

Description of Fresno County

Below is some general information about Fresno County that can help frame the needs, efforts and plans to best meet the needs of this diverse and growing community.

Community Snapshot



Fresno County is a large county, the 10th largest by population. The US Census placed of Fresno County's population at 1,022,707 in 2022 per healthfresnocountydata.org. Fresno County lies in the Central Valley of California. It is 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 with a population of 551,624. Other cities in the county 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

Of the 1,022,707 Fresno County residents in 2022 (according to the US Census) Census, 6.9% were children under 5yr of age; 27.6% % were children ages 0-18; 52.6 were adults ages 18-65; and 12.9% were adults ages 65 years and older. The majority of persons in Fresno County are Latino/a (55%). Persons who identified as White only represent 26.7% of the population, Asian/Pacific Islander represent 11.9% of the population, Black represent 5.9% of the population, American Indian/ Alaskan Native represent 3.2% of the population, and those who identified as Multiracial represent 3.4% of the population. There is an almost equal proportion of females (49.7%) and males (50.3%) based on the Census; however, the data does not include persons who identify as non-binary.

Figure 1 shows age and race/ethnicity, and gender of the general population. Sources include the US Census data from July 1, 2022., USAFacts.org, WorldPopulationReview.com and racecounts.org.

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

| Fresno County Population 2021 USAfacts.org | | |
|---|-----------|---------|
| Age Distribution | Number | Percent |
| 0 - 4 | 75,115 | 7.34% |
| 5-14 years | 158,604 | 15.51 |
| 15- 24 years | 148,723 | 14.54 |
| 25-59 years | 502,742 | 49.17 |
| 65+ years | 137,523 | 13.44 |
| Total | 1,022,707 | 100.0% |
| Race/Ethnicity Distribution | Number | Percent |
| Black | 46,678 | 4.56% |
| American Indian/Alaskan Native | 25,753 | 2.52% |
| Asian | 109,382 | 10.7% |
| Native Hawaiian/Pacific Islander | 2,258 | 0.22 % |

| | | |
|-----------------------------|------------------|----------------|
| White | 361,819 | 35.38% |
| Hispanic/Latino | 571,458 | 55.88% |
| Multi-Racial | 173,700 | 16.98 |
| Not Reported/unknown | 81498 | 0.3% |
| Total | 1,027,079 | 100% |
| Gender Distribution | Number | Percent |
| Male | 510,449 | 49.91% |
| Female | 510258 | 50.09% |
| Total | 1,022707 | 100% |

It is estimated that about 44.77% of the population of Fresno County speaks a language other than English at home (healthyfresnocountydata.org). Spanish and Hmong remain the threshold languages in Fresno County (2012 – 2018 American Community Survey). 329,314 residents of Fresno County speak Spanish at home (that is 34.75% an increase from the 2020 census of about 5%). According to data obtained in 2022 by the Fresno Economic Opportunities Commission, Fresno County's poverty rate was at 16% compared to the state rate of 11.8%. Approximately 200,000 of the county's residents live in poverty. Of the 10 counties with the highest number of residents enrolled in Medi-Cal, Fresno is one with 49.9% of residents enrolled in Medi-Cal. According to the California Budget and Policy Center.

System Capacity to Implement Culturally Appropriate Services

For the last several years, Fresno County has conducted an annual Cultural Humility Survey every spring. One of those surveys is focused on the workforce and seeks to assess the cultural responsiveness of the workforce, staff, and volunteers. The last one was completed in Spring of 2023.

Five hundred and fifty-one members of the workforce completed the survey. Of these individuals, 55% were county staff, 43.6% were contract provider staff, and 1.2% were volunteers. Of all staff responding to the survey, 44.1% were direct service/clinical/case management staff, 22.6% were administration/clerical staff who do *not* routinely interact with

persons served, 12.8% were administration/clerical staff who *do* routinely interact with persons served, 14.2% were management staff, 3.8% were peer support, and 2.6% were paid peer staff. Of the 551 individuals who completed the survey, the breakdown of staff by department/program is as follows: 13.1% from Children's Mental Health, 22.5% from Contracts Department (MH/SUD), 14.0% from the Adult System of Care, 9.8% from Administration, 5.6% from Finance/Accounting/Business Office, 9.6% from Managed Care, 3.6% from ISDS/Quality Improvement/Medical Records, 1.8% from Compliance, and 19.8% from the Public Behavioral Health System.

Of these 523 survey respondents who reported their race/ethnicity, 50.3% were Hispanic/Latino, 27.3% were White, 13.6% were Asian, 5.9% were Black, 0.6% were Native Hawaiian or Other Pacific Islanders, 1.7% were American Indian or Alaska Native, 0.4% were Middle Eastern, and 0.2% identified as 'Other.' For the 535 respondents who report their current gender identity, 74.8% identify as Female, 24.3% identify as Male, and 0.9% identify as another gender. Of the 504 reports of sexual orientation, 89.9% of staff identified as heterosexual/Straight, and 10.2% as LGBTQ+.

Of the 551 survey respondents, 242 (43.9%) were bilingual, with 74% of those bilingual staff speaking Spanish, 16% speaking Hmong, 3% speaking Punjabi, and 8% speaking another language. Staff may speak more than one language other than English. Of the 242 bilingual staff, 134 (57.8%) acted as an interpreter as a part of their job function, and 20% of those individuals received bilingual pay. This 2023 data shows a minor improvement from 2022 data and is closer to 2021 data in which 41% of bilingual staff acted as an interpreter as a part of their job function (140/228), and 22% received bilingual pay (48/228). In late summer 2022, the Department received approval to add bilingual certified positions across all divisions and is working to increase the number of staff receiving bilingual pay.

Other survey results show that 61.2% of staff identified as a person with lived Mental Health experience and 72.9% reported having a family member with lived Mental Health experience; 28.3% of staff identified as a person with lived substance use disorder experience and 58.9% reported having a family member with lived substance use disorder experience.

Survey results were also analyzed across the past four years (2020; 2021; 2022; 2023). In

2020, 582 staff completed the survey; in 2021, 494 staff completed the survey; in 2022, 433 staff completed the survey; and in 2023, 551 staff completed the survey. We compared the responses to see how we have improved from 2019 to 2022.

There was an **increase** in the percentage of staff who responded “**Frequently**” to the following two questions from 2020 to 2023:

- *I intervene, in an appropriate manner, when I observe other staff exhibit behaviors that show cultural insensitivity or prejudice. (33% in 2020; 43% in 2023)*
- *I participate in trainings to learn how to best meet the needs of clients and family members from diverse cultures (48% in 2020, 57% in 2023)*

Commitment to Cultural Humility

Fresno County continues to focus on the area of health equity and reducing health disparities. In years past, MHSA has afforded the County opportunities to address community needs and service gaps. Fresno County’s MHSA Plan features several programs which are focused on communities that are disproportionately impacted by disparities.

In April 2021, Fresno County was approved for an Innovation Plan to support three California Reducing Disparities Project (CRDP) Phase II programs—also known as Community Defined Evidence-based Practices (CDEPs). These three programs (Hmong Helping Hands, Sweet Potato Project, and Atención Pláticas) operate under the [CRDP Evolutions](#) Innovation Plan. Fresno County was the first to attempt to bring CDEPs into its system of care.

Fresno County is also investing other efforts to understand and improve health disparities through community engagement. The Department allocated \$584,973 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 provided outreach to the local African American communities; Black, Indigenous, and Persons of Color who are also members of the LGBTQ+ Community; justice-involved persons; Spanish speaking, youth and or other underserved communities.

Fresno County funds a program called the Holistic Wellness Center that is intended to engage BIPOC and other underserved communities in community defined non-clinical approaches. This program was originally implemented as an MHSA innovation project. It has since been sustained

as a PEI program. The Holistic Wellness program provides holistic healing services and activities, with outcome 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 persons seeking service to nontraditional holistic healers within the diverse cultural communities of Fresno County. The same provider operates the Cultural Based Access and Navigation (CBANS) program, which assists individuals from unserved and underserved communities in receiving timely access to culturally appropriate behavioral health services. Fresno County has a Suicide Prevention Initiative for LGBTQ Youth (the Pop Ups) in partnership with the Fresno Economic Opportunities Commission (EOC)'s LGBTQ Center.

Fresno County also has several Full-Service Partnerships (FSPs) that focus on specific cultural populations (the Living Well Center) for the API/Southeast Asian Community, as well as an FSP program specifically for justice/forensic populations. There is a full continuum of care (including FSP services) that focuses on the rural communities (Rural Mental Services) via Turning Point of Central California. Fresno County's rural communities are largely Latino, Spanish speaking and geographically isolated, so a specific program operating in those communities can provide more accessible, responsive care.

In 2023, Fresno County continued to participate in the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM), a statewide project funded by the Mental Health Services Oversight and Accountability Commission which came out of an MHSA Innovation project of Solano County. This is a one-year effort to help support and improve community engagement.

Fresno County has developed easy-to-find webpages in the local threshold languages (www.DBHespanol.com and www.DBHHmoob.com) and MHSA materials ([MHSA Spanish Video](#)) in 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 MHSA 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 MHSA Coordinator to maximize the opportunities provided by MHSA 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 Diversity Equity and Inclusion (DEI) Committee also facilitates an annual systemwide Cultural Humility survey which helps inform plans, needs, and opportunities. Information about efforts to address cultural responsiveness and health equity can be found on the equity page (www.dbhequity.com) and its [Cultural Humility Committee](#) page. The Department has also worked to use linguistically and culturally specific outreach, stigma reduction and awareness efforts.

Workforce Assessment

For this MHSA Annual Update, Fresno County used the most recent survey that was completed for the California Department of Health Care Access and Information (HCAI) for its workforce assessment.

Like most of the Central Valley, Fresno County is ground zero mental health shortage area, which experiences an even greater dearth of psychiatric services than the general populace. This has been reflected in the UCSF Report California's Current and Future Behavioral Health Workforce. Fresno County and the central region have been a mental health shortage area for close to two decades (the problem existed before the pandemic for our system of care). In addition to developing its workforce (as in the County's WET plan) the County seeks to also develop a more diversified, linguistically capable, and bi-cultural workforce that better reflects Fresno's diverse communities.

Community Planning Process

Staff and Training

This Department-wide effort was spearheaded by the Public Behavioral Health division who is tasked with MSHA oversight and planning. The Department uses a dedicated team to support the community planning who are trained on MSHA and have developed rapport with various communities throughout the year with focus groups, events and outreach. The staff who lead the community planning process include a Division Manager/Equity Services Manager, program manager – MSHA Coordinator, senior staff analysts, staff analysts, diversity services coordinator

and program technicians.

All staff who assisted in conducting the community forum are trained on MHSA and the Community Planning Process. A standardized PowerPoint (Appendix A) and informational videos which described each MHSA component are used for staff and public training and overview.

Community Forums

| | DATE | LOCATION | TARGET POPULATION | TIME |
|----------|------------|--------------------------------------|-------------------|------------------|
| 1 | 10/30/2023 | Health and Wellness Center | Open/Public | 5pm to 7pm |
| 2 | 11/08/2023 | Livestream (on Facebook and YouTube) | Open/Public | 12pm to 1pm |
| 3 | 11/08/2023 | West Fresno Regional Center | Open/Public | 5pm to 7pm |
| | 8/1/2023 | Health and Wellness Center | Open/Public | 2pm-5pm |
| | 6/19/2023 | Health and Wellness Center | Open/Public INN | 5:15pm to 6:15pm |

The Department hosted a Community Planning forum at the end of FY 2022-23 focused on Innovation plans, projects, and efforts. This forum was attended by community stakeholders, community-based organizations, and contracted providers.

The Department hosted a MHSA Community forum on August 1, 2023 to address various questions about the status and future of MHSA, with the proposed changes under SB 326. At the time of the forum, the legislation was not finalized and so the information that was presented at the time was based on what had been published and available. The focus was on possible changes to MHSA, new focus and funding priorities, and that the Department would likely not be expanding or adding new services under MHSA until there was a clearer picture of what MHSA would be funding, what would be sustainable, etc.

The uncertainty regarding changes resulting from the passage of Prop 1 and existing funding limitations were key factors in the 2023 Community Planning Process. In addition to the community meetings described above, the Department planned and offered two in-person forums both with Hmong and Spanish interpreters. It also facilitated a virtual livestream event with the recording being available for a month after. The in-person forums were in public venues with parking and accesses after business hours to accommodate public needs. The first forum on

10/30 had limited attendance, and the forum on 11/8 had no attendees. This lack of attendance could be due to several factors, including but not limited to uncertainty related to Prop 1. While these forums had low attendance, the Department offers a variety of other community planning meetings that are detailed this update.

All three MHSA community forum follows the same basic format. First, the presenter provides a brief community training on the Mental Health Services Act (Appendix B). This presentation instructed individuals on the components of MHSA, an overview of MHSA requirements for reporting, and the importance of community engagement. After this presentation, the presenter (and/or interpreters and support staff) leads a conversation to elicit community input on Fresno County's MHSA activities and community needs. The Department provides a staffed resource table at each community forum to assist community members in obtaining appropriate and relevant information about behavioral health services.

The Department attend and participated in several public forums to obtain insights on needs, challenges, and interests of community stakeholders. The Department attended the following community meetings and used feedback and input in efforts to address the needs of

| | the DATE in this plan | EVENT | HOST | LOCATION |
|----|-----------------------|---|---|-----------------|
| 1. | 5/11/2023 | Huron Wellness Townhall (in Spanish) | Leap Institute | Huron, CA |
| 2. | 6/16/2023 | LA Fresno Shared Housing Forum | ILA and Blue Sky Wellness Center | Fresno, CA |
| 3. | 6/30/2023 | BIPOLAR LGBT Training | DBH | Fresno, CA |
| 4. | 7/14/2023 | Building Trauma-Resonsive Networks of Care | Pathways to Resilience | Virtual |
| 5. | 7/28/2023 | California Initiative to Advance Precision Medicine Youth Listening Session | Fresno County, Governor's Office of Planning and Research | Fresno (H&WC) |
| 6. | 7/31/2023 | Creating Common Ground Webinar Series | The Prevention Institute | Virtual |
| 7. | 8/27/23 | FCHIP Virtual Student-Led Health Equity Mini-Conference | FCHIP | Fresno County |
| 8. | 8/29/2023 | San Joaquin Resource Fair | CONFE | San Joaquin, CA |

| | | | | |
|----|------------|-----------------------|---|-----------------|
| 9. | 11/21/2023 | Youth Wellness Summit | City of San Joaquin, Golden Plains Unified | San Joaquin, CA |
|----|------------|-----------------------|---|-----------------|

Promotion

Promotion of the CPP is an important process that ensures members of the community and stakeholders are made aware of, understand, and participate in, the CPP. The CPP was promoted in several different ways in Fresno County.

The Department produced several flyers detailing the information for the community forums happening each month (Appendix C). These flyers were distributed in hard copy, through email, and over social media. The flyers were produced in English, Spanish, and Hmong, and were distributed as part of the community planning process. Fresno County disseminated emails to its contracted providers, community list serves, and community groups with information to participate in the forums. These email efforts extended to over 175 unduplicated individuals who are not county employees, but members of various workgroups and committees, and encouraged them to share the CPP among their organizations and interested stakeholders. These emails included a carbon copy (cc) to the mhsa@fresnocountyca.gov address for documentation of the notifications. The groups included state and regional stakeholders such as United Parents, the Fresno-Madera Community of Care, ACCESS California, The Racial and Ethnic Mental Health Disparities Coalition (REMHDG), California Pan-Ethnic Health Network (CPEHN), Central Valley Urban Institute, and California Mental Health Services Oversight and Accountability Commission (MHSOAC), just to name a few.

The upcoming meetings each month were also posted on www.FresnoMHSA.com to be an easy way for interested residents to find information about upcoming forums.

In 2020, Fresno County DBH created several one-minute introductory videos about MHSA. These videos included information on the CPP process, as well as five short videos on each component of MHSA. These videos have been posted on the Department's website since 2020 to assist individuals and communities in understanding more about MHSA and the CPP to increase participation. A single video was also developed in Spanish and Hmong to allow for additional access for those monolingual populations. The department maintains a vanity URL, www.FresnoMHSA.com, for

the CPP and all things MHSA related with hopes to make it easier to promote the CPP process; learn about MHSA, and access plans and resources. This URL also made it easier for the public to determine local CPP dates, and access CPP surveys (which were translated into the threshold languages of Spanish and Hmong) and available on the county's MHSA page. These links and videos were also shared in emails and postings.

DBH promoted the upcoming CPP at various community and open meetings including the Quality Improvement Committee, the Diversity Equity and Inclusion Committee Meeting, the Behavioral Health Board Meeting, and the Suicide Prevention Collaborative Meetings.

Key Themes from the Community Forums

PUBLIC FORUM THEMES

| RANK | Identified Area of Need |
|------|---|
| 1 | Youth are interested in peer support efforts where youth can support other youth with stress and challenges |
| 2 | Greater youth inclusion in youth mental health needs. |
| 3 | Language Access |
| 4 | Navigational for care/services |

The Department has minimal in-person participation this time. It did have 44 view the virtual - livestream event. Over the seven weeks that the department left the feedback/input session it did not receive any community input of feedback.

It did gain feedback from youth in some of its listening sessions and events, and the focus there was more information on resources, youth peer support and youth voice.

The results of several needs assessments provided feedback and noted challenges in the following areas:

| |
|---|
| Language Access (being able to navigate and or find services that could address the linguistic needs of some). |
| Lack of services for mild to moderate conditions (which included also long wait times) |
| Stigma and the role it still plays in many underserved communities. |
| Navigating the complex behavioral health system (understanding the various facets, perceived costs to care, etc). |
| Youth-led peer support services. |

It should be noted that the Department's overview and presentations do not include a review of existing MHSA programs or services, nor does it redirect conversations or interests on existing services, which would address some of the needs areas identified in some forums and the themes.

Community Needs Surveys

- At the end of FY 2022/23 the Department received a needs assessment which included surveys conducted by Every Neighborhood Partnerships (ENP). ENP focused on mental health needs of Spanish speaking parents. The needs assessment included responses from 284 different persons.
- The Department conducted a survey with youth at its San Joaquin youth wellness event. This survey ([report here](#)) identified 37 Latino Youth from a rural community. The findings included the need to raise awareness about behavioral health, increase youth capacity to advocate for themselves and others, expand county efforts to increase awareness about social, emotional, and environmental wellness. There were recommendations for more opportunities for youth volunteers in the wellness work in community settings and in planning and development of care. Lastly, youth expressed a desire for the Department to promote culturally and linguistically appropriate mental health services and cultural and language access are seen as challenges.
- While not directly a part of the MHSA Community Planning, the Department received a report that was completed in December of 2023 of a community needs assessment. 67 (of 76) Resident Council members participated in the surveying (which is included in the final [report](#)). Of those participants 20 were youth and 47 adults. The work also included focus groups and discussions. These needs assessments also identified language access, culturally responsive care, stigma and mental health literacy as challenges.

Other Community Input

To preserve equitable access in the Community Planning Process, the Department did not conduct individual meetings or interviews with any stakeholders. All stakeholders were invited to submit written comments to mhsa@fresnocountyca.gov. However, in this annual update no comments or responses were received.

Incorporation of Stakeholder Input

The Department strives to elicit stakeholder input during Community Planning Process (CPP), 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. Due to the low in-person turnouts and receiving no public comments, questions, surveys, this opportunity for community input was limited.

The uncertainty of Prop 1 is believed to have been a factor in limiting participation due to the unknown changes that may occur to MHSA as it currently exists.

Mental Health Policy

Prior to the kick of MHSA CPP for the AU, the Department hosted informational community meeting to update community members about the status of several bills that could affect the implementation of MHSA funds, the most prominent of which was SB 326 (Prop 1) on August 1, 2023. The Department shared information available at the time of the forum.

Program Planning and Implementation

Needs assessments conducted in 2022-23 and late 2023 identified navigating the behavioral health system as a challenge for individuals who seek care. The Department continues to pursue several strategies to incorporate this feedback, including the creation of population-specific systems of care. The Department also funds several different navigation resources that will be department areas of focus during this current plan cycle. Some needs assessment respondents noted challenges with navigation for mild to moderate needs and care.

Program Monitoring and Quality Improvement

Fresno County stakeholders participate in program monitoring and quality improvement in a variety of ways, including but not limited to Behavioral Health Board site visits, Consumer Satisfaction Surveys, annual cultural humility survey, stakeholder input during program evaluations, focus groups (such as with the FSP Evaluation) and of course, the Community Planning Process.

Evaluation

Many stakeholder conversations included discussion on the value of community-driven services and culturally responsive services. The Department is committed to providing community-defined practices which necessitates the use of new evaluation techniques.

Throughout the course of the 2023-2026 Three-Year Plan, the Department will work with the participants in its community-defined programs to identify methods of evaluation that complement traditional evaluation practices and accurately represent programmatic outcomes.

Budget Allocation

The Department has carefully monitored MHSA funding projections during the development of this plan and plans to balance the use of one-time funds with principles of sustainability. One-time funds may be used for long-lasting investments into capital projects or as assistance for providers to seamlessly adopt payment reform. Meanwhile, the Department has planned to sustain all existing services while simultaneously supplementing cultural services and streamlining system navigation. All these ideas were discussed during the 2023 Community Planning Process.

Circulation of Annual Update

At the time of writing, the Department intends to post this three-year plan for 30-day public comment from mid-February through mid-March 2024. A public hearing is planned for the Behavioral Health Board meeting on March 19, 2024.

The County's Follow-Up Sessions will begin just after the posting of the annual update and are intended to educate stakeholders about the structure of the annual update, inform stakeholders of changes to the plan, and provide information regarding the 30-day public comment session and Public Hearing.

Summary of Program Changes

Prevention and Early Intervention (PEI)

The Department is anticipating a loss in PEI revenue for the 2024-2025 fiscal year. The Department is committed to honoring the PEI needs set forth by the community in the 2023-2026 Three-Year Plan, including, but not limited to, culturally specific services and services provided by trusted community partners. To this end, the Department has taken steps to allocate funding in such a way that all existing PEI programs may continue operating.

- Removed the Perinatal Wellness Program from the PEI funding component.

This valuable early intervention program has shown continued success in billing Medi-Cal for all eligible services. As MHSA is the funding source of last resort, the Department feels confident

in removing this program from the MHSA plan. While this program will no longer be included in the MHSA plan, it will continue all operations with no interruption to individuals receiving services. Non-billable services will be supported by Realignment funds when necessary.

- Modified the budget and operations of the Prevention Services to Schools

The Fresno County Superintendent of Schools (FCSS) has successfully rolled out the All 4 Youth program across Fresno County. Early implementation activities included training school staff and funding school-wide prevention campaigns. Now that this program is fully functional, MHSA PEI funds will be used solely for providing Early Intervention services in schools. The project's budget has been reduced to reflect the shift from providing services from three PEI sub-components to solely providing services from the Early Intervention subcomponent. Additionally, the Department is working with the partner agency to improve and increase billable services under CalAIM as the system of care moves to a fee for service model and away from a cost-reimbursement model.

- Modified the budget for the DBH Communication Plan

For the last several years, the Department has invested in professional support, technical assistance and training to increase its capacity for marketing and communication. This new internal capacity has allowed for a reduction in the DBH Communication Plan budget after the conclusion of a large agreement with an external marketing firm. More than half the work will now be performed internally, resulting in cost savings.

- Statewide PEI: The Department plans to make this the final year of allocating funds to the Statewide PEI efforts managed by its joint power's authority CalMHSA. Those changes are intended to reduce costs and some of the work previously provided by CalMHSA through the Statewide PEI can be conducted internally.
- An assessment will be made of all PEI funded services with a focus on costs, budgets and where there can be cost savings, and increase in billable services. This may include changes to current program budgets, including reductions as impacted by changed to PEI revenues.

Community Supports and Services (CSS)

The Department continues to address the community priority of increasing the ease of accessing services. One strategy being used to meet this goal is the creation of service continuums that allow individuals to move seamlessly between levels of care without requiring transfer to another provider.

Several of these continuums have been created for populations already served by FSPs; lower level services may or may not be funded with MHSA depending on the needs of the county. All services funded by MHSA CSS funds are indicated in the CSS section of this Annual Update.

Continuums that will be in operation for FY 2024-2025 include:

- Rural Mental Health Services (existing continuum)
- Forensic Mental Health Services (existing continuum)
- Culturally Specific Mental Health Services (existing continuum)
- Children's Continuum of Care (new – FSP, Intensive Case Management, and Outpatient Care)

The County will seek to identify specific costs, efforts and outcomes related to the outreach, engagement, and retention of persons served by FSPs. The Department will work with providers to identify specific costs, best practices, and documentation for improved FSP outreach, engagement, and retention. One of the ideas being examined in addition to specific costs is incentive based reimbursement for effective outreach, engagement, and retention in the coming year. This may use additional CSS allocation to support this function, and to have it as a stand along activity supporting FSPs, and not bundled under an FSP.

The county will also be working for ways to separate the housing costs and supports in its FSP and continuums of care so to better identify costs, support planning, develop outcomes, and monitor care and capacity.

Innovation (INN)

| Current Innovations (as of March 2024) | Status |
|---|--|
| Statewide FSP Evaluation | Completed |
| Psychiatric Advance Directive | Active |
| The Lodge | Active; Extension approved |
| Handle With Care Plus+ | Active |
| Suicide Prevention Follow-up Call Program | Active |
| Project Ridewell | Not Active |
| INN-Community Planning Process | Active |
| CRDP Evolutions | Active |
| Allcove | Proposed concept paper for MHSOAC review |
| Justice-involved Youth Research Project | Approved; in procurement |

Innovation Plans and Annual Updates are available at fresnomhsa.com.

In this annual update the Department is identifying its intent to join the Phase II of the Psychiatric

Advance Directive. The County was the initial participating in this statewide project and would like to see the project through to completion in the second phase after it has invested time and funding into the first phase. The second phase will be focused on implementation and assessing effectiveness.

The County is also seeking a two-year extension with \$2.74 million dollars of new funding for the CRDP Evolutions with the additional learning goal of how the programs can either bill Medi-Cal for services or adaptations to the service model that can allow it to be aligned as early intervention program. The initial goal of the project (to transition these three-community defined project to PEI is not viable with the anticipated changes with Prop 1). Thus, an extension with specific technical assistance to examine new sustainable models has been proposed.

Currently the Department, through the CCP is examining some type of youth focused youth involved service. The Allcove model, while ideal, does not seem to be a suitable model for Fresno County at this time, and thus work is being done to address the needs and feedback of youth, for youth focused, youth lead services, including some type of youth/student peer to peer services.

The County is working through its Innovation Community Planning Plan to identify a few possible innovation ideas, that would focus on community defined evidence practices or demonstration projects to address health disparities. The county had received ideas for other possible innovation ideas, which would be discussed if viable in specific INN focused community forums.

Workforce Education and Training (WET)

The Department has several activities funded through the WET plan and WET funding. These are primarily focused on annual workforce training and development, which included an array of training opportunities, internships, and professional development. The proposed annual budget for WET activities will not change. Some trainings may be modified, but the overall goals and allocation will remain the same.

A small portion of the work is the oversight and administration of the WET efforts. This will not change.

The Department is part of the regional WET initiative that works to develop the workforce through career pathways promotion, growth through scholarships tuition repayment, and some

possible retention efforts. While there are no changes to this, plan, the Department will continue to examine ways to promote the opportunities for career development, scholarships, and tuition reimbursement, including more opportunities for professional peer development

Capital Facilities and Technology Needs (CFTN)

The Department intends to move the maximum allowable CSS funds to CFTN to support continued EHR and data needs, as well as support several current capital projects, including the Olive Building and Psychiatric Health Facilities. The Department will continue to investigate capital needs related to expansion of care facilities for additional conservatorship cases it anticipates with passage of Senate Bill 43.

Summary and Analysis of Substantive Comments

An analysis of substantive recommendations and changes is included in the Public Posting and Comment section of this document (Appendix D). Comments were accepted verbally and in writing during the community planning process. Stakeholders are invited to submit comments to the MHSA email box mhsa@fresnocountyca.gov during the 30-day public posting period.

The Department will host virtual Follow Up Sessions to inform the public of the posting, where to find it, highlight sections with any changes, and review ways they can provide comment and feedback. This will be recorded and so it will be available for stakeholders to also view at their own convenience in addition to a live presentation.

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. Stakeholders are invited to learn more about the MHSA process through the videos posted at fresnomhsa.com.

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).

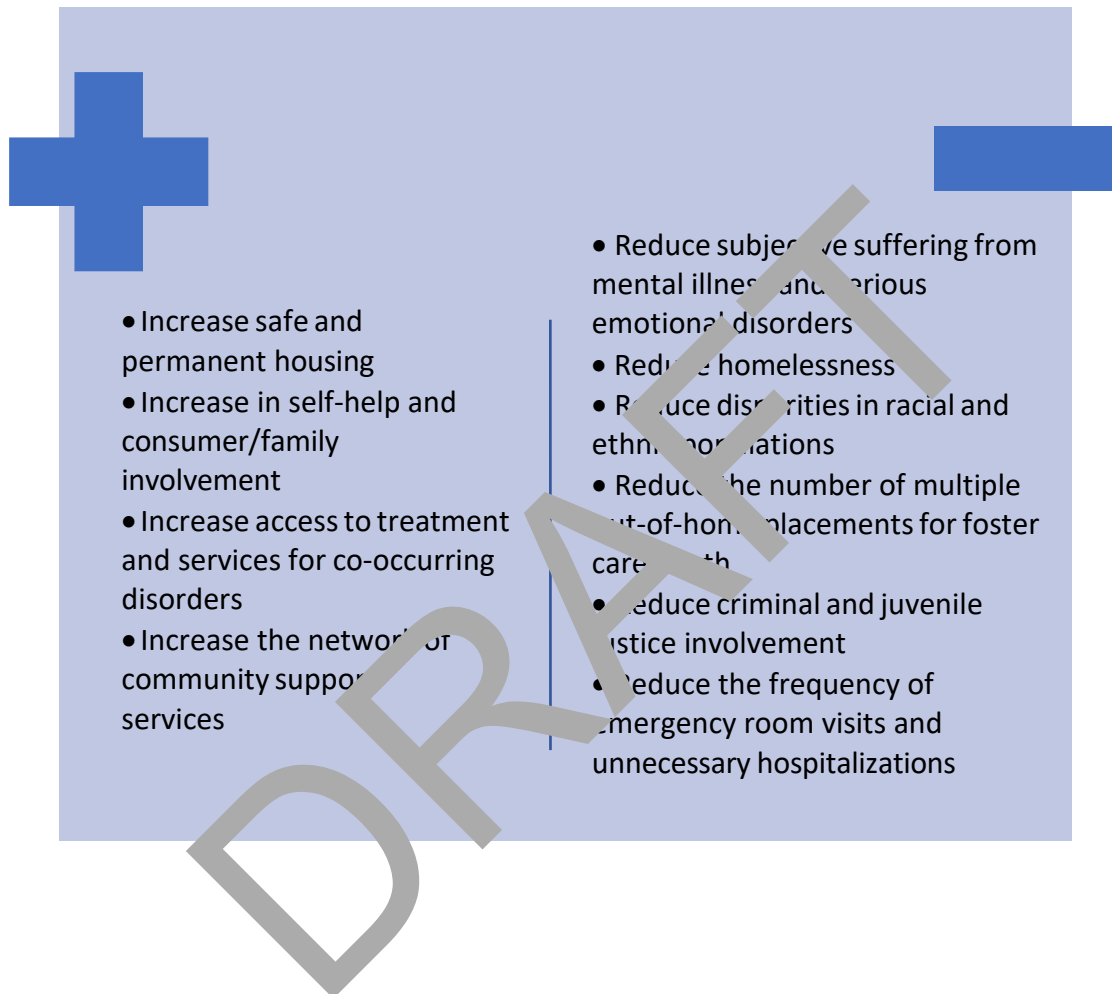
Fresno County provides a complete continuum of care for several specific populations and the

wider community.

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.

CSS Goals and Outcomes



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.

Fresno County completed work as part of a statewide FSP Evaluation. The findings of this evaluation included opportunities to improve coordination, outcomes, and oversight to improve FSP programs locally. The Department continues to work to implement those recommendations with current FSP programs and to improve program designs in upcoming RFP and contracting cycles.

As part of the CalAIM payment reform effort, the FSP and Continuum of Care have been changed from a cost-reimbursement model to fee for services, with the goal to increase revenues by maximizing Medi-Cal billing and maximizing the MSHF funded components for non-billable care. To support this change, more services have been expanded to continuums of care rather than solely FSP allowing for persons to be served at the level needed at that time, expand access to care and make services for financially viable.

| Program Name | Ages Served | Projected numbers to be Served |
|---|-------------|--------------------------------|
| Adult Full Service Partnership | 18+ | 540 |
| Children & Youth Juvenile Justice Services - ACT | 10 – 18 | 200 |
| Children's Full-Service Partnership | 0 - 10 | 475 |
| Co-occurring Disorders Full Service Partnership | 18+ | 90 |
| Cultural Specific Services Full Service Partnership | | 50 |
| Enhanced Rural Services Full Service Partnership | All ages | 225 |
| Forensic Behavioral Health Full Service Partnership | | |
| Transition Age Youth Services and Support (TSP) | 16 – 25 | 150 |

MHSA 3YP 23-26 Budget Numbers
Full-Service Partnership

| Program Name 2020-2023 | Component | FY 21/22 BUD | FY 22/23 BUD | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|---|-----------|-------------------|-------------------|-------------------|-------------------|-------------------|
| AB 109 Full Service Partnership | CSS | 487,008 | 487,008 | - | - | - |
| Adult Assertive Community Treatment | CSS | - | - | - | - | - |
| Children & Youth Juvenile Justice Services - ACT | CSS | 981,921 | 981,921 | 981,921 | 981,921 | 981,921 |
| Children's Full Service Partnership (FSP) SP 0-10 Years | CSS | 2,097,353 | 2,097,353 | 2,097,353 | 2,097,353 | 2,097,353 |
| Co-Occurring Disorders Full Service Partnership (FSP) | CSS | 771,558 | 771,558 | 771,558 | 771,558 | 771,558 |
| Enhanced Rural Services-Full Services Partnership (FSP) | CSS | 1,269,425 | 1,350,529 | 1,350,529 | 1,350,529 | 1,350,529 |
| Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP) | CSS | 677,688 | 677,688 | 677,688 | 677,688 | 677,688 |
| Adult Full Service Partnership | CSS | 9,984,398 | 9,984,160 | 9,984,160 | 9,984,160 | 9,984,160 |
| Cultural Specific Services - FSP | CSS | 258,960 | 258,960 | 258,960 | 258,960 | 258,960 |
| AB1810 - FSP/ACT | CSS | 576,775 | 720,455 | - | - | - |
| Forensic Behavioral Health Continuum of Care - FSP | CSS | - | - | 1,207,463 | 1,207,463 | 1,207,463 |
| | | 17,007,084 | 17,329,632 | 17,329,632 | 17,329,632 | 17,329,632 |

COMMUNITY SERVICES and SUPPORTS

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

Status of Project: Expired

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: **As of FY 2022-2023, this project has been moved to the Forensic Full Service Partnership. **
 The AB109 FSP program provided services to justice-involved populations such as AB109 post-release adults, age 18 and older, who have a serious mental illness (SMI). As an FSP program, the program used a “whatever-it-takes” model that works towards ending homelessness, frequent hospitalizations, and/or incarcerations by providing care services focused on recovery. Services were delivered in the metropolitan area at both clinic and community locations. The program served a capacity of 105 individuals at any given time.

Project Update FY 2021-2022:

Turning Point continued to provide comprehensive mental health, housing, and community supports to justice involved adults with the goal of supporting the person served in recovery and self-sufficiency. The program provides multi-level services directed towards the individual needs of those in the program. Services and supports include assessment, therapy, medication support, personal service coordination, crisis management, rehabilitation services, employment and education, advocacy, and linkage to community resources. Additional support includes any direct assistance necessary to ensure that persons served obtain the basic necessities of daily life, such as food, clothing, transportation, housing, personal hygiene, medical services, and other financial support.

The program has worked with the Community Corrections Partnership (CCP) by providing quarterly statistics as requested. These statistics included the number of mental health referrals and the number of mental health encounters.

FY 2021-2022 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|--------|
| African American | 28 |
| Asian/Pacific Islander | 6 |
| Caucasian | 33 |
| Latino | 61 |
| Native American | 0 |
| Other | 61 |
| Unreported | 3 |
| Total Number Served | |

| Ages Served* | Served |
|---|------------|
| <input type="checkbox"/> 0-15 | |
| <input checked="" type="checkbox"/> 16-24 | 15 |
| <input checked="" type="checkbox"/> 25-64 | 111 |
| <input checked="" type="checkbox"/> 65+ | 6 |
| Total Number Served | 131 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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 recovery residences (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. The restriction to access is greater for those who may have exhibited behavioral challenges while receiving treatment in the past. COVID-19 had further restricted access to Substance Use Inpatient facilities as participants in these programs tested positive causing these programs to cease accepting new referrals for long durations of time. Employment and Education continued 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.

Proposed Project Changes 2024-2025:

The contract for this program ended on June 30, 2022. A new contract approved on June 21, 2022. These services are now reported in the Forensic Behavioral Health FSP/ACT program.

DRAFT

COMMUNITY SERVICES and SUPPORTS

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

Status of Project: Expired

Project Name: AB1810 PreTrial Diversion FSP/ACT
Project Identifier(s): 074 **Avatar:** 4331 **PeopleSoft:** 4331
Provider(s): Turning Point of Central California, Inc. (A20-341)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** March 15, 2021
Project Overview: **This program has expired and these services are now rendered in the Forensic Behavioral Health FSP/ACT program. **
 AB1810 pre-trial jail diversion opportunity into community-based treatment program and wraparound services for justice-involved adults with serious mental illness and housing challenges, who committed certain felony or misdemeanor crime in Fresno County as a result of their untreated behavioral health diagnosis and are not a significant risk to public safety. This continuum of care program is comprised of five levels: assertive community treatment (ACT), full service partnership (FSP), intensive case management (ICM), outpatient (OP) and outreach and engagement (OE). Program capacity is expected to ramp up from 30 to a maximum of 75 as eligible and suitable Mental Health Diversion Court referrals are processed.

Project Update 2020-2021:

A three-year contract was executed with Turning Point effective September 22, 2020, for a pilot continuum of care program. Due to funding limitations and unknown referral volume of persons meeting program eligibility, the contract term was aligned with available AB1810 pretrial felony diversion funding from a Department of State Hospitals (DSH) grant ending June 30, 2023. DSH funds are limited to incompetent to stand trial or likely to be incompetent to stand trial individuals charged with certain felonies and diagnoses. The pilot expands on the DSH funds to serve more eligible and suitable mental health diversion participants.

FY 2020-2021 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|-----------|
| African American | 6 |
| Asian/Pacific Islander | |
| Caucasian | 2 |
| Latino | 13 |
| Native American | |
| Other | |
| Unreported | 1 |
| Total Number Served | 22 |

| Ages Served* | Served |
|---|-----------|
| <input type="checkbox"/> 0-15 | |
| <input type="checkbox"/> 16-24 | |
| <input checked="" type="checkbox"/> 25-64 | 21 |
| <input checked="" type="checkbox"/> 65+ | 1 |
| Unreported | |
| Total Number Served | 22 |

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

Performance Outcomes: fresnoMHSA.com/outcomes

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

The parameters set by DSH for funding eligibility, including a limited set of mental health diagnoses, remain a barrier for some individuals to enter the program. While many referrals are received, the incompetent to stand trial or likely to be incompetent to stand trial requirements makes the majority of referrals ineligible for participation. Turning Point and the DBH Mental Health Diversion Court Liaison continue to collaborate with justice partners and review mental health diversion court applicants in advance to determine eligibility.

and suitability. Housing participants is becoming increasingly challenging, as some participants have serious charges and/or co-occurring substance use disorders. Often supportive transitional housing is needed for the individual while transitioning from the jail to community environment. Transitional housing slots are limited and only available to persons placed on pre-trial community supervision under Probation.

Proposed Project Changes 2023-2024:

This agreement expired on 6/30/2023. These services are now rendered in the Forensic Behavioral Health FSP/ACT project.

DRAFT

COMMUNITY SERVICES and SUPPORTS

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

Status of Project: Keep

Project Name: Adult Full-Service Partnership (FSP)
Project Identifier(s): 058 **EHR:** 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.
Mental Health Systems, Inc.
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** July 1, 2020
Project Overview: The Adult FSP Master Agreement (20-216; 23-287) includes programs that provide intensive based outpatient mental health and co-occurring, and supportive housing services to adults residing in Fresno County. Program objectives and goals include the prevention and reduction of psychiatric hospitalizations, incarcerations, homelessness, and medical hospitalizations; increase in frequency of time spent in educational or employment settings; and provide services and skills helping to achieve a level of recovery and stability that will allow transitions to the least restrictive levels of care.

Project Update FY 2021-2022:

The Adult FSP Master Agreement now includes three separate FSP sites providing Full-Service Partnership (FSP) program services for up to 180 adults ages 18-59 in the community per site with the ability and capacity to serve up to 540 persons served total combined at Vista, Sunrise and D.A.R.T West FSP sites.

The Turning Point Vista program, FSP site #1, continued to provide FSP services to their persons served after being transition to a 180 capacity FSP site. Effective 7/1/2021, they were serving 170 out of 180 possible persons served. Vista continued to provide recovery-oriented intensive outpatient mental health services that provide individuals served with opportunities to utilize their strengths and abilities to gain independence and self-sufficiency in the community.

The Turning Point Sunrise program, FSP site #2, began providing FSP services to a capacity of up to 180 persons served on 10/1/2020. Effective 7/1/2021, they were also serving on average 170 persons served. Both Vista and Sunrise sites provide services based on the Assertive Community Treatment model and utilize several evidence-based interventions including: Cognitive Behavioral Therapeutic (CBT) interventions, Harm Reduction, Integrated Dual Disorder Treatment, Mental Health First Aid, Motivational Interviewing techniques, Trauma-Informed Care, Trauma-Focused CBT, Changing Offender Behavior/Courage to Change: Cognitive-Behavioral Curriculum, Recognizing and Responding to Suicidal Risks (RRSR), and Wellness & Recovery Action Planning (WRAP).

The Mental Health Systems/TURN Behavioral Health Services Dare to Achieve Recovery Together (D.A.R.T.) West program, FSP site #3, also began providing FSP services to a capacity of up to 180 persons served on 10/1/2020. Effective 7/1/2021, D.A.R.T. West was providing services on average to 135 persons served. D.A.R.T. West employs several evidence-based approaches and best practices shown to be effective with this target population. Staff have participated in a number of evidenced-based and evidence-informed practice training during the reporting period including: Motivational Interviewing; "Housing First" Model and linkage to permanent supportive housing; Harm Reduction Model; Integrated Dual Diagnosis

Treatment; Common Ground and Deegan's Intentional Care Performance Standards; Cognitive Behavioral Therapy (CBT); Cognitive Behavioral Therapy for Psychosis (CBTP); Dialectical Behavior Therapy (DBT); Trauma Focused CBT; Cognitive Behavioral Social Skills Training (CBSST); ASAM SUD Assessments; Living Skills Practical Guidance; 'Living in Balance: Moving from a Life of Addiction to a Life of Recovery'; Criminal and Addictive Thinking; Medication Management and Medication Assisted Treatment; Supported Employment; and SSI/SSDI Outreach, and Access, and Recovery (SOAR).

Across all three FSP program sites, the target population includes adults residing in Fresno County who meet the criteria for having a serious mental illness and meet one of more of the following criteria: homelessness; at risk of homelessness; involvement in the criminal justice system; frequent users of hospitals and/or emergency room services. Due to the continuing COVID-19 Pandemic the programs have needed to adapt as services shifted heavily towards telehealth and the programs continues to make the adjustments necessary to successfully provides services to the target population that may not always be easily reached by the usual avenues.

In FY 2021-22, the total number of persons served totaled 584 unique persons served (DART West FSP: 153, Sunrise FSP: 211 and Vista FSP: 220).

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served | Age Served* | Served |
|------------------------|--------|--|--------|
| African American | 118 | <input type="checkbox"/> 18-24 | 0 |
| Asian/Pacific Islander | 34 | <input checked="" type="checkbox"/> 18-24 | 5 |
| Caucasian | 198 | <input checked="" type="checkbox"/> 25-64 | 557 |
| Latino | 203 | <input checked="" type="checkbox"/> 65+ | 22 |
| Native American | 0 | Unreported | 0 |
| Other | 7 | Total Number Served | 584 |
| Unreported | 16 | *Due to project requirements, there may be specific age guidelines | |
| Total Number Served | 584 | | |

Performance Outcomes: fresnomhsa.com/outcomes

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

The COVID-19 pandemic continued to challenge the FSPs during FY 2021-22. The programs continued to struggle with not being able to provide services in office due to the COVID-19 Public Health Emergency. In addition, they struggled with staff members and persons served getting sick during the Pandemic which caused barriers to services being provided. The FSP programs implemented strategies to continue providing services and helping staff remain healthy including increased telehealth services provided to FSP persons served. FSP programs also followed the Public Health guidelines and coordinated regularly with Public Health when COVID-19 affected their staff directly. FSP programs utilized required mask mandates and had staff members utilizing personal protective equipment (PPE) to minimize COVID-19 exposure.

Proposed Project Changes FY 2024-2025:

There are discussions of possible expansion to a Continuum of Care for each FSP site.

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 **EHR:** 4323 **PeopleSoft:** 4323
Provider(s): Pacific Clinics A22-342 (Previously Uplift Family Services A18-689)
Approval Date: Historical
Start Dates: January 1, 2019 **Anticipated:** N/A **Actual:** August 25, 2009
Project Overview: This program is available to youth, ages 10-18 years old, and their families. The ACT program is centered on a small staff-to-child ratio to provide multiple contacts per week, dependent upon youth need and a mutually agreed upon treatment plan between youth and program staff. Services are provided in the home, community, and educational locations, whichever is most comfortable for the youth and family. Additionally, services shall be provided to families as necessary, to optimize the youth's ability to reach wellness and recovery. The youth must be between the ages of 10 and 18 years old and must have a serious emotional disturbance (SED) and at least one diagnosis from the current Diagnostic and Statistical Manual of Mental Disorders (DSM).

Project Update FY 2021-2022:

Historical workforce challenges in the region were further impacted by workforce changes during the COVID-19 pandemic, which impacted program capacity across the Fresno County system of care. The program saw an increase in referrals at the end of 2021 due to youth coping with COVID-19 stay at home orders. Services were shifted to telehealth.

In person services are now being offered again, in accordance with COVID-19 protocols.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|------------|
| African American | 18 |
| Asian/Pacific Islander | 4 |
| Caucasian | 53 |
| Latino | 98 |
| Native American | 1 |
| Other | 25 |
| Unreported | 2 |
| Total Number Served | 201 |

| Ages Served* | Served |
|---|------------|
| <input checked="" type="checkbox"/> 0-15 | 145 |
| <input checked="" type="checkbox"/> 16-25 | 50 |
| <input checked="" type="checkbox"/> 26-59 | 4 |
| <input checked="" type="checkbox"/> 60+ | 2 |
| Unreported | 0 |
| Total Number Served | 201 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

An Amendment for salary increases to direct staff was approved to aid in staff retention efforts.

In FY 22/23 a new referral process was implemented with strict expectations for response time, ensuring youth have timely access to services.

Proposed Project Changes FY 2023-2024:

The current contract was set to expire June 30, 2023 but was extended for two years to meet new DHCS CalAIM requirements. The provider has requested to amend this contract to include ICM and OP level of services so they can provide a continuum of care to youth ages 10-18.

DRAFT

COMMUNITY SERVICES and SUPPORTSFull-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 **EHR:** 4320 **PeopleSoft:** 4320

Provider(s): Comprehensive Youth Services, Exceptional Parents Unlimited, Pacific Clinics A-23-276 (Previously 18-366, A-22-342)

Approval Date: Historical

Start Dates: **Anticipated:** N/A **Actual:** September 1, 2007

Project Overview: This program is a Full-Service Partnership (FSP) program that is available to individuals and their families 24 hours a day, seven days a week. Services are provided to children and their families who are unable to maintain their school settings, families affected by substance abuse issues, children who are exhibiting extreme behaviors at school, and at-risk children discharged from the County's Crisis Stabilization Unit. The child must meet at least one of the following criteria:

- Have a substantial impairment in at least two of the following as the result of a mental disorder or severe emotional disturbance: self-care, school functioning, family relationships, and ability to function in the community. The child must be at risk of or already removed from the home, or the mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.
- Displays psychotic features, is at risk of suicide, and/or is at risk of violence to a mental disorder or severe emotional disturbance.
- Meets special education eligibility requirements under Chapter 26.5 of the Government Code.

Project Update FY 2021-2022:

Historical workforce challenges in the region were further impacted by workforce changes during the COVID-19 pandemic, which impacted program capacity across the Fresno County system of care. The program saw an increase in referrals at the end of 2021 due to youth coping with COVID-19 stay at home orders. Services were shifted to telehealth.

In person services are now being offered again as COVID-19 protocols allow.

FY 2021-2022 – Unique Individuals

| Ethnicity | Served |
|----------------------------|------------|
| African American | 30 |
| Asian/Pacific Islander | 7 |
| Caucasian | 66 |
| Latino | 266 |
| Native American | 5 |
| Other | 103 |
| Unreported | 20 |
| Total Number Served | 497 |

| Ages Served* | Served |
|--|------------|
| <input checked="" type="checkbox"/> 0-15 | 497 |
| <input type="checkbox"/> 16-25 | 0 |
| <input type="checkbox"/> 26-59 | 0 |
| <input type="checkbox"/> 60+ | 0 |
| Unreported | 0 |
| Total Number Served | 497 |

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

Performance Outcomes: fresnoMHSA.com/outcomes

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

Lengthy wait lists and Staff retention were major barriers to the program. An Amendment for salary increases to direct staff was approved to aid in staff retention efforts. Lengthy wait lists are expected to improve as staffing improves.

In FY 22/23 a new referral process was implemented with strict expectations for response time, ensuring youth have timely access to services.

Proposed Project Changes FY 2024-2025:

The contract was set to expire June 30, 2023 but was extended for two years to meet new DHCS CalAIM requirements. During contract development meetings, a shift from only FSP level services to a continuum of care was suggested.

With approval from the Executive team and the Board of Supervisors, the contract was amended in September 2023 to become a continuum of care. All three providers now offer FSP, ICM, and OP level services.

DRAFT

16COMMUNITY SERVICES and SUPPORTSFull-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: 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 three substance abuse residential beds.

Project Update FY 2021-2022:

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 include substance abuse services to make it a true co-occurring disorders program. The program began serving individuals with substance abuse disorders in October 2021.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served | Ages Served* | Served |
|----------------------------|------------|---|------------|
| African American | 22 | <input type="checkbox"/> 0-15 | 0 |
| Asian/Pacific Islander | 1 | <input type="checkbox"/> 16-25 | 0 |
| Caucasian | 5 | <input checked="" type="checkbox"/> 26-59 | 115 |
| Latino | 5 | <input checked="" type="checkbox"/> 60+ | 19 |
| Native American | 1 | Unreported | 0 |
| Other | 2 | Total Number Served | 134 |
| Unreported | 7 | *Due to project requirements, there may be specific age guidelines. | |
| Total Number Served | 134 | | |

Performance Outcomes: fresnoMHS.com/outcomes**Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?**

Barriers include difficulty securing housing options for persons served and connecting them with long-term housing options, which allows for stability and increased participation in treatment as our staff are better able to locate the persons served.

Proposed Project Changes FY 2024-2025:

The agreement was set to end June 30, 2023 but was renewed June 20, 2023 for an additional 12 months and an additional optional 12-month period.

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) (A23-285)
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. Services are provided primarily within the greater Fresno Metro area, but also within rural Fresno County. The target number of individuals served within the fiscal year is a minimum of 30 SEA persons for the FSP program.

Project Update FY 2021-2022:

In Fiscal Year 2021-2022, LWC was able to increase their program census and successfully meet their program goals. LWC was able to assist the individuals served from being homeless, nor seeking a higher level of care. LWC was able to successfully complete individual service plans (ISP) with all their individuals in a timely manner. LWC was also able to successfully identify that each individual served has a primary care physician (PCP) or was linked to a PCP. A satisfaction survey was developed by LWC for their target population, and it provided positive feedback about the individuals experience with the program and their own outcomes. A majority reported having improved coping skills and overall wellness.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|-----------|
| African American | 0 |
| Asian/Pacific Islander | 37 |
| Caucasian | 0 |
| Latino | 0 |
| Native American | 0 |
| Other | 0 |
| Unreported | 0 |
| Total Number Served | 37 |

| Ages Served* | Served |
|---|-----------|
| <input type="checkbox"/> 0-15 | 0 |
| <input checked="" type="checkbox"/> 16-24 | 2 |
| <input checked="" type="checkbox"/> 25-64 | 24 |
| <input checked="" type="checkbox"/> 65+ | 9 |
| Unreported | 2 |
| Total Number Served | 37 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

Ongoing barriers continue to be lack of transportation, cultural stigma, and lack of knowledge of Department of Behavioral Health's full system of care resources. LWC will work with persons served to meet them where they are and research the community's resources to best serve the target population. Additionally, since LWC is pioneering new mental health treatments with their programs, it often leads to

difficulty with acquiring culturally linguistic and appropriate tools/assessments/survey readily available for the population. However, LWC invites the challenges of developing new tools and is excited to pioneer potential accredited tools for this population.

Proposed Project Changes FY 2024-2025:

The agreement will incorporate Cal AIM initiative including payment reform.

DRAFT

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 **EHR:** 4529 **PeopleSoft:** 4529
Provider(s): Turning Point (A-23-274, A-18-327)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 1, 2008
Project Overview: Enhanced Rural Services FSP or Rural Mental Health (RMH) FSP clinics provide outpatient based mental health and psychiatric services to the adult, children, adolescents, and older adult populations. Services are provided to individuals living with severe mental health and co-occurring conditions in rural Fresno County areas including Pinedale, Reedley, Selma, Kerman, Coalinga, Mendota, Huron, and Sanger. RMH FSP provides comprehensive mental health services, including housing and community supports, to Fresno County persons served with a serious mental illness at each clinic depending on each individual's level of need including personal service coordination, medications, housing through treatment plans for adults with serious and persistent mental illness and children with severe emotional disturbance.

Project Update FY 2021-2022:

The RMH program continues to serve above the number of expected unique individuals served annually in the FSP programs. The program increased the total number served by 12% from the year prior. During the past fiscal year, the program has prevented and significantly reduced the number of FSP individuals served experiencing psychiatric hospitalizations, incarceration, homelessness, and medical or emergency room visits post program enrollment. The program observed positive recovery trends and movement towards improved levels of functioning as evidenced by the Reaching Recovery measurement scales. A high percentage of individuals also perceived themselves as achieving positive movement towards recovery goals. The program saw a decrease in program costs due to staffing shortages for several months. The program successfully operated within budgeted parameters. Although overall program improvements to providing timely access of services have been made, some of our most rural clinic locations have struggled to meet the established goals. Staff retention and recruiting challenges were the primary cause for delayed assessment and psychiatric appointments. With the restructuring of competitive salary classes and added incentives such as flexible scheduling, we expect to improve staff recruitment and retention rates and in turn reduce the wait times for first assessment and psychiatric appointments during the next evaluation period.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|------------|
| African American | 4 |
| Asian/Pacific Islander | 4 |
| Caucasian | 38 |
| Latino | 143 |
| Native American | 1 |
| Other | 3 |
| Unreported | 6 |
| Total Number Served | 199 |

| Ages Served* | Served |
|---|------------|
| <input checked="" type="checkbox"/> 0-15 | 36 |
| <input checked="" type="checkbox"/> 16-24 | 43 |
| <input checked="" type="checkbox"/> 25-64 | 118 |
| <input checked="" type="checkbox"/> 65+ | 2 |
| Unreported | 0 |
| Total Number Served | 199 |

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

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

The program has not fully recovered from the impact of the COVID-19 Pandemic. All staff have returned to working in the office, but they continue to offer telephone and telehealth appointments to reduce risk of exposure while continuing to provide mental health services to individuals. The COVID-19 Pandemic has made it difficult to serve persons who lack technology resources, or the technical skill needed to successfully navigate telehealth services. Possible exposures to COVID-19 have prevented individuals from receiving normal FSP level services and at times have necessitated individuals receive either telephone or telehealth services only. Limited housing resources in the community continue to present challenges; specifically access to sober living beds, Board and Care beds, and independent supportive housing. Employment and educational barriers remain for most persons served living in the rural areas due to limited employment and educational resources as well as the lack of transportation.

Proposed Project Changes FY 2024-2025:

It would be recommended to locate larger office/clinic space for some of the rural locations which have presented barriers for staff and individuals served. The program is currently in the process of identifying additional office space for the Sanger clinic, possibly expanding the Mendota clinic, and moving the Pinedale clinic to a more centrally located area as well. The county and contractor will continue discussions about the needs of each clinic site in order to ensure continued service provision to all individuals served.

DRAFT

COMMUNITY SERVICES and SUPPORTSFull-Service Partnership: ☒ System Development: ☐ Outreach and Engagement: ☐

Status of Project: New

Project Name: Forensic Behavioral Health Continuum of Care – FSP/ACT**Project Identifier(s):** 085**EHR:****PeopleSoft:****Provider(s):****Approval Date:****Start Dates:****Anticipated:****Actual:****Project Overview:**

Full Service Partnership (FSP) and Assertive Community Treatment (ACT) service delivery model for adults with serious mental illness (SMI) as referred by justice partners through pre-trial and post-release community supervision. Criminogenic risks and needs are addressed as part of community-based treatment and wraparound services planning. Services can be provided to individuals in their homes, the community and other locations. Program has capacity to serve 100 individuals at any given time, with 20 at the ACT level of care.

Project Update FY 2021-2022

This project was conceived in FY 2022-2023 and did not exist in FY 2020-2021.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served | Ages Served* | Served |
|------------------------|--------|--------------------------------|--------|
| African American | -- | <input type="checkbox"/> 0-15 | -- |
| Asian/Pacific Islander | -- | <input type="checkbox"/> 16-24 | -- |
| Caucasian | -- | <input type="checkbox"/> 25-64 | -- |
| Latino | -- | <input type="checkbox"/> 65+ | -- |
| Native American | -- | Unreported | -- |
| Other | -- | Total Number Served | -- |
| Unknown | -- | | |
| Total Number Served | -- | | |

Performance Outcomes: fresnoMHS.com/outcomes**Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?**

Not applicable.

Proposed Project Changes FY 2024-2025:

This project will merge the AB109 Full Service Partnership (being re-titled to Forensic Behavioral Health Continuum of Care FSP/ACT) and AB1810 Pre-Trial Diversion FSP/ACT projects into one comprehensive Forensic Behavioral Health Continuum of Care FSP/ACT. Program activities and allocations will remain unchanged. With the AB 1810 Diversion Continuum pilot agreement concluding in FY 2022-2023, there was already effort in the new Forensic Continuum of Care agreement to continue meeting new criminal justice processes initiated to divert eligible individuals in need of treatment away from the criminal justice system. By reducing duplication of efforts, the Department will be able to plan and evaluate interventions that bridge the behavioral health and criminal justice systems more efficiently.

COMMUNITY SERVICES and SUPPORTS

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

Status of Project: Keep

Project Name: Transition Age Youth Full Services Partnership
Project Identifier(s): 057 **EHR:** 4471A **PeopleSoft:** 4470
Provider(s): Central Star Behavioral Health, Inc. (18-576; 23-278; 23-576)
Approval Date: June 20, 2023
Start Dates: **Anticipated:** N/A **Actual:** October 9, 2018
Project Overview: Fresno County subcontracts with Central Star Behavioral Health, Inc. to provide the Full-Service Partnership (FSP) services to 149 Transitional Age Youth (TAY) ages sixteen (16) to twenty-five (25) years. Services include mental health services and supports, as well as housing services and support. The TAY Program delivers integrated mental health and supportive housing services to youth and young adults who are aging out of the Juvenile Justice System and are at risk of being hospitalized, homeless, or incarcerated, and to individuals who are referred by the Behavioral Health Court.

Project Update FY 2021-2022

During this fiscal year, notable enhancements were made to the program's data collection methods, significantly improving accuracy. For instance, the team diligently monitored their input and accuracy concerning MHSA forms within the FSP DCR system, resulting in a marked increase in data quality. Additionally, efforts were made to advance the Transition to Independence Process (TIP) Timeline, a tool used to monitor progress in meeting TIP-related developmental milestones. The transition from a fillable PDF to an Excel document enabled better tracking of changes over time.

Despite the system's enhanced capacity for collecting more comprehensive data, it has become apparent that additional support and training are necessary during staff transitions. This measure is crucial to ensure that all team members understand the expectations and procedures for data collection and database entries.

At present, the program's focus is not on introducing new tools for data collection but rather on ensuring the effective utilization and completion of the existing tools. This effort is aligned with various mandates, including training staff on the county's Reaching Recovery (RR) measurements, and ensuring the program's ability to access and utilize the county's RR reporting system.

**** Total numbers served to not total to 146 due to individuals who identify as multiple ethnicities and birthdays during the fiscal year**

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|------------------------|--------|
| African American | 19 |
| Asian/Pacific Islander | 4 |
| Caucasian | 38 |
| Latino | 74 |
| Native American | 4 |
| Other | 69 |
| Unreported | 11 |

| Ages Served* | Served |
|---|------------|
| <input checked="" type="checkbox"/> 0-15 | 13 |
| <input checked="" type="checkbox"/> 16-24 | 135 |
| <input checked="" type="checkbox"/> 25-64 | 5 |
| <input type="checkbox"/> 65+ | 0 |
| Unreported | 0 |
| Total Number Served | 146 |

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

Performance Outcomes: fresnoMHSA.com/outcomes

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

In FY 2021-2022, The primary goal of enhancing our data infrastructure was to initially refine and establish more precise performance indicators within the contract. This refinement aims to ensure that the data collected, compiled, analyzed, and presented will consistently align with the contract's expectations, which may currently lack the necessary level of clarity and specificity.

Proposed Project Changes FY 2024-2025:

The County suggests improving measurement completion rates and streamline access to county-controlled data and reports. This will enable ease to compile, assess, review, and apply all relevant information to enhance programmatic quality when necessary. The TAY program needs to continue to reach out to partners to increase their visibility so they can increase their average census numbers.

DRAFT

Housing Programs

Fresno's Housing services under the MHSA Plan include direct housing programs, supportive housing projects, navigation, temporary housing assistance, housing navigation, and strategies for increasing housing capacity and supply. The table below provides a list of all such efforts related to housing. For illustration purposes, the Department has provided the budget of all MHSA-funded housing programs. These programs will appear in this section of the plan as well as in their respective component section in order to best represent the budget of each component.

| Program Name | Sub-component | Projected numbers to be Served |
|--|-----------------------|--------------------------------|
| CalFHA SNHP Returned Interest | General System Dev. | - |
| Flex Account for Housing | General System Dev. | - |
| Hotel Motel Voucher Program | Outreach & Engagement | - |
| Housing Access and Resource Team | Outreach & Engagement | 290 |
| Housing Supportive Services | Outreach & Engagement | 100 |
| Independent Living Association | General System Dev. | 350 |
| Master Lease Housing | General System Dev. | 100 |
| Project for Assistance from Homelessness | General System Dev. | 486 |

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). The County will have an additional housing complex coming on-line on 2024 and will include expansion of supportive housing services as required by grant funding.

The department funds the supportive services component through contracts with CBOs at the various supportive housing sites.

| Operation Status | NPLH & SNHP Awards | MHSA Supportive Services Commitment | Total Supportive Services Budget from all Sources |
|--|--------------------|-------------------------------------|---|
| NPLH Competitive Round One | \$2,800,000.00 | \$474,138.00 | \$474,138.00 |
| NPLH Competitive Round Two | \$0.00 | \$474,138.00 | \$474,138.00 |
| NPLH Non-Competitive Allocation | \$2,183,000.00 | \$0.00 | \$123,723.00 |
| Projected to be completed early 2023 | \$3,500,000.00 | \$466,379.00 | \$466,379.00 |
| NPLH Competitive Round Three | \$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 | \$2,368,006.00 | \$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 |

MHSA 3YP 23-26 Budget Numbers

Housing

| Program Name 2020-2023 | Component | FY 21/22 BUD | FY 22/23 BUD | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|---|-----------|------------------|------------------|------------------|------------------|------------------|
| Flex Account for Housing | CSS | 100,000 | 100,000 | 100,000 | 100,000 | 100,000 |
| Fresno Housing Institute (FHI) | CSS | 200,000 | 200,000 | 200,000 | 200,000 | 200,000 |
| Hotel Motel Voucher Program (HMVP) | CSS | 100,000 | 100,000 | 100,000 | 100,000 | 100,000 |
| Housing Access and Resource Team (HART) | CSS | 930,488 | 930,488 | 930,488 | 930,488 | 930,488 |
| Housing Supportive Services | CSS | 1,500,000 | 1,500,000 | 1,500,000 | 1,500,000 | 1,500,000 |
| Independent Living Association (ILA) | CSS | 400,000 | 400,000 | 400,000 | 400,000 | 400,000 |
| Master Lease Housing | CSS | 1,092,505 | 1,500,000 | 1,500,000 | 1,500,000 | 1,500,000 |
| Project for Assistance from Homelessness (P | CSS | 125,756 | 125,756 | 125,756 | 125,756 | 125,756 |
| Project Ignite | CSS | 650,000 | 650,000 | - | - | - |
| | | 5,098,749 | 5,066,244 | 4,856,244 | 4,856,244 | 4,856,244 |

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 **EHR:** 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: This program provides financial assistance to persons served by the Department and select contracted providers with a Serious Mental Illness in order to remove barriers to obtaining or maintaining housing. Barriers include but are not limited to one-time payments toward security deposits, pet deposits, PG&E deposits or overages, rent, money order fees, application fees, costs associated with obtaining government identification documents/cards (e.g. birth certificate, social security card, driver's license) and other. The flex funding will also be used for welcome bags/baskets for new housing programs.
 Through Memoranda of Understanding with Fresno Housing Authority and UPholdings' affiliated Limited Partnerships, this program pays for the security deposits toward select units at permanent supportive housing sites developed in collaboration with the Department.

Project Update 2021-2022:

This program was not utilized by many persons served due to administrative barriers that resulted in slower-than-required processing times. For instance, prospective applicants who needed assistance for security deposits could wait up to a month or longer for a check is sent out. As such, CalCards were issued to the Department's Housing Team supervisor to reduce turnaround time, however, the cards cannot be used to pay for many items such as security deposits. Lastly, flex funding is also used for security deposits for DBH tenants who are living in CMHSA or CMHSA units.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|----------|
| African American | -- |
| Asian/Pacific Islander | -- |
| Caucasian | -- |
| Latino | -- |
| Native American | -- |
| Other | -- |
| Unreported | 1 |
| Total Number Served | 1 |

| Ages Served* | Served |
|---|----------|
| <input type="checkbox"/> 0-15 | -- |
| <input type="checkbox"/> 16-25 | -- |
| <input checked="" type="checkbox"/> 26-59 | 1 |
| <input type="checkbox"/> 60+ | -- |
| Unreported | -- |
| Total Number Served | 1 |

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

Performance Outcomes: fresnoMHSAs.com/outcomes

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

The Flex Account could only be accessed through petty cash or a Limited Purchase Order (LPO). Petty cash has a limit of \$75 per request, which significantly limits what costs can be covered. While LPOs have a greater limit (\$2,500 at the time), the request would have to go through multiple reviewing parties, including the County's Auditor-Controller's Office, who would ultimately cut the check. This process could take weeks, which would rule out barriers that need to be removed quickly. Vendors would also need to be listed in PeopleSoft Financials, which could limit payees. The Housing Team requested CalCards (i.e., credit cards) as a means to quickly make payments, even same day, after reviewing applications to ensure eligibility. Since FY 2020-21, the Department also entered Memoranda of Understanding (MOUs) with Fresno Housing Authority and UPholdings to provide security deposit assistance to designated units at various permanent supportive housing sites. These MOUs act as a mechanism to pay security deposits in arrears, which will increase utilization of the Flex Account.

Proposed Project Changes 2024-2025:

No proposed changes.

DRAFT

COMMUNITY SERVICES and SUPPORTSFull-Service Partnership: ☐ System Development: ☒ Outreach and Engagement: ☐

Status of Project: Delete Expired

Project Name: Fresno Housing Institute
Project Identifier(s): 021 **EHR:** N/A **PeopleSoft:** 4820
Provider(s): Corporation for Supportive Housing (A19-541) and 19-541-1
Approval Date: Historical
Start Dates: **Anticipated:** Summer 2021 **Actual:**
Project Overview: CSH provides technical assistance for No Place Like Home permanent supportive housing developments and training on behavioral health evidenced practices to DBH and Contracted providers.

Project Update 2021-2022:

CSH provided evidenced-based training modules to 247 DBH and Contracted provider staff on the following topics:

- Critical Time Intervention
- Trauma-Informed for staff
- Trauma-Informed supervision
- Active engagement and De-escalation
- Avoiding Burnout
- Housing First
- Centering Racial Equity
- Motivational Interviewing
- Stages of Change
- Harm Reduction

This agreement ended on October 21, 2022, and will not be renewed.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|----------|
| African American | 0 |
| Asian/Pacific Islander | 0 |
| Caucasian | 0 |
| Latino | 0 |
| Native American | 0 |
| Other | 0 |
| Unreported | 0 |
| Total Number Served | 0 |

| Ages Served* | Served |
|--------------------------------|----------|
| <input type="checkbox"/> 0-15 | 0 |
| <input type="checkbox"/> 16-25 | 0 |
| <input type="checkbox"/> 26-59 | 0 |
| <input type="checkbox"/> 60+ | 0 |
| Unreported | 0 |
| Total Number Served | 0 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

This agreement expired on October 21, 2022, prior to full implementation of the Phase Four Activities "Learning Academy" leaving approximately \$150,000 of unexpended MHS funds.

Proposed Project Changes 2024-2025:

This agreement was not renewed.

DRAFT

COMMUNITY SERVICES and SUPPORTSFull-Service Partnership: ☐ System Development: ☐ Outreach and Engagement: ☒

Status of Project: Active Keep

| | | |
|-----------------------------------|--|-------------------------------|
| Project Name: | Hotel Motel Program | |
| Project Identifier(s): 022 | EHR: N/A | PeopleSoft: 4821 |
| Provider(s): | | |
| Approval Date: | Historical | |
| Start Dates: | Anticipated: N/A | Actual: August 1, 2018 |
| Project Overview: | <p>This program provides a temporary hotel/motel room to persons with a Serious Mental Illness served by the Department who are transitioning out of homelessness or housing instability into temporary or permanent housing. The program covers the cost of the room, incidentals and any additional costs encountered during a person's participation in the program. The maximum length of stay is 28 days.</p> <p>Program Costs:</p> <ul style="list-style-type: none"> ▪ Cost per night up to \$150.00, including taxes and fees ▪ Maximum total cost per person \$4,000, not including damages and incidentals. ▪ Maximum program cost per month \$7,500 ▪ \$2,500 for damages, incidentals per person | |

Project Update 2021-2022:

With the Team supervisors obtaining CalCards, which removed an administrative barrier to booking hotel/motel rooms that hindered the previous payment method (vouchers) the program successfully served seven individuals who were in transition from homelessness to being housed.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|----------|
| African American | -- |
| Asian/Pacific Islander | -- |
| Caucasian | -- |
| Latino | -- |
| Native American | -- |
| Other | -- |
| Unreported | 7 |
| Total Number Served | 7 |

| Ages Served* | Served |
|---|----------|
| <input type="checkbox"/> 0-15 | -- |
| <input checked="" type="checkbox"/> 16-25 | 1 |
| <input checked="" type="checkbox"/> 26-59 | 3 |
| <input checked="" type="checkbox"/> 60+ | 3 |
| Unreported | 0 |
| Total Number Served | 7 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

Program staff continue to work with persons served in achieving their treatment and housing goals. Other barriers to utilization include the duration of stay being limited by daily CalCard limits, hotel/motel incidentals, and requirement of an exit plan, both limiting eligibilities. These can be mitigated on a case-by-case basis.

Proposed Project Changes FY 2024-2025:

DBH Housing Staff will continue to request that treatment team's check on their hotel/motel individuals while participating in the program. This includes in person check-ins as well as daily phone check-ins.

DRAFT

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

Status of Project: Keep

Project Name: Housing Access and Resource Team
Project Identifier(s): 023 **EHR:** 4810, 4811, 4812, 4813, **PeopleSoft:** 4822
 4815, 4816, 4823, 4824, 4825, 4826, 4827
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 2021-2022:

The Housing Access Resource Team (HART) has been working to expand capacity by increasing the allocating of staffing resources and housing programs. Workflows have been created and more defined processes have been implemented. Moreover, the integration of both housing contracts and housing services/treatment has resulted in the development of a cohabitating working relationship that supports persons served.

HART has been collaborating with Exodus and has been onsite more often, assisting with the training and warm handoff process from the Department to Supportive Services. HART team received Critical Time Intervention (CTI) training, which is an evidence-based strategy intended to provide intensive case management through the transition period from homelessness to housing.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|------------|
| African American | 49 |
| Asian/Pacific Islander | 3 |
| Caucasian | 95 |
| Latino | 0 |
| Native American | 2 |
| Other | 126 |
| Unreported | 6 |
| Total Number Served | 281 |

| Ages Served* | Served |
|---|------------|
| <input type="checkbox"/> 0-15 | 0 |
| <input checked="" type="checkbox"/> 16-25 | 17 |
| <input checked="" type="checkbox"/> 26-59 | 214 |
| <input checked="" type="checkbox"/> 60+ | 50 |
| Unreported | 0 |
| Total Number Served | 281 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

The challenges and barriers experienced were overcome by integrating the housing contracts and housing services/treatment to better support persons served. In addition, Persons served were impacted by the COVID-19 pandemic, which significantly reduced access to in-person services, group activities, and other methods of support. This was mitigated through telehealth and other virtual methods of communication. In FY 2021-22 onward, as COVID-19 public health guidelines relaxed, in-person services were able to be done more safely and frequently.

Lack of HMIS data entry has been a barrier and causing delays in the Coordinated Entry process and getting persons served into permanent housing.

Proposed Project Changes 2024-2025:

HART plans on continuous growth within the next year, including adding new staff to support the additional housing developments that will be opening.

HART and Contracts Housing team is working diligently with FHA, the contract holder of HMIS to ensure training and entry into the HMIS system for staff.

HART team is transitioning from supportive services to a navigation team. This will assist persons served are receiving the whole wrap around services, even through the Coordinated Entry System process.

DRAFT

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 **EHR: 4811, 4812, 4813, 4830, 4831, 4832, 4833, 4834, 4835, 4836** **PeopleSoft: 4811, 4812, 4813, 4830, 4831, 4832, 4833, 4834, 4835, 4836**

Provider(s): Fresno County Department of Behavioral Health; Exodus Recovery

Approval Date: Historical

Start Dates: **Anticipated:** N/A **Actual:** January 1, 2011

Project Overview: The Housing Supportive Services Program provides voluntary onsite supportive services and Specialty Mental Health Services to all tenants living at Renaissance at Trinity, Alta Monte, and Santa Clara, as well as No Place Like Home (NPLH) Permanent Supportive Housing (PSH) sites. These sites have a portion of the units dedicated to persons with a serious mental illness who are exiting homelessness. Onsite service provision will assist these individuals in maintaining their housing, meet their personal goals, and integrate in the community.

Project Update 2021-2022:

The County entered into an agreement with Exodus Recovery on March 23, 2021, to provide onsite supportive services to persons served at the Villages at Paragon PSH site, a NPLH development with Fresno Housing Authority (FHA). On May 25, 2021, this agreement was amended to include the three Renaissance sites, as well as Villages at Broadway, another NPLH development with FHA. This also included Butterfly Gardens, a NPLH development with UIC. Services did not begin this fiscal year and would instead begin in FY 2021-22. Due to construction delays, Villages at Paragon would not be occupied until fall of 2021 and Villages at Broadway would not be occupied until spring of 2022. In the meantime, the Department of Behavioral Health (DBH) continued its service provision to persons served at the Renaissance sites, coordinating with Exodus to ensure a warm hand-off of persons served.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|------------|
| African American | 19 |
| Asian/Pacific Islander | 2 |
| Caucasian | 38 |
| Latino | 0 |
| Native American | 2 |
| Other | 44 |
| Unreported | 3 |
| Total Number Served | 108 |

| Ages Served* | Served |
|---|------------|
| <input type="checkbox"/> 0-15 | 0 |
| <input checked="" type="checkbox"/> 16-25 | 1 |
| <input checked="" type="checkbox"/> 26-59 | 83 |
| <input checked="" type="checkbox"/> 60+ | 24 |
| Unreported | 0 |
| Total Number Served | 108 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

Persons served were impacted by the COVID-19 pandemic, which significantly reduced access to in-person services, group activities, and other methods of support. This was mitigated through telehealth and other virtual methods of communication. In FY 2021-22 onward, as COVID-19 public health guidelines relaxed, in-person services were able to be done more safely and frequently.

Full Site Certifications were delayed for several years. This caused Exodus to only be certified as a Satellite Site; means they are only able to bill 20/hours or services a week for reimbursement. Analyst continued to work with Exodus to meet deadlines and requirements to become fully Site Certified.

Disengagement with Exodus and Exodus staff retention were other barriers in keeping tenants in their housing. In FY 2021-22 onward, DBH mitigated this through its collaboration with Exodus Recovery and having the HART team onsite to provide additional services. With more staff present onsite, they can dedicate more time to persons served. DBH and Exodus teams also received Critical Time Intervention (CTI) training, which is an evidence-based strategy intended to provide intensive case management through the transition period from homelessness to housing.

Proposed Project Changes FY 2024-2025:

Exodus Recovery is to coordinate with DBH and PSH property managers to engage with persons served as soon as possible, including during the application process if able to ensure that individuals moving into the PSH sites have a rapport with Exodus and maintain engagement in services.

Exodus is dedicated to finding and providing solutions for staff retention. Exodus is also enacting an engagement plan for rapport building with current persons served and has an on-going training plan to engage with the SMI and other challenging populations.

COMMUNITY SERVICES and SUPPORTS

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

Status of Project: ActiveKeep

| | | |
|-----------------------------------|--|--------------------------------|
| Project Name: | Independent Living Association (ILA) | |
| Project Identifier(s): 025 | EHR: N/A | PeopleSoft: 4819 |
| Provider(s): | Community Health Improvement Partners (CHIP) (A18-568) | |
| Approval Date: | Historical | |
| Start Dates: | Anticipated: N/A | Actual: October 1, 2018 |
| Project Overview: | The ILA is a quality improvement program designed to expand the number of high qualities, independent, affordable living homes (AKA, room and boards) for individuals in need of housing who are receiving services from the Department of Behavioral Health (DBH) or its contracted providers. An online directory is maintained, which includes member home capacity, resources, quality standards, and upcoming trainings that benefit Operators and their residents. | |

Project Update 2021-2022:

COVID-19 continued to surge which impacted the ILA's ability to conduct in-person outreach to current and potential Independent Living Operators. The Fresno ILA Work Team, consisting of ILA staff, Department of Behavioral Health (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 and potential ILA homes. The ILA Peer Review Accountability Team (PRAT) also met and conducted scheduled inspections of ILA member homes to ensure compliance with established ILA Quality Standards.

The ILA website provided individuals, family members, and the community with information of ILA homes including locations, up-to-date vacancies. During the reporting period, the website was visited approximately 11,281 times.

During the reporting period, there were 14 Operators (homeowners) with the ILA, 8 homes and 70 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, 22 training and education opportunities were made available to Operators. Most Operators had limited to no knowledge of the ILA and how they might benefit from membership in the ILA. Approximately 153 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 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|-----------|
| African American | -- |
| Asian/Pacific Islander | -- |
| Caucasian | -- |
| Latino | -- |
| Native American | -- |
| Other | -- |
| Unreported | -- |
| Total Number Served | -- |

| Ages Served* | Served |
|--------------------------------|-----------|
| <input type="checkbox"/> 0-15 | -- |
| <input type="checkbox"/> 16-25 | -- |
| <input type="checkbox"/> 26-59 | -- |
| <input type="checkbox"/> 60+ | -- |
| Unreported | -- |
| Total Number Served | -- |

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

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

Increasing memberships continues to be a challenge, partly due to knowledge of the ILA, its benefits, and the small inventory of homes. ILA staff and Work Team members continue to try various methods/techniques to mitigate this, such as resource fairs, recreational events for current and prospective members, tenants, and service providers, as well as community partnerships that resulted in donations to persons served. ILA staff also direct everyone to their website to ensure everyone can easily locate resources and member homes.

Lastly, ILA has also reallocated funds to better support its members while conducting its outreach strategies.

Proposed Project Changes FY 2024-2025:

The current agreement with CHIP expires on June 30, 2025. Staff Analysts will monitor, evaluate, and strategize on how to assist CHIP to meet its goals and objectives.

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COMMUNITY SERVICES and SUPPORTSFull-Service Partnership: ☐ System Development: ☒ Outreach and Engagement: ☐

Status of Project: Keep

Project Name: Master Leasing Program
Project Identifier(s): 027 **EHR:** 4816 **PeopleSoft:** 4816
Provider(s): RH Community Builders (A-22-267)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** May 1, 2017
Project Overview: The Master Leasing Program is a temporary housing program serves people with a serious mental illness who are experiencing or at-risk of homelessness that are also connected to the Department of Behavioral Health (DBH) or its select contracted provider. While housed, persons served receive supportive services that help them maintain housing while removing barriers to obtaining permanent housing outside of the program.

Project Update 2021-2022:

DBH partnered with property managers RH Community Builders provide tenant leases rents collection and deposits. The Master Leasing housing contracts and treatment team developed weekly meetings to address tenant behaviors, concerns, and any maintenance issues. Monthly meetings were developed with RH Community Builders to resolve any issues and concerns.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served | Ages Served* | Served |
|----------------------------|------------|---|------------|
| African American | 17 | <input type="checkbox"/> 0-15 | 0 |
| Asian/Pacific Islander | 0 | <input checked="" type="checkbox"/> 16-25 | 11 |
| Caucasian | 41 | <input checked="" type="checkbox"/> 26-59 | 75 |
| Latino | 0 | <input checked="" type="checkbox"/> 60+ | 21 |
| Native American | 0 | Unreported | 1 |
| Other | 46 | Total Number Served | 108 |
| Unreported | 4 | | |
| Total Number Served | 108 | | |

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

Performance Outcomes: fresnoMHS.com/outcomes**Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?**

- Working to address tenants who are falling behind on rent by addressing the missed rent immediately and establishing a payment plan to get them on track.
- Working to addressing tenants' behaviors and linking tenants back to their treatment teams.
- Scattered sites are a challenge for DBH staff to be able to manage. Considering swapping out units to condense more MLP participants to fewer locations.

Proposed Project Changes FY 2024-2025:

No proposed changes.

COMMUNITY SERVICES and SUPPORTSFull-Service Partnership: ☐ System Development: ☒ Outreach and Engagement: ☒

Status of Project: Keep

Project Name: Project for Assistance in Transition from Homelessness (PATH)
Project Identifier(s): 029 **EHR:** 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: The PATH Program provides services to adults (18+) with a serious mental illness and/or co-occurring disorder who are experiencing or at-risk of homelessness in Fresno County. There are three components: Outreach, Engagement, and Linkage (OEL), Specialty Mental Health Services (SMHS), and Street-Outreach Team and Rural Support (STARS). In the OEL and STARS components the PATH team will 'meet individuals where they are', engage, and link to appropriate resources as needed and requested including navigation services through the Coordinated Entry System (CES). The OEL outreach workers serve the Fresno, Clovis metro area with a goal of outreaching 350 individuals per year. The STARS outreach workers serve rural and unincorporated areas in Fresno County with the goal of serving at least 100 individuals per year. In the SMHS component, the PATH team serves up to 36 individuals at a given time with case management, mental health, and substance use services as needed.

Project Update 2021-2022:

The PATH Mobile Outreach Team continues to assist unhoused individuals in rural and unincorporated areas with linkages to resources, personal protective equipment (PPE), hygiene kits, and COVID-19 information. PATH is receiving additional funding from the Homeless Housing, Assistance and Prevention (HHAP) Grant, which will allow for a continued, dedicated rural team of six outreach workers. Kings View should continue to monitor the availability of shelters, housing, and hotels/motels for persons served as the lack of inventory continues to be a barrier.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|------------|
| African American | 8 |
| Asian/Pacific Islander | 2 |
| Caucasian | 18 |
| Latino | 0 |
| Native American | 1 |
| Other | 23 |
| Unreported | 75 |
| Total Number Served | 127 |

| Ages Served* | Served |
|---|------------|
| <input type="checkbox"/> 0-15 | 0 |
| <input checked="" type="checkbox"/> 16-25 | 4 |
| <input checked="" type="checkbox"/> 26-59 | 49 |
| <input checked="" type="checkbox"/> 60+ | 3 |
| Unreported | 71 |
| Total Number Served | 127 |

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

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

A primary barrier to PATH STARS is a lack of available housing in the County, particularly in rural and unincorporated areas, that meet persons served where they are at. For those who are entrenched, or houseless for a long period of time, offers for emergency services may have been declined due to the limitations that such shelters provide, such as sobriety requirements and curfews. Others may decline because they have lived in emergency shelters before and do not want to return due to perception of increased rate of criminal activity or drug use in area. Lastly, there are not a lot of hotels/motels in rural and unincorporated areas that persons served can stay in.

Furthermore, COVID-19 continued to be a significant barrier for PATH SMHS, as public health guidelines restricted many in-person services and available resources. Kings View indicated that support groups are a pivotal part of maintaining engagement in the program, but that they could not take place throughout most of the reporting period due to high community spread of the virus. If persons served disengaged, they could be difficult to locate. This concern was highlighted if they did not have a phone and their encampments were cleared out by City, County, or State agencies. The Program could not always link persons served to housing as many shelters/programs/sites were at capacity or reserved for other programs. PATH SMHS Team will need to continue to collaborate with the County, Fresno Madera Continuum of Care, and other community partners to connect persons served to available resources.

Proposed Project Changes FY 2024-2025:

The dedicated rural outreach team will continue through HAP funding, increasing outreach worker capacity in rural and unincorporated areas from 2 to 3.

COMMUNITY SERVICES and SUPPORTS

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

Status of Project: Keep

Project Name: Project Ignite
Project Identifier(s): 030 **EHR:** N/A **PeopleSoft:** N/A
Provider(s):
Approval Date: Historical
Start Dates: **Anticipated:** Spring 2019 **Actual:**
Project Overview: Project Ignite provides project-based vouchers for tenants living in Permanent Supportive Developments throughout Fresno County.

Project Update FY 2021-2022:

Project Ignite has provided 390 project-based vouchers to tenants living in permanent supportive housing developments. Project-based vouchers under this program are owned by the Fresno Housing Authority. As such they are distributed to various development partners by Fresno Housing Authority at the request of the site owners/administrators. Once vouchers are issued, the Department of Behavioral Health provides the required housing supportive services to tenants and collects the necessary data for outcomes.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served | Ages Served* | Served |
|------------------------|--------|--------------------------------|--------|
| African American | -- | <input type="checkbox"/> 0-15 | -- |
| Asian/Pacific Islander | -- | <input type="checkbox"/> 16-25 | -- |
| Caucasian | -- | <input type="checkbox"/> 26-59 | -- |
| Latino | -- | <input type="checkbox"/> 60+ | -- |
| Native American | -- | Unreported | 390 |
| Other | -- | Total Number Served | 390 |
| Unreported | 390 | | |
| Total Number Served | 390 | | |

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

Performance Outcomes: fresnomhsa.com/outcomes

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

No.

Proposed Project Changes FY 2024-2025:

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 with an SMI, Co-occurring or SED and their families, and to develop and implement strategies for reducing ethnic and racial disparities.

| Program Name | Projected numbers to be served | Ages served |
|--|--------------------------------|-------------|
| Children's Expansion of Outpatient Services | 500 | 0-17 |
| Culturally Specific Services - OP/ICM | 350 | all ages |
| Enhanced Rural Services Outpatient/Intensive Case Management | 3500 | all ages |
| Forensic Behavioral Health System of Care – Outpatient | | 18+ |
| Medication Payments for Indigent Individuals | 20 | All ages |
| Older Adult Team | 500 | 60+ |
| Peer and Recovery Services | - | - |
| RISE / Community Conservatorship | - | 18+ |
| Specialty Mental Health Services to Schools | 2460 | 0-22 |
| Supervised Childcare Services | - | 0-15 |

| | | |
|-------------------------------------|------|-------|
| Supervised Overnight Stay | 335 | 18+ |
| Transition Age Youth | 100 | 16-24 |
| Urgent Care Wellness Center | 3500 | 18+ |
| Vocational and Educational Services | 100 | 18+ |
| Youth Wellness Center | 1500 | 0-17 |

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MHSA 3YP 23-26 Budget Numbers General System Development

| Program Name 2020-2023 | Component | FY 20/21 BUD | FY 21/22 BUD | FY 22/23 BUD | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|--|-----------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Supervised Overnight Stay | CSS | 839,090 | 839,090 | 839,090 | 839,090 | 839,090 | 839,090 |
| Urgent Care Wellness Center (UCWC) | CSS | 4,000,000 | 4,000,000 | 4,000,000 | 4,000,000 | 4,000,000 | 4,000,000 |
| Youth Wellness Center | CSS | 769,269 | 769,269 | 769,269 | 769,269 | 769,269 | 769,269 |
| Family Advocacy Services | CSS | 44,695 | 44,695 | 44,695 | 44,695 | 44,695 | 44,695 |
| Integrated Wellness Activities | CSS | - | - | - | - | - | - |
| Peer and Recovery Services | CSS | 457,461 | 457,461 | 457,461 | 457,461 | 457,461 | 457,461 |
| Vocational & Educational Services | CSS | 986,686 | 986,686 | 986,686 | 986,686 | 986,686 | 986,686 |
| Supervised Child Care Services | CSS | 157,388 | 157,388 | 157,388 | 157,388 | 157,388 | 157,388 |
| Cultural Specific Services - OP/ICM | CSS | 1,085,322 | 1,085,322 | 1,085,322 | 1,085,322 | 1,085,322 | 1,085,322 |
| AB109 Outpatient Mental Health & Substance Use Services | CSS | 300,000 | 300,000 | 300,000 | - | - | - |
| Children's Expansion of Outpatient Services | CSS | 600,258 | 600,258 | 600,258 | 600,258 | 600,258 | 600,258 |
| Enhanced Rural Services-Outpatient/Intensive | CSS | 4,483,113 | 4,483,113 | 4,483,113 | 4,483,113 | 4,483,113 | 4,483,113 |
| Medication Payments for Indigent Individuals | CSS | 290,000 | 290,000 | 290,000 | 290,000 | 290,000 | 290,000 |
| Older Adult Team | CSS | 900,000 | 900,000 | 900,000 | 900,000 | 900,000 | 900,000 |
| Recovery with Inspiration, Support and Empowerment | CSS | 675,496 | 675,496 | 675,496 | 675,496 | 675,496 | 675,496 |
| School Based Services | CSS | 6,000,000 | 6,000,000 | 6,000,000 | - | - | - |
| Transitional Age Youth (TAY) - Department of Social Services | CSS | 1,274,486 | 1,274,486 | 1,274,486 | 1,274,486 | 1,274,486 | 1,274,486 |
| Specialty Mental Health Services to Schools | CSS | 4,545,135 | 4,545,135 | 4,545,135 | 4,545,135 | 4,545,135 | 4,545,135 |
| AB1810 - OE/OP/ICM | CSS | 58,900 | - | - | - | - | - |
| Integrated Mental Health Services at Primary Care | CSS | 2,900,000 | 2,900,000 | 2,900,000 | 2,900,000 | 2,900,000 | 2,900,000 |
| Forensic Behavioral Health Continuum of Care | CSS | - | - | - | 300,000 | 300,000 | 300,000 |
| CalFHA SNHP | CalFHA | N/A | N/A | 275,000 | N/A | N/A | N/A |
| | | 30,308,332 | 30,308,399 | 30,583,399 | 24,308,399 | 24,308,399 | 24,308,399 |

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 | EHR: | 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 2021-2022:

The program was staffed with two clinicians and two Community Mental Health Specialists (CMHS) during the FY 2021-2022. There were two vacancies one for Unlicensed mental health clinician and one for CMHS.

**Numbers do not sum to 257 due to the possibility of identifying as multiple races/ethnicities.

FY 2021-2022— Unique Individuals Served

| Ethnicity | Served |
|----------------------------|-----------|
| African American | 4 |
| Asian/Pacific Islander | 1 |
| Caucasian | 43 |
| Latino | 156 |
| Native American | 2 |
| Other | 161 |
| Unreported | 41 |
| Total Number Served | ** |

| Ages Served* | Served |
|---|------------|
| <input checked="" type="checkbox"/> 0-15 | 252 |
| <input checked="" type="checkbox"/> 16-25 | 5 |
| <input type="checkbox"/> 26-59 | -- |
| <input type="checkbox"/> 60+ | -- |
| Unreported | -- |
| Total Number Served | 257 |

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

Performance Outcomes: fresnoMHSA.com/outcomes

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

Some barriers during FY 2021-2022 were: continuous open positions, ensuring a robust training protocol for clinical staff, person served's transportation problems, inflexible hours of operation that overlaps with caregivers' work hours or person served school hours, and increase in community work and travel time resulting in reduced available time slots for appointments and number of persons served on the caseload.

The Department utilized Collaborative Documentation to mitigate the reduced available time for documentation time due to community work and traveling. All efforts will be made to hire staff with evidenced based practice training and/or to have 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. Staff meets persons served in the community (school, home, etc.) to increase access to treatment. Staff also offer telehealth if and when clinically appropriate to accommodate the persons served.

Proposed Project Changes 2024-2025:

No anticipated changes.

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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 **EHR:** 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 (LWC) 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. Services are provided primarily within the greater Fresno Metro area, but also within Fresno County. The target number of individuals served within the fiscal year is a minimum of 220 SEA persons for the OP/ICM Program.

Project Update FY 2021-2022:

In Fiscal Year 2020-2021, LWC provided approximately 5,656 total direct hours of clinical staffing time, while direct hours of medical staffing were at approximately 126 hours. This generated over 6,197 counts of services. All referrals to the OP/ICM and appointments for psychiatry were all within the time limit. LWC is successfully serving 220 plus individuals every given time and was able to serve 303 unique individuals in FY 20-21. LWC was able to link 100% of the individuals served to primary care and other mental health resources within the organization and out in the community. LWC developed their own cultural wellness survey for the SEA community. From the survey data, the persons served, reported an increase confidence in coping strategies for their mental health symptoms, increased positive perception of mental health interventions, and an increase in overall wellness after seeking services at LWC.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|------------|
| African American | 13 |
| Asian/Pacific Islander | 264 |
| Caucasian | -- |
| Latino | 2 |
| Native American | -- |
| Other | 9 |
| Unreported | 29 |
| Total Number Served | 315 |

| Ages Served* | Served |
|---|------------|
| <input checked="" type="checkbox"/> 0-15 | 20 |
| <input checked="" type="checkbox"/> 16-25 | 13 |
| <input checked="" type="checkbox"/> 26-59 | 202 |
| <input checked="" type="checkbox"/> 60+ | 84 |
| Unreported | -- |
| Total Number Served | 315 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

Within Fiscal Year 2020-2021 the public health emergency, COVID-19 derailed program operations. Due to the target population, videoconferencing was not a good platform to engage the individuals. LWC had to resort to telephone services, where the population had greater access. Although this inconvenienced services, LWC was still able to engage their persons served. For the higher acuity individuals, staff was able to schedule face to face sessions to maintain the individual's treatment plans. Ongoing barriers continue to be lack of transportation, cultural stigma, and lack of knowledge of Department of Behavioral Health's (DBH) full system of care resources. LWC will work with persons served to meet them where they are and research the community's resources to best serve the target population. Additionally, since LWC is pioneering new mental health treatments with their programs, it often leads to difficulty with acquiring culturally linguistic and appropriate tools/assessments/survey readily available for the population. However, LWC invites the challenges of developing new tools and is excited to pioneer potential accredited tools for this population.

Proposed Project Changes FY 2024-2025:

The agreement expires in June 2023 and DBH is currently developing a request for Proposal (RFP) which will incorporate Cal AIM initiative including payment reform.

DRAFT

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 | EHR: 4527 and 4528 | PeopleSoft: 4527 and 4528 |
| Provider(s): | Turning Point (A-23-274, A-18-327) | |
| Approval Date: | Historical | |
| Start Dates: | Anticipated: N/A | Actual: October 1, 2008 |
| Project Overview: | Enhanced Rural Services or Rural Mental Health (RMH) clinics provide outpatient based mental health and psychiatric services to the children, adolescents, adult, and older adult populations. Services are provided to individuals living with severe mental health and co-occurring conditions in rural Fresno County areas including Pinedale, Reedley, Selma, Kerman, Coalinga, Mendota, Huron, and Sangre. RMH provides Outpatient (OP) and Intense Case Management (ICM) at each clinic depending on each individual's level of need. | |

Project Update FY 2021-2022:

The RMH program continues to serve above the number expected unique individuals served annually in OP and ICM services. The program increased the total number served by 12% from the year prior. ICM level persons experiencing a psychiatric hospitalization remained significantly low at 2% of the population served. The program observed positive recovery trends and movement towards improved levels of functioning as evidenced by the Reaching Recovery measurement scales. A high percentage of individuals also perceived themselves as achieving positive movement toward recovery goals. The program saw a decrease in program costs due to staffing shortages for several months. The program successfully operated within budgeted parameters. Although overall program improvements to providing timely access of services has been made, some of the most rural clinic locations have struggled to meet the established goals. Staff retention and recruiting challenges were the primary cause for delayed assessment and psychiatric appointments. With the restructuring of competitive salary classes and added incentives such as flexible scheduling, they expect to improve staff recruitment and retention rates and in turn reduce the wait times for first assessment and psychiatric appointments during the next evaluation period.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|-------------|
| African American | 59 |
| Asian/Pacific Islander | 24 |
| Caucasian | 535 |
| Latino | 1950 |
| Native American | 13 |
| Other | 105 |
| Unreported | 164 |
| Total Number Served | 2850 |

| Ages Served* | Served |
|---|-------------|
| <input checked="" type="checkbox"/> 0-15 | 726 |
| <input checked="" type="checkbox"/> 16-24 | 598 |
| <input checked="" type="checkbox"/> 25-64 | 1433 |
| <input checked="" type="checkbox"/> 65+ | 93 |
| Unreported | 0 |
| Total Number Served | 2850 |

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

Performance Outcomes: fresnoMHSA.com/outcomes

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

The program has not fully recovered from the impact of the COVID-19 Pandemic. All staff have returned to working in the office but continue to offer telephone and telehealth appointments to reduce risk of exposure while continuing to provide mental health services to individuals. The COVID-19 Pandemic has made it difficult to serve persons who lack technology resources, or the technical skill needed to successfully navigate telehealth services. Possible exposures to COVID-19 have prevented individuals from receiving normal OP-ICM services and at times have necessitated individuals receive either telephone or telehealth services only. Limited housing resources in the community continue to present challenges; specifically access to sober living beds, Board and Care beds, and independent supportive housing. Employment and educational barriers remain for most persons served living in the rural areas due to limited employment and educational resources and lack of transportation.

Proposed Project Changes FY 2024-2025:

It would be recommended to locate larger office/clinic space for some of the rural locations which have presented barriers for staff and individuals served. The program is currently in the process of identifying additional office space for the Sanger clinic, possibly expanding the Montana clinic, and moving the Pinedale clinic to a more centrally located area as well. The county and contractors will continue discussions about the needs of each clinic site in order to ensure continued service provision to all individuals served.

DRAFT

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):

EHR: 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 2021-2022:

The Family Advocacy Services program employs two full-time Family Advocate Navigators who are co-located with DBH at Urgent Care Wellness Center for adult services and Youth Wellness Center for children's services.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|------------|
| African American | 51 |
| Asian/Pacific Islander | 45 |
| Caucasian | 64 |
| Latino | 230 |
| Native American | 0 |
| Other | 37 |
| Unreported | 92 |
| Total Number Served | 519 |

| Ages Served* | Served |
|---|------------|
| <input type="checkbox"/> 0-15 | 0 |
| <input checked="" type="checkbox"/> 16-25 | 3 |
| <input checked="" type="checkbox"/> 26-59 | 104 |
| <input checked="" type="checkbox"/> 60+ | 33 |
| Unreported | 379 |
| Total Number Served | 519 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

None at this time

Proposed Project Changes FY 2024-2025:

The proposed plan for the Family Advocacy Services is to continue to build rapport and networking with providers throughout the DBH System of Care. This plan includes securing an office space for a Family Advocate Navigator to be collocated with the Children's Outpatient Center to provide services for families and support individuals with children receiving services. Family Advocate Navigators continue to partner with community organizations to better provide resources to address the needs and barriers of the families

and support individuals. Additionally, Family Advocates will continue to participate and attend community events to provide outreach education regarding mental health services and resources to help educate and reduce stigma.

DRAFT

COMMUNITY SERVICES and SUPPORTSFull-Service Partnership: ☐ System Development: ☒ Outreach and Engagement: ☐

Status of Project: New

Project Name: Forensic Behavioral Health Continuum of Care - Outpatient**Project Identifier(s):** 086**Avatar:****PeopleSoft:****Provider(s):****Approval Date:****Start Dates:****Project Overview:****Anticipated:****Actual:**

Co-occurring mental health and substance use disorder outpatient treatment services for adults as referred by justice partners through pre-trial and post-release community supervision. Criminogenic risks and needs are addressed as part of community-based treatment and wraparound services planning. Services can be provided to individuals in their homes, the community and other locations. Program does not have a set capacity.

Project Update FY 2021-2022

This project was conceived in FY 2022-2023 and did not exist in FY 2021-2022

FY 2021-2022 – Unique Individuals Served

| Ethnicity | Served | Ages Served* | Served |
|------------------------|--------|--------------------------------|--------|
| African American | -- | <input type="checkbox"/> 0-15 | -- |
| Asian/Pacific Islander | -- | <input type="checkbox"/> 16-24 | -- |
| Caucasian | -- | <input type="checkbox"/> 25-64 | -- |
| Latino | -- | <input type="checkbox"/> 65+ | -- |
| Native American | -- | Unreported | -- |
| Other | -- | Total Number Served | -- |
| Unknown | -- | | |
| Total Number Served | -- | | |

Performance Outcomes: fresnoMHS.com/outcomes**Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?**

Not applicable.

Proposed Project Changes FY 2024-2025:

This project will merge the AB109 Outpatient Mental Health & Substance Use Disorder Services project (being re-titled to Forensic Behavioral Health Continuum of Care Outpatient Services) and AB1810 Pre-Trial Diversion projects into one comprehensive Forensic Behavioral Health Continuum of Care Outpatient. Program activities and allocations will remain unchanged. With the AB 1810 Diversion Continuum pilot agreement concluding in FY 2022-2023, there was already effort in the new Forensic Continuum of Care agreement to continue meeting new criminal justice processes initiated to divert eligible individuals in need of treatment away from the criminal justice system. By reducing duplication of effort, the Department will be able to plan and evaluate interventions that bridge the behavioral health and criminal justice systems more efficiently.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

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 services for older adult persons served. Staff collaborate with primary care physicians and APS for outreach and engagement of services to seniors

Project Update FY 2021-2022:

The Older Adult team continues to provide specialty mental health services to seniors ages 60 and older who are experiencing symptoms of mental illness with significant impairment. The program continues to provide a variety of Evidence-Based Practices. There have been no significant changes to the mission, goals or funding of this program in the past year. The transportation benefits provided to individuals through the Managed Care Plans has proven helpful in increasing access.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served | Ages Served* | Served |
|----------------------------|--------|----------------------------|--------|
| African American | 54 | 0-15 | |
| Asian/Pacific Islander | 8 | 16-24 | |
| Caucasian | 1 | 25-64 | 43 |
| Latino | 107 | 65+ | 278 |
| Native American | 7 | Unreported | |
| Other | 11 | | |
| Unreported | 1 | | |
| Total Number Served | | Total Number Served | |

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

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

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

Staffing continues to be a challenge. The program is current about 80% staffed. Although this is in improvement, for much of the year staffing remained just above 50%. Affordable and appropriate housing are barriers to recovery. Many seniors continue to be vigilant about COVID and can be resistant to coming into the office or having people provide services in their home. The use of telehealth has provided many opportunities. At the same time, it has been difficult to reintroduce in-person services.

Proposed Project Changes FY 2024-2025:

No changes anticipated.

COMMUNITY SERVICES and SUPPORTSFull-Service Partnership: ☐ System Development: ☒ Outreach and Engagement: ☐

Status of Project: 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:** Historical **Actual:** February 12, 2007
Project Overview: Activities associated with securing full-time Peer Support Specialists and Parent Partners.

Project Update 2021-2022:

Through this program, 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 the project are placed in one cost center for tracking of staff costs; however, positions are allocated to work in programs throughout the Department.

FY 2020-2021 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|----------|
| African American | 0 |
| Asian/Pacific Islander | 0 |
| Caucasian | 0 |
| Latino | 0 |
| Native American | 0 |
| Other | 0 |
| Unreported | 0 |
| Total Number Served | 0 |

| Ages Served* | Served |
|--------------------------------|----------|
| <input type="checkbox"/> 0-15 | 0 |
| <input type="checkbox"/> 16-25 | 0 |
| <input type="checkbox"/> 26-39 | 0 |
| <input type="checkbox"/> 60+ | 0 |
| Unreported | 0 |
| Total Number Served | 0 |

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

Performance Outcomes: <https://www.calnmh.org/outcomes>**Were there any challenges or barriers to project completion? If so, what are the strategies to mitigate?**

The recruitment process for county positions can often be slow, which effects the vacancy rate of positions. The Department continues to work with Human Resources in hopes of reducing barriers to recruitment of peer professionals.

Proposed Project Changes 2024-2025:

The Department continues to refine its strategies for recruiting individuals with lived experience into full-time positions. In addition, the Department is committed to supporting its Peer Support Specialists in achieving Peer Certification should they so choose. The Department maintains a Participation Agreement with CalMHSA to participate in its statewide Peer Training and Certification.

COMMUNITY SERVICES and SUPPORTS

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

Status of Project: Keep

Project Name: RISE (CC2175) & Community Conservatorship Programs (4519)
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
Program overview: Community Conservatorship Provides support for LPS (Lanterman Petris Short) Conserved beneficiaries and those who were recently placed in the community as a stepdown from IMD (Institution for Mental Disease) / MHRC (Mental Health Rehabilitation Center) level of care. The team provides Specialty Mental Health Services (SMHS) in a way that supports and helps to restore dignity, support the empowerment of each individual person, demonstrates respect, and is individualized to the expressed need of each client. The goal of RISE/Community Conservatorship team is to increase stability and wellness in the community as the least restrictive environment possible. Using natural supports to increase overall wellness and reduce recidivism back to S.

Program Update:

RISE provides court related services and specialty mental health services for people on conservatorship who are being treated in a secured environment such as IMD, MHRC, or SNF. The team works with facilities to determine readiness for step-down to the outpatient care level of care. The Community Conservatorship Team has been established to support individuals on conservatorship once they are stepped down to community living. The teams work together to transition the person on conservatorship from the facility to local intensive outpatient treatment services. The Community Conservatorship team then provides intensive community based SMHS to help the person achieve independence in the community utilizing needs supports. The RISE team provide the conservator for the treatment teams in the Community Conservatorship Team.

FY 2021-2022 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|--------|
| African American | 67 |
| Asian/Pacific Islander | 26 |
| Caucasian | 145 |
| Latino | 174 |
| Native American | 6 |
| Other | 176 |
| Unreported | 14 |
| Total Number Served | |

| Ages Served* | Served |
|--------------------------------|------------|
| <input type="checkbox"/> 0-15 | 1 |
| <input type="checkbox"/> 16-24 | 38 |
| <input type="checkbox"/> 25-64 | 313 |
| <input type="checkbox"/> 65+ | 89 |
| Unreported | |
| Total Number Served | 428 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

The two teams are working together to support people on conservatorship. The Community Conservatorship Team has been working closely with the RISE team to support step-downs and promote independence. The Community Conservatorship had about a 50% vacancy rate. The RISE team provided additional clinical supports for the Community Conservatorship Team putting a strain on both portions of the program. Despite application of this additional resources the number of weekly contacts/treatment/supports decreased.

Proposed Project Changes FY 2024-2025:

No changes anticipated in the next year.

DRAFT

COMMUNITY SERVICES and SUPPORTS

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

Status of Project: Delete

Project Name: School Based Services

Project Identifier(s): 055 **Avatar:** **PeopleSoft:** 4311 & 4312

Provider(s): Fresno County Department of Behavioral Health
Fresno County Superintendent of Schools (FCSS) (A18-308)

Approval Date: Historical

Start Dates: **Anticipated:** N/A **Actual:** September 1, 2008

Project Overview: The target population is youth in grades 1st-12th (ages 6-17 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, DBH Clinic when schools are out of session, 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 2021-2022:

The School-Based Services Team (SBT) works in partnership with the Fresno County Superintendent of Schools (FCSS) to service geographic areas the Department is unable to cover. 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.

FY 2021-2022 – Unique Individuals Served

| Ethnicity | Served | Ages Served* | Served |
|----------------------------|--------|---|------------|
| African American | 32 | <input checked="" type="checkbox"/> 0-15 | 369 |
| Asian/Pacific Islander | 10 | <input checked="" type="checkbox"/> 16-24 | 7 |
| Caucasian | 34 | <input checked="" type="checkbox"/> 25-64 | 1 |
| Latino | 242 | <input type="checkbox"/> 65+ | |
| Native American | 1 | Unreported | |
| Other | 275 | Total Number Served | 377 |
| Unreported | 19 | | |
| Total Number Served | | | |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

N/A

Proposed Project Changes FY 2024-2025:

As of FY 2023-2024, this program was transitioned out of MHS.

COMMUNITY SERVICES and SUPPORTS

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

Status of Project: Keep

Project Name: Specialty Mental Health Services to Schools
Project Identifier(s): 065 **EHR:** 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.

Project Update 2021-2022:

The program is set up for periodic expansion over the 5-year life of the agreement. The geographical expansion was strategically planned in five phases. All the phase implementations were planned to provide access to communities that historically were underserved due to their lack of local community resources. In FY 2020-2021, the program onboarded 67 school sites. These schools' sites were within Big Creek School District, Central Unified School District, Clovis Unified School District, Fresno Unified School District, Kings Canyon Unified School District, Sanger Unified School District, Pine Ridge Elementary School District, and San Joaquin Memorial school districts.

All 4 Youth can receive referrals from the following sources: school staff, County of Fresno, Department of Behavioral Health (DBH) staff, self-referral, family member, community member, school employee or any agency members in the community. The program rendered 55,500 services to children and youth during this fiscal year. There were 2,952 unique individuals served. FCSS met their target goal of 2,460 for the year.

**The numbers reported below do not sum to 2,952 due to individuals reporting multiple ethnicities and individuals experiencing birthdays during the fiscal year.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|-----------|
| African American | 188 |
| Asian/Pacific Islander | 52 |
| Caucasian | 394 |
| Latino | 1895 |
| Native American | 12 |
| Other | 2 |
| Unreported | 95 |
| Total Number Served | ** |

| Ages Served* | Served |
|---|-----------|
| <input checked="" type="checkbox"/> 0-15 | 3235 |
| <input checked="" type="checkbox"/> 16-24 | 86 |
| <input type="checkbox"/> 25-64 | -- |
| <input type="checkbox"/> 65+ | -- |
| Unreported | -- |
| Total Number Served | ** |

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

Performance Outcomes: fresnoMHSA.com/outcomes

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

The program receives referrals from various sources and capacity has been a challenge. Keeping open communication with DBH and working with the DBH's Children's Division to help identify appropriate referrals and how to serve youth when capacity becomes a challenge. FCSS and DBH clinical supervisors and management meet regularly to develop strategies for challenges as they arise.

Proposed Project Changes 2024-2025:

The Fresno County Superintendent of Schools All 4 Youth Program's five phase expansion was accomplished in FY 2022-2023. DBH is currently in contract negotiations with FCSS for a new agreement which will begin in FY 2023-2024 and will incorporate Cal AIM initiative including payment reform.

DRAFT

COMMUNITY SERVICES and SUPPORTS

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

Status of Project: Keep/Reinstate

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 provided supervised child-care services for children in two locations: 1) the Heritage Center, and 2) the West Fresno Regional Center. Reading and Beyond served children 12 years of age and younger and services were provided only while persons served (parents/guardians/siblings) were in the building conducting business with the Department. Children were offered nutritional snacks/ water, and age/developmentally appropriate activities. The staff-to-child ratio was no less than one staff person for each of the following: three infants (up to one years old); nine children (ages 2 – 12); two infants and five children; and one infant and seven children.

Project Update FY 2021-2022:

The program is currently on pause due to COVID-19 restrictions and challenges.

FY 2020-2021 – Unique Individuals Served

| Ethnicity | Served | Ages Served* | Served |
|------------------------|--------|--------------------------------|--------|
| African American | | <input type="checkbox"/> 0-15 | |
| Asian/Pacific Islander | | <input type="checkbox"/> 16-24 | |
| Caucasian | | <input type="checkbox"/> 25-64 | |
| Latino | | <input type="checkbox"/> 65+ | |
| Native American | | Unreported | |
| Other | | Total Number Served | 0 |
| Unreported | | | |
| Total Number Served | 0 | | |

*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

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

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

The main challenge that occurred during FY 20-21 was the program not being operational due to the COVID-19 pandemic, which was effective March of 2020 (FY19-20) and continued through all of FY20-21. There were no strategies to mitigate the challenge because in-office, in-person services were not allowed to resume for the whole FY 20-21. In June 2022, the Reading and Beyond Supervised Childcare Agreement was terminated, due to logistical constraints within the Department regarding the intended program spaces and no estimated date as to when the provider would be able to safely resume providing Supervised Childcare services. However, in late 2022 the Department reviewed available data and formulated a plan to resume in-person services when available space is identified and deemed appropriate.

Proposed Project Changes FY 2024-2025:

The Department aims to reopen the Supervised Child Care program when adequate space can be obtained for both the West Fresno Regional Center and Children's Outpatient Center.

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, and discharge services, in addition to transportation to appropriate mental health programs to adults and older adults who are deemed applicable for this program pursuant to discharge from hospital emergency departments and designated 5150 facilities.

Project Update FY 2021-2022:

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 assessment and case management after their stay at the overnight stay facility. Discharges were down from previous years. This is the result primarily of more individuals staying involved with services for longer periods this fiscal year (up to 180 days) instead of 90 days because of COVID-19 challenges that restricted most services, especially case management, to telephonic contact. As of June 30, 2023, the program was extended for an additional 12 months with an optional additional 12-month extension.

FY 2021-2022 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|------------|
| African American | 72 |
| Asian/Pacific Islander | 12 |
| Caucasian | 117 |
| Latino | 146 |
| Native American | 7 |
| Other | 3 |
| Unreported | 1 |
| Total Number Served | 358 |

| Ages Served* | Served |
|---|------------|
| <input type="checkbox"/> 0-15 | 0 |
| <input checked="" type="checkbox"/> 16-24 | 51 |
| <input checked="" type="checkbox"/> 25-59 | 301 |
| <input type="checkbox"/> 65+ | 6 |
| Unreported | 0 |
| Total Number Served | 358 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

A large percentage of individuals admitted to SOS are homeless at time of intake. Understandably, follow-up contact is very difficult, and many individuals get lost until the next visit to the ED or 5150 facility. Keeping individuals engaged in services is also a challenge, and once linkages have been made, contact with SOS is less intensive as responsibility for engagement shifts to the mental health provider. The biggest challenge

aside from COVID has been staff turnover, short staffing due to illnesses, including COVID and difficulty recruiting and retaining personnel, both clinical and non-clinical staff.

Proposed Project Changes FY 2024-2025:

While it was decided that the program would stay cost based when CalAIM changes went into effect, the Department and WestCare are currently in discussion about transitioning the program to fee for service.

DRAFT

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: 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:** May 12, 2012
Project Overview: The Department of Behavioral Health Transition Age Youth program serves Medi-Cal beneficiaries ages 17.5 through 23 (sometimes 16 yo.) 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 2021-2022:

The TAY program continues to provide Specialty Mental Health Services (SMHS) to young adults. At times the program will accept individuals 16 years of age depending on resources and system impacts. The program has moved to a new location and is housed with Children's Mental Health (CMH). There has been a strong shift to the provision of community-based services providing services in the community, schools, homes, and at locations that are convenient for the individual.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|--------|
| African American | 63 |
| Asian/Pacific Islander | 19 |
| Caucasian | 125 |
| Latino | 356 |
| Native American | 9 |
| Other | 353 |
| Unreported | 54 |
| Total Number Served | |

| Ages Served* | Served |
|--------------------------------|------------|
| <input type="checkbox"/> 0-15 | 162 |
| <input type="checkbox"/> 16-24 | 483 |
| <input type="checkbox"/> 25-64 | 36 |
| <input type="checkbox"/> 65+ | |
| Unreported | |
| Total Number Served | 623 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

The program has been relocated due to construction at their practice location. They are now located with the CMH Division and share office space with CMH and the CMH medical team. Space in this location is extremely limited. There are insufficient individual and group therapy rooms. Although the program has shifted to align with other SMHPs in the provision of community-based services the new location has proven to be challenging with regard to space.

Proposed Project Changes FY 2024-2025:

No anticipated changes for the upcoming FY.

DRAFT

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 is an internal county operated wellness service that includes, but is not limited to, initial request for services, crisis evaluation, crisis intervention, medication supports, individual/group therapy, substance use disorder screenings 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, community partners and/or local emergency rooms. Services include triage, assessment and linkages through a walk-in setting or virtual setting.

Project Update FY 2021-2022:

The Urgent Care Wellness Center (UCWC) was designed to provide a “front door” to enter the system of care with 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. UCWC continued to provide initial services in-person, over the phone and via telehealth. UCWC continues to strive for same day services for all initial requests.

FY 2020-2021– Unique Individuals Served

| Ethnicity | Served | Ages Served* | Served |
|------------------------|--------|--------------------------------|--------|
| African American | | <input type="checkbox"/> 0-15 | |
| Asian/Pacific Islander | | <input type="checkbox"/> 16-25 | |
| Caucasian | | <input type="checkbox"/> 26-59 | |
| Latino | | <input type="checkbox"/> 60+ | |
| Native American | | Unreported | |
| Other | | Total Number Served | |
| Unreported | | | |
| Total Number Served | | | |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

Staffing shortages have been a significant challenge. The Department has worked to retain and recruit staff including increasing salaries, focusing on the wellness of staff, and improving communication from administration/leadership to line staff.

Proposed Project Changes FY 2024-2025:

UCWC anticipates the continued need to deliver services in-person, by phone and by telehealth indefinitely. UCWC will continue to strive toward same day service for all requests with a focus on same day services for phone requests, which has limitations due to vacant positions. UCWC continue to work towards filling

vacant positions. UCWC will adapt to changing laws and CalAIM implementation. UCWC plans to increase the follow up on person referred to programs, services and to their insurance plans to confirm the linkage was successful.

DRAFT

COMMUNITY SERVICES and SUPPORTS

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

Status of Project: Keep

Project Name 2023-2026: Vocational and Education Services
Project Name 2020-2023: Supported Education and Employment Services (SEES)
Project Identifier(s): 032 **EHR:** **PeopleSoft:** 4533, 4526
Provider(s): Dreamcatchers Empowerment Network (A20-102)
 State Department of Rehabilitation—Grant Match
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** July 1, 2009
Project Overview: Services provided are designed to prepare the Department of Behavioral Health (DBH) persons served with necessary skills to obtain and retain competitive employment using the Individualized Placement and Supports (IPS) fidelity model. The target population includes adults and Transitional Aged Youth who have current open cases within DBH or contracted provider. Individuals must have a medical documentation of a psychiatric diagnosis, must be a legal resident of the Fresno County, must be at least 16 years old and be receiving services from DBH or mental health contracted provider. For each fiscal year, a minimum of 100 unduplicated individuals will be served.

Project Update FY 2021-2022:

DBH executed the agreement with Dreamcatchers Empowerment Network on March 10, 2020. Due the COVID-19 pandemic many of the standard ramp up activities required to begin services were significantly delayed or more expensive than originally estimated. On October 20, 2020, DBH executed an amendment to realign the initial contract ramp up operational budgets to cover the expenses incurred by the contractor. FY 2020-2021 was the first year of service after ramp-up period and CORE Teams were established for the IPS referrals to assist in fidelity to the IPS model.

FY 2020-2021 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|--------|
| African American | -- |
| Asian/Pacific Islander | -- |
| Caucasian | -- |
| Latino | -- |
| Native American | -- |
| Other | -- |
| Unreported | -- |
| Total Number Served | -- |

| Ages Served* | Served |
|--------------------------------|--------|
| <input type="checkbox"/> 0-15 | -- |
| <input type="checkbox"/> 16-25 | -- |
| <input type="checkbox"/> 26-59 | -- |
| <input type="checkbox"/> 60+ | -- |
| Unreported | -- |
| Total Number Served | -- |

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

Performance Outcomes: fresnoMHSA.com/outcomes

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

Over the fiscal years, the program has balanced providing services to all persons eligible and attempting to stay in alignment with IPS fidelity which provides ratios to caseloads and integration with treatment teams requirements. Strategies implemented have been to assign Employment Specialists to CORE teams and have

one Employment Specialist for all other programs. The contractor and DBH continue to discuss how to ensure services are available with high fidelity to the IPS model. In FY 21-22, DOR requested that the agreement with DBH be transitioned to a cash transfer agreement to be in compliance with the Rehabilitation Services Administration and the agreement was executed on May 3, 2022.

Proposed Project Changes FY 2024-2025:

No proposed changes.

DRAFT

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: | <p>Designed to improve timely access to mental health screening, assessment, and referral for ongoing treatment and to provide short-term interventions for youth ages 0-17 with serious emotional disturbances. Referrals may be received from caregivers seeking mental health services, Medi-Cal Managed Care plans, 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. Services may also include facilitating the transition of youth in/out from Children's Mental Health programs from/to community resources when clinically appropriate. Youth Wellness also serves as an access point for youth and families seeking Substance Use Disorder services. The program provides ASAM screening, assessment and linkage to services, including SUD outpatient and residential care.</p> | |

Project Update FY 2021-2022:

Youth Wellness provides children and families with timely access to behavioral health services. Youth Wellness offers same day appointments and maintains a cancellation list to ensure expedited process of scheduling assessments (with goal that no available appointments will go unused). Youth Wellness implemented triage process for new access requests, whereby case manager will reach out to the family same day/next day after request to gather information on presenting concerns, and schedule for clinical assessment within 10 days. With triage screening, Youth Wellness can more easily and quickly identify the needs of the youth, connecting them to appropriate community resources and providing case management as needed while waiting assessment appointment. Youth Wellness triages for SUD needs of youth. Once SUD need is identified, ASAM screening is offered timely within 10 days, and youth are then connected to appropriate services based on their identified level of care. Youth Wellness may access SUD residential care for youth. Case management is provided to youth and their families for assistance, support, and care coordination while youth are admitted and then discharged from SUD residential program.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|------------------------|--------|
| African American | |
| Asian/Pacific Islander | |
| Caucasian | |
| Latino | |
| Native American | |
| Other | |
| Unreported | |

| Ages Served* | Served |
|--------------------------------|--------|
| <input type="checkbox"/> 0-15 | |
| <input type="checkbox"/> 16-25 | |
| <input type="checkbox"/> 26-59 | |
| <input type="checkbox"/> 60+ | |
| Unreported | |
| Total Number Served | |

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

| | |
|---------------------|--|
| Total Number Served | |
|---------------------|--|

Performance Outcomes: fresnoMHSA.com/outcomes

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

Challenges faced included increasing number of Access referrals. Youth Wellness added a Community Mental Health Specialist to meet the demand of increasing requests, and to continue to meet objective of contacting families same day/next day for triage. Triage/screening is important in determining the need of each youth to secure appointment and make appropriate referrals as soon as possible. In the event of crisis or urgent need, the family will be assisted in being seen the same day or next day by Clinician to address immediate or urgent needs. By utilizing our cancellation list or no-show appointment slots, all urgent needs of youth may be addressed. Youth Wellness continues to receive a high number of Presumptive Transfers requests from other county and faces barriers in obtaining the necessary documents to move forward with services. Youth Wellness mitigates this issue by dedicating a full time, trained Community Mental Health Specialist for sole purposes of assisting Presumptive Transfer foster youth accessing timely services. The staff process referrals received on a daily basis, reaches out to social work staff, supervisors and Presumptive Transfer Coordinators in other counties same day/next day to obtain necessary documentation to move forward with referrals. This has resulted in superior services and arranging for the therapy and medication needs of foster youth arriving in Fresno County timely. Another barrier to services has been parent's work schedule and location of services. Youth Wellness mitigates barriers by offering Telehealth, community-based services, and in-person services at two different sites in the Metro area making services more accessible to meet the family's needs, schedule and geographical area. Staff also voluntarily flex their work schedule to accommodate parents work schedule in an effort to provide timely services when needed.

Proposed Project Changes FY 2024-2025:

Currently there are no proposed changes

Outreach and Engagement

Outreach and Engagement programs are intended to identify unserved individuals with a SMI or SED 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.

The Department will be examining these services as some may be similar or even duplicative, and or may be combined to better serve the community. A thorough evaluation will be made to inform future plans and strategies.

The County is also seeking to create a specific level of support for FSP services which is allocated funding for outreach, engagement and retention of FSP referrals. The County is seeking to establish for FSPs a formal process for outreach to referrals, documentation on efforts for outreach and engagement, (number of contacts, in-person contacts, staff time, milage, etc.) and retention. Working on an incentive based, reimbursement rates can align with fee for service and better outcomes standards. The more effective the engagement and retention the more of the cost will be reimbursed, limited outreach and engagement, or those efforts not matching the measures to be established by the County will be reimbursed at a much lower rate. This is to improve linkages, engagement, retention and overall access to FSP services for those referred. This is not a new program, but an existing function of FSPs. In an effort to improve oversight, ensure program capacity and improve outcomes this function is being funded for specific function and specific outcome measures.

| Program Name | Projected Numbers to be Served |
|---|--------------------------------|
| Client and Family Advocacy Services | 700 |
| Collaborative Treatment Courts | 1500 |
| Family Advocacy Services | - |
| Mental Health Patients' Rights Advocate | |
| Intensive Outreach and Engagement (for FSP Referrals) | To be determined |

MHSA 3YP 23-26 Budget Numbers Outreach & Engagement

| Program Name 2020-2023 | Component | FY 21/22 BUD | FY 22/23 BUD | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|--|-----------|----------------|----------------|----------------|----------------|----------------|
| Collaborative Treatment Courts | CSS | 219,475 | 219,475 | 219,475 | 219,475 | 219,475 |
| Client and Family Advocacy Services | CSS | 113,568 | 113,568 | 113,568 | 113,568 | 113,568 |
| Mental Health Patients Rights Advocacy Ser | CSS | 263,747 | 268,237 | 268,237 | 268,237 | 268,237 |
| | | 596,790 | 601,280 | 601,280 | 601,280 | 601,280 |

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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, 22-206)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** July 1, 2011
Project Overview: This program provides support to individuals served in navigating the Behavioral Health system; educates individuals on mental health, wellness, and recovery; assists in stigma reduction; and provides warm hand-offs to services. Services may be provided in the office or in the field.

Project Update FY 2021-2022:

The program continued to provide services in the office and in the field. Staff members provide individual and group services to community members.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|-------------|
| African American | 16 |
| Asian/Pacific Islander | 0 |
| Caucasian | 27 |
| Latino | 619 |
| Native American | 0 |
| Other | 4512 |
| Unreported | 246 |
| Total Number Served | 7638 |

| Age Group Served* | Served |
|---|-------------|
| <input type="checkbox"/> 0-15 | 1 |
| <input checked="" type="checkbox"/> 16-24 | 57 |
| <input checked="" type="checkbox"/> 25-64 | 501 |
| <input checked="" type="checkbox"/> 65+ | 40 |
| Unreported | 7039 |
| Total Number Served | 7638 |

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

Performance Outcomes: fresnoMHSA.com/outcomes

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

This program has a limited budget which inhibits the provision of additional services.

Proposed Project Changes FY 2024-2025:

The Name of this program will be adjusted so that it is not confused with a similar program with similar name.

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 **EHR:** 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: Historical
Start Dates: **Anticipated:** N/A **Actual:** September 11, 2012
Project Overview: Collaborative Treatment Courts are intended to increase access to services and remove barriers for justice-involved individuals who are in need of substance use disorder and/or mental health treatment as well as supportive services in lieu of incarceration. Court Coordinators manage and coordinate program activities related to the daily functioning of respective Collaborative Treatment Courts, including monitoring of plans to assist participants in their recovery and liaison with other cross-section justice and behavioral health partners to exchange information and coordinate services. Collaborative Treatment Courts that incorporate coordination services include Behavioral Health Court (BHC), Family Behavioral Health Court (FBHC), Adult Drug Court (ADC), Family Dependency Treatment Court (FDTC), Unity Court and Federal Wellness Court. Each court has specific eligibility requirements; capacity of the program varies per court. A Department Behavioral Health (DBH) clinician and case managers outreach to and assess minors considered for the program and provide clinical recommendations to the Courts for minors and adults.

Project Update FY 2021-2022:

Fresno Superior Court (Court) completed their transition from sub-contracted to fully employed personnel providing court coordination services, with final sub-contracted services for FDTC ending June 2020. As a result of personnel shifts in order to continue services during the COVID-19 pandemic, the Court also had to be strategic with less coverage of collaborative courts with lower caseloads such as FDTC and FBHC.

The Courts implemented additional collaborative courts in FY 2020-21. In June 2020, Mental Health Diversion Court centralized all cases under AB1810 under one presiding judge. In October 2020, the Driving Under the Influence (DUI) Treatment Court, funded by a grant from the Office of Traffic Safety awarded to the Court, provided opportunity for treatment in lieu of incarceration for certain third-time DUI offenders. The grant supported a full time Court-employed court coordinator and through a revenue agreement with the Court (A-20-470), the DBH Collaborative Courts team began providing screening and case management linkages to appropriate SUD treatment services in January 2021.

FY 2021-2022 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|--------------|
| African American | -- |
| Asian/Pacific Islander | -- |
| Caucasian | -- |
| Latino | -- |
| Native American | -- |
| Other | -- |
| Unreported | 1,383 |
| Total Number Served | 1,383 |

| Ages Served* | Served |
|--------------------------------|--------------|
| <input type="checkbox"/> 0-15 | -- |
| <input type="checkbox"/> 16-25 | -- |
| <input type="checkbox"/> 26-59 | -- |
| <input type="checkbox"/> 60+ | -- |
| Unreported | 1,383 |
| Total Number Served | 1,383 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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 limitations of the Courts' case management information system and DBH Collaborative Courts team's ability to enter non-Medi-Cal billable services into its electronic health record system. Court coordinators continue to review appropriate data collection and outcome reporting methods. The Court committed to hiring another full-time court coordinator in FY 2021-22 to fulfill data collection requirements and centralization of all collaborative courts' protocols. In response to the onset of the COVID19 pandemic, the Court significantly scaled back operations by, initially closing, then limiting access to court buildings. Participants, treatment staff and liaisons made virtual appearances on Zoom as opposed to face-to-face appearances. The Court attempted to mitigate deterring effects on participation in judicial proceedings and compliance with treatment plan recommendations with requirements for in-person appearances at the start of the program and as needed. The development and implementation of additional collaborative courts through un-funded mandates continue to constrain Court and DBH Collaborative Courts' team staffing with already limited resources. Both partners are looking at standardizing tools and processes to be more efficient and effective.

Proposed Project Changes FY 2024-2025:

The Superior Court agreement, A-18-32, was amended in August 2021 to include Mental Health Diversion Court (MHDC), Veteran's Court (VC), and Unity Court (Unity) for court coordinator services. It is anticipated that clinical and liaison support for Misdemeanor Incompetent to Stand Trial Court (SB317) and Mental Health Diversion Court (AB1810) will also completely transition to the DBH Collaborative Courts team. The Department's participation in any new collaborative treatment courts, mandated such as Community Assistance Recovery and Empowerment (CARE) Court or non-mandated such as Reintegration/Re-entry Court, 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: 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 2021-2022:

The provider continued to develop metrics and tools while adapting their own services to comply with COVID-19 safety measures. The provider also advised on the safety measures of other providers while ensuring the maintenance of patients' rights. Patients' Rights persons served.

FY 2020-2021 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|----------|
| African American | |
| Asian/Pacific Islander | |
| Caucasian | |
| Latino | |
| Native American | |
| Other | |
| Unreported | |
| Total Number Served | 0 |

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

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

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

The provider was delayed in developing metrics and tools due to the COVID-19 pandemic.

Proposed Project Changes FY 2024-2025:

The Department will continue to monitor the agreement and ensure services are provided in a timely manner.

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 programs across all six components of MHSA's PEI as 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 metropolitan 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

- 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

- Functional Family Therapy
- Perinatal Wellness (through FY 2023-2024)

- 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 2022-23 Annual Revenue and Expenditures Report (ARER) notes that Fresno County spent 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. It is the goal of Fresno County to maximize opportunities under CalAIM to offset costs covered by MHSA-PEI.

There are programs that will likely have to sunset with the passage of Prop 1, unless the services can adapt to become billable services, or funding allows can continue but outside the MHSA plans. The Department continues to examine PEI program costs, structure, and outcomes. As In the coming FY (2024/25) there will be adjustments to funding levels of some PEI programs, based on anticipated PEI revenue, sustainability, and opportunities for more diversified funding under things such as CalAIM, CYBA, and other initiatives.

The Department is committed to leveraging PEI funding to address health disparities and improve the wellness of underserved communities. One of the goals for PEI during the three-year plan was to be able to effectively integrate Community Defined Evidence Practices (CDEP)s into its system of care. Currently there are three such CDEPs as part of an Innovation Plan that if successful were to be considered for transition to PEI funding and supporting prevention or stigma reduction activities. With anticipated changes to funding through Proposition 1, these may not be viable as PEI plans. Current projections anticipate a reduction in PEI revenues, and as such the funding levels of PEI

program will likely have to be adjusted, based on availability of PEI funds.

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MHSA 3YP 23-26 Budget Numbers Prevention and Early Intervention

| Program Name 2020-2023 | Component | FY 21/22 BUD | FY 22/23 BUD | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|--|-----------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Child Welfare Mental Health Team/Katie A | PEI | 350,000 | 350,000 | - | - | - |
| Crisis Intervention Team and Rural Triage | PEI | 4,425,072 | 4,425,072 | 4,425,072 | 4,425,072 | 4,425,072 |
| Multi-Agency Access Point (MAP) | PEI | 1,284,529 | 1,284,529 | 1,284,529 | 1,284,529 | 1,284,529 |
| Blue Sky Wellness Center | PEI | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 |
| DBH Communications Plan | PEI | 700,000 | 700,000 | 700,000 | 700,000 | 700,000 |
| Suicide Prevention/Stigma Reduction | PEI | 648,140 | 644,511 | 644,511 | 644,511 | 644,511 |
| Youth Empowerment Centers (YEC) | PEI | 846,868 | 846,868 | 846,868 | 846,868 | 846,868 |
| Community Gardens | PEI | - | - | - | - | - |
| Cultural-Based Access Navigation and Peer/I | PEI | 550,000 | 550,000 | 550,000 | 550,000 | 550,000 |
| Holistic Cultural Education Wellness Center | PEI | 896,719 | 896,719 | 896,719 | 896,719 | 896,719 |
| Functional Family Therapy | PEI | 673,005 | 673,005 | 1,500,000 | 1,500,000 | 1,500,000 |
| Perinatal Wellness Center | PEI | 400,000 | 400,000 | 1,400,000 | 1,400,000 | 1,400,000 |
| MHSA CPPP | PEI | 40,000 | 40,000 | 40,000 | 40,000 | 40,000 |
| Integrated Mental Health Services at Primary | PEI | - | - | - | - | - |
| Local Outreach to Survivors of Suicide (LOS) | PEI | 351,489 | 355,489 | 355,489 | 355,489 | 355,489 |
| | | 12,366,193 | 12,366,193 | 13,843,188 | 13,843,188 | 13,843,188 |

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 **EHR:** N/A **PeopleSoft:** 4521
Provider(s): Kings View (A-22-255)
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 23, 2007
Project Overview: Prevention and early intervention peer centered wellness and recovery focused activities. Services include group and individual peer supportive services in addition to teaching Wellness Recovery Action Plan services and Crisis Plan services/relapse prevention, transportation, life skills courses, job readiness services, and on-site volunteer opportunities. Blue Sky is located in the city of Fresno. The target population is adults. The target number of members served daily is 70.

Project Update FY 2021-2022:

Since re-opening to in-person services post COVID-19 Pandemic Lockdown, attendance numbers have continued to rise but still remain below pre-pandemic levels. Outreach to members by phones, mail, and dropping off wellness kits continues to help address the wellness needs of those who remain cautious and distant. Staff are consistently working on conducting community presentations regarding the services provided at the Blue Sky Wellness Center and collaborating with community organizations in hopes of increasing attendance at the center. Staff and volunteers are consistently cleaning and disinfecting the facility to ensure safety of all staff and members of the center.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|------------|
| African American | 11 |
| Asian/Pacific Islander | 22 |
| Caucasian | 203 |
| Latino | 27 |
| Native American | 18 |
| Other | 68 |
| Unreported | 81 |
| Total Number Served | 750 |

| Ages Served* | Served |
|---|------------|
| <input type="checkbox"/> 0-15 | 0 |
| <input checked="" type="checkbox"/> 16-25 | 31 |
| <input checked="" type="checkbox"/> 26-59 | 571 |
| <input checked="" type="checkbox"/> 60+ | 53 |
| Unreported | 95 |
| Total Number Served | 750 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

Homelessness of many members continues to be a significant obstacle to wellness progress. Little else can be done than is already in play. The Blue Sky program collects clothing donations to provide to members in need. The impact of COVID-19 on the economy caused tax revenues to reduce necessitating a budget cap. Combined with rising inflation, staffing has become difficult for many programs. Also, the Blue Sky facilities have been hit with various challenges including pest control, sewage backing up, and AC/Heating units needing replacement/repairs. These have resulted in the need for occasional brief closures while the

property owner has addressed. Each incident has so far been addressed timely and with minimal closure time. At present, these interruptions are now uncommon.

Proposed Project Changes FY 2024-2025:

In anticipation of meeting the needs addressed in the latest discourses on Diversity Equity & Inclusion, Fresno Department of Behavioral Health has asked that Blue Sky staff attend trainings on Neurodivergence and Ableism, as these are often overlooked co-morbidities of other mental health conditions and can help guide Blue Sky staff to ensure constructive and equitable access to all potential members.

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MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

Status of Project:Keep

| | | |
|-----------------------------------|--|-------------------------|
| Project Name: | CalMHSA JPA Expenditures | |
| Project Identifier(s): 071 | EHR: N/A | PeopleSoft: 4902 |
| Provider(s): | CalMHSA JPA | |
| Approval Date: | Historical | |
| Start Dates: | Anticipated: | Actual: |
| Project Overview: | The Department participates in the California Mental Health Services Authority (CalMHSA), a Joint Powers Authority (JPA), which allows the Department to easily participate in statewide projects and other initiatives. | |

Project Update:

The Department continues to participate as a member of the CalMHSA JPA. For FY 2021-22, the Department participated in various statewide projects and initiatives which include Evaluation of Prevention and Early Intervention (PEI) Initiatives, Central Valley Suicide Prevention Hotline, Statewide PEI Program, Third Sector Multi-County Full-Service Partnership Innovation Project, Statewide Electronic Health Records, Peer Support Certification, and other various projects.

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

There were no challenges or barriers for FY 21-22.

Proposed Project Changes FY 2024-2025:

Currently no proposed changes.

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 **EHR:** 4762 (DBH CIT), 4763 **PeopleSoft:** 4762 (DBH CIT), 4763a (Kings View Metro), 4766 (Kings View Rural Triage East), 4767 (Kings View Rural Triage West) (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 (A-18-074)
Kings View Behavioral Health (A-23-303 and A23-308)

Approval Date: Historical

Start Dates: **Anticipated:** N/A **Actual:** June 1, 2010

Project Overview: Behavioral health clinicians serve as active liaisons with law enforcement and other first responders to provide Crisis Intervention Team (CIT) services to all individuals experiencing a behavioral health crisis in the community, specifically in the metropolitan (metro) area, and the East and West regions of Fresno County. Services include, but are not limited to: crisis assessments, crisis intervention, suicide risk assessments, community referrals and linkages, case management and care coordination activities.

The Kings View CIT clinicians are available to respond to behavioral health calls for service, as dispatched by law enforcement, from 6:00am to 11:00am, 5 days a week. The DBH clinicians provide intensive engagement services 5 days a week from 8:00am to 5:00pm with the support of a Clinical Supervisor. Services are provided by interagency coordination between behavioral health clinicians, law enforcement and other first responders to identify, triage, assess, and connect or reconnect individuals to treatment and support and mitigate unnecessary involvement with the criminal justice system.

The program provides approximately 8,000 services to 6,500 individuals each year.

Project Update FY 2021-2022:

Kings View and DBH behavioral health clinicians continue to provide community outreach, education training and consultation to the law enforcement agencies within Fresno County as well as direct field response to behavioral health crisis calls; assessments for danger to self, danger to others and grave disability; and post-crisis follow up and case management, as needed.

Due to the COVID-19 pandemic, the contract for Rural Triage CIT services was extended from June 30, 2020, until June 30, 2022 and the Request for Proposal process for contract renewal was released in Spring 2022. In preparation for the procurement process, DBH met internally to review program data and discuss service improvement strategies as well as upcoming California Advancing & Innovating Medi-Cal (CalAIM)

requirements. The Request for Proposals included the following changes from previous program operations:

- Location of services in the Rural community was expanded to include all rural cities, not just the East and West regions of Fresno County;
- Clear communication regarding the inability to respond to detention facilities, hospitals and other inpatient facilities;
- Documentation must be completed within 24 hours of service delivery, including access forms, client referral forms, progress notes, diagnosis forms and all related documents (e.g., safety plans, suicide risk assessments, 5150 holds, etc);
- If a 5150 hold isn't initiated, the clinician is required to, at minimum, completed a suicide risk assessment and safety plan;
- Collaborative documentation will be utilized whenever it's clinically indicated;
- Coordination with the Family Urgent Response System (FURS) in Fresno County and utilize the program as a resource for qualified individuals; and
- The addition of case management and peer support staff to conduct post-crisis follow up activities.

FY 2021-2022 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|--------------|
| African American | 161 |
| Asian/Pacific Islander | 38 |
| Caucasian | 412 |
| Latino | 1,788 |
| Native American | 20 |
| Other | 991 |
| Unreported | 114 |
| Total Number Served | 4,782 |

| Ages Served | Served |
|---|--------------|
| <input checked="" type="checkbox"/> 0-15 | 1,110 |
| <input checked="" type="checkbox"/> 16-25 | 999 |
| <input checked="" type="checkbox"/> 26-39 | 2,423 |
| <input checked="" type="checkbox"/> 40-59 | 543 |
| <input checked="" type="checkbox"/> 60+ | 607 |
| Total Number Served | 4,782 |

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

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

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

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 behavioral health clinicians and Kings View to collect the required data; however, it doesn't include all the calls law enforcement responds to without a behavioral health clinician.

Over the coming fiscal year, DBH will continue to work with our law enforcement partners to develop more robust data collection and reporting mechanisms.

Proposed Project Changes FY 2024-2025:

On November 10, 2021, DBH was awarded \$753,437 in Crisis Care Mobile Units grant funding from the Department of Health Care Services (DHCS) to expand CIT services with additional case management/peer support staff and training specific to CIT for Youth. DBH has worked with Kings View to hire the additional case management/peer support staff and procuring a training vendor to conduct the CIT trainings targeted towards youth in crisis.

Additionally, on December 22, 2022, DBH was awarded \$1,371,806 in grant funding from the California Health Facilities Financing Authority to further expand CIT services. Through this grant, DBH will work

internally and with its contracted providers and community partners to form teams of clinicians and case management/peer support staff dedicated to non-law enforcement crisis response in K-12 schools throughout Fresno County. Although the CIT programs currently respond to crisis calls for service in school-based settings, it's anticipated these specialized teams will provide a more targeted response to the initial crisis, mitigate youth interaction with law enforcement and robust post-crisis follow up services in a timely manner.

The program is also being evaluated in accordance with DHCS Behavioral Health Information Notice (BHIN) 23-025(released June 29, 2023) to ensure compliance by December 2023. Upcoming CIT program changes may include, but are not limited to:

- 24/7 mobile crisis response;
- One phone number for all beneficiaries to contact for crisis services;
- A standardized dispatch tool and procedures regarding when and how mobile crisis teams will respond onsite;
- Two-person mobile response teams consisting of at least 1 Licensed Practitioner of the Healing Arts (LPHA) or Licensed Mental Health Professional;
- Mobile response teams have access to an individual who can prescribe medications for addiction treatment (i.e., Medication-Assisted Treatment) and psychotropic medications, as needed;
- Response times will not exceed 60 minutes in the County's urban areas and 120 minutes in the rural areas of Fresno County; and
- Law enforcement response will be minimized and requested when a special safety concern exists.

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 Support (CBANS) Services
Project Identifier(s): 037 **EHR:** 4764 **PeopleSoft:** 4764
Provider(s): The Fresno Center
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** October 11, 2001
Project Overview: The CBANS Program helps provide timely access to services to all age groups of unserved and/or underserved culturally diverse populations in Fresno County. The program is modeled on an evidence-based, community-based health model and utilizes community healthcare outreach workers, such as Community Health Workers (CHW) and Peer Support Specialists (PSS), to disseminate information, and act as the bridge between behavioral health providers, system of care and the unserved/underserved communities by facilitating linkages to services.

Project Update FY 2021-2022:

The CBANS program shifted from multiple providers to a sole provider for the new agreement. FY 2021/22 was the first year of the new five-year agreement with The Fresno Center. The first six months of the agreement were mainly focused on building infrastructure necessary to operate the program, and train and certify peer support staff. The program also was met with a challenge of implementing and delivering services right in the middle of the COVID pandemic. The program was able to adapt to the current situation to provide amendable services. Overall, the program was able to meet all 10 of the 11 objectives for year one. The with the lone exception was hiring a full team, which they are trying to fill at the moment.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|-------------|
| African American | 66 |
| Asian/Pacific Islander | 90 |
| Caucasian | 15 |
| Latino | 780 |
| Native American | 0 |
| Other | 344 |
| Unreported | 0 |
| Total Number Served | 1295 |

| Ages Served* | Served |
|---|-------------|
| <input checked="" type="checkbox"/> 0-15 | 52 |
| <input checked="" type="checkbox"/> 16-24 | 52 |
| <input checked="" type="checkbox"/> 26-59 | 829 |
| <input checked="" type="checkbox"/> 60+ | 233 |
| Unreported | 129 |
| Total Number Served | 1295 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

COVID-19 continues to be a challenge for the program for both staff and individual served. Safety concerns limit the numbers of direct face to face services as well as group sizes for Life Skills Education. Staff were also out of the office due to exposure and or testing positive for COVID-19 which increased workloads for those remaining in the office. For individuals service, some struggle with digital literacy issues to connect to and access online care and supports. Issues encountered includes unstable internet connection, access to reliable computer, and/or an email account (nor know how to use one). The Fresno Center continues to adapt their services and work with individuals to ensure services are delivered and accessible. Another barrier is staffing. The Fresno Center is still in need of hiring Peer Support Specialists and a Data Specialist at the agency. It is anticipated that The Fresno Center will be fully staffed some time in FY 22/23.

Proposed Project Changes FY 2024-2025:

The Department of Behavioral Health will continue to work with TFC to ensure staffing is adequate and services are accessible and adapted if needed to meet the needs of the unserved and/or underserved population.

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MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2021 - 2022

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: The DBH Communications Plan is 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 plan describes the methods for integrating and cross-promoting messages and ensuring the Department's myriad of services and supports are familiar to the community.

Project Update FY 2021-2022:

The DBH Communication Plan for 2021-2022 served as a foundation of reference for projects, particularly in the context of department 'branding.' While the plan itself remained unchanged, a recent evaluation highlighted the necessity for updates, particularly in the realm of outreach. Upon the evolution of new and innovative communication techniques since the plan's inception, revisions will be undertaken to ensure alignment with current best practices.

FY 2021-2022 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|------------|
| African American | |
| Asian/Pacific Islander | |
| Caucasian | |
| Latino | |
| Native American | |
| Other | |
| Unreported | |
| Total Number Served | N/A |

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

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

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

Implementing the plan presented several challenges, including the complexity arising from the multitude of projects requiring attention. Some projects seemed to indicate a need for updates, adding another layer of complexity. Additionally, executing the communication plan was hindered by limited staffing resources and a lack of understanding among non-communication team staff members.

Proposed Project Changes FY 2024-2025:

Our intention is to enhance the communication plan by incorporating current tactics and aligning them closely with the department's goals and objectives. This strategic approach aims to bring about a more focused and effective communication plan, benefiting not only the department but also positively impacting our broader community.

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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 **EHR:** 4321 **PeopleSoft:** 4321
Provider(s): Comprehensive Youth Services (A-18-687 until 6/30/23 and A-23-279 starting 7/1/2023)
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 or at risk of involvement in the Juvenile Justice System. The model works with the identified youth, parents/guardians, siblings, and other relatives that have a significant impact on the family's functioning. Youth are generally referred for behavioral, emotional, relational and/or mental health concerns. Referrals are received from prevention, courts, schools, other service providers, parents/guardians or self-referred.

The program focuses on assessment of those risk and protective factors that impact the adolescent and his or her environment, with specific attention paid to both intra familial and extra familial factors, and how they present within and influence the therapeutic process. The intervention program itself consists of five major components in addition to pre-treatment activities: Engagement in change; Motivation to change; Relational/Interpersonal Assessment and planning for Behavior change; Behavior change; and Generalization across behavioral domains and multiple systems.

Services are provided to youth and families throughout Fresno County, including: Fresno, Clovis, Sanger, Del Rey, Orange Cove, Selma, Kingsburg, Huron, Coalinga, Firebaugh, and other small communities throughout rural Fresno County. Services can be delivered in the home, community, school, or other community settings as determined by collaborating with all relevant parties. Services are provided throughout Fresno County in the community as opposed to services being performed at traditional mental health department offices to increase the frequency of clients obtaining needed services as some children/families are reluctant to seek services from traditional mental health settings.

The program serves minimum of 450 unduplicated identified clients within each 12-month period of this Agreement. In addition, identified clients' siblings, other relatives, caregivers, and other significant support person may participate and receive specialty mental health services from this program.

Project Update FY 2021-2022:

For the fiscal year of 2021-2022, FFT served 563 youth and their families.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|------------|
| African American | 30 |
| Asian/Pacific Islander | 9 |
| Caucasian | 70 |
| Latino | 408 |
| Native American | 1 |
| Other | 5 |
| Unreported | 40 |
| Total Number Served | 563 |

| Ages Served* | Served |
|---|------------|
| <input checked="" type="checkbox"/> 0-15 | 359 |
| <input checked="" type="checkbox"/> 16-24 | 204 |
| <input type="checkbox"/> 25-64 | 0 |
| <input type="checkbox"/> 65+ | 0 |
| Unreported | 0 |
| Total Number Served | 563 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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 person served/family into services in a timely manner. Often, this led to families declining services as the crisis or troublesome issues was not their primary focus at the time of contact. In 2021, the county instituted specific timeframes to make the initial outreach/contact with the person served/family and the amount of time to the initial assessment session. FFT initially struggled with meeting these time frames and developing a system that met these requirements initially but were able to meet the standards and maintain the standards throughout the 2021-2022 year.

Additionally, COVID-19 had a significant impact on FFT services. When the pandemic first hit in 2020 and mandates were put into place to socially distance and provide services through telehealth, both FFT staff and persons served/families struggled with this new manner of services. Many persons served who were in services declined to continue via telehealth and preferred to wait until in-person services could resume. New persons served declined to begin services stating their lack of comfort with telehealth or lack of access. In order to mitigate these issues FFT case managers worked on access issues with the families to alleviate that barrier. All FFT staff worked on learning and understanding the telehealth world, participated in trainings, talked with other providers and each other. The FFT staff also provided socially distant home visits just to introduce themselves in person to increase the person served/family comfort level with the staff. FFT staff worked hard to build their knowledge and their comfort level with telehealth services to assist persons served/families in building confidence and comfort in this mode of treatment.

As of the end of the 2021-2022 fiscal year, persons served and families were much more receptive to telehealth services. In addition, most of the technology issues have been addressed which eliminated that barrier to services. Changing from in-person sessions held in homes, schools and community locations to telehealth was a difficult transition for staff as well as persons served. Most have had little experience with telehealth and were a little intimidated and hesitant initially. However, both staff and persons served/families agree there are drawbacks to telehealth both agree that telehealth was better than no option. Some were relieved that they could still get services in a safe and distant manner. One positive aspect of telehealth for family therapy is it does allow for parent and person served to be at different locations and still have FFT services. Either through a three-way call or virtual session. Families have had to cancel fewer appointments due to location difficulties. While the services were delivered in a different

manner, persons served/families continued to report satisfaction and progress with the FFT services at the same level as the previous in-person services. The overall progress and satisfaction with the services did not change significantly.

Proposed Project Changes FY 2024-2025:

The old contract for this program (A-18-687) was slated to conclude on June 30, 2023. Proposed changes to this program included increasing the expected capacity of this program, utilizing MediCal billing primarily (MHSA secondary), and addition of peer support staff to the program structure. Due to the priority implementation of CalAIM changes, only the peer support staff requirement and MediCal billing change were able to be made in the new contract.

The current contract (A-23-279) is written for July 1st, 2023 through June 30th, 2024, with an option to renew for a second year, through 2025. When the new contract is written, the Department of Behavioral Health will consider increasing the capacity of the program as appropriate to the County need.

DRAFT

PREVENTION and EARLY INTERVENTION

Prevention: ☒ Early Intervention: ☐ Outreach: ☐ Access and Linkage: ☐
 Stigma Reduction: ☐ Suicide Prevention: ☐

Status of Project: Keep

Project Name: Holistic Wellness Program
 Holistic Cultural Education Wellness Center
Project Identifier(s): 038 **EHR:** **PeopleSoft:** 4783
Provider(s): The Fresno Center
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** June 19, 2012
Project Overview:

The Holistic Wellness Program is a non-treatment program designed to promote the wellness and recovery of persons served based on complementary, culturally based holistic practices and education to all age groups of unserved and underserved culturally diverse populations in Fresno County. The program focuses on prevention activities to reduce risk factors for developing a potentially serious mental illness and to build on protective factors. The program shall also provide an approach that addresses behavioral health issues for individuals or cultural groups who may not seek mainstream behavioral health services. The program utilizes Cultural Brokers to serve as a bridge between clinically based Western practices and culturally based holistic approaches to the unserved/underserved communities by facilitating wellness and prevention services.

Project Update FY 2021-2022:

FY 2021-2022 was the final year for the previous agreement. The program continues to do well under the oversight and guidance of The Fresno Center. COVID-19 continues to be an issue, but the program adapted well and was able to keep individuals engaged and provide service to our community. All program goals/objectives were met or exceeded. Target numbers for mind/spirit activities were almost doubled. Target numbers for physical health activities were more than tripled. More than 2,202 unique clients were serviced and services were utilized 46,080 times throughout the fiscal year.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|-------------|
| African American | 66 |
| Asian/Pacific Islander | 418 |
| Caucasian | 67 |
| Latino | 1585 |
| Native American | 0 |
| Other | 66 |
| Unreported | 0 |
| Total Number Served | 2202 |

| Ages Served* | Served |
|--|-------------|
| <input checked="" type="checkbox"/> 0-15 | 308 |
| <input checked="" type="checkbox"/> 16-25 | 110 |
| <input checked="" type="checkbox"/> 26-59+ | 1299 |
| <input type="checkbox"/> 60+ | 485 |
| Unreported | 0 |
| Total Number Served | 2202 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

Overall, all program goals/object were met, but staffing was the main barrier to project completion. Many staff experienced loss of family members, friends, and individuals served who had been attending their activities for years. Most staff were also affected by COVID-19 and were out of the office for weeks at a time or were out for several days when exposed. This required other staff to be pushed and fill in and provide services. Another barrier was the digital literacy required to participate in virtual activities. Some individuals had limited access to electronic devices and unreliable internet connection. This often took more time for staff to provide technical support to individuals, which took time away from activities. Moving forward, it is anticipated that services will return to in-person which may improve service delivery.

Proposed Project Changes FY 2024-2025:

As of this update, contract goals have been met or exceeded. The Department of Behavioral Health will continue to work with TFC to ensure staffing is adequate and services are accessible and adapted if needed to meet the needs of the unserved and/or underserved population.

DRAFT

PREVENTION and EARLY INTERVENTION

Prevention: ☐ Early Intervention: ☐ Outreach: ☐ Access and Linkage: ☐
 Stigma Reduction: ☐ Suicide Prevention: ☒
 Status of Project: Keep

Project Name: Local Outreach to Survivors of Suicide Team (LOSS)
Project Identifier(s): 093 **EHR:** **PeopleSoft:** 4771
Provider(s): Hinds Hospice
Approval Date: Historical
Start Dates: **Anticipated:** N/A **Actual:** April 2019
Project Overview: The Local Outreach to Suicide Survivors (LOSS) Team provides information, support, warm linkage, and resources to newly bereaved suicide survivors. The LOSS Team is activated by first response officials when a suicide occurs. The LOSS Team provide immediate assistance to survivors to help them cope with the trauma of their loss, provide follow-up contact with the survivors, and coordinate the utilization of services and support groups within the community.

Project Update 2021-2022

The LOSS Team and volunteers remain committed to providing suicide loss survivors the best support possible during the COVID-19 pandemic. All program goals were met with the exception of providing four community trainings. Only two of the four trainings were delivered due to the COVID-19 affecting trainings early in the fiscal year. The team was able to respond to 100% of the referrals received, and of these responses, at least one person on scene did reach out for services. For FY 2021-2022, 220 unique individuals received services from the LOSS Team. Although bereavement phone and mailings decreased from the previous year, there was an increase in therapy and support group sessions. Overall, the LOSS Team continues to meet program goals and deliver services to individuals in need of support after a suicide loss.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|------------|
| African American | 0 |
| Asian/Pacific Islander | 0 |
| Caucasian | 0 |
| Latino | 0 |
| Native American | 0 |
| Other | 0 |
| Unreported | 220 |
| Total Number Served | 220 |

| 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 | 220 |
| Total Number Served | 220 |

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

Performance Outcomes: fresnoMHSA.com/outcomes

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

COVID had an impact to services early in the fiscal year. The program was not able to deliver community trainings to promote services and provide suicide prevention education to the community. It is anticipated that this goal will be met moving forward as restrictions are lifted and conditions improve. In addition, there were some staff turnover which may have affected the program. The program continues to recruit for any vacancy but does have a contingency plan to ensure services are delivered.

Proposed Project Changes FY 2024-2025:

FY 2024-2025 will be the first year of the new agreement. The current LOSS Team agreement will expire on June 30, 2024. The Department is working with our County Purchasing for next steps regarding the new agreement. The anticipated term for the new agreement is a two-year base agreement from 7/1/2024-6/30/2026 with the option of extending for three additional twelve-month periods.

DRAFT

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 **EHR:** 4768 **PeopleSoft:** 4768
Provider(s): Kings View Corporation (A17-006)
 Poverello House (A17-006)
 Centro La Familia Advocacy Services (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 2021-2022:

Within Fiscal Year 2021-22, the Department of Behavioral Health determined that the database developed by Shift3 could no longer be used to provide sufficient and reliable data collection and reporting, and contracted with Unite USA, Inc. (Unite Us) to utilize their existing online platform. In the second half of the fiscal year, the MAP Screening Tool was integrated into the Unite Us platform, with some changes made to the questionnaire with consideration to recommendations from a third-party program evaluation conducted by the RAND Corporation. The Unite Us platform went through a soft roll out starting in May 2022 with full transition from the previous database to the Unite Us platform by June 2022.

Unfortunately, the data obtained from the original Shift3 database could not be accessed for the fourth quarter of the fiscal year so only data from July 2021 through March 2022 has been reviewed and reported. As with previous years, MAP staff manually verify the data with the separate dataset they maintain, which is a tedious process that may not be fully reliable.

FY 2021-2022 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|--------------|
| African American | 616 |
| Asian/Pacific Islander | 97 |
| Caucasian | 1,495 |
| Latino | 680 |
| Native American | 76 |
| Other | 100 |
| Unreported | 215 |
| Total Number Served | 3,279 |

| Ages Served* | Served |
|---|--------------|
| <input type="checkbox"/> 0-15 | 0 |
| <input checked="" type="checkbox"/> 16-25 | 135 |
| <input checked="" type="checkbox"/> 26-59 | 2,338 |
| <input checked="" type="checkbox"/> 60+ | 803 |
| Unreported | 3 |
| Total Number Served | 3,279 |

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

Performance Outcomes: fresnoMHSA.com/outcomes

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

Data collection and integrity concerns due to the limitations of the MAP database continued to be a challenge to producing reliable reports. Because data could not be transferred from the original Shift3 database to the Unite Us platform, case history for each person served is only recorded, as necessary, in the Unite Us platform if manually entered by staff working on a case that happens to return for additional services. At the time of transition, the understanding was that the Department would have access to the Shift3 data through December 2022 which would have provided time for Department and County IT to migrate the data to a usable format; however, the migrated data could not be used due to issues with the original coding.

Proposed Project Changes FY 2024-2025:

The MAP agreement is set to expire June 30, 2024, and the Department is in the planning stages for the continuation of MAP; there are no major service-related changes planned for the program. The Unite Us platform is still in use and appears to be operating well and providing concise, reliable, and accessible data based on information input by MAP staff. There is no plan to change platforms at this time.

DRAFT

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 of pregnancy and up to a year postpartum.

Project Update FY 2021-2022

Services at the Perinatal Wellness Center are open to women with previously diagnosed mental disorders, as well as those who experience the first onset of mental disorders during pregnancy and/or the postpartum period. The Perinatal Wellness Center provides therapeutic mental health services to fathers who are experiencing Paternal Postnatal Depression, as well as to children affected by the Severe Postpartum Depression experienced by their mothers. The Perinatal Wellness Center also provides Infant Mental Health assessments and treatment. The Perinatal Team is a multidisciplinary team currently composed of 1 clinical supervisor, 8 clinicians, 1 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, DBT, CBT and Infant Mental Health.

Prevention and Early Intervention (PEI) efforts include regular screening for Perinatal Mood and Anxiety Disorders using the PHQ-9 and GAD-7 screening tools for maternal depression and anxiety to better ensure safe outcomes for both mother and baby; referrals are made for medication consultation and support as needed; referrals are made to Public Health Nurses for support for baby and mother as needed; linkages are made as needed to community supports for substance use disorder treatment/support, food, clothing, housing, diapers, infant formula, other supports as indicated by persons-served.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|--------|
| African American | 49 |
| Asian/Pacific Islander | 22 |
| Caucasian | 52 |
| Latino | 250 |
| Native American | 1 |
| Other | 269 |
| Unreported | 74 |
| Total Number Served | |

| Ages Served* | Served |
|--------------------------------|------------|
| <input type="checkbox"/> 0-15 | 8 |
| <input type="checkbox"/> 16-24 | 156 |
| <input type="checkbox"/> 25-64 | 373 |
| <input type="checkbox"/> 65+ | |
| Unreported | |
| Total Number Served | 531 |

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

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. Since the onset of the COVID-19 Pandemic in 2020, a large majority of the persons-served via the Perinatal Wellness Center have preferred telehealth or telephone services over in-person or in-home services, even when in-person and in-home services were once again safely made available to them. Thus, it appears that the option to have supportive services provided via telehealth and telephone may have reduced barriers to treatment for those that have difficulty with transportation or a lack of childcare. Additionally, during the COVID-19 pandemic the Perinatal Wellness Center was no longer able to provide a Supervised Childcare Room available for childcare services for those persons-served desiring in-person services, which has also presented a barrier. 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; a bilingual (English/Spanish) Peer Support Specialist was hired to help reduce stigma and assist with initial outreach as well as transportation challenges; education efforts within the community have also been made to reduce stigma for pregnant and postpartum women.

Proposed Project Changes FY 2024-2025:

No proposed changes.

PREVENTION and EARLY INTERVENTION

Prevention: ☒ Early Intervention: ☒ Outreach: ☐ Access and Linkage: ☐
Stigma Reduction: ☐ Suicide Prevention: ☐
Status of Project: Keep

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 the positive behavioral PEI services reflecting evidence-based models, which include the three-tier integrated approach, Positive Behavioral Interventions and Supports (PBIS).

Project Update FY 2021-2022:

The program is set up for a five-phase periodic expansion over the life of the agreement. All the phase implementations were planned to provide access to communities that historically were underserved due to their lack of local community resources. In FY 2021-2022, the program onboarded 67 school sites. School districts onboarded were: Big Creek School District, Central Unified School District, Clovis Unified School District, Fresno Unified School District, Kings Canyon Unified School District, Sanger Unified School District, Pine Ridge Elementary School District and San Joaquin Memorial school district.

All 4 Youth's target was to serve 1,460 individuals and exceeded that amount by 492, totaling 2,952 persons served. This data only tracks individuals who received services that can be extracted from our Electronic Health Record (EHR), Avatar. The program keeps record of services rendered that are not trackable in our EHR, which totals up to 3,972.

COVID-19 became a challenge in this FY. The All 4 Youth program had to shift their training mechanisms from in person to virtual trainings. They accomplished 67 trainings on prevention and early intervention knowledge and strategies. Topics included were mindfulness and verbal de-escalation strategies as well as trauma responsiveness and Adverse Childhood Experiences. These trainings had a total of 3,257 attendees. This is a 59% increase in attendees compared to the prior FY 2019-2020.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|------------------------|--------|
| African American | |
| Asian/Pacific Islander | |
| Caucasian | |
| Latino | |
| Native American | |
| Other | |
| Unreported | |

| Ages Served* | Served |
|--------------------------------|--------|
| <input type="checkbox"/> 0-15 | |
| <input type="checkbox"/> 16-25 | |
| <input type="checkbox"/> 26-59 | |
| <input type="checkbox"/> 60+ | |
| Unreported | |
| Total Number Served | |

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

| | |
|---------------------|--|
| Total Number Served | |
|---------------------|--|

Performance Outcomes: fresnoMHSA.com/outcomes

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

DBH in partnership with FCSS will continue to collaborate and strategize on what measuring tools could be helpful to capture PEI data more accurately to assist with program decisions.

Proposed Project Changes FY 2024-2025

The Fresno County Superintendent of Schools All 4 Youth Program’s five phase expansion was accomplished in FY 2022-2023. DBH is currently in contract negotiations with FCSS for a new agreement which will begin in FY 2023-24.

DRAFT

PREVENTION and EARLY INTERVENTION

Prevention: ☐ Early Intervention: ☐ Outreach: ☒ Access and Linkage: ☐
Stigma Reduction: ☒ Suicide Prevention: ☒
Status of Project: Keep

| | |
|-----------------------------------|--|
| Project Name: | Suicide Prevention/Stigma Reduction |
| Project Identifier(s): 031 | EHR: 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 illness. |

Project Update FY 2021-2022:

The Department of Behavioral Health (DBH) 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 monthly. Additionally, the Collaborative maintains an informative website (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. Collaborative efforts during FY 21/22 included the development a firearm safety brochure, promotion and education of the new 988 suicide and crisis lifeline, starting a suicide review team, and education and outreach activities which included presentations from suicide prevention experts, local VA, awareness walks and survivor memorials.

DBH also contracts with JP Marketing to assist with media communications and advertising services. Suicide prevention campaigns have been launched which allowed DBH 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. Efforts included the development of suicide prevention virtual backgrounds and the Reconnect. Recenter. Rebuild campaign focused on reconnecting with supportive relationships, and practicing positive coping skills which are essential for our emotional well-being.

Department efforts included hosting a Central California Suicide Prevention Summit 2021 with several counties, partnership with community partners and county departments to host drive-thru events at local high schools targeting zip codes with high suicide numbers, participation in awareness and outreach events (American Foundation for Suicide Prevention Out of Darkness Walk, NAMI Walk, Suicide Vigils and Memorial Events), and providing access to various suicide prevention trainings.

DBH also finalized the agreement for the Call Center Follow-up program on September 7, 2021. This pilot program provides resources and linkage to appropriate behavioral health services for those in crisis and/or with suicidal ideation, or persons who have recently been released from an emergency department, crisis stabilization center or inpatient care for suicide ideation and/or attempt. The program will follow up with individuals who have engaged with the suicide prevention lifeline to complete a wellness check and check the status of an individual's engagement in follow up clinical care. The program is currently ramping up and services are anticipated to begin in FY 22/23.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|--------|
| African American | -- |
| Asian/Pacific Islander | -- |
| Caucasian | -- |
| Latino | -- |
| Native American | -- |
| Other | -- |
| Unreported | -- |
| Total Number Served | -- |

| Ages Served* | Served |
|--------------------------------|--------|
| <input type="checkbox"/> 0-15 | -- |
| <input type="checkbox"/> 16-25 | -- |
| <input type="checkbox"/> 26-59 | -- |
| <input type="checkbox"/> 60+ | -- |
| Unreported | -- |
| Total Number Served | -- |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

As activities slowly transition back to in-person, individuals may face a transition period of returning to a new normal which can be detrimental their physical and mental health. DBH continues to work with JP Marketing and community partners (schools, healthcare, first responders, non-profits) to determine best strategies to provide support and reach out to individuals in need as we transition from remote services to limited in-person activities. Efforts will be made to increase outreach and engage activities, as appropriate, to support individuals who are in need of mental health and suicide prevention supports and services.

Proposed Project Changes for 2024-2025

DBH will look to evaluate its current implemented suicide prevention programs and ongoing outreach and awareness efforts. The evaluation will consist of review of suicide data from previous years, data obtained through suicide prevention campaigns, and findings and feedback from the community.

Future efforts will focus on how to improve/enhance current programs/activities and implement new goals to expand prevention efforts, where appropriate and necessary. DBH will continue to solicit feedback from the Suicide Prevention Collaborative, follow recommendations from our suicide prevention strategic plan, and utilize a local marketing firm to support ongoing suicide prevention activities.

PREVENTION and EARLY INTERVENTION

Prevention: ☒ Early Intervention: ☒ Outreach: ☐ Access and Linkage: ☐
Stigma Reduction: ☐ Suicide Prevention: ☐
Status of Project: Keep

Project Name: Youth Empowerment Centers (YEC)
Project Identifier(s): 034 **EHR:** N/A **PeopleSoft:** 0000185048
Provider(s): Westside Family Preservation Services Network
Approval Date: Historical
Start Dates: 9/1/2021 **Anticipated:** N/A **Actual:** October 1, 2010
Project Overview: Westside Family Preservation Services Network (Westside Family) operates youth empowerment centers that provide a range of prevention, wellness and recovery focused activities to youth. Services are peer driven and target 10-24-year-olds, including the underserved and unserved cultural, ethnic, and linguistic communities in the western region of the County including: Huron, Coalinga, Kerman, Mendota, and Firebaugh. Services will be youth driven and wellness and recovery oriented and may include: volunteer peer and family support, support groups, recreational and socialization activities, life skills, education support, employment and vocational services, leadership development, and mentoring/coaching. These services will engage children, adolescents, and transitional aged youth who may be trauma exposed; experiencing the initial onset of serious psychiatric illness; and/or in stressed families. For the entire program the target number of individuals served is 700 participants.

Project Update FY 2021-2022:

Westside Family Preservation Services Network initially established the program in four different communities: Huron, Coalinga, Kerman, and Firebaugh. Those sites have had vibrant attendance and participation and referrals from the various community partners including the school systems. Programs are mainly staffed with local residents. Data collection has continued with the Apricot 360 data system. In addition, Westside YEC staff are participating in a pilot program guided by RAND Corporation to establish standardized data collection and outcome measures for MHSA Prevention and Early Intervention Programs.

Weekly management meetings are ongoing to see to the continued deployment of additional program sites throughout the region of Western Fresno County as outlined in the agreement. A site has opened in Mendota and one in San Joaquin is in the work.

Great care is taken to account for the culture of the communities and to address the nuances of the broader Hispanic community of Fresno County and not just seeing the community as a cultural monolith. Parent meetings continue to allow for parents to have a say and provide feedback on program direction. High importance is placed on targeting information to the whole families of those youth members and to connect them to other services as well.

Outreach events and informational presentations continue to be administered throughout the community at career fairs, schools, and anywhere an informational booth may be placed.

Staff were trained in Mind Matters. "Mind matters trains staff in the prevalence of trauma, the effects of primary and secondary trauma, and the methods of healing self and others." This approach is informed by research in Adverse Childhood Experiences (ACEs) and their role in toxic stress.

FY 2021-2022– Unique Individuals Served

| Ethnicity | Served |
|----------------------------|------------|
| African American | 0 |
| Asian/Pacific Islander | 2 |
| Caucasian | 3 |
| Latino | 473 |
| Native American | 1 |
| Other | 1 |
| Unreported | 0 |
| Total Number Served | 480 |

| Ages Served* | Served |
|---|------------|
| <input checked="" type="checkbox"/> 0-15 | 320 |
| <input checked="" type="checkbox"/> 16-24 | 157 |
| <input checked="" type="checkbox"/> 25-64 | 3 |
| <input type="checkbox"/> 65+ | 0 |
| Unreported | 0 |
| Total Number Served | 480 |

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

Performance Outcomes: fresnoMHS.com/outcomes.

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

Remaining fully staffed is a challenge for most programs and businesses in general, but that challenge is more keenly felt for Westside Youth Empowerment Center. It is challenging to focus on hiring from the local population when most are known to relocate to other towns in more affluent areas once they have achieved an adequate level of education and career development. Combined with rising inflation and new legislation increasing minimum wages in other industries, the program is expecting to experience difficulties competing with even fast-food jobs.

Proposed Project Changes FY 2024-2025:

Westside YEC will continue to leverage the extensive network of allies in community-based organizations and community leaders, the fruits of which have already been seen not just in the acquisition of a free site in San Joaquin but the request from that community that they establish a program site.

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 seven MHSOAC approved Innovation projects. Of those approved projects, six are currently operating. The Department has several other Innovation Plans in development. These plans were discussed duringt Each program is briefly described below. For more information, please see the Innovation Plans and Annual Updates posted at fresnomhsa.com. In the MHSA CPP forums the department discussed updates, changes and plans related to innovation planning.

The county will have two plans complete at the end of FY 2023/24, those being the PADs Phase 1, and the Handle with Care Plus.

The Department has already begun to phase out and close the Handle With Care Plus, program due to low participation over the term of the project and the high costs to operate a program with minimal participants. The project is continuing to work on evaluation, expanding use of curriculum developed and other lessons learned.

The Department is seeking to expand the CHOP Solutions- for two more years with funding of \$2.74mil for those two years. With the expansion the plan seeks to continue the services while providing specific technical assistance to assist the programs with accessing funding through billable services under CalAIM, opportunities for adaptations to early intervention and claiming for such services and sustainability with likely shifting of PEI funds as was initial planned.

Statewide Psychiatric Advanced Directive

In FY 2021-2022, Fresno County and six other counties are working on the Multi-County Psychiatric Advance Directive Innovation Plan to develop the technology necessary to implement a statewide PADs project. 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. This is the final year of Fresno's Involvement in this project and the overall project has about a year remaining. Fresno's financial involvement and formal project will complete its five-year term in November of 2024.

The Department is interested in participating in what will be a new PADs project, which is the Phase 2, which is slated to focus on the actual training, implementation and evaluation of the new PADs,

and will focus on work with first responders, hospital, peers, etc. This will be a new MHSOAC sponsored statewide project. As the County was involved in the initial development it makes sense that it would continue the work with the actual implementation of the PADs.

Community Program Planning Process for Innovation

This INN project has funded smaller initiatives intended to increase stakeholder engagement in unserved and underserved communities for the purpose of innovation planning. It also supports county needs to better understand local needs through local partner needs assessments. The funds have been used for several projects including:

- African American Community Participatory Action Research
- Community Needs Assessments
 - LGBTQ Youth
 - Downtown Fresno (including unhoused persons)
 - Local residents council (completed)
 - Spanish Speaking Parents (Completed)
 - Punjabi Speakers
- Exploring concept development of a plan for a behavioral health certification for Doulas who can provide and bill for behavioral health screening, support and linkages.
- ICCTM-Support of possible development of a local community evidence defined best practice).
- The plan continues to explore opportunities to engage communities in proposal of new possible innovation projects and learning opportunities.

The Lodge

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 programing, 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 was budgeted for \$4,200,000 over three years and was originally scheduled to end on

October 20, 2023. The County received an extension of this project for an additional two years, so it may obtain the necessary data to assess the effectiveness of this model for engagement and role of peer support in such a setting.

Handle with Care Plus+

This was a collaboration between the Department, the Fresno County Superintendent of Schools, Fresno Unified School District and the Resiliency Center. Students attending one of four identified pilot schools who had experienced a trauma or life changing event would have been eligible for participation in the program. Partners engaged families and students to provide screening, assessment, and linkage as needed. Partners also attempted to provide a new component to the Handle With Care model by providing a parent education component through a Parent Café. Those parents/guardians who accept the invite were to attend an open, eight-session course at Resiliency Center that teaches participants about trauma-informed care, resiliency and how to support their family through the trauma or adverse experience. The program was delayed by school closures and remote learning because of the Pandemic and did not begin to ramp up until October 2021. The project did not begin to provide referrals and services until January of 2022. In June of 2022 the County sought and received approval for extending the project from three years to five years with no additional funding. This was due to the project being approved in May of 2020, but not being able to begin services for two years (until 2022). The project extension was to allow for the program to operate for three years so an assessment of the project and goals can be made. However, the number of participants, referrals throughout the last year and into the current year are so significantly low, that it is not fiscally responsible to continue the program, and thus the program will be ramped down and ended earlier than anticipated. The focus will be to make use of the curriculum developed under this plan, continue an evaluation to identify the challenges, and lessons learned. This program upon conclusion will have unspent funds. These unspent funds may be subject to reversion.

Project RideWell

The county has not been able to initiate the Project Ride Well plan. The project has been fraught with challenges. From delays due the pandemic, the costs of vehicles and energy, the changes in personnel/leadership with partner agencies, and changes to partner capacity. The project has not yet been implemented and does not seem to be a viable plan at this time. It is the goal of the Department to roll over those funds to be used in other MHSAOC approved projects. However, those funds would have to be expended in full by June 30,2024 and that is unlikely. Thus there maybe reversion of some INN funds from this plan and unspent portions of other plans that are coming to an end.

California Reducing Disparities Project – Evolutions

Approved by the MHSAOC 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 regulation. This project will continue the ongoing work of increasing culturally specific and appropriate services available to individuals in Fresno County; integrate community-defined evidence practice (CDEP) -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 funded programs. This Innovation Project is budgeted for \$2,400,000 over three years from the date of first expenditure. The projects are in their second year.

The Department is seeking to expand the CRDP Evolutions for two more years with funding of \$2.74mil for those two years. With the expansion the plan seeks to continue the services while providing specific technical assistance to assist the programs with accessing funding through billable services under CalAIM, opportunities for adaptations to early intervention and claiming for such services and sustainability with likely shifting of PEI funds as was initial planned. The extension would be approved by the MHSAOC in the spring of 2024.

Participatory Action Research with Justice-Involved Youth Using an Adverse Childhood Experience (ACEs) Framework

Fresno County's research project focused on justice involved youth and ACEs was approved in April of 2023. The project will be administered by CalMHSA and will start in FY 2023/24. The research project seeking to work with justice-involved youth to help identify prevention or early intervention approaches that would have been effective for them. Youth will be educated on ACEs to help facilitate their understanding during the process. The project seeks to have youth with lived experience assist in the research as trainers and facilitators. This five-year, \$3,000,000 is slated to begin in the current fiscal year.

Fresno County will continue explore development of viable Innovation Plans based on the Innovation concepts that were put forth in previous Annual Updates, the result of the Innovation Community Planning Project, and this year's Community Planning Process for the new Three-Year Plan. These included:

- a youth-led, youth-focused Innovation Project, youth peer-to-peer centered project;
- a
- a project that utilizes community health workers or doulas to reach the Black/African American community using an enhanced case management model;
- Possible culturally responsive care or new community defined evidence based practice.

MHSA 3YP 23-26 Budget Numbers Innovation

| Program Name 2020-2023 | Component | FY 21/22 BUD | FY 22/23 BUD | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|--|-----------|------------------|------------------|------------------|------------------|------------------|
| Project Ridewell | INN | 387,219 | 424,713 | - | - | - |
| The Lodge | INN | 1,400,333 | 1,400,334 | 1,400,334 | 1,400,334 | 1,400,334 |
| Community Program Planning Process (CPP | INN | 150,000 | 150,000 | 150,000 | 150,000 | 150,000 |
| FSP Study (Third Sector) | INN | 237,500 | 237,500 | 237,500 | 237,500 | 237,500 |
| Psychiatric Advance Directive-Supportive D | INN | 316,667 | 250,000 | 250,000 | 250,000 | 250,000 |
| Handle with Care Plus+ | INN | 514,598 | 516,055 | 516,055 | 516,055 | 516,055 |
| MHSA Administrative Support | INN | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 |
| Suicide Prevention Follow Up Call | INN | 347,000 | 327,000 | 327,000 | 327,000 | 327,000 |
| CA Reducing Disparities Evolution | INN | 813,334 | 793,333 | 793,333 | N/A | N/A |
| | | 5,366,651 | 5,208,935 | 4,874,222 | 4,080,889 | 4,080,889 |

INNOVATION

Status of Project:Keep

Project Name: California Reducing Disparities Project
Project Identifier(s): 084
Provider(s): The Fresno Center, West Fresno Family Resource Center, Integral Community Solutions Institute
Approval Date: April 22, 2021
Start Dates: **Anticipated:** N/A **Actual:** 11/1/2021
Project Overview: The California Reducing Disparities Project aims to provide culturally responsive, community-defined and innovative strategies to reduce disparities that exist among underserved populations. The project examines three Fresno area programs focusing on three populations (Hmong Helping Hands Program – Hmong adults, Sweet Potato Program – African American/Black youth, and Mención Plena and Pláticas – Latino/x youth). These programs would be adapted in a manner that will align with MHSA Prevention and Early Intervention (PEI) funding criteria and outcome measures without compromising the work and integrity of the CRDP programs.

Project Update FY 2021-2022:

Upon approval of the contract, the three contracted providers began working to implement planning activities with their respective program participants. The providers also continued to provide the services identified in their California Reducing Disparities Project plans.

FY 2020-2021 – Unique Individuals Served

| Ethnicity | Served | Ages Served* | Served |
|------------------------|--------|--|--------|
| African American | | <input type="checkbox"/> 0-15 | |
| Asian/Pacific Islander | | <input type="checkbox"/> 16-25 | |
| Caucasian | | <input type="checkbox"/> 26-59 | |
| Latino | | <input type="checkbox"/> 60+ | |
| Native American | | Unreported | |
| Other | | Total Number Served | N/A |
| Unreported | | <small>*Due to project requirements, there may be specific age guidelines. *Program began serving individuals March 2, 2021</small> | |
| Total Number Served | N/A | | |

Performance Outcomes: fresnoMHSA.com/outcomes

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

N/A

Proposed Project Changes FY 2024-2025:

In Spring 2024, the Department will seek approval from the Mental Health Services Oversight and Accountability Commission (MHSOAC) to extend this project. This extension will allow the providers and Department to collaborate on a plan to integrate these culturally specific services into the changing behavioral health landscape.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2021 - 2022

INNOVATION

Status of Project:Keep

Project Name: Handle with Care Plus+

Project Identifier(s): 070 **Avatar:** TBD **PeopleSoft:** 4794

Provider(s): Resiliency Center, Fresno County Superintendent of Schools (FCSS) (A-21-377)

Approval Date: May 28, 2020

Start Dates: **Anticipated:** TBD **Actual:** September 21, 2021

Project Overview: This project is a collaboration with Fresno County's Department of Behavioral Health's (DBH) community partners, Fresno County Superintendent of Schools (FCSS) and Resiliency Center of Fresno (RC) to provide rapid triage response to children experiencing trauma or a stressful life event and provide early support, screening, and assessment of children for early indicators of mental health symptoms. Psychoeducational support and resources are provided to the families to help support resiliency and recovery.

Project Update FY 2021-2022:

The project operated as described in the Innovation plan. Program staff worked to engage families and address barriers preventing families from participating in the Parent Café.

FY 2021-2022 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|--------|
| African American | |
| Asian/Pacific Islander | |
| Caucasian | |
| Latino | |
| Native American | |
| Other | |
| Unreported | |
| Total Number Served | |

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

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

Performance Outcomes: fresnoMHSA.com/outcomes

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

This innovation project at designated school sites targets children and youth ages 4 to 11 and their families who have experienced a life impacting event or trauma. The Resiliency Center of Fresno (RC) and Fresno County Superintendent of Schools (FCSS) utilizes the Fresno Police Departments 9-1-1 emergency records to submit Handle with Care notices to schools and reach out to families for proper resources and referrals. The program has faced some challenges in contacting families and youth as the phone numbers provider are not always correct, families do not answer, and youth are no longer enrolled in a particular school. Strategies to assist with this challenge were to utilize school liaisons as they are more familiar to the families. TheTeam will continue to brainstorm ideas on how to reach more children and youth as well as their families.

Proposed Project Changes FY 2024-2025:

This Innovation project has concluded and a final project report will be available in FY 2024-2025. The Department will utilize findings from the program evaluation to assist in the design of future programmatic offerings.

DRAFT

INNOVATION

Status of Project: Keep

Project Name: Community Program Planning Process for Innovation
Project Identifier(s): 067 **Avatar:** 4792 **PeopleSoft:** 4792
Provider(s): RH Community Builders (A20-492), Fresno State Social Policy Institute
Approval Date: June 24, 2019
Start Dates: **Anticipated: August 2019** **Actual: August 2019**
Project Overview: This Innovation project funds community engagement with communities that are disproportionately affected by disparities to generate ideas and plans for community-driven Innovation projects.

Project Update FY 2021-2022:

The Department worked with Jewel of Justice to design and implement an African American Faith Community-based Participatory Action Research Project. The project was eventually modified to reach a broader base of Black and African American community members.
 The Department also began work on the development of an initiative to understand the needs and challenges of LGBTQ+ Black, Indigenous People of Color (BIPOC) in Fresno County.

FY 2020-2021 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|--------|
| African American | |
| Asian/Pacific Islander | |
| Caucasian | |
| Latino | |
| Native American | |
| Other | |
| Unreported | |
| Total Number Served | |

| Ages Served* | Served |
|--------------------------------|--------|
| <input type="checkbox"/> 0-15 | |
| <input type="checkbox"/> 16-25 | |
| <input type="checkbox"/> 26-59 | |
| <input type="checkbox"/> 60+ | |
| Unreported | |
| Total Number Served | |

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

Performance Outcomes: fresnoMHSA.com/outcomes

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

N/A

Proposed Project Changes FY 2024-2025:

N/A

DRAFT

INNOVATION

Status of Project: Keep

Project Name: Project Ridewell
Project Identifier(s): 001 **Avatar:** 4793 **PeopleSoft:** N/A
Provider(s): Fresno County Economic Opportunities Commission – Services; Brain Wise Solutions Inc. - Evaluation
Approval Date: May 28, 2020
Start Dates: **Anticipated:** March 2023 **Actual:** TBD
Project Overview: The Fresno County EOC will be providing transportation services to individuals served who request, or have a ride request made on their behalf, to and from appointments and/or wellness activities that are part of the individual's wellness recovery action plan (WRAP). Drivers will be trained in topics around mental health in hopes to reduce stigma, improve the rider's experience, and increase participation by the individuals served. The EOC's initial phase will serve individuals in the rural Fresno County, including but not limited to, Kerman, San Joaquin, Firebaugh, and Mendota. The second phase will expand to include individuals living in the city of Fresno and receiving services at the Urgent Care Wellness Center who are receiving medication only services and have two or more no-shows. The Innovation program seeks to improve access to behavioral health care and wellness activities.

Project Update FY 2021-2022:

Due to the Coronavirus pandemic, the project was put on hold as many of the wellness activities were not meeting in-person. It was also not within public health standard to have multiple individuals in a ridesharing type of vehicle. Contract discussions were tabled while DBH navigated the pandemic and upcoming changes to the system of care.

FY 2020-2021 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|----------|
| African American | |
| Asian/Pacific Islander | |
| Caucasian | |
| Latino | |
| Native American | |
| Other | |
| Unreported | |
| Total Number Served | 0 |

| Ages Served* | Served |
|--------------------------------|----------|
| <input type="checkbox"/> 0-15 | |
| <input type="checkbox"/> 16-25 | |
| <input type="checkbox"/> 26-59 | |
| <input type="checkbox"/> 60+ | |
| Unreported | |
| Total Number Served | 0 |

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

*Program began serving individuals March 2, 2021

Performance Outcomes: fresnoMHS.com/outcomes

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

The pandemic created the largest barrier or setback for this project. A lot of the wellness activities were no longer meeting in-person so there were fewer places to take the individual served to. Social distancing of the individual served and driver in the vehicles was also a barrier to start the program.

Proposed Project Changes FY 2024-2025:

The Department will continue to work with the community to address Innovation projects and needs.

DRAFT

INNOVATION

Status of Project:Keep

Project Name: Psychiatric Advanced Directives – Supportive Decision-making
Project Identifier(s): 001 **Avatar:** N/A **PeopleSoft:** 4790
Provider(s): Fresno County Department of Behavioral Health
 Syracuse University, and Concepts Forward Consulting, California Mental
 Health Services Authority.
Approval Date: 6/24/2019
Start Dates: **Anticipated:** Summer 2019 **Actual:** November 12, 2019
Project Overview:

Project Update FY 2021-2022:

In FY 2021-2022, the multi-county project participant counties worked to establish a fiscal intermediary contract with the Burton Blatt Institute. Other contracts were established with Chorus (technology), Idea Engineering (marketing), Painted Brain (peer support), and CAMPHRO (peer support). Working groups were established to begin developing a uniform Psychiatric Advanced Directive document.

FY 2020-2021 – Unique Individuals Served

| Ethnicity | Served | Age Served* | Served |
|------------------------|--------|---|--------|
| African American | | <input type="checkbox"/> 18-55 | |
| Asian/Pacific Islander | | <input type="checkbox"/> 16-55 | |
| Caucasian | | <input type="checkbox"/> 26-59 | |
| Latino | | <input type="checkbox"/> 18-55 | |
| Native American | | Unreported | |
| Other | | Total Number Served | |
| Unreported | | *Due to project requirements, there may be specific age guidelines. | |
| Total Number Served | | *Program began serving individuals March 2, 2021 | |

Performance Outcomes: fresnoMHSAC.com/outcomes

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

The main barrier to project completion has been navigating the logistics of a large, multi-county project. While collaboration between seven different counties can be slow, this project will benefit from the input and expertise of stakeholders from all participating counties.

Proposed Project Changes FY 2024-2025:

Fresno County's participation in this phase of the Multi-county project will conclude on June 30, 2024. During the community planning process, Fresno County stakeholders expressed a desire to participate in Phase 2 of this project. Fresno County will seek MHSOAC approval for participation in Phase 2 in Spring 2024.

INNOVATION
Status of Project: Keep

Project Name: Suicide Prevention Follow Up Call Program
Project Identifier(s): xxx **Avatar:** xxxx **PeopleSoft:** 000269758/0000286399
Provider(s): Kings View Behavioral Health – Services; Prevention Communities LLC. - Evaluation
Approval Date: April 22, 2021
Start Dates: **Anticipated:** September 7, 2021 **Actual:** November 19, 2021
Project Overview: The Suicide Follow-Up Call Program will provide resources and increases linkage to appropriate behavioral health services for those who have called the suicide prevention lifeline in crisis and/or with suicidal ideation, or persons who have recently been released from the emergency department, crisis stabilization center or inpatient care for suicide ideation and/or attempt. The program will also provide follow up with individuals who have been engaged by the suicide prevention lifeline to complete a wellness check and check the status of an individual's engagement in follow up clinical care. The immediate follow-up model allows for critical real-time information to understand environmental or social factors that may have contributed to an individual's ideation and improve prevention efforts.

Project Update FY 2021-2022:

After approval by the Board of Supervisors, the Central Valley Suicide Prevention Hotline began its ramp up period.

FY 2021-2022 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|--------|
| African American | |
| Asian/Pacific Islander | |
| Caucasian | |
| Latino | |
| Native American | |
| Other | |
| Unreported | |
| Total Number Served | |

| Ages Served* | Served |
|--------------------------------|--------|
| <input type="checkbox"/> 0-15 | |
| <input type="checkbox"/> 16-25 | |
| <input type="checkbox"/> 26-59 | |
| <input type="checkbox"/> 60+ | |
| Unreported | |
| Total Number Served | |

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

*Program began serving individuals March 2, 2021

Performance Outcomes: fresnoMHS.com/outcomes

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

The shift to 9-8-8 posed logistical challenges for the program as staff worked to roll out the new hotline number while also providing follow-up call services.

Proposed Project Changes FY 2024-2025:

In FY 2024-2025, the Department will work to increase referrals from outside agencies such as emergency departments and crisis stabilization units.

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 intent of The Lodge is to gain insight through a pilot research project on what can enhance and increase engagement of individuals who are homeless or at risk for homelessness, with the onset of an early or severe or chronic mental illness, and who are not engaging in care due to being in pre-contemplation stage of change. Specifically, when an individual's basic needs are met in a safe setting. And, can trained peers utilize interventions such as motivational interviewing to engage individuals who have previously declined services.

Project Update FY 2021-2022:

The Lodge was approved on May 28, 2020 as a three-year agreement. The plan for The Lodge is to utilize Stages of Change and Motivational Interviewing, an evidenced based practice, as an indicator for readiness for change and assists individuals in moving toward the next step of change. As best practice, The Lodge utilizes a housing first model based on harm reduction. The Lodge seeks to remove barriers to make it possible for individuals to have equitable access to care and services. The philosophy focuses that safe and stable housing will be the entry point to services, not the reward for entry into services. The staff are trained in Motivational Interviewing, harm reduction, and operate from a trauma informed perspective. As of June 20, 2023, the program was extended for an additional 12 months with an optional additional 12-month extension.

FY 2021-2022 – Unique Individuals Served

| Ethnicity | Served |
|----------------------------|------------|
| African American | 146 |
| Asian/Pacific Islander | 11 |
| Caucasian | 243 |
| Latino | 225 |
| Native American | 7 |
| Other | 18 |
| Unreported | 47 |
| Total Number Served | 697 |

| Ages Served* | Served |
|---|------------|
| <input type="checkbox"/> 0-15 | 0 |
| <input checked="" type="checkbox"/> 16-25 | 61 |
| <input checked="" type="checkbox"/> 26-59 | 581 |
| <input checked="" type="checkbox"/> 60+ | 55 |
| Unreported | 0 |
| Total Number Served | 697 |

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

Performance Outcomes: fresnoMHS.com/outcomes

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

A current barrier faced by the program is the contractual maximum length of stay. Currently individuals are approved for a 30-day stay with one extension to 45 days total. Once an individual is referred to The Lodge, rapport is built, assessments of needs are completed, and then linkage begins. However, it frequently takes more than 45 days to successfully link and engage individuals in a new program.

Proposed Project Changes FY 2024-2025:

Though the program was set to expire June 30, 2023, The Lodge was extended for an additional two fiscal years to further expand the learning component of the Innovation project. The maximum length of stay was extended to 90 days in order to accommodate the required length of time for complete linkages.

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Workforce Education and Training

Introduction

Fresno County has several 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 and administration of WET activities.

WET Goals

Fresno County has once again invested WET funds into 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 training systems such as Relias for virtual and self-directed training.

Fresno County continues its involvement with the Central Region WET initiative that focuses on funding to support career pathways, especially for individuals from underserved communities and those who may be bilingual and/or bicultural. The funds continue to 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 for administration of regional WET activities. 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.

Fresno County, in conjunction with CalMHSA, will continue to 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 members.

The local (non-Central Region) WET budget of \$1,000,000 annually will support local efforts for our system of care in the areas of: Core Competency Trainings; Relias trainings and licenses; specialized trainings and conferences, training capacity and train-the-trainer development.

\$200,000 is allocated for WET administrative costs which include the position of the WET

Coordinator to administer WET plans and related activities, as well as the costs for student-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.

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MHSA 3YP 23-26 Budget Numbers Workforce Education and Training

| Program Name 2020-2023 | Component | FY 21/22 BUD | FY 22/23 BUD | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|-------------------------------------|-----------|------------------|------------------|------------------|------------------|------------------|
| WET Coordination and Implementation | WET | 1,500,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 |
| CalMHSA JPA Expenditures | WET | 800,000 | 800,000 | 800,000 | 800,000 | 800,000 |
| MHSA Administrative Support | WET | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 |
| | | 2,800,000 | 2,300,000 | 2,300,000 | 2,300,000 | 2,300,000 |

DRAFT

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 2021-2022:

The COVID-19 pandemic impacted various facets of work operations. Prior to the pandemic 11 unique trainings were offered regularly in-person and since the pandemic they continue to be conducted virtually. Staff in direct service positions returned to work onsite and administrative staff worked remotely with a minimum of 50% of their time onsite (at the office). Most meetings and core competency were conducted through Microsoft Teams and other virtual platforms to support staff development, recruitments, and employment interviews; clinical student placement interviews were completed remotely and internships were performed onsite. We continued to deliver core competency trainings through live virtual trainings through MS Teams, Zoom, or WebEx. The department and those contracted providers supported by department funding have access to the Department's learning management system, Relias. Relias offers a library of behavioral health focused trainings with CE's, recorded live virtual trainings offered by the Department, as well as training modules that were created by the Department; all are self-paced trainings. Relias is also used to track attendance for live virtual trainings attended by the Department and its contracted providers; 1274 unique individuals completed one or more trainings and 1274 unique trainings were completed by one or more individuals. Behavioral Health Interpreter Training (BHIT) for Interpreters continues to be offered virtually to support the newly certified bilingual staff, as well as BHIT for providers for those staff and contracted providers who directly interact with persons served. Resident stipends continue to be offered as a recruitment and outreach strategy to address the shortage of behavioral health professionals. Also, as a retention effort, newly hired and full-time staff from DBH or any of its contracted mental health services providers employed in one of the clinical hard-to-fill eligible professions were able to apply for the Fresno County WET Loan Repayment Program. Awarded would be eligible for a loan repayment award up to \$25,000 with a 24-month service commitment to their current employer. Loan Repayment Program Cohort 1 application period was from January 18, 2021, through February 27, 2022. CalMHSA, Central Region's grant administrator, provided the Application Review results in early December of 2022.

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

The pandemic social distancing protocol and quarantining made it difficult to proceed with trainings that required contact or only authorized to deliver in-person due to the fidelity of the training model; these trainings include Non-Violent Crisis Intervention, Mental Health First Aid, and Wellness Recovery Action Plan trainings. Staff Development staff had to learn how to navigate several virtual platforms to support contracted trainers with technical support such as Zoom, and WebEx.

Proposed Project Changes 2024-2025:

Fresno County DBH is committed to its participation in the Department of Health Care and Access of Information (HCAI) Central Region Behavioral Health Program 5-Year Grant; Fresno County continues to serve as the lead for the Central Region. Fresno County DBH received the HCAI final 15% allocation in FY 2023-2024, resulting with a balance of approximately \$380K. Instead of using leftover allocation dollars from Cohort 1's Loan Repayment Program for scholarships and pipeline activities, DBH offered another round of the Loan Repayment Program (Cohort 3); the application period is from December 11, 2023, through February 9, 2024, and by FY 2024-2025 the Awardees would be selected, contacted, and their 12-month service obligation period started in June 2024. Cohort 3 Awardees would complete their service obligation by May 2025 and receive their disbursement by August 2025. If Fresno doesn't get to the goal of 33 awardees, remaining funds could be equitably distributed to the Awardees from all cohorts. The Department will expand its core competency trainings to include trainings specific to classification, starting with one classification at a time; it also plans to offer 20% of its staff-delivered trainings in-person and increase the number of individuals trained by 10%. DBH will continue to provide resident stipends to medical interns and opportunities for clinical student placements to address the shortage of behavioral health workers.

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 (CFTN). Historically, Fresno County has allocated funds to CFTN pay for purchased of facilities and improvements to buildings in which individuals and the public receive services, update staff equipment that is essential for their work, and fund the vital components like the electronic health record (EHR) and other care coordination data systems.

The Department remains committed to providing staff and contracted providers with appropriate technological tools.

The implementation and expansion of the SmartCare EHR is an essential component of improving oversight with the implementation of payment reform, and so the plan will continue to monitor future needs related to EHR.

Department continues work on its newly acquired campus at 5555 East Olive Ave which, upon completion, will become the site of clinical services for adults and children. This campus will provide an array of care and services for persons served in one location, with different access areas for the different populations. This is in alignment with the Department's Facility Needs Assessment.

The Department continues its renovations of the Heritage Campus. This location is being developed to house much-needed facilities such as Psychiatric Health Facilities (PHF), Crisis Stabilization Units (CSU), and a Crisis Stabilization Center (CSC). This current redevelopment will allow existing programs to move from their current locations which are in poor conditions, to newly renovated facilities to improve care of persons served. These will also allow for expansion of those services.

Currently the work is focused improvement of facilities for persons served and expanding other transition services and supports.

The County intends to allocate funds from CSS to CFTN to support the completion of capital projects for the Olive Building, the Heritage Campus, and technology needs related to the EHR and PEI data collection. Additionally, the Department will explore CFTN options to address care facility needs to support increase in conservator populations with legislation that expands those

who must be served under a conservatorship.

Administrative and Fiscal Information

Fresno County continues to maintain its prudent reserve. The Department will continue to monitor the prudent reserve and ensure its updates the reserve to ensure compliance with requirements. At this time, Fresno County does not plan to allocate funds to the prudent reserve. Instead, the Department will be allocating funds to immediate needs in programs, services, infrastructure, and resources to provide care. The allocation is subject to change and if so will be included in a future Annual Update.

The Department will continue to assess its CFTN funding needs throughout the course of this Three-Year Plan.

MHSA 3YP 23-26 Budget Numbers All MHSA Programs

| Program Name 2020-2023 | Component | FY 21/22 BUD | FY 22/23 BUD | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|---|-----------|--------------|--------------|--------------|--------------|--------------|
| Project Ridewell | INN | 387,219 | 424,713 | - | - | - |
| Child Welfare Mental Health Team/Katie A Team | PEI | 350,000 | 350,000 | - | - | - |
| Collaborative Treatment Courts | CSS | 219,475 | 219,475 | 219,475 | 219,475 | 219,475 |
| Crisis Intervention Team and Rural Triage | PEI | 4,425,072 | 4,425,072 | 4,425,072 | 4,425,072 | 4,425,072 |
| Multi-Agency Access Point (MAP) | PEI | 1,284,529 | 1,284,529 | 1,284,529 | 1,284,529 | 1,284,529 |
| Supervised Overnight Stay | CSS | 839,090 | 839,090 | 839,090 | 839,090 | 839,090 |
| The Lodge | INN | 1,400,334 | 1,400,334 | 1,400,334 | 1,400,334 | 1,400,334 |
| Urgent Care Wellness Center (UCWC) | CSS | 4,000,000 | 4,000,000 | 4,000,000 | 4,000,000 | 4,000,000 |
| Youth Wellness Center | CSS | 769,269 | 769,269 | 769,269 | 769,269 | 769,269 |
| Blue Sky Wellness Center | PEI | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 |
| Client and Family Advocacy Services | CSS | 113,568 | 113,568 | 113,568 | 113,568 | 113,568 |
| DBH Communications Plan | PEI | 700,000 | 700,000 | 700,000 | 700,000 | 700,000 |
| Flex Account for Housing | CSS | 100,000 | 100,000 | 100,000 | 100,000 | 100,000 |
| Family Advocacy Services | CSS | 44,695 | 44,695 | 44,695 | 44,695 | 44,695 |
| Fresno Housing Institute (FHI) | CSS | 200,000 | 200,000 | 200,000 | 200,000 | 200,000 |
| Hotel Motel Voucher Program (HMVP) | CSS | 100,000 | 100,000 | 100,000 | 100,000 | 100,000 |
| Housing Access and Resource Team (HART) | CSS | 930,488 | 930,488 | 930,488 | 930,488 | 930,488 |
| Housing Supportive Services | CSS | 1,500,000 | 1,500,000 | 1,500,000 | 1,500,000 | 1,500,000 |
| Independent Living Association (ILA) | CSS | 400,000 | 400,000 | 400,000 | 400,000 | 400,000 |
| Integrated Wellness Activities | CSS | - | - | - | - | - |
| Master Lease Housing | CSS | 1,092,505 | 1,500,000 | 1,500,000 | 1,500,000 | 1,500,000 |
| Peer and Recovery Services | CSS | 457,461 | 457,461 | 457,461 | 457,461 | 457,461 |
| Project for Assistance from Homelessness (PATH) Grant Expansions | CSS | 125,756 | 125,756 | 125,756 | 125,756 | 125,756 |
| Project Ignite | CSS | 650,000 | 650,000 | - | - | - |
| Suicide Prevention/Stigma Reduction | PEI | 648,140 | 644,511 | 644,511 | 644,511 | 644,511 |
| Vocational & Educational Services | CSS | 986,686 | 986,686 | 986,686 | 986,686 | 986,686 |
| Supervised Child Care Services | CSS | 157,388 | 157,388 | 157,388 | 157,388 | 157,388 |
| Youth Empowerment Centers (YEC) | PEI | 846,868 | 846,868 | 846,868 | 846,868 | 846,868 |
| Community Gardens | PEI | - | - | - | - | - |
| Cultural Specific Services - OP/ICM | CSS | 1,085,322 | 1,085,322 | 1,085,322 | 1,085,322 | 1,085,322 |
| Cultural-Based Access Navigation and Peer/Family Support Services (CBANS) | PEI | 550,000 | 550,000 | 550,000 | 550,000 | 550,000 |
| Holistic Cultural Education Wellness Center | PEI | 896,719 | 896,719 | 896,719 | 896,719 | 896,719 |
| AB 109 Full Service Partnership | CSS | 487,008 | 487,008 | - | - | - |
| AB109 Outpatient Mental Health & Substance Services | CSS | 300,000 | 300,000 | - | - | - |
| Adult Assertive Community Treatment | CSS | - | - | - | - | - |
| Children & Youth Juvenile Justice Services - ACT | CSS | 981,921 | 981,921 | 981,921 | 981,921 | 981,921 |
| Children's Full Service Partnership (FSP) SP 0-10 Years | CSS | 2,097,353 | 2,097,353 | 2,097,353 | 2,097,353 | 2,097,353 |
| Children's Expansion of Outpatient Services | CSS | 600,258 | 600,258 | 600,258 | 600,258 | 600,258 |
| Co-Occurring Disorders Full Service Partnership (FSP) | CSS | 771,558 | 771,558 | 771,558 | 771,558 | 771,558 |
| Crisis Stabilization Services - Voluntary Admissions | CSS | N/A | N/A | N/A | N/A | N/A |
| Enhanced Rural Services-Full Services Partnership (FSP) | CSS | 1,269,423 | 1,350,529 | 1,350,529 | 1,350,529 | 1,350,529 |
| Enhanced Rural Services-Outpatient/Intense Case Management | CSS | 4,483,113 | 4,483,113 | 4,483,113 | 4,483,113 | 4,483,113 |

| Program Name 2020-2023 | Component | FY 21/22 BUD | FY 22/23 BUD | FY 23/24 BUD | FY 24/25 BUD | FY 25/26 BUD |
|---|-----------|--------------|--------------|--------------|--------------|--------------|
| Functional Family Therapy | PEI | 673,005 | 673,005 | 1,500,000 | 1,500,000 | 1,500,000 |
| Medication Payments for Indigent Individuals | CSS | 290,000 | 290,000 | 290,000 | 290,000 | 290,000 |
| Older Adult Team | CSS | 900,000 | 900,000 | 900,000 | 900,000 | 900,000 |
| Perinatal Wellness Center | PEI | 400,000 | 400,000 | 1,400,000 | 1,400,000 | 1,400,000 |
| Recovery with Inspiration, Support and Empowerment (RISE) | CSS | 675,496 | 675,496 | 675,496 | 675,496 | 675,496 |
| School Based Services | CSS | 6,000,000 | 6,000,000 | - | - | - |
| Transitional Age Youth (TAY) - Department of Behavioral Health | CSS | 1,274,486 | 1,274,486 | 1,274,486 | 1,274,486 | 1,274,486 |
| Transitional Age Youth (TAY) Services & Supports Full Service Partnership (FSP) | CSS | 677,688 | 677,688 | 677,688 | 677,688 | 677,688 |
| Adult Full Service Partnership | CSS | 9,880,398 | 9,984,160 | 9,984,160 | 9,984,160 | 9,984,160 |
| Capital Facility Improvement/"UMC" Campus Improvements | CFTN | N/A | N/A | N/A | N/A | N/A |
| Crisis Residential Treatment Construction | CFTN | N/A | N/A | N/A | N/A | N/A |
| DBH Capital Facilities | CFTN | N/A | N/A | N/A | N/A | N/A |
| Information Technology - Avatar | CFTN | 2,912,788 | 2,912,788 | 2,912,788 | 2,912,788 | 2,912,788 |
| Cultural Specific Services - FSP | CSS | 258,960 | 258,960 | 258,960 | 258,960 | 258,960 |
| WET Coordination and Implementation | WET | 1,500,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 |
| Specialty Mental Health Services to Schools | CSS | 4,545,135 | 4,545,135 | 4,545,135 | 4,545,135 | 4,545,135 |
| Prevention and Early Intervention Services to Schools | PEI | 5,679,650 | 6,779,650 | 6,779,650 | 2,040,000 | 2,040,000 |
| Community Program Planning Process (CPPP) | INN | 150,000 | 150,000 | 150,000 | 150,000 | 150,000 |
| FSP Study (Third Sector) | INN | 237,500 | 237,500 | 237,500 | 237,500 | 237,500 |
| Psychiatric Advance Directive-Supportive Decision-Making | INN | 250,000 | 250,000 | 250,000 | 250,000 | 250,000 |
| Handle with Care Plus+ | INN | 516,055 | 516,055 | 516,055 | 516,055 | 516,055 |
| CalMHSA JPA Expenditures | WET | 800,000 | 800,000 | 800,000 | 800,000 | 800,000 |
| MHSA CPPP | CSS | 110,000 | 110,000 | 110,000 | 110,000 | 110,000 |
| MHSA CPPP | PEI | 40,000 | 40,000 | 40,000 | 40,000 | 40,000 |
| AB1810 - FSP/ACT | CSS | 576,775 | 720,455 | - | - | - |
| AB1810 - OE/OP/ICM | CSS | - | - | - | - | - |
| Integrated Mental Health Services at Primary Care Clinics | CSS | 2,900,000 | 2,900,000 | 2,900,000 | 2,900,000 | 2,900,000 |
| Integrated Mental Health Services at Primary Care Clinics | PEI | - | - | - | - | - |
| MHSA Administrative Support | INN | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 |
| MHSA Administrative Support | CSS | 9,200,000 | 9,200,000 | 9,200,000 | 9,200,000 | 9,200,000 |
| MHSA Administrative Support | PEI | 2,000,000 | 2,000,000 | 2,000,000 | 2,000,000 | 2,000,000 |
| Capital Facilities | CFTN | 1,500,000 | 1,500,000 | 15,000,000 | 1,500,000 | 1,500,000 |
| Mental Health Patients Rights Advocacy Services | CSS | 263,747 | 268,237 | 268,237 | 268,237 | 268,237 |
| Suicide Prevention Follow Up Call | INN | 347,000 | 327,000 | 327,000 | 327,000 | 327,000 |
| CA Reducing Disparities Evolution | INN | 813,334 | 793,333 | 793,333 | N/A | N/A |
| Forensic Behavioral Health Continuum of Care - FSP | CSS | - | - | 1,207,463 | 1,207,463 | 1,207,463 |
| Forensic Behavioral Health Continuum of Care - OP/ICM | CSS | - | - | 300,000 | 300,000 | 300,000 |
| Local Outreach to Survivors of Suicide (LOSS) Team | PEI | 351,860 | 355,489 | 355,489 | 355,489 | 355,489 |
| CalFHA SNAP | CalFHA | N/A | 275,000 | N/A | N/A | N/A |
| MHSA Administrative Support | WET | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 |
| CFTN Administration Support | CFTN | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 |
| CSS Payment Reform Optimization | CSS | N/A | 1,000,000 | 2,000,000 | | |
| | | 94,909,303 | 97,988,121 | 106,615,403 | 85,582,420 | 85,582,420 |

MHSA Transition Optimization Funds

Status of Project:Keep

Project Name: MHSA Administration
Project Identifier(s): 078, 079, 080, 095, 096
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 2021-2022:

In FY 2021-2022, this project supported expenses required to administer MHSA such as staff time and a percentage of overhead.

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

N/A

Proposed Project Changes FY 2024-2025:

N/A

MHSA Transition Optimization Funds

Status of Project:Keep

| | | |
|-----------------------------------|---|-----------------------------|
| Project Name: | MHSA Administration | |
| Project Identifier(s): 097 | EHR: N/A | PeopleSoft: Various |
| Provider(s): | Fresno County Department of Behavioral Health | |
| Approval Date: | | |
| Start Dates: | Anticipated: July 1, 2023 | Actual: July 1, 2023 |
| Project Overview: | This limited time (one fiscal only) work plan provides additional, one time only, funding to assist Medi-Cal vendors in transitioning from the historical expense reimbursement basis to the State mandated Fee-for-Services basis. | |

Project Update 2021-2022:

In FY 2022-2023 the Department rolled out a set of options for the Medi-Cal billing vendors to help them plan and assist with the State mandated change in fee structure for Medi-Cal billable activities. Moving from an expense-based reimbursement contract to a fee for service-based contract model came with a lot of unknowns and uncertainties. In order to help vendors prepare and plan for this shift, the Department offered Medi-Cal vendors the opportunity to opt into one or more of the following projects: Equity Gap Analysis, Fiscal Monitoring Tool and Implementation, and Electronic Health Record (EHR) integration with the County ran EHR.

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

Vendors have been given the option, on both a vendor and contract basis, to select a mixture of Optimization plans that best suit their needs. Each of the optimization fund allowable projects come with their own set of challenges. One of the possible challenges vendors may face is inability to complete one or more of the options within the allowable time frame. In addition, various areas of the vendors business lines may conflict with the findings/recommendations determined during the completion of the optimizations plans and thus the data and plans formulated may not be able to be implemented to their fullest potential.

Proposed Project Changes:

There are no proposed project changes as this project is for one fiscal year only.

APPENDIX A: Community Planning Staff Training

DRAFT

Community Forums

Provided by the Public Behavioral Health Division

1

The Purpose of Community Forums

- ▶ Solicit community input
 - ▶ 3-year MHSA Plan
 - ▶ MHSA Annual Updates
 - ▶ Innovation plans
 - ▶ Other DBH Activities
- ▶ Engage community members
 - ▶ Community development
 - ▶ Collective impact
- ▶ Provide information to the community

2

- ▶ A community forum is not
 - ▶ An “info-dump”
 - ▶ A task to be marked off a To Do list
- ▶ Productive community forums can help
 - ▶ Build trust with the community
 - ▶ Identify pitfalls and opportunities
 - ▶ Identify new partners
 - ▶ Avoid duplication of services

3

Logistic Considerations

- ▶ Audience
 - ▶ Prioritize populations identified in DBH planning documents
 - ▶ Work with community leaders
- ▶ Venue Selection
 - ▶ Use public venues when possible
 - ▶ Private venues
 - ▶ Used if a public venue is unavailable OR
 - ▶ To increase community comfort and participation
- ▶ Staffing
 - ▶ Coverage may be sought from across the department
 - ▶ If coverage cannot be obtained, the event may be cancelled
- ▶ Cancellation Notices
 - ▶ Contact community leaders ASAP
 - ▶ Post notices at venue
 - ▶ Call attendees for whom a phone number is available

4

Accessibility

- ▶ Materials
 - ▶ Written at a 6th grade level or below
 - ▶ Provided in hard-copy whenever possible
 - ▶ Maintain a small stock of large print material
- ▶ Posted at each forum
 - ▶ Standing rule
 - ▶ Community-developed standards (if applicable)
 - ▶ Contact information
- ▶ Interpretation
 - ▶ Spanish and Hmong interpretation at each event
 - ▶ Hard-copy materials should be provided in English, Spanish, and Hmong

5

Agenda

- ▶ Standardized for MHA events
 - ▶ History and Background (≤20%)
 - ▶ Community Discussion (approx. 70%)
 - ▶ Next Steps (≤10%)
- ▶ Hard-copy must include ADA statement

6

Facilitation

- ▶ Multiple modalities
 - ▶ Verbal information
 - ▶ Flipcharts
 - ▶ Handouts
 - ▶ Infographics
- ▶ Participant interactions
 - ▶ Opportunity for partnership
 - ▶ Provide accurate information
 - ▶ Staff should work in pairs

7

Data Collection

- ▶ Allow us to tell an accurate story
- ▶ Standardized surveys for ALL forums
 - ▶ Demographic
 - ▶ Community Needs Survey
- ▶ Participation is optional
 - ▶ Does not affect eligibility for incentives
 - ▶ Refusal methods
 - ▶ Check box on survey
 - ▶ Turning in a blank survey
 - ▶ Not turning in a survey
 - ▶ Partially completed surveys
 - ▶ Answers will be recorded
 - ▶ Blank responses will be recorded as "prefer not to answer"

8

Community Forum Follow-Up

- ▶ Provide contact information
- ▶ Send thank you cards to community leaders
- ▶ Provide follow-up information
 - ▶ In the method requested by the community
 - ▶ Timeframe
 - ▶ 2 weeks if in English
 - ▶ Within 30 days if translated

APPENDIX B: Community Forum Training and Presentation

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Fresno County MHSA Community Planning Process



What is the Department of Behavioral Health?



DEPARTMENT of
BEHAVIORAL
HEALTH

- Severe mental health problems
- Substance use disorders
- Prevention, education, and training
- People with Medi-cal or without health insurance
- Children, teens, young adults, adults, and older adults

What is the Mental Health Services Act?

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



The 5 Components of MHSA



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

What is an MHSA Plan?

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



Innovation

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

SB 326

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

DRAFT



mhsa@fresnocountyca.gov

**For more information visit
www.fresnoMHSA.com**



APPENDIX B: Community Forum Training and Presentation

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APPENDIX #: Community Forum Flyers

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APPENDIX - : 2

Annual Revenue and Expenditures Report

DRAFT

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2022-2023
Component Summary Worksheet

County: Fresno

Date: 1/31/2024

| | | A | B | C | D | E | F |
|---------------------|--|--------------|-------------|--------------|-------------|-------------|--------------|
| SECTION 1: Interest | | CSS | PEI | INN | WET | CFTN | TOTAL |
| 1 | Component Interest Earned | \$522,648.83 | \$74,127.69 | \$127,852.96 | \$21,197.26 | \$21,602.07 | \$767,428.81 |
| 2 | Joint Powers Authority Interest Earned | | | | | | \$0.00 |

| | | A | B | C |
|----------------------------|--|--------|-----|-----------------|
| SECTION 2: Prudent Reserve | | CSS | PEI | TOTAL |
| 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 |
|--|-----------|------------------|--------|----------------|-----------------|--------|--------|
| SECTION 3: CSS Transfers to PEI, WET, CFTN, or Prudent Reserve | | CSS | PEI | WET | CFTN | PR | TOTAL |
| 8 | Transfers | -\$11,500,000.00 | \$0.00 | \$1,000,000.00 | \$10,500,000.00 | \$0.00 | \$0.00 |

| | | A | B | C | D | E | F |
|--|------------------------------|-----------------|-----------------|----------------|--------------|----------------|------------------|
| SECTION 4: Program Expenditures and Sources of Funding | | CSS | PEI | INN | WET | CFTN | TOTAL |
| 9 | MHSA Funds | \$65,549,125.86 | \$10,506,459.17 | \$4,378,383.35 | \$800,498.42 | \$3,464,463.22 | \$84,698,930.02 |
| 10 | Medi-Cal FFP | \$12,092,114.79 | \$648,455.46 | \$21,461.09 | \$0.00 | \$0.00 | \$12,762,031.34 |
| 11 | 1991 Realignment | \$0.00 | \$8,960,477.00 | \$0.00 | \$0.00 | \$0.00 | \$8,960,477.00 |
| 12 | Behavioral Health Subaccount | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13 | Other | \$310,097.38 | \$19,761.49 | \$0.00 | \$0.00 | \$82,064.64 | \$411,923.51 |
| 14 | TOTAL | \$77,951,338.03 | \$20,135,153.12 | \$4,399,844.44 | \$800,498.42 | \$3,546,527.86 | \$106,833,361.87 |

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| | |
|---------|--------|
| County: | Fresno |
|---------|--------|

| | |
|-------|-----------|
| Date: | 1/31/2024 |
|-------|-----------|

| | | A |
|--|---|----------------|
| SECTION 5: Miscellaneous MHSA Costs and Expenditures | | TOTAL |
| 15 | Total Annual Planning Costs | \$10,000.00 |
| 16 | Total Evaluation Costs | \$157,775.75 |
| 17 | Total Administration | \$9,149,155.78 |
| 18 | Total WET RP | |
| 19 | Total PEI SW | \$0.00 |
| 20 | Total MHSA HP | \$225,883.29 |
| 21 | Total Mental Health Services For Veterans | \$3,210,108.58 |