find the latter to be more appropriate to CBANS due to programs' explicit focus on navigational services for **underserved cultural groups** (see Appendix for California Code of Regulations definition). Programs are also not specifically targeting *only* individuals with serious mental illness, which is the intent of the *Access and linkage to treatment for individuals with serious mental illness* category (a good example of an 'Access and linkage' program is Crisis Intervention Training, in which police officers are trained to respond to individuals experiencing acute psychiatric distress; see the Access and linkage section of this document for more details). Due to its overall prevalence, it is possible that some of the individuals engaging in the program may have a mental illness; however, it is not the explicit intent or purpose of these programs to *only* engage those individuals. For this reason, the program is also not considered Early Intervention, which aims to provide treatment only to individuals who are early in the course of their illness.

Because the program also teaches individuals to recognize early signs of mental illness it can also be considered *Outreach for increasing recognition of early signs of mental illness*.

Finally, we note that, while the program is intended to provide access and navigational services to connect underserved individuals to services, many activities described by providers could be considered Prevention-only programs with no apparent access or navigational purpose (e.g., stress reduction workshops). Unless *Prevention* is intended as a secondary applicable category, there appears to be some

discrepancy between Fresno County’s intent for the program and the implementation of the program by providers.

\* ‘Access and linkage to treatment for individuals with serious mental illness’ refers to a set of related activities to connect children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors **with severe mental illness**, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to **medically necessary care and treatment**, including, but not limited to, care provided by county mental health programs .

\*\* ‘Improve timely access to services for underserved populations’ refers to efforts to increase the extent to which an individual or family from an **underserved population** as defined in Title 9 California Code of Regulations Section 3200.300 who needs mental health services because of **risk or presence of a mental illness** receives appropriate services as early in the onset as practicable, through program features such as *accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services*.

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<sup>1</sup> Cook, Benjamin Lê, Nhi-Ha Trinh, Zhihui Li, Sherry Shu-Yeu Hou, and Ana M. Progovac, "Trends in Racial-Ethnic Disparities in Access to Mental Health Care, 2004–2012," *Psychiatric Services*, Vol. 68, No. 1, 2017/01/01, August 2016, pp. 9-16.

<sup>2</sup> Ault-Brutus, Andrea Alexis, "Changes in Racial-Ethnic Disparities in Use and Adequacy of Mental Health Care in the United States, 1990–2003," *Psychiatric Services*, Vol. 63, No. 6, 2012/06/01, June 2012, pp. 531-540.

<sup>3</sup> Barnett, Miya L., Araceli Gonzalez, Jeanne Miranda, Denise A. Chavira, and Anna S. Lau, "Mobilizing Community Health Workers to Address Mental Health Disparities for Underserved Populations: A Systematic Review," *Administration and Policy in Mental Health and Mental Health Services Research*, Vol. 45, No. 2, July 20, 2017, pp. 195-211.

<sup>4</sup> Weaver, Addie, and Adrienne Lapidos, "Mental Health Interventions with Community Health Workers in the United States: A Systematic Review," *Journal of Health Care for the Poor and Underserved*, Vol. 29, February 1, 2018, pp. 159-180.

<sup>5</sup> Barnett, Miya L., Araceli Gonzalez, Jeanne Miranda, Denise A. Chavira, and Anna S. Lau, "Mobilizing Community Health Workers to Address Mental Health Disparities for Underserved Populations: A Systematic Review," *Administration and Policy in Mental Health and Mental Health Services Research*, Vol. 45, No. 2, July 20, 2017, pp. 195-211.

<sup>6</sup> Tran, Anh N., India J. Ornelas, Mimi Kim, Georgina Perez, Melissa Green, Michelle J. Lyn, and Giselle Corbie-Smith, "Results From a Pilot Promotora Program to Reduce Depression and Stress Among Immigrant Latinas," *Health Promotion Practice*, Vol. 15, No. 3, May 2014, pp. 365-372.

<sup>7</sup> Edelblute, Heather B., Sandra Clark, Lilli Mann, Kathryn M. McKenney, Jason J. Bischof, and Christine Kistler, "Promotoras across the border: a pilot study addressing depression in Mexican women impacted by migration," *Journal of immigrant and minority health*, Vol. 16, No. 3, June 2014, pp. 492-500.

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<sup>8</sup> Nicolaidis, Christina, Angie Mejia, Marlen Perez, Anabertha Alvarado, Rosemary Celaya-Alston, Yolanda Quintero, and Raquel Aguillon, "Proyecto Interconexiones: a pilot test of a community-based depression care program for Latina violence survivors," *Progress in community health partnerships : research, education, and action*, Vol. 7, No. 4, Winter, 2013, pp. 395-401.

<sup>9</sup> Pratt, Rebekah, Nimo Ahmed, Sahra Noor, Hiba Sharif, Nancy Raymond, and Chris Williams, "Addressing Behavioral Health Disparities for Somali Immigrants Through Group Cognitive Behavioral Therapy Led by Community Health Workers," *Journal of immigrant and minority health*, Vol. 19, No. 1, December 31, 2015, pp. 187-193.

<sup>10</sup> Corrigan, Patrick, Susan Pickett, Dana Kraus, Raymond Burks, and Anne Schmidt. "Community-based participatory research examining the health care needs of African Americans who are homeless with mental illness." *Journal of health care for the poor and underserved* 26, no. 1 (2015): 119.

<sup>11</sup> Boyd, Rhonda C., Marjie Mogul, Deena Newman, and James C. Coyne, "Screening and Referral for Postpartum Depression among Low-Income Women: A Qualitative Perspective from Community Health Workers," *Depression Research and Treatment*, Vol. 2011, April 28, 2011.

<sup>12</sup> Substance Abuse and Mental Health Services Administration, *Improving Cultural Competence*, Treatment Improvement Protocol (TIP) Series No. 59. HHS Publication No. (SMA) 14-4849, Rockville, MD: Substance Abuse and Mental Health Administration, 2014. As of January 12, 2021: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>

<sup>13</sup> NAMI Star Center, The University of Illinois at Chicago, National Research and Training Center, *Cultural Competency in Mental Health Peer-run Programs and Self-help Groups*, Arlington, VA: National Alliance of Mental Illness. As of January 12, 2021: <http://www.cmhsrp.uic.edu/download/CulturalCompetencyTool.pdf>

<sup>14</sup> Centre for Addition and Mental Health, Toronto Public Health, and Dalla Lana School of Public Health, University of Toronto, *Best Practice Guidelines for Mental Health Promotion Programs: Refugees*, Canada, 2012. As of January 12, 2021: <https://www.porticonetwork.ca/documents/1399720/1402901/Refugees/3974e176-69a8-4a5f-843b-a40d0a56299c>

<sup>15</sup> Hadlaczky, Gergö, Sebastian Hökby, Anahit Mkrtchian, Vladimir Carli, and Danuta Wasserman, "Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis," *International Review of Psychiatry*, Vol. 26, No. 4, August 1, 2014, pp. 467-475. <https://doi.org/10.3109/09540261.2014.924910>

<sup>16</sup> Kitchener, Betty A., and Anthony F. Jorm, "Mental Health First Aid Training for the Public: Evaluation of Effects on Knowledge, Attitudes and Helping Behavior," *BMC Psychiatry*, Vol. 2, No. 1, October 1, 2002, p. 10.

<sup>17</sup> Gryglewicz, Kim, Kristina K. Childs, and Melanie F. P. Soderstrom, "An Evaluation of Youth Mental Health First Aid Training in School Settings," *School Mental Health*, Vol. 10, No. 1, March 1, 2018, pp. 48-60. <https://doi.org/10.1007/s12310-018-9246-7>

<sup>18</sup> Morgan, Amy J., Anna Ross, and Nicola J. Reavley, "Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour," *PLOS ONE*, Vol. 13, No. 5, May 31, 2018, p. e0197102.

## Family Focused Prevention

**Description of program type.** Family-focused prevention programs aim to alter risk factors for developing mental illness in the context of family relationships. Implemented by local governments and provider organizations, they largely focus on improving parenting skills and family relationships. In addition to targeting child skills and behaviors indirectly by addressing parenting skills, some interventions also target them directly. These programs can be universal, for families in general, or targeted to those that are facing specific challenges such as having low economic resources.<sup>1</sup> Interventions are delivered in home, or in health care and school settings.<sup>1,2</sup> Studies show that family-focused prevention programs can significantly improve protective factors such as parenting practices and reduce risk factors such as child abuse, teen substance abuse,<sup>1,3</sup> and unhealthy problem solving among parents.

**Implementation key components.** Reviews of parenting programs identify the following best practices, among others: improving the convenience of attending the program for families, treating parents as partners, ensuring that interventions address the unique needs of different families, providing peer support, ensuring that interventions are culturally relevant, including fathers through increased outreach and inclusive program content, integrating the intervention with other needed social services, monitoring implementation fidelity, and improving collaboration among relevant agencies to support sustained and robust outreach.<sup>3,4,5</sup> Drawing on the broader literature on social service interventions for children and families in addition to that on parenting programs, the reviews identify as a critical component staff who are well trained and active in referring families to and engaging them in the intervention.<sup>5,6</sup> A review of family-focused mental health interventions echoes the literature on parenting programs, finding that interventions that improve the convenience of interventions improves short-term engagement. It also finds that motivational interviewing has a long-term effect on engagement when integrated with interventions to help families cope with stress.<sup>7</sup>

**Implementation by Fresno PEI providers.** Family focused prevention is being implemented by one provider using the Celebrating Families 14 week program. Families join together one night a week for dinner, and then divide into two groups: children and adults. Each night focuses on a different topic in which both groups learn using age-appropriate methods, and then come back together to discuss and practice what they learned. Topics include nutrition, discipline, drugs and alcohol, family interaction, and others, and include information about available community resources where applicable. All family members and caregivers are welcome and encouraged to attend, including fathers. Adults and children receive peer support in the discussion groups, and through socialization during the shared meal. Attendance is tracked but no outcomes are measured. Our interview did not cover many of the implementation key components, such as staff training, cultural relevance, or whether peers are treated as partners, so we are unable to report on adherence to those best practices. Reportedly, families do receive peer support, and the program does collaborate with other agencies to provide information about available supportive resources.

### **Recommendations:**

- Continue efforts to include fathers in programming; encourage peer support; provide convenient access to the program; provide information about available community resources.

- Continue to collaborate with relevant community agencies to increase outreach.
- Measure pre/post outcomes including parenting attitudes and problem-solving skills and youth substance abuse.
- Where possible, monitor adherence to the best practices described above (for example, what efforts are being made to treat parents as partners?).
- If possible, structure budgeting to allow for reimbursement of administrative tasks that include entering and reporting outcome data.

Applicable PEI category	
...As determined by Fresno County:	Prevention
...As described by providers:	None apply
<b>Primary category, based on our analysis: Prevention</b>	
The program is <i>Prevention</i> because it aims to build skills that promote healthy family functioning and mental health.	

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<sup>1</sup> Forum on Promoting Children's Cognitive, Affective, and Behavioral Health, Board on Children, Youth, and Families, Institute of Medicine, National Research Council, Strategies for Scaling Effective Family-Focused Preventive Interventions to Promote Children's Cognitive, Affective, and Behavioral Health: Workshop Summary, Washington, DC: National Academies Press.

<sup>2</sup> Isaacs, Serena Ann, Nicolette Vanessa Roman, Shazly Savahl, and Xin-Cheng Sui, "Using the RE-AIM framework to identify and describe best practice models in family-based intervention development: A systematic review," *Child & Family Social Work*, Vol. 23, No. 1, 2018/02/01, June 16, 2017, pp. 122-136.

<sup>3</sup> National Academies of Sciences, Engineering, and Medicine, *Parenting Matters: Supporting Parents of Children Ages 0-8*, Washington, DC: The National Academies Press, 2016.

<sup>4</sup> Lechowicz, Meryn E., Yixin Jiang, Lucy A. Tully, Matthew T. Burn, Daniel A. J. Collins, David J. Hawes, Rhoshel K. Lenroot, Vicki Anderson, Frances L. Doyle, Patrycja J. Piotrowska, Paul J. Frick, Caroline Moul, Eva R. Kimonis, and Mark R. Dadds, "Enhancing Father Engagement in Parenting Programs: Translating Research into Practice Recommendations," *Australian Psychologist*, Vol. 54, No. 2, 2019/04/01, August 19, 2018, pp. 83-89.

<sup>5</sup> Axford, Nick, Minna Lehtonen, Dwan Kaoukji, Kate Tobin, and Vashti Berry, "Engaging parents in parenting programs: Lessons from research and practice," *Children and Youth Services Review*, Vol. 34, No. 10, 2012/10/01/, June 27, 2012, pp. 2061-2071.

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<sup>6</sup> National Academies of Sciences, Engineering, and Medicine, *Parenting Matters: Supporting Parents of Children Ages 0-8*, Washington, DC: The National Academies Press, 2016.

<sup>7</sup> Ingoldsby, Erin M., "Review of Interventions to Improve Family Engagement and Retention in Parent and Child Mental Health Programs," *Journal of Child and Family Studies*, Vol. 19, No. 5, 2010/10/01, January 22, 2010, pp. 629-645.

## Functional Family Therapy

**Description of program type.** Functional Family Therapy (FFT) aims to address behavioral problems among children and their families. It usually is comprised of 12-14 hour-long sessions on a weekly basis. It has five phases, starting with a focus on ensuring initial engagement to the intermediate stages in which the family and provider builds toward and attempts behavior change, and ending with a focus on applying new behaviors to new settings and maintaining them.<sup>1</sup> It is implemented in the United States and 11 other countries at 340 sites and for about 50,000 families annually.<sup>1</sup> FFT can be delivered in a variety of settings such as the home, school, or clinic environments.<sup>2</sup>

**Implementation key components.** Numerous studies have found that FFT reduces recidivism and behavioral problems in children and adolescents.<sup>1,3,4</sup> While the literature on empirically-based best practices is limited for FFT, studies suggest that improved model adherence (as assessed by supervisors) is associated with improved outcomes such as a decrease in recidivism and out-of-home placements.<sup>5</sup> Adherence is based on areas such as demonstrating credibility to family members during the initial credibility phase, providing a rationale for treatment techniques in the motivation phase, and modeling appropriate behaviors in the behavior change phase.<sup>6</sup> Among studies of interventions providing between nine to 24 sessions, a recent review did not detect a relationship between the duration of the intervention (in terms of number of sessions or hours total) and decreased recidivism and out-of-home placements.<sup>7</sup> Another review suggests that Hispanic youth experience better engagement and outcomes if the therapist is Hispanic compared to non-Hispanic (i.e., cultural congruency).<sup>8</sup>

**Implementation by Fresno PEI provider.** FFT is currently implemented by one Fresno County PEI program provider. The provider-described goal is to improve family relationships and functioning within the school and community. The implemented activities align with the description of the program above— i.e., 12 or more weekly one-hour sessions with the family to build skills such as problem solving, parenting, anger management, and conflict resolution. The program being implemented is evidence-based and appears to follow the established protocols. Our interview did not assess whether the program attempts cultural congruency between families and therapists. Case management services are also provided as-needed, including referral to other services. Intended outcomes include improvements in youth attitudes towards therapy and toward family members and are tracked using the Family Self-assessment Report (FSR) which is administered six times throughout the process. In addition, providers review pre-post grades and disciplinary problems, and follow up with families one year after program completion to assess these outcomes. No caregiver-specific outcomes are assessed, although anecdotal information implies positive outcomes in caregivers' personal relationships and attitudes.

### Recommendations:

- If not already doing so, and where possible, ensure cultural congruency between families and therapists.
- If not already doing so, establish process monitoring to ensure quality of adherence to the treatment model.

- Continue efforts to track short and long term outcomes.
- Describe how fidelity to the FFT model is being monitored and sustained.

Applicable PEI category	
...As determined by Fresno County:	Early Intervention
...As described by providers:	Early Intervention
<b>Primary category, based on our analysis: Early intervention</b>	
The program is <i>Early Intervention</i> because it aims to provide treatment early in the identification of mental health or behavioral problems.	

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<sup>1</sup> Robbins, Michael S., James F. Alexander, Charles W. Turner, and Amy Hollimon, "Evolution of Functional Family Therapy as an Evidence-Based Practice for Adolescents with Disruptive Behavior Problems," *Family Process*, Vol. 55, No. 3, 2016/09/01, June 22, 2016, pp. 543-557.

<sup>2</sup> U.S. Department of Justice, Functional Family Therapy, Washington, DC, December 2000. As of January 6, 2021: <https://www.ncjrs.gov/pdffiles1/ojdp/184743.pdf>

<sup>3</sup> Hartnett, Dan, Alan Carr, Elena Hamilton, and Gary O'Reilly, "The Effectiveness of Functional Family Therapy for Adolescent Behavioral and Substance Misuse Problems: A Meta-Analysis," *Family Process*, Vol. 56, No. 3, 2017/09/01, October 12, 2016, pp. 607-619.

<sup>4</sup> Weisman, Clio Belle, and Paul Montgomery, "Response to: A Critical Review and Call for Revision of Weisman and Montgomery's Review of Functional Family Therapy by Michael S. Robbins, Charles Turner," *Research on Social Work Practice*, Vol. 29, No. 3, 2019/03/01, January 16, 2019, pp. 358-360.

<sup>5</sup> Sexton, Thomas, and Charles W. Turner, "The effectiveness of functional family therapy for youth with behavioral problems in a community practice setting," *Journal of family psychology : JFP : journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, Vol. 24, No. 3, September 2014, pp. 339-348.

<sup>6</sup> Alexander, James, Christie Pugh, and Bruce Parsons, Blueprints for Violence Prevention: Functional Family Therapy, Boulder, CO: Center for the Study and Prevention of Violence, University of Colorado, Boulder, 1998. As of January 6, 2021: <https://www.ncjrs.gov/pdffiles1/Digitization/174196NCJRS.pdf>

<sup>7</sup> Weisman, Clio, and Paul Montgomery, "Implementation Issues in Functional Family Therapy: A Narrative Analysis of the Evidence," *Research on Social Work Practice*, Vol. 30, No. 4, 2020/05/01, August 20, 2019, pp. 460-471.

<sup>8</sup> Robbins, Michael S., and Charles W. Turner, "Call for Revision of Weisman and Montgomery's Review of Functional Family Therapy," *Research on Social Work Practice*, Vol. 29, No. 3, 2019/03/01, 2018, pp. 347-357. As of 2021/01/06.

## Holistic Cultural Education Wellness Center

**Description of program type.** Holistic wellness is the state of wellbeing and health across the interrelated “physical, emotional, intellectual, social, environmental, and spiritual dimensions” of life.<sup>1</sup> The holistic wellness approach to improving health focuses on health promotion and prevention across these dimensions more so than the traditional medical approach of addressing physical and mental symptoms and disorders. Holistic wellness centers that address the different dimensions of wellness may provide broad health education, racial-ethnic cultural programming, exercise classes, language classes, emotional support groups, and other services and supports.<sup>1,2</sup> Studies show, for example, that participation in creative activities and exercise can improve mental well-being and reduce stress.<sup>3,4,5,6</sup>

**Implementation key components.** Holistic wellness interventions as a whole are relatively understudied, and little is known about the key components needed to constitute an effective holistic wellness program. Studies that do exist typically have focused on Native American health and tribal wellness centers but are descriptive and do not establish EBP; however, they do suggest some implementation approaches that may strengthen holistic cultural programs. One such study from the Centers for Disease Control and Prevention (CDC) provides the results of three focus groups with tribal communities that identified wellness-promoting strategies<sup>7</sup> and associated activities:

Table 1. Strategies and Activities to Promote Tribal Health and Wellness.

Strategies	Example activities
1. Family and community activities that connect cultural teachings to health and wellness	Implement family-centered community activities and events working with community members and partners that teach, build upon, celebrate, and strengthen cultural and traditional practices and teachings.
2. Seasonal cultural and traditional practices that support health and wellness	Establish an annual community calendar of seasonal cultural and traditional events, celebrations, and activities that support and reinforce healthy practices.
3. Social and cultural activities that promote community wellness	Implement social and/or cultural activities incorporating opportunities to learn about traditional healthy food, physical activities, and lifestyle practices to enhance mental and emotional well-being.
4. Tribal, inter-tribal, governmental, and nongovernmental collaborations that strengthen well-being	Collaborate on projects such as partnerships with community development financial institutions and other partners and sectors to increase culturally relevant economic and other opportunities
5. Intergenerational learning opportunities that support well-being and resilience	Establish or strengthen opportunities to encourage 2-way sharing and connect youths, adults, and elders to share knowledge about

	food, language, ceremonies, stories, places, technology, crafts, and play.
6. Cultural teachings and practices about traditional healthy foods to promote health, sustenance, and sustainability	Establish or strengthen sustainable programs to gather, raise, harvest, produce, or preserve traditional healthy foods and provide those foods and beverages to individuals, families, schools, institutions, and others.
7. Traditional and contemporary physical activities that strengthen well-being	Enhance, strengthen, or increase opportunities and supports for traditional and contemporary physical activity at schools, work sites, cultural and community events, and other venues

Abridged from: Andrade et. al, (2019). Tribal Practices for Wellness in Indian Country. *Preventing Chronic Disease*. 16:E97.

These activities focus on the importance of cultural connection in wellbeing and may have relevance for other underserved cultural populations. However, we did not find research examining the effectiveness of these practices, so they are not considered EBPs.

There is some research on evidence-based practices for specific wellness promotion activities, such as health education classes, exercise, and mindfulness practice. A full discussion of all of these activities is out of scope of this report, but we recommend starting with the CDC’s extensive curated list of health and wellness activities and interventions (see <https://www.cdc.gov/healthyliving/index.html>). In addition, for a helpful review of mindfulness interventions, see Creswell, J. David. "Mindfulness interventions." *Annual review of psychology* 68 (2017): 491-516.

**Implementation by Fresno PEI provider.** The one Fresno program that fell into this category described the goal as helping people live a well-balanced life in mind, body, and spirit. The program serves individuals of all ages although clients are primarily adult women. In general, other client demographics match those of the county. They reportedly work closely with other organizations in the community and provide referrals to help clients address daily concerns for food, housing, immigration issues, and others. Their “over one-hundred” activities include support groups in various languages, mindful body movement classes, nutrition classes, healing garden classes, dance, healing arts and crafts, cross-cultural education workshops, and others. On average, the program sees approximately 2000 to 3000 signups for activities each month. Desired outcomes depend on the specific activity – for example, Mental Health First Aid classes aim to teach recognition of signs and symptoms of mental illness; dance classes are intended to relieve stress. . Some of these activities, such as MHFA, are EBPs, although our interview did not gather enough information about the implementation of specific activities to be able to determine if they are being implemented with fidelity. Similarly, as suggested in our literature review, exercise such as dance and body movement classes may strengthen wellbeing although we do not know anything about the implementation or adherence to best practices of these classes. Cross-cultural education classes that are offered may be in keeping with practices suggested in the literature review, but again, implementation quality is unknown. In addition, practices suggested in Table 1 are untested suggestions, not EBPs. Our review did not find any overarching EBP for holistic cultural wellness

centers, and from our interview it is not possible to know the degree to which individual activities are implemented with fidelity to any EBP; therefore, adherence to EBPs is unknown.

**Recommendations:**

- Fresno County DBH should consider whether the individual activities being implemented are sufficient to meet their goals for this program, and whether EBPs are being implemented. This will require obtaining more information from the program on all activities being implemented and assessing their evidence-base and implementation fidelity.

Applicable PEI categories	
...As determined by Fresno County:	Prevention
...As described by providers:	Stigma and Discrimination Reduction; Access and linkage to treatment for individuals with serious mental illness; Outreach for increasing recognition of early signs of mental illness

**Primary category, based on our analysis: None**

Due to the limited scope of the interview we cannot say for certain whether any PEI activities are taking place (and therefore, whether any PEI category applies). However, if the individual component activities (e.g., mindfulness classes, health education classes, etc.) are themselves EBPs, then we would concur with Fresno County's assessment that *Prevention* is the applicable PEI category because those activities aim to promote wellness and reduce risk factors. Our interviews did not elicit sufficient information on individual activities to be able to determine their adherence to EBPs.

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<sup>1</sup> Swarbrick, Margaret, "A Wellness Approach," *Psychiatric Rehabilitation Journal*, Vol. 29, 02/01, February 2006, pp. 311-314.

<sup>2</sup> Sterling, Evelina W., Silke A. von Esenwein, Sherry Tucker, Larry Fricks, and Benjamin G. Druss, "Integrating Wellness, Recovery, and Self-management for Mental Health Consumers," *Community Mental Health Journal*, Vol. 46, No. 2, 2010/04/01, December 23, 2009, pp. 130-138.

<sup>3</sup> Fancourt, D., and R. Perkins, "Effect of singing interventions on symptoms of postnatal depression: three-arm randomised controlled trial," *The British Journal of Psychiatry*, Vol. 212, No. 2, January 9, 2018, pp. 119-121.

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<sup>4</sup> Caddy, L., F. Crawford, and A. C. Page, "'Painting a path to wellness': correlations between participating in a creative activity group and improved measured mental health outcome," *Journal of Psychiatric and Mental Health Nursing*, Vol. 19, No. 4, 2012/05/01, August 24, 2011, pp. 327-333.

<sup>5</sup> Clift, Stephen, "Creative arts as a public health resource: moving from practice-based research to evidence-based practice," *Perspectives in Public Health*, Vol. 132, No. 3, 2012/05/01, May 17, 2012, pp. 120-127.

<sup>6</sup> Sharma, Ashish, Vishal Madaan, and Frederick D. Petty, "Exercise for Mental Health," *Primary care companion to the Journal of clinical psychiatry*, Vol. 8, No. 2, 2006, pp. 106-106.

<sup>7</sup> Andrade, Nancy S., Marita Jones, Shelley M. Frazier, Chris Percy, Miguel Flores, Jr., and Ursula E. Bauer, "Tribal Practices for Wellness in Indian Country," *Preventing Chronic Disease*, Vol. 16, 2019, pp. E97-E97.

## Integrating Mental Health in Primary Care Clinics

**Description of program type.** People with mental illnesses are more likely to experience poor physical health outcomes, receive poor quality care, and generate higher health care costs than those without mental illness.<sup>1</sup> Additionally, more mental health visits are made to PCPs than to psychiatrists. Integrated care, in which primary care and behavioral health care providers collaborate to address behavioral health problems identified through primary care,<sup>2</sup> aims to improve access to and quality of mental health care.<sup>1</sup> The collaborative care model for addressing depression, in which behavioral health specialists support primary care physicians and care managers in identifying, treating, referring, and following up with people experiencing mental health disorders, is the most evidence-based model of integrated care.<sup>3</sup> Studies of the collaborative care model have reported improved depression outcomes compared to treatment as usual. A 2012 Cochrane review also found improved anxiety outcomes compared to treatment as usual.<sup>4</sup> Despite strong evidence, integrated care models have not been widely implemented outside academic centers and integrated health care systems.<sup>3</sup>

**Implementation key components.** Implementation frameworks based on literature reviews and expert opinion highlight the following as important features in integrated care models, including collaborative care:

- population-based care (in which all patients with a particular condition are identified, treated, and tracked; primary care practices generally need a registry of priority conditions and a care manager in order to accomplish this)
- measurement- and evidence-based care (including screening and regular monitoring for treatment response)
- treatment to target (the regular monitoring of the disorder and adjusting treatment based on desired target outcomes)
- care managers (a clinician such as a nurse or social worker who has dedicated time to regularly follow up, provide psychoeducation, maintain a patient registry, track treatment adherence, and coordinate care)
- psychiatric supervision (in which psychiatrists hold weekly meetings with the care manager, occasional sessions with certain patients, and refer patients in need of specialized behavioral care)
- brief psychological therapies (e.g., motivational interviewing, problem-solving) delivered by trained specialists (e.g., nurses, psychologists, clinical social workers),
- culturally adapted self-management support
- enhanced information exchange between providers (facilitated by registries and EHR interoperability)
- quality improvement and connections with social services.

Implementation frameworks provide additional details on how to implement these features.<sup>3,5,6</sup>

Systematic reviews and studies also echo the importance of some of these factors.<sup>7,8</sup> A systematic meta-analysis of how collaborative care intervention features moderate depression outcomes found that psychological treatment (along with or without anti-depressants) was more likely to lead to improved depression symptoms.<sup>8</sup> A study found that two specific activities in collaborative care were associated with an increased likelihood of depression symptom improvement: follow-up by the care manager within at least four weeks of the initial visit as well as psychiatric consultation provided to individuals not responding after eight weeks of treatment.<sup>9</sup> The former is associated with reduced time to symptom improvement. Another study examining the association of collaborative care features with patient activation and six-month remission rates finds that having strong support from clinic leaders, including PCPs as well as an accessible care manager with a clear role is associated with the former outcome. Having a psychiatrist who is responsive to patient needs and having face-to-face, warm handoffs between the care manager and PCP for new patients are factors associated with the latter outcome.<sup>10</sup>

**Implementation by Fresno PEI provider.** The goal as described by Fresno County DBH's one provider is to enhance service delivery for patients in their primary care clinic. Previously, only LCSWs and clinical psychologists were licensed to practice in the clinic; PEI funding allows them to enhance services by employing experienced, unlicensed staff to provide support activities (such as screening; funding allows for one mental health worker). The mental health worker screens patients and provides a warm hand-off to a mental health clinician when individuals score above the cut-off on the Patient Health Questionnaire (PHQ-9). The mental health worker may also refer individuals to other services as-needed. The clinic primarily serves low-income and MediCal recipients of all ages, including undocumented and indigent individuals. The provider appears to be adhering to established best practices, including using an evidence-based screening tool (PHQ-9, GAD-7), including therapists in meetings with the physicians, and tracking symptom improvement. The provider also tracks collaboration and networking with other providers (for example, the number of team meetings in which the therapist is included).

#### **Recommendations.**

- Continue to implement evidence-based practices already being used (using an evidence-based screening tool, including therapists in meetings with the physicians, and tracking symptom improvement).

Although not necessarily feasible in all settings, the program would ideally:

- Assign each patient a care manager who is involved with treatment meetings and provides regular follow-up and tracking of treatment progression and symptom improvement. Care managers should be accessible, with clearly defined roles
- Provide follow-up to patients within at least four weeks of first visit and regularly thereafter.
- Provide face-to-face warm-handoffs for new patients.
- Ensure support for mental health collaboration from clinic leaders and PCPs.
- Provide culturally-adapted self-management support.

### Applicable PEI categories

...As determined by Fresno County:	Prevention; Access and linkage to treatment for individuals with serious mental illness
...As described by providers:	Prevention; Early Intervention; Access and linkage to treatment for individuals with serious mental illness; Improving timely access to services for underserved populations; Suicide prevention

#### **Primary category, based on our analysis: Access and linkage to treatment for individuals with serious mental illness; Improving timely access to services for underserved populations**

As implemented, the program provides one full-time staff person to provide mental health screening and refer them to care, which fits with the MHSA PEI definition of an *Access and linkage to treatment for individuals with serious mental illness* program. It is not *Prevention* because individuals are provided linkage to services after they are identified as already having mental health concerns. Because the program primarily serves low-income, undocumented, and indigent individuals, it can also be considered as *Improving timely access to services for underserved populations*.

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<sup>1</sup> Ramanuj, Parashar, Erin Ferenchik, Mary Docherty, Brigitta Spaeth-Rublee, and Harold Alan Pincus, "Evolving Models of Integrated Behavioral Health and Primary Care," *Current Psychiatry Reports*, Vol. 21, No. 1, January 19, 2019, p. 4.

<sup>2</sup> Agency for Healthcare Research and Quality, Integrated Behavioral Health & Primary Care: Terms to Know. As of January 6, 2021: [https://integrationacademy.ahrq.gov/sites/default/files/2020-06/AHRQ\\_Lexicon\\_Collateral\\_Terms.pdf](https://integrationacademy.ahrq.gov/sites/default/files/2020-06/AHRQ_Lexicon_Collateral_Terms.pdf)

<sup>3</sup> Kroenke, Kurt, and Jurgen Unutzer, "Closing the False Divide: Sustainable Approaches to Integrating Mental Health Services into Primary Care," *Journal of General Internal Medicine*, Vol. 32, No. 4, February 27, 2017, pp. 404-410.

<sup>4</sup> Archer, J., P. Bower, S. Gilbody, K. Lovell, D. Richards, L. Gask, C. Dickens, and P. Coventry, "Collaborative care for depression and anxiety problems," *Cochrane Database of Systematic Reviews*, No. 10, October 17, 2012.

<sup>5</sup> Chung, Henry, Nina Rostanski, Hope Glassberg, and Harold Alan Pincus, *Advancing Integration of Behavioral Health into Primary Care*, New York, NY: United Hospital Fund, June 7, 2016. As of January 6, 2021: [https://uhfnyc.org/media/filer\\_public/a6/8e/a68eb9d0-514c-4198-8225-c1c195264c28/framework\\_052616\\_final1.pdf](https://uhfnyc.org/media/filer_public/a6/8e/a68eb9d0-514c-4198-8225-c1c195264c28/framework_052616_final1.pdf)

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<sup>6</sup> AIMS Center, Patient-centered Integrated Behavioral Health Care Principles & Tasks Checklist, University of Washington, 2012. As of January 6, 2021:

[https://aims.uw.edu/sites/default/files/CollaborativeCarePrinciplesAndComponents\\_2014-12-23.pdf](https://aims.uw.edu/sites/default/files/CollaborativeCarePrinciplesAndComponents_2014-12-23.pdf)

<sup>7</sup> Wood, Emily, Sally Ohlsen, and Thomas Ricketts, "What are the barriers and facilitators to implementing Collaborative Care for depression? A systematic review," *Journal of Affective Disorders*, Vol. 214, 2017/05/01/, May 2017, pp. 26-43.

<sup>8</sup> Coventry, Peter A., Joanna L. Hudson, Evangelos Kontopantelis, Janine Archer, David A. Richards, Simon Gilbody, Karina Lovell, Chris Dickens, Linda Gask, Waquas Waheed, and Peter Bower, "Characteristics of Effective Collaborative Care for Treatment of Depression: A Systematic Review and Meta-Regression of 74 Randomised Controlled Trials," *PLOS ONE*, Vol. 9, No. 9, September 29, 2014, p. e108114.

<sup>9</sup> Bao, Yuhua, Benjamin G. Druss, Hye-Young Jung, Ya-Fen Chan, and Jürgen Unützer, "Unpacking Collaborative Care for Depression: Examining Two Essential Tasks for Implementation," *Psychiatric Services*, Vol. 67, No. 4, 2016/04/01, November 16, 2015, pp. 418-424.

<sup>10</sup> Whitebird, Robin R., Leif I. Solberg, Nancy A. Jaeckels, Pamela B. Pietruszewski, Senka Hadzic, Jürgen Unützer, Kris A. Ohnsorg, Rebecca C. Rossom, Arne Beck, Kenneth E. Joslyn, and Lisa V. Rubenstein, "Effective Implementation of collaborative care for depression: what is needed?," *The American journal of managed care*, Vol. 20, No. 9, September 2014, pp. 699-707.

## Perinatal Wellness

**Description of program type.** Approximately one in seven women experience perinatal depression,<sup>1</sup> and studies have estimated that 13-21 percent of women experience perinatal anxiety.<sup>2</sup> The prevalence and impact of these and other perinatal mood and anxiety disorders on maternal and child health<sup>3,4</sup> warrant comprehensive services that screen and treat pregnant women.<sup>3</sup> Psychological and psychosocial interventions for perinatal depression and anxiety have demonstrated improvements in symptoms.<sup>5,6,7</sup> Currently, however, research shows that most clinicians do not use valid screening tools to identify perinatal mood and anxiety disorders, and most women do not receive evidence-based treatments.

**Implementation key components.** Numerous professional organizations have released guidelines on delivering services to address perinatal mood and anxiety disorders. These organizations generally recommend the integration of universal screening, assessment, treatment, referral, and monitoring for pregnant women. A few of these organizations, such as the American College of Obstetricians and Gynecologists (ACOG), have provided more detailed implementation guidelines. ACOG describes best practices for maternal mental health services with 14 distinct implementation steps across the following domains (see Table 2).

Literature reviews also point to the specific treatment interventions that should be included in perinatal services. CBT, behavioral activation, and mindfulness-based interventions that are tailored to perinatal mental health improve depression and anxiety symptoms.<sup>6</sup> Another finds that psychotherapies such as CBT as well as interpersonal psychotherapy lead to strong improvements in major depressive disorder.<sup>8</sup>

Table 2. ACOG Maternal Mental Health: Depression and Anxiety Patient Safety Bundle<sup>9</sup>

Domain	Best practice
Readiness (Every Clinical Care Setting)	<ol style="list-style-type: none"> <li>1. Identify mental health screening tools to be made available in every clinical setting (outpatient obstetric clinics and inpatient facilities)</li> <li>2. Establish a response protocol and identify screening tools for use based on local resources</li> <li>3. Educate clinicians and office staff on use of the identified screening tools and response protocol</li> <li>4. Identify an individual who is responsible for driving adoption of the identified screening tools and response protocol</li> </ol>
Recognition and Prevention (Every Woman)	<ol style="list-style-type: none"> <li>5. Obtain individual and family mental health history (including past and current medications) at intake, with review and updates as needed</li> <li>6. Conduct validated mental health screening during appropriately timed patient encounters, to include both during pregnancy and in the postpartum period</li> <li>7. Provide appropriately timed perinatal depression and anxiety awareness education to women and family members or other support persons</li> </ol>

Response (Every Case)	8. Initiate a stage-based response protocol for a positive mental health screening result 9. Activate an emergency referral protocol for women with suicidal or homicidal ideation or psychosis 10. Provide appropriate and timely support for women as well as family members and staff as needed 11. Obtain follow-up from mental health care providers on women referred for treatment (this should include release of information forms)
Reporting and Systems Learning (Every Clinical Care Setting)	12. Establish a nonjudgmental culture of safety through multidisciplinary mental health rounds 13. Perform a multidisciplinary review of adverse mental health outcomes 14. Establish local standards for recognition and response to measure compliance, understand individual performance, and track outcomes

**Implementation by Fresno PEI providers.** The perinatal wellness program primarily serves pregnant and postpartum women who are struggling with mental health challenges, including bipolar disorder, depression, and schizophrenia. Services are also provided to treat paternal postnatal depression and to treat any child or parent suffering from illness or depression related to an enrolled parent’s mental health (including, infants, youth, and adults). The program can work with mothers from pregnancy through the first year of the child’s life; average service length is approximately seven to eight months. All treatment is voluntary, and the program typically does not work with court-ordered individuals. Providers describe key goals as strengthening and improving family health and creating hope. The program particularly outreaches to Black mothers, who are at elevated risk of preterm birth. Services begin with a mental health assessment by a therapist who creates a treatment plan. The program provides multidisciplinary case management, public health nursing services, medication management, and group therapy. Available services include mental health treatment, trauma-focused care, and Dialectical Behavioral Therapy (DBT). Childcare is available while clients are in treatment, and services are provided in-office or in the client’s home. Intended outcomes are that the client is able to bond with their baby, meet their baby’s needs, function well in daily activities, and return to work or school as desired. Other desired outcomes include improved parental coping skills, mental health symptom reduction, increased life satisfaction, increased community connection, and increased self-efficacy and self-advocacy. The program ultimately aims to reduce preterm births, suicides, and infanticides. A peer support specialist tracks birth outcomes. Client outcomes are tracked using the PHQ-9 and the GAD-7 via electronic health record. Therapists complete Reach and Recovery tools quarterly based on their perception of the clients’ progress. A consumer perception survey is also conducted twice a year. While it is not possible to assess the degree to which the program adheres to all of the key implementation components based on our interview, the program does appear to follow the recommended approach of screening, assessment, treatment, referral, and monitoring of pregnant women and incorporates other evidence-based therapies (e.g., DBT), although with unknown fidelity.

**Recommendations:**

- Monitor implementation fidelity to perinatal wellness best practices, as well as fidelity to specific therapy models (e.g., DBT).
- If not doing so already, use evidence-based screening tools to screen for mood and anxiety disorders.

Applicable PEI categories	
...As determined by Fresno County:	Early Intervention
...As described by providers:	Prevention; Early Intervention; all categories apply

**Primary category, based on our analysis: Early Intervention**

The program is categorized as *Early Intervention* because it provides services to mothers who have been identified as having mental health challenges.

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<sup>1</sup> Gaynes, BN, N Gavin, S Meltzer-Brody, KN Lohr, T Swinson, Gartlehner, S Brody, and WC Miller, *Perinatal Depression: Prevalence, Screening Accuracy, and Screening Outcomes: Summary*, Rockville, MD: Agency for Healthcare Research and Quality, February 2005.

<sup>2</sup> Fairbrother, Nichole, Allan H. Young, Patricia Janssen, Martin M. Antony, and Emma Tucker, "Depression and anxiety during the perinatal period," *BMC Psychiatry*, Vol. 15, No. 1, 2015/08/25, August 25, 2015, p. 206.

<sup>3</sup> Kendig, Susan, John P. Keats, M. Camille Hoffman, Lisa B. Kay, Emily S. Miller, Tiffany A. Moore Simas, Ariela Frieder, Barbara Hackley, Pec Indman, Christena Raines, Kisha Semenuk, Katherine L. Wisner, and Lauren A. Lemieux, "Consensus Bundle on Maternal Mental Health: Perinatal Depression and Anxiety," *Journal of Obstetric, Gynecologic & Neonatal Nursing*, Vol. 46, No. 2, March 1, 2017, pp. 272-281.

<sup>4</sup> Davis, Nicole L, Ashley N Smoots, and David A Goodman, *Pregnancy-related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017*, Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2019. As of January 6, 2021:  
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<sup>6</sup> Lavender, Theresa J., Lyn Ebert, and Donovan Jones, "An evaluation of perinatal mental health interventions: An integrative literature review," *Women and Birth*, Vol. 29, No. 5, 2016/10/01/, October 2016, pp. 399-406.

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<sup>9</sup> Council on Patient Safety in Women's Health Care, "Maternal Mental Health: Depression and Anxiety," webpage, undated. As of January 6, 2021: <https://safehealthcareforeverywoman.org/council/patient-safety-bundles/maternal-safety-bundles/maternal-mental-health-depression-and-anxiety/>

## Peer Wellness Center

**Description of program type.** Peer wellness centers can be understood as a type of consumer-run, mental health organization.<sup>1</sup> Consumer-run organizations include consumers in positions of power and can take a wide range of forms, providing treatment, case management, housing, crisis, education, job search, or advocacy services.<sup>2</sup> Peer wellness centers provide people who have experience with mental illness with peer support and other services to improve functioning across different areas of life.<sup>3</sup> Studies on the effectiveness of peer wellness centers and programs mostly report positive effects on outcomes such as depression symptoms, wellbeing, quality of life, and social integration.<sup>4,5,6,7,8</sup> However, additional high-quality studies are required to conclusively find peer wellness programs effective.

**Implementation key components.** While there is preliminary evidence for the effectiveness of peer support itself,<sup>9,10,11</sup> there is limited literature on best practices for successful implementation. Of the existing literature, studies of peer-led recovery programs find that improved attendance is associated with improved outcomes such as reduced depressive symptoms and self-stigma, suggesting the importance of focusing on engagement. A qualitative study of a recovery center suggested that fostering a sense of mutual accountability for participants is important for engagement.<sup>12</sup> Another study fielded a survey of consumer-run organizations in order to determine organizational aspects that are tied to engagement outcomes like attendance.<sup>6,13</sup> The study found that providing more consumers the opportunity to meaningfully participate in decision making (instead of limiting leadership roles to a few consumers) improves engagement. The study also find that a stronger sense of community improves engagement. Approaches for strengthening community ties are holding activities that foster bonding as well as collaboratively developing and reviewing the center's goals and symbols. A study of expert opinion on the most important features of consumer-run mental health organizations also identifies shared decision making among consumers in addition to consumer control (boards having majority consumer representation).

**Implementation by Fresno PEI providers.** The Blue Sky Wellness Center is a peer-run recovery support program for adults with mental illness . The goals of the peer wellness center program are to promote mental health recovery and increase feelings of hope, freedom of choice, and self-determination. Peers may facilitate support groups according to their skills and interests, including topics such as mindfulness or schizophrenia. The program is open to adults age 18 and older and sees an average of 70 participants per day (unduplicated count not known). Participants complete a satisfaction survey several times a year that is compiled quarterly and includes questions about satisfaction with staff performance and life functioning. In terms of adherence to the evidence-based practices described above, it is unclear what role peers play in other organizational decision making or what efforts are made specifically to increase attendance and sense of community; however, peers are empowered to choose and facilitate activities (i.e., support groups), providing an opportunity to meaningfully participate in decision making.

### **Recommendations:**

- If not doing so already, facilitate opportunities for peers to participate in all aspects of program leadership.

- If not doing so already, work with peers to establish ways to increase engagement, bonding between members, and sense of community.
- In addition to measuring satisfaction and life functioning, consider tracking engagement, sense of community, perceptions of organizational empowerment, depressive symptoms, and self-stigma.

Applicable PEI category	
...As determined by Fresno County:	Prevention
...As described by providers:	Prevention; Early Intervention

**Primary category based on our analysis: Prevention.**

Peer recovery centers are *Prevention* programs because they aim to **prevent the re-occurrence** or relapse of mental illness and/or troubling symptoms.

They are not *Early Intervention* because Early Intervention programs specifically target individuals early on in the diagnosis of their illness. This program does not specifically engage individuals early in the course of their illness; in fact, many individuals have likely gone through at least one full course of illness and recovery and rely on the center for maintaining recovery.

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<sup>1</sup> Brown, Louis Davis, and Greg Townley, "Determinants of Engagement in Mental Health Consumer–Run Organizations," *Psychiatric Services*, Vol. 66, No. 4, 2015/04/01, January 2, 2015, pp. 411-417.

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<sup>3</sup> Delman, Jonathan, Deborah R. Delman, Brenda R. Vezina, and John Piselli, "Peer led Recovery Learning Communities: Expanding Social Integration Opportunities for People with Lived Experience of Psychiatric Disability and Emotional Distress," *Global Journal of Community Psychology Practice*, Vol. 5, No. 1, 2014, pp. 1-11.

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<sup>8</sup> Kowalski, Melissa A., "Mental Health Recovery: The Effectiveness of Peer Services in the Community," *Community Mental Health Journal*, Vol. 56, No. 3, 2020/04/01, December 5, 2019, pp. 568-580.

<sup>9</sup> Chinman, Matthew, Preethy George, Richard H. Dougherty, Allen S. Daniels, Sushmita Shoma Ghose, Anita Swift, and Miriam E. Delphin-Rittmon, "Peer Support Services for Individuals With Serious Mental Illnesses: Assessing the Evidence," *Psychiatric Services*, Vol. 65, No. 4, April 1, 2014, pp. 429-441.

<sup>10</sup> Cabassa, Leopoldo J., David Camacho, Carolina M. Vélez-Grau, and Ana Stefancic, "Peer-based health interventions for people with serious mental illness: A systematic literature review," *Journal of Psychiatric Research*, Vol. 84, January 1, 2017, pp. 80-89.

<sup>11</sup> Lloyd-Evans, Brynmor, Evan Mayo-Wilson, Bronwyn Harrison, Hannah Istead, Ellie Brown, Stephen Pilling, Sonia Johnson, and Tim Kendall, "A systematic review and meta-analysis of randomised controlled trials of peer support for people with severe mental illness," *BMC Psychiatry*, Vol. 14, No. 1, February 14, 2014, p. 39.

<sup>12</sup> Lewis, Sara E., Kim Hopper, and Ellen Healion, "Partners in Recovery: Social Support and Accountability in a Consumer-Run Mental Health Center," *Psychiatric Services*, Vol. 63, No. 1, 2012/01/01, January 1, 2012, pp. 61-65.

<sup>13</sup> Brown, Louis Davis, and Greg Townley, "Determinants of Engagement in Mental Health Consumer-Run Organizations," *Psychiatric Services*, Vol. 66, No. 4, February 2015, pp. 411-417.

## School Based Children's Early Intervention Using PBIS

**Description of program type.** Positive Behavior Intervention and Supports (PBIS) is a tiered framework for delivering evidence-based behavioral and academic interventions in schools.<sup>1</sup> Implemented in over 25,000 schools, it is aimed at improving student academic performance and behavioral outcomes. The first tier describes universal supports, such as school-wide instruction on positive behaviors and expectations. The second tier describes practices targeted toward students who need additional supports, such as additional positive reinforcement and academic assistance. The third and final tier describes intensive and tailored supports, such as wraparound supports, for the few students who require them. The PBIS model in turn supports these tiered practices with a number of features such as a leadership team, regular evaluations of practices, and professional development.<sup>2</sup>

**Implementation key components.** The literature on PBIS largely focuses on Tier 1 (school-wide supports), and there is sparse evidence on the effectiveness and implementation of Tier 2 or 3 interventions in the context of the PBIS framework. (However, there are bodies of research supporting distinct higher tier practices such as academic support and mentoring.<sup>3</sup>) Systematic reviews of the first tier of PBIS, school-wide supports, have found reduced school discipline outcomes,<sup>4</sup> but no effect in the long-term on student behavioral problems.<sup>4,5,6</sup> Studies of the first tier of PBIS emphasize the importance of implementing it with fidelity, finding that implementation fidelity is associated with improved outcomes such as office discipline referrals, suspensions, and attendance.<sup>7,8,9</sup> The tools used to measure fidelity in these studies assess features across areas such as whether expectations are effectively taught to students, a system of positive reinforcement is in place, the leadership team meets regularly, and data is analyzed by the team regularly.<sup>10</sup> <sup>11</sup> One of the studies names particular areas of implementation fidelity as defined by the School-wide Evaluation Tool that are tied to office discipline referrals: “behavioral expectations taught,” “on-going system for rewarding behavioral expectations,” and “system for responding to behavioral violations.”<sup>9,10</sup>

Central to PBIS is the integration of applied behavior analysis and positive behavior support. Research suggests that programs should:<sup>12,13,14,15</sup>

- Communicate clear, positive (rather than punitive) classroom norms
- Incorporate behavioral management and expectations into daily routines
- Set and expect high standards for coursework
- Keep a fast-paced curriculum with efficient transitions
- Provide positive reinforcement
- Immediately before difficult tasks, provide precorrections
- Encourage self-management

The program should be led by a local team, and adaptations to the program that improve cultural relevance and take into account unique context should be informed by local data.<sup>16</sup> In addition, while several tools have been developed to assess implementation, it is recommended that programs use the Tiered Fidelity Inventory to monitor fidelity to the model. Sugai and Horner (2020) provide a comprehensive discussion of PBIS implementation drivers.

**Implementation by Fresno PEI providers.** Staff from Fresno County’s school-based early intervention program describe the goals as promoting a positive school climate by helping students be successful in school, promoting feelings of safety, helping teachers understand and interpret student behaviors, helping teachers know how to help students be successful, promoting positive relationships between students and teachers, and promoting positive student relationships with others. Activities and resources include setting schoolwide expectations for positive behaviors, teacher trainings, outreach events, partner events with NAMI, parent trainings, a teacher toolkit, and direct mental health services that include evaluation and assessments, short term treatment and referral to CSS services as needed. Trainings were designed by a school psychologist with a background in mindfulness and positive discipline. Approximately 2000 school staff (including bus drivers, custodians, and janitors) across 165 schools are trained in a given year. Reported activities are in line with the tiered PBIS approach; however, due to the limited scope of our interview we are not able to assess the extent to which each activity was implemented with fidelity to best practices. Intended outcomes as stated by providers include improved student attendance positive school climate, reduced disciplinary actions, reduced student stigma about mental health, increased ability to identify the early signs of mental health problems, increased student feelings of connectedness and a sense of belonging on campus. Short and long term student outcomes are measured and tracked using the Healthy Kids Survey and the California Longitudinal Pupil Achievement Data System (CALPADS). Teacher and parent outcomes are assessed before training and after completion of specific modules.

**Recommendations:**

- If not doing so already, the program should monitor overall fidelity to the PBIS model using the Tiered Fidelity Inventory and establish practices to continuously monitor and improve implementation.
- Establish methods to monitor and sustain quality of school staff trainings.
- Continue efforts to monitor short- and long-term school staff and student outcomes.

Applicable PEI categories	
...As determined by Fresno County:	Early Intervention
...As described by providers:	Prevention; Early Intervention; Access and linkage to treatment for individuals with serious mental illness; SDR

**Primary categories, based on our analysis: Outreach for increasing recognition of early signs of mental illness; Prevention; Early Intervention**

The provider is implementing numerous activities as part of their PEI programming, and it is possible our interview did not capture all of the ongoing work. However, based on information collected it appears that the majority of activities are to promote resilience and reduce risk factors for all students, and to teach adults on campus to be able to recognize early signs of mental illness. For these reasons we identified

*Prevention and Outreach for increasing recognition of early signs of mental illness* as the applicable PEI categories. It can also be considered *Early Intervention* because providers are providing some short-term treatment services to students.

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<sup>1</sup> Sugai, George, and Robert H. Horner, "Sustaining and Scaling Positive Behavioral Interventions and Supports: Implementation Drivers, Outcomes, and Considerations," *Exceptional Children*, Vol. 86, No. 2, 2020/01/01, July 2, 2019, pp. 120-136

<sup>2</sup> Positive Behavioral Interventions & Supports, "What is PBIS?," webpage, undated. As of January 6, 2021: <https://www.pbis.org/pbis/getting-started>

<sup>3</sup> Newcomer, Lori L., Rachel Freeman, and Susan Barrett, "Essential Systems for Sustainable Implementation of Tier 2 Supports," *Journal of Applied School Psychology*, Vol. 29, No. 2, 2013/04/01, May 9, 2013, pp. 126-147.

<sup>4</sup> Lee, Ahhyun, and Nicholas A. Gage, "Updating and expanding systematic reviews and meta-analyses on the effects of school-wide positive behavior interventions and supports," *Psychology in the Schools*, Vol. 57, No. 5, 2020/05/01, January 7, 2020, pp. 783-804.

<sup>5</sup> Gage, Nicholas A., Denise K. Whitford, and Antonis Katsiyannis, "A Review of Schoolwide Positive Behavior Interventions and Supports as a Framework for Reducing Disciplinary Exclusions," *The Journal of Special Education*, Vol. 52, No. 3, November 1, 2018, pp. 142-151.

<sup>6</sup> Ryoo, Ji Hoon, Saahoon Hong, William M. Bart, Jaehyun Shin, and Catherine P. Bradshaw, "Investigating the effect of school-wide positive behavioral interventions and supports on student learning and behavioral problems in elementary and middle schools," *Psychology in the Schools*, Vol. 55, No. 6, 2018/07/01, May 2, 2018, pp. 629-643.

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<sup>8</sup> Freeman, Jennifer, Brandi Simonsen, D. Betsy McCoach, George Sugai, Allison Lombardi, and Robert Horner, "Relationship Between School-Wide Positive Behavior Interventions and Supports and Academic, Attendance, and Behavior Outcomes in High Schools," *Journal of Positive Behavior Interventions*, Vol. 18, No. 1, 2016/01/01, April 1, 2016, pp. 41-51.

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<sup>10</sup> Sugai, Lewis-Palmer, Todd, and Horner, School-wide Evaluation Tool version 2.1, Educational and Community Supports, University of Oregon, June 2005. As of January 6, 2021: [https://assets-global.website-files.com/5d3725188825e071f1670246/5d8a9fcaee280a574699251\\_SET\\_v2.1.doc](https://assets-global.website-files.com/5d3725188825e071f1670246/5d8a9fcaee280a574699251_SET_v2.1.doc)

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<sup>11</sup> Kincaid, D, Karen Childs, and H George, School-wide Benchmarks of Quality (revised), Florida PBIS, 2010. As of January 6, 2021: [https://assets-global.website-files.com/5d3725188825e071f1670246/5fa47cfecdc4e3153bf47f08\\_Benchmarks%20of%20Quality%20\(BoQ\)%20Manual.pdf](https://assets-global.website-files.com/5d3725188825e071f1670246/5fa47cfecdc4e3153bf47f08_Benchmarks%20of%20Quality%20(BoQ)%20Manual.pdf)

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<sup>13</sup> Scott, TM, RG Hirn, and J Cooper, Classroom Success: Keys to Success in Classroom Instruction, Lanham, MD: Roman and Littlefield, 2017.

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<sup>15</sup> Walker, Hill, Geoff Colvin, and Elizabeth Ramsey, "Antisocial Behavior in School: Strategies and Best Practices," *Behavioral Disorders*, Vol. 21, No. 3, 1996/05/01, May 1, 1996, pp. 253-255.

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## Youth Empowerment Centers

**Description of program type.** Youth empowerment and development programs (youth programs) support youth in developing positive behaviors and skills using participatory approaches.<sup>1,2</sup> Often implemented in school settings or community-based organization settings, their scope and components can vary widely: They can be comprehensive with a focus on education, job training, and mentoring or they can be focused on social and emotional learning and life skills.<sup>3</sup> A systematic review of youth empowerment programs found that evidence on programmatic outcomes is limited; however individual studies have found some positive effects on youth self-efficacy and self-esteem.<sup>2</sup>

**Implementation key components.** A recent systematic review of the literature suggests that youth empowerment programs should include several specific elements.<sup>2</sup> First, youth should have a high level of involvement in program decision making, including initiating and planning activities (not just be asked for input or informed after the fact).<sup>2</sup> Programs must also include adult involvement to help facilitate (but not to manage or define) activities.<sup>2</sup> Adult facilitators should be trained in facilitation skills, including how to address their own biases in perceptions of youth limitations.<sup>2</sup> Programs should also offer structured training and skill-building activities for youth that focus on leadership and empowerment as well as specific activities (like photography, cooking, or balancing a budget).<sup>2</sup>

In addition, there are youth programs that focus specifically on social and emotional development, which could be incorporated into or supplement a youth empowerment program, such as Social Emotional Learning, Eliminating Stigma of Differences, and Adolescent Depression Awareness Program. These programs focus on improving knowledge of mental health and illness, improving attitudes towards mental health disorders, and increasing help seeking. These programs have been shown to improve knowledge of mental health disorders, reduce stigma, and increase likelihood that youth will seek treatment.<sup>4,5,6</sup>

Finally, peer-based programs delivered to adolescents and young adults on college and university campuses, such as Active Minds and NAMI on Campus, focus on improving knowledge of mental health and illness, improving attitudes towards mental disorders, and increasing help seeking. There is good evidence that program participants have improved knowledge of mental health disorders, reduced stigma, and an increased likelihood to seek treatment.<sup>7,8</sup>

**Implementation by Fresno PEI providers.** Fresno County currently funds two program providers within this program type. The goals of the program type are for youth to develop life skills, leadership skills, communication skills, sense of community, responsibility, and be able to identify early signs and symptoms of mental health problems, be able to identify triggers, and develop positive coping skills. For some youth, particularly those from rural areas of Fresno, the program offers community involvement and exposure to community events that youth may not have access to at home. Programs may organize activities and events for children and youth of all ages, including cooking classes, trips to the beach or movies, and money management lessons. Youth are also able to use the space for “free play,” to complete homework, or do artwork. One provider operates a drop-in center for transition-age youth (TAY) that is well-attended, while the other operates a drop-in center that is usually attended by children ages 5 to 166 TAY are welcome but

have been harder to engage for this program). It was not always clear from interviews what degree of control youth had over the program, which is an important evidence-based component of youth empowerment programs. In addition, it was unclear whether adults were being trained in facilitation skills and implicit bias mitigation prior to interacting with youth. It is likely that programs could benefit from closer alignment with these evidence-based strategies.

With regards to outcomes, one program regularly tracks youth outcomes via a youth empowerment program client questionnaire that is administered at the beginning and end of each semester (i.e., four times a year). Questions assess youth knowledge about mental health, likelihood of seeking support for a mental health problem, comfort discussing mental health concerns with peers, presence of a strong support system, problem-solving capacity, attitudes about the future, positive coping skills, and others. Data are entered into an Excel spreadsheet and is available at the individual level. The other program collects satisfaction surveys from students at least once a quarter and is developing a way to assess self-image. Data are entered into Social Solutions Apricot, which allows tracking of data at the individual level.

**Recommendations:**

- Continue efforts to regularly collect and monitor youth outcomes

If not doing so already:

- Enable and encourage youth to be highly involved in program decision-making.
- Train adult facilitators in facilitation skills, including awareness of personal biases.
- Consider efforts to coordinate across programs to share effective practices for reaching older youth, and methods and survey tools for measuring outcomes.
- Offer structured training to develop youth empowerment and leadership skills.
- Offer instructional programming to develop specific interests and skills (e.g., photography, research skills).
- Implement evidence-based social and emotional learning programs.
- Incorporate peer-based programming to reduce stigma associated with help-seeking.

**Applicable PEI categories**

...As determined by Fresno County:	Prevention; Outreach for increasing recognition of early signs of mental illness
...As described by providers:	Prevention; Early Intervention

**Primary category, based on our analysis: Prevention; Outreach for increasing recognition of early signs of mental illness**

Fresno County’s Youth Empowerment programs are *Prevention* because they aim to promote resilience and decrease risk factors associated with developing a mental illness.

They may also be considered *Outreach for increasing recognition of early signs of mental illness* to the degree that they teach children and youth about mental illness and improve attitudes about help-seeking.

We do not consider it to be *Early Intervention* which typically consists of treatment or services for individuals with a mental illness early in the course of their illness, rather than primarily risk-reduction or overall wellness-promotion activities.

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<sup>1</sup> Blanchet-Cohen, Natasha, and Liesette Brunson, "Creating Settings for Youth Empowerment and Leadership: An Ecological Perspective," *Child & Youth Services*, Vol. 35, No. 3, August 20, 2014, pp. 216-236.

<sup>2</sup> Morton, Matthew H., and Paul Montgomery, "Youth Empowerment Programs for Improving Adolescents' Self-Efficacy and Self-Esteem: A Systematic Review," *Research on Social Work Practice*, Vol. 23, No. 1, January 1, 2013, pp. 22-33.

<sup>3</sup> Youth Empowerment Project, "Youth Advocacy," webpage, undated. As of January 6, 2021:

<https://youthempowermentproject.org/what-we-do/yep-mentors/>

<sup>4</sup> Salerno, John P., "Effectiveness of Universal School-Based Mental Health Awareness Programs Among Youth in the United States: A Systematic Review," *Journal of School Health*, Vol. 86, No. 12, 2016/12/01, November 8, 2016, pp. 922-931.

<sup>5</sup> Swartz, Karen, Rashelle J. Musci, Mary Beth Beaudry, Kathryn Heley, Leslie Miller, Clarissa Alfes, Lisa Townsend, Graham Thornicroft, and Holly C. Wilcox, "School-Based Curriculum to Improve Depression Literacy Among US Secondary School Students: A Randomized Effectiveness Trial," *American Journal of Public Health*, Vol. 107, No. 12, December 1, 2017, pp. 1970-1976.

<sup>6</sup> Link, Bruce G., Melissa J. DuPont-Reyes, Kay Barkin, Alice P. Villatoro, Jo C. Phelan, and Kris Painter, "A School-Based Intervention for Mental Illness Stigma: A Cluster Randomized Trial," *Pediatrics*, Vol. 145, No. 6, June 2020, p. e20190780.

<sup>7</sup> McKinney, Kathleen G., "Initial Evaluation of Active Minds: A Student Organization Dedicated to Reducing the Stigma of Mental Illness," *Journal of College Student Psychotherapy*, Vol. 23, No. 4, September 30, 2009, pp. 281-301.

<sup>8</sup> Sontag-Padilla, Lisa, Michael S. Dunbar, Feifei Ye, Courtney Kase, Rebecca Fein, Sara Abelson, Rachana Seelam, and Bradley D. Stein, "Strengthening College Students' Mental Health Knowledge, Awareness, and Helping Behaviors: The Impact of Active Minds, a Peer Mental Health Organization," *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol. 57, No. 7, July 1, 2018, pp. 500-507.

## Program Expenditures

In this section we summarize the expenditure data for programs similar to those for Fresno County. As we stated above in the methods section, we have included these summaries to provide Fresno County with an estimate of expenditures for typical programs that are similar to their programs so that they may be able to make better informed decisions as they allocate MHSAs PEI funds. However, there are a number of limitations to the estimates based on the MHSOAC data in particular, so the estimates below should be interpreted with caution. Each sub-section includes the costs of similar programs in California and cost estimates of similar programs from our literature review when we could find relevant studies. All of the dollar amounts are reported in 2020 dollars.

### Child Welfare

We found three comparable programs in California: one in Orange County, and two in Kern County. We estimate that Fresno County spent \$324 per client on their child welfare programs which is lower than the estimated expenditures by the other counties. We estimate Orange County spent \$3,526 per client, three times more than the next highest expenditure. It is not clear why their expenditures are so high in 2017/2018. It is the first year this program appears in the MHSOAC data, so the expenditures may include start-up costs; however, the planned expenditures for 2018/2019 are similar. Fresno County reports a much higher number of clients than the other counties. This may reflect a difference in scope or a difference in how clients are defined. We did not find cost estimates in the literature for programs that are similar to Fresno County's child welfare programs.

Expenditures Per Client for California Programs Similar to Child Welfare				
Program	County	Expenditures <sup>a</sup>	# of Clients	Expenditures per Client
Child Welfare	Fresno	\$731,694	2,259	\$324
Stress-Free Families	Orange	\$564,101	160	\$3,526
Foster Care Engagement Early Intervention	Kern	\$217,842	225	\$968
Foster Care Engagement	Kern	\$44,614	120	\$372

<sup>a</sup> Total planned program expenditures for 2017/2018 adjusted to 2020 dollars using the average monthly consumer price index for 2017 and 2020 reported by the Bureau of Labor Statistics.

Source: MHSOAC Transparency Suite (<http://transparency.mhsoac.ca.gov/searchpage>) accessed Jan. 13, 2021.

### Community Gardens

We did not find any comparable programs in the MHSOAC data. We also did not find cost estimates in the literature for programs that are similar to Fresno County's community gardens programs. We estimate Fresno County spent \$304 per client.

## Community Response Law Enforcement

We found two comparable programs in California, one in Santa Clara County and one in Mariposa County. We estimate that Fresno County spent \$1,406 per client which is more than four times Santa Clara County's expenditures despite the much higher number of clients. These differences may reflect a difference in scope or target population. We found one cost effectiveness study of a CIT program in Louisville, KY, and the cost per encounter by trained CIT law enforcement was \$1,117.<sup>1</sup> This is similar to spending by Fresno County, if the client count reported in the MHSA OAC data is a count of encounters.

Expenditures Per Client for California Programs Similar to Community Response Law Enforcement				
Program	County	Expenditures <sup>a</sup>	# of Clients	Expenditures per Client
Community Response Law Enforcement	Fresno	\$3,714,579	2,642	\$1,406
Law Enforcement Training and Mobile De-escalation	Santa Clara	\$189,900	600	\$317
Access and Linkages through TRAC	Mariposa	\$8,440	500	\$17

<sup>a</sup> Total planned program expenditure for 2017/2018 adjusted to 2020 dollars using the average monthly consumer price index for 2017 and 2020 reported by the Bureau of Labor Statistics.

Source: MHSOAC Transparency Suite (<http://transparency.mhsoac.ca.gov/searchpage>) accessed Jan. 13, 2021.

## Culturally-Based Access and Navigation Support (CBANS)

We found three comparable programs in California, in Sacramento County, Amador County, and Solana County. We estimate that Fresno County spent \$133 per client which is just above the lowest expenditure among comparison programs (\$103). We estimate that Sacramento County spent almost \$11,000 per client. It is unclear why their expenditure was so much higher. Fresno County reports a much higher number of clients than the other counties. We did not find cost estimates in the literature for programs that are similar to Fresno County's CBANS program.

Expenditures Per Client for California Programs Similar to CBANS				
Program	County	Expenditures <sup>a</sup>	# of Clients	Expenditures per Client
CBANS	Fresno	\$740,223	5,563	\$133
Transcultural Wellness Center	Sacramento	\$2,744,320	250	\$10,977
Nexus Promotores de Salud	Amador	\$35,870	125	\$287
KAAGAPAY	Solana	\$72,373	700	\$103

<sup>a</sup> Total planned program expenditures for 2017/2018 adjusted to 2020 dollars using the average monthly consumer price index for 2017 and 2020 reported by the Bureau of Labor Statistics.

Source: MHSOAC Transparency Suite (<http://transparency.mhsoac.ca.gov/searchpage>) accessed Jan. 13, 2021.

## Family Focused Prevention

We found five roughly comparable programs in California, two in Orange County, two in San Diego County, and one in Monterey County. Expenditures per client for similar programs in California range from \$372 to \$1,726. We did not find cost estimates in the literature for programs that are similar to Fresno County’s family focused prevention program.

Expenditures Per Client for California Programs Similar to Family Focused Prevention				
Program	County	Expenditures <sup>a</sup>	# of Clients	Expenditures per Client
Family Focused Prevention	Fresno	\$729,673		
Children’s Support and Parenting Program	Orange	\$1,899,000	1,100	\$1,726
FATHER2CHILD	San Diego	\$263,750	200	\$1,319
Parent Education Services	Orange	\$1,124,630	1,600	\$703
Positive Parenting Program (Triple P)	San Diego	\$1,169,552	3,055	\$383
Family Support and Education	Monterey	\$327,621	881	\$372

<sup>a</sup> Total planned program expenditures for 2017/2018 adjusted to 2020 dollars using the average monthly consumer price index for 2017 and 2020 reported by the Bureau of Labor Statistics.

Source: MHSOAC Transparency Suite (<http://transparency.mhsoac.ca.gov/searchpage>) accessed Jan. 13, 2021

## Functional Family Therapy

We found two comparable programs in California, one in San Bernardino County and one in Napa County. We cannot estimate Fresno County’s expenditures per client because we do not know the number of clients served. The total expenditures for Fresno County are much less than for the other two counties. Similar programs from the literature ranges in cost per family from \$1,875 to \$6,263.<sup>2</sup>

Expenditures Per Client for California Programs Similar to Functional Family Therapy				
Program	County	Expenditures <sup>a</sup>	# of Clients	Expenditures per Client
Functional Family Therapy	Fresno	\$603,260		
Integrated New Family Opportunities	San Bernardino	\$1,901,554	130	\$14,627

Napa Children's Full Service Partnership	Napa	\$1,000,601	194	\$5,158
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<sup>a</sup> Total planned program expenditures for 2017/2018 adjusted to 2020 dollars using the average monthly consumer price index for 2017 and 2020 reported by the Bureau of Labor Statistics.

Source: MHSOAC Transparency Suite (<http://transparency.mhsoac.ca.gov/searchpage>) accessed Jan. 13, 2021.

## Holistic Cultural Education Wellness Center

We found three comparable programs in California in Monterey County, San Bernardino County, and Santa Clara County. We estimate that Fresno County's spent \$275 per client which is in the range of expenditure by other counties, though they report a higher number of clients. We did not find cost estimates in the literature for programs that are similar to Fresno County's Holistic Cultural Education Wellness Center.

Expenditures Per Client for California Programs Similar to Holistic Cultural Education Wellness Center				
Program	County	Expenditures <sup>a</sup>	# of Clients	Expenditures per Client
Holistic Cultural Education Wellness Center	Fresno	\$946,039	3,440	\$275
Open Access Wellness Center	Monterey	\$734,057	1,002	\$733
Native American Resource Centers	San Bernardino	\$527,500	1,750	\$301
Culture is Prevention	Santa Clara	\$57,781	500	\$116

<sup>a</sup> Total planned program expenditures for 2017/2018 adjusted to 2020 dollars using the average monthly consumer price index for 2017 and 2020 reported by the Bureau of Labor Statistics.

Source: MHSOAC Transparency Suite (<http://transparency.mhsoac.ca.gov/searchpage>) accessed Jan. 13, 2021.

## Integrating Mental Health in Primary Care Clinics

We found five comparable programs in California in Orange County, Sonoma County, San Mateo County, San Diego County, and Santa Clara County. We estimate that Fresno County's spent \$126 per client which is much lower than expenditures by other counties. The lowest expenditure among comparable programs is \$751 (Santa Clara County). Fresno County's program has almost five times the number of clients as Santa Clara County's program. We found a study that estimated cost per client of \$278 for a program integrating mental health in primary care.<sup>3</sup>

Expenditures Per Client for California Programs Similar to Integrating Mental Health in Primary Care Clinics				
Program	County	Expenditures <sup>a</sup>	# of Clients	Expenditures per Client
Integrating Mental Health in Primary Care Clinics	Fresno	\$738,500	5,841	\$126

Integrated Community Services	Orange	\$1,987,525	200	\$9,938
Integrated Health Team (IHT)	Sonoma	\$861,724	400	\$2,154
Integration with Primary Care	San Mateo	\$1,239,828	600	\$2,066
Rural Integrated Behavioral Health and Primary Care/Smart Care (RC-01)	San Diego	\$1,518,019	900	\$1,687
Integrated Behavioral Health	Santa Clara	\$1,126,983	1,500	\$751

<sup>a</sup> Total planned program expenditures for 2017/2018 adjusted to 2020 dollars using the average monthly consumer price index for 2017 and 2020 reported by the Bureau of Labor Statistics.

Source: MHSOAC Transparency Suite (<http://transparency.mhsoac.ca.gov/searchpage>) accessed Jan. 13, 2021.

## Perinatal Wellness

We found three comparable programs in California in Contra Costa County, San Bernardino County, and Orange County. We estimate that Fresno County's spent \$2,237 per client which is lower than expenditures by other counties. We did not find cost estimates in the literature for programs that are similar to Fresno County's perinatal wellness programs.

Expenditures Per Client for California Programs Similar to Perinatal Wellness				
Program	County	Expenditures <sup>a</sup>	# of Clients	Expenditures per Client
Perinatal Wellness	Fresno	\$1,313,384	587	\$2,237
Women Embracing Life and Learning (WELL)	Contra Costa	\$214,875	50	\$4,298
Lift-Home Nurse Visitation Program	San Bernardino	\$417,780	120	\$3,482
Orange County Maternal and Family Wellness	Orange	\$2,229,291	700	\$3,185

<sup>a</sup> Total planned program expenditures for 2017/2018 adjusted to 2020 dollars using the average monthly consumer price index for 2017 and 2020 reported by the Bureau of Labor Statistics.

Source: MHSOAC Transparency Suite (<http://transparency.mhsoac.ca.gov/searchpage>) accessed Jan. 13, 2021.

## Peer Wellness Center

We found five comparable programs in California in Marin County, Kern County, Santa Cruz County, Sonoma County, and Amador County. We estimate that Fresno County's spent \$383 per client which is much lower than expenditures by other counties. The lowest expenditure among comparable programs is \$917 (Amador County). Fresno County's program has eight times the number of clients as Amador County's program. We

did not find cost estimates in the literature for programs that are similar to Fresno County's peer wellness center.

<b>Expenditures Per Client for California Programs Similar to Peer Wellness Center</b>				
<b>Program</b>	<b>County</b>	<b>Expenditures<sup>a</sup></b>	<b># of Clients</b>	<b>Expenditures per Client</b>
Peer Wellness Center	Fresno	\$1,318,750	3,440	\$383
SDOE-11 Consumer Operated Wellness Center (Step Up)	Marin	\$277,034	50	\$5,541
Southeast Bakersfield Recovery and Wellness Center	Kern	\$3,968,710	880	\$4,510
Consumer, Peer, and Family Services	Santa Cruz	\$502,391	450	\$1,116
Consumer/Peer Driven/Operated Services	Sonoma	\$1,201,434	1,200	\$1,001
Wellness Center	Amador	\$385,075	420	\$917

<sup>a</sup> Total planned program expenditures for 2017/2018 adjusted to 2020 dollars using the average monthly consumer price index for 2017 and 2020 reported by the Bureau of Labor Statistics.

Source: MHSOAC Transparency Suite (<http://transparency.mhsoac.ca.gov/searchpage>) accessed Jan. 13, 2021.

## School Based Children's Early Intervention Using PBIS

We found three comparable programs in California in Napa County and Alpine County. We were unable to estimate Fresno County's expenditures per client because the number of clients is not reported. Similar programs in California had a range of expenditures per client between \$207 and \$2,134. We found one study that estimated PBIS program expenditures per school of \$21,695 to \$80,138.<sup>4</sup>

<b>Expenditures Per Client for Programs Similar to School Based Children's Early Intervention Using PBIS</b>				
<b>Program</b>	<b>County</b>	<b>Expenditures<sup>a</sup></b>	<b># of Clients</b>	<b>Expenditures per Client</b>
School Based Children's Early Intervention Using PBIS	Fresno	\$353,200		
American Canyon SAP PEI Project	Napa	\$168,596	79	\$2,134
Positive Behavior Interventions Support	Alpine	\$48,398	83	\$583
Court and Community Schools SAP PEI	Napa	\$86,088	415	\$207

<sup>a</sup> Total planned program expenditures for 2017/2018 adjusted to 2020 dollars using the average monthly consumer price index for 2017 and 2020 reported by the Bureau of Labor Statistics.

Source: MHSOAC Transparency Suite (<http://transparency.mhsoac.ca.gov/searchpage>) accessed Jan. 13, 2021.

## Youth Empowerment Centers

We found five comparable programs in California in Orange County, Contra Costa County, Nevada County, and Amador County. We estimate that Fresno County's spent \$928 per client which is second highest, behind Orange County (\$2,638). The next highest expenditure among comparable programs is \$351 (Contra Costa County) with a similar number of clients served. We found one study that estimated per client costs of \$1,489 to \$2,024 for youth empowerment programs.<sup>5</sup>

Expenditures Per Client for Programs Similar to Youth Empowerment Centers				
Program	County	Expenditures <sup>a</sup>	# of Clients	Expenditures per Client
Youth Empowerment Centers	Fresno	\$369,250	398	\$928
Mentoring for Children and Youth	Orange	\$527,500	200	\$2,638
The James Morehouse Project	Contra Costa	\$105,395	300	\$351
The RYSE Center	Contra Costa	\$515,228	2,000	\$258
Child and Youth Mentoring	Nevada	\$17,935	80	\$224
Nexus Youth Empowerment	Amador	\$48,530	400	\$121

<sup>a</sup> Total planned program expenditures for 2017/2018 adjusted to 2020 dollars using the average monthly consumer price index for 2017 and 2020 reported by the Bureau of Labor Statistics.

Source: MHSOAC Transparency Suite (<http://transparency.mhsoc.ca.gov/searchpage>) accessed Jan. 13, 2021.

<sup>1</sup> El-Mallakh, Peggy, Kranti Kiran, and Rif El-Mallakh, "Costs and Savings Associated with Implementation of a Police Crisis Intervention Team," *Southern medical journal*, Vol. 107, June 1, 2014, pp. 391-395.

<sup>2</sup> Taxy, Samuel, Akiva M. Liberman, John K. Roman, and P. Mitchell Downey, *The Cost and Benefits of Functional Family Therapy for Washington, D.C.*, Washington, DC, September 2012. As of January 26, 2021: <https://www.urban.org/sites/default/files/publication/25956/412685-the-costs-and-benefits-of-functional-family-therapy-for-washington-d-c-.pdf>

<sup>3</sup> Liu, Chuan-Fen, Susan C. Hedrick, Edmund F. Chaney, Patrick Heagerty, Bradford Felker, Nicole Hasenberg, Stephan Fihn, and Wayne Katon, "Cost-Effectiveness of Collaborative Care for Depression in a Primary Care Veteran Population," *Psychiatric Services*, Vol. 54, No. 5, May 1, 2003, pp. 698-704.

<sup>4</sup> Blonigen, Bruce A., William T. Harbaugh, Larry D. Singell, Robert H. Horner, Larry K. Irvin, and Keith S. Smolkowski, "Application of Economic Analysis to School-Wide Positive Behavior Support (SWPBS) Programs," *Journal of Positive Behavior Interventions*, Vol. 10, No. 1, Januar 1, 2008, pp. 5-19.

<sup>5</sup> Morton, Matthew, and Paul Montgomery, "Youth Empowerment Programs for Improving Self-Efficacy and Self-Esteem of Adolescents," *Campbell Systematic Reviews*, Vol. 7, No. 1, January 1, 2011, pp. 1-80.

## MHSA PEI Categories

In this section we describe the findings from our “top down” searches of the research literature, which aimed to identify potential additional programs that might round out Fresno DBH’s PEI portfolio in each of the categories identified by the MHSA. The categories we examined include Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Stigma and Discrimination Reduction, Access and Linkage to Treatment, and Improving Timely Access to Services for Underserved Populations.

We include the official category definition from the MHSA PEI Regulations at the beginning of each section, followed by our summary of the literature on best practices.<sup>1</sup> We highlight the key program components or best practices when there is evidence of best practices.

### Prevention

**Definition:** *“A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members. ‘Risk factors for mental illness’ means conditions or experiences that are associated with a greater than average risk of developing a potentially serious mental illness. Risk factors include, but are not limited to, biological (including family history and neurological), behavioral, social/economic.”*

**Research Literature:** We reviewed several evidence-based prevention programs that are designed for specific age groups throughout the lifespan to address multiple target populations. School-based programs for children in grades K-12, such as Social Emotional Learning, Eliminating Stigma of Differences, and Adolescent Depression Awareness Program, focus on improving knowledge of mental health and illness, promoting cognitive and behavioral competencies, improving attitudes towards mental health disorders, and increasing help seeking. There is good evidence that participation in these programs is associated with improved knowledge of mental health disorders, improved mental health, reduced stigma, and an increased likelihood to seek treatment.<sup>2,3,4,5</sup> **Successful SEL programs use a structured training approach, have clearly defined goals, use active forms of learning, and spend sufficient time on skill development.<sup>4,6</sup> Other than following the recommended curriculum for Eliminating Stigma of Differences and Adolescent Depression Awareness Program, there are no practices associated with better performance of these programs.**

There are some prevention programs, such as Triple P-Positive Parenting Program, that use social learning to improve parents’ knowledge, skills, and confidence in dealing with social, emotional, and behavioral problems in children. Triple-P is a multi-stage program that includes multiple components that includes a broader outreach effort, such as a social marketing campaign, and increasingly smaller and more targeted group sessions. For example, two implementations in Australia focused on low-income families that included a social media campaign, parenting seminars, parenting groups, and individually delivered programs.

Participating families had improved behavioral and emotional outcomes for children and decreased distress and depression for parents.<sup>7,8</sup> In general, there is some evidence that participating in these programs is associated with improved social and emotional wellbeing for children, improved parental practices and satisfaction, and improved relationships.<sup>9,10</sup> However, there is not sufficient evidence for specific best practices in delivering these programs, though there are some provider characteristics, such as confidence in conducting parent consultations and a belief in the value of evidence-based practices, that are associated with choosing to implement Triple-P.

Peer-based programs delivered to adolescents and young adults on college and university campuses, such as Active Minds and NAMI on Campus, focus on improving knowledge of mental health and illness, improving attitudes towards mental health disorders, and increasing help seeking. Active Minds works through student-led, faculty-advised chapters on campus that are housed in counseling centers, health centers, or student affairs offices. They are not peer-to-peer treatment programs, but instead focus on making students aware of MHDs and how they might get treatment for themselves or friends.<sup>11</sup> There is good evidence that program participants have improved knowledge of mental health disorders, reduced stigma, and an increased likelihood to seek treatment.<sup>11,12,13</sup> Active collaboration with campus centers is recommended for successful peer-based campus programs.<sup>11</sup>

Programs that encourage physical activity, active participation in arts, and social engagement for older adults, including the YMCA-Healthy Living, JCC-Fitness, SilverSneakers, and Choose to Move, are associated with improved social connection, improved emotional and mental well-being, and decreased depression.<sup>14,15</sup>

## Early Intervention

**Definition:** *“Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness. Early Intervention Program services shall not exceed eighteen months, unless the individual receiving the service is identified as experiencing first onset of a serious mental illness or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four years. Early Intervention Program services may include services to parents, caregivers, and other family members of the person with early onset of a mental illness, as applicable.”*

**Research Literature:** We found several programs that fit the definition for early intervention. First, Coordinated Specialty Care (CSC) programs focus on responding to first episode psychosis with a combination of evidence-based practices and involve a multidisciplinary team of providers all coordinated by a team leader. CSC programs are associated with improved program participation, decreased mental health inpatient and emergency department care, and improved mental health and well-being for participants.<sup>16,17,18</sup> The key components of CSC programs include: (i) psychopharmacology for acute and maintenance treatments, (ii) psychosocial therapy for clients and family members, and (iii) support for employment and education (Srihari, et al., 2009).<sup>17,19</sup>

Several early intervention programs focus on trauma. Child-Parent Psychology (CPP) is an intervention model for children, aged 0-5 who have experienced trauma that focuses building up the relationship between child and primary care giver through interactive play and therapy. CPP is associated with decreased traumatic stress symptoms, improved interaction, and improved well-being for both the child and the caregiver.<sup>20,21,22</sup> CPP program treatments are based on the combination of attachment and trauma theories during joint caregiver-child sessions supplemented by individual sessions for the caregiver when needed.<sup>23,24</sup> Seeking Safety and Trauma-focused Cognitive Behavioral Therapy (TF-CBT) are two manualized, evidence-based programs based on CBT to treat victims of trauma. Seeking Safety focuses on patients with co-occurring PTSD and substance-use disorder with evidence of reducing PTSD and SUD symptoms for children and adults.<sup>25,26</sup> In addition to following the manual, successful programs are integrated into individual or group therapy with the patient influencing the order of the sessions described in the manual.<sup>39</sup> TF-CBT is associated with decreases in PTSD symptoms, depression, and anxiety among children and adolescents and reduced emotional distress and improved coping skills for parents.<sup>27,28,29</sup> As yet, there is little evidence of additional benefit from doing anything other than following the manual.<sup>28</sup>

Managing and Adapting Practice (MAP) is a general approach to delivering care that provides a system for identifying the best combination of evidence-based treatments for mental health disorders. It has been implemented in several settings to treat mental health disorders in children and adolescents and is associated with improvement in symptoms.<sup>30,31</sup> A study of a system-wide implementation MAP for the Child and Adolescent Mental Health Division of the Hawaii Department of Health found that symptoms improved for participants,<sup>32</sup> and a study of an implementation in clinics in Massachusetts and Hawaii found evidence of improvements in clinical outcomes for youth experiencing SEDs.<sup>30,31</sup> Successful MAP implementations have agreement among providers on the set of appropriate, evidence-based therapies and agreement on the clinical measures.<sup>32</sup>

Early childhood home visiting programs are associated with improved cognitive and social-emotional development for children and improved parental behavior and attitudes.<sup>33,34</sup> There is evidence that programs delivered by licensed professionals have a bigger impact on cognitive outcomes than programs delivered by non-professionals or paraprofessionals and that active monitoring of program implementation is associated with better outcomes.<sup>35,36</sup>

## Outreach for increasing recognition of early signs of mental illness

**Definition:** *“Outreach is a process of engaging, encouraging, educating and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. Outreach for increasing recognition of early signs of mental illness may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.”*

**Research Literature:** Mental Health First Aid (MHFA) is one example of a standardized program to educate the general population about mental health disorders and how best to approach, support, and connect people in distress with care. MHFA uses a similar approach to mental health as physical health first aid teaching programs, such as CPR training. It focuses on skill development and proactive techniques for helping someone who is experiencing distress.<sup>37,38</sup> A typical program starts with a five-day training course for a group of MHFA instructors, selected based on teaching skill and interest. These instructors then deliver two-day courses to members of the general public. The MHFA-like programs have been developed for specific populations, such as law enforcement or student housing resident assistants, who may come in contact with people in distress. MHFA is associated with a decrease in negative attitudes, an increase in supportive behavior towards individuals with mental health disorders, and improved beliefs about treatment, especially in the six months following training.<sup>37,39,40</sup> There is some evidence that delivering MHFA face-to-face leads to more improvement than delivering it online.<sup>40</sup>

## Stigma and discrimination reduction (SDR)

**Definition:** Here we refer to the County's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness and members of their families. Public stigma refers to negatively held attitudes by members of the public about individuals with mental illness, whereas self-stigma refers to negative attitudes held by individuals with mental illness towards themselves about or because of their illness. SDR programs may address one or both of these types of stigma. Examples of SDR programs include, but are not limited to, social marketing campaigns, speakers' bureaus and other direct-contact approaches, targeted education and training, anti-stigma advocacy, web-based campaigns, efforts to combat multiple stigmas that have been shown to discourage individuals from seeking mental health services, and efforts to encourage self-acceptance for individuals with a mental illness. Stigma and Discrimination Reduction Programs should include approaches that are culturally congruent with the values of the populations for whom changes in attitudes, knowledge, and behavior are intended.

**Research Literature:** Some of the programs we described in other MHSA PEI categories above include stigma and discrimination reduction components. Education setting-based prevention programs include education about mental health disorders and are associated with improved attitudes towards mental health disorders. MHFA and similar outreach programs are associated with decreased negative attitudes towards individuals with mental health disorders.

Social contact between individuals with mental illness and members of the public is the most effective public stigma reduction approach for adults.<sup>41,42</sup> Contact can be direct (i.e., in-person, in real time) or indirect, via stories or pre-recorded media; however, face-to-face contact is more effective than videos.<sup>41</sup> Contact-based programs may be particularly effective for young adults (compared to other age groups), females (compared to males), and Asian and Latino individuals (compared to Whites).<sup>43</sup> When compared to contact-based

strategies, educational strategies may be more effective for adolescents.<sup>41</sup> Successful campaigns include depictions of individuals with MHDs engaged in regular, every day activities and emphasize that mental illness is common and individuals with mental illness are like everyone else.<sup>44</sup>

Stigma and discrimination reduction social marketing campaigns, such as See Me, Time to Change, Beyond Blue, and Each Mind Matters, aim to increase awareness of mental health disorders and how they can be effectively treated, often through PSAs and stories about the experiences of individuals with mental health disorders. There is evidence that these campaigns can reduce stigma and increase perceived need for treatment and treatment-seeking.<sup>44,45,46</sup>

## Access and linkage to treatment for individuals with serious mental illness

**Definition:** *“A set of related activities to connect children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs. Examples of Access and Linkage to Treatment Programs, include but are not limited to, Programs with a primary focus on screening, assessment, referral, telephone help lines, and mobile response.”*

**Research Literature:** Our review of literature found relatively few evidence-based programs that meet the definition of access and linkage. Crisis Intervention Team (CIT) programs for law enforcement departments, described above under Community Law Enforcement, provide special training in how to interact with and support individuals with mental health disorders. One of the goals of CIT programs is to link individuals in distress with appropriate services. They are associated with decreased arrests and psychiatric ED visits.<sup>47,48</sup>

Mobile crisis service programs provide a quick response to distress by a behavioral health professional or team of professionals. They are associated with decreased psychiatric ED visits and inpatient stays.<sup>49</sup>

Connecticut created a mobile service focused on youths experiencing distress that was accessible from anywhere in the state via a call to 211. Multi-disciplinary teams, based in communities around Connecticut, responded to 211 calls. Youths who were served by these teams experienced a decrease in psychiatric ED visits.<sup>49</sup>

Other programs we reviewed are programs that divert individuals experiencing an acute mental health disorder from emergency departments to specialized crisis centers and clinics. For example, a program in Wake County, NC trained EMS personnel to identify patients experiencing acute mental health or substance use episodes and to transport them to a specialized crisis center.<sup>50</sup> There is evidence that dedicated psychiatric emergency services units are associated with decreased psychiatric inpatient admissions and reduced follow-up ED visits.<sup>50,51,52</sup> The components of diversion programs include specialized training for EMS

personnel to identify acute mental health distress and dedicated facilities and personnel to handle these cases.<sup>50,51,52</sup>

## Improve timely access to services for underserved populations

**Definition:** “Efforts to increase the extent to which an individual or family from an underserved population as defined in Title 9 California Code of Regulations Section 3200.300 who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.”

**Research Literature:** Our review of the literature yielded a single evidence-based program. Community Health Worker (CHW) mental health interventions for racial-ethnic minority populations are one evidence-based approach for achieving these aims<sup>53,54,55,56,57,58</sup>. CHWs teach individuals to recognize signs and symptoms of mental illness within themselves and others, connect individuals to culturally appropriate services, teach skills for improved wellbeing, and increase willingness to seek help by reducing the stigma attached to mental health help-seeking<sup>59</sup>. However, there is limited evidence on best practices for implementing for community health worker (CHW) mental health interventions for racial-ethnic minority populations. The literature suggests that CHWs need **robust training and supervision** if they are to deliver any evidence-based treatments.<sup>58</sup> Training and supervision ought to be **provided in the CHWs’ preferred languages** (e.g., with the use of interpreters or through Spanish-language classes) to ensure that CHWs can comfortably understand material.<sup>60</sup> To improve the likelihood that people who need access to care actually visit mental health providers, CHWs can assist them with patient care navigation tasks such as **placing the initial call to arrange an appointment, accompanying them to the clinic, or arranging transportation for appointments**.<sup>61</sup>

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<sup>1</sup> Mental Health Services Act, *Prevention and Early Intervention Regulations*, Title 9 California Code of Regulations, Division 1, Chapter 14 MHSA, July 1, 2018. As of January 15, 2021:

[https://mhsoac.ca.gov/sites/default/files/documents/2018-08/PEI%20Regulations As Of July%202018.pdf](https://mhsoac.ca.gov/sites/default/files/documents/2018-08/PEI%20Regulations%20As%20Of%20July%202018.pdf)

<sup>2</sup> Salerno, John P., "Effectiveness of Universal School-Based Mental Health Awareness Programs Among Youth in the United States: A Systematic Review," *Journal of School Health*, Vol. 86, No. 12, December 1, 2016, pp. 922-931.

<sup>3</sup> Swartz, Karen, Rashelle J. Musci, Mary Beth Beaudry, Kathryn Heley, Leslie Miller, Clarissa Alfes, Lisa Townsend, Graham Thornicroft, and Holly C. Wilcox, "School-Based Curriculum to Improve Depression Literacy Among US Secondary School Students: A Randomized Effectiveness Trial," *American Journal of Public Health*, Vol. 107, No. 12, December 1, 2017, pp. 1970-1976.

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<sup>4</sup> Link, Bruce G., Melissa J. DuPont-Reyes, Kay Barkin, Alice P. Villatoro, Jo C. Phelan, and Kris Painter, "A School-Based Intervention for Mental Illness Stigma: A Cluster Randomized Trial," *Pediatrics*, Vol. 145, No. 6, June 2020, p. e20190780.

<sup>5</sup> Durlak, Joseph A., Roger P. Weissberg, Allison B. Dymnicki, Rebecca D. Taylor, and Kriston B. Schellinger, "The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions," *Child development*, Vol. 82, No. 1, January 1, 2011, pp. 405-432.

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## Fresno County PEI Programs Roadmap

Table 3 below pulls together information from the “bottom up” and “top down” reviews in order to provide a summary of how well current Fresno PEI programs are meeting the goals of each of the MHSA categories, identify gaps, and provide suggestions for other PEI interventions that might meet the goals of each MHSA category.

Table 3. Fresno County PEI Programs Roadmap

MHSA PEI Categories <sup>+</sup>	Fresno County's Program Types	How well are current programs adhering to evidence-based practices (EBP)? <sup>§</sup>	Other program options within MHSA PEI category, as suggested by literature review
Prevention	Community Gardens (if therapeutic)	EBP exists but implementation needs improvement	Triple-P  Programs that involve older adults (e.g., YMCA-Healthy Living, JCC-Fitness, Silver Sneakers)  Campus-based programs, like Active Minds and NAMI in campus.
	Family Focused Prevention (i.e., Celebrating Families!)	Implementation appears to adhere to EBP	
	Youth Empowerment Centers*	EBP exist but implementation needs improvement	
	Adult Wellness Centers	EBP exist but unclear if all practices are being implemented	
	Holistic Cultural Education Wellness Center	No EBP exists for the program as a whole; for individual activities, EBP exist but unknown if they are being implemented	
	School Based Children's Early Intervention Using PBIS*	Implementation appears to adhere to EBP	
Early Intervention	Functional Family Therapy	Implementation appears to adhere to EBP	Coordinated Specialty Care (CSC)  Managing and Adapting Practice (MAP)
	School Based Children's Early Intervention Using PBIS*	Implementation appears to adhere to EBP	
	Perinatal Wellness	EBP are being implemented but fidelity is unknown	
Outreach for increasing recognition of early signs of mental illness	School Based Children's Early Intervention Using PBIS*	Implementation appears to adhere to EBP	Mental Health First Aid (MHFA)  Community health workers (CHW)
	Culturally-Based Access and Navigation Support (CBANS)*	Some evidence-informed practices exist (but no off-the-shelf programmatic packages); programs do not appear to be implementing these practices/ implementation is very limited	
	Youth Empowerment Centers*	EBP exist but implementation needs improvement	

MHSA PEI Categories <sup>+</sup>	Fresno County's Program Types	How well are current programs adhering to evidence-based practices (EBP)? <sup>§</sup>	Other program options within MHSA PEI category, as suggested by literature review
Stigma and discrimination reduction	Community Gardens (if SDR)	EBP exists but implementation needs improvement	Social marketing campaigns
Access and linkage to treatment for individuals with serious mental illness	Community Response Law Enforcement (i.e., Crisis Intervention Training)	Implementation appears to adhere to EBP	Emergency care diversion programs Emergency Mobile Psychiatric Services (EMPS)
	Integrating Mental Health in Primary Care Clinics*	Implementation appears to adhere to EBP	
	Child Welfare	EBP exist but unclear if all practices are being implemented	
Improve timely access to services for underserved populations	Culturally-Based Access and Navigation Support (CBANS)*	Some evidence-informed practices exist (but no off-the-shelf programmatic packages); programs do not appear to be implementing these practices/ implementation is very limited	Community health workers (CHW)
	Integrating Mental Health in Primary Care Clinics*	Implementation appears to adhere to EBP	

<sup>+</sup> Categorization based on RAND's assessment of provider interviews, MHSA regulations, and discussions with Fresno County staff.

<sup>§</sup> These are rough estimates based on limited interviews that were not designed to collect information about adherence to best practices; use caution when making decisions based on these assessments.

\* More than one PEI category applies.

# Appendix

## Relevant Regulatory Definitions

The following are definitions relevant to, or referenced in, the descriptions of PEI program categories in the “top-down” section. that were drawn from the MHSA PEI Regulations

**Negative outcomes from untreated mental illness.** From Welfare and Institutions Code Section 5840, subdivision (d).

“(d) The program shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

- (1) Suicide.
- (2) Incarcerations.
- (3) School failure or dropout.
- (4) Unemployment.
- (5) Prolonged suffering.
- (6) Homelessness.
- (7) Removal of children from their homes.”

### MHSA PEI Priority Populations:

- **Underserved Cultural Populations** - Those who are unlikely to seek help from any traditional mental health service either because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc.) and would benefit from Prevention and Early Intervention programs and interventions.
- **Individuals Experiencing Onset of Serious Psychiatric Illness** - Those identified by providers, including but not limited to primary health care, as presenting signs of mental illness “first break,” including those who are unlikely to seek help from any traditional mental health service.
- **Children/Youth in Stressed Families** - i.e., families where parental conditions place children at high risk of behavioral and emotional problems, such as parents identified with mental illness, serious health conditions, substance abuse, domestic violence, incarceration, child neglect or abuse.
- **Trauma-Exposed** - Those who are exposed to traumatic events or prolonged traumatic conditions, including grief, loss and isolation, including those who are unlikely to seek help from any traditional mental health service.
- **Children/Youth at Risk for School Failure** - due to unaddressed emotional and behavioral problems.
- **Children and Youth at Risk of Juvenile Justice Involvement** – Those with signs of behavioral/emotional problems who are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately served through Community Services and Supports (CSS).”

From [http://archive.mhsoac.ca.gov/docs/PEI/MHSOAC PEI PolicyDirection\\_07Sep9.pdf](http://archive.mhsoac.ca.gov/docs/PEI/MHSOAC_PEI_PolicyDirection_07Sep9.pdf)

**Underserved** from Title 9 California Code of Regulations Section 3200.300

“Underserved’ means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services.” 9 CCR § 3200.300

**Review of Prevention and Early Intervention Outcomes for Fresno County**

August 5, 2021

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## Abbreviations

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CANS	Child and Adolescent Needs and Strengths
EHR	Electronic Health Record
FCDBH	Fresno County Department of Behavioral Health
GAD-7	General Anxiety Disorder-7
MHSA	Mental Health Services Act
PEI	Prevention and Early Intervention
PHQ-9	Patient Health Questionnaire-9
PSC-35	Pediatric Symptom Checklist-35

## Overview

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This memo summarizes demographics and outcomes data for four Fresno County Department of Behavioral Health's (FCDBH) Prevention and Early Intervention (PEI) mental health programs that had available individual-level data. FCDBH is required to produce a report every three years that summarizes PEI programs funded through the Mental Health Services Act (MHSA). These reports summarize the programs, who they serve, and how well they serve them. This document provides summaries and analyses that have not been included in prior reports, and FCDBH may include these their upcoming report. Until recently, FCDBH's PEI providers have been inconsistent in producing data, especially outcomes data, so it is difficult to accurately assess how well programs have been serving individuals receiving their services. RAND was asked to help the FCDBH develop a new set of outcome measures for all of its PEI programs, to create a web-based tool that PEI providers will use to collect data, and to evaluate the new outcomes after they have been collected for six months. Through these efforts, FCDBH will be able to see how more of their PEI programs are performing and to identify areas and providers that may need improvement. The current report focuses on available data that have not been summarized in prior reports. A subsequent report, which will include additional data that will become available with the implementation of new data collection systems, is planned for April, 2022.

In preparation for the upcoming three-year report, RAND has been asked to summarize outcomes data that are currently available and to produce a memo with summaries that can be included in FCDBH's official, three-year report to the state. This report will be expanded to include new outcomes data in a final project report to FCDBH at the end of the project. In the past FCDBH reports have been limited to data on the demographics of individuals receiving services and participant satisfaction. This report describes methods and initial findings for a more in-depth assessment of FCDBH's PEI programs. Specifically, we make use of individual level outcomes data available for four programs. We conduct analyses of change over time in outcomes for individuals receiving services, and we link information on program participation to geographic areas to create maps that illustrate program activities across the county.

This memo is organized into three sections. The first section describes the data and methods we use, the second section contains our analyses organized by PEI program, and the third section contains an overall summary and discussion of the results as well as some recommendations for improving outcome data quality.

## Methods

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In this section we describe the types of data that are currently available to conduct outcomes and reach analyses. We also describe the measures we use and the methods we use to summarize them.

### Program Data

RAND worked with FCDBH to get data from as many PEI programs as possible. FCDBH manages 17 PEI programs with over 15,000 individuals receiving services. Annual spending on PEI programs (\$10 million) represents 19 percent of annual MHSA spending for Fresno County.<sup>1</sup> PEI programs are required to collect data on the number of individuals receiving services they serve and the demographics of those individuals receiving services. Most PEI providers do not collect outcomes data, and most only provide summaries of their attendance or survey data. Very few programs retain individual level data, and among these, there are few that collect outcomes data. We did receive individual level attendance and/or demographic data from three programs, but we did not receive outcomes data from them. We received individual level consumer survey data from one program and detailed summaries of consumer surveys from another program.

Currently, the best source of individual level outcomes data is the county's electronic health record (EHR) system, though only four programs report outcomes in EHRs. At the conclusion of this project, FCDBH will be able to track outcomes at an individual level for all of its PEI programs through a combination of EHRs (for the four programs) and a web-based tool for the other programs. In addition to outcomes, the EHR data contain demographic and encounter data over time for individuals receiving services of PEI programs.

### PEI Programs

This section contains brief descriptions of the four PEI programs we evaluate. A more detailed description of each is available in a separate RAND memo.<sup>2</sup>

**All 4 Youth** is a school-based program with a goal of improving student mental health and school success. The program includes numerous activities and tools, such as outreach events, parent trainings, and teacher toolkits. Individuals receiving services receive mental health assessments and are linked to services. This program is focused on children and youth enrolled in primary and secondary schools.

**Community Response-Law Enforcement** is a program that trains first responders to work with FCDBH on crisis intervention. Participants are trained to handle mental health calls, link

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<sup>1</sup> FCDBH MHSA Annual Update 2018/2019. <https://www.co.fresno.ca.us/home/showdocument?id=23453>

<sup>2</sup> Shearer, et al., Review of Prevention and Early Intervention Programs for Fresno County. February 4, 2021.

individuals to services and provide support, and de-escalate mental health crisis situations. This program targets individuals of all ages.

**Functional Family Therapy** is an evidence-based family therapy model consisting of family counseling and skill-building with the goals of increasing communication, mood management, and family functioning for youth with behavioral and/or emotional issues. The outcome measures for this program are focused on children and youth.

**Perinatal Wellness** is a program that focuses on pregnant and postpartum women who are struggling with mental health challenges. It includes multidisciplinary case management, public health nursing services, medication management, and group therapy with the goals of strengthening and improving family health and creating hope.

## Outcomes

Table 1 summarizes the mental health outcomes available for each of the four PEI programs described above. These outcome measures are designed to assess mental health status, emotional and behavioral risk, and individual needs and areas for concern such as life skills and strengths. Descriptions of each measure are included below. The Patient Health Questionnaire-9 (PHQ-9) and the General Anxiety Disorder-7 (GAD-7) measure mental health status, the Pediatric Symptom Checklist-35 (PSC-35) measures emotional and behavioral risk, and the Child and Adolescent Needs and Strengths (CANS) measures individual needs and areas for concern. All four programs use the CANS, two programs also measure mental health status, and two measure emotional and behavioral risk. These assessments are administered at enrollment and during program participation.

**Table 1. Mental health outcomes for four PEI programs**

Program	PHQ-9	GAD-7	PSC-35	CANS
All 4 Youth			X	X
Community Response-Law Enforcement	X	X	X	X
Functional Family Therapy			X	X
Perinatal Wellness	X	X		X

NOTE: PHQ-9 = Patient Health Questionnaire-9; GAD-7 = General Anxiety Disorder-7; PSC-35 = Pediatric Symptom Checklist-35; CANS = Child & Adolescent Needs and Strengths

The **PHQ-9** is a nine-item scale that measures the potential presence of depression and its severity. It ranges from 0-27, but it is also grouped into five categories: no or minimal depression (0-4), mild depression (5-9), moderate depression (10-14), moderately severe depression (15-19), and severe depression (>19).<sup>3</sup> We use the continuous score and the categories in our analyses.

<sup>3</sup> Kroenke, Kurt, Robert L. Spitzer, and Janet BW Williams. "The PHQ-9: validity of a brief depression severity measure." *Journal of general internal medicine* 16.9 (2001): 606-613.

The **GAD-7** is a seven-item scale that is used to identify clinically significant anxiety. It ranges from 0-21 but also is grouped into four categories: minimal anxiety (0-4), mild anxiety (5-9), moderate anxiety (10-14), and severe anxiety (15-21).<sup>4</sup> We use the continuous score and the categories in our analyses.

The **PSC-35** is a 35-item scale that is used to screen for (?) potential emotional, behavioral, or learning issues in children and adolescents. The item responses are summed to create a total score that ranges from 0-70. A score of 28 or higher indicates impairment.<sup>5</sup> We use the continuous score and the 28-point cut-off in our analyses.

The **CANS** is an assessment that helps to identify areas of potential need. There are 11 domains, and each domain has several individual items that indicate whether action is needed or not.<sup>6</sup> We create counts of items requiring action for each domain in our analyses.

## Evaluating Changes in Outcomes and Equity

We summarize changes in outcomes for each program over three fiscal years (2017/2018 through 2019/2020) for individuals receiving services with at least two assessments. Table 2 summarizes the number of individuals receiving services with assessment data in the EHR data. Of the 9,291 PEI individuals receiving services in the EHR data, 4,574 have at least one assessment, and 2,112 have two or more of the same assessment.

**Table 2. Individuals Served with assessments by program**

<b>Program</b>	<b>Total Individuals Served</b>	<b>At Least 1 Assessment (% of Total)</b>	<b>At Least 2 of the Same Assessment (% of Total)</b>
All 4 Youth	1,952	1,568 (80%)	646 (33%)
Community Response-Law Enforcement	4,936	767 (16%)	211 (4%)
Functional Family Therapy	675	348 (52%)	148 (22%)
Perinatal Wellness	2,020	890 (44%)	444 (22%)

<sup>4</sup> Spitzer, Robert L., et al. "A brief measure for assessing generalized anxiety disorder: the GAD-7." *Archives of internal medicine* 166.10 (2006): 1092-1097.

<sup>5</sup> Jellinek, Michael S., et al. "Use of the Pediatric Symptom Checklist to screen for psychosocial problems in pediatric primary care: a national feasibility study." *Archives of Pediatrics & Adolescent Medicine* 153.3 (1999): 254-260.

<sup>6</sup> Sokol, Rebecca L., et al. "Changes in Child and Adolescent Needs and Strengths (CANS) scores over time: a systematic review." *Children and youth services review* 112 (2020): 104917.

We evaluate changes in continuous scores and movement between clinically relevant categories for the PHQ-9, GAD-7, and PSC-35, and we evaluate changes in the need for action on the CANS items as well as changes in the total number of items requiring action for each domain. We use t-tests to identify statistical significance for continuous measure and chi-square tests for changes among categories. We also look at potential differences in changes by race/ethnicity and gender to evaluate equity in the impact of FCDBH’s PEI programs. We use multiple regression to test for statistical significance of differential changes.

## Evaluating Program Reach

We summarize two dimensions of program reach: demographics of individuals receiving services and the range of activity across Fresno County. The EHR data contain demographics as well as residential address. We summarize gender, race/ethnicity, age, primary language, and sexual orientation for each program. Table 3 summarizes demographics for Fresno County in 2017 (the first year of the evaluation period). Just over half of Fresno County’s population is Hispanic. Sexual orientation is not included in the data.

**Table 3. Fresno County Demographics (2017)**

<b>Demographic</b>	<b>Percent</b>
Race/ethnicity	
Asian	10.1%
Black/African American	4.4%
Hispanic	53.8%
Native American	0.6%
Other Race	2.5%
White	28.6%
Gender	
Female	50.0%
Male	50.0%
Age	
0-14	23.7%
15-24	14.1%
25-59	44.2%
60+	17.3%
1 <sup>st</sup> Language	
English	54.9%
Spanish	35.3%
Other	9.8%

Source: US Census Bureau 2017 ACS 1-year file (<https://data.census.gov/cedsci/>)

We also count the number of individuals served by residential zip code during the three fiscal years (2017-2018 through 2019-2020). We include a map of zip codes that are in or near Fresno County with the counts of individuals served from each. Zip code counts are assigned to quartiles based on the distribution of counts of individuals served for the largest program, Community Response-Law Enforcement.

## Results

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We have organized this section by PEI program so that FCDBH can more easily incorporate the results into their report. For each program, we summarize demographics individuals receiving services with at least one assessment and at least two assessments during three fiscal years (2017-2018 through 2019-2020). We then present our summary and analyses of changes in outcomes for this latter group.

### All 4 Youth

#### *Demographics of Individuals Receiving Services*

Table 4 provides a summary of the demographics for individuals receiving services from All 4 Youth program. 80 percent have at least one assessment and one third have two assessments. Overall, the population that has any assessments has similar demographics to the total population, though there are relatively more Hispanic individuals served. There are relatively fewer individuals served with an unknown race/ethnicity in the group with two or more assessments.

**Table 4. All 4 Youth Demographics**

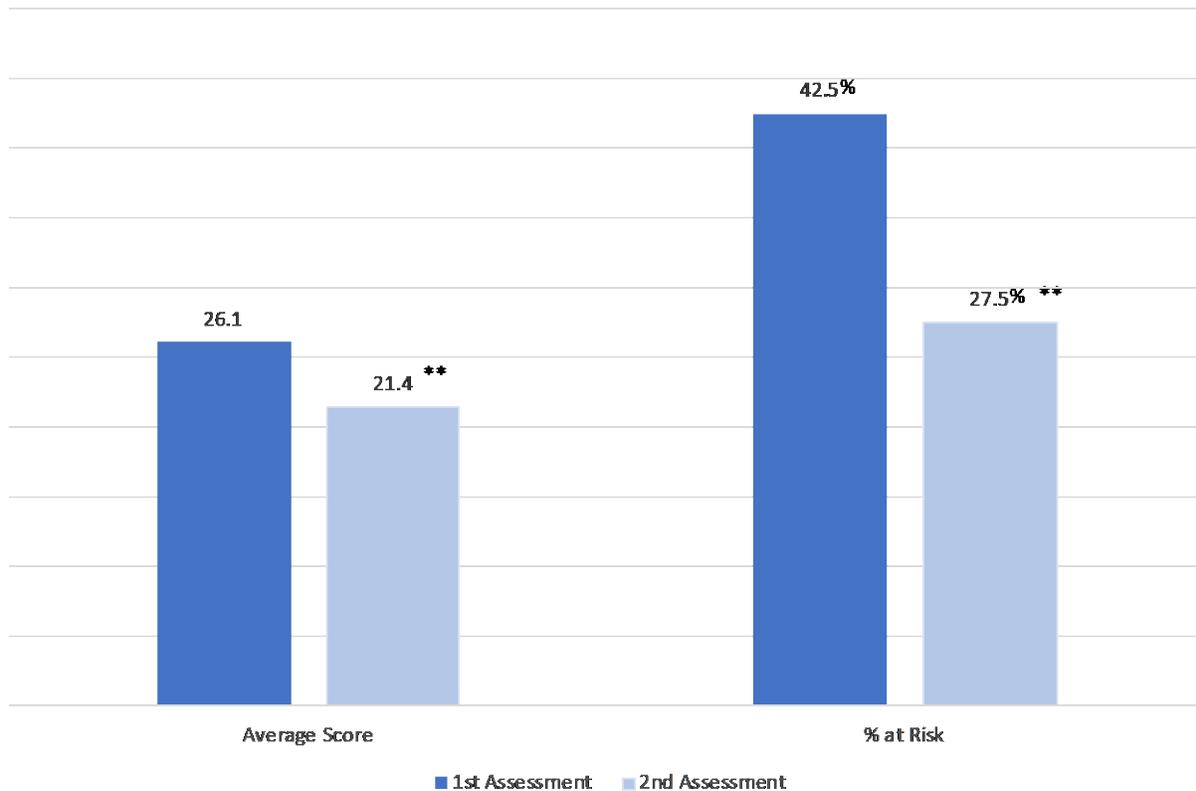
Demographic	Total Individuals Served		At Least 1 Assessment		At Least 2 Assessments	
	n	%	n	%	n	%
Race/ethnicity						
Asian	16	0.8%	11	0.7%	5	0.8%
Black/African American	86	4.4%	76	4.9%	27	4.2%
Hispanic	1,186	60.8%	979	62.4%	434	67.2%
Native American	13	0.7%	11	0.7%	7	1.1%
Other Race	41	2.1%	32	2.0%	14	2.2%
Unknown	368	18.9%	259	16.5%	63	9.8%
White	242	12.4%	200	12.8%	96	14.9%
Gender						
Female	836	42.8%	677	43.2%	276	42.7%
Male	1,116	57.2%	891	56.8%	370	57.3%
Age						
0-15	1,788	91.6%	1,442	92.0%	589	91.2%
16-25	164	8.4%	126	8.0%	57	8.8%

Demographic	Total Individuals Served		At Least 1 Assessment		At Least 2 Assessments	
	n	%	n	%	n	%
1 <sup>st</sup> Language						
English	1,432	73.4%	1,134	72.3%	469	72.6%
Spanish	504	25.8%	421	26.9%	170	26.3%
Other	11	0.6%	10	0.6%	6	0.9%
Unknown	5	0.3%	3	0.2%	1	0.2%
Sexual Orientation						
LGBTQ	1	0.1%	1	0.2%	0	0.0%
Heterosexual	22	1.1%	19	1.2%	6	0.9%
Missing	1,929	98.8%	1,546	98.6%	640	99.1%
Total	1,952		1,568		646	

### *PSC-35*

Figure 1 shows results for the PSC-35. There are significant decreases in both the score and the percent of individuals receiving services at risk between the first and last assessment. There are no significant differences in changes in PSC-35 by race/ethnicity. Female individuals served experience a lower average improvement in their score than male individuals served (3.2 points, p-value = 0.02).

**Figure 1. All 4 Youth Changes in PSC-35**



Note: \*\* = Statistically significant at the 0.05 level.  
At-risk defined as having a score of 28 or higher

## CANS

Table 5 shows the results for CANS in the All 4 Youth program. For each item, the table shows the percent of individuals receiving services with action required or immediate action required (responses 2 or 3) at their first and the percent with action or immediate action required at their last assessment. At the bottom of each domain (e.g., Life Functioning) the table shows the average across individuals receiving services of the count of items in that domain that require action or immediate action. The last columns contain the change in values between the first and last assessments and an indication of whether the difference is statistically significant. In general, there are decreases in the percentage of items requiring action, indicating improvement, though there are a few exceptions. There are significant decreases for 26 items requiring action across all of the domains. There is improvement for all items in the life functioning domain and most of the risk behaviors domain. There are significant increases for six items in the caregiver needs and resources, risk behaviors, and strengths domains, indicating areas for attention in those domains. There is evidence that some race/ethnicity groups experience larger improvements. Black/African American individuals served and individuals served with unknown race/ethnicity have larger decreases in the total number of life functioning items between their first and last assessments than white individuals served. The number of life functioning items that require action decreases 1.7 points (p-value = 0.01) more for Black/African American than for white

individuals served and 0.7 points (p-value = 0.03) more for individuals served with unknown race (not shown).

**Table 5. All 4 Youth Changes in CANS**

<b>Domain</b>	<b>Item</b>	<b>% Needing Action on First Assessment</b>	<b>% Needing Action on Last Assessment</b>	<b>Change</b>	
Life Functioning	Family functioning	19.3	12.3	-6.9	**
	Living situation	6.5	5.4	-1.1	**
	School behavior	28.8	15.5	-13.3	**
	School achievement	26.7	15.2	-11.6	**
	School attendance	9.0	6.0	-3.1	**
	Social functioning	28.6	16.0	-12.6	**
	Developmental/intellectual	4.9	3.8	-1.1	**
	Decision making	16.6	12.5	-4.1	**
	Medical/Physical	3.5	2.1	-1.4	**
	Sexual development	1.4	0.3	-1.1	**
	Sleep	18.5	11.5	-7.0	**
	Average # items requiring action	1.61	0.99	-0.63	**
Strengths	Family strengths	42.3	38.2	-4.2	**
	Interpersonal	55.2	51.2	-4.0	**
	Educational setting	48.9	41.6	-7.4	**
	Talents & interests	52.5	48.2	-4.3	**
	Spiritual/religious	62.1	68.1	6.0	**
	Cultural identity	61.5	62.7	1.2	**
	Community life	60.8	66.5	5.6	**
	Natural supports	47.4	45.4	-2.0	**
	Resiliency	51.1	44.2	-6.8	**
Average # items requiring action	4.80	4.61	-0.19		
Caregiver Needs & Resources	Developmental	0.2	0.2	0.0	
	Involvement with care	2.8	5.4	2.6	**
	Knowledge	6.9	6.3	-0.6	**
	Medical/Physical	3.0	1.9	-1.1	**
	Mental health	4.6	3.5	-1.1	**
	Residential stability	2.3	1.7	-0.5	**
	Safety	0.9	0.2	-0.7	
	Social resources	5.1	5.9	0.8	**
	Substance use	0.7	0.7	0.0	**

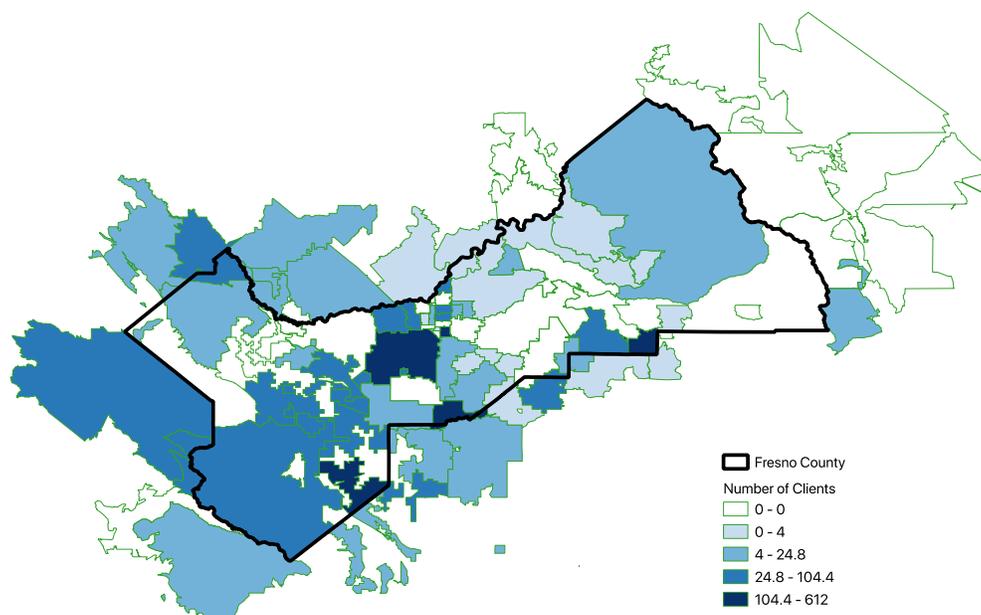
Domain	Item	% Needing Action on First Assessment	% Needing Action on Last Assessment	Change	
	Supervision	3.0	3.0	0.0	**
	Average # items requiring action	0.30	0.28	-0.02	
Cultural Factors	Language	2.0	1.1	-0.9	**
	Traditions & rituals	0.4	.		
	Cultural stress	1.5	0.7	-0.8	
	Average # items requiring action	0.04	0.02	-0.02	*
Risk Behaviors	Suicide risk	4.8	1.6	-3.3	**
	Non-suicidal, self-injury behavior	4.1	1.9	-2.2	**
	Other self-harm, recklessness	1.1	0.9	-0.2	
	Danger to others	2.0	1.4	-0.6	
	Delinquent behavior	0.7	0.9	0.2	**
	Run-away	1.4	1.2	-0.2	**
	Average # items requiring action	0.15	0.08	-0.07	**

Note: \*\* = statistically significant at the 0.05 level or below; \* = statistically significant at the 0.1 level or below

### *Location of Individuals Receiving Services*

Figure 2 shows the number of individuals served in each zip code. All 4 Youth has individuals receiving services from 57 of the 79 zip codes in Fresno County and surrounding areas.

**Figure 2. Location of Individuals Served by All 4 Youth**



### *Summary*

Only one third of individuals served by FCDBH's All 4 Youth program have multiple assessments, so we are not able to describe program performance for the majority. However, program participants with at least two assessments experience significant improvements in individual needs and areas for concern. In particular, they experience improvements in life functioning and risk behaviors and are less at risk of emotional, behavioral, or learning issues. Black/African American individuals served appear to experience larger improvements in life functioning than white individuals served. Over 60 percent of individuals served by All 4 Youth are Hispanic and are located in zip codes across the county.

## Community Response-Law Enforcement

### *Demographics of Individuals Receiving Services*

Table 6 provides a summary of the demographics of individuals receiving services from Community Response-Law Enforcement program. Less than one fifth have at least one assessment and only four percent have two assessments; this is consistent with their intervention model, which often comprises a single contact. Individuals receiving services with at least one assessment are different from the total population of individuals served. There are relatively more Hispanic and African American/Black individuals served with assessments. There is also a much higher proportion of children (age 0-15) among those with assessments. 80 percent of individuals served with two or more assessments are in this age group.

**Table 6. Community Response-Law Enforcement Demographics**

Demographic	Total Individuals Served		At Least 1 Assessment		At Least 2 Assessments	
	n	%	n	%	n	%
Race/ethnicity						
Asian	162	3.3%	29	3.8%	4	1.9%
Black/African American	437	8.9%	96	12.5%	27	12.8%
Hispanic	2,194	44.5%	442	57.6%	131	62.1%
Native American	41	0.8%	8	1.0%	1	0.5%
Other Race	171	3.5%	14	1.8%	4	1.9%
Unknown	740	15.0%	11	1.4%	2	1.0%
White	1,191	24.1%	167	21.8%	42	19.9%
Gender						
Female	2,243	45.4%	409	53.3%	135	64.0%
Male	2,688	54.5%	257	46.5%	76	36.0%
Missing	5	0.1%	1	0.1%	0	0.0%
Age						
0-15	853	17.2%	359	46.8%	168	79.6%
16-25	1,042	21.1%	160	20.9%	23	10.9%
26-59	2,510	50.9%	227	29.6%	20	9.5%
60+	531	10.8%	21	2.7%	0	0.0%
1 <sup>st</sup> Language						
English	4,215	85.4%	657	85.7%	183	86.7%
Spanish	492	10.0%	95	12.4%	25	11.9%
Other	89	1.8%	12	1.6%	2	1.0%
Unknown	140	2.8%	3	0.4%	1	0.5%
Sexual Orientation						
LGBTQ	53	1.1%	10	2.3%	2	0.9%
Heterosexual	530	10.7%	83	10.8%	14	6.6%
Missing	4,342	88.2%	674	86.9%	195	92.5%
Total	4,936		767		211	

**PHQ-9**

Table 7 summarizes changes in the categorical version of the PHQ-9. Only 15 individuals served have at least two assessments for PHQ-9. Six of the 15 experience improvement in their level of

distress. None of them get worse. We did not test for differences by race/ethnicity or gender because the small number of individuals served yields low statistical power to detect differences.

**Table 7. Community Response-Law Enforcement changes in PHQ-9**

<b>Starting Level</b>	<b>n</b>	<b>Improved</b>	<b>Stayed the same</b>	<b>Got worse</b>
None or minimal distress	2	NA	2	0
Mild distress	2	0	2	0
Moderate distress	2	1	1	0
Moderately severe distress	4	2	2	0
Severe distress	5	3	2	NA
Total	15	6	9	0

### *GAD-7*

Table 8 summarizes the results for the GAD-7. Only 11 individuals served have at least two assessments for GAD-7. Five of the 11 experience improvement in their level of distress. Two of the three individuals receiving services that only had evidence of minimal anxiety on their first assessment had evidence of moderate and severe anxiety on their last assessment. We did not test for differences by race/ethnicity or gender because the small number of individuals receiving services yields low statistical power to detect differences.

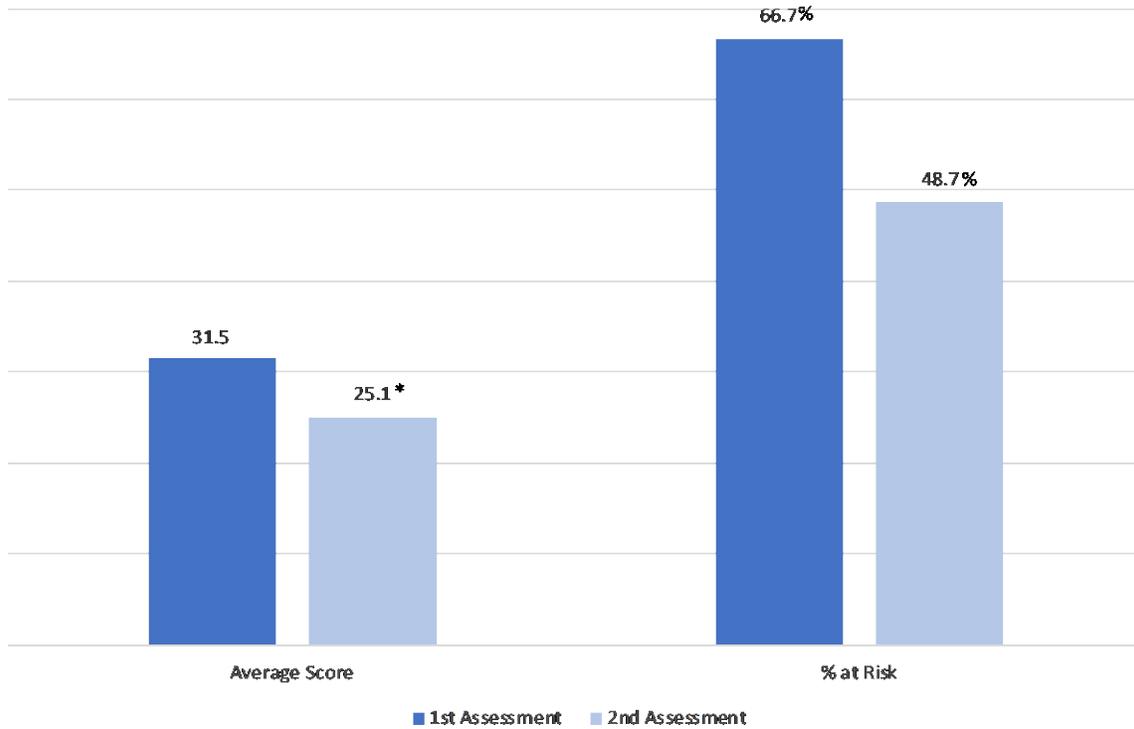
**Table 8. Community Response-Law Enforcement changes in GAD-7**

<b>Starting Level</b>	<b>n</b>	<b>Improved</b>	<b>Stayed the same</b>	<b>Got worse</b>
Minimal anxiety	3	NA	1	2
Mild anxiety	4	2	2	0
Moderate anxiety	0	NA	NA	NA
Severe anxiety	4	3	1	NA
Total	11	5	4	2

### *PSC-35*

Figure 3 shows the results for PSC-35. 38 individuals receiving services have at least two PSC-35 assessments. There are decreases in both the score and the percent of individuals served at risk. The average score decreases from 31.5 on the first assessment to 25.1 on the last, and this decrease approaches statistical significance (p-value = 0.09). There are no significant differences in changes in PSC-35 by race/ethnicity or gender.

**Figure 3. Community Response-Law Enforcement changes in PSC-35**



Note: \* = Statistically significant at the 0.10 level

## CANS

Table 9 shows the results for CANS. For each item, the table shows the percent of individuals receiving services with action required or immediate action required (responses 2 or 3) at their first and the percent with action or immediate action required at their last assessment. At the bottom of each domain (e.g., Life Functioning) the table shows the average count of items in that domain that require action or immediate action. The last columns contain the change in values between the first and last assessments and an indication of whether the difference is statistically significant. There are 162 individuals receiving services with at least two CANS assessments. There are significant decreases in 11 items (in the caregiver needs and resources, cultural factors, and life functioning domains), indicating improvement in these domains, but there are significant increases for 16 (in the life functioning, risk behaviors, and strengths domains). There are no significant changes in the total number of items in each domain requiring action for all individuals receiving services; however, there is evidence that some race/ethnicity groups experience larger improvements. Hispanic individuals served have relatively larger decreases, indicating improvement, but Asian individuals served have a relative increase in the total number of strengths items that require improvement between their first and last assessments. The number of strengths items that require action decreases 0.9 points (p-value = 0.04) more for Hispanic individuals receiving services than for white. The number of strengths items for Asian individuals receiving services increases by 3.4 points (p-value = 0.04) relative to white.

**Table 9. Community Response-Law Enforcement changes in CANS**

<b>Domain</b>	<b>Item</b>	<b>% Needing Action on First Assessment</b>	<b>% Needing Action on Last Assessment</b>	<b>Change</b>	
Life Functioning	Family functioning	41.61	35.62	-6.00	**
	Living situation	23.60	25.52	1.91	**
	School behavior	26.45	22.38	-4.07	**
	School achievement	28.85	29.37	0.52	**
	School attendance	22.29	18.31	-3.98	**
	Social functioning	36.65	37.67	1.03	**
	Developmental/intellectual	6.21	8.97	2.75	**
	Decision making	36.48	39.73	3.25	**
	Medical/Physical	1.86	3.42	1.56	**
	Sleep	37.50	30.14	-7.36	**
	Average # items requiring action	2.65	2.41	-0.24	
	Strengths	Family strengths	57.76	56.25	-1.51
Interpersonal		63.75	67.83	4.08	**
Educational setting		57.14	63.64	6.49	**
Talents & interests		52.80	58.33	5.54	**
Spiritual/religious		63.52	68.75	5.23	**
Cultural identity		60.87	61.81	0.94	**
Community life		68.75	76.92	8.17	**
Natural supports		59.01	59.03	0.02	**
Resiliency		54.66	59.03	4.37	**
Average # items requiring action	5.40	5.37	-0.03		
Caregiver Needs & Resources	Developmental	1.32	.	NA	
	Involvement with care	9.15	11.28	2.13	*
	Knowledge	19.61	16.03	-3.58	**
	Medical/Physical	2.65	3.03	0.38	**
	Mental health	9.80	6.82	-2.99	**
	Residential stability	6.58	4.58	-2.00	**
	Safety	1.96	3.01	1.05	
	Social resources	12.42	9.77	-2.64	**
	Substance use	3.27	3.01	-0.26	**
	Supervision	13.07	15.79	2.72	
Average # items requiring action	0.78	0.63	-0.15		
Cultural Factors	Language	3.11	2.84	-0.27	**
	Cultural stress	0.62	0.71	0.09	

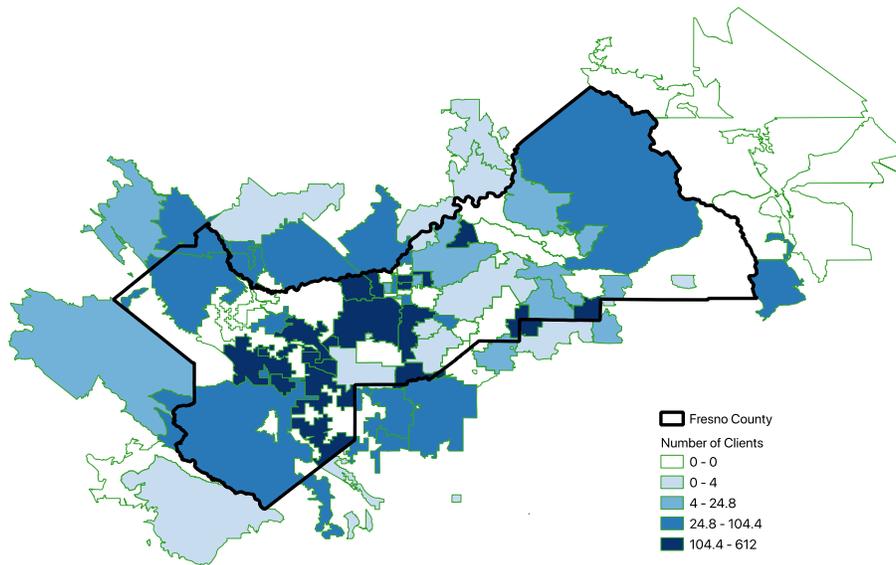
Domain	Item	% Needing Action on First Assessment	% Needing Action on Last Assessment	Change
	Average # items requiring action	0.03	0.00	0.00
Risk Behaviors	Suicide risk	21.25	22.60	1.35 **
	Non-suicidal, self-injury behavior	13.04	15.07	2.03 *
	Other self-harm, recklessness	6.88	10.27	3.40
	Danger to others	9.94	10.27	0.34 **
	Delinquent behavior	3.11	6.16	3.06
	Run-away	8.07	14.38	6.31 **
	Average # items requiring action	0.59	0.75	0.16

Note: \*\* = statistically significant at the 0.05 level or below; \* = statistically significant at the 0.1 level or below

### Location of Individuals Receiving Services

Figure 4 shows the number of individuals served in each zip code. Community Response-Law Enforcement has individuals receiving services from 59 of the 79 zip codes in Fresno County and surrounding areas. Zip codes with the highest count of individuals served are in Fresno and Five Points.

**Figure 4. Location of Individuals Served by Community Response-Law Enforcement**



## Summary

By design, FCDBH’s Community Response-Law Enforcement program rarely has more than one contact with the individuals served, so changes in assessments over time has limited value in describing program performance. The four percent of individuals receiving services with at least two assessments experience some improvements in individual needs and areas for concern. There appears to be improvement or no change in mental health status for most of these, but we are unable to identify statistical significance. FCDBH may consider dropping the PHQ-9, GAD-7, and PSC-35 assessments for Community Response-Law Enforcement program since there are so few individuals receiving services with these assessments. There is mixed evidence of the impact of participation on areas of need and strength. There are improvements in some areas and worsening of some areas, especially risk behaviors and strengths. Providers may need to improve their efforts to help individuals served connect with resources to address these domains. Hispanic individuals receiving services appear to experience larger improvements in areas of strength than white individuals receiving services, but Asian individuals receiving services experience worsening in areas of strength relative to white individuals receiving services. 54 percent of individuals served by Community Response-Law Enforcement are Hispanic and 13 percent are Black/African American. Community Response-Law Enforcement has a large area of activity with two main concentrations in Fresno and Five Points.

## Functional Family Therapy

### *Demographics of Individuals Receiving Services*

Table 10 provides a summary of the demographics of individuals receiving services from Functional Family Therapy program. About one half have at least one assessment and about one quarter have at least two. The distributions of race/ethnicity and gender among individuals receiving services with assessments are mostly similar to all individuals served. There are relatively fewer individuals receiving services with an unknown race/ethnicity and relatively more White individuals served with assessments.

**Table 10. Functional Family Therapy Demographics**

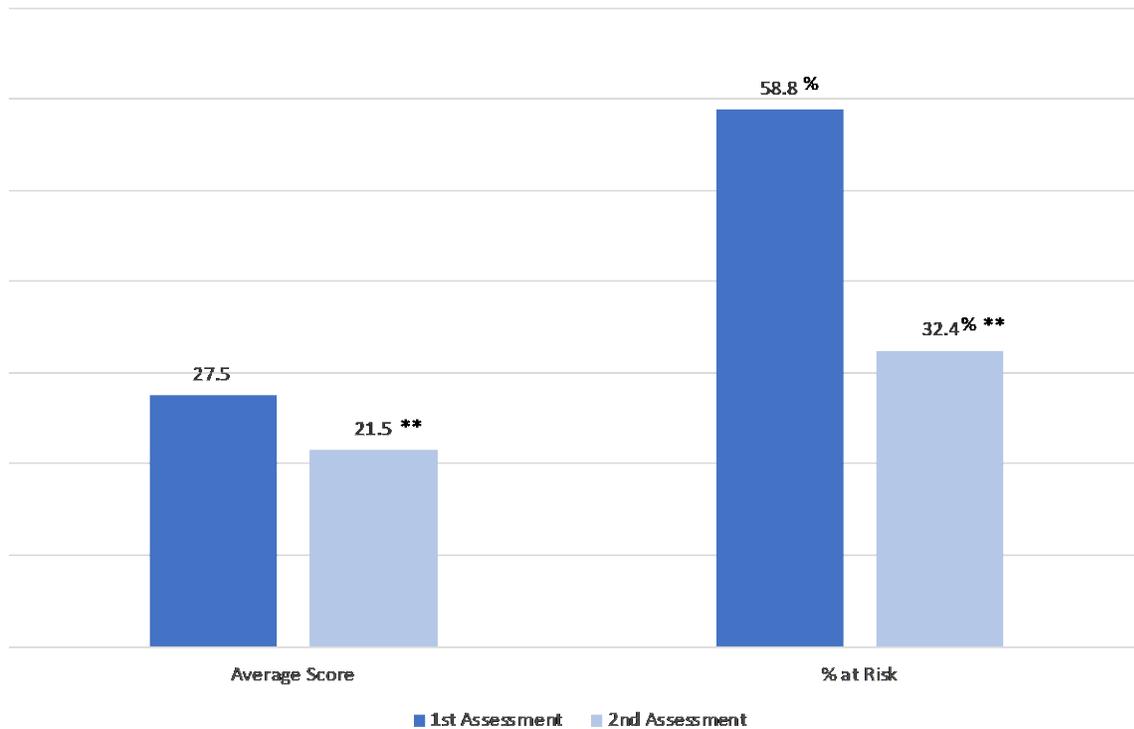
Demographic	Total Individuals Served		At Least 1 Assessment		At Least 2 Assessments	
	n	%	n	%	n	%
Race/ethnicity						
Asian	8	1.2%	3	0.9%	0	0.0%
Black/African American	36	5.3%	17	4.9%	9	6.1%
Hispanic	474	70.2%	232	66.7%	105	71.0%
Other Race	1	1.6%	7	2.0%	4	2.7%
Unknown	78	11.6%	49	14.1%	11	7.4%
White	67	9.9%	40	11.5%	19	12.8%
Gender						

Demographic	Total Individuals Served		At Least 1 Assessment		At Least 2 Assessments	
	n	%	n	%	n	%
Female	348	51.6%	189	54.3%	80	54.1%
Male	326	48.3%	159	45.7%	68	46.0%
Missing	1	0.2%				
Age						
0-15	561	83.1%	304	87.4%	131	88.5%
16-25	95	14.1%	42	12.1%	17	11.5%
26-59	16	2.8%	2	0.6%	0	0.0%
1 <sup>st</sup> Language						
English	454	67.3%	237	68.1%	104	70.3%
Spanish	209	31.0%	107	30.8%	43	29.0%
Unknown	12	1.8%	4	0.6%	1	0.7%
Sexual Orientation						
LGBTQ	2	0.3%	1	0.3%	1	0.7%
Heterosexual	18	2.7%	9	2.6%	5	3.4%
Missing	655	97.0%	338	97.1%	142	95.9%
Total	675		348		148	

### PSC-35

Figure 5 summarizes the results for PSC-35. The average score decreases from 27.5 to 21.5. This decrease is statistically significant (p-value = 0.04). The percent of individuals receiving services at risk decreases significantly from 58.8 percent to 32.4 percent (p-value = 0.01). There are no significant differences in changes in PSC-35 by race/ethnicity or gender.

**Figure 5. Functional Family Therapy changes in PSC-3**



Note: \*\* = Statistically significant at the 0.05 level.  
At-risk defined as having a score of 28 or higher

## CANS

Table 11 shows the results for CANS. For each item, the table shows the percent of individuals receiving services with action required or immediate action required (responses 2 or 3) at their first and the percent with action or immediate action required at their last assessment. At the bottom of each domain (e.g., Life Functioning) the table shows the average count of items in that domain that require action or immediate action. The last columns contain the change in values between the first and last assessments and an indication of whether the difference is statistically significant. There are significant decreases in the percentage requiring action for 11 items in the caregiver needs and resources, life functioning, and strengths domains, indicating improvement in these domains. There are significant increases for 7 items, primarily in the strengths domain, indicating areas for further attention. There is a significant decrease in the number of life functioning items requiring action. There is no evidence of differences by race/ethnicity or gender.

**Table 11. Functional Family Therapy changes in CANS**

<b>Domain</b>	<b>Item</b>	<b>% Needing Action on First Assessment</b>	<b>% Needing Action on Last Assessment</b>	<b>Change</b>	
Life Functioning	Family functioning	42.54	22.05	-20.49	
	Living situation	15.67	9.45	-6.22	**
	School behavior	14.29	12.60	-1.69	**
	School achievement	26.87	20.63	-6.23	**
	School attendance	12.78	11.02	-1.76	**
	Social functioning	19.40	11.81	-7.59	**
	Developmental/intellectual	3.73	1.59	-2.14	**
	Decision making	11.28	13.39	2.11	
	Medical/Physical	0.75	3.94	3.19	**
	Sexual development	0.75	1.59	0.84	
	Sleep	21.64	19.69	-1.96	**
	Average # items requiring action	1.72	1.25	-0.48	**
	Strengths	Family strengths	43.28	39.68	-3.60
Interpersonal		58.96	59.06	0.10	*
Educational setting		56.72	58.27	1.55	**
Talents & interests		54.89	57.48	2.59	**
Spiritual/religious		67.16	69.60	2.44	**
Cultural identity		68.66	69.84	1.18	**
Community life		70.15	71.43	1.28	**
Natural supports		66.42	60.80	-5.62	**
Resiliency		61.94	50.79	-11.15	
Average # items requiring action	5.38	5.21	-0.17		
Caregiver Needs & Resources	Developmental	0.75	.	NA	
	Involvement with care	6.77	5.65	-1.12	
	Knowledge	16.42	11.29	-5.13	
	Medical/Physical	2.27	4.84	2.57	
	Mental health	11.94	7.26	-4.68	**
	Residential stability	3.05	5.69	2.64	**
	Safety	0.75	1.61	0.87	
	Social resources	11.94	10.57	-1.37	
	Substance use	2.99	1.61	-1.37	**
	Supervision	7.46	4.84	-2.62	**
	Average # items requiring action	0.63	0.51	-0.12	
Cultural Factors	Traditions & rituals	0.75	0.79	-0.04	
	Cultural stress	1.49	0.79	-0.70	

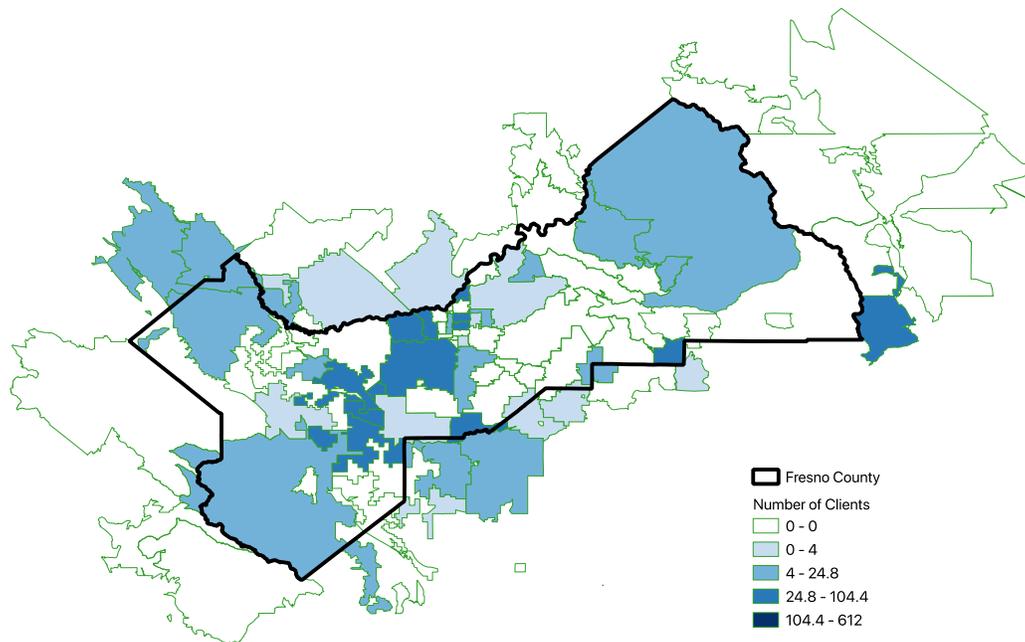
Domain	Item	% Needing Action on First Assessment	% Needing Action on Last Assessment	Change
	Average # items requiring action	0.02	0.02	0.00
Risk Behaviors	Suicide risk	6.72	3.94	-2.78
	Non-suicidal, self-injury behavior	4.48	1.57	-2.90
	Other self-harm, recklessness	0.75	1.57	0.83
	Delinquent behavior	2.99	0.79	-2.20
	Run-away	2.27	3.15	0.88 **
	Average # items requiring action	0.17	0.12	-0.05

Note: \*\* = statistically significant at the 0.05 level or below; \* = statistically significant at the 0.1 level or below

### Location of Individuals Receiving Services

Figure 6 shows the number of individuals served in each zip code. Functional Family Therapy has individuals receiving services from 39 of the 79 zip codes in Fresno County and surrounding areas.

**Figure 6. Location of Individuals Served by Functional Family Therapy**



### Summary

Only about one quarter of individuals receiving services from FCDBH’s Functional Family Therapy program have at least two assessments, so we are not able to describe program

performance for three quarters of the individuals served. However, among individuals receiving services with at least two assessments, there are significant improvements in individual needs and areas for concern over three years. Individuals receiving services are less at risk of emotional, behavioral, or learning issues after participation, and they improve in multiple needs domains, especially the life functioning domain. Close to 70 percent of individuals receiving services from Functional Family Therapy are Hispanic. Individuals served come from zip codes across the area.

## Perinatal Wellness

### *Demographics of Individuals Receiving Services*

Table 12 provides a summary of the demographics of individuals receiving services from Perinatal Wellness program. Less than half of individuals receiving services have at least one assessment and about one quarter have at least two. There are relatively fewer Black/African American individuals served and relatively more white individuals served among those with assessments. There are also relatively fewer individuals receiving services aged 16-25 and relatively more aged 26-59 among those with assessments.

**Table 12. Perinatal Wellness Demographics**

Demographic	Total Individuals Served		At Least 1 Assessment		At Least 2 Assessments	
	n	%	n	%	n	%
Race/ethnicity						
Asian	79	3.9%	39	4.4%	26	5.9%
Black/African American	258	12.8%	101	11.4%	43	9.7%
Hispanic	1,044	51.7%	465	52.3%	230	51.8%
Native American	11	0.5%	4	0.5%	1	0.2%
Other Race	69	3.4%	35	3.9%	21	4.7%
Unknown	260	12.9%	96	10.8%	45	10.1%
White	299	14.8%	150	16.9%	78	17.6%
Gender						
Female	1,969	97.5%	866	97.3%	436	98.2%
Male	50	2.5%	24	2.7%	8	1.8%
Missing	1	0.1%	0	0.0%	0	0.0%
Age						
0-15	92	4.6%	38	4.3%	16	3.6%
16-25	802	39.7%	317	35.6%	150	33.8%
26-59	1,125	55.7%	535	60.1%	278	62.6%
60+	1	0.1%	0	0.0%	0	0.0%

Demographic	Total Individuals Served		At Least 1 Assessment		At Least 2 Assessments	
	n	%	n	%	n	%
1 <sup>st</sup> Language						
English	1,752	86.7%	781	87.8%	386	86.9%
Spanish	210	10.4%	90	10.1%	49	11.0%
Other	34	1.7%	13	1.5%	7	1.6%
Unknown	24	1.2%	6	0.7%	2	0.5%
Sexual Orientation						
LGBTQ	7	0.4%	4	0.5%	1	0.2%
Heterosexual	79	3.9%	43	4.8%	18	4.1%
Missing	1,934	95.7%	843	94.7%	425	95.7%
Total	2,020		890		444	

### PHQ-9

Table 13 shows the results for the PHQ-9. Of the 424 individuals receiving services with at least two assessments, 239 improve and 75 get worse. The largest improvements are for the two highest levels of severity. 73 percent of individuals receiving services who appear to have moderately severe stress in their first assessment improve by their last assessment. 79 percent of those who appear to have severe stress in their first assessment improve by their last assessment. Those who appear to have mild distress in their first assessment have the largest percentage who get worse (33 percent), though 41 percent improve. The average score decreases significantly by 6.2 points (p-value < 0.0001) from 15.8 on the first assessment to 9.6 on the last. There are no significant differences in changes by race/ethnicity or gender in the PHQ-9.

**Table 13. Perinatal Wellness changes in PHQ-9**

Starting Level	n	Improved	Stayed the same	Got worse
None or minimal distress	45	NA	29	16
Mild distress	79	32	21	26
Moderate distress	88	47	23	18
Moderately severe distress	122	89	18	15
Severe distress	90	71	19	NA
Total	424	239	110	75

### GAD-7

Table 14 shows the results for the GAD-7. 222 of the 396 with at least two assessments improve and 50 get worse. The largest improvement (66 percent) is for the individuals receiving services who appear to have severe anxiety on their first assessment. Those who appear to have minimal

distress in their first assessment have the largest percentage who get worse (40 percent). The average score decreases significantly by 4.0 points (p-value < 0.0001) from 13.2 on the first assessment to 9.2 on the last. There are no significant differences in changes by race/ethnicity or gender in the GAD-7.

**Table 14. Perinatal Wellness changes in GAD-7**

Starting Level	n	Improved	Stayed the same	Got worse
Minimal	30	NA	18	12
Mild	73	40	15	18
Moderate	107	60	27	20
Severe	186	122	64	NA
Total	396	222	124	50

## CANS

Table 15 shows the results for CANS. For each item, the table shows the percent of individuals receiving services with action required or immediate action required (responses 2 or 3) at their first and the percent with action or immediate action required at their last assessment. At the bottom of each domain (e.g., Life Functioning) the table shows the average across individuals served of the count of items in that domain that require action or immediate action. The last columns contain the change in values between the first and last assessments and an indication of whether the difference is statistically significant. There are significant decreases in the percentage requiring action for eight items in the life functioning and strengths domains, indicating improvement. There are significant increases for four items in the caregiver needs and resources and life functioning domains indicating areas needing further attention. There are no significant changes in the number of items requiring action for any domain, and there is no evidence of differences by race/ethnicity or gender.

**Table 15. Perinatal Wellness Therapy changes in CANS**

Domain	Item	% Needing Action on First Assessment	% Needing Action on Last Assessment	Change	
Life Functioning	Family functioning	35.29	50.00	14.71	**
	Living situation	17.65	37.50	19.85	**
	School behavior	13.33	7.14	-6.19	**
	School achievement	33.33	14.29	-19.05	**
	School attendance	26.67	14.29	-12.38	**
	Social functioning	47.06	33.33	-13.73	
	Decision making	41.18	12.50	-28.68	*
	Medical/Physical	11.76	12.50	0.74	*
	Sexual development	5.88	.	NA	

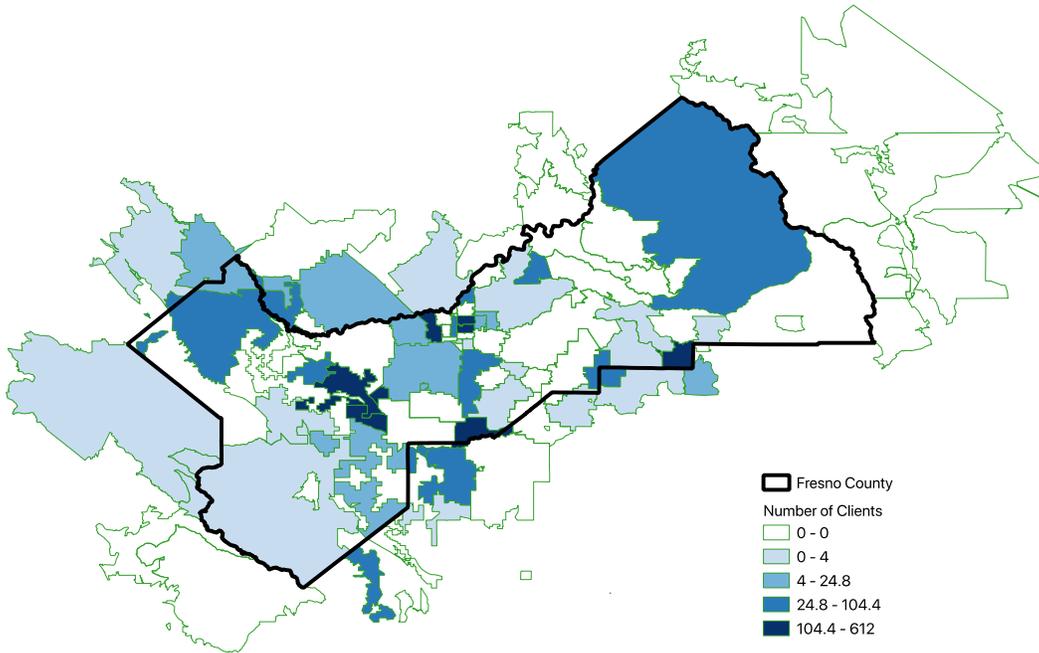
Domain	Item	% Needing Action on First Assessment	% Needing Action on Last Assessment	Change	
	Sleep	35.29	12.50	-22.79	**
	Average # items requiring action	2.76	1.76	-1.00	
Strengths	Family strengths	47.06	52.94	5.88	*
	Interpersonal	76.47	64.71	-11.76	
	Educational setting	56.25	52.94	-3.31	
	Talents & interests	64.71	58.82	-5.88	**
	Spiritual/religious	58.82	58.82	0.00	
	Cultural identity	76.47	58.82	-17.65	
	Community life	70.59	52.94	-17.65	*
	Natural supports	58.82	52.94	-5.88	**
	Resiliency	58.82	47.06	-11.76	**
	Average # items requiring action	5.76	5.00	-0.76	
Caregiver Needs & Resources	Knowledge	15.38	.	NA	
	Mental health	15.38	25.00	9.62	*
	Social resources	23.08	.	NA	
	Supervision	15.38	16.67	1.28	**
	Average # items requiring action	0.65	0.47	-0.18	
Cultural Factors	Traditions & rituals	6.25	.		
	Cultural stress	6.25	.	NA	
	Average # items requiring action	0.12			

Note: \*\* = statistically significant at the 0.05 level or below; \* = statistically significant at the 0.1 level or below

### *Location of Individuals Receiving Services*

Figure 7 shows the number of individuals served in each zip code. Perinatal Wellness has individuals receiving services from 44 of the 79 zip codes in Fresno County and surrounding areas.

**Figure 7. Location of Individuals Served by Perinatal Wellness Therapy**



### *Summary*

Only about one quarter of individuals served by FCDBH’s Perinatal Wellness program have at least two assessments, so we are not able to describe program performance for three quarters of the individuals receiving services. However, individuals receiving services with two or more assessments experience significant improvements in their mental health and needs and strengths over three years. Most individuals receiving services experience improvements in the clinically meaningful categories of mental health status. The evidence is less clear for needs and strengths. There are improvements in some individual areas and strengths, but no evidence of comprehensive improvement across domains. 52 percent of individuals served by Perinatal Wellness Therapy are Hispanic, and 12 percent are Black/African American. Individuals receiving services are located in zip codes across the county.

## Discussion

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There is evidence that individuals receiving services from four of FCDBH’s PEI programs experience improvements in mental health status, emotional and behavioral risk, and individual needs and areas for concern over three fiscal years (2017/2018 to 2019/2020); however, the evidence is based on relatively few individuals served, and the demographics of individuals receiving services with assessments are different from the total population of individuals receiving services, so the results summarized above may not generalize to the whole population. Table 16 summarizes the evidence of improvement by program and outcome. There is some evidence of improvement in at least one assessment for all four programs. Individuals receiving services from the Perinatal Wellness program experience improvements in mental health status. There is evidence that individuals served by Community Response-Law Enforcement may also experience improvement in mental health status, but there are so few with more than one assessment that we are unable to determine statistical significance. There is good evidence of improvement in individual needs and areas for concern for individuals receiving services from All 4 Youth and Functional Family Therapy programs, and evidence of a decrease in emotional and behavioral risk for individuals served by Community Response-Law Enforcement. There is mixed evidence of improvement in individual needs and areas for concern for individuals receiving services from Community Response-Law Enforcement and Perinatal Wellness. There is very little evidence of inequity in the impact of PEI programs. In fact, there is evidence that some minority individuals served experience greater improvement in outcomes; however, Asian individuals receiving services from the Community Response-Law Enforcement program experience a decline in individual strengths. Program reach is similar for all four programs with most individuals receiving services representing a higher proportion of ethnic minority groups than the county population and individuals served are from zip codes in the county and surrounding area.

**Table 16. Improvement in mental health outcomes for four PEI programs**

<b>Program</b>	<b>PHQ-9</b>	<b>GAD-7</b>	<b>PSC-35</b>	<b>CANS</b>
All 4 Youth	NA	NA	Yes	Yes
Community Response-Law Enforcement	Unclear	Unclear	Yes	Mixed
Functional Family Therapy	NA	NA	Yes	Yes
Perinatal Wellness	Yes	Yes	NA	Mixed

NOTE: PHQ-9 = Patient Health Questionnaire-9; GAD-7 = General Anxiety Disorder-7; PSC-35 = Pediatric Symptom Checklist-35; CANS = Child & Adolescent Needs and Strengths. Unclear = low statistical power. Mixed = Improvement for some items and worsening for some items.

We are not able to draw any conclusions about the performance of PEI programs beyond the four in this evaluation because we do not have individual level data for most of the PEI programs. Based on what we have learned, we believe that there are three ways in which FCDBH can

improve their ability to track PEI program performance. First, they need to track outcomes for more programs. This is the goal of RAND's engagement, so FCDBH will be able to track outcomes for more programs in the future. RAND is helping FCDBH to identify consistent and appropriate outcome measures. Second, we have been limited in this evaluation to evaluating improvement for about one quarter of individuals receiving services from PEI program because most individuals served do not have multiple assessments. Without multiple assessment, it is impossible to identify improvement, so FCDBH should encourage their PEI providers to conduct re-assessments for more of their individuals receiving services in programs where multiple contacts are appropriate. The outcomes we evaluated in this memo are all well-established and validated assessments for the outcomes they measure. This means that there is theoretical comparability across programs. However, the relatively small number of individuals receiving services with these assessments limits that comparability. Finally, to better identify programs that are performing well, FCDBH should establish an expectation of how much individuals receiving services should improve based on available evidence.

Appendix B: Sample PEI Program COVID Workplans

(cont.)

**WEST FRESNO FAMILY RESOURCE CENTER**  
**1802 E CALIFORNIA AVE**  
**FRESNO, CA 93706**  
**(559) 621-2967**

**CBANS: WORKPLAN (MARCH-APRIL-MAY 2020)** The CBANS program is a prevention and early intervention program aimed at reducing risk factors and stressors, building protective factors and skills, and increasing social support across all age groups, through individual and and group peer support, community awareness, and education provided in culturally sensitive formats and contexts.

<b>GOAL 1 Goal 1: Reduction in Consumer Stressors</b>				
<b>Objective 1:</b>				
<b>Timeline: 2020</b> March, April, May 2020.	<b>Activities:</b> <ul style="list-style-type: none"> <li>• Phone intakes, assist families with basic needs, ie food, health insurance, workforce, stress management, coping skills, youth activities, cleaning supplies.</li> </ul>	<b>Key Staff:</b> <ul style="list-style-type: none"> <li>• CHW</li> <li>• Peer Support Specialist</li> </ul>	<b>Outcomes:</b> <ul style="list-style-type: none"> <li>• To date more than 75 families has received support and referrals for basic needs, youth activities, cleaning supplies, food bags.</li> </ul>	<b>Indicators:</b> <ul style="list-style-type: none"> <li>• Health Insurance enrolled, members attended food distributions, over 100 cleaning bags delivered</li> </ul>
<b>GOAL 2: Increase in Consumer Wellness</b>				
<b>Timeline: 2020</b> March, April, May	<b>Activities:</b> <ul style="list-style-type: none"> <li>• WFFRC staff has created Facebook Live on Mondays, Wednesday's and Thursday to demonstrate cooking ideas on food donated from food bank and provide tips on how to reduce stress during the COVID-19</li> </ul>	<b>Key Staff:</b> <ul style="list-style-type: none"> <li>• Peer Support Specialist</li> </ul>	<b>Outcomes:</b> <ul style="list-style-type: none"> <li>• To date more than 1000 viewers</li> </ul>	<b>Indicators:</b> <ul style="list-style-type: none"> <li>• Likes on Facebook Live Cooking Sessions. .</li> </ul>
<b>Goal 3: Increase Consumer Coping Strategies</b>				
<b>Timeline: 2020</b> March, April, May	<b>Activities:</b> <ul style="list-style-type: none"> <li>• Follow up phone calls, referrals to basic needs</li> </ul>	<b>Key Staff:</b> <ul style="list-style-type: none"> <li>• CHW</li> <li>• Peer Support Specialist</li> </ul>	<b>Outcomes:</b> <ul style="list-style-type: none"> <li>• Number of phone calls,</li> </ul>	<b>Indicators:</b> <ul style="list-style-type: none"> <li>• Clients to indicate support was helpful</li> </ul>

			<ul style="list-style-type: none"> <li>• Number of referrals</li> </ul>	
<b>GOAL 5 Increasing Awareness of Mental Health</b>				
<b>Objective 1:</b> Build and sustain WFFRC project infrastructure for implementation of Sweet Potato II project.				
<b>Timeline:</b> March, April, May	<b>Activities:</b> <ul style="list-style-type: none"> <li>• Utilizing social media to bring awareness of Mental Health Support</li> <li>•</li> </ul>	<b>Key Staff:</b> <ul style="list-style-type: none"> <li>• CHW</li> <li>• Peer Support Specialist</li> </ul>	<b>Outcomes:</b> <ul style="list-style-type: none"> <li>• Number of Likes on Social Media, Facebook</li> <li>• Utilizing Webx, Zoom for face to face workshops.</li> </ul>	<b>Indicators:</b> <ul style="list-style-type: none"> <li>• Surveys conducted during webinars</li> </ul>

# Blue-Sky Wellness Center Detailed Work Plan

The last day the Blue-Sky Wellness Center (BSWC) provided on-site services to our members was on March 18, 2020. Since that time, staff have been working hard to continue to provide services and support for our members wellness, while still maintaining social distancing and remaining COVID-19 compliant.

## Phone Calls:

- Staff has been consistently contacting our members via phone on a daily basis. Members have voiced their appreciation for the daily phone calls. Members are discussing with staff their struggles with the shelter in place orders and not being able to utilize the center.
- Several members are calling in daily, some members multiple times per day, reaching out for support from the staff.

## Mailing letters:

- Some of the Blue-Sky members do not have phones to receive daily calls from staff. In order to accommodate those members and maintain contact, staff have been writing letters and cards and sending them via mail.
- Staff have been providing the needed support to these members with continued writing back and forth with these members.

## Wellness Kits:

- The Blue-Sky staff are putting together wellness kits for the members. These kits consist of a variety of items that focus on the members wellness and recovery. The wellness kits consist of some of the below items:
  - Workbook topics on wellness (we are providing a different topic every week, anxiety, self-care, gratitude, journaling, meditation, etc.)
  - Journals
  - Arts and craft items
  - Resources including food distribution sites
  - Stress balls
  - Positive affirmations
- Staff are placing the wellness kits on a table outside for members to come by and pick up (no contact with staff).
- Members have expressed their appreciation to staff for these wellness kits and they look forward to the upcoming topics.
- Staff are driving to the members homes who are unable to get out during this time and placing the wellness kits on their porch. Members have expressed their appreciation for these kits and the staff's dedication to them.

### **Staff Training & Development:**

- Staff are participating in trainings several times per week. Some of the topics are listed below:
  - Cultural competency
    - Cultural competency & the older adult
    - Cultural competence & sensitivity in the LGBTQ community
  - Practicing self-compassion
  - Building our resiliency to isolation & loneliness: How to increase our resiliency during the COVID-19 crisis.
  - Cultivating gratitude to support wellbeing
- In addition to the above trainings, staff have been creating wellness lesson plans for our support groups to prepare for re-opening.
- Staff have been meeting weekly and going over these wellness plans with each other. This is allowing staff to continue to develop and improve their skills.
- In addition, staff have been reading, *Finding Your Why*, by Simon Sinek. Staff meets weekly to discuss the reading for the week and what stood out for them. This book is about discovering our individual and team purpose.
- In addition, staff have also been reading, *The Coffee Bean*, by Jim Gordon & Damon West. This book is an illustrated fable that teaches transforming our environment, overcoming challenges, and creating positive change.

### **Gardening:**

- As a team, we weeded, cleared out the winter crop, and planted a new spring crop. The garden has always been one of the member projects, which they have taken pride in maintaining. Staff have worked as a team to maintain the member garden.

### **Team building:**

- Staff have consistently participated in team building exercises to strengthen the team and maintain our own wellness.
- Staff meets every morning to read positive affirmations and then discuss what that affirmation means to them.
- Staff meets again at the close of the day to process and discuss the day.

### **Facility:**

- Staff have performed a deep cleaning of the facility several times. We continue to sanitize and disinfect areas on a daily basis.
- Staff have worked hard at re-organizing and sanitizing all rooms at the center.

### **Re-opening plans:**

- Staff have consistently worked hard to clean, sanitize, and rearrange the facility in order to provide services for the members wellness and stay COVID-19 compliant.
- Blue Sky was maintaining an average of approximately 80-90 members per day prior to close. Upon reopening, we will allow half-capacity (approximately 40-45) members in the facility at a given time.
- Staff will be on the floor monitoring the safety of our members and to ensure distancing requirements are maintained.
- Tables have been placed six feet apart throughout the facility with four chairs per table to prepare for the centers re-opening.
- Tape will be placed on the sidewalk outside six feet apart to ensure six-foot distance as members are entering the building.
- Decals will be placed throughout the facility every six feet and vinyl stickers have been placed by the hand sanitizer dispensers throughout the facility reminding the members to utilize the hand sanitizer and to maintain social distancing.
- The Big Sky Room will be opened, and four tables will be placed in the room with four chairs per table.
- One table will be removed from the art room, leaving two tables six feet apart with four chairs per table.
- The computer lab will be limited to six people, one at each end of the cubicle which is six feet apart. The other two computer stations in the cubicle will be blocked off for nonuse and the chairs removed.
- Two volunteers will be allowed to work the front counter, one at each end of the counter (six feet apart).
- The center computer in the quiet area will be blocked off for nonuse and only the first computer will be used. (we are awaiting a third computer for that area from IT).
- All groups will be limited to six people seated six feet apart. Two groups will be running simultaneously in order to maintain the six-foot distancing standard and still provide quality services to our members, this includes the art group and computer lab. The groups will be held in the Horizon group room and the Sunset Library.